IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

WILLIAM DIXON, *et al*.,	
Plaintiffs,	
v.	Civil Action No. 74-285 (TFH)
	Next Scheduled Event: Status Hearing
ADRIAN FENTY, *et al*.,	To Be Determined
Defendants.	

DEFENDANT DISTRICT OF COLUMBIA'S APRIL 2010 STATUS REPORT

The Defendant, by and through counsel, herein files its April 2010 Status Report pursuant to the Court's Order dated November 3, 2008.

I. INTRODUCTION

The Defendant filed a "Motion to Vacate December 12, 2003 Consent Order and to Dismiss Action" in this case on September 4, 2009. As recognized by the Court during the March 19, 2010 Status Hearing, the District continues to comply in good faith with the Consent Order and demonstrates progress with the exit criteria. Without prejudice to its pending Motion, this Status Report will address the District of Columbia's continued improvement, as measured by the *Dixon* Exit Criteria, and provides an update on three (3) areas of interest to the Court: (a) the status of the transition of consumers from the DCCSA, (b) progress at Saint Elizabeths Hospital, and (c) the budget for FY 10.

II. EXIT CRITERIA

A. Summary

The District of Columbia Department of Mental Health ("DMH") continues to make significant progress towards the performance targets established by the Consent Order of

December 12, 2003 ("Consent Order"). Since October 2009, DMH has requested that an additional six (6) criteria—namely, Exit Criteria # 5, 6, 7, 11, 14, and 15—be moved to inactive status. To date the Court Monitor has agreed that Exit Criterion # 6 should move to inactive status. Three of DMH's requests for inactive monitoring status, for Exit Criteria # 11, 14, and 15, are still being considered by the Court Monitor; however, there is no dispute that the District has exceeded the numerical thresholds for these criteria.

As discussed further below, the Court Monitor has denied DMH's requests for inactive status for Exit Criteria # 5 and 7, which therefore remain in active status. DMH continues to work cooperatively with the Court Monitor to address his concerns about Exit Criteria # 5 and #7 as well as Exit Criterion #10, to which he previously denied inactive status. DMH anticipates re-submitting its requests for inactive status on these criteria within the next few months, with updated information to address the Court Monitor's concerns.

DMH has also recently requested that the required system performance for Exit Criterion # 9, Supported Housing, be modified to better reflect the goals of supported housing programs. This request is still under consideration by the Court Monitor. DMH has previously requested that the Court Monitor modify the required system performance for Exit Criterion # 17 to better reflect the national data for performance in that area, but the Court Monitor has refused to agree with the proposed modification. Of the remaining four criteria, Exit Criteria # 1 - 4, DMH anticipates requesting that the Court Monitor find that DMH has satisfied performance targets for between two and four of these criteria within months. For the Court's and Plaintiffs' convenience, the District has attached a chart that summarizes the current status and activities of

the remaining exit criteria. (*See* Exhibit A, *Dixon* Exit Criteria Performance Levels for FY 2009.)[1]

B. Exit Criteria on Inactive Monitoring Status

To date, seven (7) of the nineteen (19) Exit Criteria have moved to inactive monitoring status. Exit Criterion # 12 moved to inactive monitoring status in July 2007. Exit Criterion # 19 moved to inactive status in January 2008. Exit Criterion # 18 moved to inactive status in July 2008. Exit Criteria # 8, # 13, and # 16 moved to inactive status in January 2009. Exit Criterion # 6 moved to inactive status in March 2010.

B. DMH Pending Requests for Inactive Monitoring Status

Exit Criterion # 11: Assertive Community Treatment

Required System Performance: 85% Served within 45 days of Referral

DMH Performance: 86.78% for FY 09

Assertive Community Treatment, or "ACT," is an intensive, integrated service provided to adult consumers with serious mental illness who do not respond well to more traditional, less frequent mental health services. ACT consumers are treated by a multi-disciplinary team, with specific staff-to-consumer ratios, and a requirement through regulation and policy that the majority of services be provided in the community rather than in an office-based setting. DMH has a capacity for providing ACT services to 1,040 consumers; currently, 817 consumers are enrolled in ACT. This roughly equals the ACT capacity found in Maryland, which has a population more than 10 times that of the District.

