TESTIMONY OF MARTHA B. KNISLEY
DIRECTOR, DEPARTMENT OF MENTAL HEALTH

PUBLIC OVERSIGHT HEARING
ON THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

BEFORE THE COMMITTEE ON HUMAN SERVICES

COUNCILMEMBER SANDRA ALLEN, CHAIR

THURSDAY, OCTOBER 2, 2003
2 p.m. to 6 p.m.

COUNCIL CHAMBER
JOHN A. WILSON BUILDING
1350 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20004

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INTRODUCTION

- Good afternoon, Chairman Allen, members of the Committee on Human Services and members of the Council. I am Martha B. Knisley, Director of the D.C. Department of Mental Health. With me at the table are George Cato, Chief Financial Officer; Marie-Claire Brown, Chief Contracting Officer; and Dave Norman, Acting General Council.

- Thank you very much for this opportunity to demonstrate our progress in creating the District's new public mental health system. Most importantly, thank you for your support and sharing our sense of urgency to transform the system with deliberate speed.

- We all agree that the plaintiffs in the Dixon suit have waited far too long for relief. Therefore, our mandate from April 2001, when operational authority for the public mental health system was restored to the District, to today is establish a viable community-based, recovery-based, consumer-driven system, based on the Court-ordered Plan.

- According to the Court Monitor's September 2003 Summary Report to the Court (Year One), "It is the Court Monitor's overall view that the DMH is very solidly on track with the mandates of the Court-ordered Plan. . . . Among the more notable y*ear one* accomplishments are the following:

- "The DMH has successfully implemented the MHRS system. . . . The DMH has proactively embraced the 'Systems of Care' philosophy for children/youth and adults. The DMH has developed a comprehensive and viable Authority. The DMH has made considerable progress in defining and improving its role as a provider.

- “All in all, the results of the first year of Court Monitoring are highly encouraging. . . the big picture view is one of a system that has – in very short order – developed a solid policy, governance and services capacity foundation.. . .DMH is solidly on the right track and is committed to continued improvement. Therefore, expectations must be kept in check and remain solidly grounded in the difficult realities facing the system after years of neglect and sudden change.”

- I share the Monitor's confidence in the Department's ability to make real this new public mental health system based on our performance to date. I am fortunate to be surrounded by people whose commitment to overcoming the problems of the past so that consumers of mental health services always will be assured of receiving the highest quality services from this system.

CHILDREN AND YOUTH SYSTEM OF CARE DEVELOPMENT

- While the Monitor noted the considerable progress made during this first year out of receivership, he also acknowledged the following in the July 2003 Report to the Court: “The Court-ordered Plan noted that, in a very underdeveloped community system, the whole area of children/youth and families [services] was the most underdeveloped. Hence, it is very encouraging to see the number of children/youth initiatives that DMH has undertaken in the past 18 months.

- He added, “The initiatives were highlighted in the Monitor’s January 13, 2003 Report to the Court and include the MAPT process for assessing and diverting high risk kids; the $8 million Federal grant to help develop a viable community-based system for children and youth with serious emotional disturbance; the school-based initiative, and the $2 million Juvenile Justice diversion grant for 75 high-risk youth.”

- Since the Monitor’s report, which cited FY03 data, we have committed to divert 500 youth from the juvenile justice system through the new Youth Empowerment Services program during FY 2004. I’ll discuss the program later in my testimony.

- We have begun the long, difficult but absolutely essential journey to build a responsive community-based system of care for children, youth

and their families. Mayor Williams and I set children's services as our top priority for the mental health system, while acknowledging that swift but thoughtful action is necessary to build the capacity of the system. Below is a short summary of the major issues confronting the system when the District resumed its control.

- In June 2001, when the District resumed control of the mental health system, the first tasks for the children's system were to solidify the School Mental Health Program; establish the parameters and requirements for a new service system for children and youth; secure permission to begin billing child and youth services based on those requirements; shore up staffing at Oak Hill; and begin to build capacity for a broader system of care.

- At the time DMH was created, the only funds available for children's services were funds for the psycho-educational programs; small clinics in the newly formed public Core Service Agency (DC CSA); the small Children's Intake Division (CID) at the DC CSA; staff at the Residential Placement Unit (RPU); a small Youth Forensics program and residential treatment placements managed by the RPU.

