

Creating A New Mental Health Service Delivery System for Our City

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# DMH Establishes New Services for Children and Families Involved with Child Welfare

The D.C. Department of Mental Health (DMH) has established three new contracts to provide specialized mental health services to children, teens, and families involved with the local public child protective system. All three services became available January 24, 2005. In FY04, Congress appropriated \$3.9 million to DMH to expand capacity to assess the mental health needs of District foster children and provide prompt, quality mental health services to local child welfare clients. DMH has used a significant portion of this appropriation to establish these new services.

"With this appropriation, we are bringing services that work to the District's children and families with the most compelling need," said DMH Director Martha B. Knisley. "These are inhome services to stabilize families in crisis and stay with them after the initial crisis has passed. These are 24/7 therapists who work where children live to keep the family intact, where feasible. These services redefine 'support' and take it to a higher level."

"We've needed an expanded range of mental health treatment options for a long time," said Brenda Donald Walker, director of the D.C. Child and Family Services Agency (CFSA). In 2005, this pilot project will provide the following new services.

Multi-systemic Therapy (MST) will allow CFSA to refer 96 youths, ages 10 to 17, with serious emotional or behavioral issues for intensive counseling for up to six months. Qualified, experienced therapists will visit the children several times where they live, whether at home, in foster homes, or in local group homes. Therapists will also be on call around the clock in case of emergencies involving their clients.

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## Message from Martha B. Knisley, Director

#### St. Elizabeths Hospital 150 Years Old

It's hard to believe but St. Elizabeths Hospital will celebrate its 150th anniversary this March. Thanks to the sponsorship of the **St. Elizabeths Hospital Medical Society** and the **American Psychiatric Association**, we're planning some exciting activities that will reflect its significant contributions to psychiatric medicine.

#### DMH Assessing Youth Detained by MPD

A new program staffed by DMH at the Youth Service Center on Mt. Olivet Road, NE will provide a mental health screening for each youth detained by the Metropolitan Police Department (MPD). The purpose of the screening is to assist in the identification of youth with mental health needs and to ensure they receive the appropriate services. The specific details of the assessments will remain confidential.

#### New Chief of Staff

Yes, it's a new year with some old faces in new places. **Marcia Jones**, former Deputy Director of Accountability, was recently appointed to serve as my **Chief of Staff**. We are delighted to have Ms. Jones rejoin our staff and contribute her wealth of experience to DMH.



#### St. Elizabeths Hospital Celebrates 150 Years

St. Elizabeths Hospital is celebrating its 150<sup>th</sup> Anniversary in 2005. The kick-off ceremony will be held Tuesday, March 1, in the hospital's chapel at noon.

Anniversary chairperson Evone Butler, St. Elizabeths Hospital, said that the kick-off will feature the championship Ballou High School Marching Band, celebrate the accomplishments in mental health, honor current employees and include remarks from DMH Director Knisley, St. Elizabeths Hospital CEO Joy Holland, and DC Community Services Agency CEO Juanita Price.

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<u>Continued from page 1</u> DMH and CFSA— Building a System of Care

This service will focus on preventing older children and teens from entering residential treatment and allowing others to return from residential treatment to less restrictive, more family-like settings.

- Intensive Home- and Community-Based Services (IHCBS) will allow CFSA to refer up to 90 families to receive in-home mental health counseling in 2005. Qualified, experienced counselors will work with parents and children in their homes several times a week. This service is designed to help families resolve serious issues and prevent removal of children from the home.
- Mobile Response and Stabilization Services (MRSS) will allow parents, foster and adoptive parents, kinship caregivers, and group care providers to access emergency assistance from qualified professionals for children and youth, ages 5 to 21, displaying extreme behavior but not requiring hospitalization. Professionals can stay on site to provide emergency response for up to 72 hours. On a case-by-case basis, they can also develop eight-week stabilization plans. This service is designed to help reduce placement disruptions for children and teens with emotional and behavioral issues. Caregivers of children and youth involved with the District child welfare system can reach this service through DMH's 24-hour Access HelpLine.

While the capacity of these services is initially limited, they mark the beginning of a more comprehensive and nuanced approach to meeting the mental health needs of children, youth, and families involved with the local public child protective system. Among many benefits, these services will:

- Expand the local single system of care, through which DMH will administer all public mental health services.
- Build capacity to serve foster children and youth, their families, and other caregivers promptly.
- Offer quality treatment based on methods shown to be effective in meeting the needs of children and families involved with the child welfare system.