[1] The data reported for the claims-based Exit Criteria set forth in Exhibit A are for the period from October 1, 2008 through September 30, 2009, and were run on March 4, 2010, unless otherwise stated in footnotes to the Exhibit. Therefore, these data differ from the data reported by Court Monitor in his January 2010 report, which was run on December 18, 2009 and was incomplete because of the ninety (90) day delay in claims reporting (providers have up to 90 days to submit claims for a service).

Additionally, according to the Substance Abuse and Mental Health Services Administration ("SAMHSA") of the Department of Health and Human Services ("DHHS"), which collects national data on mental health services, the District was sixth in the country in the percentage of adults with Serious Mental Illness ("SMI") who were receiving ACT services in 2008. The District has since doubled its ACT capacity.

On December 9, 2009, DMH requested that the Court Monitor move Exit Criterion # 11 to inactive status. (*See* Exhibit B, EC # 11 Letter to the Court Monitor dated December 9, 2009; Exhibit C, EC # 11 Letter to the Court Monitor dated February 12, 2010.) The Court Monitor has the request under consideration.

Exit Criterion # 14: Children/Youth in Natural Setting

Required System Performance: 75% of children with SED with Service in Natural Setting; Requires SED penetration rate of 2.5%

DMH Performance: 76.10%

Exit Criterion # 15: Children/Youth in own (or surrogate) Home

Required System Performance: 85% of children with SED are in their own or surrogate home; Requires SED penetration rate of 2.5%

DMH Performance: 92.85%

Exit Criteria # 14 and # 15 are addressed together. Exit Criterion # 14 measures the number of DMH-served children with serious emotional disturbances ("SED") who receive service in a natural setting (home, church, youth center, or recreational setting), compared to the total number of children with SED served by DMH for the period. Exit Criterion # 15 measures the number of DMH-served children with SED who live in their own or surrogate home,

compared to the total number of children with SED served by DMH in the same period. Both criteria require a penetration rate of 2.5%, as measured by Exit Criterion # 6.

DMH has met the 2.5% penetration rate as well as the required performances for these exit criteria. Therefore, it submitted letters to the Court Monitor on March 9, 2010, requesting that Exit Criteria # 14 and # 15 be moved to inactive status. (*See* Exhibit D, EC # 14 Letter to the Court Monitor dated March 9, 2010; Exhibit E, EC # 15 Letter to the Court Monitor dated March 9, 2010.) The Court Monitor is still considering these requests.

C. DMH Requests for Inactive Monitoring Status- Denied by Court Monitor

Exit Criterion # 5**:** Penetration rate (Child/Youth 0-17 years)

Required System Performance: 5%

DMH Performance: 4.34%

Exit Criterion # 5 measures the number of children in the District with a mental health diagnosis who received a mental health service, compared against the number of children overall. With the inclusion of data from the Managed Care Organizations ("MCOs"), the District has now reached a rate of 4.34%, which it believes constitutes substantial compliance with the *Dixon* Exit Criterion. (*See* Exhibit F, EC # 5 Letter to the Court Monitor dated February 24, 2010.) The Court Monitor has, however, denied DMH's request to move this criterion to inactive status.

DMH is currently in the process of collecting data concerning additional children who have a mental health diagnosis and receive mental health services through specific DMH programs, but have not previously been considered. The Court Monitor has indicated a willingness to validate these data sources. The District expects to be able to resubmit its request for inactive status in the near future.

