DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

CRISIS EMERGENCY SERVICES PLANNING WORKGROUP IMPLEMENTATION UPDATE

MEETING MINUTES
September 8, 2010

Attendees:	
	Lisa Albury, ChAMPS Steve Baron, DMH Alemu Belayineh, Pathways to Housing Ann Chauvin, SOME Iris Darby, CAN Denise Dunbar, DMH Bob Glennon, DMH Cynthia Holloway, CPEP, DMH Whitney Joy Howard, Pathways to Housing Dr. Robert Keisling, Pathways to Housing Sgt. Crystal Pabrezis, MPDC Randall Raybon, DMH Anne Sturtz, DMH Luis Vasquez, DMH LaToya Wesley, CJCC Jacquesline Walker, Pathways to Housing Jonathan Ward, Pathways to Housing David Williams, SOME

Introduction & Welcome

The meeting was opened by Steve Baron. He welcomed the group and each member introduced themselves. The workgroup approved the minutes from the May 5, 2010 meeting. The final version of the meeting minutes, along with the workgroup's report and recommendations are available on the DMH website (www.dmh.dc.gov).

Steve asked the group about changing the structure or frequency of the meetings moving forward. The group agreed to meet bi-annually rather than quarterly. Anne Sturtz will send out notice of the next meeting, which will be sometime in March 2011.

Steve announced that the training for the Crisis Intervention Officers (CIO) coordinators is being held **today**. The Office of Uniform Communication dispatchers were trained a few weeks ago. The next class of CIO training begins on Monday, September 13, 2010. After this class graduates, approximately 165 officers will have completed the training. In addition to the CIO training, all MPD cadets receive mental health training. Each officer is required to participate in 3 hours of mental health training annually.

CPEP Coordination with Community Providers.

Steve asked Cynthia Holloway to provide an overview of the work that CPEP does with community providers. Cynthia reported that CPEP staff work with the CSAs, ACT providers and the DD providers to ensure that community linkages are established and occur post- CPEP visit. A quick base database has been established to track CPEP admissions and provide information to the community providers. The goal of this initiative is to ensure that the community-based providers participate in the discharge planning process. It also facilitates exchange of information about health issues and medications.

Cynthia also discussed the CPEP high-utilizers initiative, which focuses on consumers with 3 or more CPEP admissions within a 6 month period. CPEP staff work with the community provider (CSA, ACT or DD) to develop a crisis plan and other interventions. The Mobile Crisis team does lots of community follow up and will transport people to a first appointment. The Homeless Outreach team also does follow-up in terms of ensuring appropriate community linkages to ensure ongoing services. To date, the community-based providers have been responsive to CPEP's efforts to work collaboratively.

Frequently, people who are CPEP high-utilizers are disconnected from the mental health system. Cynthia stated that there are 71 consumers who are described as high-utilizers. 38 are receiving ACT services. The remaining 43 need ACT referrals. CPEP and Mobile Crisis team representatives work with the ACT leadership and stakeholders. They attend the monthly ACT provider and stakeholder meetings.

Steve noted that DMH is currently managing the discharges from UMC, Providence and St. Elizabeths Hospital. This includes notification of the community providers at admission, so that the discharge planning process can begin immediately.

Mobile Crisis Services Initiative with Victims Assistance.

Next, Steve asked Luis Vasquez to discuss the MCS initiative with Victims Assistance. Luis reported that historically, the MCS has been involved in providing grief and loss counseling after homicides and has worked with the High Lethality initiative.

However, as a result of the South Capital Street shootings in the spring, a formalized structure has been implemented working in conjunction with Melissa Hooks from the EOM. The MCS staff have received training from National experts about dealing with victims of homicides. Currently, DMH is working out standard operating procedures with the MPD detectives who handle homicides. Representatives from MCS will respond to homes of the next of kin after notification and will work with Victims Assistance to link victims to appropriate services. MCS team members will be debriefed to ensure that they have adequate support for self care. The protocol is based upon the Fairfax model and will include overnight on-call coverage specifically for the homicide cases. Luis expects to finalize the agreement with MPD within the next 2 weeks.

Children's Mobile Crisis Services (ChAMPS)

Steve introduced Lisa Albury of Catholic Charities, who reported on Children's Mobile Crisis Services or ChAMPS. Lisa reported that since the last meeting, FEMS met with ChAMPS staff and did a presentation. ChAMPS has collaborated with FEMS on two calls. In addition, ChAMPS has also done some outreach with SOME and has participated in the response to several youth deaths, including the drowning at Turkey Thicket. Representatives from ChAMPS have been participating in the CBI provider monthly meetings to improve coordination and collaboration. ChAMPS has also received 2 calls from CIOs.

