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Auditor's Certification of the Department of Mental Health's FY 2008 Performance Accountability Report

May 17, 2010

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EXECUTIVE SUMMARY

PURPOSE

Pursuant to D.C. Official code § 1-614.13(c)¹, and in accordance with section 455 of Pub. L. No. 93-198², the Office of the District of Columbia Auditor (Auditor) conducted an audit of the Department of Mental Health's (DMH) Fiscal Year (FY) 2008 Performance Accountability Report (PAR).

CONCLUSION

The Auditor's scope included an analysis of five of DMH's FY 2008 Initiatives and thirteen Key Performance Indicators (KPI). For the Initiatives and KPIs, the Auditor requested documentation and corroborating evidence to support the statements and data contained in the PAR.

The Auditor agreed with the five Initiative ratings that the Office of the City Administrator (OCA) assigned and found that they were properly rated. The results of the KPI review were:

- Certified – 10
- Certified with Qualifications – 1
- Not certified – 2

For the two KPIs not certified, the Auditor could not certify that the reported performance indicator was accurate within +/-5%.

RECOMMENDATIONS

1. The Director of DMH and OCA should confirm their understanding of KPI 1.2 and the performance measures to be used for this KPI going forward.
2. Saint Elizabeths Hospital officials should review the data within AVATAR to ensure the data within the database is accurate and performance measurements are adequately calculated.

¹ See the Government Managers Accountability Amendment Act of 1995, effective May 16, 1995 (D.C. Law 11-16; D.C. Code § 1-614.11 *et seq.* (2002)). Specifically, see D.C. Code § 1-614.14(c) which states that "the District of Columbia Auditor shall conduct an audit of selected performance measures each fiscal year presented in the performance reports of certain agencies each fiscal year."

² See section 455 (b) of the District of Columbia Home Rule Act, approved December 24, 1973 (Pub. L. No. 93-198, 87 Stat. 803); D.C. Code §1-204.55 (b) (2001) which states: "The District of Columbia Auditor shall each year conduct a thorough audit of the accounts and operations of the government of the District in accordance with such principles and procedures and under such rules and regulations as he [she] may prescribe." See also, section 455 (c) of the District of Columbia Home Rule Act, as amended, approved December 24, 1973, (87 Stat. 803, D.C. Code §1-204.55 (c) (2001) which states: "The District of Columbia Auditor shall have access to all books, accounts, records, reports, findings and all other papers, things, or property belonging to or in use by any department, agency, or other instrumentality of the District government and necessary to facilitate the audit."

PURPOSE

Pursuant to D.C. Official code § 1-614.13(c)¹, and in accordance with section 455 of Pub. L. No. 93-198², the Office of the District of Columbia Auditor (Auditor) conducted an audit of the Department of Mental Health's (DMH) Fiscal Year (FY) 2008 Performance Accountability Report (PAR).

OBJECTIVES, SCOPE, AND METHODOLOGY

The objectives of the audit were to:

1. determine the accuracy, quality, and utility of performance results presented in DMH's FY 2008 PAR; and
2. evaluate the procedures and internal controls that were used in collecting, analyzing and reporting performance data.

The scope of the audit was DMH's FY 2008 PAR. The audit focused on the accomplishments and measurable data elements contained in the PAR, notably the Initiatives and Key Performance Indicators (KPIs). Appendix A lists the Initiatives and KPIs from DMH's FY 2008 PAR.

To accomplish the audit objectives, the Auditor interviewed officials from DMH responsible for performance accountability matters. Accordingly, the DMH Director and the DMH Deputy Director of the Office of Strategic Planning, Policy and Evaluation were responsible for compiling the agency's data, statistics, and information used in the PAR and were the points-of-contact for this audit. In conducting the audit, the Auditor interviewed DMH officials in the Office of Accountability, Fiscal and Administrative Services, Office of Strategic Planning, Policy and Evaluation and Office of Programs Policy and Planning that were responsible for compiling the agency's data, statistics, and information used in the FY 2008 PAR.

The Auditor interviewed key personnel and examined supporting documentation from other agencies and organizations, including Saint Elizabeths Hospital, the Department of Housing Community Development (DHCD), Woodley House, and the Comprehensive

¹ See the Government Managers Accountability Amendment Act of 1995, effective May 16, 1995 (D.C. Law 11-16; D.C. Code § 1-614.11 *et seq.* (2002)). Specifically, see D.C. Code § 1-614.14(c) which states that "the District of Columbia Auditor shall conduct an audit of selected performance measures each fiscal year presented in the performance reports of certain agencies each fiscal year."

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Psychiatry Emergency Program (CPEP), who have direct responsibility for providing information contained in DMH's Initiatives and KPIs.³

DMH submitted the information for FY 2008 Initiatives and KPIs to the Office of the City Administrator (OCA). Since OCA was responsible for assigning a performance assessment rating for Initiatives and KPIs, the Auditor also corresponded with that office. The Auditor examined and evaluated data that was used in the PAR, primarily through judgmental sampling, ensuring that it could be reconciled or verified to source documentation.

The audit was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusion based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our conclusions based on our objectives.

BACKGROUND

As noted, the Auditor is required to conduct an audit of selected performance measures presented in the performance report of certain agencies each fiscal year. By doing so, the Auditor hopes to assist the District government to operate more efficiently, effectively, and economically while providing a higher quality of service to its residents.

DMH was established as a Cabinet-level department in FY 2001. The mission of DMH is to "develop, support, and oversee a comprehensive, community-based, consumer-driven, culturally competent, quality mental health system. The system should be responsive and accessible to children, youths, adults, and their families. DMH is also responsible for ensuring that mental health providers are accountable to consumers and offer services that promote recovery from mental illness."⁴ DMH also evaluates and treats individuals referred through the criminal justice system.

