
Department of Mental Health

www.dmh.dc.gov
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Description	FY 2009 Actual	FY 2010 Approved	FY 2011 Proposed	% Change from FY 2010
Operating Budget	\$231,705,365	\$206,575,758	\$187,527,163	-9.2
FTEs	1,384.8	1,324.4	1,275.1	-3.7

The mission of the Department of Mental Health (DMH) is to support prevention, resiliency, and recovery for District residents in need of public mental health services.

Summary of Services

DMH is responsible for developing, supporting, and overseeing a comprehensive, community-based, consumer driven, culturally competent, quality mental health system that is responsive and accessible to children, youth, adults, and their families. DMH contracts with a network of community-based private providers and also provides direct services through

Saint Elizabeths Hospital, the Mental Health Services Division, the Comprehensive Psychiatric Emergency Program, the Homeless Outreach Program, and the School-Based Mental Health Program.

The agency's FY 2011 proposed budget is presented in the following tables:

FY 2011 Proposed Gross Funds Operating Budget, by Revenue Type

Table RM0-1 contains the proposed FY 2011 agency budget compared to the FY 2010 approved budget. It also provides FY 2008 and FY 2009 actual expenditures.

Table RM0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2008	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Percent Change*
General Fund						
Local Funds	207,627	208,811	191,390	168,451	-22,939	-12.0
Special Purpose Revenue Funds	2,589	3,607	4,424	4,628	203	4.6
Total for General Fund	210,216	212,418	195,815	173,079	-22,736	-11.6
Federal Resources						
Federal Payments	13	0	0	0	0	N/A
Federal Grant Funds	268	1,993	1,222	1,889	667	54.6
Federal Medicaid Payments	4,018	5,962	5,213	4,113	-1,100	-21.1
Total for Federal Resources	4,298	7,954	6,435	6,002	-433	-6.7
Private Funds						
Private Grant Funds	-4,543	30	117	117	0	0.0
Private Donations	0	14	0	0	0	N/A
Total for Private Funds	-4,543	44	117	117	0	0.0
Intra-District Funds						
Intra-District Funds	14,932	11,289	4,209	8,329	4,120	97.9
Total for Intra-District Funds	14,932	11,289	4,209	8,329	4,120	97.9
Gross Funds	224,903	231,705	206,576	187,527	-19,049	-9.2

*Percent Change is based on whole dollars.

Note: If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2011 Proposed Full-Time Equivalents, by Revenue Type

Table RM0-2 contains the proposed FY 2011 FTE level compared to the FY 2010 approved FTE level by revenue type. It also provides FY 2008 and FY 2009 actual data.

Table RM0-2

Appropriated Fund	Actual FY 2008	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Percent Change
<u>General Fund</u>						
Local Funds	1,300.3	1,287.4	1,241.0	1,148.9	-92.1	-7.4
Special Purpose Revenue Funds	34.4	29.6	37.0	37.0	0.0	0.0
Total for General Fund	1,334.7	1,316.9	1,278.0	1,185.9	-92.1	-7.2
<u>Federal Resources</u>						
Federal Grant Funds	12.9	8.0	4.0	6.0	2.0	50.0
Federal Medicaid Payments	18.7	0.0	9.4	2.0	-7.4	-78.7
Total for Federal Resources	31.6	8.0	13.4	8.0	-5.4	-40.3
<u>Intra-District Funds</u>						
Intra-District Funds	54.9	59.8	33.0	81.2	48.2	146.2
Total for Intra-District Funds	54.9	59.8	33.0	81.2	48.2	146.2
Total Proposed FTEs	1,421.2	1,384.8	1,324.4	1,275.1	-49.2	-3.7

FY 2011 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2011 budget at the Comptroller Source Group (object class) level compared to the FY 2010 approved budget. It also provides FY 2008 and FY 2009 actual expenditures.

Table RM0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2008	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Percent Change*
11 - Regular Pay - Cont Full Time	83,124	85,409	77,825	77,177	-648	-0.8
12 - Regular Pay - Other	8,318	8,872	7,993	7,420	-572	-7.2
13 - Additional Gross Pay	7,423	11,164	5,643	2,311	-3,332	-59.0
14 - Fringe Benefits - Current Personnel	18,145	18,696	15,716	17,392	1,676	10.7
15 - Overtime Pay	7,638	5,718	3,300	2,481	-819	-24.8
99 - Unknown Payroll Postings	1	0	0	0	0	N/A
Subtotal Personal Services (PS)	124,650	129,859	110,476	106,780	-3,696	-3.3
20 - Supplies and Materials	12,465	12,804	8,844	7,753	-1,090	-12.3
30 - Energy, Comm. and Building Rentals	9,344	8,634	11,244	3,073	-8,171	-72.7
31 - Telephone, Telegraph, Telegram, Etc.	1,732	1,473	1,471	1,457	-14	-1.0
32 - Rentals - Land and Structures	4,413	4,582	3,926	2,928	-998	-25.4
33 - Janitorial Services	3	4	21	2	-20	-92.2
34 - Security Services	3,805	3,643	4,193	2,414	-1,780	-42.4
35 - Occupancy Fixed Costs	0	8	66	529	463	700.4
40 - Other Services and Charges	8,783	9,515	8,564	11,560	2,996	35.0
41 - Contractual Services - Other	33,576	38,112	38,391	31,208	-7,183	-18.7
50 - Subsidies and Transfers	23,720	21,869	18,154	18,831	678	3.7
70 - Equipment and Equipment Rental	1,825	1,202	1,225	993	-233	-19.0
91 - Expense Not Budgeted Others	588	0	0	0	0	N/A
Subtotal Nonpersonal Services (NPS)	100,253	101,847	96,100	80,747	-15,353	-16.0
Gross Funds	224,903	231,705	206,576	187,527	-19,049	-9.2

*Percent Change is based on whole dollars.

Division Description

The Department of Mental Health operates through the following 6 divisions:

Mental Health Authority - plans for and develops necessary mental health services; ensures there is access to services; monitors the service system; supports service providers by operating DMH's Fee for Service (FFS) system; provides funding for services not covered through the FFS system; regulates the providers within the District's public mental health system; and identifies the appropriate mix of programs, services, and supports necessary to meet the mental health needs of District of Columbia residents.

