

Dixon Settlement Agreement Quarterly Report – FY 2013 Third Quarter
October 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
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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 by September 2013.

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 throughout the 2nd and 3rd quarter of 2013. 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 allowed for 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)

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 –04/30/13		
Placing Agency	# Served with SED	Total # of Bed Days
Department of Youth Rehabilitation Services (DYRS)	82	21,322
Child and Family Services Agency (CFSA)	39	10,154
Department of Mental Health (DMH)	24	4,512
Office of the State Superintendent of Education (OSSE)	7	2,318
D.C. Public Schools (DCPS)	8	7,249
HSCSN	4	823
Total Bed Days (05/01/12 – 4/30/13)	164	46,378
Total Percentage Reduction from Baseline Number of Bed Days (72,687)	36%	

The District has met the goal of 30% reduction in bed days.

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

There were 16 youth discharged from PRTFs during the third quarter of FY 13. However one youth was placed in a local juvenile detention facility and did not spend time in the community during this quarter. Consequently there were 15 youth who were discharged and spent time in the community.

April 2013: There were three (3) youth discharged. One was discharged after having appropriately completed treatment, another was determined by the treatment team to have reached maximum benefit, and one was transferred to a local juvenile detention facility. Two of these youth were placed into the community or spent time in the community during this quarter; the remaining youth remained in detention throughout the quarter.

May 2013: There were seven (7) youth discharged. All seven (7) were discharged after having appropriately completed treatment. All seven (7) of these youth were placed into the community and consequently spent time in the community at some point during this quarter.

June 2013: There were six (6) youth discharged. Six (6) youth were discharged after having appropriately completed treatment and each of them was placed into the community. Consequently, each 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)	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 denied the LOC (2) Refused to Comply with Treatment	Billed MHRS Services CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Behavioral Health Screening Counseling Onsite Individual Crisis/Emergency Other: ¹ 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

¹ 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
				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: ² 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
4QFY12	(28) Discharged	260.71 days	(24) Appropriately Completed Treatment (1) Abscondence (1) Reached Maximum Benefit	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 Arts Enrichment

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
			(2) Against Medical Advice	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	Billed MHRS Services CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Counseling Onsite Individual Crisis/Emergency Other: ⁴ 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 Summer Youth Employment Tutoring Vocational & GED Workforce Development Youth Parenting Class
2QFY13	(18) Discharged	171.33 days	(16) Appropriately Completed Treatment	Billed MHRS Services CBI Level II: CBI Level I – MST: Med/Som:

⁴ 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
			(2) Abscondence	Community Support: Diagnostic Assessment: Other: ⁵ Agency Self-Reported Non-MHRS Services 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	(16) Discharged	263.44 days	(14) Appropriately Completed Treatment (1) Refused to Comply with Treatment (transferred to juvenile detention facility) (1) Reached Maximum Benefit	Billed MHRS Services CBI Level II: CBI Level I – MST: Med/Som: Community Support: Diagnostic Assessment: Other: Agency Self-Reported Non-MHRS Services Arts Enrichment Civil Engagement Community Development Educational Support Family Support/Reunification Gang Prevention GED Individual Therapy Intensive Third Party Monitoring Mentor Physical Activity

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
				Safe Summer Activity Substance Abuse Out-patient Summer Youth Employment Tutoring Vocational & GED Workforce Development Youth Parenting Class
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 was one (1) disruption (a youth committed to DYRS). He was an incarceration disruption. He was incarcerated 22 days after discharge from PRTF. One youth disrupted when placed in a PRTF in the second quarter; he was removed from community monitoring in the third quarter.

There were 52 youth in community tenure during FY13, Q3.

- (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 Q3	37
Total Youth Discharged from a PRTF to the Community during FY 13 Q3	15
Total Youth Completing Community Tenure	21

Total Youth Removed from Community Tenure due to removal from community (re-enrolled in PRTF, incarceration, etc.)	<i>1 Incarceration 1 PRTF</i>
Total Youth Being Monitored at the end of the Quarter	29
Total Youth Without Disruptions in Community Tenure during FY 13 Q3	51
Total Youth With Disruptions in Community Tenure	1
Total Possible Maximum Number of Days (Total # of Days Between Date of Discharge for Each Youth to Last Day of Reporting Period)⁶	6,305
Actual Number of Days in Community	5,597
% 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		1					
Hospitalization More than 22 Days							
Readmitted to PRTF							
Admitted to RTC							

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

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.