***Exit Criterion # 7*:** Penetration rate (Adults 18 years of age and older)

Required System Performance: 3%

DMH Performance: 2.98%

Exit Criterion # 7 measures the number of adults with a mental health diagnosis in the District who received a mental health service, compared against the number of adults overall. On February 24, 2010, the District submitted a letter to the Court Monitor requesting inactive status for this exit criterion. (*See* Exhibit G, EC # 7 Letter to Court Monitor dated February 24, 2010.) The District believes that with a performance level of 2.98%, it has achieved substantial compliance with this criterion. The Court Monitor disagrees, however, and has therefore denied the District's request.

The District continues to collect data for individuals it serves who satisfy this criterion and expects that, with complete MCO data as well as improved data collection within DMH, it will easily demonstrate a 3% penetration rate within the next several weeks

***Exit Criterion # 10*:** Supported Employment

Required System Performance: 70% served within 120 days of referral

DMH Performance: 84.10% served within 120 days of Referral

The *Dixon* Exit Criterion for Supported Employment requires that 70% of persons referred receive supported employment services within 120 days of a referral. For FY 09, the average of persons receiving services within 120 days of referral was 84.10%. DMH has clearly met this Exit Criterion and is sustaining its timely service performance.

Fiscal Year	First Quarter 10/1/08 – 12/31/08	Second Quarter 1/1/09 - 3/31/09	Third Quarter 4/1/09 – 6/30/09	Fourth Quarter 7/1/09 – 9/30/09	FY 09 Performance
Performance Indicator	86.67%	92.11%	82.88%	75.00%	84.10%
Numerator (Consumers Served Within 120 days)	13	70	92	42	217
Denominator (Consumers Referred)	15	76	111	56	258

The Court Monitor has, however, denied DMH's request to move this Exit Criterion to inactive status, insisting instead that DMH monitor compliance for each consumer - *i.e.*, whether or not every individual who should be referred to supported employment is being referred. Notwithstanding the District's substantial disagreement with the Court Monitor on this issue, DMH continues to collaborate with the Court Monitor and has developed an additional monitoring tool through adaptation within its *eCura* claims processing system, to which all providers have input and access. This monitoring tool will require input by the CSA regarding supported employment for every consumer at the 90-day quarterly event screen. DMH expects that this approach will satisfy the Court Monitor's concerns and allow DMH to use the data for compliance, training, and program improvement. DMH expects that this tool will be fully implemented by May 1, 2010, after which time DMH anticipates renewing its request that EC # 10 be moved to inactive status.

DMH also has entered into an agreement with the Rehabilitative Services Administration ("RSA") to continue and expand its support for the Supported Employment ("SE") program. RSA entered into Human Care Agreements, or contracts, with DMH's six (6) Supported

Employment service providers so that the SE program as a whole could be expanded. With the additional funding from RSA, 150 new openings were recently created, for a total capacity of 550. As of March 1, 2010, 475 individuals were receiving supported employment services.

DMH is also collaborating with the District's Department of Human Services ("DHS") to focus on individuals receiving Temporary Assistance to Needy Families ("TANF") who qualify for DMH services. DHS will fund additional positions in DMH's SE programs in order to provide these identified individuals with Supported Employment services. This will allow DMH to continue to expand its services and assist DHS in its mission to help welfare recipients to achieve sustainable employment.

C. Additional Progress on Remaining Exit Criteria

DMH continues to make progress on the remaining Exit Criteria, # 1-4, 9, and 17. Specific details regarding DMH's progress on these Exit Criteria have been submitted to the Court Monitor, who continues to receive updates during his bi-monthly visits.

Exit Criterion # 1: Demonstrated Implementation and Use of Functional Consumer Satisfaction.

Required System Performance: Court Monitor must approve method of measuring consumer satisfaction and utilization of results.

DMH Performance: Two methods—(1) MHSIP and (2) convenience sampling and focus groups—approved by Court Monitor; ongoing progress in implementation of methods and use in quality improvement cycle.