This division contains the following 8 activities:

- **Office of the Director** - provides the leadership for the design, development, communication and delivery of mental health services and supports, and identifies approaches to enhance access to services that support recovery and resilience;
- **Office of the Chief Clinical Officer** - advises the Director and set standards for the provision of clinical care throughout the public mental health system for children, youth and adults. The Comprehensive Psychiatric Emergency Program (CPEP), a 24 hours-a-day, seven days-a-week site-based program to provide emergency care, extended observation, and mobile crisis services is also within this office. Building infrastructure, practice enhancement, and training to serve persons with co-occurring mental illnesses and substance use disorders are functions of this office;
- **Consumer and Family Affairs** - provides expertise on the consumer/family perspective, and promotes and protects the legal, civil, and human rights of consumers;
- **Office of Policy Support** - provides support for planning initiatives relating to the overall operation of the mental health system and for development and publication of rules and policies to guide the District Public Mental Health System. This includes serving as the liaison to the Dixon Court Monitor;
- **Office of Strategic Planning and Grants Management** - provides support to develop and implement the agency performance management plan, key performance indicators, and the grants

functions within the Department of Mental Health, and provides oversight of the grant development process, grant monitoring, grant award process, sub-granting procedures, tracking of expenditures, and compliance with grant award stipulations;

- **Office of Accountability-Quality Improvement/Audit** - provides oversight of providers for DMH to ensure that they meet or exceed the service delivery and documentation standards for Mental Health Rehabilitation Services (MHRS) or Mental Health Community Residence Facilities (MHCRF) and that they comply with all applicable District and federal laws and regulations; monitors the provider network; investigates complaints and unusual incidents; and makes policy recommendations;
- **Office of Accountability Certification/Licensure** - provides certification of all DMH provider agencies and the licensure of all DMH Community Residential Facilities (CRFs). In addition, the certification unit monitors provider compliance with DMH regulations, as well as local and federal laws; generates and enforces corrective action plans when necessary; and monitors facilities on a regular basis, issuing notices of infraction when necessary. The unit is also responsible for ensuring that the care coordination of CRF residents is taking place through coordination by the CRF staff and Core Service Agency treatment team members; and
- **Office of Accountability-Investigations** - is responsible for conducting major investigations of critical incidents, for presenting a disposition of the matter, and for developing the final Investigative Report that is submitted to the Director of DMH, the General Counsel, and other parties who should be privy to that information.

Saint Elizabeths Hospital - provides psychiatric, medical, and psycho-social inpatient psychiatric treatment to adults to support their recovery and return to the community. The goal is to maintain an active treatment program that fosters recovery and independence as much as possible. In addition, this division manages housekeeping, building maintenance, and nutritional services, to provide a clean, safe and healthy hospital environment for patients, families,

and employees so that the patients can receive quality care. The Saint Elizabeths Hospital division also ensures staff credentialing, licensing privileges, and the provision of medication and medical support services to eligible consumers in order to effectively treat mental illness and enhance their recovery. This division is part of the system that ensures compliance with the Centers for Medicare and Medicaid Services's and the Joint Commission's (formerly the Joint Commission on Accreditation of Healthcare Organization) standards.

This division contains the following 14 activities:

- **Office of the Chief Executive** - provides planning, policy development and mental health system design for the District to create a comprehensive and responsive system of mental health care;
- **Office of Clinical and Medical Services** - provides active treatment to the inpatient population at Saint Elizabeths Hospital to improve the quality of life through a recovery-based therapeutic program; monitors services to eligible consumers in order to treat effectively mental illness and enhance clients' recovery; provides prescriptions, medical screening, education, medical assessment, medication (pharmacy), podiatry services, respiratory care, and diet consultation to the inpatient population; and provides employee health services to staff at Saint Elizabeths Hospital so that they can improve the quality of life through a recovery based therapeutic program. The activity provides quality medical care for inpatients at Saint Elizabeths Hospital in concert with psychiatric care to optimize physical and mental health and facilitate discharge into the community in a recovery-based model;
- **Engineering and Maintenance** - provides maintenance and repairs to the hospital to ensure a functional, safe and secure facility for customers, visitors, and staff in order to maximize the benefits of therapeutic treatment;
- **Fiscal and Support Services** – provides services for formulation and management of the hospital's budget; approves and finances all procurements; and assures the overall financial integrity of the hospital. This activity also establishes the training curriculum for all levels of hospital staff and

assures compliance with agreed upon training programs, especially for clinical staff to maintain health and safety of patients and employees;

- **Forensic Services** - provides court-ordered forensic, diagnostic, treatment, and consultation services to defendants, offenders, and insanity acquirers committed by the criminal divisions of the local and federal court;
- **Housekeeping** - maintains a clean and sanitized environment throughout Saint Elizabeths Hospital's facilities to enhance the therapeutic environment and level of clinical performance in all clinical and non-clinical areas;
- **Materials Management** - receives and delivers materials, supplies, and postal and laundry services to patients, DMH staff employees, and customers so that they can provide or receive quality patient care, respectively; provides an inventory of goods received and stock replenishment; and performs electronic receiving for all goods and services received in the hospital;
- **Nursing Services** - provides active treatment and comprehensive, quality nursing care to the inpatient population at Saint Elizabeths Hospital, 24 hours a day, 7 days a week, to improve the quality of life through a recovery-based therapeutic program;
- **Nutritional Services** - provides optimum nutrition and food services in a safe and sanitary environment; and provides medical nutrition therapy and nutrition education services;
- **Security and Safety** - provides a safe and secure facility for consumers, visitors, and staff in order to maximize the therapeutic environment;
- **Transportation and Grounds** - manages the resources, administrative functions, contracts, funding, and staff to provide a safe, secure and therapeutic hospital-wide physical environment for patients, staff, and visitors; and provides management and oversight of the full realm of grounds maintenance services, including snow and ice removal, solid medical waste disposal, and grounds maintenance services for patients and employees so that they can receive and provide quality patient care, respectively, and live in a safe and therapeutic environment. The purpose of the Transportation and Grounds activity is to provide vehicles and drivers for transportation services to

include, but not be limited to, department-wide patient food deliveries and patient and staff District-wide transportation;

