



FY09 PERFORMANCE PLAN

Department of Mental Health

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 Elizabeths 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.

OBJECTIVE 1: Expand the range of mental health services.

INITIATIVE 1.1: Work with DCPS to expand the school-based mental health program.

DMH has identified the provision of preventive mental health services as a priority and has been expanding its school-based mental health services programs for several years. DMH plans to expand school-based mental health services to ten (10) additional schools in FY 09. In addition, DMH is working with the Office of the State Superintendent of Education (OSSE) to expand the provision of school-based mental health services to children receiving special education services and implement an early childhood education program.

INITIATIVE 1.2: Implement the community based wrap-around pilot program for at-risk children and youth.

This pilot project aims to enable youth who are at great risk of institutional placement to instead remain in their communities. DMH is leading this initiative in collaboration with several other District agencies. The goal is to provide better services to children and youth to improve outcomes more cost effectively. The target for FY 2008 was 24 youth. In FY 2009, the program will be expanded to include 124 children.

INITIATIVE 1.3: Continue partnership with the Department of Housing and Community Development to develop 150 new affordable housing units for persons with mental illness.

DMH, through its consumer satisfaction surveys and annual community service reviews has identified affordable housing as a primary issue for mental health consumers. The provision of supported housing is also one of the performance criteria established in the Dixon case. DMH has capital funds available for investment in new affordable housing units and is working with the Department of Housing and Community Development to have 150 new affordable housing units under development in FY 2009.

OBJECTIVE 2: Increase access to mental health services.

INITIATIVE 2.1: Continue implementation of enhanced community-based psychiatric crisis emergency services for adults in accordance with stakeholder developed plan.

DMH developed a plan for the provision of community-based psychiatric crisis emergency services for adults in 2007. Implementation activities began in FY 08, with the hiring of the director of mobile crisis services, the opening of the urgent care mental health clinic located at the D.C. Superior Court and Phase 1 of the renovation of the Comprehensive Psychiatric Emergency Program (“CPEP”) site. Implementation activities will continue in FY 09.



The continued implementation activities include:

- 2.1.1 Full staffing and implementation of the new mobile crisis services; and
- 2.1.2 Complete phase 2 of the renovation of the Comprehensive Psychiatric Emergency Program (“CPEP”) to add eight (8) 72 hour holding beds.

INITIATIVE 2.2: Implement mobile crisis services and crisis stabilization beds for children and youth.

DMH has contracted with Catholic Charities to provide mobile response stabilization services and four (4) crisis beds for children and youth. The functions are to provide 24/7 mobile crisis response services to children and families who are living in the District of Columbia – including children and youth in foster care placed in homes in Maryland and Virginia. The goal is to stabilize the immediate crisis and avert unnecessary inpatient psychiatric hospitalizations whenever possible, through the utilization of the crisis beds which are accessible only through the mobile crisis response teams.

INITIATIVE 2.3: Implement an Integrated Care Management Program to provide community-based care for 30 consumers who have been receiving inpatient services at Saint Elizabeths Hospital for more than six months.

The Integrated Care Management Program is a pilot program designed to provide intensive community-based care to patients with complex needs and a history of long-term stays (more than 6 months) at Saint Elizabeths Hospital. These consumers are at risk of returning to Saint Elizabeths Hospital for an extended stay without appropriate individualized supports in the community. The goal is to reduce the census at Saint Elizabeths by providing needed supports to consumers with complex needs. DMH will initiate the pilot program in FY 09.

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

INITIATIVE 3.1: Improve the Community Service Reviews (CSRs) scores for team formation and functioning for both children and adults.

Effective mental health services require intensive and team-based case management, where everyone involved in the individual’s care participates in treatment planning. Previous Community Service reviews have cited the ability of mental health providers to quickly assemble appropriate and highly functional teams as lacking. Improving performance in this core function is expected to have the most significant impact on overall system performance. DMH will develop the internal capacity to conduct the CSRs throughout the year during FY 2009, to facilitate use of the practice model throughout the mental health system.

INITIATIVE 3.2: Complete and implement transition plan for the D.C. Community Services Agency (DCCSA).

DMH’s enabling legislation and the Dixon Final Court-Ordered Plan anticipated that DMH would operate the DCCSA for a limited period of time (three years or as long as needed). In response to the requirements of the enabling legislation and the Dixon Final Court Ordered Plan, as well as the recommendation by the Dixon Court Monitor, DMH instituted a review and planning process with the DCCSA’s senior management in 2007. DMH retained KPMG to provide support for developing governance options for the DCCSA. The FY 2009 Budget Support Act requires DMH to submit a report with the selected recommendation to the Council of the District of Columbia by October 1, 2008. In FY 2009 DMH will develop a plan to implement the recommendations selected by the District. The final plan is due to the Council by December 31, 2008.



INITIATIVE 3.3: Enhance quality of care provided at Saint Elizabeths by implementing person-centered treatment planning that is integrated across disciplines.

