GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH



Frequently Asked Questions about the Future of the DC Community Services Agency (DC CSA)

Part Four November 4, 2008

1. When will the DC CSA close enrollment to new consumers?

On November 17, DC CSA will no longer enroll adult and children consumers except for the following specialty populations:

- referrals from CSOSA, Family Treatment Court, DC Linkage Plus, and for restoration competency
- deaf/hearing impaired consumers
- consumers with co-occurring mental illness and developmental disabilities, and
- consumers with multicultural or language access needs.

Closing enrollment for the above specialty populations is contingent on DMH verifying the capacity of the private provider network to meet the needs of these consumers and to accommodate court-related referral sources.

The DC CSA will continue to enroll clients into ACT and CBI programs per the DMH protocol and to enroll clients into the psycho-educational program per the District of Columbia Public Schools protocol.

The DC CSA will continue to accept referrals for SURE (Service Upon Request-Enhanced). However, except for specialty populations noted above, the consumer will be linked through the Access Helpline to a private community provider for enrollment and on-going services.

2. What is the date to freeze any new hires for the DC CSA?

A hiring freeze was imposed on October 1, 2008 except for temporary workers to help during the transition.

3. When will DMH start transitioning consumers to other community providers?

The transition plan is still being developed so we have not set a date to begin the transition of DC CSA consumers. However, the FY 2009 Budget Support Act requires an implementation plan to be developed by **December 31, 2008.**

4. When will the DC CSA stop delivering direct services?

The transition plan is still being developed so we have not established a closure date. However, the FY 2009 Budget Support Act requires the implementation plan to be completed by **September 30, 2009.**

5. How were consumers included in the decision to close the DC CSA?

During the months long review of the DC CSA, a number of focus groups were held to solicit input. Two were held just with consumers and family members, and another two were held with consumers, advocates and the DC CSA advisory board.

6. Where is a list of private providers?

You can find the list on our website at www.dmh.dc.gov. Once on the website, click on Mental Health Rehabilitation Services and scroll down to the list of community based service providers. Or, once on the website, you can click on certified mental health providers on the home page.

7. What will happen to the people who do not transfer to a private CSA by October 2009?

DMH is committed to transferring and linking all consumers who receive services from the DC CSA with new private providers by October 2009. After the transfer, we will track consumers to assess the continuity of care. In addition, the Office of Accountability will step up its oversight during the first years of implementation.

8. How will we reach homeless individuals who are not connected/do not wish to be connected with a CSA?

DMH already has a number of resources targeted at homeless individuals. The DMH homeless outreach team seeks out homeless individuals wherever they are. A significant number of individuals referred to the urgent care clinic at Superior Court are homeless individuals.

9. How will DMH ensure that private agencies take all indigent clients? Some agencies only take people with Medicaid/Medicare or other insurance.

All consumers whether insured or not will be transferred to another community provider. All providers certified by DMH serve both Medicaid and uninsured consumers. The KPMG report showed that the number served by DC CSA—25 percent—is only slightly higher than that of the private providers.

10. Was the decision to redesign based solely on money?

No. The decision to no longer provide services directly through the DC CSA will allow DMH to increase the number of people eligible to be served and expand the range of available services.