DIXON SETTLEMENT AGREEMENT QUARTERLY REPORT – FY 2012 SECOND QUARTER

Pursuant to the terms of Paragraph 74 of the Settlement Agreement ("SA"), the District reports the following information:

I. Child and Youth Services

a. Community Services Reviews

(1) Results of FY 2012 or FY2013 CSRs, as applicable (SA, ¶¶ 55 and 58).

The FY2012 Child/Youth CSR was completed during May of 2012. There were 89 children/youth reviewed, and almost 600 interviews conducted during the reviews. DMH worked closely with the Child and Family Services Agency, and the Court Monitor for the *LaShawn v. Gray* case, the Center for the Study of Social Policy, to jointly review the cases of children served by both systems. The joint reviews provided comprehensive information about children served by both systems, and will serve as a model for ongoing cooperation between the two agencies.

DMH achieved its FY 2012 goal of an overall system performance score of 65% for the FY2012 CSRs. We anticipate achieving a score of 70% system performance by the FY2013 reviews. We achieved a 71% score for consumer status, and a 67% score for consumer progress.

(2) Status of Human Systems and Outcomes ("HSO") consultation (SA, ¶¶ 56 and 57), including:

HSO participated in the FY2012 CSRs by conducting training for targeted providers; providing contracted reviewers; supplying case consultation services; and running the group debriefing sessions. HSO has been responsible for compiling and preparing all data from the CSRs, and will be providing a final report on the FY2012 reviews. HSO has also been working to prepare DMH to assume oversight of the reviews after the FY2013 CSR.

The data from the FY2012 CSRs are currently being analyzed. A performance and training plan that will include HSO for work with targeted CSAs prior to the FY 2013 CSRs is currently being developed.

b. Psychiatric Residential Treatment Facilities ("PRTFs") (SA, ¶ 59)

PRTF Total Bed Days Baseline Data[1] Baseline Period: 05/01/11 –04/30/12		
Placing Agency	**# Served with SED**	**Total # of Bed Days**
Department of Youth Rehabilitation Services (DYRS)	155	37,999
Child and Family Services Agency (CFSA)	44	17,910
Department of Mental Health (DMH)	14	4,648
Office of the State Superintendent of Education (OSSE)	5	1,811
D.C. Public Schools (DCPS)	13	7,883
HSCSN	9	2,436
Total Bed Days Baseline Number	**240**	**72,687**

c. Reduction PRTF Usage(SA, ¶ 59)

PRTF Bed Days Comparison Period: 05/01/12 –04/30/13[2]		
Placing Agency	**# Served with SED**	**Total # of Bed Days**
Department of Youth Rehabilitation Services (DYRS)		
Child and Family Services Agency (CFSA)		
Department of Mental Health (DMH)		
Office of the State Superintendent of Education (OSSE)		
D.C. Public Schools (DCPS)		
Total Bed Days (05/01/11 – 04/30/12)		
Total Percentage Reduction from Baseline		

[1]The District will report a running total of number of children served with SED in a PRTF and bed days until the baseline period is complete. The date of the reporting will also be included in the chart underneath the line describing the baseline period. An example of the language is as follows "Data reported below is as of 12/31/11."
[2]The District will report a running total of number of children served with SED in a PRTF and bed days during the comparison period until it is complete. The date of the reporting will also be included in the chart underneath the line describing the baseline period. An example of the language is as follows "Data reported below is as of 12/31/11."

Number of Bed Days ([insert number])	

d. PRTF Discharges and Community Services (SA, ¶ 60)

There were 21 youth discharged from PRTFs during the second quarter of FY 12. Two (2) youth were discharged from PRTF but did not spend any time in the community because they went directly into non-community placements (the Youth Service Center or "YSC") and remained for the duration of the 90-day period. Thus 19 of the 21 youth were discharged and spent time in the community:

January 2012: There were 5 youth discharged after having appropriately completed treatment. These 5 youth entered the community upon discharge.

February 2012: There were 9 youth discharged after having appropriately completed treatment. One youth was discharged to a non-community placement (New Beginnings) due to having had a previous warrant but then entered the community during the reporting period.

March 2012: There were 7 youth discharged. Five of the seven youth were discharged after having appropriately completed treatment. The remaining 2 youths were discharged after having refused to comply with treatment. These two youths were discharged into non-community placements (YSC) and did not enter the community during the reporting period.

