
Department of Behavioral Health

www.dbh.dc.gov

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Description	FY 2012 Actual	FY 2013 Approved	FY 2014 Proposed	% Change from FY 2013
Operating Budget	\$185,300,699	\$191,167,559	\$240,593,182	25.9
FTEs	1,221.7	1,245.2	1,321.0	6.1

Note: This agency received an additional allocation from the June 2013 revised revenue estimate. See the “FY 2014 Proposed Budget Changes” section at the end of this chapter for details.

The mission of the Department of Behavioral Health (DBH) is to support prevention, treatment, resiliency and recovery for District residents.

Summary of Services

The Department of Behavioral Health (DBH) is responsible for developing, supporting, and overseeing a recovery focused, comprehensive, community-based system of services and supports for residents with mental health and substance use disorders that is accessible, culturally competent, choice and outcome driven.

DBH provides prevention, intervention and treatment services for children, youth, and adults with mental health and/or substance abuse disorders. This includes a range of community-based outpatient and residential services that offer emergency psychiatric care, ambulatory services for mental health and substance abuse disorders, detoxification and prevention activities that are delivered primarily through a network of certified community providers. The goal is to tailor services to meet the individual needs of persons in care. Community-based services also included Medicaid-reimbursable activities for eligible District residents, supported housing, early childhood, school-based services and a pharmacy. DBH operates Saint Elizabeths Hospital, the District’s inpatient psychiatric facility.

DBH ensures quality of care through its regulation and certification authority as the Single State Agency (SSA) for substance abuse and mental health.

The agency’s FY 2014 proposed budget is presented in the following tables:

FY 2014 Proposed Gross Funds Operating Budget, by Revenue Type

Table RM0-1 contains the proposed FY 2014 agency budget compared to the FY 2013 approved budget. It also provides FY 2011 and FY 2012 actual expenditures.

Table RM0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2011	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Percent Change*
General Fund						
Local Funds	160,971	158,714	167,877	202,845	34,967	20.8
Special Purpose Revenue Funds	4,072	4,743	4,040	3,700	-340	-8.4
Total for General Fund	165,043	163,457	171,917	206,545	34,628	20.1
Federal Resources						
Federal Grant Funds	1,672	1,657	1,561	18,310	16,750	1,073.2
Federal Medicaid Payments	3,538	5,822	4,926	4,330	-596	-12.1
Total for Federal Resources	5,210	7,479	6,486	22,640	16,154	249.0
Private Funds						
Private Grant Funds	225	150	157	157	0	0.0
Private Donations	7	78	0	0	0	N/A
Total for Private Funds	233	227	157	157	0	0.0
Intra-District Funds						
Intra-District Funds	18,871	14,137	12,607	11,251	-1,356	-10.8
Total for Intra-District Funds	18,871	14,137	12,607	11,251	-1,356	-10.8
Gross Funds	189,356	185,301	191,168	240,593	49,426	25.9

*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 FY 2014 Operating Appendices located on the Office of the Chief Financial Officer's website.

FY 2014 Proposed Full-Time Equivalents, by Revenue Type

Table RM0-2 contains the proposed FY 2014 FTE level compared to the FY 2013 approved FTE level by revenue type. It also provides FY 2011 and FY 2012 actual data.

Table RM0-2

Appropriated Fund	Actual FY 2011	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Percent Change
<u>General Fund</u>						
Local Funds	1,075.1	1,102.0	1,113.1	1,139.0	25.9	2.3
Special Purpose Revenue Funds	34.6	36.1	33.5	34.5	1.0	3.0
Total for General Fund	1,109.7	1,138.2	1,146.6	1,173.5	26.9	2.3
<u>Federal Resources</u>						
Federal Grant Funds	5.0	5.6	5.5	56.0	50.5	918.2
Federal Medicaid Payments	1.5	0.6	2.0	2.0	0.0	0.0
Total for Federal Resources	6.5	6.2	7.5	58.0	50.5	673.3
<u>Intra-District Funds</u>						
Intra-District Funds	80.1	77.4	91.1	89.6	-1.6	-1.7
Total for Intra-District Funds	80.1	77.4	91.1	89.6	-1.6	-1.7
Total Proposed FTEs	1,196.2	1,221.7	1,245.2	1,321.0	75.8	6.1

FY 2014 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2014 budget at the Comptroller Source Group (object class) level compared to the FY 2013 approved budget. It also provides FY 2011 and FY 2012 actual expenditures.

Table RM0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2011	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Percent Change*
11 - Regular Pay - Continuing Full Time	71,903	74,796	76,371	83,663	7,292	9.5
12 - Regular Pay - Other	5,921	5,778	5,906	5,671	-235	-4.0
13 - Additional Gross Pay	4,141	4,148	1,965	1,793	-172	-8.8
14 - Fringe Benefits – Current Personnel	16,993	17,622	21,190	23,751	2,561	12.1
15 - Overtime Pay	4,501	3,178	1,953	1,953	0	0.0
99 - Unknown Payroll Postings	3	19	0	0	0	N/A
Subtotal Personal Services (PS)	103,461	105,541	107,386	116,832	9,446	8.8
20 - Supplies and Materials	9,728	6,292	6,608	6,993	385	5.8
30 - Energy, Comm. and Building Rentals	2,785	2,183	3,554	2,919	-635	-17.9
31 - Telephone, Telegraph, Telegram, Etc.	1,274	1,208	1,307	1,380	73	5.6
32 - Rentals - Land and Structures	2,710	297	2,642	4,839	2,197	83.2
34 - Security Services	2,414	2,256	2,141	2,247	106	4.9
35 - Occupancy Fixed Costs	506	123	149	444	295	198.2
40 - Other Services and Charges	11,973	11,609	13,080	14,086	1,006	7.7
41 - Contractual Services - Other	33,105	34,057	33,529	34,795	1,266	3.8
50 - Subsidies and Transfers	20,631	21,047	19,945	55,150	35,205	176.5
70 - Equipment and Equipment Rental	770	688	826	908	82	9.9
Subtotal Nonpersonal Services (NPS)	85,895	79,760	83,782	123,761	39,979	47.7
Gross Funds	189,356	185,301	191,168	240,593	49,426	25.9

*Percent change is based on whole dollars.

Division Description

The Department of Behavioral Health operates through the following 7 divisions:

Behavioral Health Authority – plans for and develops mental health and substance use disorders (SUD) services; ensures access to services; monitors the service system; supports service providers by operating DBH's Fee for Service (FFS) system; provides grant or contract funding for services not covered through the FFS system; regulates the providers within the District's public behavioral health system; and identifies the appropriate mix of programs, services, and supports necessary to meet the behavioral health needs of District residents.