DMH continues to develop and incorporate consumer satisfaction initiatives through its Quality Improvement ("QI") department in the Office of Accountability ("OA"), which are then translated into program improvements. On December 10, 2009, the QI department launched new community-based quality initiatives for FY 10 that are mandatory for all CSAs. The FY 10 QI initiatives address three specific issues: 1) Medical Co-morbidity; 2) Clinical Supervision; and 3) Community Support Service Utilization. These three initiatives were developed with

information from the October 2009 Consumer's Satisfaction Survey results and focus group reports, and OA's analysis of trends from major reportable incidents, mortality reviews, major investigations, and the FY 09 initiative outcomes. The first data have been reported to OA by the CSA's for the Medical Co-Morbidity and Community Support Service initiatives; the first data on Clinical Supervision is due to OA in May 2010. The data will be used both to monitor providers' performance in these areas and to develop specific recommendations and requirements for improvement.

The 2009 MHSIP was completed in early 2010, and the data are currently being analyzed. For both the adult and the child surveys, sufficient responses were received to achieve a 95% confidence level, with a margin of error of +/- 6%. The validity of the random sampling was maintained.

This most recent MHSIP was conducted first via telephonic contact; if, after four attempts, no contact was made, a letter was sent to the identified consumer. Surveyors were trained to identify responses that indicated a need for an emergency response, which would have led to contact with the Access Help Line. Each participant who completed the survey received a $10 gift card as an incentive. Once analysis of the survey results is completed, likely before the end of April, the information will be submitted to the DMH's Internal Quality Council ("IQC") to address identified areas that need improvement, or other problems. At that time, work will also begin to identify a contractor for the FY 10 MHSIP.

The Department has used other types of consumer satisfaction surveys to implement improvements. For example, the Department has conducted its own consumer satisfaction surveys of former DCCSA consumers who have transferred to new providers. For those individuals who reported dissatisfaction or problems with the transition, the Continuity of Care

Transition Teams (discussed below) were immediately directed to the specific consumer to assist in resolving the issue.

The Consumer Action Network ("CAN") will begin conducting the 2010 Consumer Satisfaction Survey in April 2010. CAN will also begin a new set of focus groups in April 2010. As a result of these ongoing processes of data collection regarding consumer satisfaction, and the resulting integration into DMH programs, DMH has met the requirements of Exit Criterion 1 and will be submitting this information to the Court Monitor shortly.

Exit Criterion # 2: Demonstrated Use of Consumer Functioning Review Method(s) as Part of the DMH Quality Improvement System for Community Services.

Required System Performance: Court Monitor must approve method of measuring consumer functioning and utilization of results.

DMH Performance: Review method (LOCUS/CALOCUS) approved; ongoing progress in implementation and use in quality improvement system.

The web-based LOCUS/CALOCUS tool, which is expected to be fully implemented by May 2010, will ensure that DMH satisfies the requirement of Exit Criterion # 2. The web-based LOCUS/CALOCUS has been in effect for providers since November 2009, although providers have been using LOCUS/CALOCUS since 2005. Technology challenges delayed the use of the web-based system as a monitoring tool, but the programming issues have now been resolved.

The LOCUS/CALOCUS web system will be able to be used by OA to compare actual services provided with the LOCUS/CALOCUS recommended levels of care. This capacity will serve as a significant decision-support and planning resource for the providers, will reflect existing practice guidelines and standards, and will provide the underlying framework for developing reports which combine *eCura* data and LOCUS/CALOCUS data for use in program monitoring and improvement. DMH's Applied Research and Evaluation ("ARE") unit will provide additional training to the CSA's so that the providers can maximize the utility of this

tool. DMH OA will use the web-based system as an active and real-time monitoring and compliance tool.

As a result of these final developments, DMH expects that it will be able to submit a letter requesting that Exit Criterion # 2 be moved to inactive status within months.

Exit Criterion # 3: Demonstrated Planning for and Delivery of Effective and Sufficient Consumer Services (Adult).

