

**Dixon Settlement Agreement Quarterly Report – FY 2013 Second Quarter**  
**July 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

<b>Goal: 70% performance level for child/youth service reviews</b>
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- (1) Results of FY 2012 or FY2013 CSRs, as applicable (SA, ¶¶ 55 and 58). The FY2013 Child/Youth CSR was completed in May of 2013. Reviews were conducted between May 6 – May 22, 2013 with one joint review conducted the week prior to accommodate the schedule with the Child and Family Services Agency(CFSA). There were 87 children/youth reviews conducted during the review period. DMH continued to work 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 2013 goal of an overall system performance score of 70% for the FY2013 CSRs. We achieved a 74 % score for consumer status, and a 70% score for consumer progress.

- (2) Status of Human Systems and Outcomes (“HSO”) consultation (SA, ¶¶ 56 and 57), HSO conducted two Clinical Case Formulation trainings for DMH providers on January 9 and 10, 2013 in an effort to enhance assessment and treatment planning skills. Participants of the training included clinicians from targeted Core Services Agencies and staff from stakeholders such as CFSA and Health Services for Children with Special Needs. HSO facilitated the CSR New Reviewer training for 2013 and the Returning Reviewer training for staff already trained on the DMH protocol. HSO supported the CSR 2013 process by providing contracted reviewers and logistical support; supplying case consultation services; and running the group debriefing sessions. HSO delivered the 2013 database which is being used to inform providers of the results for 2013. In addition, HSO will compile the final report for the FY13 CSR.

In an effort to support the training efforts made by HSO the CSR Unit identified specific agencies to provide focused technical assistance. The agencies were chosen based upon their prior year performance on Community Services Reviews. The identified providers are Fihankra, Inner City Family Services, Hillcrest Children's Center, Universal and Life Enhancement Services. Following the Clinical Case Formation Trainings conducted by HSO, all identified targeted providers received individual technical assistance from the CSR Unit. The technical assistance was individualized and based upon the CSA's request and included individual Clinical Case Formation Training that emphasized a case identified by the provider agency. The CSR Unit integrated components of the Practice Principles Training that include Engagement of Service Partners, Assessing and Understanding the Situation, Planning Positive Life Changing Interventions, Implementing Services and Getting and Using Results to review each selected case. During the training, agencies were provided coaching and support to develop a treatment plan with goals and potential objectives for the identified consumer. Phase two of the technical assistance included conducting "mini" Community Services Review. Once a consumer was identified from the targeted agency the CSR team reviewed the clinical record to assess practice. Following the clinical record review the Community Support Worker and or Therapist was identified and interviewed. Feedback identifying practice trends were discussed with participants. The CSR unit has also offered trainings through the DMH Training Center, which has enabled participation from all 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)**

<b>PRTF Total Bed Days Baseline Data Baseline Period: 05/01/11 –04/30/12</b>		
<b>Placing Agency</b>	<b># Served with SED</b>	<b>Total # of Bed Days</b>
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
<b>Total Bed Days Baseline Number</b>	<b>240</b>	<b>72,687</b>

c. Reduction PRTF Usage (SA, ¶ 59)

<b>PRTF Bed Days</b> <b>Comparison Period: 05/01/12 –04/30/13<sup>1</sup> (as of 3/31/13)</b>		
<b>Placing Agency</b>	<b># Served with SED</b>	<b>Total # of Bed Days</b>
Department of Youth Rehabilitation Services (DYRS)	81	20,828
Child and Family Services Agency (CFSA)	38	9,595
Department of Mental Health (DMH)	21	4,252
Office of the State Superintendent of Education (OSSE)	7	2,258
D.C. Public Schools (DCPS)	8	6,919
HSCSN	3	757
<b>Total Bed Days (05/01/12 – 3/31/13)</b>	<b>158</b>	<b>44,609*</b>
<b>Total Percentage Reduction from Baseline Number of Bed Days (72,687)</b>		

\*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 18 youth discharged from PRTFs during the second quarter of FY 13. Two youth absconded but entered the community during this quarter. Consequently there were 18 youth who were discharged and spent time in the community.

January 2013: There were seven (7) youth discharged. Six (6) youth were discharged after having appropriately completed treatment, while one youth discharged after having absconded on a routine medical appointment to the District of Columbia. He was readmitted 8 days later. Each of these seven youth were either placed into the community or spent time in the community during this quarter.

