

Dixon Settlement Agreement Quarterly Report – FY 2013 First Quarter
April 15, 2013

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

I. Child and Youth Services

a. Community Services Reviews

Goal: 70% performance level for child/youth service reviews
--

- (1) Results of FY 2012 or FY2013 CSRs, as applicable (SA, ¶¶ 55 and 58).
The FY2012 Child/Youth CSR was completed during May of 2012. There were 89 children/youth reviewed, and almost 600 interviews conducted during the reviews. DMH worked closely with the Child and Family Services Agency, and the Court Monitor for the *LaShawn v. Gray* case, the Center for the Study of Social Policy, to jointly review the cases of children served by both systems. The joint reviews provided comprehensive information about children served by both systems, and will serve as a model for ongoing cooperation between the two agencies.

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

The 2013 CSRs will be conducted from May 6 – May 22, 2013. The anticipated sample size is 98, with 87 completed CSRs needed for valid results. The CSAs have been notified of the children identified for CSRs and are completing the consents and scheduling.

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

HSO participated in the FY2012 CSRs by conducting training for targeted providers; providing contracted reviewers; supplying case consultation services; and running the group debriefing sessions. HSO has been responsible for compiling and preparing all data from the CSRs, and issued its final report on

the FY2012 reviews. HSO's contract has been renewed to begin work on the 2013 CSR's, and HSO has also been working to prepare DMH to assume oversight of the reviews after the FY2013 CSR. To date HSO has facilitated the CSR New Reviewer training for 2013 and conducted two Clinical Case Formulation trainings. HSO is helping to coordinate logistics, and will provide reviewers and case judges for the 2013 review. In addition, HSO will compile and report out the final data from the FY13 CSR.

The data from the FY2012 CSRs was presented and discussed in detail with focus CSAs during October and November 2012. Additionally, the CSR Unit and the Quality Services Review Unit with CFSA analyzed and presented findings on data involving CFSA/DMH involved youth. These data, in addition to data from prior CSRs, were used to identify specific agencies to which the CSR Unit provided focused technical assistance. The targeted assistance was tailored to the needs and requests of each agency. The CSR Unit provided training on core elements of quality practice which support the practice principles developed by DMH, supported agencies by coaching on supervisory techniques, conducted "mini" Community Services Reviews and provided additional trainings to support clinical case formulation using current cases at each agency. The CSR unit has also offered trainings through the DMH Training Center, which has enabled participation from across our group of Core Service Agencies.

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

Goal: Decrease bed days by 30% compared to baseline year (72,687 → 50,880)

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

c. Reduction PRTF Usage (SA, ¶ 59)

PRTF Bed Days Comparison Period: 05/01/12 –04/30/13¹ (as of 12/31/12)		
Placing Agency	# Served with SED	Total # of Bed Days
Department of Youth Rehabilitation Services (DYRS)	78	19,281
Child and Family Services Agency (CFSA)	31	8,041
Department of Mental Health (DMH)	18	3,328
Office of the State Superintendent of Education (OSSE)	7	2,072
D.C. Public Schools (DCPS)	7	5,881
HSCSN	2	593
Total Bed Days (05/01/12 – 12/31/12)	143	39,196*
Total Percentage Reduction from Baseline Number of Bed Days (72,687)		

*Reduction in bed days is on track for meeting the goal of 30% decrease from the baseline.

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

There were 24 youth discharged from PRTFs during the first quarter of FY 13. One (1) youth was discharged from PRTF and did not spend any time in the community because he went directly into a non-community placement (he went to the Youth Services Center for a day and then to New Beginnings) and remained for the duration of the 90-day period. He had been discharged on 11/29. Thus there were 23 youth who were discharged and spent time in the community.

October 2012: There were seven (7) youth discharged. Five (5) youth were discharged after having appropriately completed treatment, one youth discharged after having gone home for a home-visit and refusing to return, and one youth was placed into a higher level of care due to acuity but discharged into the DC community five days later. Consequently, each of these youth were in the community at some point this quarter.

