IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

WILLIAM DIXON, et al. Plaintiffs, v. ADRIAN FENTY, et al. Defendants.	Civil Action No. 74-285 (TFH) Next Scheduled Event: Status Hearing October 8, 2009 at 9:30 a.m.

DEFENDANT DISTRICT OF COLUMBIA'S OCTOBER 2009 STATUS REPORT

The Defendant, by and through counsel, herein files its October 2009 Status Report pursuant to the Court's Order dated November 3, 2008.

I. INTRODUCTION

The Defendant filed a "Motion to Vacate December 12, 2003 Consent Order and to Dismiss Action" in this case on September 4, 2009. The basis for the Motion is, in part, that the District has substantially complied with the remaining Exit Criteria and/or that certain Exit Criteria are no longer reasonable and necessary to remedy a violation of the 1975 *Dixon* Decree. During the pendency of that Motion, the District will continue to comply in good faith with the Consent Order and report upon its ongoing performance in each Exit Criterion, as currently written. The District specifically reserves and reasserts herein its arguments contained in its Motion. This Status Report will address the District of Columbia's continued improvement with the *Dixon* Exit Criteria and provides an update on five (5) areas of interest to the Court: (a) the status of the transition of consumers from the DCCSA, (b) progress at Saint Elizabeths Hospital, (c) Crisis Emergency Services, (d) Psychiatric Residential Treatment Facility Placements, and (e) the budget for FY 10.

II. EXIT CRITERIA

Despite multiple criteria that lack or exceed national benchmarks or a nexus to the *Dixon* Decree, the District of Columbia Department of Mental Health ("DMH") continues to make significant progress towards the performance targets established by the Consent Order of December 12, 2003 ("Consent Order") for the remaining thirteen (13) exit criteria. A table showing the most recent performance data is attached. *See* Exhibit A, *Dixon* Exit Criteria Performance Levels for FY 2009.[1]

A. Exit Criteria on Inactive Monitoring Status

As discussed in the prior reports submitted by the Court Monitor and the District, six (6) of the nineteen (19) Exit Criteria have moved to inactive monitoring status.[2] DMH has requested that the Court Monitor modify the required system performance for Exit Criterion #17, to better reflect the national data for performance in that area, but the Court Monitor has refused to agree with the proposed modification. Similarly DMH requested that the Court Monitor find that DMH has satisfied Exit Criterion # 10, which he has denied. DMH anticipates requesting the Court Monitor find that DMH has satisfied performance targets for an additional three (3) to six (6) exit criteria within the next few months.

B. DMH Pending Requests for Inactive Monitoring Status

Exit Criterion #10: Supported Employment for Adults with Serious Mental Illness.

Required System Performance: 70% served within 120 days of referral.

DMH Performance: 90.4% served within 120 days of Referral.

[1]The data reported for the claims-based exit criteria set forth on Exhibit A is for the period July 1, 2008 through June 30, 2009, unless otherwise stated in footnotes on the Exhibit. Therefore, it will differ from the data reported by Court Monitor in his July 2009 report, which was primarily for the reporting period from April 1, 2008 through March 31, 2009.

[2] Exit Criterion #12 moved to inactive monitoring status in July 2007. Exit Criterion #19 moved to inactive status in January 2008. Exit Criterion #18 moved to inactive status in July 2008. Exit Criterion # 8, #13 and #16 moved to inactive status in January 2009.

The Dixon Exit Criterion for Supported Employment requires that 70% of persons referred receive supported employment services within 120 days of a referral. For FY 08, the average of persons receiving services within 120 days of referral was 93.75%; for the 12 months between 4/1/08 and 3/31/09, the average of person receiving services within 120 days of referral was 90.4%. DMH has clearly met this exit criterion and is sustaining its timely service performance.

Year	Third Quarter FY08 4/08 – 6/08	Fourth Quarter FY 08 7/08 – 9/08	First Quarter FY09 10/08 – 12/08	Second Quarter FY09 1/09 – 3/09	12 Month Total
Performance Indicator	87%	100%	84%	94%	90.4%
Numerator (Consumers served Within 120 days)	33	23	21	17	94
Denominator (Consumers Referred)	38	23	25	18	104

As discussed in the April 2009 Status Report, despite DMH's significant success with its Supported Employment program, policy related to Supported Employment, *see* DMH Policy 508.1, and monitoring of the policy as a whole, the Court Monitor has insisted that DMH monitor compliance on an individual basis – i.e. for whether or not every individual who should be referred to supported employment is being referred. We strongly believe that the Court Monitor's request exceeds the requirements of the Consent Order, and DMH has demonstrated compliance with this exit requirement.

Notwithstanding our substantial disagreement on this issue, DMH continues to collaborate with the Court Monitor and has developing an additional monitoring tool through

adaptation of the *eCura* claims processing system to which all providers have input and access. This issue continues to be discussed with the Court Monitor on an on-going basis.

C. Additional Progress on Exit Criteria

DMH continues to make progress on the remaining Exit Criteria #1-7, #9, #11, #14 – 15, and #17. Specific details on the progress on these exit criteria have been submitted to the Court Monitor and he continues to receive updates during his bi-monthly visits.

Exit Criterion #1: Demonstrated Implementation and Use of Functional Consumer Satisfaction.

Required System Performance: Court Monitor must approve method of measuring consumer satisfaction and utilization of results.

DMH Performance: Two methods: (1) MHSIP and (2) convenience sampling and focus groups approved by Court Monitor; on-going progress in implementation of methods and use in quality improvement cycle.

The primary methods of conducting consumer satisfaction surveys were selected by DMH and approved by the Court Monitor. These include (a) the Mental Health Statistics Improvement Program ("MHSIP") survey for adults and children; and (b) convenience sampling and focus groups conducted by the Consumer Action Network ("CAN").

The contract for the FY 09 MHSIP survey was recently awarded, and training for the contractor on the survey protocol will begin soon. As a result of suggestions from the DMH Internal Quality Council ("IQC"), the MHSIP survey will include telephonic and mail contact with survey participants; if necessary, a personal outreach will occur. The target sample will be approximately 600 consumers, with slightly more adults than children and families to be surveyed. The MHSIP survey and required data analysis and reporting should be completed by mid-to-late January, 2010.

CAN will provide the FY 09 convenience sample survey to the Office of Accountability ("OA") in October 2009. This survey is expected to be much improved over past surveys as it

incorporates recommendations from OA and the Office of Consumer and Family Affairs to make the questions, and the data analysis, more useful. The responses will then be used for the purpose of quality improvement by the IQC, Quality Council, and all providers. As a result of the FY 08 MHSIP and CAN's May 2009 Focus Group report, the IQC identified six (6) high-priority areas: housing; medication education; employment; continuity of care between physical and mental health; expansion of consumer-run programs; and improvement in consumer participation in treatment planning. Specific programs have been developed in response to each of these areas. We anticipate submitting in the near future a formal letter to the Court Monitor indicating our compliance with this Exit Criterion and requesting that it be moved to inactive status.

Exit Criterion #2: Demonstrated Use of Consumer Functioning Review Method(s) as Part of the DMH Quality Improvement System for Community Services.

Required System Performance: Court Monitor must approve method of measuring consumer functioning and utilization of results.

DMH Performance: Review method (LOCUS/CALOCUS) approved; on-going progress in implementation and use in quality improvement system.

The web-based application of the LOCUS/CALOCUS tool has been installed, tested, and is available for use. All of the CSA's now have at least one individual in their respective agencies who has completed training on the web-based system as a trainer. Most of the CSAs have also completed their internal training. The web-based application of LOCUS/CALOCUS is expected to enhance the providers' ability to both complete the LOCUS/CALOCUS, and for the providers and DMH to use the resulting data about consumer functioning for quality improvement activities.

As a result of the web-based system, OA will be able to monitor agency compliance with the DMH LOCUS/CALOCUS policy on a more regular basis, both in terms of required

frequency of completion and in terms of agreement between the assessment of need per the LOCUS/CALOCUS score and the actual level of service that is provided to the consumer. Most recently fourteen (14) Community Service Agencies ("CSA's") had been under a Corrective Action Plan ("CAP") as a result of OA's determination that those agencies were not in compliance with the LOCUS/CALOCUS policy. Nine (9) of these agencies are now in compliance; OA is waiting on documentation from the remaining five (5) to substantiate their reports that they are also now in compliance.

The first reports for LOCUS/CALOCUS are now available in the web-based system. The Research and Clinical Infomatics staff is working with the LOCUS/CALOCUS vendor, IT and OA to develop additional reports that can be used by OA for quality improvement activities.

Exit Criterion #3: Demonstrated Planning for and Delivery of Effective and Sufficient Consumer Services (Adult).

Required System Performance: 80%

DMH Performance: FY 08: 74%
DMH Performance: FY 09: 70%

Exit Criterion #4: Demonstrated Planning for and Delivery of Effective and Sufficient Consumer Services (Children/Youth).

Required System Performance: 80%

DMH Performance: FY 08: 36%
DMH Performance: FY 09: 48%

Exit Criterion 3 and 4 are addressed in tandem. In late FY 08, DMH established a unit to conduct Community Service Reviews ("CSRs") throughout the year, to facilitate practice improvements for both the child and adult system of care. The unit consists of two full-time and one half-time employees who have been integrally involved in the planning, development and implementation of both the FY09 Child and Adult Dixon CSRs. The staff of the CSR unit

actively participated and coordinated the logistics for the 2009 *Dixon* reviews. The unit is scheduled to begin case reviews with providers in September 2009, and will continue to increase its involvement in planning and implementing 2010 *Dixon* reviews. In September 2009, the CSR unit will conduct a focused review of the DCCSA consumers who were in transition and participated in the May 2009 Dixon Adult CSR Reviews. This focused review will consist of a secondary analysis of case narratives on these consumers with the purpose of addressing several questions posed by the DCCSA Implementation Team. Results of the analysis will help the team understand how the transition process has progressed, and identify strengths and action steps for further intervention to address areas of improvement. The CSR unit will conduct reviews with these same consumers in January and February of 2010 to track consumer progress and the success of the efforts to remediate any issues identified by the secondary analysis.

Adult CSRs (Exit Criterion #3) for FY 10 are scheduled for May 3 – 14, 2010. DMH is hopeful that the scores will reflect improvement and will approach or meet the 80% system performance requirement for Exit Criterion #3. The Adult CSR score for FY 09 dropped slightly from FY 08 (from 74% to 70%). A slight decrease was not unexpected since the adult CSR was conducted in May 2009, shortly after the DCCSA transition got underway. Nonetheless the results were very promising and constitute substantial compliance with this Exit Criterion. DMH expects that FY 10 results will show further improvement.

Child CSRs (Exit Criterion #4) for FY 10 are scheduled for March 3-19, 2010. The Child CSRs were conducted during the weeks of March 9 – 20, 2009. The child CSR occurred as the DCCSA transition was just beginning. As a result, DC CSA consumers were not included in the sample, the consumer sample size was smaller than in the previous year and DMH reached an agreement with the Court Monitor that the results, which were not statistically valid due to the

sample selection, would not be counted for Dixon exit criterion purposes. Instead of the usual sampling process, cases were selected primarily from the Child Choice Provider Network (a group of providers within the DMH network specifically credentialed to serve youth involved in the District's foster care system), so that the review and the results could be used for developmental purposes to further strengthen the Choice Provider Network. The final report was provided in June 2009. Results showed a 12% improvement in overall system performance (36%- 48%) from 2008.

As a result of the Child CSRs, the Director DMH asked the Director Child/Youth Services Division (CYSD) to develop standards and guidelines to address the deficits in team formation and team functioning which were identified through the CSR process. As a result of that initiative, DMH coordinated a conference on June 23, 2009 entitled the *2009 Dixon Child Review Data Presentation and Practice Development Workshop* which provided a forum to release the results of the 2009 Child Dixon CSR to the public, introduce provider agencies to the DMH practice framework and support the introduction of the team formation and team function concept[3] for the MHRS providers and partners within the community and District government. The workshop was attended by approximately 115 individuals, including representatives from 14 CSA's serving children/youth, other youth-serving government agencies, advocates, and managed care organizations. The DMH Child/Youth Services Division and the DMH CSR Unit are currently following up with agencies to provide technical support and coaching to assist with the implementation of action plan strategies

Exit Criterion #5: Demonstrated Provision of Services to Children and Adolescents (Ages 0 – 17).

Required System Performance: 5%

[3] *See* Exhibit 2, Team Formation and Team Functioning Practice Guidelines Protocol for Children and Youth

DMH Performance: 2.99%

Exit Criterion #6: Demonstrated Provision of Services to Children with Serious Emotional Disturbances.

Required System Performance: 3%

DMH Performance: 2.47%

Exit Criterion #7: Demonstrated Provision of Services to Adults. Required System Performance: 3%

DMH Performance: 2.68%

DMH has made substantial progress in addressing one of the pre-requisites for including children, youth and adults receiving mental health services through the Medicaid Managed Care Organizations ("MCOs") under contract with the Department of Health Care Finance ("DHCF" – the successor agency to the Department of Health Medical Assistance Administration) in reporting for Exit Criteria #5 and #7. As stated previously in the April 2009 Status report, DMH and DHCF now have a Memorandum of Understanding addressing the MCO contract obligations to DHCF and DMH for oversight of mental health services provided by the MCOs.

The November 7, 2003 Court Order allows DMH to submit for inclusion in the penetration rate for Exit Criteria # 5 and #7, those persons who are provided mental health services in the District and for whom DMH has direct or shared responsibility. DMH has received data from the MCO's and is in the process of evaluating the information to more fully assess the number of individuals receiving mental health services in the District through district resources. DMH continues to keep the Court Monitor informed of the results of the integration of the MCO data with DMH information. Once the data has been reviewed and verified by the Court Monitor's data validation consultant, and if the data indicates that the performance target

for each of these Exit Criteria has been met, a letter requesting inactive monitoring status for these criteria will be submitted.

Exit Criterion #9: Supported Housing.

Required System Performance: 70% Served within 45 days.

DMH Performance: 10.61%; the required system performance is being examined in terms of best practices.

DMH currently has the capacity to provide supported housing to 1646 consumers, which we believe exceeds the supported housing available in both Maryland and Virginia combined. The supported housing programs include housing subsidies for 750 consumers, supported housing for more than 750 more consumers living in Supported Independent Living programs, and federal vouchers specifically reserved for DMH consumers. Additionally, DMH has a Memorandum of Understanding with the Department of Community and Housing Development ("DHCD") through which DHCD received $14 million in funding to provide as grants for the development or renovation of 300 housing units for DMH consumers. The first of these are now open and 23 units are occupied after construction or renovation; DMH is currently reviewing applications for identifying individuals to fill another 12 units. DMH has had preliminary discussions with the Court Monitor about proposed amendments to this criterion that better reflects best practices and the goal of not only placing consumers in housing but providing the services and supports that will allow individuals to remain in housing for more than a year – a measure of stability that better captures the true goal of permanent supported housing. We expect to submit a formal letter requesting the modification of Exit Criterion #9 by the end of October, 2009.

Exit Criterion #11: Demonstrated Provision of Assertive Community Treatment for Adults with Serious Mental Illness who have Been Assessed and Referred to this Service.

Required System Performance: 85% of people referred to ACT services will receive ACT services within 45 days of referral.

DMH Performance: Not reported due to a flaw in the data collection metric

DMH continues to work toward meeting the performance target for Exit Criterion #11, Assertive Community Treatment ("ACT"). The data collection metric used by DMH for Exit Criterion #11 was flawed and resulted in underreporting. DMH has been working with an outside consultant to revise, refine and test the metric. The revised metric will be submitted to the *Dixon* Court Monitor and his data validation consultant for review and approval. DMH now has ten (10) ACT teams, with a total capacity of 825 consumers; as of September 23, 2009, 614 consumers are enrolled. Current ACT providers are: Anchor (1 team)[4]; Pathways (3 teams); Family Preservation (2 teams); Green Door (1 team); and Community Connections (3 teams). The one team from Anchor, and one of the teams at Community Connections have just begun operations so are slowly accepting referrals. Two other providers, Hillcrest Children's Center and Capital Community Services are also certified for ACT but cannot accept consumers until they have completed their staff hiring. DMH continues to improve its quality oversight of the ACT services. The two-day ACT Team Core training conducted by the New York State ACT Institute occurred most recently in June and September, 2009. As a result almost 90% of the current ACT staff have received the Core training. DMH continues to provide training, consultation and support to ACT providers. An ACT Team Leader's Retreat is planned for the first quarter FY 2010 which will provide a forum for the provider leadership to discuss treatment and supervisory techniques for ACT consumers. DMH continues to run a monthly Stakeholders Meeting and a Provider's Meeting. Further, DMH staff will be conducting on-site monitoring of

[4] Anchor was certified on September 16, 2009. Therefore, the agency is slowly adding consumers to its ACT services. The target is 100 consumers.

the ACT teams throughout first quarter FY 10 to both inspect compliance with the ACT policy and regulations, as well as develop suggestions for improvements.

ACT referrals continue to increase. On September 30, 2008, there were 390 individuals enrolled in ACT; as of March 18, 2009, 473 consumers were enrolled; and as stated previously, 614 consumers were enrolled as of September 23, 2009. DMH has streamlined the referral process and referrals now come directly to DMH's ACT coordinator without the person first having been enrolled with a CSA. This change has resulted in an increase in ACT referrals from mental health providers outside of the traditional CSA network, such as homeless shelters, and a quicker response to the referral. .

Exit Criterion #14: Children/Youth in Natural Setting.

Required System Performance: 75% of SED with service in natural setting.

DMH Performance: 43.94%

Exit Criterion #15: Children/Youth in own (or Surrogate) Home.

Required System Performance: 85% of SED in Own or Surrogate Home

DMH Performance: 93.9%

The data for these two criteria will not be reviewed until DMH achieves 85% on the penetration rate targets established in Exit Criterion #6 for services to children and youth with serious emotional disturbances. As stated earlier in subsection (4), it is anticipated that with the inclusion of the MCO data, DMH will meet or be closer to achieving this goal.

Exit Criterion #17: Demonstrated Continuity of Care Upon Discharge from Inpatient Facilities.

Required System Performance: 80% of Inpatient Discharges Seen Within 7 Days

DMH Performance: 54% as of 12/31/08[5]

Exit Criterion #17 requires that 80% of people known to be discharged from an inpatient psychiatric hospital will receive a non-emergency community-based service within seven (7) days of the discharge. Based on data reported by the National Committee for Quality Assurance ("NCQA") for 2008, the District's data was tied with New York as the highest performing state, with a rate of 54.4% for its Medicaid population. As previously reported, in May, 2008, DMH requested that the Court Monitor modify the performance level required for Exit Criterion #17 to take into the consideration the national data that is now available. The Court Monitor continues his refusal to recommend a modification of the Exit Criterion. Nonetheless DMH continues to work on this issue.

The Integrated Care Division ("ICD") at DMH continues its work closely monitoring those consumers with the highest need in the community, as evidenced by the multiple psychiatric inpatient admissions, multiple admissions to CPEP and/or episodes of homelessness and incarceration.

III. ADDITIONAL DMH PROGRAMS

A. Closure of DCCSA and Transition of Consumers

The closure of the DCCSA and the transition of the current DCCSA consumers to other providers in the community continues on schedule.[6] As of September 23, 2009, 2,603 consumers have been enrolled with a new CSA. Only 48 children and youth, and approximately 600 adults, remain to be transferred. DMH anticipates that it will meet its goal of completing all transfers by March 31, 2010.

[5] DMH has concerns about the integrity of the hospitalization data for FY 2008 and the first quarter of FY 2009. DMH is working with an outside consultant to validate data and address reporting metric concerns. Updated data for FY 2008 and FY 2009 will be reported after those concerns are resolved.

[6] Information about the DC CSA transition is available on the DMH website (www.dmh.dc.gov) and is updated frequently for consumers and stakeholders. See Exhibit 3 for the August 2009 DC CSA Transition News Brief.

The DCCSA has officially ceased operations and the new Mental Health Services Division (MHSD), under DMH's Office of Programs, is now operational. The MHSD provides services to those approximately 800 individuals who will not move to new CSA's, as well to those individuals who have not yet transferred, and those individuals who have transferred but are still returning for some treatment. All adult services are now provided at 35 K Street, NW, and all child/youth services are located at 821 Howard Road, SE. As part of the transition process DMH established Continuity of Care Transition Teams ("CCTT") to work closely with consumers transferring to new CSA's from the DCCSA. The CCTT's are still providing close communication and coordination for those individuals who have transferred but not yet made their first appointment with the new provider, and those individuals who have not yet transferred.