The data report now includes referral source. Some of the school referrals involve CFSA children. A copy of the ChAMPS data report for the third quarter is attached as ***Exhibit A***.

Mobile Crisis Team

Luis presented a summary of the MCS statistics for the third quarter of FY 2010. A copy of the report (which also includes CPEP and Homeless Outreach Team data) is attached and marked as ***Exhibit B***. Luis noted that the MCS, in its second year of operation continues to see increased utilization, although more and more consumers are repeat and not new. Most responses are face-to-face. The MCS has begun to look at high utilizers of MCS services.

Luis reported that the MCS includes a psychiatrist. The psychiatrist may accompany the team to help rule out dementia or other organic diseases, as well as evaluate and prescribe immediate medications.

Homeless Outreach Program

Bob Glennon, the director of the Homeless Outreach Program (HOP) presented data for the third quarter of FY 2010. A copy of the report is attached as ***Exhibit B***. Although the team has several vacancies, the number of consumers served during the third quarter is fairly consistent with the number seen during the second quarter. The HOP made 11 ACT referrals during the third quarter compared to 8 during the first and second quarters combined. The HOP is focused on getting people into the right level of care.

The HOP is also working with the School Mental Health Program (SMHP) to work with homeless children and provide better wrap-around services. Bob will attend the next SMHP All-Staff meeting on September 17, 2010 and present on the homeless services program. The goal is to develop a protocol to work better together.

The HOP is also expanding evening coverage beginning on October 1, 2010. This will include staffing by interns, so that there are 2 to 3 people available until 9:00 pm.

Crisis Stabilization Beds

Randy Raybon reviewed the crisis stabilization bed utilization statistics. A copy of the report is attached as ***Exhibit C***. Utilization is slightly increased over FY 2009. Jordan House has higher utilization that Crossing Place, which may be due to the fact that Jordan House has a part time

nurse and easy access to the SOME medical clinics. Randy noted that they are starting to look at multiple crisis bed admissions, particularly those with 3 or more admissions during the year.

Mental Health Services Division – Same Day Services

Dr. Whitefield reported on the same day services offered at 35 K Street and Howard Road. Same day or walk-in services are provided at both locations. 35 K Street serves adults and Howard Road serves children and youth. CSOSA is currently the biggest referral source for adult referrals.

The Mental Health Services Division (MHSD) program has been serving an average of 13 adult consumers per day (ranging from a low of 9 to a high of 21) during the period from October 1, 2009 through August 31, 2010. The utilization of the Howard Road program has averaged 8.3 child consumers per week for the same period. Utilization of the Howard Road site has increased over the last three months to 9.5 child consumers per week. A copy of a handout containing the MHSD statistics for the same day services program is attached as ***Exhibit D***.

Steve Baron noted that DMH is trying to get a sense of the overall need for the same-day-services within the mental health system, so that the need can be addressed as part of the system redesign. He asked the group for suggestions about the best way to assess need.

CPEP

Cynthia Holloway, the Director of CPEP presented a summary of statistics for the third quarter. A copy of the report is attached as ***Exhibit B***. CPEP is closer to having the ability to make direct referrals for APRA services.

Cynthia noted that approximately 30% of CPEP admissions are subsequently sent to psychiatric hospitals for inpatient care. However, there has been a decrease in transfers for medical clearance because of the General Medical Officers on staff.

Meeting Schedule

The members agreed to meet again in March 2011. Anne Sturtz will send information about the next meeting date via email. There being no further business the meeting was adjourned.

Action Items and Next Steps.

1. Circulate minutes to workgroup for review.

THE NEXT MEETING HAS BEEN SCHEDULED FOR MARCH 2, 2011 FROM 10:30 AM TO 12:00 PM AT 64 NEW YORK AVENUE, NE., 4TH FLOOR TRAINING ROOM.

