

**Testimony of Stephen T. Baron, Director of the Department of Mental Health
at the
Committee on Health FY 2009 and FY 2010 Performance Oversight Hearing
March 10, 2010
Councilmember David A. Catania, Chair**

Good Morning, Chairperson Catania, Members of the Committee, and Council staff

I am Steve Baron, Director of the Department of Mental Health. I am here to report to you and the public on our performance during Fiscal Year 2009 and FY 2010 to date. With me are Dr. Barbara Bazron, Deputy Director of Programs and Policy, Dr. Patrick Canavan, the Chief Executive Officer of Saint Elizabeths Hospital, and Michael Neff, Chief of Administrative Services.

We continue our commitment to ensure that eligible District residents of all ages have easy access to a range of mental health services—from emergency help to ongoing treatment and support. Last Fiscal Year, more than 16,000 individuals received services an increase of 10% of from the prior year.

The vast majority of individuals are now seen by private, community based providers. The Department operates its Comprehensive Psychiatric Emergency Program (CPEP), Saint Elizabeths the state psychiatric hospital, and certain direct services including a much smaller outpatient services than in prior years which I will talk about later in my testimony.

We have provided responses to the Committee's questions before this hearing so my testimony today will focus on the strategic direction of the Department and highlight certain accomplishments that represent Mayor Fenty's leadership and support to build a more robust, accountable public mental health system.

- We continue to be in the forefront of providing a range of housing supports including rent subsidies, and supportive housing to more than 1, 500 (1,532) District residents with a mental illness.
- During the past year we have increased the availability of services for people with the most complex needs by more than doubling the number of assertive community treatment (called ACT) providers from three to seven. The number of individuals receiving ACT services increased from 390 in Fiscal Year 2008 to 651 today.
- In partnership with the Metropolitan Police Department, we started a new initiative to train patrol officers on best practices in crisis intervention in order to strengthen the District's ability to support people with mental illness who come to the attention of law enforcement but do not meet the threshold for arrest.

I'll talk more about these and other initiatives in more detail but I want first to report on the transition of the DC Community Services Agency which was our major initiative in FY 09.

Transition of DC Community Services Agency

Last year at this time we were just beginning the transition of individuals from the government operated DC Community Services Agency to community based providers. Our goal was to complete the transition by March 31, 2010. Today, the transition is complete. 3,127 former DC CSA consumers are now enrolled with a range of community based providers. We believe that the varied and redundant supports and systems put in place allowed us to stay in regular contact with consumers throughout the transition process and to monitor critical indicators of the transition. I would like to acknowledge Dr. Bazron and her team for their hard work, careful planning and leadership to the transition.

Our Office of Accountability has played an important role in monitoring the transition. They have conducted ongoing consumer satisfaction surveys as well as regular chart reviews to determine the effectiveness of the transition. Of the 627 individuals surveyed to date, 81% agreed or strongly agreed that their overall experience was positive.

As contemplated in our implementation plan, certain services to targeted populations were retained by the Department and are now organized into the Mental Health Services Division. The components are multi-cultural services to limited and no English speaking residents; same day or urgent care services; a program for consumers with hearing impairment or developmental disabilities; psycho educational services for school age youth; the outpatient competency restoration program, and a new Physicians Practice Group made up of psychiatrists formerly employed at the DC CSA.

The doctors serve consumers in the Mental Health Services Division many of whom are former DC CSA individuals who chose to remain with their physician. In addition we have implemented an innovative solution to increasing capacity within the public mental health network as we have placed eight of these psychiatrists with community based providers.

Progress on Initiatives

At our last performance oversight hearing a year ago, we talked about a number of initiatives that were in various stages of implementation, and I would now like to report on our progress.

- **Comprehensive Psychiatric Emergency Program (CPEP)**

In February 2008, I identified the lack of coordinated emergency services and crisis prevention as a major weakness of our system of care. That has changed. We now have a solid emergency psychiatric program in place at CPEP to treat District residents. Nearly 5,000 individuals were treated at CPEP last fiscal year—a 15% increase from the year before. We added extended observation beds to allow more time for treatment and stabilization and to avoid unnecessary hospitalizations. The new adult mobile crisis program as part of CPEP has become a great asset to the District and they respond to calls from 9 AM to 1 AM seven days a week.

In a recent change, we moved our Homeless Outreach Program to CPEP to allow better coordination of services for individuals seen repeatedly by both the mobile crisis services team

and the homeless outreach team. With your support, we renovated CPEP so it's more suitable for patient care.

In addition, the new mobile crisis services team for children called ChAMPS—which is operated by Anchor Mental Health Services and not CPEP—provides rapid response to children who require immediate intervention whether in the home, in school, or in the community. The mobile crisis services team also assists children in foster care experiencing a psychiatric crisis to help avoid placement disruption and to support foster parents. During FY 09, ChAMPS served nearly 400 children (396).

- **Progress with Reforming Saint Elizabeths Hospital**

We are very excited about the move into the new hospital facility next month, and we hope you'll join the Mayor at the ribbon cutting on April 22. You have supported the construction every step of the way and we very much appreciate it. The new 460,000 square foot hospital will provide the therapeutic environment required for modern inpatient care. The building design integrates a variety of strategies including a 30,000 square foot green roof. We're also very proud of a new 250-seat auditorium that will be open to community use.