Required System Performance: 80%

DMH Performance: FY 08: 74%
DMH Performance: FY 09: 70%
DMH Performance: FY 10: TBD Reviews scheduled for May 2010

Exit Criterion # 4: Demonstrated Planning for and Delivery of Effective and Sufficient Consumer Services (Children/Youth).

Required System Performance: 80%

DMH Performance: FY 08: 36%
DMH Performance: FY 09: 48%
DMH Performance: FY10: TBD Reviews completed March 2010, awaiting final analysis from HSO

Exit Criteria 3 and 4 are addressed in tandem. In late FY 08, DMH established an internal unit to conduct Community Service Reviews ("CSRs") throughout the year, to facilitate practice improvements for both the child and the adult system of care. The unit consists of two (2) full-time and one (1) half-time employees who have been integrally involved in the planning, development, and implementation of both the FY 09 and FY 10 Child and Adult *Dixon* CSRs. The staff of the CSR unit actively participated and coordinated the logistics for the 2009 *Dixon* reviews, and is also responsible for the coordination of the 2010 CSRs. Both full-time staff served as co-leaders in the Child/Youth New Reviewer Training and as lead trainers for the Child/Youth returning reviewer training, and will do the same for the Adult CSR training.

Adult CSRs (Exit Criterion # 3) for FY 10 are scheduled for May 3-14, 2010. DMH believes that the scores will approach or meet the 80% system performance requirement for Exit Criterion # 3. The CSR unit is actively recruiting DMH reviewers for participation in the 2010 Adult reviews.

The Child CSRs (Exit Criterion # 4) were conducted during the weeks of March 3-19, 2010. Human Systems and Outcome is working on the data analysis for the 2010 reviews; the results including the final sample are not yet available. The sample population included all child serving agencies.

The DMH CSR unit commenced internal reviews during the first and second quarters of FY 2010. Two agencies, one child and one adult, were reviewed during this time period. The CSR Unit provided feedback to the child agency and is currently coordinating the feedback session for the adult agency. Staff is working with both agencies to define the scope of technical assistance that will take place during the next few months.

In September 2009, the CSR unit conducted a focused review of twenty-six (26) DCCSA consumers who were in transition and had participated in the May 2009 *Dixon* Adult CSR Reviews. This focused review was a secondary analysis of case narratives on these consumers with the purpose of addressing several questions posed by the DCCSA Implementation Team. As a follow-up to the qualitative analysis, in December 2009 and January 2010 the CSR unit led a targeted re-review of the same consumers to track consumer progress and the success of the efforts to remediate any issues identified by the secondary analysis. Staff is analyzing the data collected, and plans to present this information to DMH Senior Staff and the State Mental Health Planning Council in the upcoming months.

Exit Criterion # 9: Supported Housing.

Required System Performance: 70% Served within 45 days

DMH Performance: 9.4%; the required system performance is being examined in terms of best practices

DMH currently has the capacity to provide Supported Housing to 1,646 consumers, which exceeds the supported housing available in Maryland and Virginia combined. The Supported Housing programs include housing subsidies for 750 consumers, supported housing for more than 461 additional consumers living in Supported Independent Living programs, and federal vouchers specifically reserved for DMH consumers. The partnership with the Department of Community and Housing Development ("DHCD") continues; currently $13.24 million of the $14 million in capital funds has been committed to develop new, or greatly improve existing, housing for DMH consumers. The grant requirements dictate that restrictive covenants must be recorded with the Register of Deeds, restricting these units to use by DMH consumers for a minimum of 25 years. As of March 30, 2010, 63 of the 248 current pipeline units have been completed, and 60 are occupied by DMH consumers. Referrals are now being processed for the remaining three (3) vacancies. $1 million of the capital funds has been granted to Cornerstone, Inc., a non profit housing development organization, for a Housing Improvement Program initiative ("HIPi"). As a term of the HIPi grant, Cornerstone was required to find an additional $1 million in matching funds that it could use to assist homeowners in smaller projects to improve housing for DMH consumers. (*See* Exhibit H, Cornerstone HIPi Summary.) Cornerstone already has committed $52,000 of these grant funds for the improvement of twenty-two (22) units. DMH has requested an additional $5 million in capital funds for the FY 11 Budget to continue this tremendously successful partnership.

