
Department of Behavioral Health

www.dbh.dc.gov

Telephone: 202-673-7440

Description	FY 2013 Actual	FY 2014 Approved	FY 2015 Proposed	% Change from FY 2014
Operating Budget	\$197,527,070	\$242,578,182	\$276,819,168	14.1
FTEs	1,258.6	1,344.0	1,373.0	2.2

The mission of the Department of Behavioral Health (DBH) is to support prevention, treatment, resiliency, and recovery for District residents with mental health and substance use disorders through the delivery of high-quality, integrated services.

Summary of Services

The DBH will: (1) ensure that every individual seeking services is assessed for both mental health and substance use disorder needs; (2) develop the ability of the provider network to treat co-occurring disorders; (3) establish and measure outcomes for individuals with co-occurring mental health and substance use disorders as well as single illnesses with recovery as the goal; (4) consolidate and enhance provider monitoring to ensure high quality service; and (5) establish a single credentialing process for both mental health and substance use disorder providers.

The agency's FY 2015 proposed budget is presented in the following tables:

FY 2015 Proposed Gross Funds Operating Budget, by Revenue Type

Table RM0-1 contains the proposed FY 2015 agency budget compared to the FY 2014 approved budget. It also provides FY 2012 and FY 2013 actual expenditures.

Table RM0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2012	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Percent Change*
General Fund						
Local Funds	158,714	172,613	204,830	231,857	27,028	13.2
Special Purpose Revenue Funds	4,743	2,946	3,700	3,588	-112	-3.0
Total for General Fund	163,457	175,560	208,530	235,445	26,915	12.9
Federal Resources						
Federal Grant Funds	1,657	2,689	18,310	18,539	229	1.3
Federal Medicaid Payments	5,822	3,264	4,330	3,500	-830	-19.2
Total for Federal Resources	7,479	5,953	22,640	22,039	-601	-2.7
Private Funds						
Private Grant Funds	150	82	157	183	26	16.6
Private Donations	78	30	0	289	289	N/A
Total for Private Funds	227	112	157	472	315	200.2
Intra-District Funds						
Intra-District Funds	14,137	15,903	11,251	18,863	7,612	67.7
Total for Intra-District Funds	14,137	15,903	11,251	18,863	7,612	67.7
Gross Funds	185,301	197,527	242,578	276,819	34,241	14.1

*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 2015 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2015 Proposed Full-Time Equivalents, by Revenue Type

Table RM0-2 contains the proposed FY 2015 FTE level compared to the FY 2014 approved FTE level by revenue type. It also provides FY 2012 and FY 2013 actual data.

Table RM0-2

Appropriated Fund	Actual FY 2012	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Percent Change
<u>General Fund</u>						
Local Funds	1,102.0	1,131.8	1,162.0	1,166.0	4.0	0.3
Special Purpose Revenue Funds	36.1	32.7	34.5	32.0	-2.5	-7.2
Total for General Fund	1,138.2	1,164.4	1,196.5	1,198.0	1.5	0.1
<u>Federal Resources</u>						
Federal Grant Funds	5.6	6.9	56.0	78.0	22.0	39.3
Federal Medicaid Payments	0.6	0.4	2.0	5.0	3.0	150.0
Total for Federal Resources	6.2	7.3	58.0	83.0	25.0	43.1
<u>Intra-District Funds</u>						
Intra-District Funds	77.4	86.9	89.6	92.1	2.5	2.8
Total for Intra-District Funds	77.4	86.9	89.6	92.1	2.5	2.8
Total Proposed FTEs	1,221.7	1,258.6	1,344.0	1,373.0	29.0	2.2

FY 2015 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2015 budget at the Comptroller Source Group (object class) level compared to the FY 2014 approved budget. It also provides FY 2012 and FY 2013 actual expenditures.

Table RM0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2012	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Percent Change*
11 - Regular Pay - Continuing Full Time	74,796	77,522	85,110	95,962	10,852	12.8
12 - Regular Pay - Other	5,778	5,065	5,671	6,135	464	8.2
13 - Additional Gross Pay	4,148	4,251	1,793	1,693	-100	-5.6
14 - Fringe Benefits - Current Personnel	17,622	18,837	24,289	27,720	3,431	14.1
15 - Overtime Pay	3,178	2,375	1,953	1,953	0	0.0
99 - Unknown Payroll Postings	19	0	0	0	0	N/A
Subtotal Personal Services (PS)	105,541	108,050	118,817	133,464	14,646	12.3
20 - Supplies and Materials	6,292	6,462	6,993	6,482	-511	-7.3
30 - Energy, Comm. and Building Rentals	2,183	1,404	2,919	3,112	192	6.6
31 - Telephone, Telegraph, Telegram, Etc.	1,208	1,169	1,380	940	-440	-31.9
32 - Rentals - Land and Structures	297	2,352	4,839	5,520	681	14.1
34 - Security Services	2,256	2,139	2,247	4,528	2,281	101.5
35 - Occupancy Fixed Costs	123	123	444	183	-261	-58.7
40 - Other Services and Charges	11,609	12,272	14,086	13,852	-234	-1.7
41 - Contractual Services - Other	34,057	32,459	34,795	47,953	13,157	37.8
50 - Subsidies and Transfers	21,047	30,385	55,150	59,806	4,656	8.4
70 - Equipment and Equipment Rental	688	712	908	980	72	7.9
Subtotal Nonpersonal Services (NPS)	79,760	89,477	123,761	143,356	19,595	15.8
Gross Funds	185,301	197,527	242,578	276,819	34,241	14.1

