

**Testimony of Stephen T. Baron, Director of the Department of Mental Health
Committee on Health FY 2008 Performance Oversight Hearing on February 19, 2009
Councilmember David A. Catania, Chair**

Good Morning, Chairperson Catania, Members of the Committee and Council staff. I am Steve Baron, Director of the Department of Mental Health. I am here to report to you and the public on our performance during Fiscal Year 2008.

The Department of Mental Health is responsible for the District's public mental health system. 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. About 13,000 adults and children now receive services. We have programs in 58 public schools including public charter schools, and provide services for residents with limited English and for those who are deaf or hearing impaired. We also operate Saint Elizabeths Hospital, our state psychiatric hospital, which provides in patient care to about 395 individuals—about half of whom are court ordered.

We have provided responses to the Committee's questions before this hearing so my testimony today will focus on the strategic direction of the Department and highlight certain accomplishments and challenges.

Last year was a period of significant change at the Department as we work to improve access to care and expand the range of services. You already have heard today about the change taking place at the DC Community Services Agency which I will talk about that in more detail but first, I would like to briefly talk about other improvements that represent Mayor Fenty's leadership

and support to build a more robust, accountable public mental health system. At our last performance oversight hearing a year ago, we talked about a number of initiatives that were in the planning stages and now I am pleased to report that they in place and delivering new and important services to District residents with a mental illness. .

Emergency Services

Last February, I identified the lack of mobile emergency services as a major weakness of our system of care. This has changed. We now have mobile crisis services for adults and children and an expanded Comprehensive Psychiatric Emergency Program (CPEP)—the Department’s emergency psychiatric services.

The adult mobile crisis teams responds to individuals, anywhere in the District, experiencing a psychiatric crisis. The service provides psychiatric stabilization with the goal of resolving the situation in the most appropriate setting while diverting people from unnecessary hospitalizations, incarcerations or periods of homelessness. Since October, the teams have had 880 contacts, with more than half during January. They have developed valuable relationships and been responsive on many occasions to MPD, Fire and Emergency Medical Services and the Mayor’s office. This is a growing, valuable and much needed service now available to District residents.

The new emergency mobile crisis service for children and youth called ChAMPS is run by Catholic Charities. During the first half of February referrals and response calls have doubled from the previous three months to almost 4-5calls /day. We are seeing an increasing number of calls from CFSA foster families and workers just what the service was intended to do. Both the

adult and child crisis service can be reached by calling our 24 hour Access Helpline at 1-888-793-4357.

The adult mobile crisis services teams are part of CPEP and housed in the newly renovated emergency care facility located on the grounds of the old DC General Hospital. The renovation has made a huge difference in our ability to provide good, quality services and we appreciate the strong support from the Committee in this area. Eight new 72-hour extended observation beds were added allowing for more intensive on site psychiatric stabilization and, hopefully, avoid admissions for inpatient care.

Urgent Care Clinic

Working with the judges and the Office of the Attorney General, we identified a need to better reach people who have contact with the judicial system who may need our services. As a result, an Urgent Care Clinic opened last June on the first floor of DC Superior Court. This is unique, having a mental health clinic located directly in the courthouse. The Clinic treats people on a walk in basis who are referred by the judges—primarily from misdemeanor and traffic court which has a high percentage of homeless individuals—who need psychiatric services.

Since its opening in June, 244 people have been seen at the Urgent Care Clinic—30% or 73 of whom are homeless. The Clinic provides a full range of mental health services.

Consumer Wellness Center

As you know the new the new Ida Mae Campbell Wellness & Resource Center opened last summer and the word is spreading. So far more than 800 individuals have used the Wellness Center, participating in a range of employment, social and recreation programs. This is a great

example of peer support and is filling a much desired and needed option for individuals with a mental illness.

Providing Affordable Housing

With Mayor Fenty's leadership, the District is at the forefront of providing affordable housing for individuals with mental illness. As a result of our partnership with the Department of Housing and Community Development, we transferred \$14 million dollars to support the development of 300 new affordable housing units. We are pleased that the first ten new housing units will be ready for occupancy at the end of next month and another 210 units will come on line during the spring and summer. Some of our partners are Open Arms Housing, Woodley House, Phyllis Wheatley YWCA and SOME (So Others Might Eat).