On October 29, 2009, DMH submitted a letter to the Court Monitor requesting that the criteria for Exit Criterion # 9 be amended to better reflect "achievable, useful and reasonable measures" for supported housing. (*See* Exhibit I, EC #9 Letter to the Court Monitor dated October 26, 2009.) After researching national data with the assistance of the Corporation for Supported Housing, a national organization whose mission is to help communities create permanent housing with services to prevent and end homelessness, DMH discovered that no other jurisdiction measures supported housing in the manner that *Dixon* Exit Criterion # 9 does. Thus, DMH developed a three-part measurement system that (1) more accurately reflects the goal of supported housing, which is to place individuals in homes for at least a one-year period; (2) provides the supports necessary for the individual to stay in the home; and (3) includes a minimum percentage of the District's population of consumers with Serious Mental Illness ("SMI") in Supported Housing.

The Court Monitor coordinated a meeting among DMH, the plaintiffs' attorney, and himself to discuss the proposed changes, and he continues to consider the issue.

Exit Criterion # 17: Demonstrated Continuity of Care Upon Discharge from Inpatient Facilities.

Required System Performance: 80% of Inpatient Discharges Seen Within 7 Days

DMH Performance: 47.8% as of 3/4/10

Exit Criterion # 17 requires that 80% of people known to be discharged from an inpatient psychiatric hospital receive a non-emergency community-based service within seven (7) days of discharge. While the District has not yet met that standard, its performance remains above the national averages of all Medicare and Medicaid plans. Based on data reported by the National

Committee for Quality Assurance ("NCQA")[2] for 2009, the national average was 42.6% of Medicaid patients seen within 7 days of discharge from hospitalization; the District's average for FY 09 was 47.8%. Similarly, for the 30-day post-discharge service information, the national average for Medicaid patients was 61.7%, while the District's was 63.4%.

As previously reported, in May 2008, DMH requested that the Court Monitor modify the performance level required for Exit Criterion # 17 to take into the consideration the national data that are now available. The Court Monitor continues, however, to refuse to recommend a modification of this Exit Criterion. DMH continues to work to refine its performance in this area.

The DMH Integrated Care Division ("ICD") monitors provider performance on this Exit Criterion. An individual in the ICD is now responsible for monitoring the CSA follow-up and compliance with discharge plans for all individuals discharged from Saint Elizabeths Hospital. Beginning April 1, 2010, this staff person will also track all individuals discharged from Providence Hospital, United Medical Center, and the Psychiatric Institute of Washington ("PIW") who were originally admitted with authorization from DMH. It is expected that this initiative will improve the quality of hospital aftercare, as any barriers or problems are identified and addressed, and improve the District's performance on this criterion.

---

[2] NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving heath-care quality, and has developed quality standards and performance measures for a broad range of health-care entities. NCQA accredits health plans in every state, the District of Columbia, and Puerto Rico that cover 109 million Americans, or 70.5% of all Americans enrolled in health plans. NCQA accreditation requires annual reporting on performance measures from the accredited healthcare plans. These performance measures are referred to as the Healthcare Effectiveness Data and Information Set ("HEDIS") and are used by health plans, employers and other health-insurance purchasers to measure performance on various dimensions of care and service. (*See* http://www.ncqa.org, accessed February 18, 2010.)

III. ADDITIONAL DMH PROGRAMS

A. Closure of DCCSA and Transition of Consumers

The closure of the DCCSA and the transition of all DCCSA consumers were completed on schedule.[3] As of March 3, 2010, 3,133 consumers were enrolled with a new CSA. As of that date, there were no additional former DCCSA consumers to be transferred as a part of the transition.