The DMH website states that "DMH serves more than 12,000 people annually through the District of Columbia Community Services Agency (DC CSA)⁵ and other community-based mental health service providers under contract to the agency. Inpatient services, whether acute, long-term, or forensic, are provided at Saint Elizabeths Hospital. The DMH Community Services

³ Saint Elizabeths Hospital and the Comprehensive Psychiatric Emergency Program are operated by DMH.

⁴ See DMH's website: http://dmh.dc.gov/dmh/cwp/view,a.3,q.515952,dmhNav_GID,1480,dmhNav,%7C31269%7C,.asp, March 2010. DMH's FY 2008 PAR states that the agency's mission "is to support...."

⁵ As required by the FY2009 Budget Support Act of 2008, DMH submitted recommendations to the Council of the District of Columbia (Council) regarding the continued operation of DC CSA on October 1, 2008. DMH recommended closing the DC CSA and transferring most of the services to contract providers. DMH submitted an implementation plan to the Council as required. Copies of the October 1, 2008 report and the Implementation plan are available on the DMH website (www.dmh.dc.gov). To access the reports, click on the DC CSA Report to the Council link.

Agency provides routine, urgent, and emergency mental health rehabilitation services at mental health centers in Northeast, Northwest, and Southeast Washington.”⁶

⁶ See DMH’s website: http://dmh.dc.gov/dmh/cwp/view,a.3,q.515952,dmhNav_GID,1480,dmhNav,%7C31269%7C,.asp.

RESULTS OF AUDIT

A. Initiatives

Overview

The District of Columbia's Office of the City Administrator (OCA) defines initiatives as specific activities that are expected to occur over the next one to three fiscal years. Ideally, implementation of initiatives would have quantifiable results reflected in performance measures. OCA believes that initiatives also allow the department to be more productive by focusing on a common guideline.

Details

As shown in Appendix A, DMH reported on nine initiatives. Three (3) initiatives were reported as fully achieved; five (5) were reported as partially achieved; and one (1) initiative was reported as not achieved. The Auditor reviewed documentation for five of the nine DMH initiatives to determine the validity and accuracy of the information presented. For the initiatives reviewed, the Auditor agreed with the rating OCA assigned and found that they were properly rated. Table I presents a brief explanation regarding the Auditor's analysis of DMH's five initiatives and the corresponding achievement level for each of the initiatives.

Table I
Auditor Comments on 5 of DMH's Initiatives

Initiative Title	OCA's Rating	Auditor's Comments
1.1: Work with DCPS to expand the school-based mental health (SBMH) program.	Fully Achieved	Agree. The Auditor verified through review of DMH's records and internal control procedures that the SBMH program had a total of 42 schools in FY 2007 with an expansion of 28 schools in FY08, totaling 70 schools with a SBMH program.
1.3: Work with the D.C. Housing Finance Agency to develop new affordable housing units for persons with mental illness.	Partially Achieved	Agree. DMH initially developed a contract with the D. C. Housing Finance Agency to develop housing units; however, in October 2007, DMH partnered with the District of Columbia Department of Housing and Community Development (DHCD) to help create specialized housing units in housing developments throughout the District for DMH clients. This allowed for diversity of choices in regards to neighborhoods in which DMH clients can reside. According to documentation reviewed, DHCD developed 107 housing units for persons with mental illness.
2.1: Implement enhanced community-based psychiatric crisis services for adults in accordance with a stakeholder-developed plan.	Partially Achieved	Agree. The Auditor confirmed that DMH began implementing enhanced community based psychiatric crisis services for adults in accordance with a stakeholder developed plan during FY 2008. This was documented by the total number of consumers entering the Comprehensive Psychiatry Emergency Program (CPEP) during FY 2008. However, Mobile Crisis Team visits did not commence until November 1, 2008; therefore, this Initiative was only partially achieved.
3.3: Reduce adverse patient care events at Saint Elizabeths by implementing reporting, analysis and prevention programs.	Partially Achieved	Agree. The Auditor reviewed and verified that DMH has a new database to track, report, and analyze the status of patient care.
4.2: Streamline operations and billing by successfully transitioning all Medicaid claims payment functions to the Department of Health's Medical Assistance Administration. ⁷	Fully Achieved	Agree. A Memorandum of Understanding (MOU) between DMH and the Medical Assistance Administration (MAA) was amended effective November 1, 2007 to transition claim payment responsibilities. DMH now utilizes the eCura database system in successfully managing Medicaid claims.

⁷ The Department of Health's Medical Assistance Administration is now known as the Department of Health Care Finance or DHCF.

B. Key Performance Indicators (KPIs)

Overview

KPIs are commonly associated with an agency's objectives. KPIs should include a mix of outcomes, effectiveness, productivity/efficiency, demand, and outputs. KPIs must not only reflect the organization's goals, but must also be the key to its success, and be quantifiable (measurable). These indicators are usually long-term considerations that will ultimately assist the organization to meet and exceed their expectations for the future.

The Auditor utilized a model certification rating⁸ to report on the results of our testing and evaluation of the KPIs contained in DMH's FY 2008 PAR. (The Auditor made some minor changes to the "Not Certified" category.) Ratings were classified as follows:

Certification Ratings	
Certified	The reported performance indicator is accurate (+/- 5%) and, adequate procedures are in place for collecting and reporting performance data.
Certified with Qualifications	The reported performance indicator is accurate (+/- 5%) but, adequate procedures are not in place for collecting and reporting performance data.
Not Certified	Actual performance is not within 5% of reported indicator or, Actual data for the performance indicator could not be verified due to inadequate procedures, insufficient documentation, or because no data was reported by the agency.