DMH will contract with experts in person-centered planning to train hospital clinicians and other direct-line staff. The person-centered approach to treatment planning will improve the quality of services provided at Saint Elizabeths by requiring an integrated, interdisciplinary treatment plan for each patient. All clinicians, including social workers, psychiatrists, psychologists, rehabilitation specialists, and nursing staff, will be required to participate in developing integrated, interdisciplinary treatment plans for each patient.

OBJECTIVE 4: Ensure system accountability.

INITIATIVE 4.1: Improve fiscal accountability by implementing Phase 2 of the audit plan.

In FY 08, DMH developed and implemented an audit and Medicaid integrity plan to ensure that the services purchased from providers are delivered in accordance with the requirements of federal and District law. The audit and Medicaid integrity plan were intended to improve the fiscal accountability of the providers and also of DMH. Phase 2 of the audit plan requires continued regular audits and work with MAA on recoupment of funds paid for services that did not meet District or federal requirements.

INITIATIVE 4.2: Saint Elizabeths Hospital will institute new billing and coding to ensure Medicaid and Medicare claims are accurately submitted.

In August 2008, the District entered into a corporate integrity agreement with the U.S. Department of Health and Human Services to settle allegations of improper billing in the 1990s. To implement the agreement in FY 09, DMH will develop written policies and procedures and a code of conduct for all billing staff; train them in proper claims submission procedures; engage an independent audit organization; and establish a mechanism by which Hospital staff can disclose illegal actions relating to billing. These measures will ensure that Saint Elizabeths accurately bills for services and will once again make it possible for Saint Elizabeths to seek reimbursement from federal health care programs.



PROPOSED KEY PERFORMANCE INDICATORS

Measure	FY07 Actual	FY08 Target	FY08 YE Actual	FY09 Projection	FY10 Projection	FY11 Projection
Objective 1						
Number/percent of schools with a school-based mental health program ¹	42	48	58	58/23.7%	68/27.6%	78/31.3%
Number of new affordable housing units developed	0	150	0	150	100	150
Objective 2						
Total number of consumers served (adults/children) ²	9,843/3,101	13,365/5,375	11,431/2,777	13,500/5,525	13,800/5,775	14,000/6,000
Number of CPEP/Adult Mobile Crisis Team Visits	3,333/N/A	3,780/500	3,605/N/A	3,780/700	3,850/1,400	4,000/1,800
Crisis stabilization bed utilization ³	N/A	75%	N/A	80%	85%	90%
Total number of adult consumers receiving an ACT service	N/A	440 (baseline)	500	500	650	850
Objective 3						
Percent of patients readmitted to Saint Elizabeths Hospital within 30 days of discharge	8.3%	10%	8.5%	9%	8%	6%
Percent of patients readmitted to Saint Elizabeths Hospital within 180 days discharge	19.0%	25%	20.80%	23%	22%	20%
Percent of MHRS eligible children discharged from inpatient psychiatric hospitals who receive a community-based, non-emergency service within 7 days of discharge ⁴	45%	80%	46%	60%	70%	80%
Percent of MHRS eligible adults	35%	80%	51%	60%	70%	80%

¹ The denominator for this calculation (249) is the total of DCPS and Charter Schools based upon information available on www.dc.gov. It includes 57 schools identified as kindergarten and preschool, elementary, middle, junior and high schools.

² Reporting for this indicator is calculated based upon the requirements of Dixon Exit Criterion #5 (penetration rate for services to children & youth) and criterion #7 (penetration rate for services to adults).

³ This indicator was revised during FY 2008, since DMH does not collect data about the number of consumers referred to a crisis stabilization bed diverted from an inpatient psychiatric bed. DMH has been reporting utilization of crisis beds throughout FY 2008 and will continue to report on this measure throughout FY 2009.

⁴ This indicator is also tracked as Dixon Exit Criterion #17. The target for exiting the Dixon case is 80%. Targets for FY 2009 and FY 2010 have been adjusted to reflect expected performance based upon performance throughout FY 2008.



discharged from inpatient psychiatric hospitals who receive a community-based, non-emergency service within 7 days of discharge ⁵						
Objective 4						
Percent of Total Federal Revenue Collected ⁶	52.8%	55%	50.70%			
Percent of Medicaid claims submitted to DHCF that are paid	76%	76%	79%	82%	85%	88%
Percentage of clean claims adjudicated by DHCF or MCO within 5 business days of submission	77%	N/A (revised KPI)	---	95%	95%	98%
Number of Dixon exit criteria targets met and approved for inactive monitoring by the Court Monitor	1	10	3	13	15	19

⁵ This indicator is also tracked as Dixon Exit Criterion #17. The target for exiting the Dixon case is 80%. Targets for FY 2009 and FY 2010 have been adjusted to reflect expected performance based upon performance throughout FY 2008.

⁶ The information reported for this indicator is calculated in accordance with the formula required for reporting on Dixon Exit Criterion #19 (collection of federal revenue). The Dixon Court Monitor has found that DMH has satisfied the performance requirement for Dixon and has deemed Exit Criterion #19 inactive. Although DMH is required to continue to report on its performance to the Court Monitor; it will no longer report on this indicator for purposes of this performance management plan.