Department of Mental Health

DMH *(RM)*

MISSION
The mission of the Department of Mental Health (DMH) is to support prevention, resiliency and recovery for District residents in need of public mental health services.

SUMMARY OF SERVICES
DMH is responsible for developing, supporting and overseeing a comprehensive, community-based, consumer driven, culturally competent, quality mental health system that is responsive and accessible to children, youth, adults, and their families. DMH contracts with a network of community-based, private providers and also provides direct services through Saint Elizabeth Hospital, the District of Columbia Community Services Agency (DCCSA), the Comprehensive Psychiatric Emergency Program, the Homeless Outreach Program and the School-Based Mental Health Program.

AGENCY OBJECTIVES
1. Expand the range of mental health services.
2. Improve access to mental health services.
3. Continually improve the quality and consistency of mental health services.
4. Ensure system accountability.

3 KEY ACCOMPLISHMENTS
✓ Worked in partnership with the Department of Housing and Community Development to invest funds to begin development of 107 units of affordable housing in FY 08.
✓ Established the Court Urgent Care Clinic at the District of Columbia Superior Court to provide same-day services to persons with mental illness who are involved with the judicial system.
✓ Established the Ida Mae Campbell Wellness & Resource Center, a low barrier wellness and resource center operated by consumers for consumers.

OVERVIEW OF AGENCY PERFORMANCE
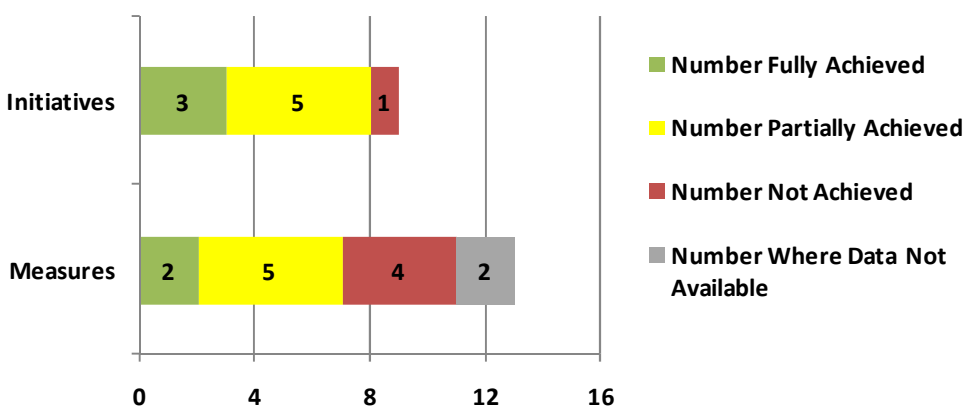
Performance Initiatives – Assessment Details

Performance Assessment Key:

🟢 Fully achieved   🟡 Partially achieved   🔴 Not achieved   ⚫ Data not reported

OBJECTIVE 1: Expand the range of mental health services.

🟢 **INITIATIVE 1.1: Work with DCPS to expand the school-based mental health program.**
Fully Achieved. DMH's School-based Mental Health Program expanded in 2008 and is serving students and families in 58 schools, surpassing its FY 2008 target of 48 schools.

🟡 **INITIATIVE 1.2: Develop a community-based "wrap-around" services initiative for at-risk children and youth.**
Partially Achieved. The wrap-around project team successfully signed a contract with a community provider and has referred 10 children to begin filling the pilot program's 24 slots designated for the purpose of bringing home children who are living outside the District in residential treatment centers. Progress has been significantly slower in referring 100 children who may be at risk of being sent to a residential treatment center in the future.

🟡 **INITIATIVE 1.3: Work with the D.C. Housing Finance Agency to develop new affordable housing units for persons with mental illness.**
Partially Achieved. DMH has entered into an MOU with the DC Housing Finance Authority to develop 150 new housing in 2008 and 2009. As of September 30, 2008, the first 107 units are scheduled for completion beginning in April of 2009 and continuing through 2010.

OBJECTIVE 2: Improve access to mental health services.

🟡 **INITIATIVE 2.1: Implement enhanced community-based psychiatric crisis services for adults in accordance with a stakeholder-developed plan.**
Partially Achieved. DMH in FY2008 established the Court Urgent Care Clinic at the DC Superior Court. In November of 2008, DMH began operations of mobile crisis team for adults and children, and during the first quarter of FY2009, completed renovation of its Comprehensive Psychiatric emergency Program to include eight 72-hour extended observation beds. This multi-year initiative is on track for completion.

OBJECTIVE 3: Continually improve the quality and consistency of mental health services.

🔴 **INITIATIVE 3.1: Improve the Community Service Review scores for team formation and functioning for both children and adults.**
Not Achieved. DMH scores on case-based reviews dropped in both adults (80% to 74%) and children (48% to 36%) from FY07 to FY08.   DMH reports that sampling changes (an increase of 60% in the size of the adult sample and 40% in the child sample) and measures taken to improve inter-rater reliability (increasing the number of outside, independent reviewers and establishing case-judging process) complicate year-to-year comparisons, but the data suggests that the decrease in the adult scores was not statistically as significant as

the decline in the child scores. During the first quarter of FY 2009, DMH established an internal Community Service Review (CSR) Unit as part of the Division of Organizational Development. The internal CSR Unit will be responsible for leading performance improvement efforts with regard to the scoring.

