
Department of Mental Health

www.dmh.dc.gov

Telephone: 202.673.7440

Description	FY 2010 Actual	FY 2011 Approved	FY 2012 Proposed	% Change from FY 2011
Operating Budget	\$216,423,259	\$181,722,772	\$177,650,979	-2.2
FTEs	1,268.5	1,275.1	1,255.7	-1.5

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, and high-quality mental health system that is responsive and accessible to children, youth, adults, and their families. DMH contracts with a network of community-based private providers and also provides direct services through Saint Elizabeths Hospital, the Mental Health Services division, the Comprehensive Psychiatric Emergency program, the Homeless Outreach program, and the School-Based Mental Health program.

The agency's FY 2012 proposed budget is presented in the following tables:

FY 2012 Proposed Gross Funds Operating Budget, by Revenue Type

Table RM0-1 contains the proposed FY 2012 agency budget compared to the FY 2011 approved budget. It also provides FY 2009 and FY 2010 actual expenditures.

Table RM0-1

(dollars in thousands)

Appropriated Fund	Actual FY 2009	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Percent Change*
General Fund						
Local Funds	208,811	187,898	162,687	157,512	-5,175	-3.2
Special Purpose Revenue Funds	3,607	7,292	4,588	4,086	-502	-10.9
Total for General Fund	212,418	195,190	167,274	161,598	-5,676	-3.4
Federal Resources						
Federal Payments	0	35	0	0	0	N/A
Federal Grant Funds	1,993	2,644	1,889	1,890	1	0.1
Federal Medicaid Payments	5,962	4,411	4,113	4,916	803	19.5
Total for Federal Resources	7,954	7,090	6,002	6,806	805	13.4
Private Funds						
Private Grant Funds	30	94	117	117	0	0.0
Private Donations	14	9	0	0	0	N/A
Total for Private Funds	44	103	117	117	0	0.0
Intra-District Funds						
Intra-District Funds	11,289	14,040	8,329	9,129	800	9.6
Total for Intra-District Funds	11,289	14,040	8,329	9,129	800	9.6
Gross Funds	231,705	216,423	181,723	177,651	-4,072	-2.2

*Percent change is based on whole dollars.

Note: If applicable, for a breakdown of each Grant (Federal and Private), Special Purpose Revenue type and Intra-District agreement, please refer to **Schedule 80 Agency Summary by Revenue Source** in the **FY 2012 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2012 Proposed Full-Time Equivalents, by Revenue Type

Table RM0-2 contains the proposed FY 2012 FTE level compared to the FY 2011 approved FTE level by revenue type. It also provides FY 2009 and FY 2010 actual data.

Table RM0-2

Appropriated Fund	Actual FY 2009	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Percent Change
<u>General Fund</u>						
Local Funds	1,287.4	1,195.6	1,148.9	1,130.0	-18.9	-1.6
Special Purpose Revenue Funds	29.6	37.0	37.0	37.0	0.0	0.0
Total for General Fund	1,316.9	1,232.6	1,185.9	1,167.0	-18.9	-1.6
<u>Federal Resources</u>						
Federal Grant Funds	8.0	3.0	6.0	5.5	-0.5	-8.3
Federal Medicaid Payments	0.0	9.6	2.0	2.0	0.0	0.0
Total for Federal Resources	8.0	12.6	8.0	7.5	-0.5	-6.2
<u>Intra-District Funds</u>						
Intra-District Funds	59.8	23.4	81.2	81.2	0.0	0.0
Total for Intra-District Funds	59.8	23.4	81.2	81.2	0.0	0.0
Total Proposed FTEs	1,384.8	1,268.5	1,275.1	1,255.7	-19.4	-1.5

FY 2012 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2012 budget at the Comptroller Source Group (object class) level compared to the FY 2011 approved budget. It also provides FY 2009 and FY 2010 actual expenditures.

Table RM0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2009	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Percent Change*
11 - Regular Pay - Cont Full Time	85,409	75,518	75,398	76,939	1,541	2.0
12 - Regular Pay - Other	8,872	7,901	7,392	6,379	-1,013	-13.7
13 - Additional Gross Pay	11,164	6,714	2,311	2,083	-228	-9.8
14 - Fringe Benefits - Curr Personnel	18,696	17,870	16,869	18,603	1,734	10.3
15 - Overtime Pay	5,718	4,879	2,481	2,340	-141	-5.7
99 - Unknown Payroll Postings	0	19	0	0	0	N/A
Subtotal Personal Services (PS)	129,859	112,899	104,451	106,344	1,893	1.8
20 - Supplies and Materials	12,804	11,399	6,894	6,599	-295	-4.3
30 - Energy, Comm. and Bldg Rentals	8,634	8,811	3,073	3,563	490	16.0
31 - Telephone, Telegraph, Telegram, Etc	1,473	1,472	1,457	1,457	0	0.0
32 - Rentals - Land and Structures	4,582	3,996	2,928	307	-2,622	-89.5
33 - Janitorial Services	4	15	2	0	-1	-86.0
34 - Security Services	3,643	3,529	2,414	2,064	-350	-14.5
35 - Occupancy Fixed Costs	8	61	529	153	-377	-71.2
40 - Other Services and Charges	9,515	10,484	11,355	10,986	-370	-3.3
41 - Contractual Services - Other	38,112	45,159	29,889	29,876	-13	0.0
50 - Subsidies and Transfers	21,869	17,822	17,752	15,481	-2,271	-12.8
70 - Equipment and Equipment Rental	1,202	775	978	821	-158	-16.1
Subtotal Nonpersonal Services (NPS)	101,847	103,524	77,272	71,307	-5,965	-7.7
Gross Funds	231,705	216,423	181,723	177,651	-4,072	-2.2

*Percent change is based on whole dollars.