- DMH was also faced with ensuring that any new services would meet local and federal requirements. DMH had no infrastructure in place to ensure that this could occur. *Simply put, direct services for children and their families had not been developed, nor had those that existed been made accessible to meet the immediate and urgent demand.*

- Second, the budget for FY 2002 had already been submitted to and approved by the Council before we resumed control of the agency. The budget had NO new funds for children's services.

- *Third, DMH did not have sufficient staff or staff in key leadership positions to do any of the tasks associated with building a new system*. The school-based program was the only initiative with existing leadership. However, even that program had no local funds attached to it and no local funds had been found to expand the program.

- Fourth, the well-known and well-documented history of fragmentation in the District's child-serving system needed to be addressed

Because children and youth generally come into contact with more than one child serving system, *eliminating or at least reducing fragmentation was equally as important as new service delivery*.

- Finally, it could not be assumed that a child/youth and his/her family would get the type and amount of services needed. Reliable and prompt access to appropriate, individualized services and continuity of care did not exist in the District. Neglect of these processes had created an over reliance on assessments that were tailored to keep the child moving through the fragmented system and towards a place where a payor source existed – namely special education, incarceration and/or residential treatment.

- Providing services in a system without first developing a healthy infrastructure and securing long term stable funding and support for reducing barriers is irresponsible and usually equates with a short-term vision for change. Our children deserve much better than they have been given.

- DMH has developed a comprehensive strategy to simultaneously address the structural whole, while at the same time focusing strategically on key areas involving treatment planning for clinically complex children and families (i.e., Multi-Agency Planning Team - MAPT), and the development of the traditional and non-traditional provider network (MHRS provider certification and grants to fund non-traditional community-based providers).

- The key point is that for the strategy to succeed it has to recognize that a systemic structural correction as well as a simple increase in service capacity must be accomplished and that both are related. One cannot succeed long-term without the other.

- DMH and its partners, in recognition of the urgent need to provide services to children and families, made a calculated and pointed effort to address these needs during the first year of the system of care initiative, *a year mandated as solely a planning year*.

- The catalyst for change is the Multi-Agency Planning Team, which integrates all the goals of this new system of care: expanded District-

based capacity; full partnership with family members in policy as well as operational matters; unity among child-serving agencies; and sustainable financial support for long-term growth.

- MAPT addresses the needs of children and their families who are clinically complex and multi-agency involved. It also provides a picture of the pathways taken by children and youth into "deep end" expensive, segregated services.

- Reviews are conducted as a strength-based conversation between the MAPT members and the child/youth and his/her family who are seeking services. From November 2002 through August 2003, MAPT conducted 368 clinical reviews, diverting 298 children and youth from residential placements.

- New dimensions of family involvement in the system of care include multiple family voices in policy-making meetings, such as the MAPT Policy Group and the DMH Partnership Council.

- For example, the Family Advocacy and Support Association, Inc. (FASA), has been involved in the development and implementation of D.C. CINGS, the District's system of care initiative. In FY 2003, FASA received a $15,000 grant from DMH to develop further the infrastructure of its organization and assist with training and outreach efforts to support implementing MAPT plans and other initiatives.

- Thus, a significant paradigm shift has occurred in service planning through the involvement of family members in all MAPT clinical staffings where cases may originate in any one or combination of the child-serving systems.

- In late September, family members from various child serving systems and grassroots organizations met at a retreat to discuss their concerns. At its conclusion, they committed to form a citywide coalition that is expected to become instrumental in influencing system of care policy development and implementation.

- This retreat was but one of several occasions when family members, as full partners, added their knowledge, experience and skills to system development.

- All children's mental health activities carried out within the system of care, from policy-level activities to service planning, delivery and evaluation, include a representative family voice.

- While children and families benefiting from the MAPT process are clinically complex, we also address the needs of 3,400 touched by the School Mental Health Program. We provided students with 1,357 classroom observations, referred 227 students for additional mental health services, and conducted 280 crisis interventions.

- Additionally, we conducted 5,450 individual therapy sessions and 1,335 group therapy sessions during the 2002-2003 academic year. We also provide an array of other services that assist administrators and teachers, including 2,408 teacher consultations and 72 staff professional in-services on mental health topics.

- For parents, we conducted 893 consultations, 323 family therapy sessions, and 104 home visits. Through this work, we help maximize the potential of the entire school and neighborhood system to address the multiplicity of psychosocial needs experienced by the youth of the District.