As shown in Appendix A, DMH reported on 13 KPIs. The Auditor reviewed all 13 KPIs to determine the accuracy and reliability of the data DMH reported. Thus, for each KPI, the Auditor attempted to reconcile the performance indicator as it was reported on the DMH FY 2008 PAR to the source documentation and records of original entry that DMH provided. Additionally, the Auditor reviewed the internal control environment for each KPI to ensure that

⁸ The model is a replica of the rating process that is utilized by at least two municipal audit offices to report on audits that focus on performance measures. The Texas State Auditor's Office and the Maricopa County Auditor's Office use this reporting standard.

controls and processes associated with procedures for gathering and reporting data for each KPI were reliable. When controls were lacking, the Auditor made recommendations to strengthen them. Unless otherwise noted, the recommendations to improve controls were all derived from model standards developed by the Government Accountability Office and identified in their publication, Standards for Internal Control in the Federal Government, (GAO/AIMD-00-21.3.1).

Details

1) KPI 1.1: # of schools with a School-Based Mental Health Program

Certification Discussion: The Auditor **certified** the reported performance indicator for KPI 1.1 dealing with the total number of schools with a School-Based Mental Health Program (SBMH).

DMH reported 58 active schools with a SBMH at the end of FY 2008 to OCA. The Auditor counted 70 schools with a SBMH for the fiscal year (October 1, 2007 through September 30, 2008), which was an additional 12 schools, which increased the number of D.C. Public and Public Charter schools with a SBMH program to 70.

Internal Control Discussion: The Auditor found that controls for counting the number of SBMH is adequate but that the Director should count all schools and not just the active schools by fiscal year as written for this KPI. The Auditor found that controls for this KPI were sufficient.

2) KPI 1.2: # of new affordable housing units developed

Certification Discussion: This KPI was **certified with qualifications** by the Auditor. The Auditor could not fully certify this KPI due to the ambiguity contained in the language of this KPI. The Auditor found that for the FY 2008 PAR, DMH submitted documentation supporting that 107 units of affordable housing had been under development, as of September 30, 2008. The OCA indicated that the units needed to be ready for occupancy, with a certificate of occupancy, to be counted for this KPI and therefore stated zero units developed for this KPI. According to the OCA analyst assigned to DMH, ".....with respect to the KPI, where they (DMH) hoped to have 100 units fully 'developed,' DMH did not meet this deadline. They had lots of units in the pipeline for development, but they were not substantially developed to qualify at having met the KPI target."

The Auditor found that both DMH and DHCD officials did not agree with OCA's zero rating for this KPI and stated that appropriate scoring for the KPI should have been 107. Further, both DMH and DHCD officials agree that the KPI is not clear. The Auditor found that DMH and OCA had extensive dialogue in regards to this KPI; however, the language relative to this KPI was not agreed upon with all parties prior to submission for the FY 2008 PAR. The lack of clear language does not ensure that general public users interested in DMH programs have reliable results on program performance.

Internal Control Discussion: The Auditor verified that DMH and DHCD have a Memorandum of Understanding (MOU) for the development of new affordable housing units. The Auditor also confirmed that there is a Project Review Committee⁹ that conducts an extensive review and evaluation of all properties. DHCD's Senior Policy Specialist and the Manager of the Development Finance Division provided extensive information and review of this process, which included information pertaining to their Housing Development Software (HDS), which interfaces with the U.S. Department of Housing and Urban Development (HUD) database. DHCD also created a report to update DMH as to their progress and status of the projects. The Auditor found that DHCD also sufficiently tracks housing development information in a database to ensure that the project is eligible for funding. The Auditor found that controls for the process of developing affordable housing units were sufficient.

3) KPI 2.1: Total # of consumers served (adults/children)

Certification Discussion: This KPI, dealing with the total of number consumers (adults/children) who received mental health services, was **certified**.

Internal Control Discussion: The Auditor validated that consumer data was adequately collected, tracked, and extracted from the eCura¹⁰ database system. The Auditor also reviewed and validated DMH's data methods as to the operational definition, target, method, source of data, collection process, training, dictionary, user manual, and quality assurance for collection of data for both adults and children. The Auditor found that controls for the process of tracking the number of consumers served were sufficient.

4) KPI 2.2: # of CPEP/Mobile Crisis Team visits

Certification Discussion: This KPI, which was, **certified** deals with two indicators: 1) total number of consumers entering the Comprehensive Psychiatry Emergency Program (CPEP) and; 2) the total number of Mobile Crisis team visits. The Auditor found that the number of consumers entering CPEP was within 5% of the total DMH reported to OCA. The number of Mobile Crisis team visits was not applicable for review by OCA or the Auditor because the program did not begin until November 1, 2008.

Internal Controls Discussion: The Auditor verified that the data provided by CPEP to DMH was accurate through a review of documentation recorded in CPEP's admission logs. The Auditor also confirmed that the DMH Performance Evaluator reviews the data entered by CPEP personnel and cross references the data. A policy and procedure manual was provided to the

⁹ Project Review Committee (PRC) consists of seven members: Director, Department of Housing and Community Development (DHCD); Director, Washington DC Corporation for Supportive Housing (CSH); Senior Development Officer, DC Housing Finance Agency; Director of Housing Department of Mental Health (DMH); Assistant Attorney General Office of the Attorney General (OAG); Director, Consumer Action Network; and a consumer.