Division Description

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

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

This division contains the following 8 activities:

- **Office of the Director/Chief Executive Officer** – leads the design, development, communication, and delivery of mental health services, and supports, and identifies approaches to enhance access to services that support recovery and resilience;
- **Office of the Chief Clinical Officer** – advises the Director and sets standards for the provision of clinical care throughout the public mental health system for children, youth, and adults. The Comprehensive Psychiatric Emergency Program (CPEP), a site-based program available at all times of the day to provide emergency care, extended observation, and mobile crisis services, is also within this office. Physical plant infrastructure building, practice enhancement, and training to serve persons with co-occurring mental illnesses and substance use disorders, are functions of this office;
- **Consumer and Family Affairs** - provides expertise on the consumer/family perspective and promotes and protects the legal, civil, and human rights of consumers;
- **Office of Policy Support** - provides support for planning initiatives relating to the overall operation of the mental health system and for the development and publication of rules and policies to guide the District public mental health system. This includes serving as the liaison to the *Dixon* Court Monitor;
- **Office of Strategic Planning and Grants Management** - provides support for the development of Key Performance Indicators, and implements the agency-performance management plan for the development and implementation of the

grants functions within the Department of Mental Health; oversees the grants development, grants monitoring, grants award, and subgranting processes and procedures; and tracks expenditures and compliance with grant award stipulations;

- **Office of Accountability Quality Improvement/Audit** - provides oversight of providers for DMH to ensure that they meet or exceed the service delivery and documentation standards for Mental Health Rehabilitation Services (MHRS) 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 DMH provider agencies and licenses of all DMH Community Residential Facilities (CRFs). In addition, the certification unit monitors provider compliance with DMH 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 DMH, General Counsel of DMH, and other appropriate parties.

Saint Elizabeths Hospital (SEH) - provides psychiatric, medical, and psycho-social inpatient psychiatric treatment to adults to support their recovery and return to the community. SEH's goal is to maintain an active treatment program that fosters individuals' recovery and independence as much as possible. In addition, this program manages housekeeping, building maintenance, and nutritional services at SEH, providing a clean, safe and healthy hospital environment for individuals in care, their families, and employees so that the individuals in care can receive quality care. The Saint Elizabeths Hospital program also ensures staff credentialing and licensing privileges, and provides medication and medical support services to eligible consumers in order to effectively

treat mental illness and enhance their recovery. This program is part of the system that ensures the hospital's compliance with Centers for Medicare and Medicaid Services (CMS) and Joint Commission standards.

This division contains the following 14 activities:

- **The Office of the Chief Executive-SEH** - provides planning, policy development, and mental health system design to create a comprehensive and responsive system of mental health care;
- **Office of Clinical and Medical Services-SEH** - provides active treatment to the inpatient population at Saint Elizabeths Hospital to improve their quality of life through a recovery-based therapeutic program; monitors services to eligible consumers in order to effectively treat mental illness and enhance recovery; provides prescriptions, medical screening, education, medical assessment, medication (pharmacy), podiatry services, and respiratory care services to the inpatient population and for employee health services to staff to facilitate improvement in the quality of life of individuals in care through a recovery-based therapeutic program; and 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 their being successfully discharged into the community;
- **Engineering and Maintenance-SEH** - provides maintenance and repairs to the hospital to ensure a functional, safe, and secure facility for customers, visitors, and staff in order to maximize the benefits of therapeutic treatment;
- **Fiscal and Support Services-SEH** – provides services for the formulation and management of the hospital's budget, approves and finances all procurements, assures the overall financial integrity of the hospital, and manages billing operations;
- **Forensic Services-SEH** – provides court-ordered forensic, diagnostic, treatment, and consultation services to defendants, offenders, and insanity acquitees 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, DMH 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;
- **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 consumers, visitors and staff in order to ensure a therapeutic environment;
- **Transportation and Grounds-SEH** - manages the transportation and grounds resources, administrative functions, contracts, funding, and staff, to provide a safe, secure, and therapeutic physical environment for individuals in care, staff, and visitors hospital-wide; provides management and oversight of the full realm of grounds maintenance services, including snow and ice removal, solid medical waste disposal, and grounds maintenance services for individuals in care and employees; and 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; and 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;
- **Office of the Chief Operating Officer-SEH** - provides operational oversight over the Avatar Business Team, Facilities Management and Human Resources (Branch B) functions to pro-

vide an effective and cost-efficient continuum of care for inpatient mental health clients; and

- **Clinical Administration-SEH** – provides clinical leadership and oversight of interdisciplinary treatment teams; coordinates treatment and unit activities; and completes clinical formulations and recovery plans that include individualized objectives and interventions. These clinicians work closely with all disciplines (i.e., psychiatrists, nursing, social work, psychology, and rehabilitation therapists) to ensure that the needs and treatment goals of individuals in care are identified and addressed.

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

This division contains the following 15 activities:

- **Office of the Deputy Director-MHSS** – oversees the operations of the Mental Health Services and Supports Division (MHSD), which includes the multi-cultural outpatient service, the physicians practice group, same-day or walk-in services, the outpatient competency restoration program, services for deaf individuals with a psychiatric illness, services for developmentally disabled people with a psychiatric illness, and the Jackie Robinson psycho-educational program;
- **Organizational Development-MHSS** – 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 Services Supported Housing-MHSS** - 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-MHSS** - provides employment assistance and support for consumers with significant mental health diagnoses for whom competitive employment has been interrupted or intermittent. Supports ser-

VICES include job placement, job coaching, and crisis intervention so that consumers can maintain part or full-time employment;