- With a $1.6 million grant funded in FY 2003 by the Department of Justice Office of Juvenile Justice and Delinquency Prevention and recommended by the Juvenile Justice Advisory Group, we started Alternative Pathways, a program to divert youth with untreated mental health and/or substance abuse disorders from the juvenile justice system.

- Alternative Pathways also is committed to diverting youth with mental health disorders who have already penetrated the juvenile justice system, from placement in out-of-District residential facilities in favor of community-based services and supports.

- I am happy to announce that this week, we launched Youth Empowerment Services, a model program to provide front-end screening, a comprehensive package of traditional and non-traditional services tailored to each youth's individual needs and tracking to ensure that the issues that brought the youth to the attention of either the truancy centers or the Metropolitan Police Department are addressed.

- We expect that within its first year, 500 youth will be diverted.

- Overall, the Department serves the needs of 9,000 District children, including 800 receiving services at Oak Hill Youth Center, 800 being assessed within the Youth Forensic program, 2,100 enrolled with DMH-certified providers, 1,900 receiving services through Medicaid managed plans and 3,400 in the school-based program.

- All this has occurred within two years.

D.C. COMMUNITY SERVICES AGENCY

- In April 2001, we didn't know for sure how many people we were serving; today, we can confirm that more than 12,000 adults, children and youth are enrolled to receive Mental Health Rehabilitation Services.

- DMH also is the largest service provider in the District with more than 7,000 consumers enrolled in the public Core Service Agency, known as the D.C. Community Services Agency. This is another area that has shown tremendous improvement within a very short time.

- I would like to quote the Monitor's July 2003 Report to the Court: "Under the leadership of a strong CSA Director, this entity has made significant progress in the past year in many areas including: 1.) ensuring the accuracy and timeliness of clinical records for billing purposes, 2.) creating a basic management and clinical team structure, 3.) expanding evening and weekend hours to accommodate consumer needs, 4.) reorganizing medical clinics and pharmacy services, 5.) participating as a key player in the DMH initiative on co-occurring disorders, 6.) managing the upheaval associated with the reductions-

in-force (RIFS) that occurred as part of the overall agency restructuring.

- “These achievements are considerable in light of a history for DMH-run services that has had limited focus on documentation or staff accountability and that historically functioned only as the outpatient “clinic” arm of a hospital-based system. The change in role to a community-based system is enormous and needs to be appreciated in evaluating the obstacles that remain."

- In FY 2003, staff from the Child and Youth division conducted more than 90 full comprehensive diagnostic/assessments, which is a 98 percent increase over FY 2002. This division also provided more than 5,900 hours of individual community support services, 3,800 hours of on-site individual counseling and 722 hours of off-site counseling.

- To further extend our reach, the D.C. CSA entered into several inter-agency agreements. The agreement with the D.C. Public Schools provides for mental health services to children, youth and their families receiving specialized educational services.

- The Memorandum of Understanding with the Department of Health Healthy Start program will ensure that women living in Wards 5, 6, 7 and 8 who experience depression during pregnancy or post-partum will receive mental health and case management services.

- The agreement with the Department of Employment Services will provide mental health services to youth ages 14 to 21 participating in the youth opportunities vocational program with the goal of reducing social and emotional challenges that prevent them from obtaining and sustaining employment.

- For adults, the CSA initiated a service that we believed saved hundreds of lives during the last winter’s record-breaking cold and snow.

- For the first time, the District, through the DC CSA and the DOH Addiction, Prevention and Recovery Administration, operated a Sobering Station during hypothermia season, which the Court Monitor

praised in his July report as an initiative for street-bound people with co-occurring disorders, which is an "exceedingly high-risk population."

- The Sobering Station served 243 individuals while providing 965 bed nights. The average attendance was 20 guests per night. Guests were provided food, showers and a safe, warm environment for the night. They also were offered enrollment/renewed engagement at Core Services Agencies. Approximately twenty people entered detox from the Sobering Station. The Sobering Station will re-open this hypothermia season.

- At the Comprehensive Psychiatric Emergency Program (CPEP), staff provided in excess of 4,000 episodes of care on site in FY2003.

- An enhanced service at CPEP is extended observation for upward of 24 hours of emergent psychiatric care, with a goal toward stabilizing and returning consumers to the community. In FY03, there were more than 300 episodes. Approximately 75 percent of extended observation consumers are stabilized during their care and are able to be returned to the community.