¹⁰ The eCura Electronic Claims Process (ECP) is an application used to manually or automatically match claims to members, treatments, and authorizations. The eCura Claims Module is an application used to adjudicate (process for payment) manually or automatically.

staff as to expectations in gathering, tracking, and entering this data. The Auditor found that controls for the process in tracking the number of consumers entering CPEP were sufficient.

5) KPI 2.3: Crisis bed utilization rate

Certification Discussion: This KPI, dealing with the crisis bed utilization rate, was **certified**. DMH contracts with two crisis stabilization bed providers for a total of 15 crisis beds and evaluates the number of consumers utilizing the beds versus the number of beds available.

Internal Control Discussion: The Auditor reviewed DMH's methodology for reporting for this KPI and verified how DMH tracked, calculated, and monitored the data on a monthly basis. The Auditor also conducted a site visit to one of the contractors to verify the data collection process. The Auditor found that controls for the crisis bed utilization rate were adequate and sound.

6) KPI 3.1: % of consumers readmitted to Saint Elizabeths within 30 days of discharge

Certification Discussion: This KPI, dealing with the number of consumers that were readmitted to Saint Elizabeths Hospital within 30 days of discharge was **not certified** because the Auditor could not test the data to determine if the information submitted to OCA was accurate. The Auditor could not test the data after several failed attempts by Saint Elizabeths officials to replicate and validate the data since the merger of data from STAR¹¹ to AVATAR¹² in the summer of 2008. Both DMH and Saint Elizabeths officials agreed that the AVATAR system produced flawed and unreliable data for the period under review after the data was merged into this system.

Internal Controls Discussion: The Auditor reviewed Saint Elizabeths internal policies and procedures. The Auditor found that controls for this KPI needs improvement to ensure the data is accurate and that the reviews of information from AVATAR are sufficient.

7) KPI 3.2: % of consumers readmitted to Saint Elizabeths within 180 days of discharge

Certification Discussion: This KPI, dealing with the number of consumers that were readmitted to Saint Elizabeths Hospital within 180 days of discharge, was **not certified** because the Auditor could not test the data to determine if the information submitted to OCA was accurate. The Auditor could not test the data after several failed attempts by Saint Elizabeths officials to replicate and validate the data since the merger of data from STAR to AVATAR in the summer of 2008. Both DMH and Saint Elizabeths officials agreed that the AVATAR system produced flawed and unreliable data for the period under review after the data was merged.

¹¹ Database system previously used by Saint Elizabeth Hospital officials to input and track client information.

¹² Database system currently used by Saint Elizabeth Hospital officials to input and track client information

Internal Controls Discussion: The Auditor's response in regards to KPI 3.1 is the same for KPI 3.2.

8) **KPI 3.3: % of MHRS-eligible children discharged from an inpatient psychiatric setting who receive a community-based non-emergency service within 7 days of discharge**

Certification Discussion: This KPI, dealing with the number of children that have received at least one service¹⁴ during the fiscal year from Mental Health Rehabilitation Services (MHRS) Providers within 7 days of discharge, was **certified**.

Internal Control Discussion: The Auditor documented that oversight of this KPI is adequate and sufficient, including DMH's oversight of the Access Helpline where staff enter data for this KPI. This KPI is based on the HEDIS¹⁵ measure, which is an industry standard measure to confirm consumers are seen after they are discharged from community-based hospitalization. The Auditor also reviewed and validated the data methods for this KPI, which include the definition, target, method, sources, collection process, training, dictionary, user manual, and quality assurance procedures. The DMH Director also provided supporting policies and procedures, which included the following: DC DMH Delivery System Management, Service Authorization Manual (2003), and DC DMH Division of Integrated Care and Standard Operating Procedures (2009). The Auditor found that controls for this KPI were sufficient.

9) **KPI 3.4: % of MHRS-eligible adults discharged from an inpatient psychiatric setting who receive a community-based non-emergency service within 7 days of discharge**

Certification Discussion: This KPI, dealing with the number of adults that have received at least one service during the fiscal year from Mental Health Rehabilitation Service (MHRS) Providers within 7 days of discharge, was **certified**.

Internal Control Discussion: The Auditor validated that data was adequately collected, tracked, and extracted via the eCura¹⁶ database system. The Auditor found that controls for this KPI were sufficient.

¹⁴ Consumers may participate in one of the following services: a) diagnostic/assessment; b) medication/somatic treatment; c) counseling; d) community support; e) crisis/emergency; f) intensive day treatment; g) rehabilitation / day treatment; h) community-based intervention (CBI); and i) assertive community treatment (ACT).

¹⁵ The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90% of America's health plans to measure performance for care and service. The HEDIS measure is an industry standard measure to confirm that consumers are seen after they are discharged from a community based hospitalization. The national average is that 55.6% of Medicaid consumers received a non-emergency follow-up appointment within 7 days of discharge from an inpatient setting. (The State of Health Care Quality 2008 HEDIS Report).

¹⁶ The eCura System is DMH's database system of record (i.e. Medicaid claims, hospitalization admission and discharges). Medicaid claims are also submitted and processed through the eCura system.

10) KPI 4.1: % of total revenue collected

Certification Discussion: This KPI, dealing with the total percentage of Medicaid and local revenue collected by Providers, was **certified** since the actual performance was within 5% of the reported indicator.

Internal Control Discussion: The Auditor validated that data was adequately collected and tracked via the eCura database system. The Auditor also reviewed DMH's Claims Director's methodology, policies and procedures, and tracking of the data exported from the eCura database used in reporting this KPI. The DMH Office of Accountability also conducts on site claims audits for all providers. The Auditor found that controls for this KPI were sound.