B. Saint Elizabeths Hospital

(1) Staff Hiring

Saint Elizabeths Hospital ("Hospital") currently has 971 positions. The Hospital has filled a total of two hundred thirteen (261) positions as of September 21, 2009. Over seventy nine percent (79%) of the filled positions were clinical. Sixty-three positions are vacant, representing a 6.48% vacancy rate. Forty-one of the 63 are clinical. 43%) of the 63 vacancies are in some stage of the recruitment process, which means that a vacancy announcement has been issued or is in the process of being issued; applications have been received and reviewed; or a tentative selection has been made. Significantly, key leadership positions have also been filled, including the hiring of a new Chief Nursing Executive and two new Assistant Directors of Nursing plus a new Director of Forensic Psychiatry.

(2) Quality of Care Issues

The Settlement Agreement with the Department of Justice ("DOJ") requires the District to submit reports to the DOJ on a regular basis regarding the current status and projected completion date of each provision of the Agreement. The most recent Saint Elizabeths Hospital Compliance report was filed on September 3, 2009. It is available at www.dmh.dc.gov and is incorporated by reference due to its large size.

DOJ was at Saint Elizabeths Hospital for the week of September 21, 2009, conducting its bi-annual assessment. A report should be provided within 60 days of the conclusion of DOJ's visit and will also be made available at www.dmh.dc.gov.

(3) Hospital Information System

DMH successfully implemented Phase I of the transition to the new electronic record management system at Saint Elizabeths Hospital (Avatar), and has begun implementation of Phase II. Phase II includes clinical assessments, treatment planning, and case notices. Roll-out will be incremental; currently the focus is with the doctors' use of it.

(4) Construction of New Saint Elizabeths Hospital Building

Construction of the new hospital is now completed; currently the different electrical systems are being inspected. Minor adjustments and detail work is also being done. Move-in is still scheduled to start in February, 2010. The new hospital will satisfy the DOJ requirement to improve the environmental conditions at the hospital, including safety, sanitary conditions, and accessibility. A copy of the July 2009 construction status report prepared by Gilbane, the construction manager, is attached and marked as Exhibit 4. In addition, monthly construction full color pictorial updates are available at the Department's website, www.dmh.dc.gov.

(5) Implementation of Saint Elizabeths Hospital Census Reduction Plan

Since October 1, 2008, there has been a 15% decrease in the census at Saint Elizabeths from 404 (211 civil patients and 193 forensic patients) to 342 on September 21, 2009 (179 individuals on the civil side and 163 in the forensic hospital). A major contributor to the reduction of admissions is the use of community hospitals for involuntarily hospitalized patients. This has enabled acute care admissions to Saint Elizabeths Hospital to continue to significantly decline. In FY 08, a total of 421 consumers were admitted on an involuntary basis to Saint Elizabeths. As of August 31, 2009, only 303 total involuntary admissions to Saint Elizabeths occurred during FY 09, of which only 113 were acute care admissions[7]. During the same time period, the vast majority of consumers admitted for acute care in an involuntary status, 652, were admitted to United Medical Center ("UMC") (formerly Greater Southeast Community Hospital); Providence Hospital; and the Psychiatric Institute of Washington in accordance with the contracts and agreements each hospital has with DMH. (See Exhibit 5, FY 09 Involuntary Hospital Admissions Monthly Report). UMC had a problem from mid-June to mid-August 2009 with staffing, and referrals of new patients to UMC during that period were stopped. However Providence Hospital and PIW were able to adjust their intakes so that very few additional individuals were admitted to Saint Elizabeths Hospital during that period. UMC now has a new medical director for its psychiatric ward and is again fully operational at 30 beds.

DMH has put in place a number of strategies to ensure appropriate discharges for long term (greater than 6 month stays) patients. These initiatives include:

- Established at the Authority the Integrated Care Division ("ICD") staffed by mental health specialists who provide care management to monitor and ensure individuals being

[7] The remaining admissions were transferred from other hospitals, typically from a psychiatric unit because the consumer required long term inpatient psychiatric care. On occasion, patients are transferred from a medical/surgical bed (again because the patient requires long term inpatient psychiatric care).

discharged for Saint Elizabeths and other high risk consumers are receiving the appropriate range of services in the community.

- Established regular meetings with staff from the ICD, Saint Elizabeths Hospital and community providers to appropriately address the needs of long term stay individuals. So far during the course of FY'09 107 individuals with stays of 182.5 days or longer have been discharged. Two- thirds, or 69 of the individuals were from the civil side of the hospital, and 38 were discharged from John Howard Pavilion (the forensic program).
- Awarded a contract to Washington Hospital Center ("WHC") to develop flexible community services for 23 long term patients at the hospital. WHC's program, called New Directions, has fully enrolled 23 individuals and has moved four individuals into the community, with four more scheduled to be discharged in October. New Directions works with the individuals and actively participates in the discharge planning well before the actual discharge.
- Developed with the Department of Health Care Financing (DHCF) a proposal to expand their "Money Follows the Person" initiative that is being submitted to Center of Medicare Medicaid Services (CMS) to include 60 long term Saint Elizabeths individuals over the next two years. When approved by CMS, we expect that the majority of the individuals will enroll with WHC's New Directions.
- Established with the Department of Disability Services (DDS) a plan to move at least 15 individuals with co-occurring developmental and psychiatric disabilities from Saint Elizabeths into the community with the full range of supports offered by both DMH and DDS. Currently four individuals have been discharged.

- Established a process to identify individuals who meet the criteria for nursing home care with the intent of finding appropriate nursing homes for this small number of individuals.

C. Comprehensive Crisis Emergency Services

DMH continues operating crisis emergency services for both adults and children. The Mobile Crisis Services, based at CPEP, serves adults and is a DMH-run operation. MCS provides crisis intervention 16 hours a day (9am-1am), 7 days a week to any adults experiencing a mental health-related crisis in the District of Columbia. For the past year (10/1/08 – 9/24/09) MCS has served 1451 individual consumers. MCS responded to 1048 crisis calls; provided 699 direct follow-up services to a crisis response; assisted 553 consumers being discharged from psychiatric emergency services, and made 476 outreach visits in the community. Crisis services for children and youth ("ChAMPS") are conducted through contract by Anchor Mental Health Services. "ChAMPS" provides crisis intervention 24 hours a day 7 days a week to any child and family that is experiencing a crisis in the District of Columbia. From October 2008 through August 2009, ChAMPS received 595 calls; teams were deployed for 344 of those calls.

DMH has also begun a significant initiative in collaboration with the Metropolitan Police Department (MPD) and the National Association for the Mentally Ill (NAMI), namely the Crisis Intervention Officer (CIO) program. The CIO program is designed to provide police officers in-depth training on mental illnesses and treatments, as well as appropriate procedures in dealing with people with mental illness who may be in crisis. As a result of this training, it is anticipated that there will be improved outcomes from interactions between police officers and individuals with mental illness (*See* Exhibit 6, The Crisis Intervention Officer Initiative). The first class of MPD officers graduated in April 2009 and there have been two subsequent classes with another two planned for calendar year 2009. To date 61 MPD officers have been trained. The goal is to

have classes every two-to-three months, with 21 – 25 officers in each class. Five classes are planned for calendar year 2010.

One of the recently trained MPD officers provided a letter to her supervisors, which demonstrated the effectiveness of the CIO training. MPD was called to a group home which housed several people with mental illness, to respond to a woman who was "screaming." The initial team that responded determined that the woman was not dangerous to herself or others and left. MPD received a second request for assistance about 10 minutes later, and this time a CIO officer was dispatched as well. The CIO officer talked with the woman, the group home manager, and the woman's community support worker to establish that: the woman was taking her medication; no other medication would assist with the screaming which was a behavioral response; the woman was successful in her day program and wanted to go to it. Thus, instead of taking the woman to CPEP, which had been the original request, the MPD officer was able to resolve the situation to everyone's satisfaction and assist the woman with getting back to her regular routine. The officer attributed her successful resolution of the situation to her CIO training.

D. Psychiatric Residential Treatment Facility Oversight

DMH continues its leadership of the Subcommittee on Residential Placement Coordination as part of the Mayor's Interagency Collaboration and Services Integration Commission. A District of Columbia Commission on Coordination of Psychiatric Residential Treatment Facility Placements is being created along with formal policies and procedures that will control all PRTF placements in the District. Numerous youth-serving District governmental agencies, as well as Health Services for Children with Special Needs ("HSCSN") and other managed care organizations are participating in the development of the Commission. A single

quality assessment tool that all agencies can use to assess different residential placement options has been developed. Currently the Office of the State Superintendent of Education ("OSSE") has been using it; based on feedback on its utility, the tool is being revised. Some of the performance indicators already collected, however, are being extracted and reviewed. This will allow DMH and other District agencies to be unified in their assessments of the residential placements, and create more incentive for those placement settings to improve their quality of care.

DMH is also working with the Child and Family Services Agency ("CFSA") in identifying 41 children of transitional age (16 – 21 years of age) currently in a PRTF. DMH and CFSA are developing a plan to return 25 of these children to the District within FY 09. To assist with this project, DMH has opened a CRF for the young women, 18 and older who are returning; another facility for the young men will be opening in early 2010.

E. FY 10 Budget

Mayor Fenty submitted his proposed FY 2010 Budget to the Council of the District of Columbia on March 20, 2009. In June 2009 the District's Chief Financial Officer issued a revised revenue estimate that projected FY 2010 revenues at $150.2 million less than the prior estimate. Therefore the Mayor submitted a second proposed budget to the Council on July 17, 2009. A copy of DMH's proposed budget is attached and marked as Exhibit 7. Overall, the proposed FY 2010 DMH Budget is 9.6% less than the approved FY 2009 DMH Budget. Changes include the planned reduction in full-time equivalent employees resulting from the closure of the DCCSA. Savings will be recognized in administrative and other efficiencies that are not expected to have an impact on services to consumers.

IV. CONCLUSION

DMH continues to make significant progress in the overall community-based public mental health system, including progress in meeting the *Dixon* exit criteria.

Respectfully submitted,

EUGENE ADAMS
Principal Deputy Attorney General
for the District of Columbia

GEORGE VALENTINE
Deputy Attorney General
Civil Litigation Division

ELLEN EFROS
Assistant Deputy Attorney General
Chief, Equity I Section

_____/s/_____
GRACE GRAHAM [472878]
Assistant Attorney General
(202) 442-9784 (phone)
(202) 727-3625 (facsimile)
Email: grace.graham@dc.gov

_____/s/_____
SARAH SULKOWSKI [493235]
Assistant Attorney General
441 4th Street, NW, Suite 600
Washington, D.C. 20002
(202) 724-6627 (telephone)
(202) 730-1454 (facsimile)
Email: Sarah.Sulkowski.@dc.gov

DMH Exit Criteria
Status Matrix
PERFORMANCE LEVELS

July 1, 2008 – June 30, 2009

No.	Exit Criteria	Policy In Place	Data Method In Place	DMH Validated Data System	Court Monitor Validated Data System	Status of Monitoring	Court Required Performance Level	Current Performance Level for FY 08 – FY 09 (07/01/08 – 06/30/09)
1.	Consumer Satisfaction Method(s)	Yes **Policy 115.2**	N.A.	N.A.	N.A.	**Active**	Methods + Demonstrated Utilization of Results	Methods Completed. Evidence of QI cycle pending.
2.	Consumer Functioning Method(s)	Yes **Policy 300.1**	N.A.	N.A.	N.A.	**Active**	Methods + Demonstrated Utilization of Results	Methods Completed. Web-based application installed (02/09); super-user training completed (11/08); notice of training opportunities for provider staff distributed (02/09). Providers expected to begin using application after training. Target for full automation is October 2009. OA collects data during claims and quality audits for FY 08 (beginning 09/08); data will be used to create corrective action plans for providers who are not complying with policy. Data analysis of OA collected data completed. Corrective action plans requested 04/22/09 and received from all 15 audited providers (06/19/09).

DMH Exit Criteria
Status Matrix
PERFORMANCE LEVELS

July 1, 2008 – June 30, 2009

No.	Exit Criteria	Policy In Place	Data Method In Place	DMH Validated Data System	Court Monitor Validated Data System	Status of Monitoring	Court Required Performance Level	Current Performance Level for FY 08 – FY 09 (07/01/08 – 06/30/09)
3.	Consumer Reviews (Adult)	Yes	Yes	Yes	Yes	**Active**	80% for Systems Performance	**FY 09: 70%**[1]
4.	Consumer Reviews (Child)	Yes	Yes	Yes	Yes	**Active**	80% for Systems Performance	**FY 09: 48%** [2]
5.	Penetration (C/Y 0-17 Years)[3]	Yes	Yes	Yes	Yes, as of January 25, 2007, revised April 23, 2008.	**Active**	5%	FY 08 Q4: 1.85 %[4] FY 09 Q1: 1.95 % FY 09 Q2: 2.11 % FY 09 Q3: 2.06 % **Total: 2.99 %**
6.	Penetration (C/Y with SED)	Yes	Yes	Yes	Yes, as of January 25, 2007 revised April 23, 2008.	**Active**	3%	FY 08 Q4: 1.45 %[5] FY 09 Q1: 1.56 % FY 09 Q2: 1.70 % FY 09 Q3: 1.62 % **Total: 2.47 %**

[1] Preliminary results from adult community service reviews conducted in May 2009 and reported by Human Systems Outcomes, Inc. in June 2009. Final data from the March 2009 review was reported in the Court Monitor's July 2009 Report.

[2] Results from child/youth community service reviews conducted in March 2009 and reported by Human Systems Outcomes, Inc. in June 2009. Final data from the March 2009 review was reported in the Court Monitor's July 2009 Report.

[3] The penetration rates reported for Exit Criteria 5, 6, 7 and 8 do not include unduplicated consumers who received Medicaid funded services from the four (4) Medicaid managed care organizations (MCOs) under contract with the District of Columbia.

[4] The run date for all claims based data reported for Exit Criteria 5, 6, 7 and 8 was September 17, 2009. All claims-based data is drawn from submitted claims deemed approved for payment by DMH on that date. Providers have up to ninety (90) days from the date of service to submit a claim. In addition, there are claims for services rendered in throughout FY 2009, which were rejected and returned to the provider for correction that may be resubmitted and approved for payment. The final claims submission cut-off for FY 2009 claims is December 31, 2009. Data reported for each quarter may include services provided to consumers in the previous and subsequent quarters. The data reported for the entire fiscal year represents an unduplicated count of consumers. Therefore, the data reported for the entire rolling four quarter period may show a higher percentage of consumers served, than shown in the data reported for each quarter during the period reported.

DMH Exit Criteria
Status Matrix
PERFORMANCE LEVELS
July 1, 2008 – June 30, 2009

No.	Exit Criteria	Policy In Place	Data Method In Place	DMH Validated Data System	Court Monitor Validated Data System	Status of Monitoring	Court Required Performance Level	Current Performance Level for FY 08 – FY 09 (07/01/08 – 06/30/09)
7.	Penetration (Adults 18 + Years)	Yes	Yes	Yes	Yes, as of January 25, 2007 revised April 23, 2008.	**Active**	3%	FY 08 Q4: 1.79 %[6] FY 09 Q1: 1.86 % FY 09 Q2: 1.95 % FY 09 Q3: 1.95 % **Total: 2.68%**
8.	Penetration (Adults with SMI)	Yes	Yes	Yes	Yes, as of January 25, 2007 revised April 23, 2008.	**Inactive**	2%	FY 08 Q4: 1.68 % FY 09 Q1: 1.78 % FY 09 Q2: 1.86 % FY 09 Q3: 1.87 % **Total: 2.55 %**[7]
9.	Supported Housing[8]	Yes **Policy 511.1**	Yes	Yes	Yes, as of January 17, 2008.	**Active**	70% Served Within 45 Days	FY 08 Q3: 15.0 % FY 08 Q4: 12.5 % FY 09 Q1: 2.3 % FY 09 Q2: 14.6 % **Total: 10.61%**
10.	Supported Employment	Yes **Policy 508.2**	Yes	Yes	Yes, as of January 17, 2008.	**Active**	70% Served Within 120 Days	FY 08 Q3: 87.0 % FY 08 Q4: 100.0 % FY 09 Q1: 84.0 % FY 09 Q2: 94.0 % **Total: 90.4 %**[9]

[5] See footnotes 3 and 4.
[6] See footnotes 3 and 4.
[7] The Court Monitor found that DMH met the performance target for Exit Criterion 8 in his January 2009 report and recommended that this measure move to inactive monitoring status.
[8] DMH currently reports data regarding consumers who are receiving rental subsidies from DMH. DMH is reviewing its other supported housing programs and plans to propose an amendment to this performance measure to the Court Monitor.

DMH Exit Criteria
Status Matrix
PERFORMANCE LEVELS

July 1, 2008 – June 30, 2009

No.	Exit Criteria	Policy In Place	Data Method In Place	DMH Validated Data System	Court Monitor Validated Data System	Status of Monitoring	Court Required Performance Level	Current Performance Level for FY 08 – FY 09 (07/01/08 – 06/30/09)
11.	Assertive Community Treatment	Yes. **Policy 340.6**	Yes	Yes	In process through the Monitor's consultant	**Active**	85% Served within 45 days of completed referral	FY 08 Q3: % FY 08 Q4: % FY 09 Q1: % FY 09 Q2: % **Total: %**[10]
12.	Newer – Generation Medications[11]	Yes **Policy 311.1**	Yes	Yes	Yes, as of January 25, 2007, revised April 23, 2008.	**Inactive**	70% of adults with schizophrenia receive atypical medications	FY 08 Q4: 91.6 % FY 09 Q1: 91.2 % FY 09 Q2: 90.8 % FY 09 Q3: 90.0 % **Total: 87.3 %**
13.	Homeless (Adults)	Yes **Policy 511.2**	Yes	Yes	Yes, as of December 21, 2007.	**Inactive**	150 Served + Comprehensive Strategy[12]	**Total: 207** [13]

[9] DMH submitted a letter to the Court Monitor on August 8, 2007, requesting that the Court Monitor find that DMH has met the performance target for Exit Criteria #10. Via letter dated October 25, 2008, the Court Monitor denied DMH's request, based on the need to validate the reliability of the data reported and the need to ensure that DMH was following its policy with regard to referrals for supported employment. DMH has instituted a social marketing program and has begun analysis to address the Court Monitor's concern about the system capacity. DMH provided the Court Monitor with a letter describing its social marketing program and explaining its analysis of the overall system capacity on April 15, 2008. The Court Monitor again denied DMH's request via letter dated August 4, 2008. DMH has continued to implement its social marketing program as outlined in the April 15th letter. Discussions with the Court Monitor regarding compliance continue.

[10] DMH is still refining the reporting metric for Exit Criterion #11. No data is reported.

[11] The data reported for Exit Criterion #12 was run on September 17, 2009. The Court Monitor found that DMH met the performance target for Exit Criterion 12 in his July 2007 report and recommended that the measure move to inactive monitoring status.

[12] The Court Monitor found that the comprehensive strategy developed by DMH, satisfied the requirements of Exit Criterion 13 and 16 in his January 2009 report.

[13] The data reported for Exit Criterion #13 was run on September 17, 2009. The data reported is only those persons with serious mental illness who received services from Pathways to Housing, which is a "Housing First" provider. The Court Monitor found that DMH met the performance target for Exit Criterion # 13 in his January 2009 report and recommended that the measure move to inactive monitoring status.

DMH Exit Criteria
Status Matrix
PERFORMANCE LEVELS

July 1, 2008 – June 30, 2009

No.	Exit Criteria	Policy In Place	Data Method In Place	DMH Validated Data System	Court Monitor Validated Data System	Status of Monitoring	Court Required Performance Level	Current Performance Level for FY 08 – FY 09 (07/01/08 – 06/30/09)
14.	C/Y in Natural Setting[14]	Yes **Policy 340.4**	Yes	Yes	Yes, as of January 25, 2007, revised April 23, 2008.	**Active**	75% of SED With Service in Natural Setting	FY 08 Q4: 33.6 % FY 09 Q1: 33.4 % FY 09 Q2: 36.3 % FY 09 Q3: 39.0 %[15] **Total: 43.94%**
15.	C/Y in own (or surrogate)[16]	Yes **Policy 340.5**	Yes	Yes	Yes, as of January 25, 2007 revised April 23, 2008.	**Active**	85% of SED in Own Home or Surrogate Home	FY 08 Q4: 96.8 % FY 09 Q1: 97.4 % FY 09 Q2: 96.3 % FY 09 Q3: 95.2 % **Total: 93.9 %**
16.	Homeless C/Y	Yes **Policy 511.2**	Yes	Yes	Yes, as of June 5, 2008.	**Inactive**	100 Served + Comprehensive Strategy[17]	**Total: 185**[18]

[14] The data reported by the Court Monitor for Exit Criteria 14 will not be reviewed until DMH achieves 85% of the penetration rate targets established in Exit Criterion 6 for services to children and youth with SED (Exit Criterion #6). Data reported was run on September 17, 2009.

[15] DMH began enforcing the requirement that providers roll-up all claims for same-day services to prepare for the transition to MAA during the fourth quarter of FY 08. Claims for services provided at more than one location are submitted with a location code of 99. The query used to extract data for this Exit Criterion does not include services with a location code of 99. As a result, data about the location of service provision may be under reported. DMH is examining methods for addressing the possible under-reporting.