November 2012: There were ten (10) youth discharged. Nine (9) of these youth were discharged after having appropriately completed treatment and one youth discharged after

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

violating a court order (he removed his electronic monitor). The youth discharged after violating a court order was deemed to be refusing to comply with treatment and discharged to a non-community placement (the Youth Services Center (YSC)). Nine (9) these youths were placed in the community upon discharge and each spent time in the community at some point during this quarter.

December 2012: There were seven (7) youth discharged. Four (4) youth were discharged after having appropriately completed treatment, one turned eighteen and discharged himself home (DYRS), one was discharged to YSC for violating or not following his terms of acceptance, and one absconded from Baltimore-Washington International (BWI) airport while returning to the facility from a home-visit. Six youth were discharged into the community. One was discharged into a non-community placement (YSC). Each of the seven (7) youth discharged spent time in the community at some point during this quarter.

Quarter	Total Number of C/Y Discharged	Avg. LOS (Length of Stay)	Reasons for Discharge	Community-Based Services After Discharge
1QFY12	(29) Discharged	365.15 days	(25) Approximately Completed Treatment (1) Abscondence (3) Discharged but went directly into non-community placements (correctional facility or RTC)	Billed MHRS Services CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Behavioral Health Screening Other Agency Self-Reported Non-MHRS Services Mentoring Academic Support Tutoring Job/Work Problem Workforce Development Substance Abuse Counseling
2QFY12	(21) Discharged	305.11 days	(18) Appropriately Completed Treatment (1) PRTF Review Committee	Billed MHRS Services CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Behavioral Health Screening Counseling Onsite Individual

Quarter	Total Number of C/Y Discharged	Avg. LOS (Length of Stay)	Reasons for Discharge	Community-Based Services After Discharge
			denied the LOC (2) Refused to Comply with Treatment	Crisis/Emergency Other: ² Agency Self-Reported Non-MHRS Services Mentoring Academic Support Tutoring Workforce Development Substance Abuse Counseling Gang Prevention Individual Therapy (via Sasha Bruce) Intensive Third Party Monitoring Physical Activity Youth Parenting Class
3QFY12	(40) Discharged	292.38 days	(28) Appropriately Completed Treatment (1) PRTF Review Committee denied the LOC (6) Refused to Comply with Treatment (1) Reached Maximum Benefit (2) PRTF Unable to Meet Clinical Need (2) Discharge Against Medical Advice	Billed MHRS Services CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Counseling Onsite Individual Crisis/Emergency Other: ³ Agency Self-Reported Non-MHRS Services Mentoring Academic Support Tutoring Workforce Development Substance Abuse Outpatient Gang Prevention Individual Therapy (via Sasha Bruce) Intensive Third Party Monitoring Summer Youth Employment Parenting Class

² The District will amend this report to reflect additional services as they are added to the service taxonomy.

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

Quarter	Total Number of C/Y Discharged	Avg. LOS (Length of Stay)	Reasons for Discharge	Community-Based Services After Discharge
4QFY12	(28) Discharged	260.71 days	<p>(24) Appropriately Completed Treatment</p> <p>(1) Abscondence</p> <p>(1) Reached Maximum Benefit</p> <p>(2) Against Medical Advice</p>	<p>Billed MHRS Services CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Counseling Onsite Individual Crisis/Emergency Other:⁴</p> <p>Agency Self-Reported Non-MHRS Services Arts Enrichment Educational Support Family Support/Reunification Gang Prevention Individual Therapy Intensive Third Party Monitoring Mentor Physical Activity Substance Abuse Out-patient Tutoring Workforce Development Youth Parenting Class</p>
1QFY13	(24) Discharged	252.25 days	<p>(18) Appropriately Completed Treatment</p> <p>(2) Abscondence</p> <p>(1) PRTF Unable to Meet Clinical Needs Setting</p> <p>(2) Refused to Comply with Treatment</p> <p>(1) Against</p>	<p>Billed MHRS Services CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Counseling Onsite Individual Crisis/Emergency Other:⁵</p> <p>Agency Self-Reported Non-MHRS Services Arts Enrichment Educational Support Family Support/Reunification Gang Prevention Individual Therapy Intensive Third Party Monitoring</p>

⁴ The District will amend this report to reflect additional services as they are added to the service taxonomy.