This division contains the following 8 activities:

- **Office of the Director/Chief Executive Officer** – leads management and oversight of the public mental health system; directs the design, development, communication, and delivery of behavioral 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 sets standards for the provision of clinical care throughout the public behavioral health system for children, youth, and adults; oversees the community hospitals that hospitalize DBH consumers on an involuntary basis; oversees and improves quality of treatment of children and adolescents; approves Preadmission Screenings and Annual review (PASSAR) requests for patients and nursing facilities; and supervises the operation of the Comprehensive Psychiatric Emergency Program (CPEP) and the Homeless Outreach program;
- **Consumer and Family Affairs** – advises the Director and provides expertise on the consumer/family perspective and promotes and protects the legal, civil, and human rights of consumers;
- **Office of Policy Support** – advises the Director and leads policy development for the public behavioral health system; and provides support for the development and publication of rules and policies to guide the District public mental health system;
- **Office of Strategic Planning and Grants Management** – provides support for the development and publication of the annual performance management plan and Key Performance Indicators; coordinates the development and submission of annual mental health plan and mental health block grant application; provides support to the State Mental Health Planning Council; oversees the grants development, grants monitoring, grants award, and sub granting processes and procedures; and tracks expenditures and compliance with grant award stipulations;
- **Office of Accountability Quality Improvement/Audit** – provides oversight of providers for DBH to ensure that they meet or exceed the service delivery and documentation standards for Mental Health Rehabilitation Services (MHRS) and Mental Health Community Residence Facilities (MHCRF) and comply with 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** – certifies DBH provider agencies and licenses of all Mental Health (MH) Community Residential Facilities (CRFs). In addition, the certification unit monitors provider compliance with DBH regulations and local and federal laws; generates and enforces corrective action plans when necessary; monitors facilities on a regular basis, issuing notices of infraction when necessary; and ensures 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** – conducts major investigations of critical incidents, presents a disposition of the matter, and develops the final investigative report that are submitted to the Director of DBH, General Counsel of DBH, and other appropriate parties, to ensure that the needs and treatment goals of individuals in care are identified and addressed.

Saint Elizabeths Hospital (SEH) – provides psychiatric, medical, and psycho-social inpatient psychiatric treatment to adults to support their recovery and return to the community. The Hospital's goal is to maintain an active treatment program that fosters individual recovery and independence as much as possible. In addition, this program manages logistics, housekeeping, building maintenance, and nutritional services at SEH, to ensure the

provision of a clean, safe and healthy hospital environment for individuals in care, their families, and staff. The Saint Elizabeths Hospital also ensures staff credentialing and licensing privileges, and provides medication and medical support services to eligible inpatients in order to effectively treat mental illness and enhance recovery. The Hospital is licensed by the District's Department of Health as well as the U.S. Department of Health and Human Services (DHHS) Centers for Medicare and Medicaid Services.

This division contains the following 14 activities:

- **The Office of the Chief Executive - SEH** – provides planning, policy development, quality improvement and mental health system design to create a comprehensive and responsive system of mental health care;
- **Office of Clinical and Medical Services - SEH** – provides high-quality medical care for inpatients at Saint Elizabeths Hospital in concert with psychiatric care to optimize physical and mental health and to facilitate successful discharge into the community. This includes providing active treatment to the inpatient population to improve quality of life through a recovery-based therapeutic program; monitoring services to eligible consumers in order to effectively treat mental illness and enhance recovery; providing prescriptions, medical screening, education, medical assessment and treatment to the inpatient population; and providing employee health services to staff;
- **Engineering and Maintenance - SEH** – provides maintenance and repairs to the Hospital to ensure a functional, safe, and secure facility for inpatients, visitors, and staff in order to maximize the benefits of the therapeutic milieu;
- **Fiscal and Support Services - SEH** – provides for the formulation, execution, and management of the Hospital's budget, billing and revenue operations; approves and finances all procurements; and oversees the overall financial integrity of the hospital to ensure the appropriate collection, allocation, utilization and control of city resources;
- **Forensic Services - SEH** – provides court-ordered forensic, diagnostic, treatment, and consultation services to defendants, offenders, and insanity acquittees committed by the criminal divisions of the local and federal court;
- **Housekeeping - SEH** – maintains a clean and sanitized environment throughout Saint Elizabeths Hospital facilities to enhance the therapeutic environment and level of clinical performance in all hospital areas;
- **Materials Management - SEH** – receives and delivers materials, supplies, and postal and laundry services to individuals in care, DBH staff employees, and customers so that they can provide or receive quality care, respectively. Materials management also provides an inventory of goods received, replenishes stock, and performs electronic receiving for all goods and services received in the Hospital;
- **Nursing Services - SEH** – provides active treatment and comprehensive, high-quality nursing care to the inpatient population at Saint Elizabeths Hospital, 24 hours a day and 7 days a week, to improve quality of life through a recovery-based therapeutic program; establishes the training curriculum for all levels of hospital staff; assures compliance with agreed-upon training programs for clinical and clinical support staff to maintain the health and safety of individuals in care and staff;
- **Nutritional Services - SEH** – provides optimum nutrition and food services, medical nutrition therapy, and nutrition education services in a safe and sanitary environment;
- **Security and Safety - SEH** – provides a safe and secure facility for inpatients, visitors, and staff in order to ensure a therapeutic environment;
- **Transportation and Grounds - SEH** – manages the transportation resources, administrative functions, funding, and staff, to provide a safe, secure, and therapeutic physical environment for inpatients, staff, and visitors hospital-wide; provides vehicles and drivers for transportation services department-wide, patient food deliveries District-wide, and patient/staff transport;
- **Office of the Chief of Staff - SEH** – supports Saint Elizabeths Hospital staff by providing direct improvement in patient care to meet the requirements as set forth by the Department of Justice; establishes the training curriculum for all levels of hospital staff; provides clinical leadership and interdisciplinary treatment teams; assures compliance with agreed-upon training programs for clinical and clinical support staff to maintain the health and safety of individuals in care and staff; and ensures the provision of social work services, treatment

programs, and rehabilitation services; provides executive management, human resources coordination, organizational management and consultation, budget, contract management, public affairs, community outreach, and health information systems;

- **Office of the Chief Operating Officer - SEH** – provides oversight over the operational functions of the Hospital; manages the implementation and maintenance of the electronic medical record system (Avatar); provides support to Hospital environmental functions; assures that the integrity of the Health Information Management is maintained; and provides an effective and cost-efficient continuum of care for all patients including budgetary and revenue functions; and
- **Clinical Administration - SEH (Office of Accountability and Improvement - SEH)** – provides quality improvement utilizing performance improvement techniques in addition to using data and research to guide clinical practices; and provides oversight of the reporting functions for the Department of Justice and the Corporate Integrity Agreement, including the Independent Review Organization.