*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 is 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 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:

- **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;
- **Quality and Data Management - SEH** – provides quality improvement utilizing performance improvement techniques in addition to using data and research to guide clinical practices; provides oversight of the reporting functions for the Department of Justice, the Corporate Integrity Agreement, and the Joint Accreditation; and manages the reporting functions from the electronic medical record;
- **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, employees, and customers so that they can provide or receive quality care. 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 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; and establishes the training curriculum for all levels of the Hospital;
- **Nutritional Services - SEH** – provides optimum nutrition and food services, medical nutrition therapy for all patients, 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 resources, administrative functions, contracts, and manpower to provide a safe, secure, and therapeutic physical environment for patients, staff, and visitors hospital-wide. Provides vehicles and drivers for transportation services, to include but not be limited to deliveries patient/staff transport District-wide; and maintenance services, including solid/medical waste disposal and snow and ice removal;

- **Office of the Chief of Staff - SEH** – provides executive management leadership, human resources coordination, organizational management and consultation, budget, contract management, public affairs, and community outreach; manages the coordination, implementation, and maintenance of the electronic medical record system; and assures that the integrity of Health Information Management is maintained;
- **Office of the Chief Operating Officer - SEH** – provides management and oversight of the operational functions of the Hospital; provides support to Hospital environmental functions; and provides an effective and cost-efficient continuum of care for all patients including budgetary and revenue functions; and
- **Office of the Chief Clinical Officer - SEH** – supports Saint Elizabeths Hospital clinicians by providing direct improvement in patient care to meet the requirements as set forth by the Department of Justice; provides clinical leadership and interdisciplinary treatment teams; and ensures the provision of social work services, treatment programs, rehabilitation services, utilization review, volunteer services, and consumer affairs.

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 Services 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;

- **Behavioral 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 outpatient 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 Services - BHSS** – provides services directly to individuals who are homeless and in crisis;
- **Children and Youth Services - BHSS** – develops and implements 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 directly provides 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 Saint 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 (PPG) - BHSS** – 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, including MultiCultural Services and services for individuals who are deaf/hard of hearing or who have intellectual disabilities.

Addiction Prevention and Recovery Administration (APRA) – 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 the Deputy Director for 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** – evaluates, monitors, and manages 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, substance abuse treatment facilities, and programs that 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.

Behavioral 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 5 activities:

- **Behavioral Health Information Management** – provides oversight of the medical records process within the agency;
- **Behavioral Health Rehabilitation Services (BHRS)** – allocates Local funding for the payment of claims to private providers for children, youth, families, and adults who are District residents and receive Behavioral Health Rehabilitation Services;
- **Behavioral 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 BHRS;
- **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

The Department of Behavioral Health has no division structure changes in the FY 2015 proposed budget.

FY 2015 Proposed Operating Budget and FTEs, by Division and Activity

Table RM0-4 contains the proposed FY 2015 budget by division and activity compared to the FY 2014 approved budget. It also provides the FY 2013 actual data.