[16] The data reported by the Court Monitor for Exit Criteria #15 will not be reviewed until DMH achieves 85% of the penetration rate targets established in Exit Criterion 6 for services to children and youth with SED. Data reported was run on September 17, 2009.

[17] See footnote 10.

[18] Data reported for Exit Criterion #16 is for reporting period April 1, 2008 through March 31, 2009.

DMH Exit Criteria
Status Matrix
PERFORMANCE LEVELS

July 1, 2008 – June 30, 2009

No.	Exit Criteria	Policy In Place	Data Method In Place	DMH Validated Data System	Court Monitor Validated Data System	Status of Monitoring	Court Required Performance Level	Current Performance Level for FY 08 – FY 09 (07/01/08 – 06/30/09)
17.	Continuity of Care[19] a. Adults b. C/Y	Yes **Policy 200.2 Policy 200.2A**	Yes	Yes	Yes, as of November 11, 2007.	**Active**	80% of Inpatient Discharges Seen Within 7 Days	**Overall: 55.51%** **Adults: 49.48%** **Children: 56.08%**
18.	Community Resources	Yes	Yes	Yes	Yes, as of October 16, 2008.	**Inactive**	60% of DMH Expenses for Community Services	**FY 06: 60.45%** **FY 07: 59%** **FY 08: In process**
19.	Medicaid Utilization[20]	Yes	Yes	Yes	Yes, as of December 13, 2007.	**Inactive**	49% of MHRS Billings Paid by Medicaid	**FY 08: 47.8 %**[21] **FY 09: 49.4%**[22]

[19] The data reported for Exit Criteria #17 is for FY 2008. Data is reported in the aggregate for the reporting period, since hospital admissions and discharges, as well as services rendered post discharge may cross fiscal year quarters. Refer to footnote 4 for information about the reporting of claims-based data. DMH has some concerns about the integrity of the data for FY 2008 and FY 2009 and is working with an outside consultant to resolve issues relating to the reporting metric.

[20] DMH submitted a letter to the Court Monitor on January 4, 2008, requesting that active monitoring of Exit Criteria #19 terminate, because DMH has satisfied the performance target. The Court Monitor recommended moving Exit Criteria #19 to inactive monitoring status in his January 2008 report. The plaintiffs counsel agreed with the Court Monitor's recommendation during the February 21, 2008 status hearing.

[21] Data is reported regarding revenue collection for FY 08 as of July 20, 2009. Revenue collection for FY 08 is continuing through FY 09 and into FY 10. See footnote 4 regarding the reporting of claims-based data.

[22] Data is reported regarding revenue collection for FY 09 as of September 24, 2009. Revenue collection for FY 09 will continue through FY 10 and FY 11. See footnote 4 regarding the reporting of claims-based data.

Team Formation and Team Functioning
Practice Guidelines Protocol
For Children and Youth

BACKGROUND:

For the past seven years the Department of Mental Health (DMH) has contracted with Human Services Organization (HSO) to conduct Community Service Reviews (CSR) on a random sample of youth served by DMH directly or by its contracted private providers. The CSR review is comprised of a comprehensive review of each case in the sample. The review process involves (1) a HSO certified reviewer meeting with staff from any and all agencies (mental health community support worker, psychiatrist, school staff, foster care worker, parent/guardian and others that maybe involved with the youngster) (2) the reviewer writes and compiles documentation on the case and scores both the youth's performance on a number of variables as well as the system's performance. The District of Columbia's System of Care (SOC) for children and youth has consistently scored low on both measures. When the low scores are further evaluated they indicate very poor team formation and team functioning among those responsible for providing services to the child/youth and his/her family. The reviews indicate that professionals are not talking to each other and therefore decisions are made in a vacuum. If the District's system is to become a high performing System of Care, the practice must routinely change to ensure collaborative efforts by all involved with a child/youth and his/her family, strong case supervision as well as including the child/youth and his/her family in the decision-making process.

This document outlines specific practice guidelines that will be implemented by the District of Columbia Department of Mental Health to enhance team formation and team functioning among Core Service Agency (CSA) Treatment Teams. The goal is not to simply convene additional meetings but rather to ensure that various individuals involved with the child/youth and family are informed and working collaboratively and that information on a case is gathered from each and every person with knowledge of the child/youth and family and used to inform treatment planning and service delivery.

PURPOSE

The purpose of the team formation and team functioning guidelines is to ensure that all children/youth (aged 6-21) who are enrolled in public mental health services in the District of Columbia receive coordinated services that reflect the knowledge and participation of all involved in the child/youth's life.

VISION FOR TEAM FORMATION AND FUNCTIONING

The vision is that all children receiving public mental health services in the District will have a coordinated, integrated, child/family focused plan of care to support their growth and recovery process.

POLICY

It is the responsibility of the mental health staff of the child/youth's clinical home to ensure that all members involved with the child/youth and his/her family are aware of each other, have developed a process to share and receive information and meet or speak on a regular basis. DMH recommends that the mental health community support worker(CSW) or mental health clinician (school) assigned to a case be the central point of contact for coordination of communication, planning and implementation efforts. The clinical home is responsible for determining who will be assigned the role of "central point of contact". This individual will be responsible for coordinating mental health and support services, monitoring activity to ensure that children/youth on his/her caseload receive the services required by the treatment plan.

DMH embraces a family/child/youth centered service delivery process. The needs and desires of children/youth and families drive the treatment planning and service delivery process. They are the ultimate decision-makers.

The specific procedures to support team formation and functioning are as follows:

1. The clinical home shall identify a central point of contact for every child/youth receiving public mental health services within 7 days of referral. If a child/youth receives services through the School-based Mental Health Program and does not have a clinical home, the School-based Mental Health Clinician will serve as the central point of contact.

2. The central point of contact, in consultation with the Clinical Director/Supervisor, will facilitate and coordinate the team communication and work processes which include, but are not limited to:

    a. Ensuring that the family's input drives the treatment planning and service delivery process;

    b. Ensuring that everyone is aware of which individuals, both inside the agency and outside of the agency are working with the child/youth and that these individuals are notified of all the others involved with the child/youth;

    c. Compiling and distributing the names of agencies/individuals providing services to the child/youth and family;

    d. Establish a structure and process for regular communication to support joint planning and service provision, including frequency of contacts, input processes, decision-making processes and documentation of contacts;

    e. Determining a mechanism for convening the team of treatment/service providers in consultation with the child/youth and family. This may

include conference calls, telephone calls or circulating e-mail messages regarding the status of the child/youth or convening a team meeting.

f. A process for documenting all contacts or meetings with the child/youth/family, other service providers and community resources in the child/youth's clinical record

g. . The identified central point of contact shall contact the guardian/family to make introductions, provide important contact information, collect important contact information from the family, and orient the family to the new Team Formation and Team Functioning practice guidelines and expectations of the treatment process.

EVALUATION

Adherence to the Team Guidelines will be monitored and evaluated through periodic, targeted case reviews conducted by the DMH Community Services Review Department, in accordance with the DMH Community Services Review Protocol.

D.C. Department of Mental Health

DC CSA Transition News Brief

1- 2 - 3
It's as easy as
ABC

Issue V
August 13, 2009

New Mental Health Services Division

As part of its redesign of service delivery, DMH has created the new Mental Health Services Division within the Office of Programs and Policy. The new division will provide services for the remaining consumers who were formerly enrolled with the DC CSA and manage their transition to private providers by March 31, 2010. In addition, this division provide the unique services formerly offered by the DCCSA as well as the new Physicians Practice Group.

Programs and services are outlined below:

Services for Children and Youth

- Psycho-Educational Program / 821 Howard Road
- Therapeutic Nursery / Wilkerson Elementary School
- Healthy Start Program / 821 Howard Road
- Child Psychiatrist Practice Group / 821 Howard Road

Services for Adults

- Multicultural Services Team (CST-21)
- Deaf/Hearing Impaired Team (CST-7)
- Co-occurring Mental Health & Developmental Disabilities Team (CST-7)
- Restoration To Competency Program
- Physicians Practice Group
- Psychiatric Residents' Clinic
- Same Day Urgent Care Services (formerly known as SURE Program)
- Pharmacy Program
- Continuity Of Care Transition Teams (CCTT) - August 2009 thru March 31, 2010

Services for Children & Youth are located at 821 Howard Road, SE, WDC 20032

With the exception of the Therapeutic Nursery which is located at the Wilkerson Elementary School.

Services for Adults are in the process of being consolidated at 35 K Street, NE WDC 20002.

Service Site Consolidation

3861 Alabama Ave, SE

As reported in the July 27, 2009 issue of the News Brief, the DCCSA Alabama Ave site closed July 14, 2009 and staff were relocated to 35 K Street, NE.

1250 U Street, NW

Effective Monday, August 10, 2009 all services provided at the 1250 U Street, NW DCCSA service site (specifically Multicultural Services and Northwest Family Services) have been relocated as follows:

- All adult services will relocate to 35 K Street NE (phone number 202-442-4202)
- All child & youth services will relocate to 821 Howard Road, SE (phone number 202-698-1838)

CCTT staff members and staff from Multicultural Services Team will be posted at the 1250 U Street NW site through August 31, 2009 to assist and redirect consumers.

1125 Spring Road, NW

DMH will be transitioning out of this facility between August and October 2009.

Effective August 10, 2009 the Restoration to Competency Program will be located at 35 K Street, NE

On August 21, 2009 the CCTT team will move from Spring Road to 35 K Street, NE.

- Two to three CCTT staff will remain at 1125 Spring Rd until August 31 to assist and redirect consumers. (telephone 202-576-8944)

All clinical services will be moved to 35 K Street NE by August 31, 2009, except for the following which will continue at 1125 Spring Road, NW until October 1, 2009:

- Pharmacy Services
- Medical Records Unit

35 K Street, NE

This will be the primary site for all Adult Services provided by the Mental Health Services Division. This facility is a three level building with a small lot for off street parking. 35 K Street NE is between the Union Station Metro Station and the New York Avenue Metro Station both located on the Red Line.

821 Howard Road, SE

This is the site for all Child & Youth Services provided by the Mental Health Services Division.

In addition to the services already provided at this site (Psycho-Educational Program, Health Start, and Therapeutic Nursery) all children and youth previously receiving services from the Northwest Family Services 1250 U Street NW will receive services from this site, until they have completed the transition to the private provider network. All Child Psychiatrists and psychiatric services, including assessments will be located at the 821 Howard Road, SE service site.

We are now informing consumers of these staff relocations. Consumers are encouraged to call the DCCSA Transition Information Line at 1-800-961-8528 if they need assistance with locating their treatment team members, obtaining medication or information related to the transition.

Relocation of Multicultural Services

The Department of Mental Health continues to be committed to providing culturally and linguistically competent quality services and expand access to the District of Columbia residents in general and to those who speak limited or no English (LEP/NEP) in particular. To this end, on August 10, 2009, DMH will be consolidating and relocating the Multicultural Program and other DMH operated services to 35 K Street, NE. The co-location of DMH's Multicultural Program with the Pharmacy and Physicians Practice Group along with programs for individuals with hearing impairment and developmental disabilities will enhance the quality of our services by making them available in one location.

Services to consumers will not be interrupted during the relocation of the Multicultural Program. Assistance and support will be provided to consumers to ensure a smooth transition to the new location. We have the support of the Mayor's Offices on Latino, Asian and Pacific Islander, and African Affairs to assist in the transition. Metro has provided information about the transit system in various languages for our consumers and a representative provided Multicultural program staff with an orientation of the Metro transit system and rider assistance program. We are collaborating with community based service providers to the LEP/NEP communities to ensure that the necessary support, orientation, and information are provided to our consumers in the various languages.

Some staff from the Multicultural Program will be posted at the 1250 U Street, NW location until the end of August to assist and redirect consumers to the new service location at 35 K Street, NE.

Pharmacy Services

Pharmacy services will continue to operate at their current locations which are 1125 Spring Road, NW (202-576-7053) and 35 K Street, NE (442-4954). However, DMH plans to expand the pharmacy at 35 K Street, NE. Once the renovations are completed, all outpatient DMH pharmacy services will be provided at 35 K Street and the pharmacy at 1125 Spring Road will be closed. DMH expects the renovations to be completed by late fall 2009.

Same Day Urgent Care Services

Same Day Urgent Care Services will continue to be offered at the 35 K Street, NE location. Services include: assessment, counseling, psychiatric evaluation and medication management. Consumers who have transferred from the DCCSA to a new provider but have not yet had an intake appointment or have not seen a psychiatrist at the new provider may come to the Same Day Urgent Care Services to see a psychiatrist and receive a prescription, if needed.

Useful Contact Numbers:

Access Helpline

1-888-793-4357

*

DMH Office of Consumer and Family Affairs

(202) 673-4377

*

DC CSA Transition Information Line

1-800-961-8528

Consumer Transition Information Page on the DMH Website

- Go to www.dmh.dc.gov
- Under **Information**, click on the 4th bullet point

DC Community Services

Agency Consumer

Transition Information

St. Elizabeth's Hospital Project
Monthly Summary Report

Month/Year: July 2009 Date: 31 July 2009

Construction Manager Summary

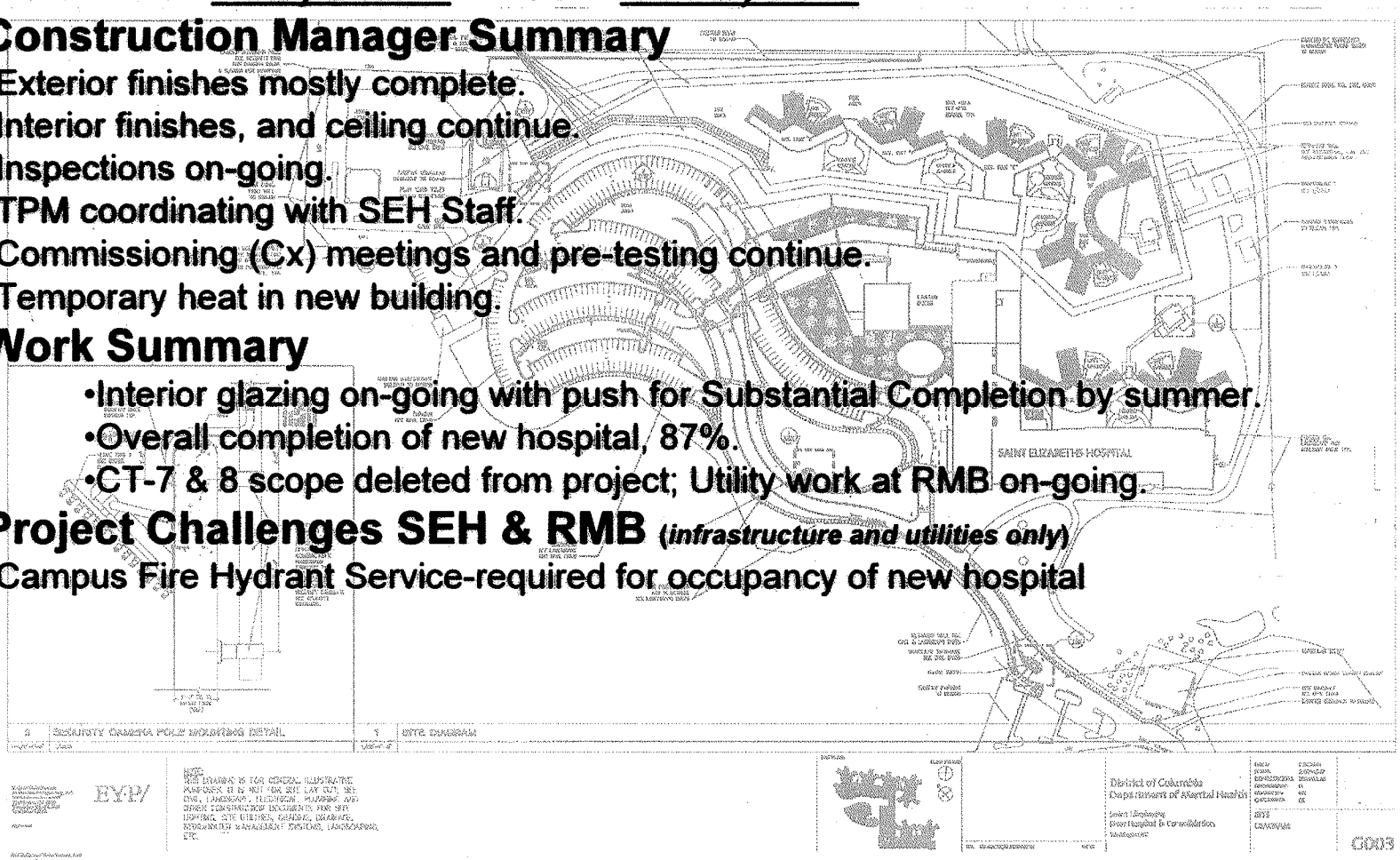
- Exterior finishes mostly complete.
- Interior finishes, and ceiling continue.
- Inspections on-going.
- TPM coordinating with SEH Staff.
- Commissioning (Cx) meetings and pre-testing continue.
- Temporary heat in new building.

Work Summary

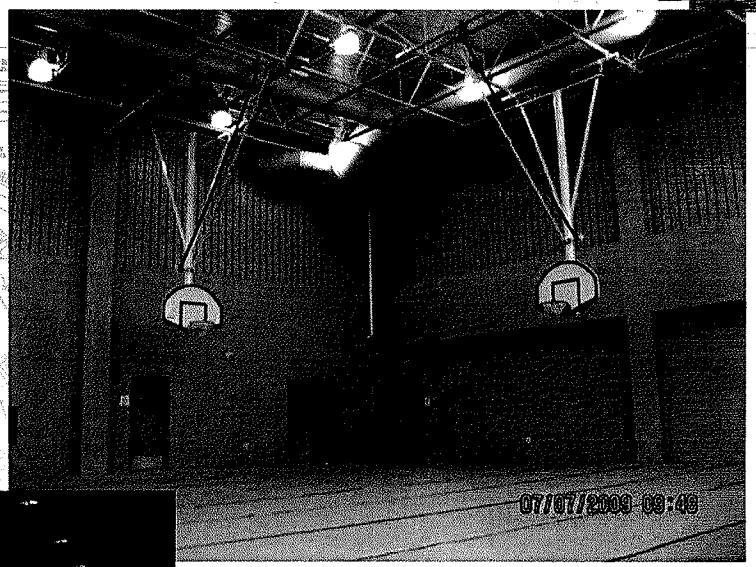
- Interior glazing on-going with push for Substantial Completion by summer.
- Overall completion of new hospital, 87%.
- CT-7 & 8 scope deleted from project; Utility work at RMB on-going.