⁵ The District will amend this report to reflect additional services as they are added to the service taxonomy.

Quarter	Total Number of C/Y Discharged	Avg. LOS (Length of Stay)	Reasons for Discharge	Community-Based Services After Discharge
			Medical Advice	Mentor Physical Activity Substance Abuse Out-patient Summer Youth Employment Tutoring Vocational & GED Workforce Development Youth Parenting Class
2QFY13				
3QFY13				
4QFY13				

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

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

The services youth received while in the community are listed above in Table d. and show both billed claims received for MHRS services, as well as non-MHRS services and support self-reported by agency staff to DMH. Youth received therapeutic and clinical services as well as academic and professional assistance. There were seven (7) disruptions. Six were incarceration disruptions and one was a hospitalization disruption. The six incarceration disruptions included: one CFSA youth (occurring 138 days after discharge from PRTF), three DYRS/CFSA youth (occurring 73, 117, and 119 days after discharge from PRTF), one DYRS/HSCSN youth (occurring 55 days after discharge from PRTF), and one DYRS youth (occurring 39 days after discharge from PRTF). The one hospitalization disruption involved a DYRS/HSCSN youth (occurring 19 days after discharge from PRTF).

There were 78 youth in community tenure during FY13, Q1.

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

Summary of Community Tenure Data	
Total Youth Monitored in the Community at the beginning of FY 13 1Q	55
Total Youth Discharged from a PRTF to the Community during FY 13 1Q	23
Total Youth Completing Community Tenure	32
Total Youth Removed from Community Tenure due to removal from community (re-enrolled in PRTF, incarceration, etc.)	0
Total Youth Being Monitored at the end of the Quarter	46
Total Youth Without Disruptions in Community Tenure during FY 13 1Q	71
Total Youth With Disruptions in Community Tenure	7
Total Possible Maximum Number of Days (Total # of Days Between Date of Discharge for Each Youth to Last Day of Reporting Period)⁶	7,624
Actual Number of Days in Community	6,758
% of Actual Days of Possible Days in Community	89%

Disruption in Community Tenure Data⁷							
Type of Disruption	Total Applicable	<30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	151-180 Days
Incarceration More than 14 Days	6		2	1	2	1	
Hospitalization More than 22 Days	1	1					
Readmitted to PRTF							

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

⁷ Data will be reported cumulatively and will identify each placement disruption throughout the course of the 180 day tracking period. For example, a child who is hospitalized during days 31 – 60 and hospitalized again during days 151 – 180 will be shown in both columns of the chart.

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

<p>Goal 1: Increase number of youth served by EBP's by 20% Goal 2: Increase number of youth in HFW by 10% in 2012; 20% in 2013</p>

Annual Service Utilization					
Type of Service	FY 2011 Unduplicated Number of C/Y Served	FY 2012 Unduplicated Number of C/Y Served As of 9/30/12	FY 2011 - 2012 Percent Increase	FY 2013 Unduplicated Number of C/Y Served (as of 12/31/13)	FY 2012 - 2013 Percent Increase
FFT	82	224	173%	118	
MST	129	119	-7.75%	50	
HFW	211	282	34%	208	

Service Utilization by Quarter – FY12				
Services	# Served 1Q	# Served 2Q	# Served 3Q	# Served 4Q
FFT	61	128	173	224
MST	54	71	90	119
HFW	156	231	257	282
Total Served	271	430	520	625

Service Utilization by Quarter – FY13				
Services	# Served 1Q	# Served 2Q	# Served 3Q	# Served 4Q
FFT	118			
MST	50			
HFW	208			
Total Served	376			

II. Supported Housing

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

Goal: Increase available vouchers and capital units by 300 (1,396 → 1,696)

Supported Housing Capacity – FY12					
Program	Baseline Capacity (As of 09/30/11)	Capacity Quarter 1	Capacity Quarter 2	Capacity Quarter 3	Capacity Quarter 4
Home First Subsidy (HFS)	653	657	706	739	786
Local Rent Subsidy Program (LRSP)	93	93	93	93	93
Shelter Plus Care (SPC)	159	159	159	159	159
Federal Vouchers (Project- and Tenant-Based)	436	436	436	436	436
Sub-Total	1,341	1,345	1,394	1,427	1,474
Capital-Funded Units	55	35	28	28	28
Grand Total	1,396	1,380	1,422	1,455	1,502