Table RM0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014
(1000) Agency Management								
(1010) Personnel	1,349	1,562	1,643	82	13.2	14.0	15.0	1.0
(1015) Training and Employee Development	320	351	375	25	3.0	3.0	3.0	0.0
(1017) Labor Relations	363	412	441	29	3.0	3.0	3.0	0.0
(1020) Contracting and Procurement	796	870	1,012	141	9.2	9.0	9.0	0.0
(1030) Property Management	3,208	4,161	3,874	-288	3.0	3.0	2.0	-1.0
(1040) Information Technology	5,809	6,217	6,545	327	25.4	25.0	24.0	-1.0
(1050) Financial Management-Agency	1,868	2,257	1,862	-395	13.2	13.0	11.0	-2.0
(1055) Risk Management	143	134	156	22	1.0	1.0	1.0	0.0
(1060) Legal Services	248	296	296	0	0.0	0.0	0.0	0.0
(1080) Communications	6	25	26	0	0.0	0.0	0.0	0.0
(1085) Customer Services	34	65	65	0	0.0	0.0	0.0	0.0
(1087) Language Access	41	59	59	0	0.0	0.0	0.0	0.0
(1099) Court Supervision	233	312	0	-312	0.0	0.0	0.0	0.0
Subtotal (1000) Agency Management	14,418	16,720	16,352	-368	71.2	71.0	68.0	-3.0
(100F) DMH Financial Operations								
(110F) DMH Budget Operations	529	504	537	33	4.1	4.0	4.0	0.0
(120F) DMH Accounting Operations	772	835	894	59	9.9	9.8	9.8	0.0
(130F) DMH Fiscal Officer	250	265	290	25	2.0	2.0	2.0	0.0
Subtotal (100F) DMH Financial Operations	1,551	1,604	1,720	117	16.0	15.8	15.8	0.0

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014
(1800) Behavioral Health Authority								
(1810) Office of the Director/ Chief Executive Officer	1,407	1,040	977	-63	7.1	6.0	6.0	0.0
(1815) Office of the Chief Clinical Officer	1,434	1,959	1,476	-483	2.0	3.0	3.0	0.0
(1820) Consumer and Family Affairs	959	1,100	1,718	618	2.0	2.0	3.0	1.0
(1835) Housing	-10	0	0	0	0.0	0.0	0.0	0.0
(1865) Office of Policy Support	443	490	531	40	4.1	4.0	4.0	0.0
(1866) Office of Strategic Planning and Grants Management	512	533	539	6	1.0	1.0	1.0	0.0
(1880) Office of Accountability - QI/Audit	738	763	1,003	240	8.2	8.1	8.1	0.0
(1881) OA - Certification/Licensure	644	675	776	101	6.6	6.5	6.5	0.0
(1882) OA - Investigations	172	183	195	12	1.5	1.5	1.5	0.0
Subtotal (1800) Behavioral Health Authority	6,299	6,744	7,216	472	32.6	32.1	33.1	1.0
(3800) Saint Elizabeths Hospital								
(3805) Office of the Chief Executive	466	474	464	-10	3.0	3.0	2.0	-1.0
(3810) Office of Clinical and Medical Services - SEH	20,998	20,593	18,547	-2,046	151.4	146.4	110.6	-35.8
(3815) Engineering and Maintenance - SEH	3,279	4,986	5,272	286	16.3	17.0	15.0	-2.0
(3820) Fiscal and Support Services - SEH	3,597	3,536	3,060	-476	10.2	4.5	3.5	-1.0
(3825) Forensic Services - SEH	825	478	0	-478	10.1	3.0	0.0	-3.0
(3828) Quality and Data Management - SEH	0	0	2,023	2,023	0.0	0.0	17.0	17.0
(3830) Housekeeping - SEH	2,047	2,073	2,904	831	42.7	40.0	54.0	14.0
(3835) Materials Management - SEH	1,451	1,624	1,558	-66	7.1	7.0	8.0	1.0
(3845) Nursing Services - SEH	34,896	34,262	37,023	2,761	435.2	443.2	430.8	-12.4
(3850) Nutritional Services - SEH	3,289	3,348	3,652	305	30.6	28.1	29.1	1.0
(3860) Security and Safety - SEH	2,866	1,867	3,304	1,437	19.3	19.0	18.0	-1.0
(3865) Transportation and Grounds - SEH	727	851	753	-98	6.1	6.0	4.0	-2.0
(3870) Office of the Chief of Staff - SEH	6,186	2,343	346	-1,997	83.6	25.0	2.0	-23.0
(3875) Office of the Chief Operating Officer - SEH	1,469	1,523	1,248	-275	27.2	20.0	13.0	-7.0
(3880) Clinical Administration - SEH	0	0	0	0	0.0	69.4	0.0	-69.4
(3880) Office of the Chief Clinical Officer - SEH	1,412	5,849	10,544	4,694	12.2	0.0	111.6	111.6
Subtotal (3800) Saint Elizabeths Hospital	83,507	83,809	90,699	6,890	855.1	831.5	818.5	-13.0