- **Office of the Chief of Staff** - provides and supports Saint Elizabeths Hospital in their work by providing direct improvement in patient care to meet the requirements set forth by the Department of Justice. The Chief of Staff is responsible for the following departments: Performance Improvement Department, Training and Professional Development, Volunteer Services, Consumer and Family Affairs, and Department of Chaplaincy Services;
- **Office of the Chief Operating Officer** - provides operation oversight for Saint Elizabeths Hospital for the following functions: the Avatar Business Team, Facilities, Housekeeping, Human Resources (Branch B), Materials Management, Nutrition Services, and Security, in order to develop and provide an effective and cost-efficient continuum of care for inpatient mental health clients; and
- **Clinical Administration** – provides clinical leadership and oversight of interdisciplinary treatment teams; coordinates treatment and unit activities; and completes clinical formulations and recovery plans, including individualized objectives and interventions. These clinicians work closely with all disciplines (psychiatrists, nursing staff, social work staff, psychology staff, and rehabilitation therapists) to ensure that the needs and treatment goals of individuals in the hospital's care are identified and addressed.

Mental Health Services and Supports – provides for the design, delivery, and evaluation of mental health services and support for children, youth, families, adults, and special populations to maximize their ability to lead productive lives.

This division contains the following 15 activities:

- **Office of the Deputy Director** – oversees the operations of the Mental Health Services and Supports division (MHSD), which includes the multicultural outpatient service, the physicians practice group, same day or walk in services, the outpatient competency restoration program, services for deaf individuals with a psychiatric illness, services for development disabled individuals with

a psychiatric illness, and the Jackie Robinson psycho-educational program;

- **Organizational Development** – provides for the design, delivery, and evaluation of mental health services and support for children, youth, families, adults, and special populations to maximize their ability to lead productive lives;
- **Adult Services Supported Housing** - provides bridge housing subsidies and capital funding to finance the development of new affordable permanent housing units for people with serious mental illness. An array of scattered site housing is provided through local bridge subsidies and federal vouchers;
- **Adult Service Supported Employment** - provides employment assistance and support for consumers with significant mental health diagnoses for whom competitive employment has been interrupted or intermittent. Supportive services provided include job placement, job coaching, and crisis intervention so that consumers can maintain part-time or full-time employment;
- **Adult Services Assertive Community Treatment (ACT)** – provides intensive, integrated community-based mental health intervention and support services designed to provide rehabilitative and crisis treatment;
- **Adult Services Forensic** - provides mental health services and continuity of care to individuals involved in the criminal justice system who have serious mental illnesses, and oversees a network of providers to ensure that individuals under court supervision and/or are leaving the criminal justice system have access to a full range of services;
- **Care Coordination** - provides counseling and links people in need of mental health services to community providers, determines eligibility, and authorizes services. One of the services provided, the AccessHelpLine, 1-888-7WE-HELP (1-888-793-4357), is operated 24 hours per day, seven days per week; provides crisis intervention, telephone counseling and information, and referrals to callers who are in crisis; and dispatches mobile crisis services as appropriate. Callers also have 24-hour access to suicide prevention and intervention services (1-800-273-8255) in the District through the Access HelpLine;
- **Mental Health Services** - provides direction and management for the government-operated men-

tal health services, including the Multicultural program, Deaf/Hard of Hearing and Intellectual Disability Program, Outpatient Competency Restoration, and Same Day Services;

- **Pharmacy** - provides safety net pharmacy services for psychiatric medications for residents of the District of Columbia who are enrolled in the DMH System of Care and who are uninsured and unable to pay for their medications;
- **Comprehensive Psychiatric Emergency Program (CPEP)** - provides mental health services to adults in psychiatric crisis with a need for stabilization to prevent harm to themselves or others, including services enhanced to convert hospitalizations, prevent decompensation, and provide mobile crisis intervention for this same population;
- **Homeless Outreach** - provides services directly to individuals who are homeless and in crisis;
- **Children and Youth Services** – provides an all-inclusive system of care for children, adolescents and their families that promotes prevention and early intervention, continuity of care, community alternatives to out-of-home and residential placements, and diversion from the juvenile justice system. Child and Youth Services within the authority provides direct school-based services, youth forensic services, and oversight of youth placed in Residential Treatment Centers (RTCs);
- **Early Childhood and School Mental Health** - promotes social and emotional development and addresses psycho-social and mental health problems that become barriers to learning. Early Childhood and School Mental Health is responsible for the direct provision of prevention, early intervention and brief treatment services to 48 DC public and public charter schools;
- **Integrated Care** – seeks to reduce the inpatient census and admissions at Saint Elizabeths Hospital by identifying consumers who need a comprehensive array of services that include mental health, non-mental health, and informal supports to integrate to their fullest ability in their communities and families; and coordinates, manages, and evaluates the care for these consumers to improve their quality of life and tenure in a community setting; and
- **Physicians' Practice Group** - serves consumers at two government-operated sites and outplaces psychiatrists at private sites to increase the availability

of psychiatric services at those sites. Additionally, PPG psychiatric services are provided to consumers who are being followed by one of the specialized teams working within MHSD, including those specializing in multi-cultural services, services for individuals who are deaf or hard of hearing, and individuals who have intellectual disabilities.

Mental Health Financing/Fee for Service – provides prevention, comprehensive assessments, linkages, treatment, and emergency services to promote resilience and recovery for children, youth, families, and adults.

This division contains the following 4 activities:

- **Mental Health Rehabilitation Services** - provides medically-necessary diagnosis/assessment and treatment services to children, youth, families and adults who are residents of the District of Columbia so that they can be resilient, experience recovery, and achieve a healthy productive life in the “least restrictive environment;”
- **Mental Health Rehabilitation Services – Local Match** – allocates local funding for the payment of claims to private providers for children, youth, families and adults who are residents of the District of Columbia and receive Mental Health Rehabilitation Services;
- **Claims Administration/Billing** – supports the internal Department of Mental Health structure that supports claims processing and reimbursement; and
- **Provider Relations** - provides technical assistance, training and coaching support to the DMH provider network.

Agency Management - provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using performance-based budgeting.