- Also in FY03, on more than 380 occasions, CPEP provided mobile crisis outreach.

- Other CPEP responsibilities include acting as an informal call center for consumer crisis phone calls and community crisis consultation. CPEP also provides critical incident debriefings in the community in the following natural disasters and line of duty deaths. CPEP staff conduct internal and community trainings in crisis intervention and emergency response skills, and they provide residency training for psychiatry residents. CPEP is a consultative resource to MPD in hostage situations. In 2003, a Smallpox Preparedness Team was created from a select group of CPEP staff.

- The D.C. CSA continues its progress to provide services in safe, attractive, state-of-the-art facilities. In November 2002, the D.C. CSA administrative staff, along with several direct services programs – Southeast/Southwest Community Support Services for children and youth, Jackie Robinson Center Psycho-education Program for Youth

and the Rose School Pscyho-education Program for Children – relocated to a new site at 821 Howard Road, SE, in Ward 8.

- The D.C. CSA also is planning a new facility that is under construction at 1250 U Street, NW, in Ward 1, that will house Community Support Services to adults, children, and youth. This site is conveniently located at the U Street and Cardozo Metro stop on the Green/Yellow Lines. Space also has been planned for a literacy center to be operated by the State Education Office.

ST. ELIZABETHS HOSPITAL

- Since March 2003, St. Elizabeths Hospital has garnered a number of accolades for its various programs.
- A survey team from the federal Centers for Medicare and Medicaid Services found St. Elizabeths Hospital in compliance with Medicare and Medicaid regulations, following a three-day inspection this August. In a September 22, 2003 letter, Dale Van Wiern, Principal State Representative, Certification & Enforcement Branch, wrote, "As a result of this survey, it was determined that your hospital meets the special conditions of participation for psychiatric hospitals."

- During this survey, they praised hospital staff for swiftly rectifying the areas that needed attention. St. Elizabeths leadership and staff are to be praised for ensuring that quality patient care is the cornerstone of their work ethic. The survey team said that within less than two years, they have observed major improvements in clinical practice. That coincides with Joy Holland's taking the reins as hospital CEO.

- St. Elizabeths Hospital Blackburn Laboratory received accreditation, with distinction, by the Commission on Laboratory Accreditation of the American College of Pathology. I am extremely proud of this achievement. The staff set a goal and met it through hard work, persistent effort, dedication and vision to transform SEH into a model reflective of best practices in recovery-based programs.

- Blackburn Laboratory is one of more than 6,000 laboratories accredited by the Commission nationwide. The accreditation program

is considered to be more stringent than the federal government's similar inspection program.

- Additionally, the hospital's dental residency program also was accredited.

- For the first time, the hospital has satellite access to allow its physicians the same training opportunities as other medical institutions.

MENTAL HEALTH AUTHORITY

Office of Consumer and Family Affairs

- "The DMH Director has also signaled her intent to place the oversight of the consumer satisfaction initiative within the Office of Consumer and Family Affairs. While the actual 'doing' of the consumer satisfaction would be contracted out, the central DMH accountability would be with OCFA. This is another strong signal of emphasis that the consumer's 'voice' should be heard in an unfiltered way and that DMH policy and practice need to be directly shaped by consumers' opinions and needs," wrote the Monitor in the July 2003 report.

- I am very pleased to announce the selection of Frances Priester as our new Director of the Office of Consumer and Family Affairs. As Director of the Office of Accountability.

- Because of her strong advocacy record in Chicago, Mrs. Priester was tapped for key leadership roles with the Illinois mental health service delivery system. At the Elgin Mental Health Center in Elgin, Ill., she was a consumer specialist, working directly with some 300 forensic consumers. She championed their consumer rights, bridged relationships with family members and worked to establish viable contacts in the broad community.

- In that position, and in others with the Illinois government, she was involved in organized human rights activities and worked to help develop family and community support systems and to identify

employment and housing opportunities for mental health consumers. She left the Elgin Center to accept her new position with the here.

- Truly, Illinois' loss is our gain.

- With Mrs. Priester at the helm, we are ready to initiate the District's first consumer grievance program, known as FAIR -- Finding Answers, Improving Relations.