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014
(4800) Behavioral Health Services and Supports								
(4805) Office of the Senior Deputy Director - BHSS	12,487	12,179	19,533	7,355	7.1	6.0	13.0	7.0
(4810) Organizational Development - BHSS	1,115	808	1,976	1,167	11.4	8.0	16.0	8.0
(4815) Adult Services - Support Housing - BHSS	8,704	8,263	13,579	5,317	3.0	3.0	6.0	3.0
(4820) Adult Services - Support Employment - BHSS	846	190	278	88	1.2	2.0	3.0	1.0
(4825) Adult Services - Assertive Community Treatment - BHSS	107	113	119	7	1.0	1.0	1.0	0.0
(4830) Adult Services - Forensic - BHSS	1,106	1,323	1,489	165	5.1	6.0	6.0	0.0
(4835) Care Coordination - BHSS	1,813	1,744	1,811	67	19.3	21.0	19.0	-2.0
(4840) Behavioral Health Services - BHSS	2,822	3,433	4,112	680	26.8	33.0	36.5	3.5
(4845) Comprehensive Psych. Emergency Prog. (CPEP) - BHSS	8,287	7,731	9,382	1,651	66.2	64.8	66.8	2.0
(4850) Pharmacy - BHSS	2,305	2,404	2,511	108	7.8	9.0	8.0	-1.0
(4855) Homeless Outreach Services - BHSS	1,001	1,178	1,142	-36	8.2	8.0	8.0	0.0
(4860) Children and Youth - BHSS	13,722	13,961	15,061	1,100	33.9	41.0	38.5	-2.5
(4865) Early Childhood and School Mental Health - BHSS	5,406	7,962	9,058	1,096	60.9	81.5	86.5	5.0
(4870) Integrated Care - BHSS	1,647	1,690	1,963	272	7.0	7.0	9.0	2.0
(4880) Physicians' Practice Group (PPG) - BHSS	2,239	1,998	2,437	439	12.3	9.4	12.4	3.0
Subtotal (4800) Behavioral Health Services and Supports	63,606	64,976	84,452	19,476	271.4	300.7	329.7	29.0
(6800) Addiction Prevention and Recovery Administration								
(6810) Office of the Senior Deputy Director Addiction Services	0	717	687	-30	0.0	5.0	5.0	0.0
(6820) Office of the Deputy Dir. for Addiction Services Operations	0	7,204	8,530	1,327	0.0	24.0	28.0	4.0
(6830) Office of the Deputy Director for Administration	0	1,255	1,502	247	0.0	12.0	12.0	0.0
(6840) Office of Addiction Prevention Services	0	5,962	6,087	125	0.0	16.0	20.0	4.0
(6850) Office of Performance Management	0	455	487	32	0.0	4.0	4.0	0.0
(6855) Office of the Deputy Director for Addiction Treatment	0	8,741	7,381	-1,360	0.0	14.0	19.0	5.0
(6870) Implementation of Drug Treatment Choice	0	15,098	16,944	1,847	0.0	0.0	0.0	0.0
Subtotal (6800) Addiction Prevention and Recovery Administration	0	39,431	41,618	2,187	0.0	75.0	88.0	13.0

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014	Actual FY 2013	Approved FY 2014	Proposed FY 2015	Change from FY 2014
(7800) Behavioral Health Financing/Fee for Service								
(7810) Health Information Management	0	0	325	325	0.0	0.0	4.0	4.0
(7820) Behavioral Health Rehabilitation Services (BHRS)	7,761	7,195	11,495	4,300	0.0	0.0	0.0	0.0
(7825) Behavioral Health Rehabilitation Serv. - Local Match	19,248	20,500	21,416	916	0.0	0.0	0.0	0.0
(7870) Claims Administration/Billing	741	968	995	27	9.2	13.0	12.0	-1.0
(7880) Provider Relations	396	630	529	-101	3.2	5.0	4.0	-1.0
Subtotal (7800) Mental Health Financing/Fee for Service	28,146	29,294	34,761	5,467	12.4	18.0	20.0	2.0
Total Proposed Operating Budget	197,527	242,578	276,819	34,241	1,258.6	1,344.0	1,373.0	29.0

(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 2015 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2015 Proposed Budget Changes

The Department of Behavioral Health's (DBH) proposed FY 2015 gross budget is \$276,819,168, which represents a 14.1 percent increase over its FY 2014 approved gross budget of \$242,578,182. The budget is comprised of \$231,857,257 in Local funds, \$18,539,328 in Federal Grants funds, \$3,500,000 in Federal Medicaid Payments, \$183,300 in Private Grant funds, \$288,775 in Private Donations, \$3,587,829 in Special Purpose Revenue funds, and \$18,862,679 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 2014 approved budget across multiple divisions, and it estimates how much it would cost an agency to continue its current programs and operations into the following fiscal year. The FY 2015 CSFL adjustments to the FY 2014 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 2015 CSFL budget is \$219,713,138, which represents a \$14,883,466, or 7.3 percent, increase over the FY 2014 approved Local funds budget of \$204,829,672.