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

Annual Service Utilization					
Type of Service	FY 2011 Unduplicated Number of C/Y Served	FY 2012 Unduplicated Number of C/Y Served <small>As of 9/30/12</small>	FY 2011 - 2012 Percent Increase	FY 2013 Unduplicated Number of C/Y Served (as of 6/30/13)	FY 2012 - 2013 Percent Increase
FFT	82	224	173%	263	
MST	129	119	-7.75%	105	
HFW	211	282	34%	283	

Service Utilization by Quarter – FY12				
Services	# Served 1Q	# Served 2Q	# Served 3Q	# Served 4Q
FFT	61	128	173	224
MST	54	71	90	120
HFW	156	231	257	282
Total Served	271	430	520	626

Service Utilization by Quarter – FY13				
Services	# Served 1Q	# Served 2Q	# Served 3Q	# Served 4Q
FFT	121	203	263	
MST	60	75	105	
HFV	209	248	283	
Total Served	389	519	651	

In FY12 a total of 120 youth received MST services, representing only 77% of the 155 (20% increase) target number of youth to be served in accordance with the Settlement Agreement. As a result in FY13 the target of 186 (a 20% increase from FY12) was set, however MST continued at a lower service delivery rate of 121 youth served in FY13. In FY13, again we see tremendous increase in the number of children who receive FFT even over the number of children who received services in FY 12 during the same period, ensuring that children needing intensive services were provided necessary services. Although the population for both MST and FFT can be children with similar issues, MST has stricter requirements for the home environment that is a limitation on the children who can receive MST. MST serves children and youth up to age seventeen who display the most severe and chronic externalizing behaviors, and requires that the child or youth be in a stable home setting with a long-term caregiver. FFT serves children and youth up to eighteen years old who display behaviors ranging from at-risk to severe with the requirement that the child is in a stable setting with a caregiver willing to participate in the treatment. To that end, far more children and youth met the criteria for FFT, hence the significant overall increase in FFT rather than MST services.

Nonetheless MST enrollment did not increase in FY 13. Youth Villages (YV), the MST provider took several weeks to recover from major staff turnover but currently has a staffing pattern of 12, including two supervisors and 1 team lead that also carry cases, to increase capacity.

In addition, the MST provider restructured its referral pre-assessment process by adding two team lead positions to assess all referrals and decrease the length of time from referral to service delivery.

To assist in ensuring youth who need MST receive this service, a new MST provider has begun the MHRS certification process. The new provider will implement an adaptation

of MST that is for Emerging Adults. The program will engage youth ages 18-21 resource lacking population. The new provider should make a large impact on accomplishing FY14 goals.

In FY12 a total of 282 children and families were involved in high fidelity wraparound exceeding the goal of 250. For FY13 the target was increased by 20% equaling 338 for the year. FY13 third quarter shows a utilization rate of 83% with 283 children and families engaged in high fidelity wraparound.

Two agencies continue to be the care management entity for high fidelity wraparound. In FY13 the capacity was increased by 10 allowing for a total of 224 families to be involved in wraparound at one time.

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	436	436	436	436	436

Tenant-Based)					
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	867	909	
Local Rent Subsidy Program (LRSP)	93	93	93	93	
Shelter Plus Care (SPC)	159	159	159	159	
Federal Vouchers (Project- and Tenant-Based)	436	436	436	436	
Sub-Total	1,341	1,479	1,555	1,597	
Capital-Funded Units	55	20	20	20	
Grand Total	1,396	1,499	1,575	1,617	

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 were 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> and are attached as Exhibit 1.

Stakeholder training on the Housing Rules is tentatively scheduled for October/November 2013.

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 have been finalized and are consistently being discussed with the providers and other housing stakeholders in addition to being available for review on the DMH website. DMH has monthly Housing Liaison and Clinical Director meetings where housing issues are discussed and information is exchanged. Additionally, DMH offers quarterly 'Housing Primer' training through the DMH Training Institute for all CSA employees and housing stakeholders. Attendance at the quarterly trainings has been as follows:

April 2012	50
July 2012	15
October 2013	18
January 2013	40
April 2013	40
July 2013	40

The next 'Housing Primer' training session is scheduled for October 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 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	4	2	
Homeless w/SMI	290	0	70	19	

⁸ Consumers were previously incorrectly categorized.

Consumer w/SMI Transfer to Less Restrictive Setting	14	0	4	0	
Other	3	0	2	8	
Total	320	3	80	29	

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.* 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)

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	659	599	650	482	536	
Of those Assessed, Total # Referred to SES	249	262	397	482	226	
Percentage Referred to SES Services	38%	44%	61%	100%	42%	

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	378	190	104	85	757

Received at Least One SES					
Percentage Increase Over FY 2011 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	394	120	122		
Percentage Increase Over FY 2012 Baseline (761):					

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 four 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

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	292	275	285		852
Number of Adults Receiving a Community Based Service within 7 days of Discharge	188	194	172		554
Percentage Receiving Service w/in 7 Days of Discharge	64.14%	70.6%	60.4%		65%
Number of Adults Receiving a Community Service within 30 days of Discharge	214	220	203		637
Percentage Receiving Service w/in30 Days of Discharge	73.3%	80%	71.2%		74.8%

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	163	140	138		441
Number of C/Y Receiving a Community Based Service within 7 days of Discharge	107	110	79		296
Percentage Receiving Service w/in 7 Days of Discharge	65.06%	78.6%	57.2%		67.1%
Number of C/Y Receiving a Community Service within 30 days of Discharge	136	127	103		366
Percentage Receiving Service w/in 30 Days of Discharge	83.4%	90.7%	74.6%		83%

e. Performance Standards (SA, ¶ 73)

2013 Q3 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). We expect the percentages to improve as Medicaid claims are submitted.