Exhibit A

Children and Adolescent Mobile Psychiatric Services (ChAMPS)

Summary Statistics - Third Quarter FY10

Calls	3rd Quarter		Year-to-Date	
	Number	Percent	Number	Percent
Deployable	153	49%		
Non-deployable	161	51%		
Total Calls	**313**	**38%**	**822**	
Total Deployments	**135**	**43%**	**442**	**54%**
Total Unduplicated Children Served	**102**	**76%**	**334**	

Follow-up	3rd Quarter		Year-to-Date	
	Number	Percent	Number	Percent
Face-to-Face	168	67%	452	65%
Telephone	81	33%	242	35%
Total Follow-up	**249**	**36%**	**694**	

CFSA Calls	3rd Quarter		Year-to-Date	
	Number	Percent	Number	Percent
Deployments	46	51%		
Clinical Consultation	27	30%		
Redirected Calls	2	2%		
Cancelled Calls	12	13%		
Deployment, but no intervention	2	2%		
Call back prior to close	2	2%		
Total CFSA Calls	**91**			

Call Origination	3rd Quarter		Year-to-Date	
	Number	Percent	Number	Percent
Parent(s)	59	19%	147	18%
School	133	42%	387	47%
Foster Parent(s)	20	6%	37	5%
Police	8	3%	15	2%
CFSA	31	10%	73	9%
CSA	18	6%	24	3%
Emergency Shelter	0	0%	0	0%
Extended Family	9	3%	29	4%
Other (Community)	35	11%	110	13%
Total Calls Received	**313**	**38%**	**822**	

FD12s and Acute Care	3rd Quarter		Year-to-Date	
	Number	Percent	Number	Percent
FD12s	7	5%	43	10%
Voluntary Emergency Evaluation	4	9%	42	9%
Total Hospitalizations	8	17%	59	

Placement Disruptions/Crisis Bed Use	3rd Quarter		Year-to-Date	
	Number	Percent	Number	Percent
Placement Disruptions	0	0%		
Crisis Bed Placement	1	0.7%	3	0.7%

Exhibit B

Comprehensive Psychiatric Emergency Program (CPEP)
Psychiatric ER, Mobile Crisis Services, and Homeless Outreach Program
Summary Statistics Third Quarter FY10

Psychiatric ER Summary

Admission Type				
	3rd Quarter		Year-to-Date	
Presentation	Number	Percent	Number	Percent
Voluntary	396	42.7%	1252	43.4%
FD12 (Involuntary)	463	49.9%	1469	51.0%
Voluntary Converted to FD12	11	1.2%	17	0.6%
CMOP/CMIP	28	3.0%	81	2.8%
Arrest	29	3.1%	63	2.2%
TOTAL	**927**	**100%**	**2882**	**100%**

Detailed Summary of Disposition Status				
	3rd Quarter		Year-to-Date	
Type	Number	Percent	Number	Percent
SELF-CARE	512	55.2%	1603	55.6%
*Self Care with APRA Referral**	45	4.8%	111	3.8%
PSYCH HOSPITALIZATION				
Involuntary (FD12, CMOP/CMIP, Arrest)	222	~~2.4%~~ 24.0	711	24.7%
Voluntary	40	4.3%	149	5.6%
MEDICAL HOSPITALIZATIONS				
Involuntary (FD12, CMOP/CMIP, Arrest)	11	1.2%	40	1.4%
Voluntary	6	0.6%	25	0.9%
CRISIS BEDS	10	1.1%	30	1.0%
HOMES/SUPPORTIVE HOUSING	9	1.0%	25	0.9%
OTHER	72	7.8%	188	6.5%
TOTAL	**927**	**100%**	**2882**	**100%**

*CPEP started collecting APRA Referral Information in April 2010.

Extended Observation Bed Usage				
	3rd Quarter		Year-to-Date	
Legal Status of Consumers	Number	Percent	Number	Percent
Involuntary (FD12, CMOP, CMIP, Arrest)	67	51.9%	253	61.4%
Voluntary	62	48.1%	159	38.6%
TOTAL	**129**	**100%**	**412**	**100%**

CSA Status of Admitted Consumers				
	3rd Quarter		Year-to-Date	
Status	Number	Percent	Number	Percent
Linked to CSA	601	64.8%	1862	64.6%
Not Linked to CSA	326	35.2%	1020	35.4%
TOTAL	**927**	**100%**	**2882**	**100%**

Mobile Crisis Summary

CONSUMERS SERVED	Number	%	YTD	%
1. Total consumers served (unduplicated)*:	568	100.0%	1278	100.0%
2. Consumers served with two or more distinct episodes in one month (unduplicated):	5	0.9%	21	1.6%
3. Consumers served with CPEP/PES admissions during previous fiscal year (unduplicated):	91	16.0%	343	26.8%