CSFL Assumptions

The FY 2015 CSFL calculated for DBH included adjustment entries that are not described in detail on table 5. These adjustments were made for increases of \$8,596,373 in personal services to account for Fringe Benefit costs based on trend and comparative analyses and the impact of cost-of-living adjustments implemented in FY 2013, and \$2,188,249 in nonpersonal services based on the Consumer Price Index factor of 2.4 percent.

DBH's CSFL funding for the Medicaid Growth Factor reflects an adjustment for a net increase of \$2,001,822 to account for a District FY 2015 Medicaid growth rate of 4.41 percent based on the cost of health care services in the District projected by the Department of Health Care Finance (DHCF). Additionally, adjustments were made for an increase of \$3,686,793 for the Fixed Cost Inflation Factor based on projections provided by the Department of General Services (DGS) to account for increases of \$2,281,123 for Security Services, \$1,338,543 for Rentals – Land and Structures, \$219,619 for Energy, and \$85,439 for Janitorial Services, and a reduction of \$237,931 for Occupancy. Finally, a decrease of \$1,589,772 was made to back out the portion of the Medicaid Growth Factor that was included in the Consumer Price Index.

Agency Budget Submission

DBH's FY 2015 budget proposal continues to focus on providing prevention, treatment, resilience, and recovery services for District residents with mental health and substance use disorders.

Increase: In Local funds, the proposed budget includes an increase of \$3,344,309. This adjustment covers projected salary increases and Fringe Benefit costs for existing positions. DBH's Local funds budget also proposes an increase of \$8,550 to cover equipment costs at Saint Elizabeths Hospital.

The budget submission for Federal Grant funds includes adjustments in personal services across the Addiction Prevention and Recovery Administration, Behavioral Health Services and Supports, and Saint Elizabeths Hospital divisions that result in a net increase of \$1,905,001. This amount includes projected expenses of \$1,357,025, which is comprised of salary for 22.0 FTEs, proposed salary step increases, and cost-of-living allowance (COLA) adjustments, as well as \$547,976 in Fringe Benefit costs. DBH's additional positions align staffing levels with agency needs. Also included in the budget submission is an increase of \$650,231, which will primarily be allocated for professional service fees of Saint Elizabeths Hospital to help meet its operational goals. Furthermore in Federal Grant funds, an increase of \$294,976 will mainly be used in the Behavioral Health Services and Supports division to oversee the overall operations of the division, which includes multi-cultural outpatient services for developmentally disabled people with psychiatric illnesses.

In Federal Medicaid Payments, DBH proposes an increase of \$288,743 in personal services costs to the Behavioral Health Services and Supports and Behavioral Health Financing/Fee for Service divisions. This additional funding will support projected salary step increases, COLA, Fringe Benefit costs, and an additional 3.0 continuing FTEs. These are corporate social responsibility staffing positions that will conduct evaluations of the system of care and generate performance data for service improvements.

DBH is projecting a budget increase of \$26,057 in Private Grant funds in anticipation of funding from the Ross University School of Medicine grant. These funds will be allocated in nonpersonal services for high-quality medical care for inpatients at Saint Elizabeths Hospital.

The budget submission includes an increase of \$288,775 in Private Donations from the Saint Elizabeths Hospital Patient Gift fund. DBH will use these funds in nonpersonal services to support consumer necessities and activities. In Special Purpose Revenue funds, DBH proposes an increase of \$72,284 in the Saint Elizabeths Hospital division to supplement contractual obligations for nursing services.

The budget submission for Intra-District funds includes Memorandum of Understanding (MOU) agreements entered into with other District agencies to cover various behavioral health services throughout the District. These MOUs include an increase of \$4,300,000 in the Behavioral Health Financing/Fee for Service division, from the Department of Health Care Finance, for the transfer of Fee-for-Service Day Treatment to Behavioral Health Rehabilitation Specialist Day or Intensive Day Treatment or other appropriate services. Other MOUs with the Child and Family Services Agency and with the Office of the State Superintendent of Education account for an increase of \$2,688,287 to the Behavioral Health Services and Supports division in the Intra-District budget. These MOUs provide funding for DBH's Wraparound Project Services, Assessment Center Evaluations, Behavioral Health Services Solicitation for Children placed in Foster Care Homes in Maryland, and Collaborative Co-located Staff for In-home including Training and Screening tools.

Additional adjustments in Intra-District funds include increases of \$804,948 to cover salary step increases, COLA, Fringe Benefits, and the salaries for 2.5 additional continuing FTEs, and \$65,400 in the Addiction Prevention and Recovery Administration division based on an MOU with the Department of Human Services for Treatment Services for Temporary Assistance to Needy Families (TANF) eligible clients.