Behavioral Health Services and Supports (BHSS) – is responsible for the design, delivery, evaluation and quality improvement of behavioral 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 Senior Deputy Director - BHSS** – oversees the operations of the Mental Health Services and Supports Division, which includes the multi-cultural outpatient service, the physicians practice group, same-day or walk-in services, the outpatient competency restoration program, outpatient forensic services, services for deaf individuals with a psychiatric illness, services for developmentally disabled people with a psychiatric illness, two government operated outpatient clinics, and the private provider network;
- **Organizational Development - BHSS**– oversees the DBH Training Institute; the Community Service Review Unit, responsible for conducting a qualitative evaluation of the system of care; and Applied Research and Evaluation, responsible for developing program level and system-wide evaluation measures to generate performance data that can be used for service improvements;
- **Adult Services Supported Housing - BHSS** – 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 - BHSS** – provides employment assistance and support for consumers with significant mental health diagnoses for whom competitive employment has been interrupted or intermittent. Supports services include job placement, job coaching, and crisis intervention so that consumers can maintain part or full-time employment;
- **Adult Services Assertive Community Treatment (ACT) - BHSS**– provides intensive, integrated community-based mental health intervention and support services designed to provide rehabilitative and crisis treatment;
- **Adult Services Forensic - BHSS**– 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 who are leaving the criminal justice system have access to a full range of services;
- **Care Coordination - BHSS** – provides enrollment and authorization for services through a telephone-based service center that links people in need of behavioral health services to community providers, and determines eligibility and authorizes services. One of the services provided, the Access HelpLine, 1-888-7WE-HELP (1-888-793-4357), operated 24 hours per day, 7 days per week, provides crisis intervention, telephone counseling, and information and referral 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 addition, a 24-hour suicide prevention and intervention service line is available to citizens identified within Metro stations who are in need of support. This service is co-sponsored with the Washington Metropolitan Area Transit Authority through the Access HelpLine;

- **Mental Health Services - BHSS** – directs and manages the government-operated mental health services, including a multicultural program, a deaf/hard of hearing program, an intellectual disability program, an out-patient competency restoration program, out-patient services for forensically committed individuals and a same day services program;
- **Comprehensive Psychiatric Emergency Program (CPEP) - BHSS** – provides mental health services to adults in psychiatric crises who need stabilization to prevent harm to themselves or others. Services are enhanced to convert hospitalizations, prevent decompensation, and provide mobile crisis intervention for this population;
- **Pharmacy - BHSS**– provides safety net pharmacy services for Psychiatric Medications for residents of the District of Columbia who are enrolled in the DBH system of care and who are uninsured and unable to pay for their medications;
- **Homeless Outreach - BHSS** – provides services directly to individuals who are homeless and in crisis;
- **Children and Youth Services - BHSS** – responsible for developing and implementing a system of care for children, adolescents, and their families that promotes prevention/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 clinical services including school-based mental health services, evidence-based services, youth forensic services, and oversight of youth placed in Psychiatric Residential Treatment Facilities (PRTFs);
- **Early Childhood and School Mental Health - BHSS** – promotes social and emotional development and addresses psycho-social and mental health problems that create barriers to learning. The program is responsible for the direct provision of prevention, early intervention, and brief treatment services to youth enrolled in D.C. Public and Public Charter schools through the Parent, Infant Early Childhood Enhancement Program located within the government-operated clinic;
- **Integrated Care - BHSS** – seeks to reduce the inpatient census and admissions to St. Elizabeths Hospital by identifying consumers who need a comprehensive array of services that include mental health, non-mental health, and informal support services 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 provides care management services to individuals with complex mental health needs as well as those discharged from a psychiatric inpatient stay in a community hospital; and
- **Physicians' Practice Group - BHSS (PPG)** – serves consumers at two government-operated sites, and outplaces psychiatrists at private CSA sites to increase the availability of psychiatric services at those sites. Additionally, PPG psychiatric services are also provided to consumers by specialized teams working within MHSS (Multi-Cultural Services and services for individuals who are deaf/hard of hearing or who have intellectual disabilities).

Addiction Prevention and Recovery Services and Support – is responsible for the development and delivery of substance use disorders (SUD) treatment and recovery support services. Prevention services include raising public awareness about the consequences of substance abuse and providing evidence-based program resources to community and faith-based organizations to promote wellness and reduce substance use and abuse. Treatment services include assessment and referrals for appropriate levels of care. Treatment services also include maintenance of a comprehensive continuum of substance abuse treatment services including outpatient, intensive outpatient, residential, detoxification and stabilization, and medication assisted therapy. Recovery support services include wrap-around services to ensure a full continuum of care, such as mentoring services, education skills building, and job readiness training. APRA ensures the quality of these services through its regulation and certification authority as the Single State Agency for substance abuse.

This division contains the following 7 activities:

- **Office of the Senior Deputy Director Addiction Services** – provides overall direction, policy development, and supervision for the other activities within the division;
- **Office of Addiction Services Operations** – ensures the financial stability, fiscal integrity, and program accountability for substance abuse activities. The office manages the operating budget, financial operations, and

facilities and is responsible for overseeing grant compliance and monitoring contracts that support mandatory the Single State for substance abuse functions;

- **Office of the Deputy Director for Administration** – manages the administrative functions of substance use disorder services, and coordinates and ensures adherence to substance abuse privacy and risk management requirements for the agency and substance abuse treatment provider network. In addition, the office oversees, coordinates, and ensures high quality prevention and performance-related activities, including regulation of substance abuse treatment services in the District of Columbia;
- **Office of Addiction Prevention Services** – works to prevent the onset of, and reduce the progression of, substance abuse risk among youth through a comprehensive public health and risk reduction prevention strategy that addresses the interrelated and root causes of tobacco, alcohol, marijuana, and other drug use. In addition, the office monitors and ensures that federal funds are addressing national outcome measures, high performance standards, and statutory requirements;
- **Office of Performance Management** – is responsible for evaluating, monitoring and managing the performance of all addictions and recovery programs, services, providers and staff. In addition, the office oversees the quality assurance and certification process for all substance abuse treatment facilities and programs in the District of Columbia. The Quality Assurance division conducts surveys of, and works with, substance abuse treatment providers to promote the highest quality standards for delivering services related to best practice models for substance abuse treatment. The Certification and Regulation division certifies substance abuse treatment facilities and programs to ensure compliance with District and federal laws and regulations. Only DBH-certified substance abuse treatment facilities and programs may lawfully provide treatment services in the District of Columbia;
- **Office of the Deputy Director for Addiction Treatment** – ensures the effective delivery of substance abuse treatment services to direct service treatment programs and programs that DBH contracts with or regulates. The office ensures that the highest quality treatment services are provided through policy development, analysis, and research; and
- **Implementation of Drug Treatment Choice** – provides subsidies and transfers for substance abuse treatment services only.

Mental Health Financing/Fee for Service – provides operational assistance and claims adjudication to support the community-based mental health services program.

This division contains the following 4 activities:

- **Mental Health Rehabilitation Services** – allocates Local funding for the payment of claims to private providers for children, youth, families, and adults who are District residents and receive Mental Health Rehabilitation Services;
- **Mental Health Rehabilitation Services – Local Match** – allocates Medicaid funding for the payment of claims to private providers for children, youth, families, and adults who are District residents and receive MHRS;
- **Claims Administration/Billing** – supports the internal Department of Behavioral Health structure for claims processing and reimbursement, including administrative claiming, and processes MHRS claims for community-based providers; and
- **Provider Relations** – provides technical assistance, training and coaching support to the DBH 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 Structure Change

In FY 2014, the agency added a new division and/or consolidated some divisions and/ or activities. The proposed division 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 2014 Proposed Operating Budget and FTEs, by Division and Activity

Table RM0-4 contains the proposed FY 2014 budget by division and activity compared to the FY 2013 approved budget. It also provides the FY 2012 actual data.