⬤ **INITIATIVE 3.2: Improve the operations of the DCCSA through systemic reviews, consolidation of programs, and maintenance of safety net functions.**
Partially Achieved. During FY08, an independent review of DCCSA operations concluded that the agency's patients and most of its duties should be shifted to private community providers. DMH is making progress at implementing this change, and will provide a full plan to implement this change by Dec. 31, 2008.

⬤ **INITIATIVE 3.3: Reduce adverse patient care events at Saint Elizabeth's by implementing reporting, analysis and prevention programs.**
Partially Achieved. The overall number of unusual incidents at St. Elizabeth's has dropped since October and November of 2007, when it peaked at 180 incidents per month. However, the average number of monthly incidents was 14 percent higher during January through July of 2008, compared to the same period in 2007. St. Elizabeth's staff believes that the increase is primarily due to more accurate reporting and better tracking. In November 2007, a new UI database was developed and implemented, after the discovery that there was inaccuracy in the data (sometimes multiple reports were received, and in other cases, no report was received.) In addition, St. Elizabeth, as part of DMH, made changes to the UI reporting process in July 2008, which has positively impacted data accuracy. This also changed some definitions of what a UI is, which makes it somewhat difficult to compare prior year data.

St. Elizabeth's staff also believes that in prior years there was underreporting of allegations of abuse or neglect, so much emphasis has been placed on improving this reporting. In addition, beginning in July, all incidents of seclusion and restraint are now reportable, where in the past that was not the case.

OBJECTIVE 4: Ensure system accountability.

⬤ **INITIATIVE 4.1: Implement audit and Medicaid integrity plans to ensure fiscal responsibility.**
Fully Achieved. In FY 2008, DMH completed back claims audits of its Medicaid claims in 2005-07, provided training for all mental health providers on Medicaid billing practices, and established a Medicaid compliance hotline.

⬤ **INITIATIVE 4.2: Streamline operations and billing by successfully transitioning all Medicaid claims payment functions to the Department of Health's Medical Assistance Administration (MAA).**
Fully Achieved. An MOU was signed to shift all claims payment functions to the new Health Care Finance Administration, and the transition will be completed in November, 2008.
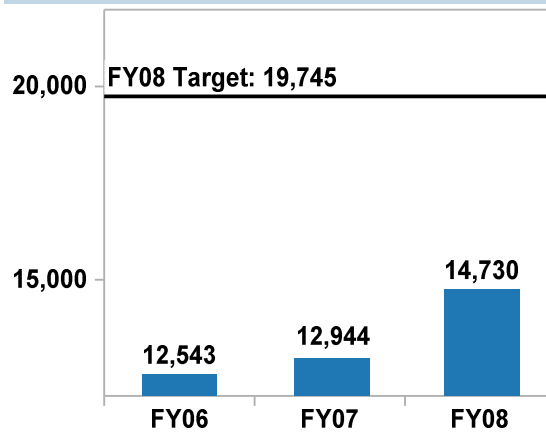
Key Performance Indicators – Highlights

From Objective 1: # of Schools W/School-Based Mental Health Prgm

FY08 Target: 48

- FY06: 42
- FY07: 42
- FY08: 58
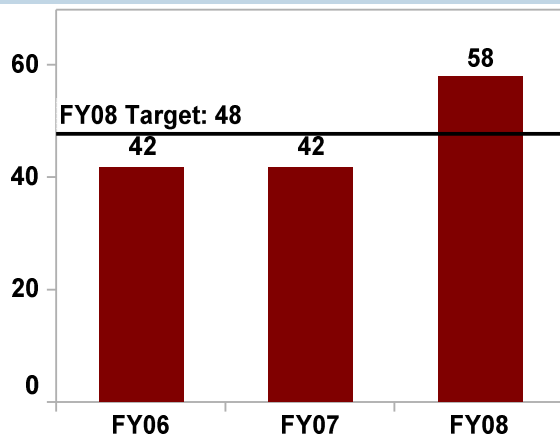
FULLY ACHIEVED

From Objective 2: # of Consumers Served (Adults & Children)

FY08 Target: 19,745

- FY06: 12,543
- FY07: 12,944
- FY08: 14,730

PARTIALLY ACHIEVED

More About These Indicators:

How did the agency's actions affect this indicator?

- DMH adopted a new model for delivery of school mental health services through contract employees.
- DMH expanded into an additional 10 schools to begin the '08-'09 school year by adopting a 2-tiered model for service delivery.
- DMH has also partnered with OSSE to expand school-mental health services into eight additional schools during the '08-'09 school year.

What external factors influenced this indicator?