February 2013: There were four (4) youth discharged. All four (4) were discharged after having appropriately completed treatment. All four (4) of these youth spent time in the community at some point during this quarter.

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

March 2013: There were seven (7) youth discharged. Six (6) youth were discharged after having appropriately completed treatment, while one youth was discharged after having absconded from the PRTF. Each of the seven youth were either placed into the community or spent time in the community 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)	<b>Billed MHRS Services</b> CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Behavioral Health Screening Other <b>Agency Self-Reported Non-MHRS Services</b> 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 denied the LOC  (2) Refused to Comply with Treatment	<b>Billed MHRS Services</b> CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Behavioral Health Screening Counseling Onsite Individual Crisis/Emergency Other: <sup>2</sup> <b>Agency Self-Reported Non-MHRS Services</b> Mentoring Academic Support Tutoring Workforce Development Substance Abuse Counseling

<sup>2</sup> 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
				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	<b>Billed MHRS Services</b> CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Counseling Onsite Individual Crisis/Emergency Other: <sup>3</sup> <b>Agency Self-Reported Non-MHRS Services</b> 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
4QFY12	(28) Discharged	260.71 days	(24) Appropriately Completed Treatment  (1) Abscondence  (1) Reached Maximum	<b>Billed MHRS Services</b> CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Counseling Onsite Individual Crisis/Emergency Other: <sup>4</sup>

<sup>3</sup> 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
			Benefit  (2) Against Medical Advice	<b>Agency Self-Reported Non-MHRS Services</b> 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
1QFY13	(24) Discharged	252.25 days	(18) Appropriately Completed Treatment  (2) Abscondence  (1) PRTF Unable to Meet Clinical Needs Setting  (2) Refused to Comply with Treatment  (1) Against Medical Advice	<b>Billed MHRS Services</b> CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Counseling Onsite Individual Crisis/Emergency Other: <sup>5</sup> <b>Agency Self-Reported Non-MHRS Services</b> Arts Enrichment Educational Support Family Support/Reunification Gang Prevention Individual Therapy Intensive Third Party Monitoring Mentor Physical Activity Substance Abuse Out-patient Summer Youth Employment Tutoring Vocational & GED Workforce Development Youth Parenting Class
2QFY13	(18)	171.33	(16)	<b>Billed MHRS Services</b>

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

<sup>5</sup> 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
	Discharged	days	Appropriately Completed Treatment  (2) Abscondence	CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Other: <sup>6</sup> <b>Agency Self-Reported Non-MHRS Services</b> Arts Enrichment Community Development Educational Support Family Support/Reunification Gang Prevention GED Individual Therapy Intensive Third Party Monitoring Mentor Physical Activity Substance Abuse Out-patient Summer Youth Employment Tutoring Vocational & GED Workforce Development Youth Parenting Class
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 eight (8) disruptions. Six were incarceration disruptions, one was an RTC disruption, and another was a PRTF disruption. The six

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<sup>6</sup> The District will amend this report to reflect additional services as they are added to the service taxonomy.

incarceration disruptions included six DYRS youth (occurring 19, 70, 111, 126, 130, and 159 days after discharge from PRTF). The one RTC disruption involved a DYRS youth (occurring 68 days after discharge from PRTF) and the one PRTF disruption involved a DYRS youth (occurring 120 days after discharge from PRTF).

There were 64 youth in community tenure during FY13, Q2.

- (2) Length of Community Tenure – Community tenure for children/youth is calculated beginning with the date of discharge and continuing up to and including the 180<sup>th</sup> 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.

<b>Summary of Community Tenure Data</b>	
<b>Total Youth Monitored in the Community at the beginning of FY 13 Q2</b>	46
<b>Total Youth Discharged from a PRTF to the Community during FY 13 Q2</b>	18
<b>Total Youth Completing Community Tenure</b>	27
<b>Total Youth Removed from Community Tenure due to removal from community (re-enrolled in PRTF, incarceration, etc.)</b>	0
<b>Total Youth Being Monitored at the end of the Quarter</b>	37
<b>Total Youth Without Disruptions in Community Tenure during FY 13 Q2</b>	56
<b>Total Youth With Disruptions in Community Tenure</b>	8
<b>Total Possible Maximum Number of Days (Total # of Days Between Date of Discharge for Each Youth to Last Day of Reporting Period)<sup>7</sup></b>	7,847
<b>Actual Number of Days in Community</b>	6,877
<b>% of Actual Days of Possible Days in Community</b>	88%

#### **Disruption in Community Tenure Data<sup>8</sup>**

<sup>7</sup> 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.