The DCCSA has officially ceased operations, and the new Mental Health Services Division ("MHSD"), under DMH's Office of Programs, is now operational. The MHSD provides services to the approximately 850 individuals who will not move to new CSAs and to those individuals who have transferred but are still returning for psychiatric services. All adult services, including the pharmacy, are now provided at 35 K Street, NW. The child/youth services are located at 821 Howard Road, SE.

As part of the transition process, DMH established Continuity of Care Transition Teams ("CCTTs") to work closely with consumers transferring to new CSAs from the DCCSA. The CCTTs provide communication and coordination for those individuals who have transferred but not yet made their first appointment with their new provider, as well as those individuals who had not yet transferred on March 31, 2010, when the CCTTs were disbanded. The Office of Programs and Policy, through the Division of Integrated Care, Care Coordination and the Homeless Outreach Team, will provide follow-up support to those individuals until they are well-integrated into their new CSAs.

As stated previously, DMH conducted its own customer satisfaction surveys of the

[3] Information about the DC CSA transition is available on the DMH website (http://www.dmh.dc.gov) and is now updated on an as-needed basis for consumers and stakeholders. (*See* Exhibit J, December 2009 DC CSA Transition News Brief.) A final News Brief will be issued by mid-April 2010.

individuals who were transferred out of the DCCSA to private providers. Consistently the results showed that 80% were 'Satisfied" or "Very Satisfied" with the transition process. For those few individuals who reported dissatisfaction or problems with the transition, the CCTT staff contacted them immediately to assist in the resolution of any issues.

DMH has also been monitoring the CPEP usage by individuals who transferred out of the DCCSA. In FY 09, when the majority of the transfers occurred, use of CPEP declined among DCCSA consumers. While 30% of all individuals who came to CEPP in FY 08 were from the DCCSA, only 16% of total CPEP visitors were from the DCCSA in FY 09 (this included all individuals who were enrolled in the DCCSA as of April 1, 2008, even if they had already been transferred). The decline is attributed to the support that DMH provided to the individuals who had to be transferred out of the DCCSA to a private provider.

For FY10, DCCSA consumer visits to CPEP are at 20%. The DMH ICD will be individually following each DCCSA consumer who visits CPEP at least through FY 10 to ensure that needed services are being provided, and to further decrease CPEP utilization by these individuals.

B. Saint Elizabeths Hospital

(1) Construction of New Saint Elizabeths Hospital Building

Construction of the new hospital is now completed. The Certificate of Occupancy was received on March 10, 2010, and phased moves began the first week of March and will continue through the first week of May. As staff and patients relocate and begin to adjust, a final punch list and minor space modifications will continue through the spring. The grand opening is planned for April 22, 2010.

Once John Howard Pavilion ("JHP") is vacated, Phase III work will begin. This includes abatement and demolition of JHP, along with the construction of the new recreation park and parking areas for the hospital. Phase III is anticipated to continue into the first half of 2011. DMH and the District are very excited at this addition to the public mental health system.

(2) Implementation of Saint Elizabeths Hospital Census Reduction Plan

The hospital census continues to decline. On March 28, 2010, there were a total of 311 patients at Saint Elizabeths. One year earlier, on March 28, 2009, there were 387 patients. The past year's reduction is due to a number of programs at DMH.

As the Court Monitor stated during the March 19, 2010 hearing, acute admissions to community hospitals continue, thus relieving Saint Elizabeths from serving as the District's primary acute care hospital. Acute care admissions to Saint Elizabeths dropped from 44% of all acute admissions in FY 08 to 14% in FY 09, a reduction of approximately 250 admissions. (*See* Exhibit K, FY 09 Involuntary Hospital Admissions Monthly Report.) DMH authorizes admission of individuals needing acute care to three community hospitals: UMC, Providence, and PIW. DMH's ICD staff participates in concurrent reviews at these community hospitals. During the concurrent reviews, the ICD staff and the hospital staff review the plan of care in the hospital and the coordination with the individual's CSA, both prior to the discharge and after the person is released. As stated previously, the ICD staff also monitors all discharges from Saint Elizabeths hospital to track follow-up care and, starting April 1, will also track all care from the community hospitals for DMH-authorized patients.