Project Challenges SEH & RMB (*infrastructure and utilities only*)

- Campus Fire Hydrant Service-required for occupancy of new hospital



Project Progress Photos



Top Left: Site furnishings in Courtyard
Above: Basketball backstops in Civil Gymnasium
Left: Glass guardrail installed at Stair 1

Project Controls and Budget Summary

Gilbane

St. Elizabeth's New Hospital		RMB, CT-7, CT-8	
Original Contract Value:	$ 139,915,510	Original Contract Value:	$13,247,000
Approved Changes:	162	Approved Changes:	8
Current Contract Amount:	$ 159,557,343	Current Contract Value:	$13,791,190
Pending Changes (OME):	$ 5,002,306	Pending Changes (OME):	$ 0
Pending contract Value:	$ 164,559,649	Pending Contract Value:	$13,791,190

Submittal Update (TBI Submittals)

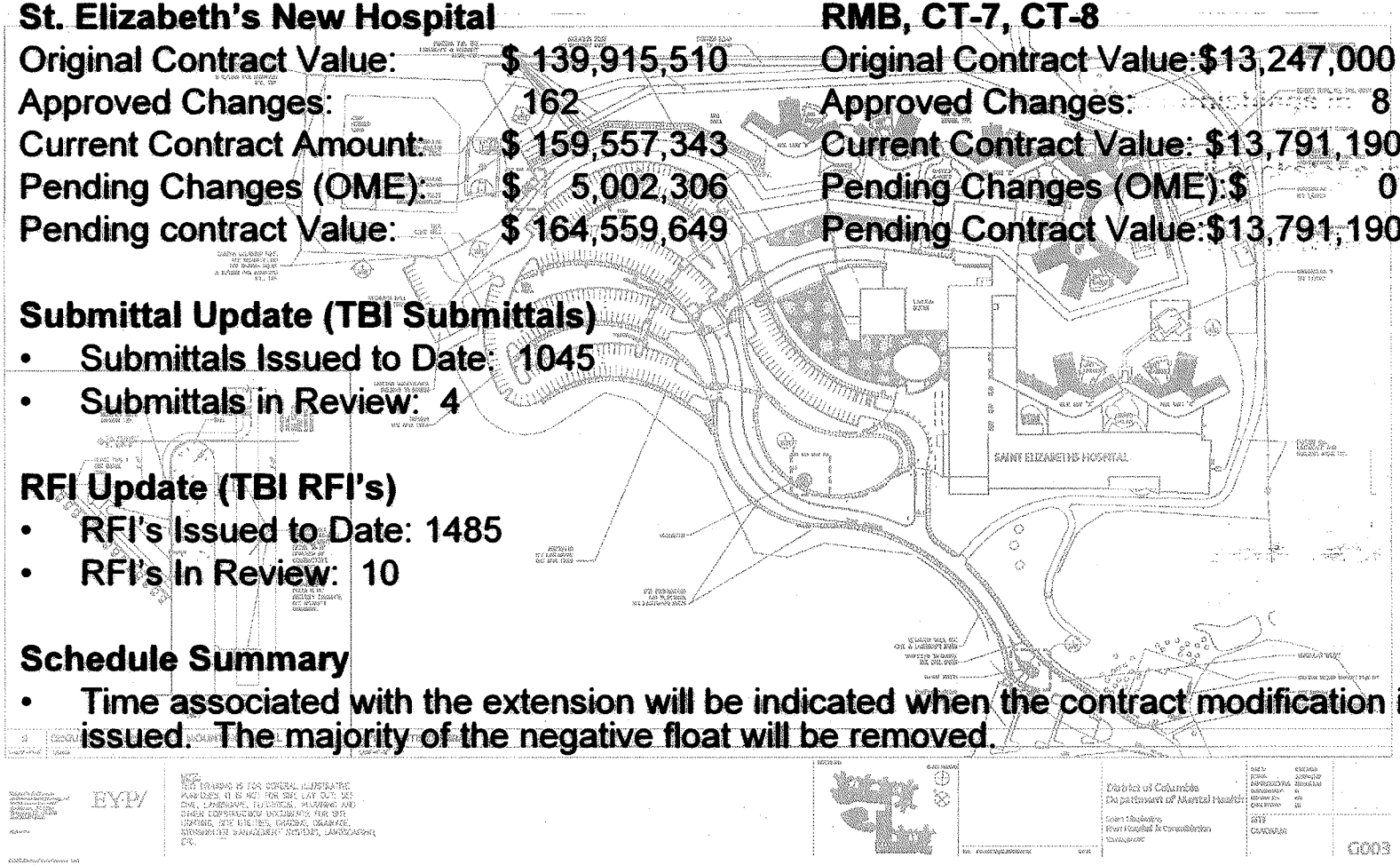
- Submittals Issued to Date: 1045
- Submittals in Review: 4

RFI Update (TBI RFI's)

- RFI's Issued to Date: 1485
- RFI's In Review: 10

Schedule Summary

- Time associated with the extension will be indicated when the contract modification is issued. The majority of the negative float will be removed.

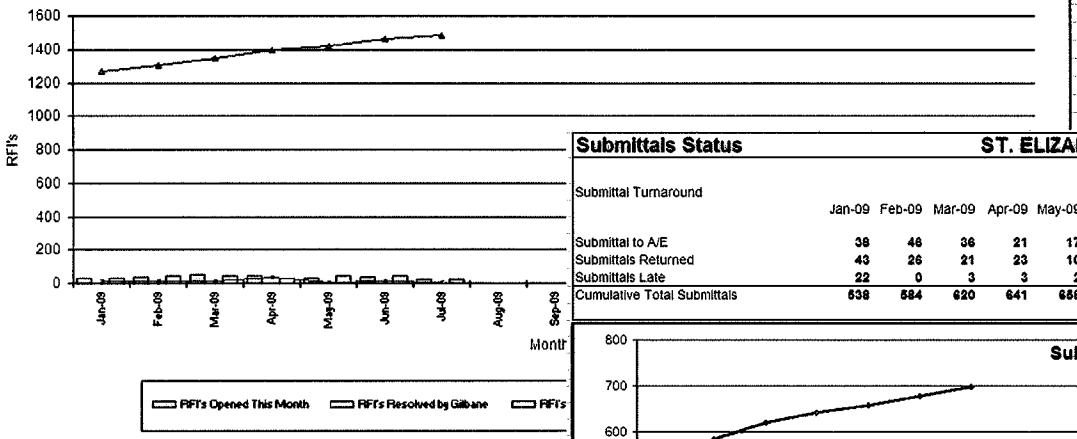


Project Controls Review

RFI Turnaround — **ST. ELIZABETH'S HOSPITAL** — **Project 3207**

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10
RFI's Opened This Month	28	35	48	46	27	38	25										
RFI's Resolved by A/E	31	45	41	26	46	42	22										
Cumulative Total RFI's	1266	1301	1349	1395	1422	1460	1485										
Total Open	12	15	11	33	5	11	10										

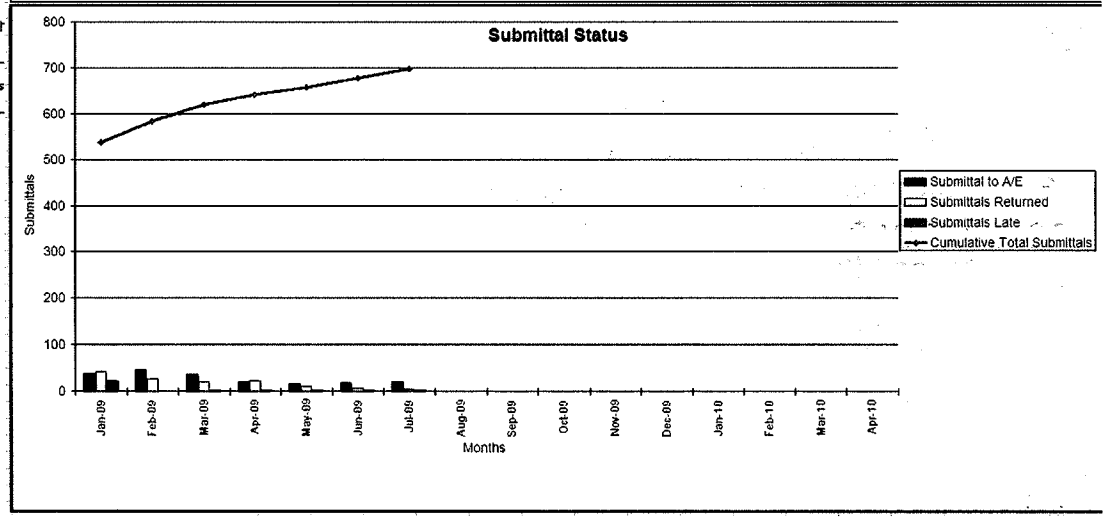
Chart 1. RFI Turnaround



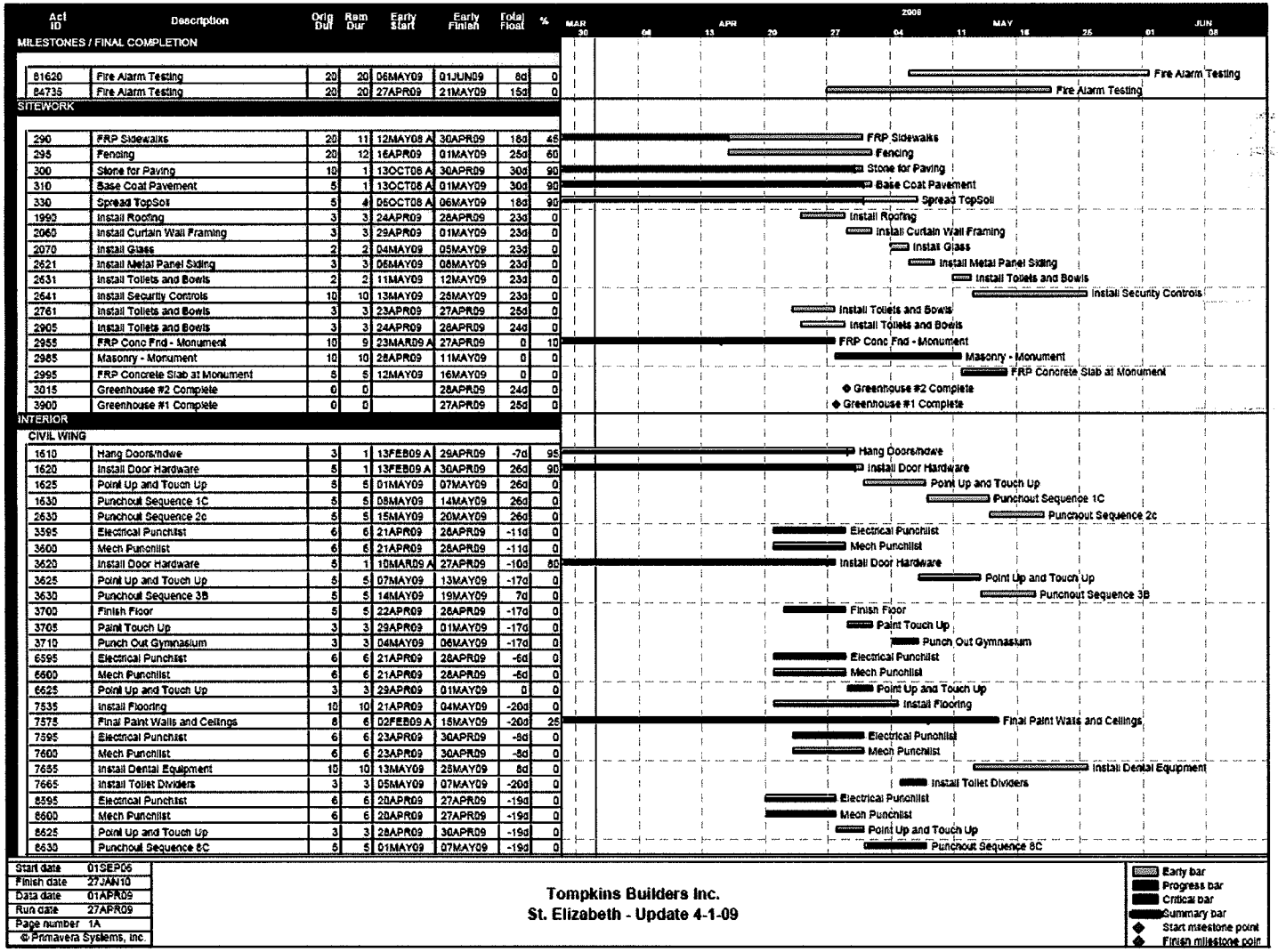
Submittals Status — **ST. ELIZABETH'S NEW HOSPITAL** — **Project 3207**

Submittal Turnaround

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10
Submittal to A/E	38	46	36	21	17	19	20									
Submittals Returned	43	26	21	23	10	6	4									
Submittals Late	22	0	3	3	2	2	2									
Cumulative Total Submittals	538	584	620	641	658	677	697									



Schedule (activities scheduled for balance of project)



Act ID	Description	Orig Dur	Rem Dur	Early Start	Early Finish	Total Float	%
MILESTONES / FINAL COMPLETION							
81620	Fire Alarm Testing	20	20	06MAY09	01JUN09	6d	0
84735	Fire Alarm Testing	20	20	27APR09	21MAY09	15d	0
SITEWORK							
290	FRP Sidewalks	20	11	12MAY08 A	30APR09	18d	45
295	Fencing	20	12	16APR09	01MAY09	25d	60
300	Stone for Paving	10	1	13OCT08 A	30APR09	30d	90
310	Base Coat Pavement	5	1	13OCT08 A	01MAY09	30d	90
330	Spread TopSoil	5	4	05OCT08 A	06MAY09	18d	90
1990	Install Roofing	3	3	24APR09	28APR09	23d	0
2060	Install Curtain Wall Framing	3	3	29APR09	01MAY09	23d	0
2070	Install Glass	2	2	04MAY09	05MAY09	23d	0
2621	Install Metal Panel Siding	3	3	06MAY09	08MAY09	23d	0
2631	Install Toilets and Bowls	2	2	11MAY09	12MAY09	23d	0
2641	Install Security Controls	10	10	13MAY09	26MAY09	23d	0
2761	Install Toilets and Bowls	3	3	23APR09	27APR09	25d	0
2905	Install Toilets and Bowls	3	3	24APR09	28APR09	24d	0
2955	FRP Conc Fnd - Monument	10	9	23MAR09 A	27APR09	0	10
2985	Masonry - Monument	10	10	28APR09	11MAY09	0	0
2995	FRP Concrete Slab at Monument	5	5	12MAY09	16MAY09	0	0
3015	Greenhouse #2 Complete	0	0		28APR09	24d	0
3900	Greenhouse #1 Complete	0	0		27APR09	25d	0
INTERIOR							
CIVIL WING							
1610	Hang Doors/Hdwe	3	1	13FEB09 A	29APR09	-7d	95
1620	Install Door Hardware	5	1	13FEB09 A	30APR09	26d	90
1625	Point Up and Touch Up	5	5	01MAY09	07MAY09	26d	0
1630	Punchout Sequence 1C	5	5	08MAY09	14MAY09	26d	0
2630	Punchout Sequence 2c	5	5	15MAY09	20MAY09	26d	0
3595	Electrical Punchlist	6	6	21APR09	28APR09	-11d	0
3600	Mech Punchlist	6	6	21APR09	28APR09	-11d	0
3620	Install Door Hardware	5	1	10MAR09 A	27APR09	-10d	80
3625	Point Up and Touch Up	5	5	07MAY09	13MAY09	-17d	0
3630	Punchout Sequence 3B	5	5	14MAY09	19MAY09	7d	0
3700	Finish Floor	5	5	22APR09	28APR09	-17d	0
3705	Paint Touch Up	3	3	29APR09	01MAY09	-17d	0
3710	Punch Out Gymnasium	3	3	04MAY09	06MAY09	-17d	0
6595	Electrical Punchlist	6	6	21APR09	28APR09	-6d	0
6600	Mech Punchlist	6	6	21APR09	28APR09	-6d	0
6625	Point Up and Touch Up	3	3	29APR09	01MAY09	0	0
7535	Install Flooring	10	10	21APR09	04MAY09	-20d	0
7575	Final Paint Walls and Ceilings	8	6	02FEB09 A	15MAY09	-20d	25
7595	Electrical Punchlist	6	6	23APR09	30APR09	-8d	0
7600	Mech Punchlist	6	6	23APR09	30APR09	-8d	0
7655	Install Dental Equipment	10	10	13MAY09	26MAY09	8d	0
7665	Install Toilet Dividers	3	3	05MAY09	07MAY09	-20d	0
8595	Electrical Punchlist	6	6	20APR09	27APR09	-19d	0
8600	Mech Punchlist	6	6	20APR09	27APR09	-19d	0
8625	Point Up and Touch Up	3	3	28APR09	30APR09	-19d	0
8630	Punchout Sequence 8C	5	5	01MAY09	07MAY09	-19d	0

Start date	01SEP06
Finish date	27JAN10
Data date	01APR09
Run date	27APR09
Page number	1A
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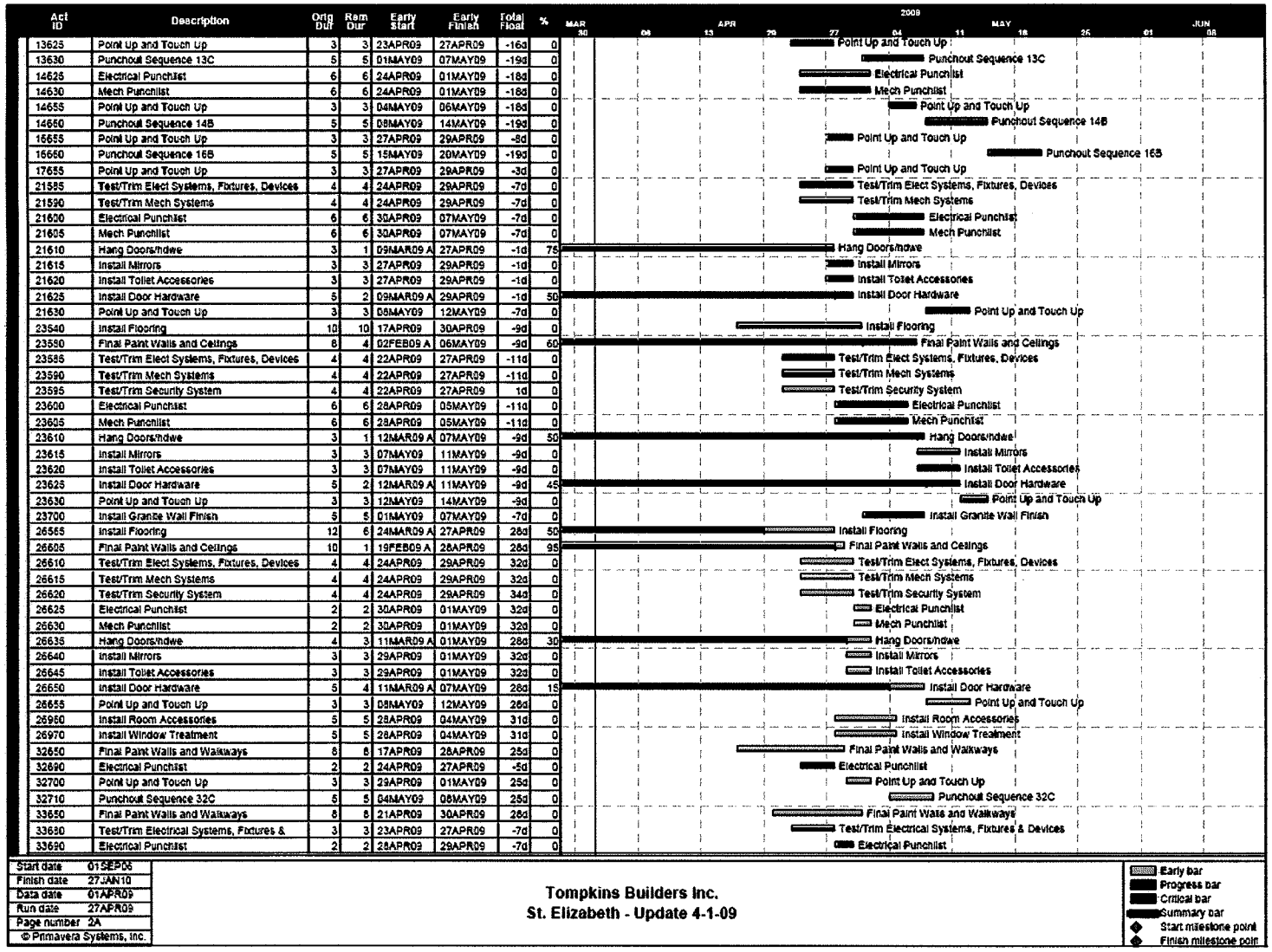
St. Elizabeth - Update 4-1-09

Early bar
Progress bar
Critical bar
Summary bar
Start milestone point
Finish milestone point

Schedule (activities scheduled for balance of project)