Table RM0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013
(1000) Agency Management								
(1010) Personnel	1,344	1,349	1,562	212	12.7	13.0	14.0	1.0
(1015) Training and Employee Development	324	324	351	27	2.9	3.0	3.0	0.0
(1017) Labor Relations	371	389	412	23	2.9	3.0	3.0	0.0
(1020) Contracting and Procurement	868	865	870	6	8.8	9.0	9.0	0.0
(1030) Property Management	1,655	3,757	4,161	404	2.9	3.0	3.0	0.0
(1040) Information Technology	5,924	5,905	6,217	312	24.4	25.0	25.0	0.0
(1050) Financial Management-Agency	1,903	2,960	2,257	-704	12.7	13.0	13.0	0.0
(1055) Risk Management	126	131	134	3	1.0	1.0	1.0	0.0
(1060) Legal Services	287	296	296	0	0.0	0.0	0.0	0.0
(1080) Communications	178	25	25	0	1.0	0.0	0.0	0.0
(1085) Customer Services	24	65	65	0	0.0	0.0	0.0	0.0
(1087) Language Access	58	59	59	0	0.0	0.0	0.0	0.0
(1099) Court Supervision	258	312	312	0	0.0	0.0	0.0	0.0
Subtotal (1000) Agency Management	13,320	16,437	16,720	283	69.3	70.0	71.0	1.0
(100F) DBH Financial Operations								
(110F) DBH Budget Operations	521	521	504	-16	3.9	4.0	4.0	0.0
(120F) DBH Accounting Operations	789	803	835	31	9.5	9.8	9.8	0.0
(130F) DBH Fiscal Officer	229	265	265	0	2.0	2.0	2.0	0.0
Subtotal (100F) DBH Financial Operations	1,539	1,589	1,604	15	15.4	15.8	15.8	0.0
(1800) Behavioral Health Authority								
(1810) Office of the Director/ Chief Executive Officer	1,661	1,042	1,040	-2	9.8	7.0	6.0	-1.0
(1815) Office of the Chief Clinical Officer	1,864	1,868	1,959	91	2.0	2.0	3.0	1.0
(1820) Consumer and Family Affairs	1,163	1,113	1,100	-12	2.0	2.0	2.0	0.0
(1865) Office of Policy Support	392	498	490	-8	2.9	4.0	4.0	0.0
(1866) Office of Strategic Planning and Grants Management	732	908	533	-375	1.0	1.0	1.0	0.0
(1880) Office of Accountability - QI/Audit	778	994	763	-231	6.9	8.1	8.1	0.0
(1881) Office of Accountability - Certification/Licensure	632	710	675	-35	6.3	6.5	6.5	0.0
(1882) Office of Accountability - Investigations	161	175	183	8	1.5	1.5	1.5	0.0
Subtotal (1800) Behavioral Health Authority	7,382	7,308	6,744	-564	32.3	32.1	32.1	0.0

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013
(3800) Saint Elizabeths Hospital								
(3805) Office of the Chief Executive	1,807	326	474	148	18.5	3.0	3.0	0.0
(3810) Office of Clinical and Medical Services - SEH	22,811	18,742	20,593	1,851	149.7	148.8	146.4	-2.5
(3815) Engineering and Maintenance - SEH	5,235	5,274	4,986	-288	20.5	16.0	17.0	1.0
(3820) Fiscal and Support Services - SEH	1,355	4,514	3,536	-978	8.8	10.0	4.5	-5.5
(3825) Forensic Services - SEH	727	877	478	-398	8.8	10.0	3.0	-7.0
(3830) Housekeeping - SEH	2,295	2,176	2,073	-103	43.9	42.0	40.0	-2.0
(3835) Materials Management - SEH	1,391	1,513	1,624	111	6.8	7.0	7.0	0.0
(3845) Nursing - SEH	32,856	33,023	34,262	1,239	410.9	431.5	443.2	11.6
(3850) Nutritional Services - SEH	3,642	3,478	3,348	-131	33.2	30.1	28.1	-2.0
(3860) Security and Safety - SEH	1,141	2,555	1,867	-688	18.5	19.0	19.0	0.0
(3865) Transportation and Grounds - SEH	973	871	851	-21	7.8	6.0	6.0	0.0
(3870) Office of the Chief of Staff - SEH	1,746	6,879	2,343	-4,536	19.5	82.2	25.0	-57.2
(3875) Office of the Chief Operating Officer - SEH	1,260	2,061	1,523	-537	17.6	26.8	20.0	-6.8
(3880) Clinical Administration - SEH	5,384	1,374	5,849	4,476	77.3	12.0	69.4	57.4
Subtotal (3800) Saint Elizabeths Hospital	82,623	83,662	83,809	146	841.8	844.5	831.5	-13.0
(4800) Behavioral Health Services and Supports								
(4805) Office of the Deputy Director - BHSS	11,828	12,184	12,179	-5	6.8	7.0	6.0	-1.0
(4810) Organizational Development - BHSS	862	1,279	808	-470	8.8	11.0	8.0	-3.0
(4815) Adult Services - Support Housing - BHSS	7,065	8,428	8,263	-165	3.9	3.0	3.0	0.0
(4820) Adult Services - Support Employment BHSS	1,077	844	190	-654	1.3	2.0	2.0	0.0
(4825) Adult Services Assertive Community Treatment - BHSS	107	109	113	3	1.0	1.0	1.0	0.0
(4830) Adult Services - Forensic - BHSS	1,287	1,215	1,323	109	5.8	5.0	6.0	1.0
(4835) Care Coordination - BHSS	2,240	1,625	1,744	119	20.5	19.0	21.0	2.0
(4840) Mental Health Services - BHSS	2,733	2,567	3,433	865	22.4	26.5	33.0	6.5
(4845) Comprehensive Psych Emergency Program (CPEP)-BHSS	8,320	8,441	7,731	-710	60.7	66.8	64.8	-2.0
(4850) Pharmacy - BHSS	2,435	2,391	2,404	13	8.6	8.0	9.0	1.0
(4855) Homeless Outreach Services - BHSS	1,083	1,148	1,178	30	7.9	7.5	8.0	0.5
(4860) Children and Youth - BHSS	12,574	13,687	13,961	274	34.1	33.5	41.0	7.5
(4865) Early Childhood and School MH Program - BHSS	5,550	5,954	5,977	23	53.2	60.2	58.5	-1.7
(4870) Integrated Care - BHSS	1,882	1,635	1,690	55	6.8	7.0	7.0	0.0
(4880) Physicians Practice Group - BHSS	1,868	2,570	1,998	-571	9.1	12.4	9.4	-3.0
Subtotal (4800) Behavioral Health Services and Supports	60,911	64,076	62,991	-1,085	251.0	269.9	277.7	7.8