Quarter	Total Number of C/Y Discharged	Reasons for Discharge	Community-Based Services After Discharge
1QFY12	(29) Discharged	(25) Approximately Completed Treatment (1) Abscondance (3) Discharged but went directly into non-community placements (correctional facility or RTC)	**Billed MHRS Services** CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Behavioral Health Screening Other **Agency Self-Reported Non-MHRS Services** Mentoring Academic Support Tutoring Job/Work Problem Workforce Development Substance Abuse Counseling

2QFY12	(21) Discharged	(18) Appropriately Completed Treatment (1) PRTF Review Committee denied the LOC (2) Refused to Comply with Treatment	**Billed MHRS Services** CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Behavioral Health Screening Counseling Onsite Individual Crisis/Emergency Other:[3] **Agency Self-Reported Non-MHRS Services** Mentoring Academic Support Tutoring Workforce Development Substance Abuse Counseling Gang Prevention Individual Therapy (via Sasha Bruce) Intensive Third Party Monitoring Physical Activity Youth Parenting Class
3QFY12			
4QFY12			
1QFY13			
2QFY13			
3QFY13			
4QFY13			

e. PRTF Discharges and Outcomes (SA, ¶ 60)

(1) Narrative summary of outcomes for children/youth discharged from PRTFs during the most recent quarter and for the end of the fiscal year, if applicable.

The services youth received while in the community are listed above in Table d. and show both billed claims received for MHRS services, as well as non-MHRS services and supports self-reported by agency staff to DMH. Youth received therapeutic and clinical services as well as academic and professional assistance. Nineteen youth discharged from PRTFs were in the community during the reporting period. There were 3 disruptions. All 3 disruptions were incarceration disruptions. The three incarceration discharges occurred: 31 days (DYRS youth), 17 days (DYRS youth), and 46 days (DYRS/HSCSN youth) after discharge from PRTF.

[3] The District will amend this report to reflect additional services as they are added to the service taxonomy.

A total of 45 youth were monitored in the community this Quarter: 26 youth from Q1 and 19 youth from Q2.

(2) Length of Community Tenure – Community tenure for children/youth is calculated beginning with the date of discharge and continuing up to and including the 180th day after discharge. For purposes of this report, a disruption in community tenure occurs when the child/youth is: incarcerated/detained for 14 days or more; hospitalized (in a psychiatric hospital) for 22 days or more; or re-admitted to a PRTF.

Summary of Community Tenure Data	
Total Youth Monitored in the Community at the beginning of Q2	*26*
Total Youth Discharged from a PRTF to the Community during FY 12 2Q	*19*
Total Youth Completing Community Tenure	*0*
Total Youth Removed from Community Tenure due to removal from community (re-enrolled in PRTF, incarceration, etc.)	*3*
Total Youth Being Monitored at the end of the Quarter	*42*
Total Youth Without Disruptions in Community Tenure during FY 12 2Q	*42*
Total Youth With Disruptions in Community Tenure	*3(same 3 youth who were removed from community tenure)*
Total Possible Maximum Number of Days (Total # of Days Between Date of Discharge for Each Youth to Last Day of Reporting Period)[4]	*4,025*
Actual Number of Days in Community	*3,746*
% of Actual Days of Possible Days in Community	*93%*

Disruption in Community Tenure Data[5]

[4] DMH will report the total number of days that the children discharged during a quarter could have been in the community. This accounts for the different discharge dates from a PRTF. For example: 20 children are discharged during the first quarter of FY 12 (October 1 – December 31, 2011). A child is discharged on October 3, 2011. The maximum days in the community for that child would be 89 (28 days in October + 30 days in November + 31 days in December). Another child is discharged on December 25, 201 the maximum days in the community for this child would be 6.