11) KPI 4.2: % of Medicaid claims reimbursed

Certification Discussion: This KPI, dealing with the total percentage paid by Medicaid to the Providers, was **certified** since the actual performance was within 5% of the reported indicator.

Internal Control Discussion: The Auditor validated that data was adequately collected and tracked via the eCura database system. The Auditor also verified that the process in tracking and monitoring this data from eCura was accurate. The DMH Office of Accountability has policies for the Mental Health Rehabilitation Services (MHRS) to ensure all certified providers maintain compliance with the Deficit Reduction Act, the Federal False Claims Act, the D. C. False Claims Act, and other statutes. The Auditor found that controls for this KPI were adequate and sound.

12) KPI 4.3: % of clean claims warranted for payment within 10 days of submission

Certification Discussion: This KPI, dealing with the number of claims paid within 10 days of submission by the Provider without any errors, was **certified** since the actual performance was within 5% of the reported indicator.

Internal Control Discussion: See internal control discussion for KPI 4.2. The Auditor found that controls for this KPI were adequate and sound.

13) KPI 4.4: Number of Dixon Exit Criteria (EC) Targets met and approved for inactive monitoring by the Court Monitor

Certification Discussion: This KPI, dealing with the number of Exit Criteria met and approved for inactive monitoring, was **certified**.

Internal Control Discussion: The DMH Director provided the Auditor a listing of the 19 Exit Criteria, which included a copy of the May 22, 2002 order approving the Exit Criterion and the December 12, 2003 order clarifying the requirements. The Auditor found that DMH has internal controls in place for this KPI to verify that each Exit Criterion is approved for inactive

monitoring by the Court Monitor during the evaluation and assessment of the 19 Exit Criteria. The Auditor found that controls for this KPI were adequate and sound.

Summary and Recommendations:

The following is a summary of the Auditor's certification rating for each KPI, as well as the adequacy of the internal control processes associated with each KPI, and resultant recommendations.

KPI No.	Certified	Certified with Qualifications	Not Certified	Internal Controls Adequate?
1.1	X			Yes
1.2		X		Yes
2.1	X			Yes
2.2	X			Yes
2.3	X			Yes
3.1			X	No
3.2			X	No
3.3	X			Yes
3.4	X			Yes
4.1	X			Yes
4.2	X			Yes
4.3	X			Yes
4.4	X			Yes

DMH expressed a level of appreciation regarding the overall review of the thirteen KPIs and emphasized their due diligence in improving their methodology in collecting, tracking, and analyzing the data not only within DMH, but also from DMH providers.

RECOMMENDATIONS

1. The Director of DMH and OCA should confirm their understanding of KPI 1.2 and the performance measures to be used for this KPI going forward.
2. Saint Elizabeths Hospital officials should review the data within AVATAR to ensure the data within the database is accurate and performance measurements are adequately calculated.

CONCLUSION

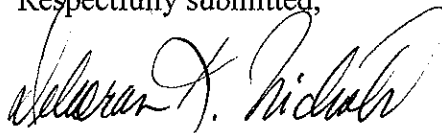
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The Auditor agreed with the five Initiative ratings that the Office of the City Administrator (OCA) assigned and found that they were properly rated. The results of the KPI review were:

- Certified – 10
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For the two KPIs not certified, the Auditor could not certify that the reported performance indicator was accurate within +/-5%.

Respectfully submitted,



Deborah K. Nichols
District of Columbia Auditor

APPENDIX



Department of Mental Health

DMH (RM)

MISSION

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 Elizabeth Hospital, the District of Columbia Community Services Agency (DCCSA), the Comprehensive Psychiatric Emergency Program, the Homeless Outreach Program and the School-Based Mental Health Program.

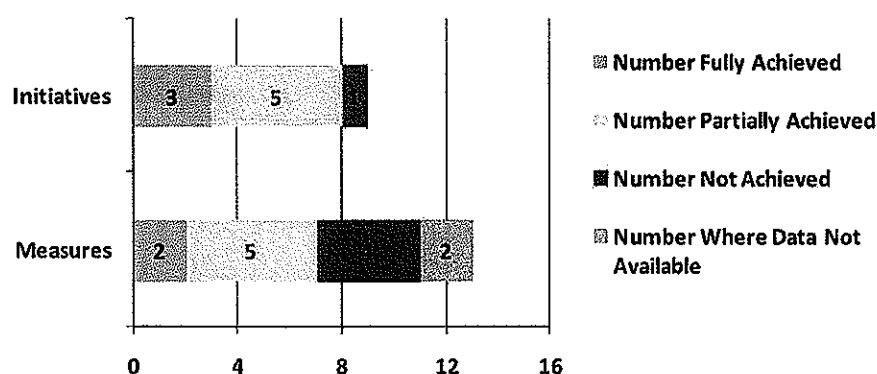
AGENCY OBJECTIVES

1. Expand the range of mental health services.
2. Improve access to mental health services.
3. Continually improve the quality and consistency of mental health services.
4. Ensure system accountability.

3 KEY ACCOMPLISHMENTS

- ✓ Worked in partnership with the Department of Housing and Community Development to invest funds to begin development of 107 units of affordable housing in FY 08.
- ✓ Established the Court Urgent Care Clinic at the District of Columbia Superior Court to provide same-day services to persons with mental illness who are involved with the judicial system.
- ✓ Established the Ida Mae Campbell Wellness & Resource Center, a low barrier wellness and resource center operated by consumers for consumers.

OVERVIEW OF AGENCY PERFORMANCE





Performance Initiatives – Assessment Details

Performance Assessment Key:

- Fully achieved ● Partially achieved ● Not achieved ● Data not reported

OBJECTIVE 1: Expand the range of mental health services.