In addition, we provide housing subsidies to close to 750 individuals, supported independent living opportunities to another 461 individuals as well as on site 24 hour group home living to 220 individuals. Affordable housing however, remains at the top of the list for mental health consumers and the waiting list is still more than 500 for subsidized housing.

Operational Improvements

After a few initial setbacks, the migration of provider payment to the Department of Health Care Finance is complete and we are on track to close out all FY 2008 claims by March 31, 2009.

Through January 2009, we have recovered approximately \$8.8 million dollars in revenue that was uncollected in prior years. This represents almost 92% of what we had expected to receive by correcting and resubmitting denied claims. This work is not done as we are now reworking

another approximately \$1.2 million in denied claims for fiscal year 2007. Once these claims for FY'07 are closed out, we will meet our Medicaid revenue goal for the third consecutive year as we have cleared all the outstanding receivables for Fiscal Years 2005 and 2006.

Strengthening Compliance and Accountability

A critical role for a state mental health authority is to provide ongoing monitoring and oversight of the service system. Our Office of Accountability provides this comprehensive accountability for the District's system as they are responsible for monitoring and oversight. Highlights of their activities include:

- Regularly conducting Quality Review audits of the providers which ensures that treatment plans are current and that the services meet Medicaid requirements.
- Monitoring of all community residential facilities which has led to the revocation of a license because of concerns about consumer safety.
- Conducting monthly chart reviews for Saint Elizabeths' patients who have concurrent medical diagnoses and to provide summary reports to the Hospital for needed improvements.
- Establishing a Compliance Hotline (1-800-345-5564) to allow an easy and confidential way for employees to report suspected improper conduct without fear of retaliation. The number is posted on our website.

In addition, they are establishing a Provider Scorecard along with a scoring methodology that rates providers on quality of care and services, internal financial controls and compliance with District and federal regulations. Scores will be posted on our website for the year ending in FY 2010.

These activities support our state mental health functions and only ensure that the provider network is adequately monitored, provided feedback and trained so that DC residents receive services within a well regulated system.

Progress with Reforming Saint Elizabeths Hospital

The Hospital, under the direction of Dr. Patrick Canavan, has made significant improvements in treatment, staffing and training in best practices. We have filled key leadership positions including the Medical Director, Chief Nurse Executive, Training Director and the Director of Performance Improvement and made significant progress in hiring more clinical staff, especially nurses.

Saint Elizabeths continues to implement provisions of the Agreement with the Department of Justice and has made significant gains in key administrative areas, including better training, implementing a new incident management system, implementing phase one of a new Electronic Medical Records system and publishing a bi-monthly trend analysis to allow better monitoring and focused improvements. The challenge now is to translate these changes into the improved clinical practice essential to satisfy most of the Agreement's requirements. Progress has been made since the Department of Justice visit last September and the Hospital expects that some of the indicators that were rated as "noncompliance" to move "partial compliance" by the next visit in late March.

The Hospital has begun to make impressive progress in reducing and managing its overtime costs. Since the first pay period in January, overtime costs have been reduced by 48% or close to \$120,000 (from \$246,000 to \$128,000).

The new state-of-the-art psychiatric hospital is now 87% complete and we expect to move patients in the spring of next year. The new facility will incorporate the best practices in modern, in patient mental health care with an environmentally sensitive design including what we believe is the largest green roof on any psychiatric facility in the country.

As you know, the new hospital has 292 beds and we have a responsible strategy in place to reduce the census at Saint Elizabeths. Our biggest challenge is on the civil side of the hospital and we have initiated a two pronged approach to address this issue. First, we have increased the community acute care capacity for involuntary patients to 44 beds. This is consistent with our goal to reduce Saint Elizabeths as an acute care provider and move it to the more traditional state hospital role of providing tertiary care. We are extremely pleased with our community based hospitals partners of United Medical Hospital, Providence Hospital and the Psychiatric Institute of Washington. United Medical has been taking about 50% of all acute care involuntary admissions.