- **Adult Services Assertive Community Treatment (ACT)-MHSS** – provides intensive, integrated community-based mental health intervention and support services designed to provide rehabilitative and crisis treatment;
- **Adult Services Forensic-MHSS** - 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-MHSS** - is a telephone-based service center that provides counseling, links people in need of mental health services to community providers, and determines eligibility and authorizes services. One of the services provided, the AccessHelpLine, 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 the District through the Access HelpLine;
- **Mental Health Services-MHSS** - is responsible for directing and managing the government operated mental health services, including a multicultural program, a deaf/hard of hearing program, an intellectual disability program, an outpatient competency restoration program, and a same day Services program;
- **Pharmacy-MHSS** - provides safety net pharmacy Services for Psychiatric Medications for residents of the District of Columbia who are enrolled in the DMH system of care and who are uninsured and unable to pay for their medications;
- **Comprehensive Psychiatric Emergency Program (CPEP)-MHSS** - 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;

- **Homeless Outreach-MHSS** - provides services directly to individuals who are homeless and in crisis;
- **Children and Youth Services-MHSS** – develops an all-inclusive 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, school-based services, youth forensic services, and oversight of youth placed in Residential Treatment Centers (RTCs);
- **Early Childhood and School Mental Health-MHSS** - 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 48 D.C. public and public charter schools;
- **Integrated Care-MHSS** – seeks to reduce the inpatient census at, 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
- **Physicians’ Practice Group-MHSS (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 who are by specialized teams working within MHSD (Multi-Cultural Services, and services for individuals who are deaf/hard of hearing or who have intellectual disabilities).

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

This division contains the following 4 activities:

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

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

Division Structure Change

The Department of Mental Health has no division structure changes in the FY 2012 Proposed Budget.

FY 2012 Proposed Operating Budget and FTEs, by Division and Activity

Table RM0-4 contains the proposed FY 2012 budget by division and activity compared to the FY 2011 approved budget. It also provides the FY 2010 actual data.

Table RM0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011
(1000) Agency Management								
(1010) Personnel	1,515	1,474	1,229	-245	8.3	15.6	13.0	-2.6
(1015) Training and Employee Development	209	323	331	8	2.4	3.0	3.0	0.0
(1017) Labor Relations	281	389	396	7	1.9	3.0	3.0	0.0
(1020) Contracting and Procurement	1,001	844	871	27	9.6	9.0	9.0	0.0
(1030) Property Management	6,805	5,826	1,607	-4,219	1.9	3.0	3.0	0.0
(1040) Information Technology	5,688	5,895	5,905	11	27.0	27.0	25.0	-2.0
(1050) Financial Management-Agency	2,257	1,935	2,909	973	18.8	11.0	13.0	2.0
(1055) Risk Management	0	125	127	2	0.0	1.0	1.0	0.0
(1060) Legal Services	254	288	288	0	0.0	0.0	0.0	0.0
(1080) Communications	301	216	200	-16	1.9	2.0	1.0	-1.0
(1085) Customer Services	61	63	63	0	0.0	0.0	0.0	0.0
(1087) Language Access	14	58	58	0	0.0	0.0	0.0	0.0
(1099) Court Supervision	709	609	309	-300	0.0	0.0	0.0	0.0
Subtotal (1000) Agency Management	19,094	18,044	14,293	-3,750	72.0	74.6	71.0	-3.6
(100F) DMH Financial Operations								
(110F) DMH Budget Operations	480	517	504	-14	3.9	4.0	4.0	0.0
(120F) DMH Accounting Operations	804	844	789	-54	11.6	11.0	9.8	-1.2
(130F) DMH Fiscal Officer	230	232	247	15	1.9	2.0	2.0	0.0
Subtotal (100F) DMH Financial Operations	1,514	1,593	1,540	-53	17.4	17.0	15.8	-1.2
(1800) Mental Health Authority								
(1810) Office of the Director/Chief Exec Officer	1,950	1,718	1,735	17	8.7	10.0	10.0	0.0
(1815) Office of the Chief Clinical Officer	4,491	2,898	1,582	-1,316	4.8	4.0	2.0	-2.0
(1816) Clinical Management	7,090	0	0	0	18.3	0.0	0.0	0.0
(1820) Consumer and Family Affairs	1,115	1,104	1,110	7	2.9	2.0	2.0	0.0
(1825) Office of Programs and Policy	2,400	0	0	0	23.5	0.0	0.0	0.0
(1830) Adult Services	17,029	0	0	0	11.9	0.0	0.0	0.0
(1835) Housing	6,553	0	0	0	3.9	0.0	0.0	0.0
(1840) Care Coordination	2,699	0	0	0	25.1	0.0	0.0	0.0
(1845) Comprehensive Psych Emergency Program - CPEP	7,827	0	0	0	55.1	0.0	0.0	0.0
(1850) Children and Youth Services	11,438	0	0	0	30.0	0.0	0.0	0.0
(1855) School Mental Health Program	6,095	0	0	0	50.6	0.0	0.0	0.0
(1860) Forensic Services (Jail Diversion)	1,468	0	0	0	4.8	0.0	0.0	0.0