Supported Housing Capacity – FY13					
Program	Baseline Capacity (As of 09/30/11)	Capacity Quarter 1	Capacity Quarter 2	Capacity Quarter 3	Capacity Quarter 4
Home First Subsidy (HFS)	653	791			
Local Rent Subsidy Program (LRSP)	93	93			
Shelter Plus Care (SPC)	159	159			
Federal Vouchers (Project- and Tenant-Based)	436	436			
Sub-Total	1,341	1,479			
Capital-Funded Units	55	20			
Grand Total	1,396	1,499			

b. Supported Housing Rules Status (SA, ¶ 65)

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

The Housing Rules were published for review and feedback on March 08, 2013. The Housing Rules are available on the Department of Mental Health website (dmh.dc.gov) at the following link: <http://dmh1.dc.gov/node/446022> and are attached as Exhibit 1. DMH has received some comments on the rule; the comments will be reviewed to determine if any changes to the proposed rules should be made.

The Housing Rules include language regarding priority populations where the Consumer is:

1. Pending discharge from Saint Elizabeths Hospital
2. Homeless
3. Moving from a more-restrictive living situation, *e.g.* nursing home to the community.

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

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

Once the Housing Rules have been finalized, they will be disseminated to the providers and other housing stakeholders. DMH has monthly Housing Liaison and Clinical Director meetings where housing issues are discussed and information is exchanged. Additionally, DMH offers quarterly ‘Housing 101’ training through the DMH Training Institute for all CSA employees and housing stakeholders. There were fifty (50) attendees at the April 2012 Housing training session; fifteen (15) attendees at the July 2012 Housing training session; and eighteen (18) attendees at the October 2012 training session. The next ‘Housing 101’ training session is scheduled for March 2013.

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

Consumers on the Housing Waiting List are candidates for housing opportunities as housing opportunities arise. Consumers in priority categories will be selected first for housing opportunities, followed by consumers on the Housing Waiting List, ordered by longest wait time to shortest wait time.

Supported Housing Applications and Referrals – FY12					
Priority Population Category	# Applied or Referred to SH	# Placed in SH 1Q	# Placed in SH 2Q	# Placed in SH 3Q	# Placed in SH 4Q
SEH Discharge	1	1	0	0	9
Homeless w/SMI	145	12	14	33	95 ⁸
Consumer w/SMI Transfer to Less Restrictive Setting	1	6	2	4	4
Other	39	1	1	6	10
Total	186	20	17	43	118

Supported Housing Applications and Referrals – FY13					
Priority Population Category	# Applied or Referred to SH	# Placed in SH 1Q	# Placed in SH 2Q	# Placed in SH 3Q	# Placed in SH 4Q
SEH Discharge	13	3			
Homeless w/SMI	290	0			
Consumer w/SMI Transfer to Less Restrictive Setting	14	0			
Other	3	0			
Total	320	3			

Housing opportunities, including Home First Program subsidies, are awarded first to consumers in priority categories. Remaining housing opportunities are offered to consumers on the Housing Waiting List who are ready for independent living and are in other living situations (*e.g.*

⁸ Consumers were previously incorrectly categorized.

Treatment facilities, transitional residential programs), beginning with those consumers with the longest tenure on the Housing Waiting List.

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

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

The DMH Supportive Housing Strategic Plan was finalized September 27, 2012. It is available for review at the following link:

<http://dmh1.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Dixon%20Settlement%20Agreement%20Housing%20Plan%20September%202012.pdf>

III. Supported Employment Services

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

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

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

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

Goal: 60% of those eligible are referred to SES
--

Assessment and Referral for Supported Employment Services ("SES") Measurement Period: April 1, 2012 through September 30, 2013						
	3QFY12	4QFY12	1QFY13	2QFY13	3QFY13	4QFY13
Total # w/SMI Assessed and Need SES	1,550	1,557	1,306			
Of those Assessed, Total # Referred to SES	249	262	247			
Percentage Referred to SES Services	16%	17%	19%			

c. Service Delivery (SA, ¶ 69)

Delivery of Supported Employment Services					
	1QFY12	2QFY12	3QFY12	4QFY12	Total for FY 2012
Total Unduplicated Count of Adults with SMI who Received at Least One SES	378	190	104	85	757
Percentage Increase Over FY 2012 Baseline (761):					-52%

*These numbers are of individuals per quarter who did not receive services in the previous quarter.

