

Testimony of Stephen T. Baron, Director, Department of Mental Health
Committee on Health FY 2006 Performance Oversight Hearing, David A. Catania, Chair
February 26, 2007

Good Morning, Chairperson Catania, Members of the Committee and Council staff. I am Stephen T. Baron, Director of the Department of Mental Health. I am here to present our annual report to you and the public on our performance, our goals and our vision for providing and expanding access to quality mental health services for District residents. With me are Ella Thomas, Deputy Director of Programs and Policy and Anthony Young, Deputy Director of Administrative and Fiscal services.

As you are aware, I have been director of the Department since last April. I appreciate the support you have given me as I have moved quickly to implement critical reforms. I am proud to report that we have made progress on challenges discussed with the Committee at our performance hearing last March and in subsequent status hearings and meetings.

We have submitted comprehensive written responses to questions from the Committee so today I will focus my remarks around three general themes:

- Building the Department's infrastructure and strengthening fiscal controls
- Exiting Dixon
- Improving the quality of care and expanding access to services

1. Building the infrastructure and strengthening fiscal controls

Let me quickly review for the viewing audience the history of the Department. About six years ago, the District enacted enabling legislation that established the Department of Mental Health (DMH). The department was pulled out of the Department of Human Services and the Department of Mental Health (DMH) was established as a cabinet level department. The Department of Mental Health includes:

- The Authority which oversees the provider network that serves approximately 7,000 residents, performs planning, contracting and monitoring functions and delivers services through its school based services, Comprehensive Psychiatric Emergency Program (CPEP), homeless outreach team and youth forensic evaluation services.
- The DC Community Services Agency that provides community based services to more than 6,000 residents, and
- Saint Elizabeths Hospital which provides both forensic and civil commitment inpatient services to approximately 400 individuals at any given time.

We face enormous challenges in building an infrastructure that supports our mission and in building internal systems and controls. I would like to discuss several of those challenges:

Payment to providers

We have taken several steps to reduce delays in provider payments and our goal is to issue payment for approved, clean claims within thirty days of submission. A majority of the claims in Fiscal Year 2006 have been approved and paid and we are working to resolve remaining issues.

So far in fiscal year 2007, we have received \$6,604,061.00 in unduplicated claims and we have approved or warranted the majority for payment. (\$5,150,888.00).

Claiming of Federal Medicaid Revenues

I am pleased to report that we off to a good start this fiscal year in improving our Medicaid revenue collections. With a small sample, our collections are averaging 81% compared to 62% in past years. This is a result of working closely with the Medical Assistance Administration to tighten up our billing edits so they are consistent with its claims processing system. We now have a higher level of confidence that the bills we submit will be paid, and we expect this trend to continue and improve.

Further I am placing a high level of resources and efforts into recouping Medical reimbursement for claims submitted but denied. We recently contracted with Value/Options and KPMG to work with our staff to analyze reasons for denials and correct the claims for resubmission to MAA.

Contracting Performance

I recognized that contract performance is an area that requires close attention given the enormity of the problems we had last year with contract ratifications. I appreciate the help you gave us to resolving these issues. The Department recently hired an experienced contract director and we are putting additional procedures in place to prevent a reoccurrence of the ratification problem and we are demanding strict accountability from staff.

Pay parity

An important component of building a strong infrastructure is making sure our salaries are competitive so we can attract and retain the best people. While we are an independent personnel authority, we are moving to place our employees on the District pay schedule to bring salaries in line with the rest of the government. Employees have not had pay raises in more than five years and serious pay inequities exist. In some cases, supervisors are paid less than their staff. We are working with the City Administrator and this Committee as well as looking within the Department to identify the needed funding.

2. Exiting Dixon

Connected to building our infrastructure is quickly addressing the requirements of the *Dixon* Consent Decree. We continue to work closely with the Court Monitor to meet the agreed upon performance measures. We have completed the development of performance metrics for 13 of 17 exit criteria, and I am pleased to report that we have met the performance measure for one exit criteria and we are close on several others. As the Court Monitor wrote in his last report, the process of data validation, although tedious and time consuming, has been a very cooperative one between DMH staff and the court monitor.

Successfully meeting the exit criteria will result in a stronger Department able to deliver quality mental health services to our most medically and financially needed residents. I would like to end my testimony by focusing on this final point, that is, our progress in improving the quality of care and expanding access to services.