Act ID	Description	Orig Dur	Rem Dur	Early Start	Early Finish	Total Float	%
13625	Point Up and Touch Up	3	3	23APR09	27APR09	-16d	0
13630	Punchout Sequence 13C	5	5	01MAY09	07MAY09	-19d	0
14625	Electrical Punchlist	6	6	24APR09	01MAY09	-18d	0
14630	Mech Punchlist	6	6	24APR09	01MAY09	-18d	0
14655	Point Up and Touch Up	3	3	04MAY09	06MAY09	-18d	0
14660	Punchout Sequence 14B	5	5	08MAY09	14MAY09	-19d	0
15655	Point Up and Touch Up	3	3	27APR09	29APR09	-8d	0
15660	Punchout Sequence 15B	5	5	15MAY09	20MAY09	-19d	0
17655	Point Up and Touch Up	3	3	27APR09	29APR09	-3d	0
21585	Test/Trim Elect Systems, Fixtures, Devices	4	4	24APR09	29APR09	-7d	0
21590	Test/Trim Mech Systems	4	4	24APR09	29APR09	-7d	0
21600	Electrical Punchlist	6	6	30APR09	07MAY09	-7d	0
21605	Mech Punchlist	6	6	30APR09	07MAY09	-7d	0
21610	Hang Doors/hdwe	3	1	09MAR09 A	27APR09	-1d	75
21615	Install Mirrors	3	3	27APR09	29APR09	-1d	0
21620	Install Toilet Accessories	3	3	27APR09	29APR09	-1d	0
21625	Install Door Hardware	5	2	09MAR09 A	29APR09	-1d	50
21630	Point Up and Touch Up	3	3	08MAY09	12MAY09	-7d	0
23540	Install Flooring	10	10	17APR09	30APR09	-9d	0
23550	Final Paint Walls and Ceilings	8	4	02FEB09 A	06MAY09	-9d	60
23585	Test/Trim Elect Systems, Fixtures, Devices	4	4	22APR09	27APR09	-11d	0
23590	Test/Trim Mech Systems	4	4	22APR09	27APR09	-11d	0
23595	Test/Trim Security System	4	4	22APR09	27APR09	1d	0
23600	Electrical Punchlist	6	6	28APR09	05MAY09	-11d	0
23605	Mech Punchlist	6	6	28APR09	05MAY09	-11d	0
23610	Hang Doors/hdwe	3	1	12MAR09 A	07MAY09	-9d	50
23615	Install Mirrors	3	3	07MAY09	11MAY09	-9d	0
23620	Install Toilet Accessories	3	3	07MAY09	11MAY09	-9d	0
23625	Install Door Hardware	5	2	12MAR09 A	11MAY09	-9d	45
23630	Point Up and Touch Up	3	3	12MAY09	14MAY09	-9d	0
23700	Install Granite Wall Finish	5	5	01MAY09	07MAY09	-7d	0
26585	Install Flooring	12	6	24MAR09 A	27APR09	26d	50
26605	Final Paint Walls and Ceilings	10	1	19FEB09 A	28APR09	26d	95
26610	Test/Trim Elect Systems, Fixtures, Devices	4	4	24APR09	29APR09	32d	0
26615	Test/Trim Mech Systems	4	4	24APR09	29APR09	32d	0
26620	Test/Trim Security System	4	4	24APR09	29APR09	34d	0
26625	Electrical Punchlist	2	2	30APR09	01MAY09	32d	0
26630	Mech Punchlist	2	2	30APR09	01MAY09	32d	0
26635	Hang Doors/hdwe	4	3	11MAR09 A	01MAY09	26d	30
26640	Install Mirrors	3	3	29APR09	01MAY09	32d	0
26645	Install Toilet Accessories	3	3	29APR09	01MAY09	32d	0
26650	Install Door Hardware	5	4	11MAR09 A	07MAY09	26d	15
26655	Point Up and Touch Up	3	3	08MAY09	12MAY09	26d	0
26960	Install Room Accessories	5	5	28APR09	04MAY09	31d	0
26970	Install Window Treatment	5	5	28APR09	04MAY09	31d	0
32650	Final Paint Walls and Walkways	8	8	17APR09	28APR09	25d	0
32690	Electrical Punchlist	2	2	24APR09	27APR09	-5d	0
32700	Point Up and Touch Up	3	3	29APR09	01MAY09	25d	0
32710	Punchout Sequence 32C	5	5	04MAY09	08MAY09	25d	0
33650	Final Paint Walls and Walkways	8	8	21APR09	30APR09	26d	0
33680	Test/Trim Electrical Systems, Fixtures &	3	3	23APR09	27APR09	-7d	0
33690	Electrical Punchlist	2	2	28APR09	29APR09	-7d	0

Start date	01SEP05
Finish date	27JAN10
Data date	01APR09
Run date	27APR09
Page number	2A
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Tompkins Builders Inc.
St. Elizabeth - Update 4-1-09

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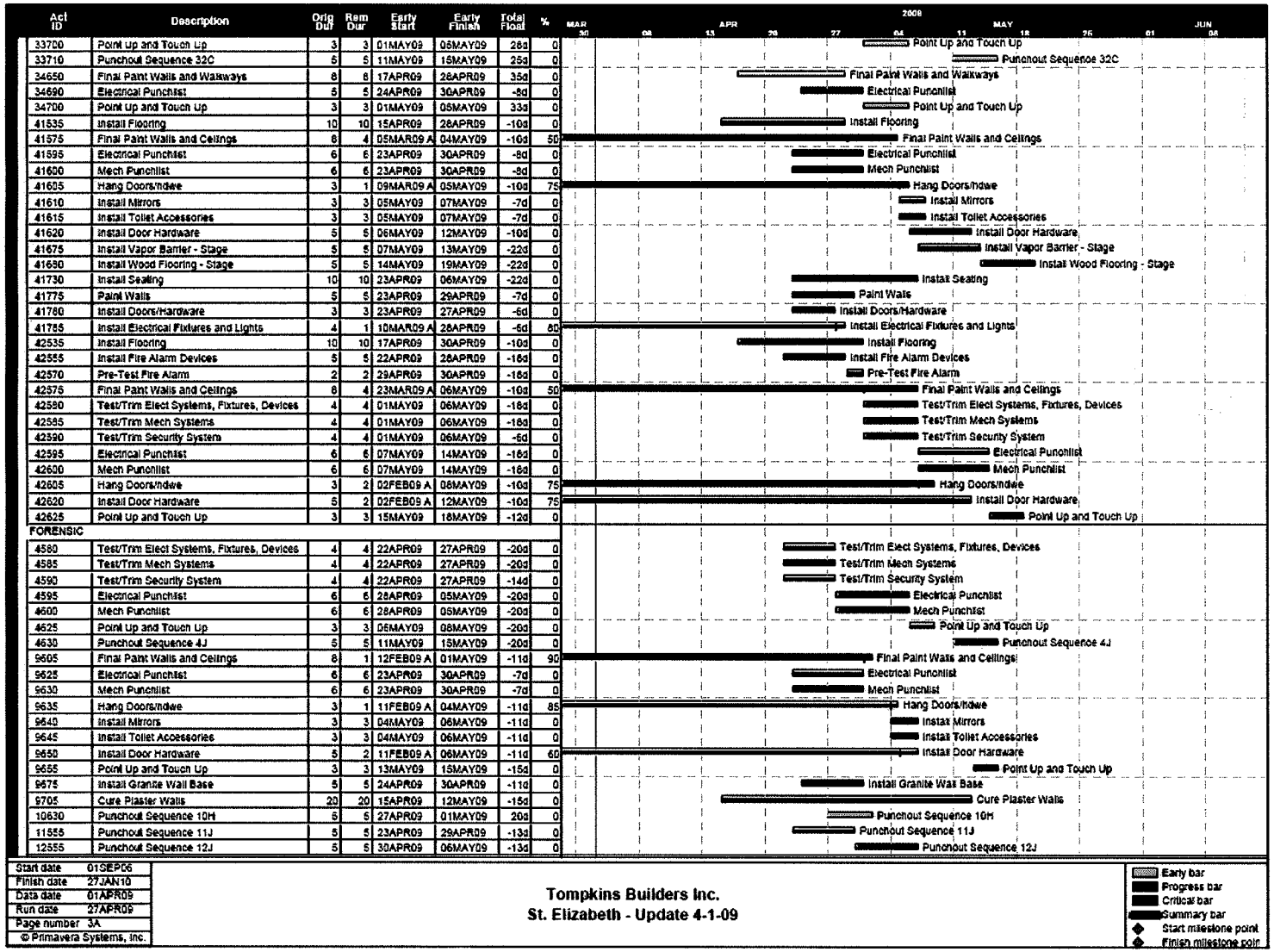
Start milestone point
Finish milestone point

Schedule (activities scheduled for balance of project)



Act ID	Description	Orig Dur	Rem Dur	Early Start	Early Finish	Total Float	%
33700	Point Up and Touch Up	3	3	01MAY09	05MAY09	26d	0
33710	Punchout Sequence 32C	5	5	11MAY09	15MAY09	25d	0
34650	Final Paint Walls and Walkways	8	8	17APR09	28APR09	35d	0
34690	Electrical Punchlist	5	5	24APR09	30APR09	-5d	0
34700	Point Up and Touch Up	3	3	01MAY09	05MAY09	33d	0
41535	Install Flooring	10	10	15APR09	28APR09	-10d	0
41575	Final Paint Walls and Ceilings	8	4	05MAR09 A	04MAY09	-10d	50
41595	Electrical Punchlist	6	6	23APR09	30APR09	-8d	0
41600	Mech Punchlist	6	6	23APR09	30APR09	-8d	0
41605	Hang Doors/Hdwe	3	1	09MAR09 A	05MAY09	-10d	75
41610	Install Mirrors	3	3	05MAY09	07MAY09	-7d	0
41615	Install Toilet Accessories	3	3	05MAY09	07MAY09	-7d	0
41620	Install Door Hardware	5	5	06MAY09	12MAY09	-10d	0
41675	Install Vapor Barrier - Stage	5	5	07MAY09	13MAY09	-22d	0
41680	Install Wood Flooring - Stage	5	5	14MAY09	19MAY09	-22d	0
41730	Install Seating	10	10	23APR09	06MAY09	-22d	0
41775	Paint Walls	5	5	23APR09	29APR09	-7d	0
41780	Install Doors/Hardware	3	3	23APR09	27APR09	-6d	0
41785	Install Electrical Fixtures and Lights	4	1	10MAR09 A	28APR09	-6d	80
42535	Install Flooring	10	10	17APR09	30APR09	-10d	0
42555	Install Fire Alarm Devices	5	5	22APR09	28APR09	-16d	0
42570	Pre-Test Fire Alarm	2	2	29APR09	30APR09	-16d	0
42575	Final Paint Walls and Ceilings	8	4	23MAR09 A	06MAY09	-10d	50
42580	Test/Trim Elect Systems, Fixtures, Devices	4	4	01MAY09	06MAY09	-16d	0
42585	Test/Trim Mech Systems	4	4	01MAY09	06MAY09	-16d	0
42590	Test/Trim Security System	4	4	01MAY09	06MAY09	-6d	0
42595	Electrical Punchlist	6	6	07MAY09	14MAY09	-16d	0
42600	Mech Punchlist	6	6	07MAY09	14MAY09	-16d	0
42605	Hang Doors/Hdwe	3	2	02FEB09 A	06MAY09	-10d	75
42620	Install Door Hardware	5	2	02FEB09 A	12MAY09	-10d	75
42625	Point Up and Touch Up	3	3	15MAY09	18MAY09	-12d	0
FORENSIC							
4580	Test/Trim Elect Systems, Fixtures, Devices	4	4	22APR09	27APR09	-20d	0
4585	Test/Trim Mech Systems	4	4	22APR09	27APR09	-20d	0
4590	Test/Trim Security System	4	4	22APR09	27APR09	-14d	0
4595	Electrical Punchlist	6	6	28APR09	05MAY09	-20d	0
4600	Mech Punchlist	6	6	28APR09	05MAY09	-20d	0
4625	Point Up and Touch Up	3	3	06MAY09	08MAY09	-20d	0
4630	Punchout Sequence 4J	5	5	11MAY09	15MAY09	-20d	0
9605	Final Paint Walls and Ceilings	8	1	12FEB09 A	01MAY09	-11d	90
9625	Electrical Punchlist	6	6	23APR09	30APR09	-7d	0
9630	Mech Punchlist	6	6	23APR09	30APR09	-7d	0
9635	Hang Doors/Hdwe	3	1	11FEB09 A	04MAY09	-11d	85
9640	Install Mirrors	3	3	04MAY09	06MAY09	-11d	0
9645	Install Toilet Accessories	3	3	04MAY09	06MAY09	-11d	0
9650	Install Door Hardware	5	2	11FEB09 A	06MAY09	-11d	60
9655	Point Up and Touch Up	3	3	13MAY09	15MAY09	-15d	0
9675	Install Granite Wall Base	5	5	24APR09	30APR09	-11d	0
9705	Cure Plaster Walls	20	20	15APR09	12MAY09	-15d	0
10630	Punchout Sequence 10H	5	5	27APR09	01MAY09	20d	0
11555	Punchout Sequence 11J	5	5	23APR09	29APR09	-13d	0
12555	Punchout Sequence 12J	5	5	30APR09	06MAY09	-13d	0

Start date	01SEP05
Finish date	27JAN10
Data date	01APR09
Run date	27APR09
Page number	3A
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Tompkins Builders Inc.
St. Elizabeth - Update 4-1-09

Early bar
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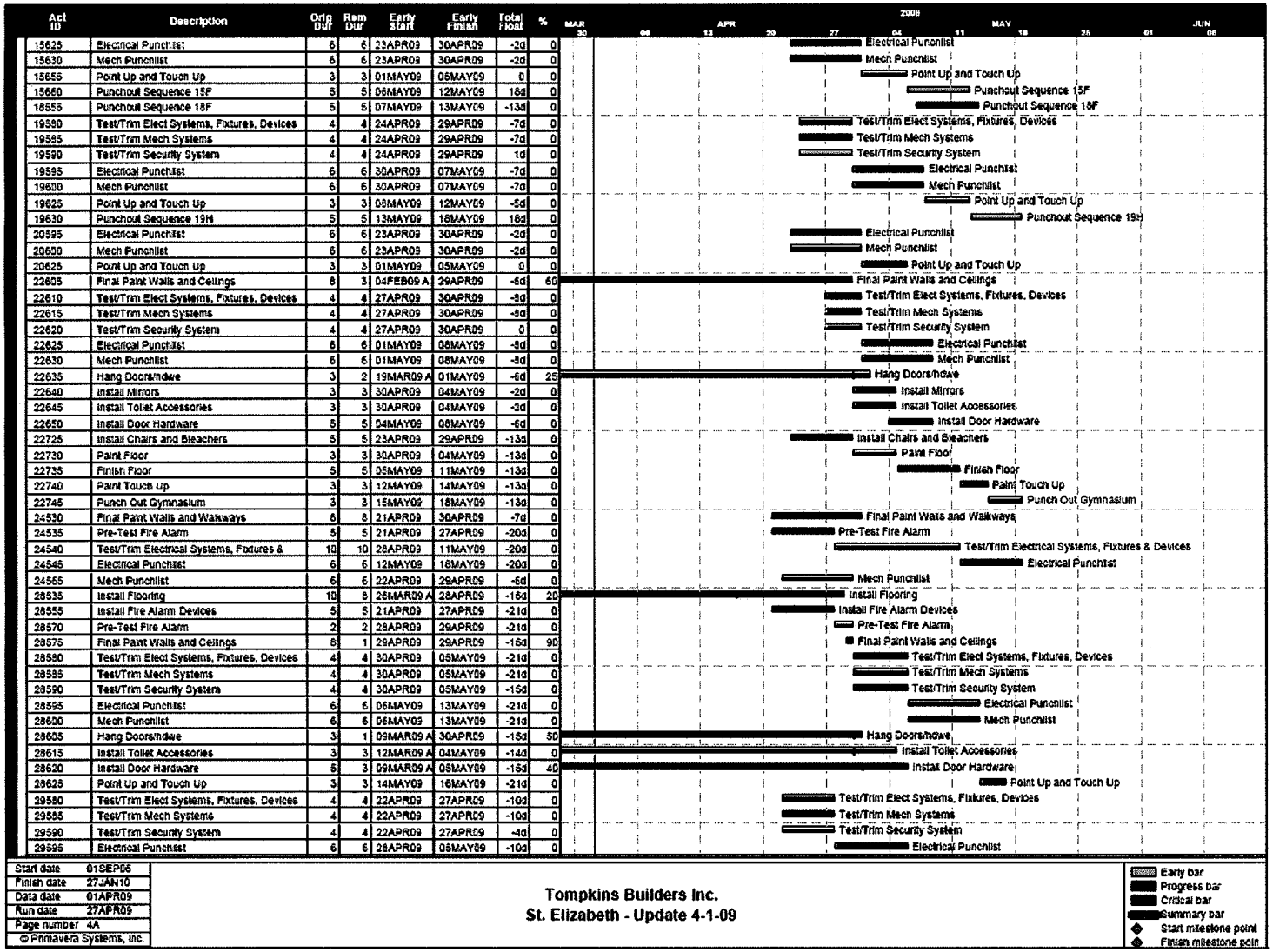
Summary bar
Start milestone point
Finish milestone point

Schedule (activities scheduled for balance of project)



Act ID	Description	Orig Dur	Rem Dur	Early Start	Early Finish	Total Float	%
15625	Electrical Punchlist	6	6	23APR09	30APR09	-2d	0
15630	Mech Punchlist	6	6	23APR09	30APR09	-2d	0
15655	Point Up and Touch Up	3	3	01MAY09	05MAY09	0	0
15660	Punchout Sequence 15F	5	5	06MAY09	12MAY09	18d	0
18555	Punchout Sequence 18F	5	5	07MAY09	13MAY09	-13d	0
19580	Test/Trim Elect Systems, Fixtures, Devices	4	4	24APR09	29APR09	-7d	0
19585	Test/Trim Mech Systems	4	4	24APR09	29APR09	-7d	0
19590	Test/Trim Security System	4	4	24APR09	29APR09	1d	0
19595	Electrical Punchlist	6	6	30APR09	07MAY09	-7d	0
19600	Mech Punchlist	6	6	30APR09	07MAY09	-7d	0
19625	Point Up and Touch Up	3	3	08MAY09	12MAY09	-5d	0
19630	Punchout Sequence 19H	5	5	13MAY09	18MAY09	16d	0
20595	Electrical Punchlist	6	6	23APR09	30APR09	-2d	0
20600	Mech Punchlist	6	6	23APR09	30APR09	-2d	0
20625	Point Up and Touch Up	3	3	01MAY09	05MAY09	0	0
22605	Final Paint Walls and Ceilings	8	3	04FEB09 A	29APR09	-6d	60
22610	Test/Trim Elect Systems, Fixtures, Devices	4	4	27APR09	30APR09	-8d	0
22615	Test/Trim Mech Systems	4	4	27APR09	30APR09	-8d	0
22620	Test/Trim Security System	4	4	27APR09	30APR09	0	0
22625	Electrical Punchlist	6	6	01MAY09	08MAY09	-8d	0
22630	Mech Punchlist	6	6	01MAY09	08MAY09	-8d	0
22635	Hang Doors/Hdwe	3	2	19MAR09 A	01MAY09	-6d	25
22640	Install Mirrors	3	3	30APR09	04MAY09	-2d	0
22645	Install Toilet Accessories	3	3	30APR09	04MAY09	-2d	0
22650	Install Door Hardware	5	5	04MAY09	08MAY09	-6d	0
22725	Install Chairs and Bleachers	5	5	23APR09	29APR09	-13d	0
22730	Paint Floor	3	3	30APR09	04MAY09	-13d	0
22735	Finish Floor	5	5	05MAY09	11MAY09	-13d	0
22740	Paint Touch Up	3	3	12MAY09	14MAY09	-13d	0
22745	Punch Out Gymnasium	3	3	15MAY09	18MAY09	-13d	0
24530	Final Paint Walls and Walkways	8	8	21APR09	30APR09	-7d	0
24535	Pre-Test Fire Alarm	5	5	21APR09	27APR09	-20d	0
24540	Test/Trim Electrical Systems, Fixtures &	10	10	28APR09	11MAY09	-20d	0
24545	Electrical Punchlist	6	6	12MAY09	18MAY09	-20d	0
24565	Mech Punchlist	6	6	22APR09	29APR09	-6d	0
28535	Install Flooring	10	8	26MAR09 A	28APR09	-15d	20
28555	Install Fire Alarm Devices	5	5	21APR09	27APR09	-21d	0
28570	Pre-Test Fire Alarm	2	2	28APR09	29APR09	-21d	0
28575	Final Paint Walls and Ceilings	8	1	29APR09	29APR09	-15d	90
28580	Test/Trim Elect Systems, Fixtures, Devices	4	4	30APR09	05MAY09	-21d	0
28585	Test/Trim Mech Systems	4	4	30APR09	05MAY09	-21d	0
28590	Test/Trim Security System	4	4	30APR09	05MAY09	-15d	0
28595	Electrical Punchlist	6	6	06MAY09	13MAY09	-21d	0
28600	Mech Punchlist	6	6	06MAY09	13MAY09	-21d	0
28605	Hang Doors/Hdwe	3	1	09MAR09 A	30APR09	-15d	50
28615	Install Toilet Accessories	3	3	12MAR09 A	04MAY09	-14d	0
28620	Install Door Hardware	5	3	09MAR09 A	05MAY09	-15d	40
28625	Point Up and Touch Up	3	3	14MAY09	16MAY09	-21d	0
29580	Test/Trim Elect Systems, Fixtures, Devices	4	4	22APR09	27APR09	-10d	0
29585	Test/Trim Mech Systems	4	4	22APR09	27APR09	-10d	0
29590	Test/Trim Security System	4	4	22APR09	27APR09	-4d	0
29595	Electrical Punchlist	6	6	28APR09	05MAY09	-10d	0

Start date	01SEP05
Finish date	27JAN10
Data date	01APR09
Run date	27APR09
Page number	4A
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St. Elizabeth - Update 4-1-09