Delivery of Supported Employment Services					
	1QFY13	2QFY13	3QFY13	4QFY13	Total for FY 2013
Total Unduplicated Count of Adults with SMI who Received at Least One SES	364				
Percentage Increase Over FY 2012 Baseline (761):					

Note: all Supported Employment services are transferring under each provider's Human care Agreement with DMH, rather than having individual contracts specifically for supported employment services. This change allows the providers greater flexibility as their reimbursement for supported employment services can be integrated into the larger MHRS reimbursement accounts. Additionally, DMH is working with the new leadership at the Rehabilitation Services Administration (RSA) to refine the working relationship and process between providers and RSA for the benefit of consumers, and to streamline the reimbursement process. Finally, DMH has been able to secure additional funding for FY 13 supported employment services. With these initiatives, DMH is hopeful that it will be able to meet its FY13 obligations under the Settlement Agreement.

Continuity of Care

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

Goal 1: 70% of consumers get at least one non-crisis service in a non-emergency setting within (7) days;
Goal 2: 80% of consumers get at least one non-crisis service in a non-emergency setting within (30) days

Continuity of Care – Adults					
	1QFY12	2QFY12	3QFY12	4QFY12	Total for FY 2012
Total Number of Adults Discharged	253	285	302	289	1,129
Number of Adults Receiving a Community Based Service within 7 days of Discharge	187	212	206	200	805
Percentage Receiving Service w/in 7 Days of Discharge	73.9 %	74.4%	68.2%	69.2%	71.3%
Number of Adults Receiving a Community Service within 30 days of Discharge	206	238	237	231	912
Percentage Receiving Service w/in30 Days of Discharge	81.4 %	83.5%	78.5%	79.9%	80.8 %

Continuity of Care – Adults					
	1QFY13	2QFY13	3QFY13	4QFY13	Total for FY 2013
Total Number of Adults Discharged	289				
Number of Adults Receiving a Community Based Service within 7 days of Discharge	181				
Percentage Receiving Service w/in 7 Days of Discharge	62.6%				
Number of Adults Receiving a Community Service within 30 days of Discharge	210				
Percentage Receiving Service w/in30 Days of Discharge	72.7%				

Continuity of Care – Children and Youth					
	1QFY12	2QFY12	3QFY12	4QFY12	Total for FY 2012__
Total Number of C/Y Discharged	153	132	135	118	538
Number of C/Y Receiving a Community Based Service within 7 days of Discharge	95	83	76	74	328
Percentage Receiving Service w/in 7 Days of Discharge	62.1 %	62.9%	56.3%	62.7%	61 %
Number of C/Y Receiving a Community Service within 30 days of Discharge	120	115	100	92	427
Percentage Receiving Service w/in 30 Days of Discharge	78.4 %	87.1%	74.1%	78%	79.4 %

Continuity of Care – Children and Youth					
	1QFY13	2QFY13	3QFY13	4QFY13	Total for FY 2013__
Total Number of C/Y Discharged	165				
Number of C/Y Receiving a Community Based Service within 7 days of Discharge	101				
Percentage Receiving Service w/in 7 Days of Discharge	61.2%				
Number of C/Y Receiving a Community Service within 30 days of Discharge	140				
Percentage Receiving Service w/in 30 Days of Discharge	84.8%				

e. Performance Standards (SA, ¶ 73)

2013 1Q data for Continuity of Care is somewhat incomplete as the billing data from the Department of Health Care Finance (DHCF) regarding non-MHRS Medicaid qualifying services has a greater lag time (up to one year) than MHRS billing data (90-day submission requirement). Nonetheless the improvement in the children's data is encouraging; the adult data is expected to continue to improve as the billing information becomes more complete.