- **INITIATIVE 1.1: Work with DCPS to expand the school-based mental health program.**
Fully Achieved. DMH's School-based Mental Health Program expanded in 2008 and is serving students and families in 58 schools, surpassing its FY 2008 target of 48 schools.
- **INITIATIVE 1.2: Develop a community-based "wrap-around" services initiative for at-risk children and youth.**
Partially Achieved. The wrap-around project team successfully signed a contract with a community provider and has referred 10 children to begin filling the pilot program's 24 slots designated for the purpose of bringing home children who are living outside the District in residential treatment centers. Progress has been significantly slower in referring 100 children who may be at risk of being sent to a residential treatment center in the future.
- **INITIATIVE 1.3: Work with the D.C. Housing Finance Agency to develop new affordable housing units for persons with mental illness.**
Partially Achieved. DMH has entered into an MOU with the DC Housing Finance Authority to develop 150 new housing in 2008 and 2009. As of September 30, 2008, the first 107 units are scheduled for completion beginning in April of 2009 and continuing through 2010.

OBJECTIVE 2: Improve access to mental health services.

- **INITIATIVE 2.1: Implement enhanced community-based psychiatric crisis services for adults in accordance with a stakeholder-developed plan.**
Partially Achieved. DMH in FY2008 established the Court Urgent Care Clinic at the DC Superior Court. In November of 2008, DMH began operations of mobile crisis team for adults and children, and during the first quarter of FY2009, completed renovation of its Comprehensive Psychiatric emergency Program to include eight 72-hour extended observation beds. This multi-year initiative is on track for completion.

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

- **INITIATIVE 3.1: Improve the Community Service Review scores for team formation and functioning for both children and adults.**
Not Achieved. DMH scores on case-based reviews dropped in both adults (80% to 74%) and children (48% to 36%) from FY07 to FY08. DMH reports that sampling changes (an increase of 60% in the size of the adult sample and 40% in the child sample) and measures taken to improve inter-rater reliability (increasing the number of outside, independent reviewers and establishing case-judging process) complicate year-to-year comparisons, but the data suggests that the decrease in the adult scores was not statistically as significant as



the decline in the child scores. During the first quarter of FY 2009, DMH established an internal Community Service Review (CSR) Unit as part of the Division of Organizational Development. The internal CSR Unit will be responsible for leading performance improvement efforts with regard to the scoring.

● **INITIATIVE 3.2: Improve the operations of the DCCSA through systemic reviews, consolidation of programs, and maintenance of safety net functions.**

Partially Achieved. During FY08, an independent review of DCCSA operations concluded that the agency's patients and most of its duties should be shifted to private community providers. DMH is making progress at implementing this change, and will provide a full plan to implement this change by Dec. 31, 2008.

● **INITIATIVE 3.3: Reduce adverse patient care events at Saint Elizabeth's by implementing reporting, analysis and prevention programs.**

Partially Achieved. The overall number of unusual incidents at St. Elizabeth's has dropped since October and November of 2007, when it peaked at 180 incidents per month. However, the average number of monthly incidents was 14 percent higher during January through July of 2008, compared to the same period in 2007. St. Elizabeth's staff believes that the increase is primarily due to more accurate reporting and better tracking. In November 2007, a new UI database was developed and implemented, after the discovery that there was inaccuracy in the data (sometimes multiple reports were received, and in other cases, no report was received.) In addition, St. Elizabeth, as part of DMH, made changes to the UI reporting process in July 2008, which has positively impacted data accuracy. This also changed some definitions of what a UI is, which makes it somewhat difficult to compare prior year data.

St. Elizabeth's staff also believes that in prior years there was underreporting of allegations of abuse or neglect, so much emphasis has been placed on improving this reporting. In addition, beginning in July, all incidents of seclusion and restraint are now reportable, where in the past that was not the case.

OBJECTIVE 4: Ensure system accountability.

● **INITIATIVE 4.1: Implement audit and Medicaid integrity plans to ensure fiscal responsibility.**

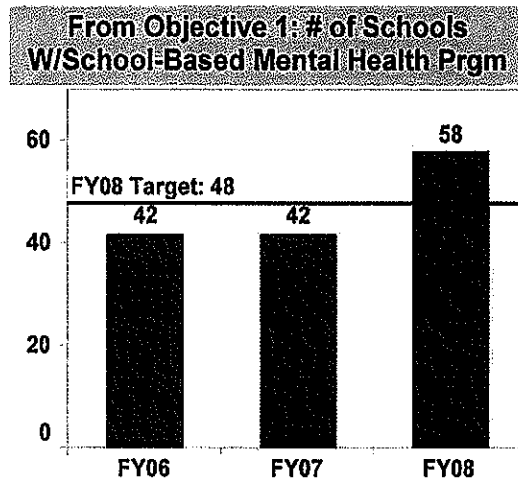
Fully Achieved. In FY 2008, DMH completed back claims audits of its Medicaid claims in 2005-07, provided training for all mental health providers on Medicaid billing practices, and established a Medicaid compliance hotline.

● **INITIATIVE 4.2: Streamline operations and billing by successfully transitioning all Medicaid claims payment functions to the Department of Health's Medical Assistance Administration (MAA).**

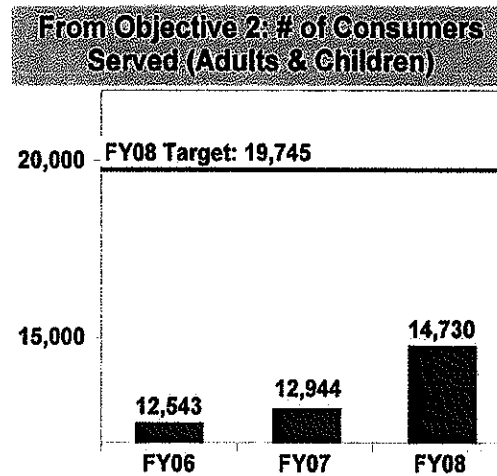
Fully Achieved. An MOU was signed to shift all claims payment functions to the new Health Care Finance Administration, and the transition will be completed in November, 2008.