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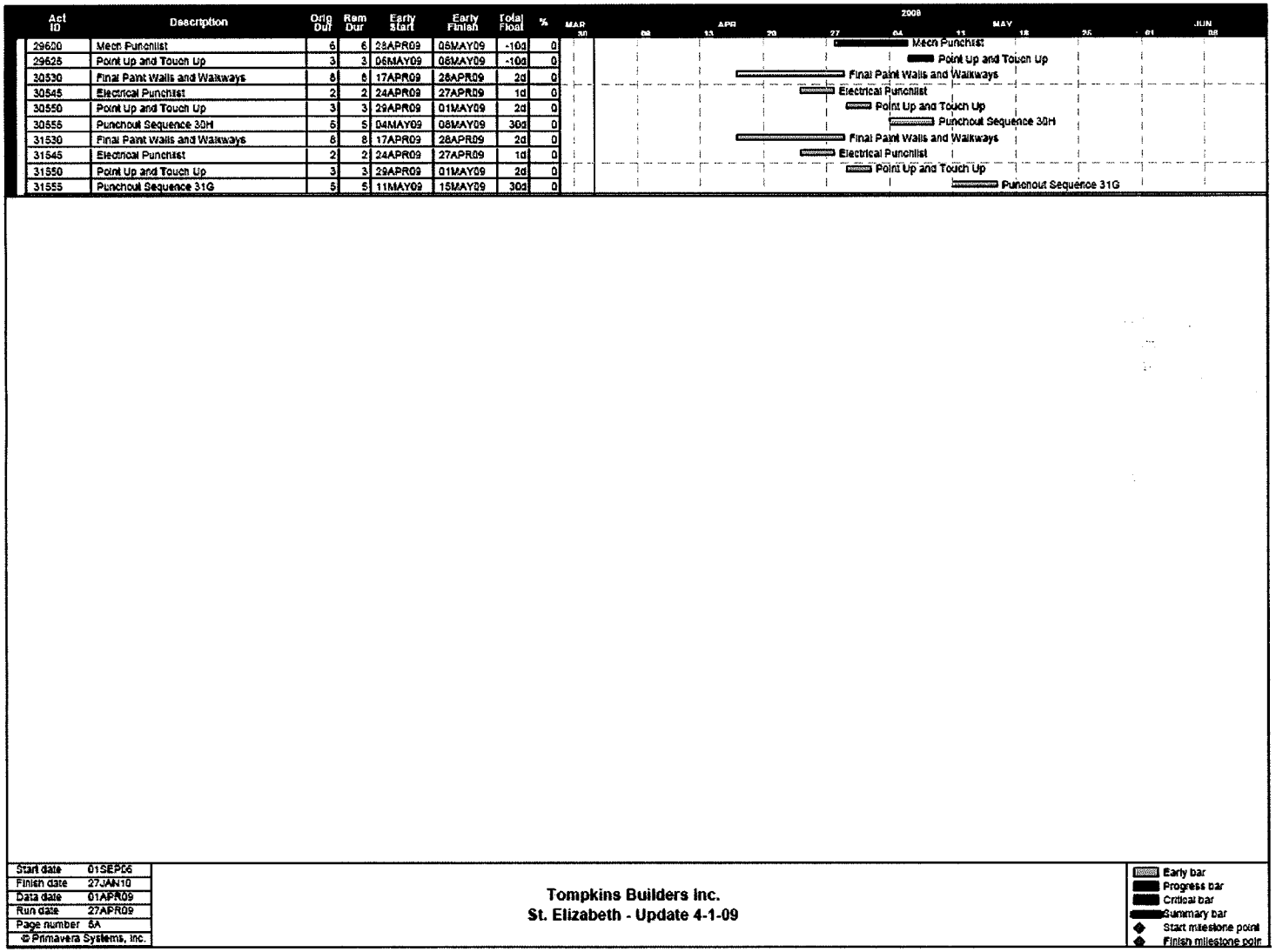
Start milestone point
Finish milestone point

Schedule (activities scheduled for balance of project)



Act ID	Description	Orig Dur	Rem Dur	Early Start	Early Finish	Total Float	%
29620	Mech Punchlist	6	6	28APR09	06MAY09	-10d	0
29625	Point Up and Touch Up	3	3	06MAY09	08MAY09	-10d	0
30530	Final Paint Walls and Walkways	8	8	17APR09	28APR09	2d	0
30545	Electrical Punchlist	2	2	24APR09	27APR09	1d	0
30550	Point Up and Touch Up	3	3	29APR09	01MAY09	2d	0
30555	Punchout Sequence 30H	5	5	04MAY09	08MAY09	30d	0
31530	Final Paint Walls and Walkways	8	8	17APR09	28APR09	2d	0
31545	Electrical Punchlist	2	2	24APR09	27APR09	1d	0
31550	Point Up and Touch Up	3	3	29APR09	01MAY09	2d	0
31555	Punchout Sequence 31G	5	5	11MAY09	15MAY09	30d	0

Start date	01SEP06
Finish date	27JAN10
Data date	01APR09
Run date	27APR09
Page number	5A
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St. Elizabeth - Update 4-1-09

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Start milestone point
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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

Office of Programs and Policy
Division of Integrated Care
Involuntary Hospital Admissions Monthly Report
Fiscal Year 2009

Actual Total Admissions By Facility	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Total
United Medical Center (UMC)	36	38	38	41	42	41	27	38	12	0	21		334
Psychiatric Institute of Washington (PIW)	0	0	0	0	0	0	0	1	10	10	10		31
Providence	14	18	20	13	25	22	26	32	35	55	27		287
St Elizabeths – Acute (SEH)	20	16	18	19	5	1	3	4	6	12	9		113
St Elizabeths – 15 Day Transfers (SEH)	10	8	14	21	12	13	13	11	16	11	12		141
Sub Acute (Inpatient Psychiatric Bed)	3	1	2	8	9	6	1	6	2	5	6		49
Total	83	81	92	102	93	83	70	92	81	93	85		955

Legal Status of SEH Admissions - All	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Total
Committed Outpatient	3	2	7	2	3	0	0	0	4	3	1		25
Involuntary	17	22	26	17	21	20	17	20	17	25	26		228
Voluntary	1	1	0	0	2	0	0	0	3	0	0		7
Admissions without Care Coordination Authorization	2	0	1	3	0	0	0	1	0	0	0		7

Referral Source of Admissions to SEH	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Total
Community Emergency Room	4	3	3	1	1	0	0	1	1	2	2		18
Inpatient Medical/Surgical Bed	0	0	2	0	0	0	0	1	0	1	0		4
Sub Acute (Inpatient Psychiatric Bed)	3	1	2	8	9	6	1	5	2	4	6		47
CPEP	11	13	14	7	4	1	3	2	5	10	6		76
UMC 15 Day Transfer	5	7	10	15	8	7	7	2	6	0	3		70
PIW 15 Day Transfer	0	0	0	0	0	0	0	0	0	1	2		3
Providence 15 Day Transfer	5	1	3	6	4	6	6	9	10	10	8		68
Unknown	0	0	0	0	0	0	0	1	0	0	0		1

Total Admissions In Which SEH Was Only Option	20	9	27	11	22	19	14	17	24	20	21		136

Reason for Referral to SEH for Admissions In Which SEH Was Only Option	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Total
Commitment Status (CMOP)	3	2	7	2	3	0	0	0	4	3	1		25
Community ER referral of Consumer With Involuntary Status and no Insurance/Straight Medicaid Only	4	3	3	1	1	0	0	1	1	1	1		16
Community Inpatient Medical/Surgical or Psychiatric Bed referral of Consumer with Involuntary Status and no Insurance/Straight Medicaid Only	3	3	4	0	5	0	1	5	0	5	6		32
CPEP referral of Consumer with Voluntary Status and no Insurance	0	0	0	0	2	0	0	0	1	0	0		3
Community referral for Consumer Needing More Than 14 Days Inpatient Treatment	10	8	13	8	9	19	13	11	18	11	13		133
Consumer Under Arrest	0	0	0	0	0	0	0	0	0	0	0		0
Total # of Consumers Eligible for Community Involuntary Treatment But Admitted to SEH	12	17	7	6	2	1	3	4	0	6	6		70
% of Total SEH Admissions that Could Have Been Admitted to a Community Hospital if a Community Bed Was Available	38%	65%	20%	15%	20%	5%	18%	19%	0%	21%	22%		23%
Reasons Eligible Consumers Not Admitted to a Community Hospital	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Total**
No Beds Available	2	3	0	2	0	0	0	1	0	0	2		10
Clinical Reason – Hospital Determined	0	1	0	2	0	0	0	1	0	0	1		5
Clinical Reason – DMH Determined	10	13	7	0	2	1	3	2	5	2	3		48
Administrative Reason	0	0	0	2	0	0	0	0	0	0	1		3
Other Reason	0	0	0	0	0	0	0	0	0	6	0		6
No Reason Listed	0	0	0	0	0	0	0	0	0	0	0		0

Acute Total Admissions by Facility	Oct		Nov		Dec		Jan		Feb		March		April		May		June		July		Aug		Sept	
Total Number/Percent of Total	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
United Medical Center (UMC)	36	49	38	52	38	49	41	51	42	52	41	59	27	47	38	47	12	18	0	0	21	29		
Psychiatric Institute of Washington (PIW)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	10	15	10	12	10	14		
Providence	14	19	18	25	20	26	21	26	25	31	22	31	26	46	32	40	35	54	55	67	27	37		
St Elizabeths – Acute (SEH)	23	32	17	23	20	26	19	23	14	17	1	1	3	5	4	5	6	9	12	15	9	12		
St Elizabeths – Sub Acute (added 3/09)	na		na		na		na		na		6	9	1	2	6	7	2	3	5	6	6	8		
Total	73		73		78		81		81		70		57		81		65		82		73			
St Elizabeths – 15 Day Transfers	10		8		14		21		12		13		14		11		16		11		12			
% of All Acute Community Admissions	20		14		24		34		18		21		26		16		28		17		21			

District of Columbia
Metropolitan Police Department (MPDC)
Department of Mental Health (DMH)

The Crisis Intervention Officer (CIO) Initiative

The Crisis Intervention Officer (CIO) Initiative represents a groundbreaking effort between law enforcement, mental health and community stakeholders to improve outcomes of police interactions with people with mental illnesses. Desired outcomes of the Initiative include increased citizen and officer safety, and more appropriate involvement in community-based services for individuals who come to the attention of law enforcement, but do not meet the threshold for arrest. The CIO Initiative is one of several collaborations spearheaded by the District of Columbia's Metropolitan Police Department (MPDC) and the Department of Mental Health (DMH). The CIO Initiative is based on a survey of crisis intervention response initiatives representing best practices from law enforcement jurisdictions across the country. While the CIO Initiative has been inspired by other state and county models, including that of the Memphis Police Department, the CIO Initiative is a dynamic effort that will be customized to meet the changing needs of the citizens of the District of Columbia over time. At the heart of the initiative is the identification and development of experienced patrol officers who possess advanced expertise in interacting effectively and appropriately with the mentally ill, as well as working with other mental health and community support services to facilitate appropriate interactions and referrals with these populations. Key components of the CIO Initiative include:

1. **Forty-hour training program** for law enforcement officers. This includes basic information about mental illnesses and how to recognize them; information about the local mental health system and local laws; learning first-hand from consumers and family members about their experiences; verbal de-escalation training, and role-plays.
2. **Community collaboration** between mental health providers, law enforcement, family and consumer advocates. To this end, other DC government and community-based organizations have been enlisted to serve as trainers and advisors for the CIO Initiative to facilitate collaboration and information-sharing.
3. **Consumer and family involvement** in planning and training sessions. The DC Chapter of the National Alliance on Mental Illness (DC NAMI) serves as the primary coordinating agency for consumer and family involvement in the CIO Initiative.

Duties of the Crisis Intervention Officer (CIO)

The Crisis Intervention Officer (CIO) is an experienced MPD patrol officer who has demonstrated an interest in responding to individuals with mental illness. Upon completion of the 40 hours of training, members are certified as CIO officers. The CIO is identified in a database so he/she can be dispatched when requested to handle complicated mental illness calls for service.

The CIO is not part of a specialized unit or team, but performs assigned duties within the Patrol Service Area(s) to which he/she is assigned. Designation as a CIO does not create additional work responsibilities; rather, the CIO will be asked to respond to routine crisis calls involving individuals experiencing a mental health crisis when requested by dispatch, the beat officer or officer assigned to the call. If there are no trained CIOs available in a specific district, an adjoining district CIO and that officer's supervisor are notified of the need for the CIO to respond. Once the CIO is on the scene of a mental illness call, the CIO becomes the primary officer. The CIO engages and collaborates with other community services providers, including the DMH Mobile Crisis Unit and Homeless Outreach team where appropriate and necessary. The CIO may:

1. Determine if the mentally ill consumer is in need of emergency hospitalization and evaluation (FD-12);
2. Determine if the Mobile Crisis Team needs to respond to assist;
3. Determine if the mentally ill consumer needs to be charged criminally or diverted to mental health services;
4. Determine if the mentally ill consumer does not require immediate medical or mental health attention and can be referred to resources available during normal business hours; and
5. Complete the brief CIO tracking form as established.

If you have questions about the CIO Initiative please contact Inspector Michael Reese, Patrol Services and School Security Bureau, at michael.reese@dc.gov or if wish to learn more about its training, please contact Mr. John Foust, MPD Director of Academic Services, at john.foust@dc.gov.

(RM0)

Department of Mental Health

www.dmh.dc.gov
Telephone: 202.673.7440

Description	FY 2008 Actual	FY 2009 Approved	FY 2010 Proposed	% Change from FY 2009
Operating Budget	$224,903,247	$228,485,704	$206,975,758	-9.4
FTEs	1,421.2	1,627.3	1,324.4	-18.6

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.

The agency's FY 2010 proposed budget is presented in the following tables:

FY 2010 Proposed Gross Funds Operating Budget, by Revenue Type

Table RM0-1 contains the proposed FY 2010 agency budget compared to the FY 2009 approved budget. It also provides the FY 2007 and FY 2008 actual expenditures.

Table RM0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2007	Actual FY 2008	Approved FY 2009	Proposed FY 2010	Change from FY 2009	Percent Change*
General Fund						
Local Funds	192,871	207,627	209,832	191,790	-18,041	-8.6
Special Purpose Revenue Funds	3,522	2,589	3,808	4,424	616	16.2
Total for General Fund	**196,393**	**210,216**	**213,640**	**196,215**	**-17,425**	**-8.2**
Federal Resources						
Federal Payments	5	13	0	0	0	N/A
Federal Grant Funds	138	268	1,642	1,222	-420	-25.6
Federal Medicaid Payments	4,074	4,018	3,924	5,213	1,289	32.9
Total for Federal Resources	**4,216**	**4,298**	**5,566**	**6,435**	**869**	**15.6**
Private Funds						
Private Grant Funds	8	-4,543	0	117	117	N/A
Total for Private Funds	**8**	**-4,543**	**0**	**117**	**117**	**N/A**
Intra-District Funds						
Intra-District Funds	45,274	14,932	9,280	4,209	-5,071	-54.6
Total for Intra-District Funds	**45,274**	**14,932**	**9,280**	**4,209**	**-5,071**	**-54.6**
Gross Funds	**245,891**	**224,903**	**228,486**	**206,976**	**-21,510**	**-9.4**

*Percent Change is based on whole dollars.

Note: If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to Schedule 80 Agency Summary by Revenue Source in the Operating Appendices located on the Office of the Chief Financial Officer's website.

FY 2010 Proposed Full-Time Equivalents, by Revenue Type

Table RM0-2 contains the proposed FY 2010 FTE level compared to the FY 2009 approved FTE level by revenue type. It also provides FY 2007 and FY 2008 actual data.

Table RM0-2

Appropriated Fund	Actual FY 2007	Actual FY 2008	Approved FY 2009	Proposed FY 2010	Change from FY 2009	Percent Change
General Fund						
Local Funds	1,302.8	1,300.3	1,493.0	1,241.0	-252.0	-16.9
Special Purpose Revenue Funds	36.0	34.4	37.0	37.0	0.0	0.0
Total for General Fund	**1,338.8**	**1,334.7**	**1,530.0**	**1,278.0**	**-252.0**	**-16.5**
Federal Resources						
Federal Grant Funds	18.7	12.9	6.5	4.0	-2.5	-38.0
Federal Medicaid Payments	0.0	18.7	0.0	9.4	9.4	N/A
Total for Federal Resources	**18.7**	**31.6**	**6.5**	**13.4**	**7.0**	**107.8**
Intra-District Funds						
Intra-District Funds	78.0	54.9	90.9	33.0	-57.9	-63.7
Total for Intra-District Funds	**78.0**	**54.9**	**90.9**	**33.0**	**-57.9**	**-63.7**
Total Proposed FTEs	**1,435.5**	**1,421.2**	**1,627.3**	**1,324.4**	**-302.9**	**-18.6**

FY 2010 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2010 budget at the Comptroller Source group (object class) level compared to the FY 2009 approved budget. It also provides FY 2007 and FY 2008 actual expenditures.

Table RM0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2007	Actual FY 2008	Approved FY 2009	Proposed FY 2010	Change from FY 2009	Percent Change*
11 Regular Pay - Cont Full Time	77,334	83,124	94,584	78,599	-15,985	-16.9
12 Regular Pay - Other	7,598	8,318	7,234	7,993	758	10.5
13 Additional Gross Pay	4,889	7,423	3,420	4,635	1,215	35.5
14 Fringe Benefits - Curr Personnel	16,927	18,145	19,032	15,949	-3,083	-16.2
15 Overtime Pay	7,747	7,638	2,527	3,300	773	30.6
99 Unknown Payroll Postings	0	1	0	0	0	N/A
Subtotal Personal Services (PS)	**114,496**	**124,650**	**126,798**	**110,476**	**-16,322**	**-12.9**
20 Supplies and Materials	11,024	12,465	10,318	8,994	-1,324	-12.8
30 Energy, Comm. and Bldg Rentals	9,697	9,344	9,106	11,244	2,138	23.5
31 Telephone, Telegraph, Telegram, Etc	1,621	1,732	1,630	1,471	-159	-9.7
32 Rentals - Land and Structures	5,457	4,413	4,422	3,926	-495	-11.2
33 Janitorial Services	2	3	4	21	18	486.4
34 Security Services	3,553	3,805	3,643	4,193	550	15.1
35 Occupancy Fixed Costs	6	0	20	66	46	225.6
40 Other Services and Charges	7,093	8,783	9,813	8,564	-1,249	-12.7
41 Contractual Services - Other	39,037	33,576	39,227	38,641	-586	-1.5
50 Subsidies and Transfers	45,001	23,720	22,068	18,154	-3,914	-17.7
70 Equipment & Equipment Rental	2,166	1,825	1,438	1,225	-212	-14.8
91 Expense Not Budgeted Others	6,739	588	0	0	0	N/A
Subtotal Nonpersonal Services (NPS)	**131,396**	**100,253**	**101,688**	**96,500**	**-5,188**	**-5.1**
Gross Funds	**245,891**	**224,903**	**228,486**	**206,976**	**-21,510**	**-9.4**

*Percent Change is based on whole dollars.

Program Description

The Department of Mental Health operates through the following 6 programs:

Mental Health Authority - provides mental health services to ensure there is access to services, monitors the service system, provides support for service providers, operates the Mental Health Rehabilitation Services (MHRS) fee-for-service system, and provides grant funding for services covered through MHRS system. The program regulates the District's public mental health system, identifies the appropriate mix of programs, services, and supports necessary to meet the mental health needs of District of Columbia residents.