Agency Financial Operations – provides comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This division is standard for all agencies using performance-based budgeting.

Division/Program Structure Change

In FY 2011, the agency will convert to division-based budgeting. The proposed division/program structure changes are provided in the Agency Realignment appendix to the proposed budget, which is located at www.cfo.dc.gov on the Annual Operating Budget and Capital Plan page.

FY 2011 Proposed Operating Budget and FTEs, by Division and Activity

Table RM0-4 contains the proposed FY 2011 budget by program and activity compared to the FY 2010 approved budget. It also provides the FY 2009 actual data.

Table RM0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010
(0001) Default								
(0002) Default Program for Budget	6	0	0	0	0.0	0.0	0.0	0.0
Subtotal (0001) Default	6	0	0	0	0.0	0.0	0.0	0.0
(1000) Agency Management								
(1010) Personnel	1,849	1,473	1,500	26	11.8	8.6	15.6	7.0
(1015) Training and Employee Development	513	397	441	44	4.4	2.5	3.0	0.5
(1017) Labor Relations	398	259	395	136	3.6	2.0	3.0	1.0
(1020) Contracting and Procurement	986	1,053	861	-192	8.1	10.0	9.0	-1.0
(1030) Property Management	3,419	6,658	5,831	-827	2.9	2.0	3.0	1.0
(1040) Information Technology	5,421	5,542	6,003	461	28.6	28.0	27.0	-1.0
(1050) Financial Management Agency	3,214	2,681	1,985	-696	12.7	19.5	11.0	-8.5
(1055) Risk Management	127	1	127	126	1.0	0.0	1.0	1.0
(1060) Legal Services	216	288	288	0	0.0	0.0	0.0	0.0
(1080) Communications	220	339	313	-26	1.1	2.0	2.0	0.0
(1085) Customer Services	62	63	63	0	0.0	0.0	0.0	0.0
(1087) Language Access	74	104	104	0	0.0	0.0	0.0	0.0
(1090) Performance Management	-8	0	0	0	0.0	0.0	0.0	0.0
(1099) Court Supervision	0	728	609	-120	0.0	0.0	0.0	0.0
Subtotal (1000) Agency Management	16,490	19,587	18,519	-1,068	74.1	74.6	74.6	0.0
(100F) DMH Financial Operations								
(110F) DMH Budget Operations	541	536	523	-13	3.2	4.0	4.0	0.0
(120F) DMH Accounting Operations	839	848	858	10	12.0	12.0	11.0	-1.0
(130F) DMH Fiscal Officer	234	242	235	-7	1.9	2.0	2.0	0.0
Subtotal (100F) DMH Financial Operations	1,614	1,627	1,616	-11	17.1	18.0	17.0	-1.0

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010
(1800) Mental Health Authority								
(1810) Office of the Director/Chief Executive Officer	1,858	1,827	1,741	-86	7.1	9.0	10.0	1.0
(1815) Off of the Chief Clinical Officer	4,027	4,589	2,906	-1,682	5.3	5.0	4.0	-1.0
(1816) Clinical Management	0	7,164	0	-7,164	0.0	20.9	0.0	-20.9
(1820) Consumer and Family Affairs	868	1,232	1,179	-54	2.0	3.0	2.0	-1.0
(1825) Office of Programs and Policy	1,031	2,552	0	-2,552	7.3	25.0	0.0	-25.0
(1830) Adult Services	1,221	17,241	0	-17,241	10.7	13.0	0.0	-13.0
(1835) Housing	6,924	6,455	0	-6,455	5.6	4.0	0.0	-4.0
(1840) Care Coordination	1,104	2,454	0	-2,454	21.8	26.0	0.0	-26.0
(1845) Comprehensive Psychiatric Emergency Program (CPEP)	8,292	6,713	0	-6,713	54.5	62.5	0.0	-62.5
(1850) Children and Youth Services	5,780	7,560	0	-7,560	23.5	31.8	0.0	-31.8
(1855) School Mental Health Program	4,446	4,894	0	-4,894	49.9	52.0	0.0	-52.0
(1860) Forensic Services (Jail Diversion)	1,655	1,323	0	-1,323	6.4	5.0	0.0	-5.0
(1865) Office of Policy Support	1,007	694	265	-429	6.4	6.0	2.5	-3.5
(1866) Office of Strategic Planning and Grants Management	0	0	1,012	1,012	0.0	0.0	2.0	2.0
(1870) Office of Policy and Planning Grants Management	127	1	0	-1	0.7	0.0	0.0	0.0
(1875) Integrated Care	0	1,618	0	-1,618	0.0	4.0	0.0	-4.0
(1880) Office of Accountability - QI/Audit	1,614	2,381	858	-1,522	14.9	21.5	9.0	-12.5
(1881) OA - Certification/Licensure	0	0	681	681	0.0	0.0	6.5	6.5
(1882) OA - Investigations	0	0	170	170	0.0	0.0	1.5	1.5
(1890) Provider Relations	451	379	0	-379	3.8	3.0	0.0	-3.0
Subtotal (1800) Mental Health Authority	40,405	69,076	8,813	-60,263	219.9	291.7	37.5	-254.2
(2000) Strategic Management Service								
(2010) Leadership, Planning and Policy Development	-6	0	0	0	0.0	0.0	0.0	0.0
Subtotal (2000) Strategic Management Service	-6	0	0	0	0.0	0.0	0.0	0.0
(2800) Community Services Agency								
(2810) Office of the Chief Executive Officer - CSA	4,220	3,415	0	-3,415	10.2	16.0	0.0	-16.0
(2815) Adult and Family Services - CSA	14,121	0	0	0	105.2	0.0	0.0	0.0
(2820) Children Youth and Family Services - CSA	5,054	0	0	0	39.3	0.0	0.0	0.0
(2825) Clinical Support - CSA	472	0	0	0	2.7	0.0	0.0	0.0
(2830) Consumer Advocacy - CSA	28	0	0	0	0.4	0.0	0.0	0.0
(2845) Intake and Continuity of Care - CSA	454	0	0	0	4.9	0.0	0.0	0.0
(2850) Pharmacy - CSA	4,220	0	0	0	9.5	0.0	0.0	0.0
(2855) Quality Improvement - CSA	618	0	0	0	6.7	0.0	0.0	0.0
(2860) Security and Safety - CSA	1,276	0	0	0	0.0	0.0	0.0	0.0
(2865) Office of the Chief Operating Officer	1,809	0	0	0	22.1	0.0	0.0	0.0
Subtotal (2800) Community Services Agency	32,272	3,415	0	-3,415	201.1	16.0	0.0	-16.0