#### Mayor Presents 10-Year Strategy to End Homelessness

Mayor Anthony A. Williams recently released the final draft of his plan to end homelessness by 2014, "Homeless No More."

The plan incorporated the recommendations of a broad spectrum of city and business leaders, homeless service providers and advocates, philanthropic partners and homeless individuals themselves. "Homeless No More" is based on three long-term policies to end homelessness: increasing homeless prevention efforts using local and federal resources; developing and/or subsidizing at least 6,000 new units of affordable, supportive permanent housing by 2014; and, actively coordinating mainstream social services for homeless individuals with federally and locally funded "Continuum of Care" programs.

Mayor Williams also announced that the Gales School, located in NW, will be renovated and used as a Homeless Assistance Center for men. After an environmental assessment of the school is completed in late February, the city will announce the projected opening date.

#### **DMH Early Out**

The Department of Mental Health announced an Early Out for the period February 6, 2005 through April 2, 2005. To be eligible for voluntary early retirement under the Civil Service Retirement System (CSRS), an employee must have been continuously employed by the District of Columbia government since at least September 28, 2004 and meet one of the following minimum age and service requirements: 50 years of age and 20 years of creditable service; or any age and 25 years of creditable service.

For retirement counseling, call 673-7522 and speak with an Human Resource Specialist.

## **Peer Recovery Specialists Continue Their Training**

Preparing the 12 new Peer Recovery Specialists for the workforce is phase two of the training initiative to teach consumers skills involving daily living, treatment, education and advocacy. On February 17, 2005, the specialists will participate in an employment preparation forum as part of the Work Adjustment Training Program.

"The beauty of the training program is that it will prepare consumers for the application process with any prospective employer," said Sharon White, Office of Consumer and Family Affairs Grievance Advocate. She explained that the goal is to "teach consumers how to approach potential employers." Ms. White added that consumers will learn the fundamentals of resume writing and interviewing skills and they will be given information on Social Security income, housing, and how to complete a job application.

The employment preparation program for Peer Recovery Specialists is a collaborative effort between the MHA Office of Consumer and Family Affairs and Stephen Baker, DMH Employment Specialist. Upon completion, DMH will sponsor a job fair in March in coordination with the DC Department of Employment Services, Goodwill, MHRS providers and other prospective employers.

## Social Security Increase

Effective January 1, 2005, the Social Security Administration announced that Social Security Income (SSI) beneficiaries will receive a 2.7 percent Cost of Living Adjustment (COLA) for 2005. Additionally, the state supplement has been increased by \$40 per month for individuals and couples. As a result of the increases, Mental Health Community Residence Facility (MHCRF) providers have received a \$35 (\$15 for the COLA and \$20 from the state supplement increase) monthly increase for each consumer residing in licensed MHCRFs. Consumers residing in these facilities have received a \$20 monthly increase for personal needs allowance. The monthly CRF rate has been established by DMH at \$836 and the monthly Personal Needs Allowance for consumers is now \$90.

#### CHECK WWW.DMH.DC.GOV FOR DMH POLICIES, PROCE-DURES, AND RULES



procedures, and rules now are posted on the Department's Web site – www.dmh. dc.gov -- to allow easy access for consumers, providers and other

DMH policies,

stakeholders interested in learning what governs DMH operations and service delivery. These documents may be read or printed by selecting and clicking on DMH Policies or DMH Rules, then going to the specific item. For more information, contact the DMH Policy Support Division, 64 New York Avenue, NE, 4th Floor, Washington, DC, 20002, Phone: (202) 673-7757, Fax: (202) 671-3225, Hours of Operation: 8:30 am to 5:00 pm Monday-Friday.

# What's Up DMH?



Jocelyn Ekpo, Provider Relations, and Joyce White, DC CINGS, provided information and resources to staff of the Office of the Attorney General, Neighborhood & Victim Services on January 14.

The DMH Training Institute and DC CINGS provided training on "Practical Strategies for Today's Difficult Child/ Adolescent", on January 13-14. Approximately 200 individuals attended the training. Dr. Olga Acosta and School Mental Health Program staff; Dr. Juan Lovelace, DMH Training Coordinator; and Joyce White, DC CINGS Training Coordinator, provided organizational development expertise.