SERVICE ENROLLMENTS	Number	%	YTD	%
1. Total MCS service enrollments (duplicated):	573	100.0%	1593	100.0%
2. CPEP and community hospital admissions (duplicated):				
▪ Voluntarily admissions to CPEP/PES	31	5.4%	152	9.5%
▪ ***Involuntary*** admissions to CPEP/PES	70	12.2%	224	14.1%
▪ Voluntarily admissions directly to community hospital	19	3.3%	48	3.0%
▪ ***Involuntary*** admissions directly to community hospital	22	3.8%	85	5.3%
3. Mental health provider connections/re-connections (duplicated):**				
▪ Connections to new mental health provider	53	9.2%	180	11.3%
▪ Re-connections to current mental health provider	240	41.9%	697	43.8%

SERVICE RESPONSES	Number	%	YTD	%
Service Responses (duplicated):				
▪ Telephone only responses (w/consumer)***	54	9.4%	194	10.4%
▪ Face-to-face responses (w/consumer)	519	90.6%	1664	89.6%

FACE-to-FACE RESPONSES	Number	%	YTD	%
Initial place of service (duplicated):				
▪ Consumer's private residence	276	53.2%	771	46.3%
▪ Other's private residence	15	2.9%	66	4.0%
▪ Shelter or other residential facility	30	5.8%	159	9.6%
▪ CPEP (discharge)	93	17.9%	355	21.3%
▪ Hospital	28	5.4%	89	5.3%
▪ CSA	18	3.5%	43	2.6%
▪ Street	10	1.9%	38	2.3%
▪ Other	49	9.4%	143	8.6%

* Number includes consumers whose service enrollments began in previous month and were continued in current month.

** Mental health service provider connections/re-connections include connections/re-connections that occurred in the current month for enrollments that were initiated in a previous month.

*** Telephone only contacts include interactions with consumers that were resolved by phone and did not require a face-to-face intervention, and follow-up communications conducted with consumers served in previous months.

Homeless Outreach Program*

Unduplicated Consumers Served by Housing Status					
Housing Status	Family Status	3rd Quarter		Year-to-Date	
		Number	Percent	Number	Percent
Homeless	Single-Adult	299	76.7%	943	78.0%
	Family-Adult	27	6.9%	101	8.4%
	Family-Child	17	4.4%	50	4.1%
Not Homeless	Single-Adult	22	5.6%	85	7.0%
	Family-Adult	20	5.1%	23	1.9%
	Family-Child	2	0.5%	2	0.2%
Unknown	Single-Adult	3	0.8%	5	0.4%
	TOTAL	**390**	**100%**	**1209**	**100%**

Number of Consumer/Provider Contacts by Engagement Type					
	Engagement Type	3rd Quarter		Year-to-Date	
		Number	Percent	Number	Percent
Homeless	Face to Face-Consumer	525	51.2%	1748	44.2%
	Face to Face-Other (e.g., provider, family)	81	7.9%	228	5.8%
	• *Total number of contacts*		*94*		*251*
	Phone-Consumer	37	3.6%	160	4.0%
	Phone/Email Care Coord Episodes-Other	282	27.5%	1271	32.1%
	• *Total number of contacts*		*344*		*1550*
Not Homeless	Face to Face-Consumer	41	4.0%	168	4.2%
	Face to Face-Other (e.g., provider, family)	8	0.8%	28	0.7%
	• *Total number of contacts*		*6*		*31*
	Phone-Consumer	16	1.6%	67	1.7%
	Phone/Email Care Coord Episodes-Other	31	3.0%	282	7.1%
	• *Total number of contacts*		*33*		*348*
Unk	Face to Face-Consumer	2	0.2%	3	0.1%
	Phone/Email Care Coord Episodes-Other	2	0.2%	2	0.1%
	• *Total number of contacts*		*2*		*2*
	TOTAL	**1025**	**100%**	**3957**	**100%**

Services Provided All Consumers (Duplicated)				
Services Provided	3rd Quarter		Year-to-Date	
	Number	Percent	Number	Percent
Assessment	87	5.2%	274	4.8%
Benefits Assistance	21	1.2%	31	0.5%
Care Coordination	479	28.5%	2182	38.2%
Crisis Bed Placement	4	0.2%	12	0.2%
CSA Link/Relink/Enroll/Intake	51	3.0%	139	2.4%
Engagement	619	36.8%	2124	37.2%
HPRP Assessment	49	2.9%	193	3.4%
Information for Referral	157	9.3%	234	0.6%
Medication Assistance	11	0.7%	34	3.4%
Referrals to ACT	11	0.7%	19	0.3%
Screening	43	2.6%	44	0.8%
Shelter Assistance	28	1.7%	39	0.7%
Treatment Planning	17	1.0%	97	1.7%

* The Homeless Outreach Program is in the process of correcting data prior to January 2010; therefore the Year-to-Date information may change in future reports.