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Table RMO-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010
(3800) Saint Elizabeths Hospital								
(3805) Office of the Chief Executive	4,135	1,948	1,660	-288	20.3	15.0	14.0	-1.0
(3810) Office of Clinical and Medical Services-SEH	18,990	13,906	20,757	6,851	122.7	137.5	155.7	18.2
(3815) Engineering and Maintenance - SEH	12,302	14,816	4,895	-9,922	20.5	22.8	19.0	-3.8
(3820) Fiscal and Support Services-SEH	2,641	1,514	1,441	-73	30.3	20.0	8.0	-12.0
(3825) Forensic Services - SEH	2,767	2,658	1,021	-1,637	24.1	25.0	12.0	-13.0
(3830) Housekeeping - SEH	2,483	2,351	2,341	-10	82.8	49.0	46.0	-3.0
(3835) Materials Management - SEH	791	1,320	1,424	104	9.1	8.0	7.0	-1.0
(3840) Medical Services - SEH	5,760	5,386	0	-5,386	39.2	39.8	0.0	-39.8
(3845) Nursing - SEH	34,063	32,046	30,594	-1,452	382.2	454.5	425.0	-29.5
(3850) Nutritional Services SEH	4,116	4,565	3,877	-687	38.7	44.0	42.0	-2.0
(3855) Psychiatric Services - SEH	9,205	9,980	0	-9,980	65.3	72.5	0.0	-72.5
(3860) Security and Safety - SEH	2,978	2,803	2,116	-687	16.5	21.0	19.0	-2.0
(3865) Transportation and Grounds - SEH	1,879	1,559	1,167	-392	20.7	15.0	11.0	-4.0
(3870) Office of the Chief of Staff - SEH	0	0	2,008	2,008	0.0	0.0	25.0	25.0
(3875) Office of the Chief Operating Officer - SEH	0	0	1,421	1,421	0.0	0.0	17.0	17.0
(3880) Clinical Administration - SEH	0	0	6,627	6,627	0.0	0.0	79.5	79.5
Subtotal (3800) Saint Elizabeths Hospital	102,110	94,852	81,350	-13,502	872.5	924.1	880.2	-43.9
4800) Mental Health Services and Supports								
(4805) Office of the Deputy Director - MHSS	0	0	13,358	13,358	0.0	0.0	7.0	7.0
(4810) Organizational Development - MHSS	0	0	1,023	1,023	0.0	0.0	9.0	9.0
(4815) Adult Services - Support Housing - MHSS	0	0	6,354	6,354	0.0	0.0	5.0	5.0
(4820) Adult Services - Support Employment MHSS	0	0	898	898	0.0	0.0	2.0	2.0
(4825) Adult Services Assertive Community Treatment -MHSS	0	0	107	107	0.0	0.0	1.0	1.0
(4830) Adult Services - Forensic - MHSS	0	0	1,443	1,443	0.0	0.0	7.0	7.0
(4835) Care Coordination - MHSS	0	0	2,126	2,126	0.0	0.0	19.0	19.0
(4840) Mental Health Services - MHSS	0	0	1,428	1,428	0.0	0.0	13.5	13.5
(4845) Comprehensive Psychiatric Emergency Program (CPEP)-MHSS	0	0	7,576	7,576	0.0	0.0	62.4	62.4
(4850) Pharmacy - MHSS	0	0	3,465	3,465	0.0	0.0	9.0	9.0
(4855) Homeless Outreach Services - MHSS	0	0	1,434	1,434	0.0	0.0	7.5	7.5
(4860) Children and Youth - MHSS	0	0	8,527	8,527	0.0	0.0	35.0	35.0
(4865) Early Childhood and School Mental Health Program - MHSS	0	0	5,604	5,604	0.0	0.0	56.0	56.0
(4870) Integrated Care - MHSS	0	0	1,758	1,758	0.0	0.0	7.0	7.0
(4880) Physicians' Practice Group - MHSS	0	0	2,073	2,073	0.0	0.0	10.4	10.4
Subtotal (4800) Mental Health Services and Supports	0	0	57,174	57,174	0.0	0.0	250.8	250.8

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010	Actual FY 2009	Approved FY 2010	Proposed FY 2011	Change from FY 2010
(7000) Active Treatment								
(7010) Active Treatment	-1	0	0	0	0.0	0.0	0.0	0.0
Subtotal (7000) Active Treatment	-1	0	0	0	0.0	0.0	0.0	0.0
(7800) Mental Health Financing/Fee for Service								
(7820) Mental Health Rehabilitation Services	16,882	9,697	8,232	-1,465	0.0	0.0	0.0	0.0
(7825) Mental Health Rehabilitation Services - Local Match	7,846	8,322	10,500	2,178	0.0	0.0	0.0	0.0
(7840) Residential Treatment Centers	14,087	0	0	0	0.0	0.0	0.0	0.0
(7870) Claims Administration/Billing	0	0	738	738	0.0	0.0	10.0	10.0
(7880) Provider Relations	0	0	585	585	0.0	0.0	5.0	5.0
Subtotal (7800) Mental Health Financing/Fee for Service	38,815	18,019	20,056	2,037	0.0	0.0	15.0	15.0
Total Proposed Operating Budget	231,705	206,576	187,527	-19,049	1,384.8	1,324.4	1,275.1	-49.2

(Change is calculated by whole numbers and numbers may not add up due to rounding)

Note: For more detailed information regarding the proposed funding for the activities within this agency's programs, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2011 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2011 Proposed Budget Changes

Intra-Agency Adjustments: For Special Purpose Revenue funds, \$650,000 is added to the Saint Elizabeths Hospital to reflect an increase in collections from US Marshals and Federal beneficiaries. Additionally, there is a cost decrease of \$393,000 in Special Purpose Revenue funds, which aligns the FY 2011 budget to adjust Medicare revenue projections for Saint Elizabeths Hospital. The agency will transfer \$3,391,000 from the former D.C. Community Services Agency to Mental Health Rehabilitation Services. Finally, the Federal Grants budget for DMH is enhanced by approximately \$667,000 reflecting an increase in grants for FY 2011.