(Continued on next page)

Table RMO-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013	Actual FY 2012	Approved FY 2013	Proposed FY 2014	Change from FY 2013
(6800) Addiction Prevention and Recovery Administration								
(6810) Office of Senior Deputy	0	0	717	717	0.0	0.0	5.0	5.0
(6820) Deputy Director for Operations	0	0	7,204	7,204	0.0	0.0	24.0	24.0
(6830) Deputy Director for Administration	0	0	1,255	1,255	0.0	0.0	12.0	12.0
(6840) Prevention Services	0	0	5,962	5,962	0.0	0.0	16.0	16.0
(6850) Performance Management	0	0	455	455	0.0	0.0	4.0	4.0
(6855) Deputy Director for Treatment	0	0	8,741	8,741	0.0	0.0	14.0	14.0
(6870) Implementation of Drug Treatment Choice	0	0	15,098	15,098	0.0	0.0	0.0	0.0
Subtotal (6800) Addiction Prevention and Recovery Admin.	0	0	39,431	39,431	0.0	0.0	75.0	75.0
(7800) Mental Health Financing/Fee for Service								
(7820) Mental Health Rehabilitation Services	5,626	3,698	7,195	3,498	0.0	0.0	0.0	0.0
(7825) Mental Health Rehabilitation Services - Local Match	11,994	13,213	20,500	7,287	0.0	0.0	0.0	0.0
(7870) Claims Administration/Billing	634	685	968	283	7.8	9.0	13.0	4.0
(7880) Provider Relations	1,276	499	630	131	4.2	4.0	5.0	1.0
Subtotal (7800) Mental Health Financing/Fee for Service	19,530	18,095	29,294	11,199	12.0	13.0	18.0	5.0
(9960) Year End Close								
No Activity Assigned	-4	0	0	0	0.0	0.0	0.0	0.0
Subtotal (9960) Year End Close	-4	0	0	0	0.0	0.0	0.0	0.0
Total Proposed Operating Budget	185,301	191,168	240,593	49,426	1,221.7	1,245.2	1,321.0	75.8

(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 divisions, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2014 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2014 Proposed Budget Changes

The Department of Behavioral Health's (DBH) proposed FY 2014 gross budget is \$240,593,182, which represents a 25.9 percent increase over its FY 2013 approved gross budget of \$191,167,559. The budget is comprised of \$202,844,672 in Local funds, \$18,310,251 in Federal Grant funds, \$4,329,879 in Federal Medicaid Payments, \$157,243 in Private Grant funds, \$3,700,000 in Special Purpose Revenue funds, and \$11,251,138 in Intra-District funds.

Current Services Funding Level

The Current Services Funding Level (CSFL) is a Local funds ONLY representation of the true cost of operating District agencies, before consideration of policy decisions. The CSFL reflects changes from the FY 2013 approved budget across multiple programs, and it estimates how much it would cost an agency to continue its current programs and operations into the following fiscal year. The initial adjustments in the budget proposal represent changes that should be compared to the FY 2014 CSFL budget and not necessarily changes made to the FY 2013 Local funds budget. The FY 2014 CSFL adjustments to the FY 2013 Local funds budget are described in table 5 of this agency's budget chapter. Please see the CSFL Development section within Volume 1: Executive Summary for more information regarding the methodology used and components that comprise the CSFL.

DBH's FY 2014 CSFL budget is \$169,019,571, which represents a \$1,142,399, or 0.7 percent, increase over the FY 2013 approved Local funds budget of \$167,877,172.

Major CSFL Cost Drivers

The FY 2014 CSFL calculated for DBH included the removal of \$1,000,000 in one-time funding, which was used to support implementation of the South Capitol Street Memorial Amendment Act of 2012 in FY 2013.

The FY 2014 CSFL calculated for DBH included an adjustment entry that is not described in detail on table 5. This adjustment was made for an increase of \$791,443 in personal services to account for the Fringe Benefit growth rate adjustment of 4.2 percent year-over-year growth; and \$1,350,956 in nonpersonal services, which is comprised of \$1,027,974 based on the Consumer Price Index factor of 2.4 percent, \$51,768 in funding for Medicaid Growth to account for a growth rate of 5.1 percent on the Local match based on prevailing conditions of the economy and changes in the federal government's Medicaid policy, and \$271,214 for a Fixed Cost Inflation factor derived from cost estimates provided by the Department of General Services (DGS). During the development of the CSFL, some adjustments such as these were categorized as "other adjustments".

Agency Budget Submission

DBH's FY 2014 budget proposal continues to focus on providing preventive and recovery services for District residents in need of mental health and substance use disorder services. This is most evident in their continued mission to expand the quality of behavioral health services available to District residents.

Increase: In Local funds, the budget proposal includes an increase of \$2,222,766 for Fixed Costs to align Rentals - Land and Structures with the Department of General Services' (DGS) estimates. The budget proposal for personal services (PS) was similarly adjusted for increases of \$855,456 for projected Fringe Benefit costs and \$647,525 to cover projected step increases. Other adjustments in the budget proposed for Local funds include an increase of \$194,709 for the Mental Health Rehabilitation Services.

In the budget submission for Federal Grant funds, DBH proposes an increase of \$975,178 to align the budget with anticipated grant awards for the Medicare entitlement program. A proposal to increase the budget by \$972,000 and 4.5 FTEs is based on projected grant awards for the System of Care Expansion Implementation Grant and PS adjustments related to staffing projections for the Transition from Homelessness (PATH) grant. In Special Purpose Revenue funds, the budget proposal includes an increase of \$435,000 and 1.0 FTE based on projected revenues for reimbursements from the Federal beneficiary and the U.S. Marshals for consumer care.

DBH's budget proposal for Intra-District funds reflects various Memorandum of Understanding (MOU) agreements entered into with other District agencies to cover various mental health services throughout the District. These agreements include increases of \$227,000 for Federal Medicaid reimbursements via Intra-District transfer from the Department of Health Care Finance, \$101,000 to provide technical assistance with the development of emergency preparedness from an MOU with the Department of Health, \$37,000 from an MOU with the Child and Family Services Agency to support Wrap Around Services, and \$16,000 from an MOU with the Department of Health to support Mental and Family Health Administrations.

Decrease: In Local funds, the budget proposal includes an adjustment of \$3,224,744 to reallocate funds across various programs to align the budget with the operational needs of the agency in providing offsets to various programs and services with proposals for increased funding in FY 2014. An additional reduction of \$695,312 reflects reallocated funds to cover fixed costs estimates provided by DGS.

In Federal Grant funds, the budget proposal was adjusted to include a reduction of \$376,000 based on the reduction of carryover of the Mental Health Block Grant. Another reduction of \$189,581 which supported 2.0 FTEs was carried out to align the budget with anticipated grant awards for the Capitol Care Grant. Other proposed adjustments in the budget for Federal Grant funds include reductions of \$184,830 for the Shelter plus Grant and \$133,000 and 1.0 FTE for the State Data Infrastructure Grant (DIG) based on their expiration dates.