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011
(1800) Mental Health Authority (cont.)								
(1865) Office of Policy Support	1,680	247	321	73	5.8	2.5	3.0	0.5
(1866) Office of Strategic Planning and Grants Mgmt	0	1,008	918	-89	0.0	2.0	1.0	-1.0
(1875) Integrated Care	1,247	0	0	0	3.3	0.0	0.0	0.0
(1880) Office of Accountability - QI/Audit	1,837	814	819	5	20.7	9.0	7.1	-1.9
(1881) OA - Certification/Licensure	0	670	690	20	0.0	6.5	6.5	0.0
(1882) OA - Investigations	0	167	165	-2	0.0	1.5	1.5	0.0
(1890) Provider Relations	553	0	0	0	3.0	0.0	0.0	0.0
Subtotal (1800) Mental Health Authority	75,472	8,626	7,341	-1,286	272.3	37.5	33.1	-4.4
(2800) Community Services Agency								
(2810) Office of the Chief Executive Officer - CSA	3,351	0	0	0	15.4	0.0	0.0	0.0
(2815) Adult and Family Services - CSA	7	0	0	0	0.0	0.0	0.0	0.0
(2820) Children Youth and Family Services - CSA	17	0	0	0	0.0	0.0	0.0	0.0
(2845) Intake and Continuity of Care - CSA	0	0	0	0	0.0	0.0	0.0	0.0
Subtotal (2800) Community Services Agency	3,375	0	0	0	15.4	0.0	0.0	0.0
(3800) Saint Elizabeths Hospital								
(3805) Office of the Chief Executive	6,781	1,633	1,906	273	14.4	14.0	19.0	5.0
(3810) Office of Clinical and Medical Services-SEH	16,239	20,148	21,344	1,196	132.3	155.7	153.5	-2.2
(3815) Engineering and Maintenance - SEH	12,504	4,741	5,737	996	22.0	19.0	21.0	2.0
(3820) Fiscal and Support Services-SEH	2,041	1,430	1,365	-65	19.3	8.0	9.0	1.0
(3825) Forensic Services - SEH	2,230	999	882	-117	24.2	12.0	9.0	-3.0
(3830) Housekeeping - SEH	2,430	2,305	2,234	-71	47.3	46.0	45.0	-1.0
(3835) Materials Management - SEH	1,253	1,395	1,408	13	7.7	7.0	7.0	0.0
(3840) Medical Services - SEH	6,319	0	0	0	38.2	0.0	0.0	0.0
(3845) Nursing - SEH	32,589	30,110	30,439	329	439.7	425.0	422.1	-2.9
(3850) Nutritional Services - SEH	4,254	3,848	3,624	-224	42.5	42.0	34.1	-7.9
(3855) Psychiatric Services - SEH	9,376	0	0	0	69.1	0.0	0.0	0.0
(3860) Security and Safety - SEH	2,151	2,097	1,122	-974	20.3	19.0	19.0	0.0
(3865) Transportation and Grounds - SEH	1,226	1,153	1,029	-124	14.5	11.0	8.0	-3.0
(3870) Office of the Chief of Staff - SEH	0	1,977	1,948	-28	0.0	25.0	20.0	-5.0
(3875) Office of the Chief Operating Officer - SEH	0	1,398	1,494	95	0.0	17.0	18.0	1.0
(3880) Clinical Administration - SEH	0	6,458	6,209	-250	0.0	79.5	79.2	-0.2
Subtotal (3800) Saint Elizabeths Hospital	99,392	79,691	80,740	1,049	891.5	880.2	864.0	-16.2

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011	Actual FY 2010	Approved FY 2011	Proposed FY 2012	Change from FY 2011
(4800) Mental Health Services and Supports								
(4805) Office of the Deputy Director - MHSS	0	12,399	11,940	-458	0.0	7.0	7.0	0.0
(4810) Organizational Development - MHSS	0	1,007	1,100	93	0.0	9.0	9.0	0.0
(4815) Adult Services - Support Housing - MHSS	0	6,339	7,141	802	0.0	5.0	4.0	-1.0
(4820) Adult Services - Support Employment - MHSS	0	834	837	3	0.0	2.0	2.0	0.0
(4825) Adult Services Assertive Comm. Trmt. - MHSS	0	106	108	2	0.0	1.0	1.0	0.0
(4830) Adult Services - Forensic - MHSS	0	1,434	1,307	-127	0.0	7.0	6.0	-1.0
(4835) Care Coordination - MHSS	0	2,082	2,262	181	0.0	19.0	21.0	2.0
(4840) Mental Health Services - MHSS	0	1,393	2,150	757	0.0	13.5	23.0	9.5
(4845) Comprehensive Psych. Emergency Prog. (CPEP) - MHSS	0	7,518	8,015	498	0.0	62.4	62.8	0.3
(4850) Pharmacy - MHSS	0	2,670	2,459	-211	0.0	9.0	9.0	0.0
(4855) Homeless Outreach Services - MHSS	0	1,383	1,160	-223	0.0	7.5	8.0	0.5
(4860) Children and Youth - MHSS	0	8,457	9,757	1,300	0.0	35.0	35.0	0.0
(4865) Early Childhood and School Mh Prog - MHSS	0	5,484	5,431	-54	0.0	56.0	54.7	-1.3
(4870) Integrated Care - MHSS	0	1,646	1,606	-39	0.0	7.0	7.0	0.0
(4880) Physicians Practice Group - MHSS	0	2,061	1,908	-153	0.0	10.4	9.4	-1.0
Subtotal (4800) Mental Health Services and Supports	0	54,810	57,182	2,372	0.0	250.8	258.9	8.0
(7800) Mental Health Financing/Fee For Service								
(7820) Mental Health Rehabilitation Services	8,764	7,757	3,399	-4,358	0.0	0.0	0.0	0.0
(7825) Mental Health Rehab Services - Local Match	8,852	9,896	11,994	2,098	0.0	0.0	0.0	0.0
(7870) Claims Administration/Billing	0	728	570	-158	0.0	10.0	8.0	-2.0
(7880) Provider Relations	0	578	592	14	0.0	5.0	5.0	0.0
Subtotal (7800) Mental Health Financing/Fee For Service	17,616	18,959	16,554	-2,404	0.0	15.0	13.0	-2.0
(9220) Department of Mental Health - P-Card								
(9221) Department of Mental Health - P-Card	-39	0	0	0	0.0	0.0	0.0	0.0
Subtotal (9220) Department of Mental Health - P-Card	-39	0	0	0	0.0	0.0	0.0	0.0
Total Proposed Operating Budget	216,423	181,723	177,651	-4,072	1,268.5	1,275.1	1,255.7	-19.4

(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 2012 Operating Appendices located on the Office of the Chief Financial Officer's website.