- Implemented contract model to pilot billing for the reimbursement of treatment services within the SMHP and increase local provider capacity for the provision of School-based mental health services.
- Responded to Mayoral request for SMHP expansion with no new funding.
- The Blackman-Jones settlement.

How did the agency's actions affect this indicator?

- Instituted the SURE Program, the Court Urgent Care Clinic and the Child Wrap/Around Program to increase access to mental health services in 2008.
- Initiated and funded the Comprehensive Emergency Psychiatric Program, a child mobile crisis and stabilization services and a child choice provider network in FY08 that will be fully operational in FY09.

What external factors influenced this indicator?

- Worked with stakeholders and other District agencies to develop plans for adult crisis emergency services and child mobile crisis and stabilization services.
- Adult Crisis Emergency Plan recommended the development of capacity to provide same-day or walk-in services.
- Worked with CFSA, DYRS, OSSE and DCPS and stakeholders to develop RFPs for the Child Wrap/Around Program.

Key Performance Indicators – Details

Performance Assessment Key:

🟢 Fully achieved   🟡 Partially achieved   🔴 Not achieved   ⚫ Data not reported

	FY06 Actual	FY07 Actual	FY08 Target	FY08 Actual	FY09 Projection
OBJECTIVE 1: Expand the range of mental health services.					
🟢 # of schools with a school-based mental health program 42	42	48	58	58
🔴 # of new affordable housing units developed[1] 0	0	100	0	100
OBJECTIVE 2: Improve access to mental health services.					
🟡 Total # of consumers served (adults/children)[2] 9,735/2,808	9,843/ 3,101	14,000/ 5,745	11,576/ 3,154	13,500/ 5,525
⚫ # of CPEP / Mobile Crisis Team visits[3] 3,420/N/A	3,333/ N/A	3,780/ 500	3,605/ N/A	3,780/ 700
⚫ Crisis beds utilization rate . . . . .N/A	N/A	N/A	71.2%	80.0%
OBJECTIVE 3: Continually improve the quality and consistency of mental health services.					
🟡 % of consumers readmitted to Saint Elizabeth's within 30 days of discharge 11.0%	8.3%	10.0%	8.5%	9.0%
🟡 % of consumers readmitted to Saint Elizabeth's within 180 days of discharge .29.0%	19.0%	25.0%	20.8%	23.0%
🔴 % of MHRS-eligible children discharged from an inpatient psychiatric setting who receive a community-based non-emergency service within 7 days of discharge[4] . . . . N/A	45%	80%	48%	80%
🔴 % of MHRS-eligible adults discharged from an inpatient psychiatric setting who receive a community-based non-emergency service within 7 days of discharge[5] . . . . N/A	35%	80%	53%	80%

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[1] DMH, through its partnership with DCHD, had 107 units of affordable housing under development as of September 30, 2008.
[2] Data reported for this measure was extracted from DMH's claims processing system on November 28, 2008. DMH providers are authorized to submit claims for services rendered during FY08 until December 31, 2008. Accordingly, there is a lag in reporting complete data for the fiscal year until all claims processing is complete. Claims processing is usually completed by March 31st of the subsequent fiscal year. This claims lag also affects reporting for two other claims-based Key Performance Indicators, the indicators measuring the number of consumers (both children and adults) who receive a community-based service within seven (7) days of discharge from an inpatient psychiatric setting.
[3] The Mobile Crisis team became fully operational on November 1, 2008.
[4] See footnote number 2.
[5] See footnote number 2.

Key Performance Indicators – Details

Performance Assessment Key:

🟢 Fully achieved   🟡 Partially achieved   🔴 Not achieved   ⚫ Data not reported

	FY06 Actual	FY07 Actual	FY08 Target	FY08 Actual	FY09 Projection
OBJECTIVE 4: Continually improve the quality and consistency of mental health services.					
🟡 % of total federal revenue collected 53.1%		52.8%	55.0%	50.6%[6]	N/A
🟡 % of Medicaid claims reimbursed 65%		76%	90%	81%[7]	90%
🟢 % of clean claims warranted for payment within 10 days of submission 66.0%		70.0%	80.0%	81.7%	80.0%
🔴 # of Dixon exit criteria targets met and approved for inactive monitoring by the Court Monitor[8] 0		1	9	3	13

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[6] See footnote 2. Data reported for this measure was extracted from DMH's claims processing system on November 28, 2008. Final data regarding collection of federal Medicaid revenue will not be available until the completion of claims processing, sometime after March 31st of the next fiscal year.

[7] See footnote 2. Data reported for this measure was extracted from DMH's claims processing system on November 28, 2008. Final data regarding reimbursement of Medicaid claims will not be available until the completion of all claims processing, sometime after March 31st of the next fiscal year.

[8] DMH has been negotiating exit from active monitoring for Exit Criterion #10, Supported Employment with the Court Monitor since August 2007. The parties continue to discuss this particular criterion. On August 8, 2008, DMH submitted a letter requesting inactive monitoring status for Exit Criterion #16, Services to Homeless Children and Youth. To date, DMH has not received a response from the Court Monitor regarding Exit Criterion #16.