In Federal Medicaid Payments, DBH proposes a reduction of \$601,667 based on federal Medicaid revenue projections. In Intra-District funds, the budget was adjusted for a reduction of \$1,920,000 and 1.7 FTEs based on projected funding in Letters of Intent from various agencies. In addition, a reduction of \$101,463 was based on the MOU with the Department of Health to support the project LAUNCH.

Shift: In FY 2014, DBH proposes a reclassification of \$774,822 from Special Purpose Revenue funds to Federal Grant funds. This adjustment aligns the agency's Medicare services with a programmatic shift that is related to federal funding sources.

Mayor's Proposed Budget

Enhance: In order to ensure enrolled consumers receiving Mental Health Rehabilitation Services (MHRS) and eligible to receive Medicaid reimbursements are covered, a budget proposal of \$7,414,889 was applied to support the Local match for MHRS for Medicaid eligible participants. Additional funding of \$2,174,913 was allocated for Mental Health Rehabilitation Services for locally funded, non-Medicaid eligible participants. DBH currently provides school-based mental health services in 53 DCPS schools: 42 traditional Public Schools and 11 Public Charter Schools. DBH's school mental health program provides prevention, early intervention and treatment with a goal of enhancing youth emotional development.

Cost-of-Living Adjustment: This agency received a proposed cost-of-living adjustment (COLA) in both Local and non-Local funds. This adjustment includes \$197,048 in Federal Grant funds, \$5,921 in Federal Medicaid Payments, \$79,891 in Special Purpose Revenue funds, and Intra-District funds may be impacted. For more information about the Local funds portion of the COLA allocation, please see the Workforce Investments chapter contained in Volume 3 (Agency Budget Chapters – Part II) of the FY 2014 Proposed Budget and Financial Plan.

Increase: In Local funds, funding for \$2,222,766 previously designated for DBH's relocation was restored and placed in contractual services. An additional \$388,957 was allocated to support professional and contractual services fees associated with St. Elizabeths Hospital.

Decrease: In Local funds, fixed cost was reduced by \$2,611,723 due to the agency remaining at 35 K Street and revised estimates by the Department of General Services (DGS). Federal Grant funds were reduced by \$197,048 and the Special Purpose Revenue funds were reduced by \$79,891 to offset the proposed cost-of-living adjustment.

Transfer In: The Department of Health's Addiction Prevention Recovery Administration (APRA) program, which provides District residents with preventive services and treatment for substance abuse, has been merged into the Department of Mental Health to create a new Department of Behavioral Health. A determination was made that a significant number of mental health patients also suffer from substance use disorders. Coordinating both mental health and substance use treatments under one administration will ensure the most effective, favorable outcome for its recipients. The budget proposal for APRA includes Local funds of \$24,235,299 and 26.0 FTEs to support programmatic requirements and staffing needs. In Federal Grant funds, the budget proposal is \$14,910,966 and 49.0 FTEs in support of grant and provider services. In Intra-District funds, the budget proposal includes an APRA MOU with the Department of Human Services for \$284,600, which also provides support for grant-related services.

District's Proposed Budget

The Department of Behavioral Health has no changes from the FY 2014 Mayor's proposed budget to the FY 2014 District's proposed budget.

Subsequent Events

Note: The Fiscal Year 2014 Budget Request Act of 2013 provides the District with the authority to appropriate up to \$50 million if the Chief Financial Officer (CFO) certifies additional revenues in the June 2013 revenue estimates. On June 24, 2013, the CFO certified \$92.3 million in additional revenue for FY 2014. The Mayor and the Council have agreed to appropriate \$1.985 million of this additional revenue to the Department of Behavioral Health (DBH) for expansion of the school-based mental health program to 17 public schools. The amended proposed gross funds budget for DBH is \$242,578,182. This additional funding is not in table 5 nor in the Budget Request Act figure for this agency, but it will be part of the agency's approved budget pending Congressional approval.

FY 2013 Approved Budget to FY 2014 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2013 approved budget and the FY 2014 proposed budget.

Table RM0-5

(dollars in thousands)

	DIVISION	BUDGET	FTE
LOCAL FUNDS: FY 2013 Approved Budget and FTE		167,877	1,113.1
Removal of One-Time Funding	Multiple Programs	-1,000	0.0
Other CSFL Adjustments	Multiple Programs	2,142	0.0
LOCAL FUNDS: FY 2014 Current Services Funding Level Budget (CSFL)		169,020	1,113.1
Increase: Cover fixed cost estimates for Rental - Land based on estimates from the Department of General Services (DGS)	Agency Management	2,223	0.0
Increase: Cover personal services for projected Fringe Benefit costs	Multiple Programs	855	0.0
Increase: Cover personal services for projected step increases	Multiple Programs	648	0.0
Increase: Cover projected costs in Mental Health Rehabilitation Services (MHRS)	Mental Health Financing/ Fee for Service	195	0.0
Decrease: Reallocation of funding across various programs to align the budget with programmatic needs and assessments including personal services and projected step increases	Multiple Programs	-3,225	0.0
Decrease: Reallocation of funds within fixed costs to align budget with projected estimates from the Department of General Services (DGS)	Multiple Programs	-695	0.0
LOCAL FUNDS: FY 2014 Agency Budget Submission		169,020	1,113.1
Enhance: Local match for Mental Health Rehabilitation Services for Medicaid eligible participants	Mental Health Financing/Fee for Service	7,415	0.0
Enhance: Funding for Mental Health Rehabilitation Services for locally funded, non-Medicaid eligible participants	Mental Health Financing/Fee for Service	2,175	0.0
Increase: Restore funding previously designated in Fixed Cost for agency relocation	Behavioral Health Services and Supports	2,223	0.0
Increase: Funding to support professional and contractual service fees	Saint Elizabeths' Hospital	389	0.0
Decrease: Fixed cost to align with the Department of General Services estimates	Agency Management	-2,612	0.0
Transfer In: The Addiction Prevention Recovery Administration from the Department of Health	Addiction Prevention and Recovery Administration	24,235	26.0
LOCAL FUNDS: FY 2014 Mayor's Proposed Budget		202,845	1,139.0
No Changes		0	0.0
LOCAL FUNDS: FY 2014 District's Proposed Budget		202,845	1,139.0