FY 2012 Proposed Budget Changes

The budget proposal for the Department of Mental Health (DMH) preserves the necessary funding for the agency to continue to function in its dual capacity as the regulator of the District's mental health system as well as a public provider of mental health services through the Saint Elizabeths Hospital (SEH) and a network of contractual agreements with Community Services Agencies (CSAs). The FY 2012 budget proposal confronts the fiscal challenges of ensuring District residents continued access to mental health services despite the recession-driven limitation on resources available to DMH to support service utilization.

Major factors impacting DMH's budget proposal includes the ongoing focus on compliance with the U.S. Department of Justice (DOJ) requirements for SEH with regards to court mandates for substantial improvements in all aspects of patient care and treatment. DMH's network of community providers is another significant factor in the proposed budget. A stable community system is crucial in providing a community-based environment to stabilize individuals with serious mental health illness so that they are not dependent on costly emergency or inpatient services.

Cost Increases: DMH's obligation to satisfy all requirements of the DOJ's citations for SEH accounts for an increase of \$1,324,599 in the Local funds budget proposal. In addition, the funding reflects DMH's intent on sustaining the District's recent motion to remove court oversight of the agency and return full management to local officials. Further adjustments carried out in local funding for fixed costs reflect an increase of \$507,542 for guard services at SEH. In order to provide the necessary local match for increased projections of federal Medicaid reimbursement pertaining to the Comprehensive Psychiatric Emergency Program (CPEP), the local budget is increased by \$128,571. An adjustment in the Children and Youth Services activity reflects a restoration of funding for Court Assessment Center. This adjustment, which increases the local budget by \$300,000, is offset by shifting of certain CPEP-related costs to federal resources, received through an intra-District transfer.

The proposed budget includes \$3,500,000 to cover costs associated with the District's exit from

court monitoring over the *Dixon* case settlement. Allocation of this additional funding is based on negotiations with the plaintiffs on closing this case. The Local funds budget is therefore adjusted for increases of \$1,200,000 to support new housing vouchers to satisfy the *Dixon* settlement on Supported Housing, \$1,300,000 for DMH to implement the full range of services associated with CFSA's Annual Implementation Plan for the *LaShawn* case, and \$1,000,000 to support community-based mental health services.

Enhancements: Non-Local funding sources represent the only means of enhancing certain aspects of DMH's services in FY 2012. Allocations for three Federal grants are being increased based on FY 2012 grant awards. Federal Grants funds includes increases of \$6,640 for the State Mental Health Block grant, \$3,386 for the Capitol CARES grant, and \$410 for the Project for Assistance Transition – PATH from Homelessness grant. The budget proposal for Federal Medicaid Payments reflects an increase of \$803,367 that aligns the budget with projected Federal reimbursements for DMH's Federal Medicaid Administrative Claiming. Further adjustments in the Federal Medicaid Payments include an increase of \$300,000 based on projected increase of federal Medicaid reimbursements for services related to CPEP. The intra-District budget increased by \$500,000 due to the restoration of funding in the Child and Family Services Agency to support a Memorandum of Understanding with DMH for the Children's Mental Health program.

Operational Adjustments: DMH's personal services costs including salary step increases and fringe benefits have been adjusted across various programs for a net increase of \$1,661,366 over the prior year Local funds budget and a reduction of 0.4 FTE from the prior year's level. Major adjustments in Local funding for the agency's fixed costs includes a net reduction of \$3,444,794 that aligns the agency's budget with the newly created Department of General Services (DGS) estimates based on DMH's planned relocation from 64 New York Avenue, and \$411,960 for the closure of the District's CSA. Further adjustments in fixed costs reflect an increase of \$490,404 based on DGS' estimates for energy. The Local funds budget is further decreased by \$127,157 based on a reduction

of medical/other supplies, travel and training expenses, housekeeping services, and equipment purchases.

DMH proposes other operational adjustments that are related to proposed reductions in non-Local funding sources. The budget proposal for Special Purpose Revenue funds reflects a decrease of \$488,000 that aligns the budget with revenue estimates for the DMH Federal Medicare and third-party reimbursements. Other changes in the proposed budget for Special Purpose Revenue funds reflect a decrease of \$13,598 that aligns the budget with revenue estimates for the DMH Federal Beneficiary Reimbursements.

In Federal Grants, the budget proposal includes a decrease of \$9,259 that aligns the budget with the Federal funding allocation for the State Data Infrastructure grant.

Cost Savings/Decreases: The limitation of resources available to DMH in FY 2012 calls for the streamlining of operations and staffing realignment in major programmatic areas. Local funding is therefore being reduced by \$2,073,926 and 18.6 FTEs as a result of the proposed operational changes. As DMH continues to make operational changes in the budget to reduce spending, several adjustments related to the cost of service delivery for the Mental Health Rehabilitation Services (MHRS) are included in the Local budget proposal. MHRS funding is therefore being reduced by \$3,160,002. Other cost-related adjustments in DMH's Local budget proposal include reductions of \$235,000 for the Adult Services Supported Housing, \$557,000 for the Comprehensive Psychiatry Emergency program (CPEP), \$200,000 for Pharmacy, \$900,000 for Children and Youth Services, and \$1,200,000 for the Office of the Chief Clinical Officer.

In addition to cost-related adjustments, the Local budget funding is adjusted for certain DMH administrative and other non-clinical functions. These adjustments include reductions of \$477,382 for the Office of the Deputy Director and \$300,000 for Court Supervision.

FY 2011 Approved Budget to FY 2012 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2011 approved budget and the FY 2012 proposed budget.