- All consumers of mental health services in the District of Columbia will have open access to grievance and dispute resolution procedures when the new consumer grievance procedure is officially implemented later this month. The new consumer grievance procedure has been developed to comply with the letter and spirit of the District of Columbia Mental Health Consumers Rights Act of 2001.

- The purpose of these rules is to protect and enhance the rights and protections of consumers by establishing the specific procedure for response to and impartial resolution of grievances.

OFFICE OF ACCOUNTABILITY

- According to the July 2003 Court Monitor's report, "All indications are that the certification process is thorough, objective and timely."

- The Office of Accountability continues to build its capacity to certify and license providers, give them clear policy guidance and provide the quality improvement oversight that the public expects.

- The Office of Accountability Division of Certification is the front line division to expand the provider network to deliver the nine intensive community-based services under the Mental Health Rehabilitation Services program. To that end, this Division processes the applications, which includes dozens of policy reviews, site visits, staff and consumer interviews that have resulted in:

    - Twenty-one provider organizations being certified of the 26 applications received (this number includes certification of 18

Core Service Agencies, six of which are child-serving agencies, two are specialty providers and one is a sub-provider).
    - Four applications being withdrawn by the provider organization.
    - One application being returned as incomplete.
    - Thirteen applications are pending and are in various stages of the application process.

- We expect at least five of the 13 pending applications to be certified within the next 30 to 60 days.

- DMH also certifies residential treatment centers (RTC) for children and youth, day treatment programs (DTP) and free-standing mental health center (FSMHC) providers for the Department of Health Medical Assistance Administration (MAA). DMH processes these applications, which may include an out-of-state site visit, and certifies to MAA that the providers meet all of the standards for federal financial participation in the Medicaid program. To date, the Division's work has resulted in the following actions:

    - Five RTCs being certified of the 20 RTCs* which have applied.
    - One application being withdrawn by the provider organization.
    - One being returned as incomplete.
    - Thirteen applications are pending and are in various stages of the application process.
    - One of the 6 DTP provider organizations being certified.
    - Two applications being withdrawn by the provider organization.
    - Three are currently pending.
    - One of the two FSMHC provider applications being certified.

    - Certifying the RTCs is a top priority for DMH and our sister agencies, Child and Family Services Agency and Youth Services Administration in order to maximize Medicaid funds and ensure quality standards at RTCs where children are placed. The Certification Division is working with staff at both agencies to expedite the processing of the RTCs identified and keep them advised of the status of the applications so that they can assist in provider follow up efforts. Most of these RTCs are located outside of the District of Columbia and either has or will require a site visit unless the state licensing agency in which the RTC is located has

made a visit within the last 90 days and can certify that the RTC has met that state's standards.

- The role of the Mental Health Authority, through the Office of Accountability Quality Improvement Division, to is work closely with provider organizations to ensure their incident reporting systems are operational, that they complete appropriate follow-up steps and that they take actions to report to other agencies where required. The authority also ensures providers remedy situations within their organizations that might have contributed to the reported incident. In a community-based environment, the authority's role is ensure appropriate steps have been taken to deal with incidents at the provider level rather than to investigate every reported incident.

- The Office of Accountability has made improving the Unusual Incident reporting system its highest priority, while remaining realistic in restructuring the system.

- First, staff have further revised the reporting policy to direct providers to report all incidents, not just major ones. Second, the Office of Accountability has restructured its database and records to ensure better logging and tracking of investigations where required. Third, the Office of Accountability has recruited and hired individuals with the expertise to manage the UI reporting process. Finally, DMH is working with sister agencies to develop a more uniform reporting process for child serving agencies and to jointly investigate and require corrective action where necessary.

- The Office of Accountability Division of Licensing continues to timely process all mental health community residence license applications that it receives. At this time, all 140 CRF licenses are in some stage of the licensing process or are current.

- The Division has issued 32 Statements of Deficiencies (SODs) in connection with the application process. Providers are required to submit acceptable Plans of Correction (POCs) to continue through the licensing process. The Division licensing inspectors conduct abatement visits do determine if the POC has been implemented.

- The Division also has investigated several dozen complaints received from the community in which the facilities are located or from other service providers. The Division's monitoring/enforcement efforts have included:

    - Forty-six investigations of complaints received largely from the public about the conditions at CRFs (including City Council member constituent complaints).
    - Twenty-four enforcement actions taken in cases that were substantiated.
    - Three homes closed in FY03 due to poor quality services.

