

Testimony of Stephen T. Baron, Director of the Department of Mental Health
Committee on Health FY 2007 and 2008 Performance Oversight Hearing
David A. Catania, Chair
February 20, 2008

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 report to you and the public on our performance since October 1, 2006.

I would like to give a quick overview of the Department and available services for the television audience. I want to give out a telephone number where you can call for help or to get information about available mental health services. The number is 1.888.793.4357. It's our Access Help Line. You can call this number—any time, day or night to get immediate help and ongoing mental health services from an appropriate private, community- based agency or from the DC Community Services Agency which is operated by the Department of Mental Health.

The Department of Mental Health is responsible for the District's public mental health system. A system that serves about 13,000 people. Our goal is to ensure that eligible residents of all ages have easy access to a range of mental health services—from emergency help to ongoing treatment and support.

Our provider network provides a full range of community based treatment and support services to individuals on Medicaid and to the uninsured. DC CSA serves by far the largest number of uninsured individuals in the public system. Saint Elizabeths Hospital, our state psychiatric hospital, provides in patient care to 420 individuals of whom about 200 are court referred.

We have provided comprehensive response to the Committee's questions before this hearing so my testimony today will focus on the strategic direction of the Department and operational efficiencies that we have put in place. The senior directors who are here with me will give an update on new program initiatives and we are all available to answer questions. Let me introduce them now: Ms. Juanita Price, CEO of the DC Community Services Agency, Dr. Barbara Bazron, Deputy Director of Programs and Policy, and Dr. Patrick Canavan, CEO of Saint Elizabeths Hospital.

During my first year, the Department was focused on building internal system and controls. You are well aware of the problems we faced with timely payment to providers, proper Medicaid revenue collections and contracting performance. After making significant progress in those areas, we have been able to turn our attention to:

- Identifying gaps in service and expanding services to targeted populations
- Interagency collaborations
- Continuing operational improvements, and
- Strengthening compliance and accountability

I will provide a brief overview of our accomplishments in a number of these areas and our other presenters will provide further elaboration. These new initiatives are representative of our major activities made possible by Mayor Fenty's leadership and support for necessary funding in our budget.

Identifying gaps in services and expanding services

One of the major weaknesses of our current system of care is the lack of coordinated crisis emergency services and crisis prevention. I am very excited to report that we are now recruiting for a director of our new mobile crisis services, and we intend to have at least one crisis team on the streets this spring. Our goal is to be able to divert individuals from unnecessary hospitalizations or incarcerations. We are working very closely with the City Administrator's office to implement this initiative.

As part of our plan to improve the range of crisis psychiatric services we are adding eight new 72-hour extended observation beds at the Comprehensive Psychiatric Emergency Program (CPEP) our emergency care facility. This will allow more intensive on site psychiatric stabilization and hopefully avoid in a number of cases unnecessary admissions for inpatient care. We expect the renovation of the facility to be completed within eight months. We are thankful to the Committee for your strong support to making the needed changes at CPEP.

Working with the judges and the Office of the Attorney General, we have identified a need to better serve individuals who have contact with the judicial system. We expect to have a clinic on site at the Superior Court within the next few months. The service initially will be targeted to individuals brought before the Misdemeanor and Traffic Court which has a high percentage of homeless individuals. We have had discussions with APRA to make sure our services are coordinated as they have expanded services at the Court as well.

We are building a system that is choice-driven, but another gap in the current system is the lack of consumer operated and led services. I am very pleased that the selection of provider for the new peer operated Consumer Wellness Center will be made within the next several weeks.

Accessing available affordable housing continues to be one of the biggest challenges facing consumers. We are aware that there is still a tremendous need. That's why we are excited about our new partnership with the Department of Housing and Community Development which transfers \$14 million of our capital dollars to fund the creation or renovation of 300 housing units over a two year period for individuals with a mental illness. Already, DHCD has funded two projects with a total of 31 units.

To be better able to respond to the needs of individuals who are homeless and have a mental illness, we increased our homeless outreach team by six people last fiscal year. We are on pace to nearly triple the number served last fiscal year. (During Fiscal Year 2007, 486 homeless adults were served and during the first quarter of this fiscal year, we have already served 326). To further extend our outreach, mental health services are provided onsite at the Franklin Homeless Shelter, and we have hired an outreach worker to focus on homeless children

There are a significant number of individuals seen in primary health care settings with untreated mental health issues primarily undiagnosed depressive and anxiety disorders and post traumatic

stress. The Department recently established a relationship with Georgetown University's Department of Psychiatry, Mathematical Research Policy, the DC Primary Care Association and several primary health care centers to seek a planning grant to develop models of delivering mental health services in the primary health care environment.