3. Improving the quality of care and expanding access to services

Saint Elizabeths Hospital

Dr. Patrick Canavan was appointed the new CEO of Saint Elizabeths Hospital on January 2. Dr. Canavan brings strong clinical and senior management experience to the job and has already put into place a number of initiatives to improve the quality of care and foster an open, accountable environment. He has taken specific steps to improve the health care in the Treatment Mall, including better scheduling of the nursing staff and the treatment teams. Further while not an inclusive list, the hospital is revising emergency alert policy, retraining staff on the prevention and management of aggressive behavior and restraints and seclusion, and reviewing and revising protocols for patient care, including policy and protocols for dual diagnosis and substance abuse screening.

The Authority and Hospital are in the process of implementing a comprehensive discharge initiative plan that has as its goal of assisting 65 individuals to leave the hospital in a planned manner by the end of the fiscal year.

The Department has also conducted an internal investigation of the tragic death at the Hospital this past January. The investigation has already resulted in a number of changes being made and with Dr. Canavan's leadership I am confident that the quality of care will continue to improve.

Another major issue at Saint Elizabeths is the approval and construction of the new 292 bed hospital. With your leadership, the Council approved the hospital construction last November and Tompkins Builders, Inc. was awarded the construction contract of \$139.9 million. A groundbreaking ceremony in December kicked off a planned 30 month construction phase. The completion of the hospital will allow us to operate with a state of the art facility including single rooms for patients.

Comprehensive Psychiatric Emergency Program and Crisis Planning

We are also moving forward with the Comprehensive Psychiatric Emergency Program initiative. With your leadership, the Council approved the ability for us to negotiate a ground lease at Greater Southeast Hospital on which to construct a new building. The change in ownership at Greater Southeast is a complicating factor. It is unclear how quickly this will be resolved, and if needed we will be able to develop an alternative plan.

Another critical initiative is the need for a comprehensive community-based crisis system. We have established a work group to review the current system for delivering crisis/emergency services, to review other models for delivery of services and financing models, and to develop a comprehensive plan for the delivery of such services in the District. We have an aggressive schedule with a draft plan due in June.

Child and Family Services Administration

We continue to focus on building the children's mental health services infrastructure for youth in the care and custody of CFSA. In collaboration with CFSA we have taken the following action steps:

- Issue a Request for Information (RFI) by March 30 for a dedicated network of 3-5 mental health providers to meet the service needs of CFSA clients/parents with implementation targeted for June 1
- Increase the number of children eligible for community and home based interventions
- Start earlier intervention and provide better crisis intervention and community alternative wraparound services.

Co-Occurring Mental Health and Substance Abuse Disorders

The staff of the Co-occurring State Infrastructure Grant (COSIG) has worked with DMH and APRA providers to improve services to persons with co-occurring mental illness and substance abuse. Now all persons presenting for either service at APRA's Rapid Intake Center and all the large CSAs are screened for both problems.

In addition, a 100 hour course on assessment, engagement and treatment of persons with co-occurring illnesses is training providers from APRA, CSAs and Saint Elizabeths. A second course will be offered this spring and additional courses will be offered in the fall. Graduates of these courses will be competent to serve persons with both mental illness and substance abuse. Work is underway to develop structure in agencies to identify those agencies that are competent to serve these persons.

There is greater cooperation between APRA's Detoxification center and CPEP. Although these programs are at the same site on Reservation 13, there was a disconnect of services. Now there are regular meetings and trainings taking place, and referrals are being tracked to ensure that the client is receiving appropriate services.

This past January the majority of patients at Saint Elizabeths Hospital were screened for substance abuse. Initially 40% of the patients tested positively for substance abuse disorder. Since patients reviewed included geriatric and both long and short patients, we are further reviewing the data to see if the prevalence is higher among certain subgroups. Currently, screening all new admissions to Saint Elizabeths for co-occurring substance abuse has become a routine part of assessments. In addition, focused staff training and active treatment programs are underway at the Hospital to serve this population.

Mr. Chairman, we are making progress on several key challenges that we face and are focusing activity and resources on remaining priorities. Through these and other efforts of both the Department and our partners in the provider community there are District residents who are receiving treatment for a serious mental illness, are in the process of their recovery, are moving into independent housing, obtaining employment, and are receiving cultural and linguistically appropriate services and community supports. It will take concerted effort to meet the level of performance that will make this Department a model for mental health service delivery. That is our vision and we are committed to reaching it.

This concludes my testimony and I and my staff are ready to answer any questions.

Thank you.