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	1		1	1	2	1
Hospitalization More than 22 Days							
Readmitted to PRTF	1				1		
Admitted to RTC	1			1			

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

<p><b>Goal 1: Increase number of youth served by EBP's by 20%</b>  <b>Goal 2: Increase number of youth in HFW by 10% in 2012; 20% in 2013</b></p>
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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 3/31/13)	FY 2012 - 2013 Percent Increase
FFT	82	224	173%	202	
MST	129	119	-7.75%	75	
HFW	211	282	34%	241	

Service Utilization by Quarter – FY12
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<sup>8</sup> 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.

FY 2013 2Q Report to Plaintiffs  
July 15, 2013

Services	# Served 1Q	# Served 2Q	# Served 3Q	# Served 4Q
<b>FFT</b>	61	128	173	224
<b>MST</b>	54	71	90	120
<b>HFW</b>	156	231	257	282
<b>Total Served</b>	<b>271</b>	<b>430</b>	<b>520</b>	<b>626</b>

Service Utilization by Quarter – FY13				
Services	# Served 1Q	# Served 2Q	# Served 3Q	# Served 4Q
<b>FFT</b>	121	203		
<b>MST</b>	60	75		
<b>HFW</b>	208	241		
<b>Total Served</b>	<b>389</b>	<b>519</b>		

## II. Supported Housing

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

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

<b>Supported Housing Capacity – FY13</b>					
<b>Program</b>	<b>Baseline Capacity (As of 09/30/11)</b>	<b>Capacity Quarter 1</b>	<b>Capacity Quarter 2</b>	<b>Capacity Quarter 3</b>	<b>Capacity Quarter 4</b>
<b>Home First Subsidy (HFS)</b>	<b>653</b>	791	867		
<b>Local Rent Subsidy Program (LRSP)</b>	<b>93</b>	93	93		
<b>Shelter Plus Care (SPC)</b>	<b>159</b>	159	159		
<b>Federal Vouchers (Project- and Tenant-Based)</b>	<b>436</b>	436	436		
<b>Sub-Total</b>	<b>1,341</b>	<b>1,479</b>	<b>1,555</b>		
<b>Capital-Funded Units</b>	<b>55</b>	20	20		
<b>Grand Total</b>	<b>1,396</b>	<b>1,499</b>	<b>1,575</b>		

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 finalized on May 03, 2013 and will be formally implemented on June 02, 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>.

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.

The Housing Rules were finalized and 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 July 2013.

Training for providers and stakeholders, specifically focused on the Housing Rules, is scheduled for August 27, 2013 and (tentatively) September 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 and funding allows. 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 <sup>9</sup>
Consumer w/SMI Transfer to Less Restrictive Setting	1	6	2	4	4
Other	39	1	1	6	10
<b>Total</b>	<b>186</b>	<b>20</b>	<b>17</b>	<b>43</b>	<b>118</b>

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	4		
Homeless w/SMI	290	0	70		
Consumer w/SMI Transfer to Less Restrictive Setting	14	0	4		
Other	3	0	2		
<b>Total</b>	<b>320</b>	<b>3</b>	<b>80</b>		

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

<sup>9</sup> Consumers were previously incorrectly categorized.

Waiting List who are ready for independent living and are in other living situations (*e.g.* 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 recently discovered an error in its prior reporting of the number of consumers eligible for and interested in SES per Paragraph 68 of the Settlement Agreement. The numbers reflected below in 3QFY 12-1QFY13 have been recalculated. The previous reported numbers were extracted from the answer to Question 7 in the eCura system which asks “If the consumer was interested, was the consumer referred to an SES program?” In prior reports, DMH simply added the “yes” and “no” answers to obtain the denominator and then calculated the percentage based upon the nominator of “yes” referrals. Upon further research, this methodology was found to be flawed because many of the drop-down responses following a “no” response indicated the consumer was not actually interested despite the wording of Question 7, *e.g.* consumer currently enrolled in SES or consumer afraid of losing SSI benefits.