Transfers In/Out: A transfer of \$361,000 and 5 FTEs is made to the Office of the Chief Technology Officer to consolidate IT support services. Additionally, funds totaling \$921,947 for procurement and human resource assessments are transferred to Office of Contracting and Procurement and the Department of Human Resources. An Intra-District transfer of

\$2,000,000 for a Disproportionate Share Hospital (DSH) payment is made from the Department of Health Care Finance (DHCF).

Cost Savings: DMH will generate \$1,902,000 in savings through increased Medicaid reimbursements for various mental health services by developing specific billing codes for services that occur within the Supported Employment Program, contracted Community Residential Facilities, and Clubhouse (community-based recovery) programs. The agency also will save \$75,000 within its Outpatient Forensics Services program by aligning the contract amount to actual usage. Utilizing a DSH payment from DHCF yields a cost savings of \$2,000,000 in Local funds.

DMH achieves \$8,405,000 in savings on fuel, fleet, security costs, rent, energy, and telephone costs through operations at a consolidated Saint Elizabeths campus and by closing several facilities formerly occupied by the DC Community Services Agency. Those include 33 N Street NE, 1250 U Street NW, 3841-3845 Alabama Avenue SE, and 1125 Spring Road NW.

The new Hospital also will save \$70,310 by consolidating food services into a centralized kitchen and distribution system; \$261,435 in reduced need for various supplies and materials; \$195,879 in reduced maintenance costs for new equipment, and \$12,743 by reducing expenditures on books and subscriptions.

The agency will save \$100,000 by reducing custodial service contract costs, and \$27,000 in savings on elevator, electrical, plumbing and HVAC maintenance and repair contracts.

The agency will save \$84,744 in administrative costs: \$23,000 in reduced office supplies; \$10,000 in furniture and equipment; \$12,000 in savings by reducing the costs of a document shredding contract; and \$39,774 by reducing the use of brochures, pamphlets and other paper-based communications. In addition, a revised staffing plan for the new hospital will allow the elimination of 29 FTEs, which saves \$1,289,000.

The Mental Health Authority will save \$673,000 by eliminating 5 FTEs. This will include three FTEs in the mental health services division, one FTE in the Office of Accountability, and one in the Access Helpline by re-directing late-night calls to DMH's Comprehensive Psychiatric Emergency Program. The agency believes these reductions can be absorbed with little impact on services.

Other savings realized by the Mental Health Authority and the Agency Management Program include \$25,000 in savings from reduced maintenance and repair services and \$118,000 from various contractual services and through efficiencies in the agency's contract solicitation process and purchase card usage.

The agency will save \$108,956 by scaling back training costs and \$150,700 through careful management of costs related to HIPAA training and various contracts related to provider compliance.

As a result of the federal Medicaid Health Reform Act, DMH will save \$1,012,000 in Local funds. The entire savings will fund support services for children and youth who live east of the Anacostia River.

Finally, DMH will reduce costs allocated for the court monitor charged with overseeing progress of the Dixon court case, saving \$50,000. In addition, plaintiff's counsel fees in the Dixon case will be paid by the Office of the Attorney General, generating \$69,506 in savings for the DMH. The agency will also reduce contracts associated with activities that will be man-

aged in house, saving \$100,000. The agency is confident it can achieve these savings without impacting progress on meeting the Dixon exit criteria.

Protected Programs: The budget preserves the necessary funding to support individuals who were transitioned from the D.C. Community Services Agency (DC CSA) to community providers; continues the range of crisis and other innovative services offered for children and adults by the Department and its contract providers; and provides the funds necessary to operate Saint Elizabeths Hospital in its new 292-bed facility.

FY 2010 Approved Budget to FY 2011 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2010 approved budget and the FY 2011 proposed budget.

Table RM0-5
(dollars in thousands)

	PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2010 Approved Budget and FTE		191,390	1,240.9
Eliminate: Eliminate one-time enhancement for transition to new hospital	Multiple Programs	-2,420	0.0
Cost Decrease: Realign severance and leave payout to account for Community Service Agency transition	Community Services Agency	-2,000	0.0
Enhance: Increase in Local Mental Health Rehabilitation Services funding	Mental Health Financing/Fee for Service	2,000	0.0
Cost Decrease: Realign staff to account for Community Service Agency transition	Community Services Agency	-1,391	-16.0
Enhance: Increase in Mental Health Rehabilitation Services	Mental Health Financing/Fee for Service	1,391	0.0
Cost Decrease: Use Disproportionate Share Hospital payment from DHCF	Saint Elizabeths Hospital	-2,000	-35.0
Reduce: Reduce provider training	Mental Health Authority	-30	0.0
Reduce: Reduce contractual services for agency-wide accountability initiatives	Mental Health Authority	-151	0.0
Reduce: Reduce accountability staff	Mental Health Authority	-93	-1.0
Reduce: Reduce training on compliance standards	Mental Health Authority	-79	0.0
Reduce: Reduce psychiatric position	Mental Health Authority	-236	-1.0
Reduce: Reduce contractual services	Mental Health Services and Support	-100	0.0
Cost Decrease: Adjust costs to account for Medicare eligible consumers	Mental Health Financing/Fee for Service	-300	0.0
Optimize: Use federal reimbursement to reduce costs for Medicaid eligible services	Mental Health Authority	-1,902	0.0
Reduce: Reduce staff for psychiatric services	Mental Health Authority	-252	-2.0
Cost Decrease: Adjust service cost for outpatient forensic services	Mental Health Authority	-75	0.0
Cost Decrease: Transfer night shift coverage for Access Help Line to Comprehensive Psychiatric Emergency Program	Mental Health Authority	-92	-1.0
Cost Decrease: Align contractual services with program utilization	Mental Health Authority	-625	0.0
Cost Decrease: Reduce compensation for afterhour services	Mental Health Authority	-72	0.0
Cost Decrease: Adjust pharmaceutical costs due to change in Medicaid formula	Mental Health Authority	-102	0.0
Cost Decrease: Reduce rate for Community Support	Mental Health Financing/Fee for Service	-588	0.0
Cost Decrease: Use Federal reimbursement to reduce costs for Medicaid eligible services	Mental Health Financing/Fee for Service	-479	0.0
Reduce: Reduce cost for books, subscriptions and equipment	Saint Elizabeths Hospital	-13	0.0
Reduce: Realign direct care positions	Saint Elizabeths Hospital	-1,289	-29.0
Cost Decrease: Adjust supplies and materials costs to account for D.C. Core Service Agency closures	Community Services Agency	-23	0.0
Cost Decrease: Consolidate food services contract	Saint Elizabeths Hospital	-70	0.0
Reduce: Renegotiate costs for facility maintenance and repairs	Mental Health Authority	-25	0.0
Cost Decrease: Align costs for supplies and materials	Saint Elizabeths Hospital	-261	0.0
Cost Decrease: Align costs for maintenance and repairs for new equipment in smaller facility	Saint Elizabeths Hospital	-196	0.0
Cost Decrease: Adjust document shredding contracts	Agency Management Program	-12	0.0
Cost Decrease: Align costs for furniture and equipment purchases	Agency Management Program	-10	0.0

