



In 2006, the mental health care system in the nation's capital received a grade of C. Three years later, its grade has not moved. It is not yet on firm ground, lacking both stable leadership and independence.

Development of the system has taken a tortuous path over the past 35 years. The U.S. District Court has been inextricably tied to its fate. In 1974, *Dixon et al. v. Williams* properly upheld the right of consumers to community-based services as an alternative to hospitalization. In 1987, the District acquired St. Elizabeth's Hospital from the federal government, putting it also under court oversight. In 1997, the District's failure to meet obligations of a consent order and implementation plan resulted in court-ordered receivership.

In 2000, transitional receivership was established. A year later, a final court-ordered plan was adopted, and the Department of Mental Health (DMH) was established as a cabinet-level agency in District government. Receivership ended in 2002 with appointment of a court monitor and specification of 19 performance measures, or "exit criteria." The District is still working to meet them. Following a U.S. Department of Justice review of inpatient care at St. Elizabeth's in 2005, the District signed a settlement agreement in 2007 with yet another timeframe for improving care.

DMH is making progress in developing a culturally competent system, a critical advance given the District's diverse population. DMH also has improved peer-run services by opening a drop-in center that includes peer specialists.

The District employs Mobile Crisis Teams as part of its emergency services. Additionally, DMH has a growing partnership with law enforcement. The Metropolitan Police Department is providing 16 hours of training for officers to better address individuals in psychiatric crisis, but has not moved toward adoption of formal police Crisis Intervention Teams (CIT), despite the recommendation of the Police Review Board.

DMH and the Department of Housing and Community Development have created 300 supportive housing units for people with serious mental illnesses. How-

## Innovations

- 300 new units of supportive housing
- Drop-in center with peer specialists

## Urgent Needs

- Expand ACT programs
- Increase stable and affordable housing
- Improve and increase St. Elizabeth's staff recruitment
- Adopt CIT

## Consumer and Family Comments

- *"Having an experienced professional provider is a must . . . That person must demonstrate compassion, respect, and a strong desire to help improve the lives of those he/she serves."*
- *"Not enough centers in the poorer parts of Washington, D.C. (SE section of the city)."*
- *"It's like an assembly line. Go to hospital, be discharged after one night with just bus fare and directions to the place to get meds, and that's it."*
- *"What's on paper does not translate to reality. The consumer remains a non-key player too often."*
- *"Everyone should be screened for mental illness when they are picked up by the police or EMS for any reason."*

ever, there is still a daunting, unmet demand for stable, affordable housing.

Beginning in the fall of 2009, the District is planning to transfer provision of mental health services from the D.C. Community Services Agency (DCCSA) to private agencies. DMH believes privatization will be more cost-effective, increasing the ability to serve more people with the same quality of care. This remains to be seen. One concern is the great need to increase capacity for Assertive Community Treatment (ACT) through certified providers. Another is whether the private sector can be relied upon to provide a full package of services compared to DCCSA.

The basic challenge for the District is to get out from under court oversight and move forthrightly on its own to build an effective mental health care system. In moving toward that goal, a C grade represents more stasis than progress. There is still much work to be done.