As a result, DMH reevaluated the sequence of SES questions in eCura and determined that Question 7 accurately represents the total number of consumers that are interested and eligible for SES, as contemplated by Paragraph 68 of the Settlement Agreement. The “yes” answers are the denominator, and DMH counts the number of confirmed SES referrals received by the DMH SES office to determine the actual percentage of compliance, which is reflected in the revised table below.

Additionally, in January DMH began notifying each CSA of the individual consumers who had been reported by the CSAs as eligible and interested in SES and therefore should have been referred, but were not, and required the CSAs to submit a referral for each person.

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

<b>Goal: 60% of those eligible are referred to SES</b>
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Assessment and Referral for Supported Employment Services (“SES”) Measurement Period: April 1, 2012 through September 30, 2013						
	3QFY12	4QFY12	1QFY13	2QFY13	3QFY13	4QFY13
<b>Total # w/SMI Assessed and Need SES</b>	<b>659</b>	<b>599</b>	<b>650</b>	<b>482</b>		
<b>Of those Assessed, Total # Referred to SES</b>	249	262	397	482		
<b>Percentage Referred to SES Services</b>	38%	44%	61%	100%		

c. Service Delivery (SA, ¶ 69)

Delivery of Supported Employment Services					
	1QFY12	2QFY12	3QFY12	4QFY12	Total for FY 2012
<b>Total Unduplicated Count of Adults with SMI who Received at Least One SES</b>	<b>378</b>	<b>190</b>	<b>104</b>	<b>85</b>	<b>757</b>
<b>Percentage Increase Over FY 2011 Baseline (761):</b>					-52%

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



<b>Delivery of Supported Employment Services</b>					
	<b>1QFY13</b>	<b>2QFY13</b>	<b>3QFY13</b>	<b>4QFY13</b>	<b>Total for FY 2013</b>
<b>Total Unduplicated Count of Adults with SMI who Received at Least One SES</b>	<b>364</b>	<b>367</b>			
<b>Percentage Increase Over FY 2012 Baseline (761):</b>					

All Supported Employment contracts have been transferred to each provider's Human Care Agreement to allow flexibility and integration with their MHRS reimbursement accounts. DMH Supported Employment Staff continue to work with CSA's to insure that consumers are offered the service and that referrals are sent to DMH. DMH also continues to work with Supported Employment providers to increase the number of consumers that are served. DMH and the Rehabilitation Services Administration (RSA) have revised and instituted procedures to streamline the referral of DMH consumers to RSA for employment support services. This will allow DMH providers to increase referrals to RSA and shorten RSA's reimbursement process. In addition, DMH has awarded Block Grant funding to three Supported Employment Providers through a solicitation process. The funding will help providers add additional Supported Employment Staff, which will allow them to provide employment services to more consumers.

## 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**

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

<b>Continuity of Care – Adults</b>					
	<b>1QFY13</b>	<b>2QFY13</b>	<b>3QFY13</b>	<b>4QFY13</b>	<b>Total for FY 2013</b>
<b>Total Number of Adults Discharged</b>	290	260			550
<b>Number of Adults Receiving a Community Based Service within 7 days of Discharge</b>	186	183			369
<b>Percentage Receiving Service w/in 7 Days of Discharge</b>	64.14%	70.38%			67.09%
<b>Number of Adults Receiving a Community Service within 30 days of Discharge</b>	211	206			417
<b>Percentage Receiving Service w/in30 Days of Discharge</b>	72.76%	79.23%			75.81%

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

<b>Continuity of Care – Children and Youth</b>					
	<b>1QFY13</b>	<b>2QFY13</b>	<b>3QFY13</b>	<b>4QFY13</b>	<b>Total for FY 2013__</b>
<b>Total Number of C/Y Discharged</b>	165	138			303
<b>Number of C/Y Receiving a Community Based Service within 7 days of Discharge</b>	109	107			216
<b>Percentage Receiving Service w/in 7 Days of Discharge</b>	66.06%	77.54%			71.28%
<b>Number of C/Y Receiving a Community Service within 30 days of Discharge</b>	138	123			261
<b>Percentage Receiving Service w/in 30 Days of Discharge</b>	83.64%	89.13%			86.13%

e. Performance Standards (SA, ¶ 73)

2013 Q2 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.