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Table RM0-5 (cont)
(dollars in thousands)

	PROGRAM	BUDGET	FTE
Cost Decrease: Align costs for supplies and materials	Agency Management Program	-9	0.0
Cost Decrease: Adjust costs for Plaintiff's counsel fees covered by the OAG	Agency Management Program	-70	0.0
Cost Decrease: Adjust funding for court monitor	Agency Management Program	-50	0.0
Cost Decrease: Adjust costs for contractual services related to compliance	Mental Health Authority	-100	0.0
Cost Decrease: Adjust communications costs for brochures, pamphlets and consultants	Agency Management Program	-40	0.0
Cost Decrease: Adjust costs for consultant contractual services	Agency Management Program	-60	0.0
Cost Decrease: Adjust costs for contract solicitations, temporary services, and purchase card expenses	Agency Management Program	-58	0.0
Cost Decrease: Align custodial costs with number of facilities	Agency Management Program	-100	0.0
Cost Decrease: Adjust contracts for maintenance and repair	Agency Management Program	-27	0.0
Transfer Out: Transfer to OCTO for ServUS	Agency Management Program	-361	-5.0
Cost Decrease: Eliminate vacant positions	Mental Health Authority	-129	-1.0
Shift: Expanded coverage due to federal health care reform	Mental Health Financing/Fee for Service	-1,012	0.0
Shift: Support services for children and youth east of the Anacostia River	Mental Health Services and Supports	1,012	3.0
Reduce: Redirect funds to children's emergency services	Mental Health Financing/Fee for Service	-300	0.0
Transfer Out: Transfer procurement and human resource assessments to OCP/DCHR	Agency Management Program	-922	0.0
Cost Decrease: Eliminate vacant positions	Saint Elizabeths Hospital	-253	-2.0
Cost Decrease: Eliminate vacant positions	Mental Health Services and Supports	-316	-2.0
Reduce: Hold salary steps constant	Multiple Programs	-245	0.0
Cost Decrease: Align fixed costs with revised DRES/DPW estimates	Multiple Programs	-8,405	0.0
LOCAL FUNDS: FY 2011 Proposed Budget and FTE		168,451	1,148.9
FEDERAL GRANT FUNDS: FY 2010 Approved Budget and FTE		1,222	4.0
Enhance: Increase in grant awards	Multiple Programs	667	2.0
Reduce: Hold salary steps constant (less than \$1,000)	Multiple Programs	0	0.0
FEDERAL GRANT FUNDS: FY 2011 Proposed Budget and FTE		1,889	6.0
FEDERAL MEDICAID PAYMENTS: FY 2010 Approved Budget and FTE		5,213	9.4
Optimize: Adjust billing for Medicaid Administrative Claiming to Medicaid reimbursement	Mental Health Authority	-1,100	-7.4
Reduce: Hold salary steps constant	Multiple Programs	-1	0.0
FEDERAL MEDICAID PAYMENTS: FY 2011 Proposed Budget and FTE		4,112	2.0

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Table RM0-5 (cont)
(dollars in thousands)

	PROGRAM	BUDGET	FTE
PRIVATE GRANT FUNDS: FY 2010 Approved Budget and FTE		117	0.0
No Change: Maintain FY 2010 funding		0	0.0
PRIVATE GRANT FUNDS: FY 2011 Proposed Budget and FTE		117	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2010 Approved Budget and FTE		4,424	37.0
Enhance: Increase collections from US Marshalls and Federal Beneficiaries	Saint Elizabeths Hospital	650	0.0
Cost Decrease: Adjust Medicare revenue projections	Saint Elizabeths Hospital	-393	0.0
Reduce: Hold salary steps constant	Multiple Programs	-53	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2011 Proposed Budget and FTE		4,628	37.0
INTRA-DISTRICT FUNDS: FY 2010 Approved Budget and FTE		4,209	33.0
Optimize: Adjust for Medicaid eligible services	Mental Health Services and Support	2,133	13.2
Transfer In: Transfer Disproportionate Share Hospital payment from DHCF for St. Elizabeths Hospital operation	Saint Elizabeths Hospital	2,000	35.0
Reduce: Hold salary steps constant	Multiple Programs	-13	0.0
INTRA-DISTRICT FUNDS: FY 2011 Proposed Budget and FTE		8,329	81.2
Gross for RM0 - Department of Mental Health		187,527	1,275.1

Agency Performance Plan

The agency has the following objectives and performance indicators for its divisions:

1. Mental Health Authority

Objective 1: Expand the range of mental health services.

Objective 2: Increase access to mental health services.

Objective 3: Continually improve the consistency and quality of mental health services.

Objective 4: Ensure system accountability.