Along with this front door strategy, we have established new initiatives to address the needs of almost 60 Saint Elizabeths Hospital patients identified with barriers to their being discharge. These efforts include a new integrated care initiative for 30-36 long term patients; working with the Office on Aging to transfer individuals in need of nursing home care to nursing homes, and,

working with the Department of Disability Services (DDS) to provide community services to between 5-9 DDS clients whose needs can be best met in the community under DDS's supervision.

Progress with Exiting *Dixon*

All of the actions that I have described are designed to build a more robust mental health system and are moving us closer to exiting *Dixon*. The Court Monitor testified earlier today that he has moved six of the 19 Exit Criteria to inactive status. Each of the remaining exit criteria have an assigned a staff member responsible for meeting the exit criteria. Anne Sturtz serves as the Department's lead on overseeing all of the *Dixon* activities and has done a tremendous job. As you know, I had hoped to add 3 additional exit criteria by this time. But, without being overly optimistic, I believe we will meet at least an additional seven (7) Exit Criteria this year. Those criteria are listed in my written testimony and I am ready to answer any questions about this.:

- Exit Criterion 1 – Consumer satisfaction
- Exit Criterion 2 – Consumer functioning methods
- Exit Criterion 5 – Services to Children and Youth
- Exit Criterion 6 – Services to Children and Youth with Serious Emotional Disturbance
- Exit Criterion 7 – Services to Adults
- Exit Criterion 14 – Services to Children and Youth in Natural Settings
- Exit Criterion 15 – Services to Children in Own or Surrogate Homes

DC Community Services Agency

I would like to spend the rest of my testimony talking about the DC Community Services Agency. We recognize that this transition means real changes for consumers, providers, and DC CSA employees and it presents real challenges. But while there are challenges to doing this, we believe there are also enormous benefits. These benefits include defining DMH's role as a state mental health authority, creating a provider network which operates under the same rules and conditions for all providers, and expanding the range of services and those eligible to receive services. Our first task is to ensure that the transition works for the current DC CSA consumers. To ensure that we maintain the proper focus and leadership, I have assigned a senior deputy, Dr. Barbara Bazron, to lead the transition.

Much has been said about the local providers willingness and ability to provide services to individuals who were previously served by the DC CSA. I want to emphasize that we are transitioning individuals to a strong network of providers with long histories in the District and missions dedicated to serving individuals with complicated and frequently debilitating psychiatric illnesses. These are providers with long track records and is not a move to providers who are unfamiliar or unwilling to serve the population most in need.

We are planning the transition at a pace that will allow us to work with every DC CSA consumer to assure that they continue receiving quality mental health services. The Mayor and the Department are committed to continue serving every single client currently being served through the DC CSA. Every consumer will be able to choose a new provider, and will have multiple opportunities to meet the providers, visit their facilities and choose the one that best fits their needs.

I want to highlight three areas of the transition.

- 1) We have developed a voucher system that provides start up funds to the provider with the funds controlled by the consumer. Funds are released when a consumer chooses a new provider and are paid out over a three month period to incentivize outreach and follow up by the provider, if necessary.
- 2) We are establishing twelve teams of two (comprised of DC CSA staff and a peer support worker) to work with consumers during the transition to help them select a new provider and to make sure that the linkage takes place.
- 3) We hope to maintain current DC CSA physicians as District employed personnel. There are a number of current DC CSA consumers whose primary or sole relationship is with the physician and we are hoping that a number of these individuals will not even need to be transitioned if they can continue with their current psychiatrist. In addition, we are planning as much as possible for consumers to stay with their current psychiatrist even if they are transitioned to a new provider for other services.

We are making every effort to identify job opportunities for employees who will be displaced by the transition and several have been hired in other positions within the Department. We are arranging job counseling, job readiness workshops and have already begun holding employee fairs.

Let me take a moment to repeat that this transition is the first step of a plan to make the District's mental health system stronger, more responsive more accessible and better able to serve more District residents.

Councilmember Catania. This concludes my testimony and I am ready to answer any questions.

I will ask Dr. Barbara Bazron, Deputy Director of Programs and Policy, and Dr. Patrick Canavan, the CEO of Saint Elizabeths Hospital to join me.

Thank you.