This program contains the following 17 activities:

- **The Office of the Director** – provides leadership for the design, development, communication and delivery of mental health services and supports and identifies approaches to enhance access to services that support recovery and resilience;
- **Office of the Chief Clinical Officer** – provides advice to the Director and sets standards for provision of clinical care throughout the public mental health system for children, youth and adults. The Comprehensive Psychiatric Emergency Program (CPEP), a 24/7 site-based program to provide emergency care, extended observation, and mobile crisis services is also within this office. Infrastructure building, practice enhancement and training to serve persons with co-occurring mental illnesses and substance abuse disorders is a function of the Office;
- **Clinical Management** - provides a medical management treatment team for MHRS providers; and functions as a safety net for psychiatric medications and pharmacy education services for consumers enrolled in the DMH network who have no pharmacy benefits;
- **Consumer and Family Affairs** - provides expertise on the consumer/family perspective, and promotes and protects the legal, civil and human rights of consumers;
- **Office of Programs and Policy** – provides the design, delivery, and evaluation of mental health services and support for children, youth, families, adults and special populations to maximize their ability to lead productive lives;
- **Adult Services** – provides information on the array of services and supports needed by adults to achieve their highest level of recovery from mental illness. Adult Services within the authority provides services directly to people who are homeless and/or in crisis. In addition, Adult Services is responsible for residential services, developing affordable housing opportunities for individuals with serious mental illness, supporting the development and implementation of evidenced-based practices such as Assertive Community Treatment (ACT), Supported Employment, Supported Housing and services to individuals with co-occurring disorders of mental illness and substance abuse disorders;
- **Housing Division** - provides bridge housing subsidies and capital funding to finance the development of new affordable permanent housing units for people with serious mental illness. An array of scattered site housing is provided through local bridge subsidies and Federal vouchers;
- **Care Coordination** – provides information, support, crisis services, access and linkages to a full range of mental health services for District residents;
- **Comprehensive Psychiatric Emergency Program (CPEP)** - provides mental health services to adults in psychiatric crisis with a need for stabilization to prevent harm to self or others. Services enhanced to convert hospitalizations, prevent decompensation and provide mobile crisis intervention for this same population;
- **Children and Youth Services** – provides services responsible for developing an all-inclusive system of care for children, adolescents and their families that promotes prevention/early intervention, continuity of care, community alternatives to out-of-home and residential placements and diversion from the juvenile justice system. Child and Youth Services within the authority provides direct school-based services, youth forensic services and oversight of youth placed in Residential Treatment Centers (RTCs);
- **School Mental Health Program** - provides tools that promote social and emotional development and address psycho-social and mental health problems that become barriers to learning. The program is responsible for the direct provision of prevention, early intervention and brief treatment

services to 48 D.C. Public and Public Charter Schools;

- **Forensic Services** - provides mental health services and continuity of care to individuals involved in the criminal justice system who have serious mental illnesses; oversees a network of providers to ensure that individuals under court supervision and/or leaving the criminal justice system have access to a full range of services;
- **The Office of Strategic Planning, Policy, and Evaluation** - provides guidance regarding mental health strategic planning, policy development, grants management and development, and evaluation of services. This includes serving as the liaison to the Dixon Court Monitor;
- **Grants Management** - provides information on federal, foundation and other sources of funding for new and continuing program initiatives that address the mandates and directives of the Dixon Court order for a comprehensive community-based mental health system, by increasing the number of new program activities and continuing funding for existing program activities to minimize the use of local dollars for these purposes;
- **Integrated Care** – seeks to reduce the inpatient census/reducing admissions at St. Elizabeths Hospital, by identifying consumers who need a comprehensive array of services that include mental health, non-mental health, and informal supports to integrate to their fullest ability their communities and families, and coordinates, manages, and evaluates the care for these consumers to improve their quality of life and tenure in a community setting;
- **Office of Accountability and Compliance** - provides oversight of providers for DMH to ensure that they meet or exceed the service delivery and documentation standards for Mental Health Rehabilitation Services (MHRS) or Mental Health Community Residence Facilities (MHCRF) and comply with all applicable District and federal laws and regulations; monitors the provider network, investigates complaints and unusual incidents, and makes policy recommendations; and
- **Provider Relations** - provides technical assistance, training and coaching support to the DMH provider network.

Community Services Agency (DCCSA) - services functions have been transferred within DMH to the Agency's Mental Health Authority in FY 2010 and direct client services have been outsourced. The remaining activity provides funding for the residual payouts of employees.

This program contains the following activity:

- **Office of the Chief Executive Officer** - provides management of services to the D.C. Community Services Agency.

St. Elizabeths Hospital - provides psychiatric, medical, and psycho-social in-patient psychiatric treatment to adults to support their recovery and return to the community. The goal is to maintain an active treatment program that fosters recovery and independence as much as possible. In addition, this program manages housekeeping, building maintenance and nutritional services, to provide a clean, safe and healthy hospital environment for patients, families, and employees so that the patients can receive quality care. The St. Elizabeths Hospital program also ensures staff credentialing, licensing privileges and provision of medication and medical support services to eligible consumers in order to effectively treat mental illness and enhance their recovery. This program is part of the system that ensures the hospital's compliance with Centers for Medicare and Medicaid Services/The Joint Commission standards.

This program contains the following 13 activities:

- **The Office of the Chief Executive Officer** - provides planning, policy development and mental health system design for the District to create a comprehensive and responsive system of mental health care;
- **Clinical and Medical Affairs (CMA)** - provides active treatment to the inpatient population at St. Elizabeths Hospital to improve the quality of life through a recovery-based therapeutic program. CMA monitors services to eligible consumers in order to effectively treat mental illness and enhance clients' recovery;
- **Engineering and Maintenance** - provides maintenance and repairs to the hospital to ensure a functional, safe and secure facility for customers, visitors and staff in order to maximize the benefits of therapeutic treatment;

- **Support Services** - provides services for formulation and management of the hospital's budget, and approves and finances all procurements. Assures the overall financial integrity of the hospital. Establishes the training curriculum for all levels of hospital staff and assures compliance with agreed upon training programs, especially clinical staff to maintain the health and safety of patients and employees;
- **Forensic Services** - provides court-ordered forensic diagnostic, treatment, and consultation services to defendants, offenders and insanity acquitees committed by the criminal divisions of the local or Federal court;
- **Housekeeping** - provides a clean and sanitized environment throughout St. Elizabeths Hospital facilities to enhance the therapeutic environment and level of clinical performance in all clinical and non-clinical areas;
- **Materials Management** - provides and delivers materials, supplies, postal and laundry services to patients, DMH staff employees and customers so that they can provide and receive quality patient care, respectively. Provides inventory of goods received and stock replenishment, and performs electronic receiving for all goods and services received in the hospital;
- **Medical Services** - provides prescriptions, medical screening, and education, medical assessment, medication (pharmacy), podiatry services, respiratory care and diet consultation to the inpatient population, and employee Health Services to staff at SEH, so that they can improve the quality of life through a recovery-based therapeutic program. To provide quality medical care for inpatients at St. Elizabeths Hospital in concert with psychiatric care to optimize physical and mental health and facilitate discharge into the community in a recovery-based model;
- **Nursing Services** - provides active treatment and comprehensive, quality nursing care to the inpatient population at St. Elizabeths Hospital, 24 hours a day and 7 days a week, to improve the quality of life through a recovery-based therapeutic program;
- **Nutritional Services** - provides optimal nutrition and food services in a safe and sanitary environment, medical nutrition therapy and nutrition education services;
- **Psychiatric Services** - provides comprehensive assessment, treatment and aftercare planning, utilizing the most advanced scientific and evidence-based methods in accordance with the recovery-based model for all adult residents of the District of Columbia who may from time to time require hospitalization;
- **Security and Safety** - provides a safe and secure facility for consumers, visitors and staff in order to maximize the therapeutic environment; and
- **Transportation and Grounds** - provides and manages resources, administrative functions, contracts, funding and staff, to provide a safe, secure and therapeutic physical environment for patients, staff and visitors hospital-wide, and provides management and oversight of the full realm of grounds maintenance services, including snow and ice removal, solid medical waste disposal, grounds maintenance services for patients and employees so that they can receive and provide quality patient care, respectively, and live in a safe and therapeutic environment. The purpose of the Transportation and Grounds activity is to provide vehicles and drivers for transportation services to include, but not be limited to, patient food deliveries department-wide, and patient/staff transport District-wide, among other services.

Community Contract Providers - provides prevention, comprehensive assessments, linkage, treatment and emergency services to promote resilience and recovery for children, youth, families, and adults.

This program contains the following activity:

- **Mental Health Rehabilitation Services** - provides medically-necessary diagnosis/assessment and treatment services to children, youth, families and adults who are residents of the District of Columbia so that they can be resilient, experience recovery and achieve a healthy productive life, in the "least restrictive environment."

Agency Management - provides for administrative support and the required tools to achieve the agency's operational and programmatic results. This program is standard for all agencies using performance-based budgeting.

Agency Financial Operations - provides comprehensive and efficient financial management services to and on behalf of District agencies so that the financial integrity of the District of Columbia is maintained. This program is standard for all agencies using performance-based budgeting.

Program Structure Change

The Department of Mental Health program changes in the FY 2010 Proposed Budget include the addition of two new cost centers. The Clinical Management unit serves as a medical management treatment team for MHRS providers and functions as a safety net for psychiatric medications and pharmacy education services for consumers enrolled in the DMH network who have no pharmacy benefits. The Integrated Care unit seeks to reduce the inpatient census/reducing admissions at St. Elizabeths Hospital by identifying consumers who need a comprehensive array of services.

FY 2010 Proposed Operating Budget and FTEs, by Program and Activity

Table RM0-4 contains the proposed FY 2010 budget by program and activity compared to the FY 2009 approved budget. It also provides the FY 2008 actual data.

Table RM0-4

(dollars in thousands)

	Dollars in Thousands				Full-Time Equivalents			
Program/Activity	Actual FY 2008	Approved FY 2009	Proposed FY 2010	Change from FY 2009	Actual FY 2008	Approved FY 2009	Proposed FY 2010	Change from FY 2009
(0001) Default								
(0002) Default Program For Budget	-729	0	0	0	0.0	0.0	0.0	0.0
Subtotal (0001) Default	**-729**	**0**	**0**	**0**	**0.0**	**0.0**	**0.0**	**0.0**
(1000) Agency Management								
(1010) Personnel	1,887	2,450	1,473	-977	18.6	20.5	8.6	-11.9
(1015) Training & Employee Development	1,175	548	397	-151	12.6	4.5	2.5	-2.0
(1017) Labor Relations	320	460	259	-200	3.0	5.0	2.0	-3.0
(1020) Contracting & Procurement	567	898	1,053	156	5.0	7.0	10.0	3.0
(1030) Property Management	3,390	3,387	6,658	3,271	2.0	2.0	2.0	0.0
(1040) Information Technology	5,525	5,229	5,542	313	23.0	25.0	28.0	3.0
(1050) Financial Management-Agency	4,579	3,317	2,931	-386	56.7	11.0	19.5	8.5
(1055) Risk Management	256	117	1	-116	2.0	1.0	0.0	-1.0
(1060) Legal Services	-1	300	288	-12	0.0	0.0	0.0	0.0
(1070) Fleet Management	135	0	0	0	0.0	0.0	0.0	0.0
(1080) Communications	215	227	339	112	1.0	1.0	2.0	1.0
(1085) Customer Services	65	65	63	-2	0.0	0.0	0.0	0.0
(1087) Language Access	90	75	104	28	0.0	0.0	0.0	0.0
(1099) Court Supervision	0	0	728	728	0.0	0.0	0.0	0.0
Subtotal (1000) Agency Management	**18,202**	**17,074**	**19,837**	**2,763**	**123.9**	**77.0**	**74.6**	**-2.4**
(100F) DMH Financial Operations								
(110F) DMH Budget Operations	563	555	536	-19	4.0	4.0	4.0	0.0
(120F) DMH Accounting Operations	769	841	848	7	7.0	12.0	12.0	0.0
(130F) DMH Fiscal Officer	238	232	242	10	6.0	2.0	2.0	0.0
Subtotal (100F) DMH Financial Operations	**1,570**	**1,628**	**1,627**	**-1**	**17.0**	**18.0**	**18.0**	**0.0**

(Continued on next page)

Table RM0-4 (Continued)
(dollars in thousands)

Program/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2008	Approved FY 2009	Proposed FY 2010	Change from FY 2009	Actual FY 2008	Approved FY 2009	Proposed FY 2010	Change from FY 2009
(1800) Mental Health Authority								
(1810) Office of the Director/Chief Exec Officer	2,669	1,775	1,827	51	14.0	6.0	9.0	3.0
(1815) Off Of The Chief Clinical Officer	0	3,780	4,589	808	0.0	3.2	5.0	1.8
(1816) Clinical Management	0	0	7,314	7,314	0.0	0.0	20.9	20.9
(1820) Consumer & Family Affairs	863	919	1,232	313	2.0	2.0	3.0	1.0
(1825) Off Of Programs & Policy	0	1,112	2,552	1,440	0.0	7.0	25.0	18.0
(1830) Adult Services	3,023	1,912	17,241	15,329	23.3	12.0	13.0	1.0
(1835) Housing	0	6,470	6,455	-15	0.0	7.0	4.0	-3.0
(1840) Care Coordination	7,923	2,021	2,454	433	59.9	24.0	26.0	2.0
(1845) Comprehensive Psych Emer Prog - CPEP	0	7,090	6,713	-377	0.0	72.5	62.5	-10.0
(1850) Children & Youth Services	9,625	4,994	7,560	2,566	67.4	24.3	31.8	7.6
(1855) School Mental Health Program	0	4,076	4,894	818	0.0	52.0	52.0	0.0
(1860) Forensic Services (Jail Diversion)	606	1,529	1,323	-206	4.0	5.0	5.0	0.0
(1865) Off-strategic Planning, Policy Eval& Supp	0	591	694	104	0.0	5.0	6.0	1.0
(1870) Grants Management	227	117	1	-116	2.0	1.0	0.0	-1.0
(1875) Integrated Care	0	0	1,618	1,618	0.0	0.0	4.0	4.0
(1880) Office of Accountability (QI)	1,609	1,408	2,381	972	14.7	13.5	21.5	8.0
(1890) Provider Relations	450	452	379	-73	4.0	4.0	3.0	-1.0
Subtotal (1800) Mental Health Authority	**26,997**	**38,246**	**69,226**	**30,979**	**191.4**	**238.5**	**291.7**	**53.2**
(2800) Community Services Agency								
(2810) Office of the Chief Executive Officer - CSA	4,898	4,135	3,415	-720	13.0	13.0	16.0	3.0
(2815) Adult & Family Services - CSA	16,122	16,922	0	-16,922	152.5	170.9	0.0	-170.9
(2820) Children Youth & Family Services - CSA	4,983	5,792	0	-5,792	46.3	56.9	0.0	-56.9
(2825) Clinical Support - CSA	520	525	0	-525	3.0	3.0	0.0	-3.0
(2830) Consumer Advocacy - CSA	60	56	0	-56	1.0	1.0	0.0	-1.0
(2845) Intake & Continuity Of Care - CSA	495	474	0	-474	6.0	6.0	0.0	-6.0
(2850) Pharmacy - CSA	3,981	4,211	0	-4,211	10.0	10.0	0.0	-10.0
(2855) Quality Improvement - CSA	769	828	0	-828	10.0	10.0	0.0	-10.0
(2860) Security & Safety - CSA	1,164	1,300	0	-1,300	0.0	0.0	0.0	0.0
(2865) Office of the Chief Operating Officer	0	2,053	0	-2,053	0.0	30.0	0.0	-30.0
Subtotal (2800) Community Services Agency	**32,992**	**36,296**	**3,415**	**-32,881**	**241.7**	**300.8**	**16.0**	**-284.8**
(3800) Saint Elizabeths Hospital								
(3805) Office of the Chief Executive	1,918	1,818	1,948	130	11.8	9.0	15.0	6.0
(3810) Clinical & Medical Affairs - SEH	17,351	13,801	13,906	105	101.8	132.0	137.5	5.5
(3815) Engineering & Maintenance - SEH	12,958	12,643	14,816	2,174	22.0	24.0	22.8	-1.2
(3820) Support Services	0	1,791	1,514	-277	0.0	31.0	20.0	-11.0
(3825) Forensic Services - SEH	2,652	4,071	2,658	-1,413	26.5	29.8	25.0	-4.8

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Table RM0-4 (Continued)

(dollars in thousands)

Program/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2008	Approved FY 2009	Proposed FY 2010	Change from FY 2009	Actual FY 2008	Approved FY 2009	Proposed FY 2010	Change from FY 2009
(3830) Housekeeping - SEH	2,669	2,719	2,351	-367	88.8	58.0	49.0	-9.0
(3835) Materials Management - SEH	1,122	896	1,320	424	12.0	12.0	8.0	-4.0
(3840) Medical Services - SEH	9,078	8,069	5,386	-2,684	48.7	56.0	39.8	-16.3
(3845) Nursing - SEH	35,167	31,327	32,046	719	382.3	475.3	454.5	-20.8
(3850) Nutritional Svcs (in/out Patients) - SEH	4,952	4,936	4,565	-372	50.6	50.0	44.0	-6.0
(3855) Psychiatric Services - SEH	7,578	8,411	9,980	1,570	58.9	71.9	72.5	0.6
(3860) Security & Safety - SEH	3,188	2,980	2,803	-177	19.0	21.0	21.0	0.0
(3865) Transportation & Grounds - SEH	1,833	1,886	1,559	-327	25.0	23.0	15.0	-8.0
Subtotal (3800) Saint Elizabeths Hospital	**100,466**	**95,347**	**94,852**	**-494**	**847.2**	**993.0**	**924.1**	**-68.9**
(5000) Direct Community Services								
(5010) Community Mental Health Services	3	0	0	0	0.0	0.0	0.0	0.0
Subtotal (5000) Direct Community Services	**3**	**0**	**0**	**0**	**0.0**	**0.0**	**0.0**	**0.0**
(7000) Active Treatment								
(7010) Active Treatment	-639	0	0	0	0.0	0.0	0.0	0.0
Subtotal (7000) Active Treatment	**-639**	**0**	**0**	**0**	**0.0**	**0.0**	**0.0**	**0.0**
(7800) Community Contract Providers								
(7820) Mental Health Rehabilitation Services	15,516	17,185	9,697	-7,488	0.0	0.0	0.0	0.0
(7825) Mental Health Rehab Svcs - Local Match	11,541	7,858	8,322	465	0.0	0.0	0.0	0.0
(7830) Mental Health Rehab Svcs - Medicaid FFP	-492	0	0	0	0.0	0.0	0.0	0.0
(7840) Residential Treatment Centers	25,238	14,852	0	-14,852	0.0	0.0	0.0	0.0
Subtotal (7800) Community Contract Providers	**51,803**	**39,895**	**18,019**	**-21,876**	**0.0**	**0.0**	**0.0**	**0.0**
(9960) Year End Close								
No Activity Assigned	-4,175	0	0	0	0.0	0.0	0.0	0.0
Subtotal (9960) Year End Close	**-4,175**	**0**	**0**	**0**	**0.0**	**0.0**	**0.0**	**0.0**
(SE00) St. Elizabeths Hospital								
(GENL) General Cost Centers	-1,587	0	0	0	0.0	0.0	0.0	0.0
Subtotal (SE00) St. Elizabeths Hospital	**-1,587**	**0**	**0**	**0**	**0.0**	**0.0**	**0.0**	**0.0**
Total Proposed Operating Budget	**224,903**	**228,486**	**206,976**	**-21,510**	**1,421.2**	**1,627.3**	**1,324.4**	**-302.9**

(Change is calculated by whole numbers and numbers may not add up due to rounding)

Note: For more detailed information regarding the proposed funding for the activities within this agency's programs, please see **Schedule 30-PBB Program Summary By Activity** in the **FY 2010 Operating Appendices** located on the Office of the Chief Financial Officer's website.

Major Baseline Adjustments, Cost Savings and Policy Initiatives

Initial Adjustments: The following adjustments were made in Local funds: a net increase of $3,136,456 for fixed costs in multiple programs, a net decrease of $6,499,736 in personal services due to net effect of personal services changes including impact of the change and governance of operations related to the DC Community Services Agency (DCCSA), and a net increase of $4,429,280 in multiple programs due to the impact of FY 2009 one-time rescissions, the reallocation of funding associated with the restructuring of mental health services previously provided by the DCCSA and the reallocation of funds to properly reflect the operational functions within the Mental Health Authority. In Federal Grants Funds, a decrease of $169,917 reflects projected grant award reductions. In Federal Medicaid Payments, an increase of $189,188 and 2 FTEs in the Mental Health Authority is due to projected Federal reimbursement for administrative costs related to provision of Medicaid services. In Intra-District Funds, a decrease of $5,071,127 is related to Medicaid funding for services formerly reimbursed in the DCCSA program.

Transfers In/Out: DMH will continue to work in FY 2010 to reduce the census at Saint Elizabeths Hospital, in part by transitioning some patients out of the hospital and into community supported programs. To help achieve this goal, Saint Elizabeths Hospital will transfer $500,000 to the Department on Disability Services and the Department of Health Care Finance to help offset the cost of transitioning patients into the Medicaid Home and Community-Based Waiver program. The budget also allocates $242,562 transferred from the Workforce Investment Fund to support expenses related to a collective bargaining agreement with the Metal Trades Council.

Cost Savings: Saint Elizabeths Hospital will reduce its contingent of drivers, maintenance mechanics, materials handlers, and housekeeping staff, eliminating 18 positions and saving $821,461. A billing department and laboratory at the hospital will be reorganized, with many functions shifted outside the agency to save $886,829, while eliminating 13 positions. The Mental Health Authority (MHA), DMH's oversight and administrative unit, will also undergo significant changes. This budget accommodates a realignment of the DMH's human resources and IT departments, reducing staffing by 16 positions and saving $1,219,803. The budget also calls for a reduction in staffing within MHA, DMH's Office of Programs, and the Office of the Director, including the elimination of 29 positions and savings of $2,274,949. DMH will also change the way it pays clinicians within its school-based mental health program. In FY 2010, each position in the school mental health program will be reduced to 0.8 FTEs, accounting for the 10-month school year worked by clinicians, saving the District $682,816. Altogether, these changes eliminate 83 FTEs, reducing costs by $5,885,858.

DMH's proposed budget also calls for $2,154,157 in reductions to various administrative, consulting, and training contracts as well as reductions in supplies and materials costs. In addition, DMH will seek relatively modest efficiencies within two programs – supported independent living and residential group homes – to align spending with underutilization of both programs. The proposed $145,705 reduction in supported independent living represents a 6 percent savings, which will be realized from vacancy rates and not a service reduction. Likewise, the $324,697 savings from residential group homes amounts to less than 5 percent of total budgeted spending. DMH believes neither of these reductions, nor a $200,000 proposed reduction to its forensic program, will result in a reduction in services.