Under the direction of Dr. Patrick Canavan, the Hospital has made significant improvements in treatment, staffing and training in best practices. We have filled key leadership positions and we have seen a change in the culture that now focuses on quality patient care and accountability. Saint Elizabeths continues to make progress in implementing the Agreement with the Department of Justice. Areas of substantial compliance rose from four in February 2008 to 24 in September 2009 and areas of non-compliance fell from 127 in February 2008 to 23 in September 2009.

We are making headway in better managing overtime—which has long been a challenge. We reduced overtime by 23% in FY 09 (more than \$1.5 million) and expect it to go down by another \$1.4 million or 26% this fiscal year.

The Hospital population is now at 326 individuals—a reduction of about 20% from last year—as a result of the Department's strategy to decrease the census. We increased acute care community bed availability for involuntarily committed individuals at United Medical Center and Providence Hospital. In FY08 nearly half (44%) of the 1,000 plus individuals who were involuntarily committed went to Saint Elizabeths as compared to 14.4% in FY 09. Concurrently, through a concentrated effort of assigned staff at the Authority, Hospital staff, and community providers there has been improved coordination between Hospital and community providers to reintegrate individuals ready for discharge to the community. One of our partners has been the Department of Disability Services (DDS) who we worked with to find appropriate homes for patients with development disabilities and mental illness.

We clearly recognize the value of working together with other agencies. Most, if not all, serve District residents with mental illness as part of their mission and we clearly recognize the value of leveraging their resources and expertise. I want to highlight just a few of these collaborations.

As you know, we transferred \$14 million capital dollars to the Department of Housing and Community Development to support the development of 300 affordable housing units. 64 units have been completed and are occupied by consumers. The remaining units are in various stages of development and we expect 15 to be occupied this summer with the rest completed next fiscal year.

As I mentioned earlier, in partnership with the Metropolitan Police Department, we have held six crisis intervention officer training classes. In collaboration with MPD and the National Alliance on Mental Illness-DC we have graduated 128 officers and have three additional classes scheduled for this fiscal year. We believe that this initiative will result in greater citizen and officer safety and lead to the most appropriate response for individuals experiencing a psychiatric crisis who come into contact with law enforcement.

You know about our successful partnership with DC Public schools as we provide services including individual therapy, prevention and early intervention, and referrals in 58 public and public charter schools through our School Based Mental Health Program. In addition, working with the Office of the State Superintendent for Education (OSSE) we provide intensive wrap around services in public middle schools. Last Fiscal Year, we worked with 86 youth in 8 middle schools who were at risk of removal from the community school to a non public school or residential placement. 98% stayed in the public schools. This year, we have increased the number of schools from 8 to 11 and increased our capacity to 110 youth.

We have a number of initiatives in place with CFSA. Any child in the care and custody of CFSA is eligible to receive the full range of outpatient services through our structure. Today, I want to highlight one of our initiatives. Working with CFSA, we have reduced the number of children in out-of-state Psychiatric Residential Treatment Facilities. In FY 09 the census was reduced from 112 to 88 youth—a reduction of 22%; the average length of stay was reduced from 15.1 months in FY 08 to 12.3 months in FY09. Overall, since FY06, we have reduced the number of placements by 34%.

We continue to work with the Department of Health Care Finance to review potential new Medicaid reimbursable codes to replace the current local only reimbursements in order to maximize federal dollars. Currently we are addressing clubhouse, contracted community residential facilities and soon Supported Employment. We expect that this will result in sizable savings in local dollars that can be reinvested in the mental health system.

Increasing effectiveness of internal operations

I want to talk briefly on our fiscal management and administrative operations.

- We met our Medicaid revenue goal for the fourth consecutive year as we have reached our targets for Fiscal Years 2006, 2007 and 2008 and we are on track for our FY 09 goal.
- The Office of Accountability has instituted a robust claims auditing program which mirrors the federal Medicaid Integrity program. Starting next fiscal year, we will post on our website a new provider scorecard for consumers and their families that rates providers on quality of care, services, internal financial controls and compliance with District and federal regulations.

- Our contracts and program staff are working closely together to develop solid solicitations that are driven by program needs and supported by best practices in contracting and procurement.

As you heard today, we have experienced episodes of slow payments to providers. This has my full attention and in addition to resolving individual incidents as quickly as possible, we have an internal workgroup that is examining any patterns or barriers in the reimbursement structure. We already have refocused our provider relations staff to provide billing and payment support.

Progress with Exiting *Dixon*

All of the actions that I described have resulted in a more robust and responsive public mental health system that we believe exceeds the intent of *Dixon*. As you discussed with the Court Monitor this morning, through the Attorney General, last September we filed a motion to remove court monitoring of the Department and return full management authority to the District. .

When this suit was filed 36 years ago, more than 3,600 patients were in Saint Elizabeths which was then the joint responsibility of the District and federal governments. Today, the Department has shifted primary treatment from the Hospital to community based mental health providers. The Hospital population has been reduced from thousands to the 326 individuals as I testified earlier. In fact, more than 98% of the people who use the public mental health system are treated in the community. We are confident that we have cured the underlying Ervin Act violation of unnecessary hospitalizations at Saint Elizabeths Hospital which led to the *Dixon* case.

Further, we believe that we have complied or substantially complied with the conditions of the 2003 Consent Order and 19 Exit Criteria. This progress has come under the Fenty Administration. Since July 2007, the Court Monitor agreed with our assessment and moved six of the 19 Exit Criteria to inactive status. We have requested that seven additional criteria be moved to inactive status and plan to request that still another three be moved to inactive status this month. In our estimation, the majority of the Exit Criteria have been met.

Chairperson Catania. This concludes my testimony and I am ready to answer any questions. Thank you.