Type of Disruption	Total Applicable	<30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	151-180 Days
Incarceration More than 14 Days	*3*	*1*	*2*				
Hospitalization More than 22 Days	*0*						
Readmitted to PRTF	*0*						

f. Evidenced-Based and Promising Practices (SA, ¶ 61)

Annual Service Utilization					
Type of Service	**FY 2011 Unduplicated Number of C/Y Served**	**FY 2012 Unduplicated Number of C/Y Served** As of 3/31/12	**FY 2011 - 2012 Percent Increase**	**FY 2013 Unduplicated Number of C/Y Served**	**FY 2012 - 2013 Percent Increase**
FFT	82	128			
MST	129	71			
HFW	211	231			

Service Utilization by Quarter				
Services	**# Served 1Q**	**# Served 2Q**	**# Served 3Q**	**# Served 4Q**
FFT	61	128		
MST	54	71		
HFW	156	231		
Total Served	**271**	**430**		

[5] Data will be reported cumulatively and will identify each placement disruption throughout the course of the 180 day tracking period. For example, a child who is hospitalized during days 31 – 60 and hospitalized again during days 151 – 180 will be shown in both columns of the chart.

Although the number of children served with MST by the end of the second quarter is less than anticipated by the Settlement Agreement, it should be noted that the population for both MST and FFT can be children with similar issues, there are different requirements for the home environment. MST serves children and youth up to age seventeen who display the most severe and chronic externalizing behaviors, and requires that the child or youth be in a stable home setting with a long-term caregiver. FFT serves children and youth up to eighteen years old who display behaviors ranging from at-risk to severe with the requirement that the child is in a stable setting with a caregiver willing to participate in the treatment. Thus far more children and youth meet the criteria for FFT, which is the reason for the difference in growth in the numbers of children served by FFT and MST.

II. Supported Housing

a. Supported Housing Capacity (SA, ¶¶ 62, 63, and 64)

Supported Housing Capacity					
Program	**Baseline Capacity (As of 09/30/11)**	**Capacity Quarter 1**	**Capacity Quarter 2**	**Capacity Quarter 3**	**Capacity Quarter 4**
Home First Subsidy (HFS)	**653**	657	706		
Local Rent Subsidy Program (LRSP)	**93**	93	93		
Shelter Plus Care (SPC)	**159**	159	159		
Federal Vouchers (Project- and Tenant-Based)	**436**	436	436		
Sub-Total	**1,341**	**1,345**	**1,394**		
Capital-Funded Units	**55**	35	28		
Grand Total	**1,396**	**1,380**	**1,422**		

b. Supported Housing rules status (SA, ¶ 65)

Provide narrative of status of Supported Housing rules, including priority populations. Attach draft/final rules as applicable.

To ensure that the Housing Rules are in alignment with the Housing Plan, the Housing Rules will be finalizing following completion and acceptance of the Housing Plan.
The Housing Rules includes language regarding priority populations where the Consumer is:

1. Pending discharge from Saint Elizabeths Hospital
2. In an emergency situation involving the health or safety of the consumer or the consumer's family
3. Moving from a more-restrictive living situation.

c. Enforcement of Supported Housing Rules (SA, ¶ 65)

(1) Demonstrate that the Supported Housing rules are communicated to providers and that they are being enforced.

Once the Housing Rules have been finalized, they will be disseminated to the providers. DMH has monthly Housing Liaison and Clinical Director meetings where housing issues are discussed and information is exchanged. Additionally, DMH offers quarterly 'Housing 101' training through the DMH Training Institute for all CSA employees and housing stakeholders. There were fifty (50) attendees at the April 2012 Housing training session. The next 'Housing 101' training session is scheduled for July 2012.

(2) Demonstrate that available housing is assigned according to the priority populations in accordance with the Supported Housing rules. [Use table below in addition to any relevant narrative].

Consumers on the Housing Waiting List are candidates for housing opportunities as housing opportunities arise. Consumers in priority categories will be selected first for housing opportunities, followed by consumers on the Housing Waiting List, ordered by longest wait time to shortest wait time. Priority categories other than those listed above (b) are determined by the Director.

Priority Population Category	# Applied or Referred to SH	# Placed in SH 1Q	# Placed in SH 2Q	# Placed in SH 3Q	# Placed in SH 4Q
SEH Discharge	**1**	**1**	**0**		
Homeless w/SMI	**145**	**12**	**14**		
Consumer w/SMI Transfer to Less Restrictive Setting	**1**	**6**	**2**		
Other	**39**	**1**	**1**		
Total	**186**	**20**	**17**		

d. **Supported Housing Strategic Plan (SA, ¶ 66)**

Provide narrative of status of strategic plan, including efforts to consult with consumers and consumer advocates. Attach draft/final plan as applicable.