Table RM0-5

(dollars in thousands)

	PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2011 Approved Budget and FTE		162,687	1,148.9
Cost Increase: Adjust personal services budget for salary step increases and fringe benefits	Multiple Programs	1,661	-0.4
Cost Increase: Support adequate staffing requirements per DOJ citation and include salary step increases and fringe benefits adjustments	Saint Elizabeths Hospital	1,325	0.0
Cost Increase: Adjust fixed costs associated with guard services at Saint Elizabeths Hospital	Saint Elizabeths Hospital	508	0.0
Cost Decrease: Align fixed costs with DGS estimates based on planned relocation of DMH from 64 New York Avenue	Agency Management	-3,445	0.0
Cost Decrease: Align fixed costs with DGS estimates based on decreases associated with closure of DCCSA	Agency Management	-412	0.0
Cost Increase: Align fixed costs with DGS estimates based on net effect of increased estimate for Energy	Multiple Programs	490	0.0
Cost Decrease: Reduce medical and other supplies, travel and training expenses, housekeeping services and equipment purchases	Multiple Programs	-127	0.0
FY 2012 Initial Adjusted Budget		162,687	1,148.5
Reduce: Adjust contactual service costs related to the Adult Services Supported Housing	Mental Health Services and Supports	-235	0.0
Reduce: Adjust costs related to the Comprehensive Psychiatric Emergency Program (CPEP)	Mental Health Services and Supports	-557	0.0
Reduce: Adjust funding for contactual service costs related to the Children and Youth Services program	Mental Health Services and Supports	-900	0.0
Reduce: Adjust funding for Court Supervision	Agency Management	-300	0.0
Reduce: Adjust funding for the Office of Chief Clinical Officer	Mental Health Authority	-1,200	0.0
Reduce: Adjust costs related to establishment of a benefit cap for Mental Health Rehabilitation Services (MHRS)	Mental Health Financing/Fee for Service	-3,160	0.0
Reduce: Adjust costs related to Pharmacy based on decline in usage and transition to healthcare reform	Mental Health Services and Supports	-200	0.0
Reduce: Realign staffing to budget and streamline operations	Multiple Programs	-2,074	-18.6
Reduce: Adjust funding for contactual services in the Office of the Deputy Director	Mental Health Services and Supports	-477	0.0
Correct: Increase the local budget for the Children and Youth Services activity in order to restore a proposed reduction for the Court Assessment Center	Mental Health Services and Supports	300	0.0
Enhance: Reflect the local match for the additional Medicaid revenue for CPEP	Mental Health Services and Supports	129	0.0
Cost Increase: Support new housing vouchers to satisfy the Dixon settlement on Supported Housing.	Mental Health Services and Supports	1,200	0.0
Cost Increase: Support community-based mental health services to facilitate the District's exit from court monitoring in the Dixon Case Settlement.	Mental Health Financing/Fee for Service	1,000	0.0
Cost Increase: Provide additional funding to allow DMH to support the CFSA Annual Implementation Plan for the LaShawn case.	Mental Health Services and Supports	1,300	0.0
LOCAL FUNDS: FY 2012 Proposed Budget and FTE		157,512	1,130.0

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

	PROGRAM	BUDGET	FTE
FEDERAL GRANT FUND: FY 2011 Approved Budget and FTE		1,889	6.0
Adjust: Align budget with the FY 2012 allocation for the State Mental Health Block Grant	Mental Health Authority	7	0.0
Adjust: Align budget with the FY 2012 allocation for the Capitol CARES Grant	Mental Health Services and Supports	3	0.0
Adjust: Align budget with the FY 2012 allocation for the State Data Infrastructure Grant	Mental Health Services and Supports	-9	0.0
Adjust: Align budget with the FY 2012 allocation for the PATH - Project for Assistance Transition from Homelessness Grant (less than \$500)	Mental Health Services and Supports	0	0.0
Adjust: Align budget with the FY 2012 allocation for the Shelter Plus Care Grant	Mental Health Services and Supports	-184	-0.4
FY 2012 Initial Adjusted Budget		1,706	5.5
Adjust: Align budget with the FY 2012 allocation for the Shelter Plus Care Grant	Mental Health Services and Supports	184	0.0
FEDERAL GRANT FUNDS: FY 2012 Proposed Budget and FTE		1,890	5.5
FEDERAL MEDICAID PAYMENTS: FY 2011 Approved Budget and FTE		4,113	2.0
Enhance: Adjust budget to align with Federal Medicaid Administrative Claiming	Multiple Programs	803	0.0
FY 2012 Initial Adjusted Budget		4,916	2.0
FEDERAL MEDICAID PAYMENTS: FY 2012 Proposed Budget and FTE		4,916	2.0
PRIVATE GRANT FUNDS: FY 2011 Approved Budget and FTE		117	0.0
Adjust: Align budget with the end of the Ross University School of Medicine grant award in FY 2011	Saint Elizabeths Hospital	-117	0.0
FY 2012 Initial Adjusted Budget		0	0.0
Adjust: Re-establish budget for the Ross University School of Medicine grant award in FY 2012	Saint Elizabeths Hospital	117	0.0
PRIVATE GRANT FUNDS: FY 2012 Proposed Budget and FTE		117	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2011 Approved Budget and FTE		4,588	37.0
Adjust: Align budget with revenue estimates for the DMH Federal Beneficiary Reimbursement	Saint Elizabeths Hospital	-14	0.0
Adjust: Align budget with revenue estimates for the DMH Federal Medicare and 3rd Party Reimbursements	Multiple Programs	-488	0.0
FY 2012 Initial Adjusted Budget		4,086	37.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2012 Proposed Budget and FTE		4,086	37.0
INTRA-DISTRICT FUNDS: FY 2011 Approved Budget and FTE		8,329	81.2
No Change: Maintain FY 2011 funding	Default	0	0.0
FY 2012 Initial Adjusted Budget		8,329	81.2
Adjust: Re-establish budget for the MOU with CFSA for the Children's Mental Health program	Mental Health Authority and Supports	500	0.0
Enhance: Increase funds to reflect a shift of certain local costs to available federal resources for the Comprehensive Psychiatric Emergency Program	Mental Health Services and Supports	300	0.0
INTRA-DISTRICT FUNDS: FY 2012 Proposed Budget and FTE		9,129	81.2
Gross for RM0 - Department of Mental Health		177,651	1,255.7

Agency Performance Plan

The agency's performance plan has the following objectives for FY 2012:

1. Mental Health Authority

Objective 1: Expand the range of mental health services.