Martha B. Knisley, Director; Lois Calhoun, MHA Adult Services Division; Yvonne Smith, MHA Office of Consumer and Family Affairs; Anthony Ng, MD, Comprehensive Psychiatric Emergency Program; and Jesse Price, DMH Peer Recovery Specialist, participated in the American Association of Community Psychiatrists winter meeting on January 22.

**Jocelyn Ekpo**, participated in the "Fight Back" program in Ward 1 on January 25.

**Sondra Petty, St. Elizabeths Hospital**, represented DMH during the Ward 8 "Fight Back" activity on January 27.

LaSean Atkinson, MHA; Harriet Crawley, Wilma Harvey, and Inez Scope, DC CINGS; Gina Douglas and Linda Grant, Public Affairs; John Graham and Patricia Morris, DCCSA; Patricia Thompson, MHA Accountability, represented DMH at the 12th Annual NBC4 Health and Fitness Expo on January 29 –30.

Lois Calhoun; Jewel Braxton and Beverly Smith, DC CINGS; and Gina Douglas, participated in the DC Re-Entry Open House on January 31.



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Karen Jones is a 12-year-old African American female student in the sixth grade. She is the oldest of four children. One of her younger brothers also attends the same school. She was referred to the School Mental Health (SMH) program by the school's administration due to concerns about grief and loss. Karen's mother died suddenly from complications she experienced in labor and delivery. Her baby brother was successfully delivered and pronounced healthy

by the doctors. When Karen's caregiver contacted the school, she was told that when the children returned to school they could immediately go into grief counseling with the SMH social worker.

At the time of referral, Karen had a history of performing below basic levels in all academic areas. Her teacher questioned why she had even been promoted to the fourth grade. She had great difficulty with spelling, reading and math. She did not complete homework assignments regularly, study for tests or complete projects as instructed. She is very shy and interacted with only a few of her peers. She was in danger of being retained due to concerns about her ability to perform in the sixth grade.

Karen participated in a weekly grief group at the school with the SMH clinician. Karen was not only grieving the loss of her mother, her loss history included two other family members. The clinician used art, puppets, and games to provide ways for children to express their feelings.

The SMH clinician also served on the Teacher Assistance Team (TAT). This forum provides an opportunity for the clinician and the school staff to work collaboratively to assess the child and create a list of interventions to support students who are having difficulty in school.

The plan for Karen involved continuing grief and loss group, daily behavior logs to monitor class participation/performance and assigning a study buddy to assist her with organizing/completing class work. The SMH clinician also provided ongoing parent and teacher consultation. The team also was able to negotiate a slot for Karen and her sister in the after care program. This would provide an opportunity for Karen to receive assistance with assignments after school and to interact with her peers.

In the words of Karen's current teacher, she has "blossomed" this year, improving socially and academically. Karen has progressed from below grade level to on grade level in all subjects. She improved her average from an F to a C, and she even met her teacher at school during spring break to work on a project. Karen interacts more with her peers at lunch and in the small work group session in class. She no longer is a shy student.

Karen's behavior change has also been observed in the grief group. She openly talks about her feelings related to her mother's death and volunteers to assist with clean-up. Her caregiver reports that she does not know what happens in grief group but that Karen is very happy when she comes home.

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#### Continued from page 1 St. Elizabeths Hospital's 150th Anniversary

March is a very significant month for the hospital because March 3, 1855 is the date the law, written by Dorothea Dix, was passed by Congress, thus giving the Government Hospital for the Insane (now St. Elizabeths Hospital) the authority to admit patients was passed by Congress.

A highlight of the year long celebration will be a two-day educational symposium, "*The Role of the Public Mental Health Hospital in the 21st Century,*" to be held Thursday and Friday, May 5 and 6, at the Washington Convention Center. Nationally-known speakers will discuss both contemporary mental health issues and St. Elizabeths Hospital's rich history. Also, there will be a Civil War living history on Saturday and Sunday, June 11 and 12.

#### 150th Anniversary Committee

Committee Chairperson Evone Butler, St. Elizabeths Hospital is very interested in hear-

ing from DMH staff who would like to help on the committee. Ms. Butler can be reached on 202-645-8647.



An article published in the winter 2005 edition of Psychiatric Rehabilitation Journal, *Moving Beyond Ward Based Treatment: A Public Mental Health Hospital's Transition to a Treatment Mall*, provides information on the advances in mental health treatment. The article was written by **St. Elizabeths Hospital staff members; Joy Holland, Clotilde Vidoni-Clark, Jogues Prandoni, Michael Fain, and E. Jacqueline Richardson.**