Decrease: In Local funds, DBH proposes a decrease of \$1,232,459 to the budget based on the FY 2015 Fixed Costs estimate provided by the Department of General Services (DGS). Various DBH Fixed Costs commodities were impacted by this adjustment, which includes \$657,264 for Rentals - Land and Structures, \$439,838 for Telecommunications, \$85,439 for Janitorial Services, \$27,178 for Energy, and \$22,740 for Occupancy. A proposed decrease of \$2,120,401 in nonpersonal services will be used to partially offset proposed increases to personal services. The reduction is primarily related to cost efficiencies throughout the agency, primarily in the Saint Elizabeths Hospital division.

In Federal Grant funds, a decrease \$2,621,130, which impacts the nonpersonal services budget across multiple divisions, was needed to properly align the budget. This reduction is primarily due to a decrease in funding from the Access to Recovery grant, which is due to expire in Fiscal Year 2014. The greater proportion of this reduction will be to the Addiction Prevention and Recovery Administration division in grants and gratuities. These funds were used to prevent the onset of and reduce the progression of substance abuse and to deliver effective substance abuse treatment and recovery services for District residents.

A proposed reduction of \$1,118,622 in Federal Medicaid Payments aligns the budget with projected revenues based on prior year earnings across multiple divisions. The budget in Special Purpose Revenue funds for the Saint Elizabeths Hospital division is decreased by \$184,455 due to the elimination of 2.5 FTEs. In Intra-District funds, an overall net decrease of \$247,094 in nonpersonal services to the Behavioral Health Authority division is needed to properly align the budget with anticipated funding sources.

Technical Adjustment: DBH will receive \$5,000,000 for projects previously supported by capital funds. The agency will use these funds for affordable housing units to support District residents with disabilities through subsidies for private affordable housing properties. DBH has sought to identify additional funding to replace the loss of Federal Grant funds that expire in FY 2014. These grants include the Strategic Prevention Framework State Incentive (SPF SIG) grant, the Minority AIDS Initiative Targeted Capacity Expansion grant, and the Access to Recovery (ATR) grant. In order to ensure adequate funding for DBH to continue to provide services in these areas, the budget proposal in Local funds includes an increase of \$2,811,022 to support an additional 12.0 FTEs and to annualize funding for service to be provided. In part, DBH will be able to continue to address new and emerging drug use such as synthetic drugs, administer a risk reduction tool and implement an action plan with youth and their parents or caregivers at the earliest signs of risk behavior, develop an integrated behavioral health and primary care service model for District residents with HIV/AIDS, and provide substance use disorder and recovery support services within the District.

Mayor's Proposed Budget

Enhance: DBH's budget in Local funds includes additional funding in the amount of \$5,500,000 to support Independent Community Residential Facilities (ICRFs). These are small group homes with no more than eight residents. They are certified by DBH and operated by private providers. Operators are required to provide 24-hour supervision, monitoring, and assistance with transportation activities of daily living. This funding will be used to provide support to operators so that they can continue with quality care to individuals placed in these facilities. The agency will further increase its Local funds budget by \$250,000 to support tobacco cessation programs. The Patient Protection and Affordable Care Act (ACA), passed in March 2010, requires tobacco cessation services as an Essential Health Benefit (EHB). DBH will continue to support this effort as tobacco cessation is a valid way to reduce tobacco use and the associated health risks.

Reduce: The Local funds budget includes a reduction of \$600,000 to account for the one-time removal of funding for personal services costs in FY 2015 based on projected salary lapse savings.

District's Proposed Budget

Reduce: In Local funds, DBH's budget includes a reduction of \$308,822 and 1.0 FTE to reflect an adjustment of personal services costs based on projected salary lapse savings. Additionally, the budget is reduced by \$508,082 due to the elimination of 7.0 FTEs across multiple divisions.

FY 2014 Approved Budget to FY 2015 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2014 approved budget and the FY 2015 proposed budget.

Table RM0-5
(dollars in thousands)