Key Performance Indicators – Highlights



↑
FULLY ACHIEVED
↓



↑
PARTIALLY ACHIEVED
↓

More About These Indicators:

How did the agency's actions affect this indicator?

- DMH adopted a new model for delivery of school mental health services through contract employees.
- DMH expanded into an additional 10 schools to begin the '08-'09 school year by adopting a 2-tiered model for service delivery.
- DMH has also partnered with OSSE to expand school-mental health services into eight additional schools during the '08-'09 school year.

What external factors influenced this indicator?

- Implemented contract model to pilot billing for the reimbursement of treatment services within the SMHP and increase local provider capacity for the provision of School-based mental health services.
- Responded to Mayoral request for SMHP expansion with no new funding.
- The Blackman-Jones settlement.

How did the agency's actions affect this indicator?

- Instituted the SURE Program, the Court Urgent Care Clinic and the Child Wrap/Around Program to increase access to mental health services in 2008.
- Initiated and funded the Comprehensive Emergency Psychiatric Program, a child mobile crisis and stabilization services and a child choice provider network in FY08 that will be fully operational in FY09.

What external factors influenced this indicator?

- Worked with stakeholders and other District agencies to develop plans for adult crisis emergency services and child mobile crisis and stabilization services.
- Adult Crisis Emergency Plan recommended the development of capacity to provide same-day or walk-in services.
- Worked with CFSA, DYRS, OSSE and DCPS and stakeholders to develop RFPs for the Child Wrap/Around Program.



Key Performance Indicators – Details

Performance Assessment Key:

Fully achieved
 Partially achieved
 Not achieved
 Data not reported

	FY06 Actual	FY07 Actual	FY08 Target	FY08 Actual	FY09 Projection
OBJECTIVE 1: Expand the range of mental health services.					
1 # of schools with a school-based mental health program	42	42	48	58	58
2 # of new affordable housing units developed ¹	0	0	100	0	100
OBJECTIVE 2: Improve access to mental health services.					
3 Total # of consumers served (adults/children) ²	9,735/2,808	9,843/ 3,101	14,000/ 5,745	11,576/ 3,154	13,500/ 5,525
4 # of CPEP / Mobile Crisis Team visits ³	3,420/N/A	N/A	500	N/A	700
6 Crisis beds utilization rate	N/A	N/A	N/A	71.2%	80.0%
OBJECTIVE 3: Continually improve the quality and consistency of mental health services.					
6 % of consumers readmitted to Saint Elizabeth's within 30 days of discharge	11.0%	8.3%	10.0%	8.5%	9.0%
7 % of consumers readmitted to Saint Elizabeth's within 180 days of discharge	29.0%	19.0%	25.0%	20.8%	23.0%
8 % of MHRS-eligible children discharged from an inpatient psychiatric setting who receive a community-based non-emergency service within 7 days of discharge ⁴	N/A	45%	80%	48%	80%
9 % of MHRS-eligible adults discharged from an inpatient psychiatric setting who receive a community-based non-emergency service within 7 days of discharge ⁵	N/A	35%	80%	53%	80%

¹ DMH, through its partnership with DCHD, had 107 units of affordable housing under development as of September 30, 2008.

² Data reported for this measure was extracted from DMH's claims processing system on November 28, 2008. DMH providers are authorized to submit claims for services rendered during FY08 until December 31, 2008. Accordingly, there is a lag in reporting complete data for the fiscal year until all claims processing is complete. Claims processing is usually completed by March 31st of the subsequent fiscal year. This claims lag also affects reporting for two other claims-based Key Performance Indicators, the indicators measuring the number of consumers (both children and adults) who receive a community-based service within seven (7) days of discharge from an inpatient psychiatric setting.

³ The Mobile Crisis team became fully operational on November 1, 2008.

⁴ See footnote number 2.

⁵ See footnote number 2.



Key Performance Indicators – Details

Performance Assessment Key:

Fully achieved
 Partially achieved
 Not achieved
 Data not reported

		FY06 Actual	FY07 Actual	FY08 Target	FY08 Actual	FY09 Projection
OBJECTIVE 4: Continually improve the quality and consistency of mental health services.						
10	% of total federal revenue collected	53.1%	52.8%	55.0%	50.6% ⁶	N/A
11	% of Medicaid claims reimbursed	65%	76%	90%	81% ⁷	90%
12	% of clean claims warranted for payment within 10 days of submission	66.0%	70.0%	80.0%	81.7%	80.0%
13	# of Dixon exit criteria targets met and approved for inactive monitoring by the Court Monitor ⁸	0	1	9	3	13

⁶ See footnote 2. Data reported for this measure was extracted from DMH's claims processing system on November 28, 2008. Final data regarding collection of federal Medicaid revenue will not be available until the completion of claims processing, sometime after March 31st of the next fiscal year.

⁷ See footnote 2. Data reported for this measure was extracted from DMH's claims processing system on November 28, 2008. Final data regarding reimbursement of Medicaid claims will not be available until the completion of all claims processing, sometime after March 31st of the next fiscal year.