DMH continues to improve its discharge planning for individuals who have been at Saint Elizabeths for an extended period (more than six (6) months) through the initiatives created in

the past few years. From the date of the last DMH court report, October 1, 2009, through February 29, 2010, 123 people have been discharged from Saint Elizabeths.

- The ICD provides "hospital discharge support" to those individuals with long terms of stay at the hospital and complicated needs due to severe mental health issues, substance abuse problems, or physical health issues. Weekly meetings with staff from the ICD, Saint Elizabeths, and community providers are held to appropriately address the needs of these patients. In 2009, 313 people were discharged from Saint Elizabeths into the community. Of those 313 people, 174 individuals (24 forensic patients and 150 civil patients) were discharged with "hospital discharge supports."
- New Directions, a program under Washington Hospital Center ("WHC") that provides flexible community services for 27 long-term patients at the hospital in order to successfully move them into the community, has out-placed 15 long-term patients from Saint Elizabeths. The contract recently expanded to 27 individuals from the original 23. New Beginnings is working with the hospital staff and the ICD to engage identified individuals who could be appropriate for the program in order to fill the last four openings. New Directions works with the individuals and actively participates in their discharge planning well before the actual discharge, as well as providing intensive services to the individual in the community.
- Since the last court report of October 1, 2009, seven (7) individuals with co-occurring developmental and psychiatric disabilities have been discharged from Saint Elizabeths into the community under a joint plan with the Department of Disability Services ("DDS"). Two more individuals are expected to also be discharged under the auspices of this partnership between DDS and DMH.

- Discharges of individuals into nursing homes continue, where appropriate. The ICD is actively working with local nursing homes to find positions for those individuals who, due to their psychiatric needs, are exceptionally hard to place.

C. FY 10 Budget

Mayor Fenty will submit his proposed FY 2011 Budget to the Council of the District of Columbia on April 1, 2010. Overall, the proposed FY 2011 DMH Budget is 9.1% less than the approved FY 2010 DMH Budget. Savings will be recognized in fixed costs and non-personnel services, and are expected to have minimal impact on services to consumers. Other changes include a planned reduction in full-time-equivalent employees resulting from the closure of the DCCSA and the reorganization of Saint Elizabeths Hospital.

IV. CONCLUSION

DMH continues to make significant progress in the overall community-based public mental health system, including progress in meeting the *Dixon* Exit Criteria, as it improves the system of mental health care to District residents.

Respectfully submitted,

EUGENE ADAMS
Principal Deputy Attorney General
for the District of Columbia

GEORGE VALENTINE
Deputy Attorney General
Civil Litigation Division

ELLEN EFROS
Chief, Equity I Section

_____/s/_____
GRACE GRAHAM [472878]
Assistant Attorney General
441 4th Street, N.W.
6th Floor South
Washington, D.C. 20001
(202) 442-9784 (telephone)
(202) 727-3625 (facsimile)
Email: grace.graham@dc.gov

_____/s/_____
SARAH SULKOWSKI [493235]
Assistant Attorney General
441 4th Street, NW, Suite 600
Washington, D.C. 20001
(202) 724-6627 (telephone)
(202) 730-1454 (facsimile)
Email: sarah.sulkowski@dc.gov

EXHIBIT A

EXHIBIT B

EXHIBIT C

EXHIBIT D

EXHIBIT E

EXHIBIT F

EXHIBIT G

EXHIBIT H

EXHIBIT I

EXHIBIT J

EXHIBIT K

EXHIBIT L

EXHIBIT M