The Technical Assistance Collaborative (TAC) has been contracted to develop the Housing Plan. Four (4) Workgroups – Housing Utilization and Maximization; Service Needs and Realignment; Supportive Housing, Eligibility, and Allocation; and Workforce Development and Training – have been formed and each group has met several times in May and June 2012 to gather critical information for development of the Housing Plan. Each group consists of representatives from the core service agencies, peer specialists cohort, housing advocacy organizations, the D.C. Housing Authority (DCHA), the Department of Human Services, and the Department of Housing and Community Development. The target date for delivery of the Housing Plan from TAC is July 31, 2012, which will allow sufficient time for additional consultation with community members.

III. Supported Employment Services

a. Methodology to Assess Need (SA, ¶ 67)

Provide narrative of status of the development of an objective methodology to assess the need for supported employment services. Describe how DMH is implementing this methodology and enforcing compliance.

DMH has revised its Supported Employment Policy (see Exhibit A, DMH Policy# 508.1A, Evidence Based Supported Employment Services, issued February 28, 2012) to require every CSA to assess all adult consumers with a Serious Mental Illness (SMI) or Axis II Personality Disorder for interest and eligibility in supported employment. If an interested person is eligible, the CSA is required to refer the individual to a Supported Employment Program. The CSA must complete an electronic performance event screen for each individual when completing the 180-day treatment plan (or more often when necessary) to confirm that consumers have been assessed, offered and referred for supported employment services authorization. DMH monitors the performance event screen data to insure that CSA's complete the process and offer the service. A centralized waitlist has been created at DMH for those individuals waiting for an available opening at a Supported Employment provider.

b. Assessment and Referral (SA, ¶¶ 67 and 68)

Assessment and Referral for Supported Employment Services ("SES") Measurement Period: April 1, 2012 through September 30, 2013						
	3QFY12	**4QFY12**	**1QFY13**	**2QFY13**	**3QFY13**	**4QFY13**
Total # w/SMI Assessed and Need SES						
Of those Assessed, Total # Referred to SES						
Percentage Referred to SES Services						

c. Service Delivery (SA, ¶ 69)

Delivery of Supported Employment Services					
	1QFY12	**2QFY12**	**3QFY12**	**4QFY12**	**Total for FY 2012**
Total Unduplicated Count of Adults with SMI who Received at Least One SES	**440**	**475**			
Percentage Increase Over FY 201_ Baseline [insert baseline 3]					

IV. Continuity of Care

a. Continuity of Care Delivery (SA, ¶¶ 70 and 71)

Continuity of Care – Adults					
	1QFY12	2QFY12	3QFY12	4QFY12	Total for FY 2012
Total Number of Adults Discharged	266	298			570
Number of Adults Receiving a Community Based Service within 7 days of Discharge	185	193			374
Percentage Receiving Service w/in 7 Days of Discharge	69.55 %	64.77%	%	%	65.61 %
Number of Adults Receiving a Community Service within 30 days of Discharge	205	227			425
Percentage Receiving Service w/in30 Days of Discharge	77.07 %	76.17%	%	%	74.56 %

Continuity of Care – Children and Youth					
	1QFY1_	2QFY1_	3QFY1_	4QFY1_	Total for FY 20__
Total Number of C/Y Discharged	159	138			297
Number of C/Y Receiving a Community Based Service within 7 days of Discharge	91	84			175
Percentage Receiving Service w/in 7 Days of Discharge	57.23 %	60.87%			58.92 %
Number of C/Y Receiving a Community Service within 30 days of Discharge	117	105			220
Percentage Receiving Service w/in 30 Days of Discharge	73.58 %	76.09%			74.07 %

b. Performance Standards (SA, ¶ 73)

Continuity of Care outcomes continue to improve. The Integrated Care Division (ICD) is working with the Office of Accountability (OA) to assist in monitoring and reinforcing the Continuity of Care requirements for the CSAs. ICD has also sent the each Clinical Director the CSA-specific data on performance with requests for review

and plans for improvement. The language for amending the Human Care Agreements to include the Continuity of Care standards and requirements has been drafted and will be added. ICD continues to work to reconcile the CSA self report data with the data in eCura as self report data meets performance standards.