Mental Health Authority

Measure	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2011 Target	FY 2012 Target
Early Childhood Program Outcome Measures	N/A	N/A	500	500	TBD
Number of affordable housing units developed	0	141	100	150	N/A
Total number of adult consumers served ¹	11,819	13,544 ²	13,800	14,000	15,000
Total number of children/youth consumers served ³	3,228	3,570 ⁴	5,775	6,000	7,000
Number of CPEP Visits ⁵	3,605	4,271	4,400	4,550	4,600
Number of Adult Mobile Crisis Team Visits	N/A	1,089 ⁶	1,300	1,500	1,600
Number of Child Mobile Crisis Team Visits	N/A	396 ⁷	300	350	400
Crisis stabilization bed utilization ⁸	71.2%	76.48%	85%	90%	90%
Total number of adult consumers receiving an ACT service	440	619 ⁹	650	850	1,000
Percent of MHRS ¹⁰ eligible children discharged from inpatient psychiatric hospitals who receive a community-based, non-emergency service within 7 days of discharge ¹¹	48.03%	39.25% ¹²	70%	80%	80%
Percent of MHRS eligible adults discharged from inpatient psychiatric hospitals who receive a community-based, non-emergency service within 7 days of discharge ¹³	53.5%	50.05% ¹⁴	70%	80%	80%
Percent of Medicaid claims submitted to DHCF that are paid	79%	82.86%	85%	88%	88%
Percentage of clean claims adjudicated by DHCF or MCO within 5 business days of submission	N/A	98.67% ¹⁵	95%	98%	98%
Number of Dixon ¹⁶ exit criteria targets met and approved for inactive monitoring by the Court Monitor	3	6 ¹⁷	15	19	19

2. Saint Elizabeths Hospital

Objective 1: Expand the range of mental health services.

Objective 2: Increase access to mental health services.

Objective 3: Continually improve the consistency and quality of mental health services.

Objective 4: Saint Elizabeths Hospital will institute new billing and coding process to ensure Medicaid and Medicare claims are accurately submitted.

Saint Elizabeths Hospital

Measure	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2011 Target	FY 2012 Target
Percent of involuntary acute admissions to St. Elizabeths Hospital	N/A	12%	11%	10%	9%
Average daily census of patients receiving inpatient services	N/A	343 ¹⁸	316	300	291
Number of elopements that occurred per 1,000 patient days	N/A	.89 ¹⁹	.75	.68	.61
Number of patient injuries per 1,000 patient days	N/A	1.01	1.00	.95	.90
Number of medication variances that occurred for every 1,000 patient days	N/A	2.78	2.64	2.51	2.39
Percentage of unique patients who were restrained at least once	N/A	1.2	1.1	1.0	.9
Percentage of unique patients who were secluded at least once	N/A	.5	.5	.5	.5

3. Office of the Director

Objective 1: Maintain efficient and effective agency operations.

Performance Plan Endnotes:

1. Reporting for this indicator is calculated based upon the requirements of Dixon Exit Criterion # 7 (penetration rate for services to adults).
2. Data is reported based upon FY 2009 claims processed as of March 4, 2010. It also includes only adults receiving at least one MHRS during the reporting period.
3. Reporting for this indicator is calculated based upon the requirements of Dixon Exit Criterion # 5 (penetration rate for services to children & youth).
4. Data is reported based upon FY 2009 claims processed as of March 4, 2010. It includes only children and youth receiving at least one MHRS during the reporting period. It does not include children receiving services through the School Mental Health program.
5. The Comprehensive Psychiatric Emergency Program is a 24 hour/seven day a week operation that provides emergency psychiatric services, mobile crisis services and extended observation beds for individuals 18 years of age and older.
6. Data reported includes only contacts involving the deployment of the mobile crisis team.
7. Data reported includes only contacts involving the deployment of the mobile crisis team.
8. This indicator was revised during FY 2008, since DMH does not collect data about the number of consumers referred to a crisis stabilization bed diverted from an inpatient psychiatric bed. DMH has been reporting utilization of crisis beds throughout FY 2009 and will continue to report on this measure throughout FY 2010.
9. Data reported represents the number of consumers actively enrolled and participating in the ACT program at the end of FY 2009. There are consumers who received an ACT service during FY 2009, who subsequently discontinued receipt of ACT services and are not included in this count.
10. Mental Health Rehabilitation Services
11. This indicator is also tracked as Dixon Exit Criterion #17. The target for exiting the Dixon case is 80 percent. Targets for FY 2009 and FY 2010 have been adjusted to reflect expected performance based upon performance throughout FY 2008.
12. Data reported is based upon FY 2009 claims processed as of March 4, 2010.
13. This indicator is also tracked as Dixon Exit Criterion #17. The target for exiting the Dixon case is 80 percent. Targets for FY 2009 and FY 2010 have been adjusted to reflect expected performance based upon performance throughout FY 2008.
14. Data reported is based upon FY 2009 claims processed as of March 4, 2010.
15. Data reported reflects clean claims processed by DMH within 5 days of submission.
16. On September 4, 2009, the District of Columbia filed a Motion to Vacate and Dismiss the Dixon Case (Motion to Dismiss) to the U.S. District Court. This motion remains pending. The Dixon plaintiffs submitted a response opposing the District's motion on November 18, 2009. Two amicus briefs were also filed in support of the plaintiffs' opposition to the Motion to Dismiss. DMH's reply is due after the completion of depositions of the experts retained by the Dixon plaintiffs.
17. DMH requested inactive status for Exit Criterion #10 (supported employment) in August 2008, which has been denied by the Dixon court monitor. DMH requested modification of the targets for Exit Criterion #9 (supported housing) and Exit Criterion #17 (continuity of care). The request for modification of the target for Exit Criterion #9 is pending as of March 15, 2010. The request for modification of the target for Exit Criterion #17 was denied. DMH submitted letters requesting inactive status for Exit Criterion #5 - #7 to the Court Monitor on February 26, 2010. Letters requesting inactive status for Exit Criterion #14 and #15 were submitted to the Court Monitor on March 8, 2010.
18. This measure now combines civil and forensic patients. SEH measures this indicator on a monthly basis and the data reported is the census as of the last day of the last month of each reporting period.
19. This measure now combines civil and forensic patients. This data refers to the elopement rate for the entire fiscal year. It tends to fluctuate from month to month and SEH recommends using the fiscal year total number to date (not monthly number) for quarterly reporting. This number is derived by dividing the total number of elopements by the total number of patient days for each respective time period.