Services Provided All Consumers (Duplicated)				
	3rd Quarter		Year-to-Date	
Services Provided	Number	Percent	Number	Percent
Travel Voucher	13	0.8%	28	0.5%
Vulnerability Survey	29	1.7%	103	2.9%
FD12 CPEP Admissions	18	1.1%	42	0.7%
Voluntary CPEP Admissions	3	0.2%	4	0.1%
Emergency Room Admissions	2	0.1%	1	0.0%
Other (e.g., screenings, referrals, transportation)	40	2.4%	109	1.9%
TOTAL	**1682**	**100%**	**5709**	**100%**

Exhibit C

Crisis Bed Monthly Report FY 10-- Using City Council convention

Crossing Place

	October	November	December	January	February	March	April	May	June	July	August	September	Total	Total Avg.
Available Bed Days	240	240	248	248	224	248	240	248	240	248	248		2672	
Average LOS	7.7	7.1	6.9	10.3	7	6.8	6	10.4	6.9	11.3	7.5			8.0
Total Served	19	27	23	21	28	32	32	22	26	21	30		281	
Average Utilization	61%	80%	64%	87%	88%	88%	80%	92%	75%	96%	91%			82%

# per Referal Source														
CPEP	2	1	0	1	4	1	2	0	1	0	0		12	4.3%
CSA	14	23	22	19	21	31	25	21	24	20	29		249	88.6%
DMH/contract hospital	0	1	0	0	0	0	4	1	1	1	1		9	3.2%
Self/family	0	0	0	0	0	0	0	0	0	0	0		0	0.0%
Other	3	2	1	1	3	0	1	0	0	0	0		11	3.9%
Unk	0	0	0	0	0	0	0	0	0	0	0		0	0.0%

*Crossing Place was under renovation until 10-5 and only had 6 beds availble instead of 8. This may have decreased utilization for October.

Jordan House

	October	November	December	January	February	March	April	May	June	July	August	September	Total	Total Avg.
Available Bed Days	217	210	217	217	196	217	210	217	210	217	217		2345	
Average LOS	9.8	6.6	7.3	8.5	7	7.7	8.2	7.8	6.7	8.6	8.2			7.9
Total Served	21	27	28	22	24	25	22	25	20	23	26		263	
Average Utilization	95%	85%	94%	86%	86%	89%	86%	90%	64%	91%	98%			88%

# per Referal Source														
CPEP	2	3	3	2	2	3	5	7	1	8	6		42	16.0%
CSA	16	18	18	11	13	14	14	14	16	13	18		165	62.7%
DMH/contract hospital	3	1	3	3	5	4	1	0	0	0	0		20	7.6%
Self/family	0	0	0	0	0	0	0	0	0	0	0		0	0.0%
Other*	0	5	4	6	4	4	2	4	3	2	2		36	13.7%
Unk	0	0	0	0	0	0	0	0	0	0	0		0	0.0%

*The bulk of the "Other" referrals are from SOME.

FY 2010 Crisis Bed Data Through 8/31/10 using Court Monitor convention

	Total Admissions	Average LOS	Utilization Rate	Unduplicated Consumers	Individuals with 4 admissions	Individuals with 3 admissions	Individuals with 2 admissions	CSA Referrals	CPEP Referrals	DMH Referrals	Other Referrals
Crossing Place	223	9.8	81.5%	180	1	5	30	89%	4%	2%	5%
Jordan House	210	9.7	87.0%	192	0	2	14	63%	19%	4%	14%
Total	433	9.7	84.1%	372	1	7	44	77%	11%	3%	9%

Exhibit D

MHSD Same Day Service:

The Mental Health Services Division (MHSD) Same Day Service program provides walk-in urgent care out of 2 sites: 35 K Street, NE for adult services
821 Howard, SE for children and youth services.

Same Day Service Unique Beyond Standard Practice:

Standard practice same day service:
~Intake walk-in consumers it is a clinical assessment by non-psychiatrist staff.
~For walk-in consumers already with the clinic their case managers see them.
~A smaller number of these walk-in consumers see a psychiatrist that day, with the rest having a later appointment scheduled with a psychiatrist.