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

	DIVISION	BUDGET	FTE
FEDERAL GRANT FUNDS: FY 2013 Approved Budget and FTE		1,561	5.5
Increase: Grant award for Medicare Entitlement	Behavioral Health Services and Supports	975	0.0
Increase: New Care Expansion Implementation Grant and PATH Grant with projected awards	Behavioral Health Services and Supports	972	4.5
Decrease: Based on projected carryover of Block Grant from prior year	Behavioral Health Services and Supports	-376	0.0
Decrease: Based on Capitol Care Grant expiration date	Mental Health Financing/Fee for Service	-190	-2.0
Decrease: Funding for the Shelter Plus Grant based on grant expiration date	Behavioral Health Services and Supports	-185	0.0
Decrease: State Data Infrastructure Grant (DIG) based on expiration date	Behavioral Health Services and Supports	-133	-1.0
Shift: New Medicare entitlement Funding from Special Purpose Revenue funds	Behavioral Health Services and Supports	775	0.0
FEDERAL GRANT FUNDS: FY 2014 Agency Budget Submission		3,399	7.0
Cost-of-Living Adjustment: FY 2014 proposed adjustment	Multiple Programs	197	0.0
Decrease: To offset the proposed cost-of-living adjustment	Multiple Programs	-197	0.0
Transfer In: The Addiction and Prevention Recovery Administration from the Department of Health	Addiction Prevention and Recovery Administration	14,911	49.0
FEDERAL GRANT FUNDS: FY 2014 Mayor's Proposed Budget		18,310	56.0
No Changes		0	0.0
FEDERAL GRANT FUNDS: FY 2014 District's Proposed Budget		18,310	56.0
FEDERAL MEDICAID PAYMENTS: FY 2013 Approved Budget and FTE		4,926	2.0
Decrease: Budget with Federal Medicaid revenue projections	Agency Management	-602	0.0
FEDERAL MEDICAID PAYMENTS: FY 2014 Agency Budget Submission		4,324	2.0
Cost-of-Living Adjustment: FY 2014 proposed adjustment	Multiple Programs	6	0.0
FEDERAL MEDICAID PAYMENTS: FY 2014 Mayor's Proposed Budget		4,330	2.0
No Changes		0	0.0
FEDERAL MEDICAID PAYMENTS: FY 2014 District's Proposed Budget		4,330	2.0
PRIVATE GRANT FUNDS: FY 2013 Approved Budget and FTE		157	0.0
No Changes		0	0.0
PRIVATE GRANT FUNDS: FY 2014 Agency Budget Submission		157	0.0
No Changes		0	0.0
PRIVATE GRANT FUNDS: FY 2014 Mayor's Proposed Budget		157	0.0
No Changes		0	0.0
PRIVATE GRANT FUNDS: FY 2014 District's Proposed Budget		157	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2013 Approved Budget and FTE		4,040	33.5
Increase: Budget with projected revenue for reimbursement from Federal Beneficiary and U.S. Marshals for consumer care	Saint Elizabeths Hospital	435	1.0
Shift: Budget to federal funding for Medicare Program	Saint Elizabeths Hospital	-775	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2014 Agency Budget Submission		3,700	34.5
Cost-of-Living Adjustment: FY 2014 proposed adjustment	Multiple Programs	80	0.0
Decrease: To offset the proposed cost-of-living adjustment	Multiple Programs	-80	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2014 Mayor's Proposed Budget		3,700	34.5
No Changes		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2014 District's Proposed Budget		3,700	34.5

(Continued on next page)

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

	DIVISION	BUDGET	FTE
INTRA-DISTRICT FUNDS: FY 2013 Approved Budget and FTE		12,607	91.1
Increase: Federal Medicaid reimbursement through Intra-District transfer from the Department of Health Care Finance	Multiple Programs	227	0.0
Increase: MOU with the Department of Health to provide technical assistance with development of emergency preparedness	Mental Health Authority	101	0.0
Increase: MOU with the Child and Family Services Agency in support of the Wrap Around Services	Behavioral Health Services and Supports	37	0.0
Increase: MOU with the Department of Health to support Mental and Family Health Administrations	Behavioral Health Services and Supports	16	0.0
Decrease: MOU funding based on the commitment of funding received through Letters of Intent from various agencies and align staffing as projected	Multiple Programs	-1,920	-1.7
Decrease: MOU with the Department of Health to support project LAUNCH	Behavioral Health Services and Supports	-101	0.0
INTRA-DISTRICT FUNDS: FY 2014 Agency Budget Submission		10,967	89.6
Transfer In: Memorandum of Understanding (MOU) for the Addiction Prevention and Recovery Administration	Addiction Prevention and Recovery Administration	285	0.0
INTRA-DISTRICT FUNDS: FY 2014 Mayor's Proposed Budget		11,251	89.6
No Changes		0	0.0
INTRA-DISTRICT FUNDS: FY 2014 District's Proposed Budget		11,251	89.6
Gross for RM0 - Department of Behavioral Health		240,593	1,321.0

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

Agency Performance Plan

The agency's performance plan has the following objectives for FY 2014:

Addiction Prevention and Recovery Administration

Objective 1: Reduce priority risk factors that place District children, youth, families, and communities at risk of substance use and interrelated problems.

Objective 2: Promote long-term recovery from substance use disorder through maintenance of a comprehensive continuum of accessible substance abuse treatment and recovery support services.

KEY PERFORMANCE INDICATORS

Addiction Prevention and Recovery Administration

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Number of adults reached through planned prevention strategies	Not Available ¹	5,200	6,388	7,400	8,400	9,400
Number of youth reached through planned prevention strategies	Not Available	13,500	4,797	6,000	7,200	8,400
Percentage of adults that successfully complete treatment ²	70%	55%	42.68%	60%	60%	60%
Percentage of youth that successfully complete treatment	Not Available	25%	19.5%	30%	30%	30%
Percentage of recovery support clients that maintain abstinence from ATOD 6-months post admission	83%	85%	84%	85%	85%	85%
Number of technical assistance encounters provided	1,060	1,200	1,448	1,500	1,550	1,600
Percentage of contracted providers that undergo a financial review	72%	85%	72%	85%	85%	85%
Percentage of contracted providers that undergo a contract review	Not Available	75%	Not Available	85%	85%	85%

Behavioral 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.

KEY PERFORMANCE INDICATORS

Behavioral Health Authority

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Number of WMATA staff trained by DMH train-the-trainer suicide prevention	Not Available	Not Available	20	TBD ³	TBD ⁴	TBD ⁵
Expand access to early childhood services – Primary Project	Not Available	Not Available	30	35	TBD	TBD
Develop Assertive Community Treatment (ACT) Scorecard	Not Available	Not Available	Not Available	TBD ⁶	TBD ⁷	TBD ⁸
Establish benchmarks for supported employment	Not Available	Not Available	Not Available	TBD ⁹	TBD ¹⁰	TBD ¹¹
Provider Scorecard - providers' average quality (adult) score	71.4	80.0	TBD	TBD	TBD	TBD
Provider Scorecard - providers' average quality (child) score	63.3	80.0	TBD	TBD	TBD	TBD
Provider Scorecard - providers' average financial score	80.2	85.0	TBD	TBD	TBD	TBD
Expand DMH disaster mental health response capacity	Not Available	Not Available	Not Available	TBD ¹²	TBD ¹³	150
Increase grievance process training	2	2	1	2	3	3
Provider site grievance process training	Not Available	Not Available	Not Available	2	3	3

Saint Elizabeths Hospital

Objective 1: Continually improve the consistency and quality of mental health services.