Objective 2: Increase access to mental health services.

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

Objective 4: Ensure system accountability.

Mental Health Authority

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Number of affordable housing units funded ¹	141	100	186	100	TBD	TBD
Total number of adult consumers served ²	13,544	13,800	15,782	3% of adults in District ³	3% of adults in District	3% of adults in District
Adult consumers receiving supported employment services	469	600	442	700	800	1,000
Percent of MHRS eligible children discharged from inpatient psychiatric hospitals who receive a community-based, non-emergency service within seven days of discharge ⁴	39.3%	70%	46.4%	80%	80%	80%
Percent of MHRS eligible adults discharged from inpatient psychiatric hospitals who receive a community-based, non-emergency service within seven days of discharge ⁵	53.5%	70%	56.1%	80%	80%	80%
Adult overall system scores for team formation ⁶	57%	Not Applicable	67%	80%	85%	90%
Adult overall system scores for team functioning ⁷	49%	Not Applicable	60%	80%	85%	90%
Child overall system scores for team formation ⁸	40%	Not Applicable	45%	65%	80%	90%
Child overall system scores for team functioning ⁹	30%	Not Applicable	33%	48%	65%	80%
Number of Dixon exit criteria targets met and approved for inactive monitoring by the Court Monitor ¹⁰	6	Not Applicable	12	19	19	Not Applicable
Scorecard providers' average aggregate score ¹¹	Not Applicable	Not Applicable	Not Applicable	TBD	TBD	TBD

MHRS: Mental Health and Recovery Services

2. Saint Elizabeths Hospital

Objective 1: Increase access to mental health services.

Objective 2: Improve the consistency and quality of mental health services.

Saint Elizabeths Hospital¹²

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Percentage of involuntary acute admissions to Saint Elizabeths Hospital ¹³	12%	11%	6.4%	10%	9%	9%
Total inpatients served per day ¹⁴	343	316	316.9	300	291	291
Number of elopements per 1,000 patient days ¹⁵	.89	.75	.41	.68	.61	.55
Number of patient injuries per 1,000 patient days	1.01	1.00	1.79	.95	.90	.86
Number of medication variances that occurred for every 1,000 patient days	2.78	2.64	1.98	2.51	2.39	2.27
Percentage of unique patients who were restrained at least once during month	1.2%	1.1%	.46%	0.9%	0.7%	0.6%
Percentage of unique patients who were secluded at least once during month	0.5%	0.5%	1.2%	0.5%	0.5%	0.5%
Percentage of patients readmitted to Saint Elizabeths Hospital within 30 days of discharge	9.5%	8.6%	6.8%	8.1%	7.7%	7.3%

3. Mental 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.

Objective 4: Ensure system accountability.

Mental Health Services and Supports

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Early Childhood Teacher/Staff Consultations ¹⁶	Not Applicable	Baseline	488	900	TBD	TBD
Early Childhood Parent Consultations	Not Applicable	Baseline	92	144	TBD	TBD
Early Childhood Presentations/Trainings	Not Applicable	Baseline	48	50	TBD	TBD
Number of adult consumers receiving an ACT service	619	650	979	1,000	1,080	1,080
Same Day Service, Urgent Care: adult and child consumers seen at intake	Not Applicable	Not Applicable	3,181	3,600	3,700	3,800
Number of Physician's Practice Group psychiatrists working in community CSAs ¹⁷	Not Applicable	10	10	11	12	Not Available
Percentage of Assertive Community Treatment (ACT) teams score in acceptable range on fidelity audit ¹⁸	Not Applicable	Not Applicable	18%	50%	75%	100%
Staff productivity measure (percent of staff reaching 60 percent minimum productivity standard) ¹⁹	Not Applicable	50%	22%	60%	70%	80%
Physician productivity measure (percent of staff reaching 65 percent minimum productivity standard)	Not Applicable	50%	21%	60%	70%	80%

CSA: Community Services Agency

4. Mental Health Financing/Fee for Service

Objective 1: Increase revenue generation through efficient and effective claims processing and billing.

Mental Health Financing/Fee for Services

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Percentage of clean claims adjudicated by DHCF within 5 business days of submission ²⁰	Not Applicable	100%	100%	100%	100%	100%
Percent of Medicaid claims submitted to DHCF that are processed and paid	79%	85%	92.0%	88%	88%	88%

DHCF: Department of Health Care Finance

5. Agency Management

Objective 1: Maintain efficient and effective agency operations.