DESCRIPTION	DIVISION	BUDGET	FTE
LOCAL FUNDS: FY 2014 Approved Budget and FTE		204,830	1,162.0
Other CSFL Adjustments	Multiple Programs	14,883	0.0
LOCAL FUNDS: FY 2015 Current Services Funding Level Budget (CSFL)		219,713	1,162.0
Increase: To adjust personal services	Multiple Programs	3,344	0.0
Increase: To support and annualize costs of existing program	Saint Elizabeths Hospital	9	0.0
Decrease: To align Fixed Costs with proposed estimates	Multiple Programs	-1,232	0.0
Decrease: To partially offset projected increases in personal services costs	Multiple Programs	-2,120	0.0
Technical Adjustment: Moving project previously funded with capital to operating	Behavioral Health Services and Supports	5,000	0.0
Technical Adjustment: Replacement of federal grant funding	Multiple Programs	2,622	12.0
Technical Adjustment: To adjust personal services	Multiple Programs	189	0.0
LOCAL FUNDS: FY 2015 Agency Budget Submission		227,524	1,174.0
Enhance: Support for independent community residential facilities (ICRFs)	Behavioral Health Services and Supports	5,500	0.0
Enhance: To support the tobacco cessation program	Addiction Prevention and Recovery Administration	250	0.0
Reduce: Personal services to reflect one-time salary lapse savings	Multiple Programs	-600	0.0
LOCAL FUNDS: FY 2015 Mayor's Proposed Budget		232,674	1,174.0
Reduce: Personal services to reflect salary lapse savings	Multiple Programs	-309	-1.0
Reduce: To recognize savings from a reduction in FTEs	Multiple Programs	-508	-7.0
LOCAL FUNDS: FY 2015 District's Proposed Budget		231,857	1,166.0

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

DESCRIPTION	DIVISION	BUDGET	FTE
FEDERAL GRANT FUNDS: FY 2014 Approved Budget and FTE		18,310	56.0
Increase: To support additional FTEs	Multiple Programs	1,905	22.0
Increase: To support and annualize costs of existing program	Multiple Programs	650	0.0
Increase: To adjust Contractual Services budget	Multiple Programs	295	0.0
Decrease: To align budget with projected grant awards	Multiple Programs	-2,621	0.0
FEDERAL GRANT FUNDS: FY 2015 Agency Budget Submission		18,539	78.0
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2015 Mayor's Proposed Budget		18,539	78.0
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2015 District's Proposed Budget		18,539	78.0
FEDERAL MEDICAID PAYMENTS: FY 2014 Approved Budget and FTE		4,330	2.0
Increase: To support additional FTEs	Multiple Programs	289	3.0
Decrease: To align budget with projected federal Medicaid reimbursements	Multiple Programs	-1,119	0.0
FEDERAL MEDICAID PAYMENTS: FY 2015 Agency Budget Submission		3,500	5.0
No Change		0	0.0
FEDERAL MEDICAID PAYMENTS: FY 2015 Mayor's Proposed Budget		3,500	5.0
No Change		0	0.0
FEDERAL MEDICAID PAYMENTS: FY 2015 District's Proposed Budget		3,500	5.0
PRIVATE GRANT FUNDS: FY 2014 Approved Budget and FTE		157	0.0
Increase: To align with Projected Revenues	Saint Elizabeths Hospital	26	0.0
PRIVATE GRANT FUNDS: FY 2015 Agency Budget Submission		183	0.0
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2015 Mayor's Proposed Budget		183	0.0
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2015 District's Proposed Budget		183	0.0
PRIVATE DONATIONS: FY 2014 Approved Budget and FTE		0	0.0
Increase: To align with Projected Revenues	Saint Elizabeths Hospital	289	0.0
PRIVATE DONATIONS: FY 2015 Agency Budget Submission		289	0.0
No Change		0	0.0
PRIVATE DONATIONS: FY 2015 Mayor's Proposed Budget		289	0.0
No Change		0	0.0
PRIVATE DONATIONS: FY 2015 District's Proposed Budget		289	0.0

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

DESCRIPTION	DIVISION	BUDGET	FTE
SPECIAL PURPOSE REVENUE FUNDS: FY 2014 Approved Budget and FTE		3,700	34.5
Increase: To support and annualize costs of existing program	Saint Elizabeths Hospital	72	0.0
Decrease: To align budget with projected revenues	Saint Elizabeths Hospital	-184	-2.5
SPECIAL PURPOSE REVENUE FUNDS: FY 2015 Agency Budget Submission		3,588	32.0
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2015 Mayor's Proposed Budget		3,588	32.0
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2015 District's Proposed Budget		3,588	32.0
INTRA-DISTRICT FUNDS: FY 2014 Approved Budget and FTE		11,251	89.6
Increase: To align budget with projected revenues	Behavioral Health Financing/Fee for Service	4,300	0.0
Increase: To align budget with projected revenues	Behavioral Health Services and Supports	2,688	0.0
Increase: To adjust personal services	Multiple Programs	805	2.5
Increase: To align budget with projected revenues	Addiction Prevention and Recovery Administration	65	0.0
Decrease: To align budget with projected revenues	Behavioral Health Authority	-247	0.0
INTRA-DISTRICT FUNDS: FY 2015 Agency Budget Submission		18,863	92.1
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2015 Mayor's Proposed Budget		18,863	92.1
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2015 District's Proposed Budget		18,863	92.1
Gross for RM0 - Department of Behavioral Health		276,819	1,373.0

(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 2015:

Behavioral Health Authority

Objective 1: Expand the range of behavioral health services.