- The Department is concerned about the reduction in the numbers of CRFs, which have been reduced from 167 a year ago to 140 currently. Many of these providers have voluntarily closed because of the increasing costs to provide the housing services. The Division also has worked with housing providers to address their concerns about steep increases in liability insurance and about payment issues where DMH is the responsible party for rents and other payments. That work continues.

- The Office of Accountability Division of Policy Support assists the Mental Health Authority to develop not only its internal policies and procedures, such as travel reimbursement and use of overtime and the like, but also provides policy direction to all DMH providers.

- The Division assists in developing the rules as well. For most of this fiscal year, the Division has been integrally involved in the development of privacy policies and procedures to comply with HIPPA requirements and has shepherded the both the rules on MHRS Civil Infractions and oversight of supported independent living facilities through the publication process.

- In addition to finalizing these important policies, the Division finalized policies to guide providers in ensuring access and services to individuals with co-occurring disorders and ensuring that agencies secure language interpretive services when needed. The Division is working on finalizing at least 10 policies that will further guide providers in delivering quality mental health services and supports.

DELIVERY SYSTEMS MANAGEMENT – SUPPORTED EMPLOYMENT

- "Recovery" now has new meaning for DC consumers of mental health services. On April 2, the partnership of the Department of Human Services, DMH, Virginia Commonwealth University, Dartmouth College and Johnson & Johnson celebrated the start of the District's supported employment program.

- The $180,000 award over three years from Johnson & Johnson was matched by $100,000 from the Rehabilitation Services Administration and $150,000 from the Department of Mental Health. The result is three demonstration sites – Community Connections, Deaf-REACH and Northwestern Human Services Midlantic – where consumers will be provided the necessary supports to succeed in the workplace in competitive jobs.

- The D.C. CSA Office of Consumer Employment Services opened April 16 at the Spring Road Community Support Services Center.

- DMH has restructured its funding of employment services to ensure fidelity to the Individual Placement and Support model widely acknowledged as best practice. In FY 2004, agencies will be funded only to implement this approach to employment with serious mental illness.

- Funding is pending for the three agencies operating as demonstration sites for the Johnson & Johnson-Dartmouth Community Mental Health Program grant to hire peer specialists who will work directly on employment issues. This is a new development for DMH and demonstrates yet again our commitment to hiring people with a mental illness.

- The peer specialists also will be responsible for coordinating the consumer advisory committees at these three sites. Community Connections will receive supplemental funding to serve as a mentor to the other agencies doing this work. Because of its excellent work, DMH will be the site for supervisory training developed and financed by Dartmouth College.

- This training will assist us in the development of employment specialists – a manpower need that continues to grow as we implement employment supports in a new way. With the funding set aside for evidence-based supported employment, we will also support the work of employment specialists at the Green Door, Anchor Mental Health Association and Psychiatric Center Chartered.

- The second online course prepared and taught by VCU begins October 6. This is another way in which we are training new and existing personnel.

- Interagency work is flourishing. Our agreement with the Deparmtent of Human Services Rehabilitation Services Administration has reduced the enrollment period for our clients from 90 days to less than two hours.

- DMH will be a formal partner in the Workforce Investment Council as the Memorandum of Understanding now is being rewritten. This is the

first time in the US that a mental health department will be a formal partner.

- Our demonstration site staff will be considered adjunct staff to the DOES One Stop Centers and will be permitted easier access.

- The Medical Assistance Administration has taken funds from its own federal Medicaid Infrastructure Grant to finance the development of a position paper on reimbursement for worksite interventions under the Medicaid Rehabilitation Option. We intend to implement this new funding mechanism in the spring.

- We also have drafted a white paper that outlines policy recommendations for the implementation of employment services across the District. DMH has contributed two positions to serve as benefits specialists citywide in order to assist with the demand for accurate information on the impact of work on an individual's benefits.

DELIVERY SYSTEMS MANAGEMENT – ACCESS HELPLINE

- The Access HelpLine is one year old and the calls they have taken translate into lives being saved. Callers' stories are compelling. For example, Ms B. called into crying and hysterical. She had lost her housing that day and didn't know how she was going to provide shelter for herself and her two children (aged 12 – male and 4-female) as she had no family or friends in the area who could support her. She described herself as a recovering addict who was feeling depressed and hopeless. AHL staff found her emergency shelter for the night through a contact developed in this year, and connected her to a CSA with an urgent appointment.