KEY PERFORMANCE INDICATORS

Saint Elizabeths Hospital

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual ¹⁴	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Percentage of nursing staff with competency-based recovery model training	Not Available	Not Available	Not Available	95%	TBD	TBD
Percentage of nurses receiving objectives and nursing interventions training	Not Available	Not Available	Not Available	95%	TBD	TBD
Total patients served per day	288	291	275	275	275	275
Eloperments per 1,000 patient days	0.4	0.5	0.3	0.3	0.3	0.3
Patient injuries per 1,000 patient days ¹⁵	0.3	0.3	0.4	0.3	0.3	0.3
Missing documentation of medication administration results ¹⁶	Not Available	Not Available	0.3%	0.3%	0.3%	0.2%
Unique patients who were restrained at least once during month ¹⁷	0.4%	0.4%	0.1%	0.1%	0.1%	0.1%
Unique patients who were secluded at least once during month	0.6%	0.6%	0.6%	0.7%	0.6%	0.5%
Percentage of patients re-admitted to Saint Elizabeths Hospital within 30 days of discharge	5.2%	5.0%	5.3%	6.0%	5.8%	5.5%

Behavioral Health Services and Supports

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.

KEY PERFORMANCE INDICATORS

Behavioral Health Services and Supports

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual ¹⁸	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Child/Youth CSRs overall system performance	59%	65%	65%	70%	70%	75%
Baseline and reduced number of bed days C/Y spend in psychiatric residential treatment facilities (PRTFs)	Not Available	72,687 ¹⁹	33,348 ²⁰	50,881	48,337	45,920
Increase C/Y receiving Multi-Systemic Therapy (MST)	129	155	119	+20% ²¹	TBD ²²	TBD ²³
Increase C/Y receiving Functional Family Therapy (FFT)	82	98	224	+20% ²¹	TBD ²²	TBD ²³
Increase C/Y receiving High Fidelity Wraparound (HFW)	211	232	282	+20% ²¹	TBD ²²	TBD ²³
Increase new supported housing vouchers/subsidies and/or capital housing units and develop a housing plan	1,396 ²⁴	100 ²⁵	59 ²⁶	200 ²⁷	100 ²⁷	100 ²⁸
Method to assess need for supported employment and referral of consumers to service	Not Applicable	TBD ²⁹	17% ³⁰	60% ³⁰	60% ³⁰	60%
Increase number of consumers receiving supported employment service	761	837	757	963	+5%	+5%
Adults receive at least one (1) non-crisis service in a non-emergency setting within 7 days of discharge from a psychiatric hospitalization	69.63%	70%	71.3% ³¹	70%	70%	70%
C/Y receive at least one (1) non-crisis service in a non-emergency setting within 7 days of discharge from a psychiatric hospitalization	55.96%	70%	61% ³²	70%	70%	70%
Adults receive at least one (1) non-crisis service in a non-emergency setting within 30 days of discharge from a psychiatric hospitalization	Not Available	80%	80.8% ³³	80%	80%	80%
C/Y receive at least one (1) non-crisis service in a non-emergency setting within 30 days of discharge from a psychiatric hospitalization	Not Available	80%	79.4% ³⁴	80%	80%	80%

Behavioral Health Financing / Fee for Service

Objective 1: Continually improve the consistency and quality of mental health services.

KEY PERFORMANCE INDICATORS

Behavioral Health Financing/Fee for Service

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Improve total Medicaid claims paid by facilitating providers reducing DHCF denials	5.1%	≤5%	5.5%	≤5%	≤5%	≤5%

Behavioral Health Agency Management

Objective 1: Ensure system accountability.

KEY PERFORMANCE INDICATORS

Behavioral Health - Agency Management

Measure	FY 2011 Actual	FY 2012 Target	FY 2012 Actual	FY 2013 Projection	FY 2014 Projection	FY 2015 Projection
Implement iCAMS	Not Available	TBD ³⁵	TBD ³⁵	TBD ³⁵	TBD ³⁵	TBD ³⁵

Performance Plan Endnotes:

- ¹ Not Available reflects data that is not available because the indicator is new and historical data is not available.
- ² This measure is being evaluated in comparison to industry standard or, in this case, national performance. Based upon a 2008 national review, completed by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Administration, nationally 47 percent of those who enter treatment are discharged because they successfully completed treatment.
- ³ DBH WMATA Lifeline began August 17, 2012 and from September 1, 2012-October 31, 2012 there were 219 calls.
- ⁴ DBH continues to accept calls to WMATA Lifeline
- ⁵ DBH continues to accept calls to WMATA Lifeline
- ⁶ ACT Scorecard developed
- ⁷ ACT Scorecard implemented
- ⁸ Continue to implement ACT Scorecard
- ⁹ Supported employment benchmarks developed
- ¹⁰ Supported employment benchmarks implemented
- ¹¹ Continue to implement supported employment benchmarks
- ¹² Increase trained members on DBH response teams
- ¹³ Increase trained members on DBH response teams
- ¹⁴ FY 2012 YTD data is for the third quarter.
- ¹⁵ Patient injury rate according to the National Research Institute (NRI) definition considers only those injuries that require beyond first-aid level treatment Saint Elizabeths Hospital modified its logic to make it consistent with NRI's definition. This data became available only since January 2011.
- ¹⁶ Measured by dividing the total number of medication administration records with missing documentation by the total number of scheduled medication administration records.
- ¹⁷ The numbers are not whole numbers because they are monthly averages for the fiscal year and for many months no one was in restraints or seclusion.
- ¹⁸ FY 2012 YTD is third quarter data and is not final.
- ¹⁹ The bed days baseline is May 1, 2011-April 30, 2012.
- ²⁰ Actual bed days is from date of admission for children in a PRTF for the period May 1-June 30, 2012.
- ²¹ FY 2013 projections will not be available until after 12/31/12 due to the 90-day claims lag time. The FY 2014 and FY 2015 projections will be established after the previous fiscal year baselines are complete.
- ²² Established after FY 2013 MST baseline complete
- ²³ Established after FY 2014 MST baseline complete
- ²⁴ Baseline and methodology for vouchers/subsidies and capital units in development
- ²⁵ Strategic plan and resource development for supported housing need
- ²⁶ Supportive Housing Strategic Plan 2012-2017 Developed
- ²⁷ Supported housing vouchers/subsidies and/or capital housing units
- ²⁸ Maintain supported housing vouchers/subsidies and/or capital housing units
- ²⁹ Assess consumer need and referral to supported employment
- ³⁰ 60 percent of interested consumers referred to supported employment
- ³¹ The data is being reviewed. DBH is working with DHCF to verify additional data sources. DBH expects the percentages to increase based on the revised data.
- ³² Same as above
- ³³ Same as above
- ³⁴ Same as above
- ³⁵ The steps in developing and bringing iCAMS online include: 1) selection of a vendor (5 percent)- completed; 2) Office of Attorney General approval (10 percent) submitted- pending approval; 3) District Council approval (10 percent) - submission pending; and 4) implementation (75 percent)- pending.