Objective 2: Increase access to behavioral health services.

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

Objective 4: Ensure system accountability.

KEY PERFORMANCE INDICATORS

Behavioral Health Authority

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Expand access to early childhood services – Primary Project	30	35	35	54	54	54
Provider Scorecard - providers' average adult and child quality score	Not Available	Baseline	84.4	Not Available	Not Available	Not Available
Provider Scorecard - providers' average financial score	Not Available	Baseline	69.1	Not Available	Not Available	Not Available
Expand DBH disaster mental health response capacity	Not Available	Baseline	65 ¹	150 ²	150	150
Increase grievance process training	Not Available	2	3	3	3	3
Provider site grievance process training	Not Available	2	1	3	3	3

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 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of adults reached through planned prevention strategies	6,388	7,400	7,548	8,400	7,400	7,400
Number of youth reached through planned prevention strategies	4,797	6,000	8,527	7,200	6,000	6,000
Percent of adults that successfully complete treatment ³	42.7%	60%	59.4%	60%	60%	60%
Percent of youth that successfully complete treatment	19.5%	25%	19.6%	25%	25%	25%

Saint Elizabeths Hospital

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

KEY PERFORMANCE INDICATORS

Saint Elizabeths Hospital

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Percent of nursing staff with competency-based recovery model training	Not Applicable ⁴	95%	99%	95%	95%	95%
Percent of nurses receiving objectives and nursing interventions training	Not Applicable ⁵	95%	98%	Not Available	Not Available	Not Available
Total patients served per day	276	275	256	275	275	275
Elopements per 1,000 patient days	0.3	0.3	0.0	0.3	0.3	0.3
Patient injuries per 1,000 patient days ⁶	0.4	0.3	0.0	0.3	0.3	0.3
Missing documentation of medication administration results ⁷	0.3%	0.3%	0.1%	0.3%	0.2%	0.2%
Unique patients who were restrained at least once during month ⁸	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%
Unique patients who were secluded at least once during month	0.6%	0.7%	0.0%	0.6%	0.5%	0.5%
Percent of patients re-admitted to Saint Elizabeths Hospital within 30 days of discharge	5.3%	6.0%	6.0%	5.8%	5.5%	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 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Child/Youth (C/Y) CSRs overall system performance	65%	70%	70%	70%	75%	75%
Baseline and reduced number of bed days C/Y spend in Psychiatric Residential Treatment Facilities (PRTFs)	33,348 ⁹	50,881	46,378	48,337	45,920	45,920
Increase C/Y receiving Multi-Systemic Therapy (MST)	76.8%	20%	69.9%	20%	20%	20%
Increase C/Y receiving Functional Family Therapy (FFT)	228.6%	20%	120%	20%	20%	20%
Increase C/Y receiving High Fidelity Wraparound (HFW)	121.5%	20%	99.7%	Not Available	Not Available	Not Available
Increase new supported housing vouchers/subsidies and/or capital housing units and develop a housing plan	186 ¹⁰	200 ¹¹	128	100	100 ¹²	Not Available
Method to assess need for supported employment and referral of consumers to service	17% ¹³	60%	59.3%	60%	60%	60%
Increase number of consumers receiving supported employment service	757	963	794	+5%	+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	71.3% ¹⁴	70%	67.8%	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	61% ¹⁵	70%	67.3%	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	80.8% ¹⁶	80%	78.2%	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	79.4% ¹⁷	80%	83.3%	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 2012 Actual	FY 2013 Target	FY 2013 Actual	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Improve total Medicaid claims paid by facilitating providers reducing DHCF denials	5.5%	≤5%	4.6%	≤5%	≤5%	≤5%

Behavioral Health Agency Management

Objective 1: Ensure system accountability.

NO KPI TABLE

Performance Plan Endnotes:

¹Increase trained members on DBH response teams up to 150.

²Increase trained members on DBH response teams up to 150 in FY 2015 and FY 2016.

³This 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.

⁴This training program did not exist in FY 2012.

⁵Ibid.

⁶Patient 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.

⁷Measured by dividing the total number of medication administration records with missing documentation by the total number of scheduled medication administration records.

⁸The 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.

⁹Actual bed-days are from date of admission for children in a PRTF.

¹⁰Note: Supportive Housing Strategic Plan 2012-2017 Developed.

¹¹Supported housing vouchers/subsidies and/or capital housing units.

¹²Maintain supported housing vouchers/subsidies and/or capital housing units.

¹³60 percent of interested consumers referred to supported employment.

¹⁴This data is based on claims data that involves a review process.

¹⁵Ibid.

¹⁶Ibid.

¹⁷Ibid.