- A less typical call was received from Mr. A. who called into from Arkansas stating that he had been drinking and was actively suicidal. Upon further relationship building and assessment, he disclosed that he was sitting on railroad tracks, and he was expecting the 8:10 pm train to come and hit him. AHL staff contacted local authorities, who stopped the train and met Mr. A. on the tracks where he was taken to safety.

- These are some statistics describing its 24/7 work:

    - There have been 35,190 calls received between July 2002 and June 2003.
    - The most calls (3,743) were received in April 2003, followed by March 2003 (3,714).
    - The fewest calls (1,079) were received in July 2002.
    - The average number of calls per month was 2,933.
    - Calls first reached the 2,000 mark in September 2002 (2,172), which coincided with the commemoration of September 11, 2001.
    - Calls first reached the 3,000 mark in October 2002 (3,222) and volume has not dipped below 3,000 since then. During October, the metropolitan Washington region was under fire from the snipers.
    - The greatest increase in calls (48 percent) occurred between September 2002 (2,172) and October 2002 (3,222).

- Call volume increased during other times of community stress such as when the war in Iraq loomed as an imminent possibility with callers expressing fears and anxieties, as well as looking for support and solutions. Although there are lulls in provider calls around holidays, repeat caller volume increases.

DELIVERY SYSTEMS MANAGEMENT – HOUSING

- In FY 2003, DMH provided housing to 169 additional consumers.

- An additional 118 new housing units were brought on line in FY03.

DMH/APRA PROJECT TO ADDRESS CO-OCCURRING DISORDERS

- Yes, we have been very busy but for me the most reward initiative is that we are so-sponsoring with APRA. At the Third Annual Judge Aubrey E. Robinson Jr. Memorial Mental Health Conference, this April, sponsored by the State Mental Health Planning Council and DMH, Mayor Williams, DOH Director James A. Buford and signed the charter agreement pledging DMH and DOH to create the structure to provide

comprehensive, integrated mental health and substance abuse services.

- Charles G. Curie, Charles G. Curie, administrator of the Substance Abuse and Mental Health Services Administration, and keynote speaker for the conference, commended Mayor Williams, saying his leadership propelled DMH and DOH to the forefront of the United States on co-occurring disorders and it was tremendous to hear an elected official articulate these issues.

- The Multi-year project began a year ago to adopt Comprehensive, Continuous Integrated System of Care (CCISC) model.

- Since then a Train-the-Trainer program with 40 participants has been underway, including monthly day-long training for the first six months and bi-monthly training following that. This program includes CCISC training, implementation strategies for systems change and on-site technical assistance

- Instruments to chart program progress have been developed and are being implemented at individual agencies. These instruments will assess agency current status, action plans, system fidelity, and to audit agency participation and quality improvement and will be the first level of accountability to track system change.

- Pre-Trial Services, homeless providers and Court Social Services have been added to the trainer group.

- Technical assistance has been provided across the provider community through:

    - Site visits to assist participating agencies to assess current service provision and develop action plans.
- Planning meetings with large agencies, including DC CSA and St. Elizabeths Hospital.

- Service regulations will be revised to establish consistency with CCISC model. Currently Mental Health Rehabilitation Services standards are being revised. A member of the DMH core leadership team sits on the

revision committee.

- Assertive Community Treatment (ACT) teams are each being worked with to move toward fidelity to both the ACT model and the CCISC model.

- We also are beginning a new "Housing First" program model (Pathways to Housing) for persons who have been homeless with a co-occurring disorder and who have been street- or shelter-bound for a long period of time.

EMERGENCY PREPAREDNESS/RESPONSE

- I would like to conclude my testimony with a brief description of DMH's response to yet another unprecedented emergency that occurred during our brief two-year existence.

- As hundreds of thousands of District residents suffered from power outages as a result of Hurricane Isabel, DMH staff provided outreach services in neighborhoods throughout the District. These services included talking with residents about their concerns, helping them drain some of the frustration they felt as days passed without power.

- We also distributed food at various schools and other sites.

- DMH staff provided assistance in the Emergency Operations Center on a continuing basis throughout the emergency.

- I am proud that so many of our staff chose to work the days that District government was closed because they knew their time, talents and experience would help others.

- Thank you, Chairwoman Allen for allowing me the time to update you and the Committee about our work.

- My staff and I would be pleased to answer your questions.