To achieve further savings of $170,313, DMH plans to shift a portion of assessment services for youth referred by the Child and Family Services Agency from a contract to qualified choice providers able to provide comparable services at a lower cost. Saint Elizabeths will significantly reduce its Work Adjustment Training Program, saving $600,000 by reducing the size of a somewhat outdated program that pays patients a minimum wage to work at the hospital. Instead, the hospital will limit the program to a small number of patients that cannot leave the hospital grounds. Others will be shifted into community-based work training programs. DMH will also direct $1,077,377 of savings from the closure of DC CSA to provide further savings and help close the city's budget gap. This amount of savings represents less than 3 percent of CSA's FY 2009 budget, and is the only direct savings related to the CSA closure. Efficiencies in the operations of the court monitor overseeing the Dixon lawsuit will generate another $50,000 in savings.

A number of other initiatives will save funding through policy changes and increased revenues that will offset Local funds and help fill the budget gap. The agency projects that it will boost Medicaid reimbursements by $1,954,850 through enhanced administrative claiming and by implementing new Medicaid billing codes. DMH will increase reimbursements by $400,000 by billing MCOs for services provided through the school-based mental health program. Saint Elizabeths Hospital will collect an additional $216,000 in reimbursements by claiming Social Security Disability payments made to patients at the hospital. In addition, DMH projects that it will save $200,000 in Local funds by enforcing a requirement that all providers submit claims within 90 days. On a smaller scale, the proposed budget adds $34,280 to account for a revised estimate of procurement costs. Likewise, this budget specifically reduces electricity costs by $90,764, fleet maintenance costs by $45,194, and occupancy costs by $7,373.

Protected Programs: For DMH, FY 2010 will be a transformational year. This proposed budget achieves necessary and significant cost savings, while also protecting the resources necessary to accomplish two major undertakings: the opening of a new Saint Elizabeths Hospital; and the closure of DMH's Community Service Agency (CSA), through the successful transition of approximately 4,000 consumers into quality care offered by community-based providers.

Throughout this budget, DMH seeks to protect resources for the District's most vulnerable residents. At Saint Elizabeths Hospital, this proposed budget makes no reductions to direct care staff such as nurses, technicians, counselors and other clinicians. Continuity of staffing will foster continued improvement in treatment as the hospital moves to a new facility, and as DMH works to satisfy requirements of a settlement agreement with the Department of Justice.

The FY 2010 budget also protects resources necessary for the successful closure of CSA, which currently provides direct mental health services to about 4,000 District residents. DMH will continue operating the CSA until March 31, 2010 – six months longer than originally planned – to ensure that every CSA consumer makes a successful transition into a quality community mental health care provider. To accommodate this prolonged timeline, DMH's budget shifts roughly $3,409,618 and 40.5 FTEs into CSA to continue providing direct services through the first six months of FY 2010. In addition, DMH's budget preserves nearly all other savings from the CSA closure to run an orderly transition and build capacity among community mental health care providers. A team of DMH staff will ensure that every consumer currently served by CSA is matched with a quality provider. And providers throughout the District will receive support from DMH, including cash vouchers tied to every CSA consumer that transitions successfully. By redirecting these funds into the community, and by giving consumers choice, DMH will help build a stronger public mental health system capable of serving more people.

Policy Initiatives: This budget increases DMH's budget for overtime pay by $1,225,305 to more accurately align the budget to actual overtime costs at Saint Elizabeths Hospital. The proposed DMH overtime budget - $3.7 million for FY 2010 – represents a substantial increase from the FY 2009 Approved level, but sets an aggressive goal of significantly reducing overtime expenditures from actual spending in recent years. The budget adds $2,420,000 in one-time funding to offset the utilities costs of operating two hospitals during the transition into the new Saint Elizabeths Hospital, as well as moving expenses and waste removal costs related to the move.

Intra-Agency Changes: In order to provide additional funding support for DMH's core services, $1,121,000 in Local funds is reallocated via an agency-wide reduction in fixed costs. DMH's Mental Health Authority (MHA) is supported in this budget by this redirection of funds to strengthen and optimize various mental health programs and services. Specifically, this budget requires MHA to allocate $250,000 of the $1,121,000 to support audits of all certified mental health rehabilitation services providers; $250,000 to support a community grant for childbirth education and parenting and post-partum counseling for District residents; $250,000 for an independent analysis of construction costs associated with the new mental health hospital; $250,000 to support ongoing technical assistance and management support; and $121,000 for the Mental Health Rehabilitation Services. This budget also calls for a redirection of $554,000 of Federal Medicaid

Payments budget authority from the Agency Management Program contractual services. The redirected funds supports 7.4 FTEs in MHA's School Mental Health Program thereby granting DMH latitude in the determination of staffing needs and discretionary maintenance of full-year service status of school-based clinicians.

Gap-Closing Initiatives: The Department of Mental Health (DMH) budget achieves savings, in part, by continuing two major efficiency initiatives: the planned closure of the DC Community Services Agency (DCCSA), and the opening of Saint Elizabeths Hospital's new facility. By closing DCCSA and transitioning its consumers to other community providers, DMH will save $1,655,579 in reduced security, rent, energy and telephone costs. In addition, DMH's budget eliminates 24.5 FTEs from DCCSA while ensuring the provision of high-quality direct services, thereby saving $1,876,000 in Local Funds, half of which – $938,000 – is redirected both to provide additional mental health rehabilitative services through private providers and to strengthen the District's public mental health system. The remaining $938,000 will go to close the District's budget gap. DMH will continue to offer direct psychiatric services while realigning its staffing resources to the District's needs by eliminating 6 of 14 FTEs, thereby saving $440,457. DMH will also realign the Mental Health Authority's (MHA's) staffing resources to accommodate the ongoing transition of DCCSA, eliminating 6.5 FTEs and saving $690,917.

The opening of the new Saint Elizabeth's Hospital facility in FY 2010 will consolidate certain hospital operations, saving $720,000 in security service costs. The hospital will save $600,000 by reducing the size of its pharmacy staff to align with the reduction of the hospital patient population, which has shrunk from 400 persons to fewer than 370 persons in FY 2009; DMH expects the population to continue to decline to approximately 340 patients when the new facility opens in Spring 2010. Saint Elizabeth's Hospital will complete its outsourcing of laboratory services, saving $215,325 and eliminating 5 FTEs. The hospital will also reduce the rate of its overtime budget growth from $1,225,305 in FY 2009 to $825,305 in FY 2010, saving $400,000 by setting more aggressive management goals. The hospital will also save $1,646,000 by eliminating 28.1 FTEs as it prepares to move into its new facility, preserving its staff that provides direct care and focusing on achieving savings in ancillary departments, such as engineering and nutritional services. Finally, the hospital will save $350,000 by re-evaluating its contracts with vendors and other third parties.

MHA will save $1.35 million total, including savings generated by reducing reimbursements for Community Residential Facilities by four percent, saving $360,000; by reducing contract costs by five percent for the youth assessment center that serves the U.S. District Court, saving $50,000; and by amending an agreement to provide school-based mental health programs in six schools, saving $575,000. Additionally, DMH will reorganize its supported employment programs, saving $89,000, and its clients will receive services from the Department of Human Services' Rehabilitation Services Administration, which has agreed to provide $500,000 to fund supported employment during FY 2010. This funding will augment existing services offered through DMH and will make supported employment available to 150 additional District residents.

MHA will save $1.35 million total, including savings generated by reducing reimbursements for Community Residential Facilities by four percent, saving $360,000; by reducing contract costs by five percent for the youth assessment center that serves the U.S. District Court, saving $50,000; and by amending an agreement to provide school-based mental health programs in six schools, saving $575,000. Additionally, DMH will reorganize its supported employment programs, saving $89,000, and its clients will receive services from the Department of Human Services' Rehabilitation Services Administration, which has agreed to provide $500,000 to fund supported employment during FY 2010. This funding will augment existing services offered through DMH and will make supported employment available to 150 additional District residents.

FY 2009 Approved Budget to FY 2010 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2009 approved budget and the FY 2010 proposed budget. The three categories of changes reflected in this table are: (1) changes to the baseline budget (includes agency request), (2) changes representing cost savings or efficiencies, and (3) changes related to policy initiatives.

Table RM0-5
(dollars in thousands)

	Program	BUDGET	FTE
LOCAL FUND: FY 2009 Approved Budget and FTE		**209,832**	**1,493.0**
Initial and Baseline Adjustments			
Net effect of fixed cost adjustments - Funding adjustments for OPM estimates	Multiple Programs	3,136	0.0
Net effect of salary and benefits changes - Salary step and other personal services funding adjustments including the impact of DCCSA closure	Multiple Programs	-6,500	-139.5
Intra-Agency Changes - Reallocation of funding due to DCCSA closure including impact of FY 2009 one-time rescissions	Multiple Programs	4,429	0.0
Policy Initiatives and Cost Savings			
Shift - Allocation of funds to support collective bargaining agreement with metal trades council; Funds transferred from workforce investment fund	St. Elizabeths Hospital	243	0.0
Reduce - Realign IT department throughout DMH to reflect changes to size and structure of the department	Agency Management	-400	-5.0
Cost Decrease - Achieves 3.75 percent cost savings within residential group home program due to excess capacity; savings calculated using conservative vacancy estimates based on recent usage	Mental Health Authority	-325	0.0
Cost Decrease - Achieve cost savings by shifting assessment services for CFSA youth clients from outside contractor to well-qualified choice providers	Mental Health Authority	-170	0.0
Cost Decrease - Adjust school-based mental health staffing to reflect 10-month schedule worked by staff	Mental Health Authority	-683	-7.0
Cost Decrease - Enforce timely filing requirements for providers that fail to submit claims within 90 days	Mental Health Authority	-200	0.0
Cost Decrease - Realize efficiencies within forensic services program through improved procurement and streamlined delivery of services	Mental Health Authority	-200	0.0
Cost Decrease - Reduce expenditures on court monitor costs through various ongoing efficiencies, including co-location of offices within facilities	Mental Health Authority	-50	0.0
Cost Decrease - Structure funding levels for supported independent living services to align with 9 percent vacancy rates within the program, reducing costs by 6 percent	Mental Health Authority	-146	0.0
Reduce - Realign staffing within Office of Programs	Mental Health Authority	-380	-3.5
Cost Decrease - Reorganize and outsource billing department at St. Elizabeths Hospital to increase revenues and achieve cost efficiencies	St. Elizabeths Hostipal	-478	-7.0
Cost Decrease - Shift of $500,000 to DDS and DHCF to offset the cost of transitioning patients into the Medicaid Home and Community Based Waiver in FY 2010	St. Elizabeths Hospital	-500	0.0
Cost Increase - Provide $2.1 million in one-time funding to offset increased utility costs associated with operating two hospitals during transition to new St. Elizabeths facility	St. Elizabeths Hospital	2,100	0.0

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Table RMO-5 (Continued)
(dollars in thousands)

	Program	BUDGET	FTE
Policy Initiatives and Cost Savings (cont.)			
Cost Increase - Provide one-time funding to offset moving and waste disposal costs during the move to a new St. Elizabeths Hospital	St. Elizabeths Hospital	320	0.0
Cost Savings - Reorganize and outsource laboratory functions at St. Elizabeths Hospital to more efficiently provide services through an outside provider	St. Elizabeths Hospital	-409	-6.0
Reduce - Adjust number of materials handlers to meet the needs of a new St. Elizabeths Hospital	St. Elizabeths Hospital	-188	-4.0
Reduce - Align housekeeping staffing to meet the needs of a new Saint Elizabeths Hospital	St. Elizabeths Hospital	-156	-4.0
Reduce - Reduce number of vacant and filled maintenance mechanics positions to align with the needs of new St. Elizabeths Hospital	St. Elizabeths Hospital	-106	-2.0
Reduce - Reorganize and refocus Work Adjustment Training Program to focus on core in-patient users of the program at St. Elizabeths Transition other users to existing community based work programs	St. Elizabeths Hospital	-600	0.0
Reduce - Reorganize motor pool to a more appropriate size to meet the needs of a new more efficient St. Elizabeths Hopital	St. Elizabeths Hospital	-373	-8.0
Cost Decrease - Identify efficiencies to achieve a blanket reduction in supplies and materials costs throughout DMH	Agency-wide	-595	0.0
Cost Decrease - Identify efficiencies to make a blanket reduction in consulting and training contracts	Agency-wide	-400	0.0
Cost Decrease - Reduction to expenditures within various contracted services and outside consulting (CSG40) throughout DMH	Agency-wide	-1,159	0.0
Cost Decrease - Align electricity budget with revised OPM estimate	Multiple	-91	0.0
Cost Decrease - Align fleet budget with revised DPW estimates	Multiple	-45	0.0
Cost Decrease - Align occupancy budget with revised OPM estimates	Multiple	-7	0.0
Cost Decrease - Recapture a portion of cost savings related to closure of DC Community Services Agency of an amount less than 3 percent of FY 2009 budget levels	Community Services Agency	-1,077	0.0
Cost Increase - Align procurement assessment budget with revised OCP estimates	Multiple	34	0.0
Cost Increase - Provide additional funds to align overtime budget with a more accurate estimate of actual expenditures	Multiple	1,225	0.0
Reduce - Realign and reduce human resources staffing throughout DMH	Multiple	-820	-11.0
Reduce - Realign staffing within Mental Health Authority to reduce various vacant and filled staff positions	Multiple	-719	-8.0
Reduce - Reduce clerical and office support staffing	Multiple	-518	-10.0
Reduce - Reorganize staffing within the Office of the Director; eliminate various vacant and filled positions	Multiple	-658	-7.5
Shift - Shift funding from CCP to CSA to reflect costs of operating portions of CSA during the first six months of FY 2010	Community Contract Providers	-3,410	0.0
Shift - Increase reimbursements through billing MCOs for services provided through school-based mental health program	Mental Health Authority	-400	0.0
Shift - Shift funding from CCP to CSA to reflect the costs of operating portions of CSA during the first six months of FY 2010	Community Services Agency	3,410	40.5
Enhance - Shift - Redirect funding from agency-wide reductions in fixed costs to MHA to support audits of all certified mental health rehabilitation services providers	Mental Health Authority	250	0.0

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Table RM0-5 (Continued)
(dollars in thousands)

	Program	BUDGET	FTE
Policy Initiatives and Cost Savings (cont.)			
Shift - Maximize Medicaid reimbursements through enhanced administrative claiming	Mental Health Authority	-1,100	0.0
Enhance - Shift - Redirect funding from agency-wide reductions in fixed costs to MHA to support audits of all certified mental health rehabilitation services providers	Mental Health Authority	250	0.0
Enhance - Shift - Redirect funding from agency-wide reductions in fixed costs to MHA for an independent analysis of construction costs associated with the new mental health hospital	Mental Health Authority	250	0.0
Shift - Increase federal medicaid reimbursements through implementation of new billing code for multi-systemic therapy, a form of community based intervention for adolescents	Mental Health Authority	-855	0.0
Enhance - Shift - Redirect funding from agency-wide reductions in fixed costs to MHA to support ongoing technical assistance and management support	Mental Health Authority	250	0.0
Enhance - Shift - Redirect funding from agency-wide reductions in fixed costs to support the Mental Health Rehabilitation Services	Mental Health Authority	121	0.0
Shift - Realize cost efficiencies through collection of SSDI payments from patients at St. Elizabeths	Saint Elizabeths Hospital	-216	0.0
Cost Decrease - Shift - Agency-wide reductions in fixed costs; utilities, rent, security, occupancy, and janitorial services to be redirected to MHA	Mental Health Authority	-1,121	0.0
Gap Closing Initiatives			
Reduce - Reduction of contracted security services	Saint Elizabeths Hospital	-630	0.0
Reduce - Reduction due to the closing of gate 4 (2700 MLK Jr. Avenue SE)	Saint Elizabeths Hospital	-90	0.0
Reduce - Reduction of Pharmacy services	Saint Elizabeths Hospital	-600	0.0
Reduce - Outsourcing of Laboratory Services	Saint Elizabeths Hospital	-215	-5.0
Reduce - Reduction of Contractural Services	Saint Elizabeths Hospital	-350	0.0
Reduce - Across the board FTE reductions	Saint Elizabeths Hospital	-1,646	-28.1
Reduce - Reduction of Overtime	Saint Elizabeths Hospital	-400	0.0
Reduce - Doctors Group for Government Operated Services	Saint Elizabeths Hospital	-440	-6.0
Reduce - Across the board FTE reductions	Mental Health Authority	-691	-6.5
Reduce - Reduction of Contractural Services	Mental Health Authority	-1,350	0.0
Reduce - DCCSA Transition	Mental Health Authority	-1,876	-24.5
Redirect - Redirection from DCCSA Transition Reduction of FTEs to MHRS	Community Contract Providers	938	0.0
Redirect - Reduction of rent for 3846 and 3861 Alabama Avenue, SE	Mental Health Authority	-385	0.0
Redirect - Reduction of rent for 3846 and 3861 Alabama Avenue, SE	Mental Health Authority	-302	0.0
Redirect - Reduction in telephone costs related to the closure of the DCCSA	Mental Health Authority	-150	0.0
Reduce - Reduction in energy costs related to the closure of the DCCSA	Mental Health Authority	-170	0.0
Reduce - Reduction in Security Services related to the closure of the DCCSA	Mental Health Authority	-648	0.0
LOCAL FUND: FY 2010 Proposed Budget and FTE		**191,790**	**1,240.9**
SPECIAL PURPOSE REVENUE FUNDS: FY 2009 Approved Budget and FTE		**3,808**	**37.0**
Policy Initiatives and Cost Savings			
Shift - Increase reimbursements through billing MCOs for services provided through school-based mental health program	Mental Health Authority	400	0.0
Shift - Realize cost efficiencies through collection of SSDI payments of patients at St. Elizabeths	St. Elizabeths Hospital	216	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2010 Proposed Budget and FTE		**4,424**	**37.0**

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Table RM0-5 (Continued)
(dollars in thousands)

	Program	BUDGET	FTE
FEDERAL GRANT FUND: FY 2009 Approved Budget and FTE		**1,642**	**6.5**
Initial and Baseline Adjustments			
Net effect of salary and benefits changes - Salary funding adjustments to reflect projected reduction in grants awards.	Multiple Programs	-170	-2.5
Intra-Agency Changes - Adjustment from projected reduction in grant awards	Multiple Programs	-250	0.0
FEDERAL GRANT FUND: FY 2010 Proposed Budget and FTE		**1,222**	**4.0**
FEDERAL MEDICAID PAYMENTS: FY 2009 Approved Budget and FTE		**3,924**	**0.0**
Initial and Baseline Adjustments			
Net effect of salary and benefits changes - Salary step and other Personal Services funding adjustments	Mental Health Authority	189	2.0
Policy Initiatives and Cost Savings			
Shift - Maximize Medicaid reimbursements through enhanced administrative claiming	Mental Health Authority	1,100	0.0
Enhance - Shift - Utilize redirect funding from AMP to MHA to support additional flexibility within the staffing structure of the SMHP	Mental Health Authority	0	7.4
FEDERAL MEDICAID PAYMENTS: FY 2010 Proposed Budget and FTE		**5,213**	**9.4**
PRIVATE GRANT FUNDS: FY 2009 Approved Budget and FTE		**0**	**0.0**
Initial and Baseline Adjustments			
Intra-agency Changes - Adjustment for projected private grants award	St. Elizabeths Hospital	117	0.0
PRIVATE GRANT FUNDS: FY 2010 Proposed Budget and FTE		**117**	**0.0**
INTRA-DISTRICT FUNDS: FY 2009 Approved Budget and FTE		**9,280**	**90.9**
Initial and Baseline Adjustments			
Net effect of salary and benefits changes - Projected reductions in Federal Medicaid payments due to closure of the DCCSA and the shifting of federal payments to the Department of Health Care Finance	Community Services Agency	-4,220	-57.9
Intra-Agency Changes - Shift of Medicaid funding to DHCF	St. Elizabeths Hospital	-851	0.0
INTRA-DISTRICT FUNDS: FY 2010 Proposed Budget and FTE		**4,209**	**33.0**
Gross for RM0 - Department of Mental Health		**206,976**	**1,324.3**

Agency Performance Plan

The agency's Performance Plan has the following objectives for FY 2010:

Objective 1: Expand the range of mental health services.

Objective 2: Increase access to mental health services..

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

Objective 4: Ensure system accountability.

Agency Performance Measures

Table RM0-6

Measure	FY 2007 Year-End Actual	FY 2008 Original Target	FY 2008 Year-End Actual	FY 2009 Projection	FY 2010 Projection	FY 2011 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 St. Elizabeths Hospital within 30 days of discharge	8.3%	10%	8.5%	9%	8%	6%
Percent of patients readmitted to St. 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 discharged from inpatient psychiatric hospitals who receive a community-based, non-emergency service within 7 days of discharge[5]	35%	80%	51%	60%	70%	80%
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

[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.

[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.