MHSD same day service includes the above standard practice but strives for a larger number of walk-in consumers seeing a psychiatrist the same day.
Achieved by:
~Higher psychiatrist staffing level
~Broad definition of urgent care situations needing a psychiatrist evaluation

Urgent care situations broadly defined for when a consumer sees a psychiatrist same day:
~A step below the need for a CPEP level crisis or emergency intervention.
~A small step above stable consumers with no risk for decompensation.
Stable on the day they present, but have in the short term a risk for decompensation because they are out of medication, or will run out before they can access a psychiatrist.

MHSD walk-in consumers in need of same day psychiatrist intervention fall into 4 broad categories:
~Intake consumers completely new to the DMH system or disenrolled/inactive from when in the system before.
~Intake consumers currently enrolled with a CSA but new to the MHSD, sent from a CSA to see a psychiatrist
~Subprovider consumers with previous contact with the MHSD or the DC CSA that preceded it.
~MHSD clinical home consumers.

Because of the range in the number of consumers who can present unscheduled for same day service for a psychiatrist, staffing has to be targeted to the higher side of that consumer range to have the capacity to see all the consumers who might present on a busier day.

~DATA ON INTAKE ADULT CONSUMERS AT 35 K (typically 9-21 consumers/day):

1. October 2009 to Aug 2010 Intake consumers: 2,818.
   Average consumers/month: 256 Average/week: 64 Average/day: 13
   (highest # in a month is 294 consumers)

2. Recent 3 months-June 2010 to Aug 2010 Intake consumers: 736
   Average consumers/month: 245 Average/week: 61 Average/day: 12

Averages down slightly in last 3 months but aug 2010 tied oct 2009 for busiest month: 294 consumers

Varies but approximately 80-90% of Intake consumers see a psychiatrist on the day of their intake.
Overall approximately 5-15% of Intake consumers are non-admits, 80-90% are assigned to a CSA.

Referral Sources for Intake Consumers:
~CSOSA (29%), Self-referral (17%), Correctional facilities/halfway houses (10%), CSAs staff (6%)

~Other (38%) which includes hospitals, ERs, APRA, CPEP, Access Helpline, etc.

Some self-referral are consumers enrolled with a CSA. Referrals directly from CSA staff can and should be scheduled, with the CSA sending us important clinical information such as meds, diagnoses, etc.

Staff who are full time dedicated to Intake at 35 K include 2 front desk staff and 1 AQP social worker. Multiple other staff, as a component of their overall duties, see Intake consumers.
~Nurses each have scheduled time with Intake so all new consumers have vital signs completed.
~AQPs from Multicultural and IDD/DHH also have scheduled Intake coverage time.
~The Physician Practice Group (PPG) psychiatrists provide the medication evaluations.
~Each resident of the Residents Clinic on average sees 1 intake per week.

<u>Subprovider Consumers Seen by a Psychiatrist After Intake or 2009 DC CSA Transfer:</u>

Subprovider consumer contacts after MHSD Intake and assignment to a CSA include:
~Short term the psychiatrist can continue to see the consumer for a few visits to bridge the gap until their first appointment with the CSA psychiatrist.
~Long term on an ongoing basis the psychiatrists also see consumers in a subprovider role who have chosen to receive their ongoing psychiatric care with MHSD, but their case management at another CSA.
MHSD Intake consumers.
Conumers transferred in 2009 from our predecessor, the DC CSA, to a CSA.

There are 7 PPG psychiatrists at 35 K street, and since most are part time, this translates into 3.8 FTEs (not including the Multicultural and IDD/DHH psychiatrists at 1.5 FTE)

~DATA ON % SUBPROVIDER UNDUPLICATED CONSUMERS SEEN BY 35 K PPG
1. Oct 2009 to Aug 2010 % Subprovider Unduplicated Consumers: 63% (924/1471)
   Total unduplicated consumers-1,471 Total Contacts-4,307 (392 contacts/month)
   Subprovider unduplicated consumers-924

2. Recent 3 months-June to Aug 2010 % Subprovider Undupl. Consumers: 61% (433/706)
   Total unduplicated consumers-706 Total Contacts-1,158 (386 contacts/month)
   Subprovider unduplicated consumers-433

Intake contact info: 35 K Street: 202-442-4202/4211 fax 202-727-0855.
821 Howard Rd: 202-698-2615/1838 fax 202-698-2467
If are sending a consumer please contact Intake and fax over consumer info.