⁸ DMH has been negotiating exit from active monitoring for Exit Criterion #10, Supported Employment with the Court Monitor since August 2007. The parties continue to discuss this particular criterion. On August 8, 2008, DMH submitted a letter requesting inactive monitoring status for Exit Criterion #16, Services to Homeless Children and Youth. To date, DMH has not received a response from the Court Monitor regarding Exit Criterion #16.

AGENCY COMMENTS

AGENCY COMMENTS

On February 2, 2010, the Office of the District of Columbia auditor submitted this report in draft for review and comment to the Director of the Department of Health (DMH).

On February 16, 2010, the Auditor received written comments from the Director of DMH. Where appropriate, changes were made to the final report based upon the comments received. All written comments are appended, in their entirety, to the final report.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH



Office of the Director

February 12, 2010

Ms. Deborah K. Nichols
District of Columbia Auditor
Office of the District of Columbia Auditor
717 14th Street, NW, Suite 900
Washington, D.C. 20005

Dear Ms. Nichols:

Thank you for providing us with an opportunity to review and comment on the draft report entitled "Auditor's Certification Review of the Department of Mental Health FY 2008 Performance Accountability Report." We also appreciate the courtesy of your staff in providing us with additional time to comment on the draft report due to the inclement weather during the week of February 8, 2010.

Our comments are set forth in the attached chart.

If you have any questions about our comments, please feel free to call me.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen T. Baron", is written over the word "Sincerely," and extends horizontally across the page.

Stephen T. Baron
Director

Attachment

Cc: Lawrence Perry, Deputy Auditor

**Department of Mental Health
Draft Response to Auditor Report**

Comment Number	Page Number	Section	Comment
1.	1 -2	Objective, Scope and Methodology, Third paragraph, third sentence (carries over to page 2).	Employees from the Office of Strategic Planning, Policy and Evaluation were also interviewed during the audit and should be listed in this sentence.
2.	2	Objective, Scope and Methodology, First full paragraph on page 2.	Please note that Saint Elizabeths Hospital and the Comprehensive Psychiatric Emergency Program are operated by DMH. Saint Elizabeths and CPEP are included in the DMH budget and their employees are included as part of the overall employee count for DMH.
3.	2	Background, Second paragraph, second and third sentences.	Please delete the second and third sentences in their entirety and replace them with the mission statement from the DMH Performance Management Plan. The new second sentence should read as follows: The mission of DMH is to support prevention, resiliency and recovery for District residents in need of public mental health services.
4.	2 – 3	Background, Second paragraph, fourth and fifth sentences (carries over to page 3)	Please delete the fourth and fifth sentences in their entirety and replace them with the following description of DMH services that is included in the FY 2010 DMH Performance Management Plan: 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. As you know, DMH closed the District of Columbia Community Services Agency (DCCSA) in FY 2009. Therefore, the references to the DCCSA in the description of services that was included FY 2008 PAR is no longer accurate. If you are not willing to

Comment Number	Page Number	Section	Comment
			accept the change that we proposed to the description, we recommend including a footnote in the report acknowledging that fact that the DC CSA closed in 2009. Suggested language for the footnote is as follows: “As required by the FY 2009 Budget Support Act of 2008, DMH submitted recommendations to the Council of the District of Columbia (Council) regarding the continued operation of the District of Columbia Community Services Agency (DC CSA) on October 1, 2008. DMH recommended closing the DC CSA and transferring most of the services to contracted providers. DMH submitted an implementation plan to the Council as required. Copies of the October 1, 2008 report and the Implementation plan are available on the DMH website (www.dmh.dc.gov). To access the reports, click on the DC CSA Report to the Council link.”
5.	3	Background, First full paragraph.	Please delete the first full paragraph on page 3 and replace it with the following: DMH serves more than 16,000 people annually through community-based mental health service providers under contract, Saint Elizabeths Hospital and CPEP.
6.	5	Table 1, DMH's Initiatives, 1.3	DMH disagrees with the Auditor's characterization of its position regarding the rating for Initiative 1.3. In fact, neither DMH nor DHCD disagreed with rating the initiative as partially achieved. Rather, DMH and DHCD staff disagreed with the OCA's rating of the KPI associated with this initiative. Please delete the last two sentences of the narrative contained in column three because they are inaccurate.
7.	6	Footnote 7	Please revise the footnote to reflect the fact that the Department of Health, Medical Assistance Administration is now known as the Department of Health Care Finance or DHCF.
8.	8	KPI 1.1: # of schools with a school-based mental health program	DMH disagrees with the Auditor's findings regarding the school mental health program. DMH's goal was to provide School-based mental health services in 58 schools. DMH met this goal. Please note that there were never more than 48 clinicians working to provide services at no more than 58 schools at any one time. There is a 2-tiered system within the school mental health system, which means that some clinicians

Comment Number	Page Number	Section	Comment
			are assigned to 2 schools. The assignments are based upon workload assessments and may change throughout the year, depending on need. DMH reported that there were a total of 58 schools active in the program at the end of FY 2008 (the beginning of the FY 2008 – 2009 school year) to the OCA for its PAR. Thus, there was a net increase in participating schools during the reporting period (FY 2008) from forty-two (42) at the beginning of the 2007 – 2008 school year to fifty-eight (58) on September 30, 2008. DMH did not include the 7 schools that closed after the end of the 2007 – 2008 school year in its report for the PAR, since those schools were not actively participating in the program on September 30, 2008. In addition, there were 5 schools that participated in the School-Based Mental Health program for a portion of the reporting period, but were not actively participating on September 30, 2008. DMH believes that it accurately reported on the total scope of the program as of September 30, 2008, the end of the reporting period and that the auditor's report should reflect this fact and that the auditor should certify the results that were reported by DMH.