Agency Management

Measure	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2011 Projection	FY 2012 Projection	FY 2013 Projection
Establish PALT baseline ²¹	Not Available	Not Available	Not Available	Baseline	TBD	TBD
Percentage of subgrantee's budget spent on programmatic costs ²²	Not Available	Not Available	Not Available	65%	65%	65%
Percentage of scheduled monitoring reports as defined in agency monitoring plan completed for each grant award ²³	Not Available	Not Available	Not Available	100%	100%	100%

PALT: Procurement Administrative Lead Time

Performance Plan Endnotes:

1. This includes units funded through development of affordable housing units by the Department of Housing and Community Development with \$14 million in DMH capital funds (259 units in various stages of development) and 68 Housing Improvement Program Initiatives (HIPi) units, which are small projects for preservation and rehabilitation of existing units where DMH consumers reside. In FY 2011, an additional 100 housing units will be funded. Housing units in FY 2012-2013 depends on funding availability.
2. Reporting for this indicator is calculated based upon the requirements of Dixon Exit Criterion # 7 (penetration rate for services to adults – persons age 18 and above). The data reported for FY 2009 represents the unduplicated adults receiving services through the MHRS program only. The FY 2010 YTD data also includes unduplicated adults receiving services through the MHRS, School Mental Health, psychiatric residential treatment program (as monitored by DMH), Assessment Center and Wraparound programs based upon claims processed as of January 26, 2011.
3. Target will be set using the most recent U.S. Census Bureau estimate for adults living in the District. This is consistent with the requirements for reporting Dixon Exit Criterion #7.
4. This indicator is tracked as Dixon Exit Criterion #17. The target for exiting the Dixon case is 80 percent. FY 2010 YTD data is reported based upon claims processed as of January 26, 2011.
5. This indicator is also tracked as Dixon Exit Criterion #17. The target for exiting the Dixon case is 80 percent. FY 2010 YTD data is reported based upon claims processed as of January 26, 2011.
6. Data from annual Community Service Review (CSR) report.
7. Data from annual Community Service Review (CSR) report.
8. Data from annual Community Service Review (CSR) report.
9. Data from annual Community Service Review (CSR) report.
10. As of September 13, 2010, 11 of the Exit Criteria are inactive and eight remain active. The terms of the consent decree authorize the Court to find the District in substantial compliance with the requirements of the consent decree, without meeting the performance targets for each of the 19 Exit Criteria; should this occur this KPI will be eliminated. Based upon its progress over the past year, DMH expects to have exited court oversight by FY 2013; therefore, no FY 2013 target is provided.
11. Provider Scorecard data derived from a combination of quality reviews, claims audits and compliance activities. The FY 2010 Provider Scorecard results were issued to providers in FY 2011. The baseline from the FY 2010 Provider Scorecard will be used to develop targets for subsequent fiscal years.

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12. Several measures below (number of elopements per 1,000 patient days; number of patient injuries per 1,000 patient days; percent of unique patients who were restrained at least once during month; percent of unique patients who were secluded at least once during month; and percent of patients readmitted to Saint Elizabeths Hospital within 30 days of discharge) are based on the National Association of State Mental Health Program Directors (NASMHPD) Research Institute, Inc. (NRI) aggregate reports based on measurement data collected from state psychiatric hospitals nationwide, publishing 'National Public Rates (NPR)'. The most recent (May 2010) includes data measured for December 2009. See http://www.nri-inc.org/reports_pubs/2010/National_Public_Rates.pdf. The NPR have been incorporated into the hospital targets.
13. This measure represents the percentage of total involuntary acute admissions authorized by DMH that are sent directly to Saint Elizabeths Hospital.
14. This measure combines civil and forensic patients. The data reported is the census as of the last day of the last month of each quarter. Beginning in FY 2011, this KPI is being reported as the total inpatients served per day instead of average daily census. Daily census counts the number of inpatients present on the unit but does not include those who are on temporary leave, and thus may not accurately represent the total number of patients served. Starting in FY 2011, the number of all inpatients on the hospital roll will be reported, which will include those who may not be present on the unit as they are placed on leave. The target numbers have been adjusted accordingly.
15. This measure combines civil and forensic patients and refers to the elopement rate for the entire fiscal year.
16. Measures on Early Childhood consultations, presentations and trainings have been updated from the FY 2010 Performance Plan to better measure services provided in the Early Childhood program. During FY 2010, DMH tracked the total number of consultations provided under this program. Going forward, DMH will document in more detail the types of consultations and other services provided. FY 2012- FY 2013 targets to be determined pending funding availability.
17. Represents number of Physician's Practice Group psychiatrists working in community CSAs at least once a day. DMH committed to operate the PPG until the end of FY 2012. Therefore, no performance target is established for FY 2013.
18. The Dartmouth ACT Fidelity Scale is the instrument that is used. A total mean score of 4.0 or above is within the acceptable range. For FY 2011 to FY 2013, targets are based on each team's total mean score on the 28-item fidelity scale.
19. Calculation for minimum productivity standards derived from Baseline Readiness for Medicaid Rehab Option Implementation, National Council Consulting Services March 14-15, 2006.
20. This metric is based on the Department of Health Care Finance (DHCF) weekly billing cycle. All clean claims DMH receives from providers are submitted to DHCF weekly, by noon on Friday. DHCF processes the claims on Friday and Saturday night, and reports the results on Monday morning.
21. The Procurement Administrative Lead Times (PALT) is the time between the acceptance of a complete Purchase Request and the Contract Award. The establishment of PALT directly affects the Timeline/Schedule of a Procurement Action by imposing a defined timeframe. Target PALTs are as follows: Small purchases (\$5,001-25,000)=15 business days (BDs); RFQs (\$25,001-100,000)=20 BDs; CSBs and IFBs (\$100,001-\$1 million)=120 BDs; exceeding \$1 million=150 BDs; RFPs (\$100,001-\$1 million)=150 BDs, and exceeding \$1 million=180 BDs. Also, at this time DMH is unable to project the number of HCA, contracts and modifications that will be processed due to pending FY 2010 and FY 2011 contract funding reductions.
22. The Wise Giving Alliance of the Better Business Bureau identifies 65 percent to be an industry standard for this measure <http://www.bbb.org/us/Charity-Standards/>. This metric measures all subgrantees' programmatic costs as a percentage of their overall costs.
23. Pursuant to section 11.4 of the Grants Manual and Source Book, all District agencies must complete monitoring reports. All District agencies should be in compliance with this standard. The standard is 100 percent.