Interagency Collaborations

The Department has a strong commitment to collaborating with other District agencies that provide services to individuals with a mental illness. Dr. Bazron will be expanding on this in her presentation but I want to draw attention to our strong relationships with many of the District agencies. We are actively involved in a number of joint efforts with a number of other agencies, particularly with Child and Family Services Administration/Agency (or CFSA) and the Public Schools.

We continue to focus on building the children's mental health services infrastructure for youth in the care and custody of CFSA and we are working together on three exciting new initiatives.

With the Mayor's support and your support, our school mental health program continues to grow—bringing the total number to 48. Last fiscal year, more than 7,000 students were involved in program activities.

Operational Improvements

We continue to evaluate our internal operations for efficiencies and to strengthen our program support. I created the position of Chief of Administrative Operations to oversee certain administrative support areas. Let me introduce Michael Neff who joined us about one month ago. His first task is to conduct a comprehensive operational review starting on March of 2008 to streamline functions.

But even before that review begins, I want to report that we have made improvements in the area of contracting and procurement which was an area of concern in past years. We have put contracts in place through the use of open and full competition and trained 60 program staff to monitor contracts and evaluate performance.

For Fiscal Year 2007, the providers have been paid for all invoices which total approximately \$34.6 million dollars. We are on track to close out all FY 2007 claims by March 31 and expect the payments to slightly increase.

Last November, we migrated provider payment to the Medicaid Assistance Administration in the Department of Health with the goal of expediting payments, improving remittance reporting to providers and eliminating chasing after the federal Medicaid portion. Though we got off to a good start, we encountered a technical problem in January which held up payments. We stayed in close communication with the providers and believe this issue is resolved since later submissions have been successfully processed and we expect payments to be made later this week or early next week. There is a smaller claims issue related to specific billing codes that we are working with Medicaid to resolve.

During Fiscal Year 2007, we were able to recover approximately \$11.6 million dollars in revenue uncollected in prior years, and we collected all of our projected Medicaid revenue for Fiscal year 2006. This is the first time that the Department has met its Medicaid revenue goal.

Strengthening Compliance and Accountability

We have implemented a comprehensive Compliance Program during 2007 that includes the adoption of a precise, valid sampling methodology, the development of a new audit tool, and a defined process for recoupment and repayment relative to failed claims.

Progress with Reforming Saint Elizabeths Hospital

The new leadership team at the Hospital, under the direction of Dr. Canavan, has made significant improvements in treatment, staffing and training in best practices. Fundamental changes take longer than any of us would like, but, we are confident that we are on the right path to provide quality patient care.

We are on track to replace the 150 year old Hospital with a state-of-the-art facility in late 2009. The new hospital incorporates the best practices in modern, in patient mental health care with an environmentally sensitive design and sustainable strategies. We are very proud that the new hospital will have what is likely the largest green roof on any psychiatric facility in the country.

As you know, we are building a hospital with fewer beds. We worked with community providers to create opportunities for over 155 long term patients to leave the hospital—the vast majority of whom are doing well in the community. However, during the same time, the census of the hospital went up because new admissions increased. If we are to maintain the Hospital at a lower census we must increase the acute care capacity for involuntary patients in general hospitals. We are in serious discussions with at least two new hospitals and are hopeful that we can attract others. In addition, we anticipate that a revitalized Greater Southeast Hospital will play an important role for the Department.

Progress with Exiting Dixon

I want to end my testimony with reporting on our progress in meeting the Dixon Exit Criteria. I believe the end is in sight. You heard from the Court Monitor earlier today. Under the terms of the lawsuit dating back to 1974, the U.S. Court evaluates our progress in meeting 19 defined performance measures—called the “Dixon Exit Criteria.”

We have achieved two of the Exit Criteria #12 and #19—provision of atypical medications to persons with diagnosis of schizophrenia and collection of Medicaid revenue. We expect to meet four additional ones by July and another three by December. This would put us half way there by the end of the year. Exiting Dixon is an important indicator of our progress, but more importantly we are directing our efforts to establish the most responsive public mental health system possible. This concludes my testimony and now each of the Directors will speak briefly about their key accomplishments and new initiatives.

Thank you.