
Department of Behavioral Health

www.dbh.dc.gov

Telephone: 202-673-7440

Description	FY 2014 Actual	FY 2015 Approved	FY 2016 Proposed	% Change from FY 2015
Operating Budget	\$247,094,740	\$276,819,168	\$272,717,341	-1.5
FTEs	1,334.9	1,373.0	1,427.8	4.0

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 2016 proposed budget is presented in the following tables:

FY 2016 Proposed Gross Funds Operating Budget, by Revenue Type

Table RM0-1 contains the proposed FY 2016 agency budget compared to the FY 2015 approved budget. It also provides FY 2013 and FY 2014 actual expenditures.

Table RM0-1
(dollars in thousands)

Appropriated Fund	Actual FY 2013	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Percent Change*
General Fund						
Local Funds	172,613	205,866	231,857	226,856	-5,002	-2.2
Special Purpose Revenue Funds	2,946	2,981	3,588	4,251	663	18.5
Total for General Fund	175,560	208,847	235,445	231,106	-4,339	-1.8
Federal Resources						
Federal Grant Funds	2,689	17,449	18,539	17,411	-1,129	-6.1
Federal Medicaid Payments	3,264	2,804	3,500	3,471	-29	-0.8
Total for Federal Resources	5,953	20,253	22,039	20,881	-1,158	-5.3
Private Funds						
Private Grant Funds	82	146	183	255	72	39.1
Private Donations	30	69	289	289	0	0.0
Total for Private Funds	112	214	472	544	72	15.2
Intra-District Funds						
Intra-District Funds	15,903	17,781	18,863	20,186	1,324	7.0
Total for Intra-District Funds	15,903	17,781	18,863	20,186	1,324	7.0
Gross Funds	197,527	247,095	276,819	272,717	-4,102	-1.5

*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 2016 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2016 Proposed Full-Time Equivalents, by Revenue Type

Table RM0-2 contains the proposed FY 2016 FTE level compared to the FY 2015 approved FTE level by revenue type. It also provides FY 2013 and FY 2014 actual data.

Table RM0-2

Appropriated Fund	Actual FY 2013	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Percent Change
General Fund						
Local Funds	1,131.8	1,177.0	1,166.0	1,170.5	4.5	0.4
Special Purpose Revenue Funds	32.7	30.6	32.0	37.5	5.5	17.2
Total for General Fund	1,164.4	1,207.6	1,198.0	1,208.0	10.0	0.8
Federal Resources						
Federal Grant Funds	6.9	44.1	78.0	104.0	26.0	33.3
Federal Medicaid Payments	0.4	1.4	5.0	5.0	0.0	0.0
Total for Federal Resources	7.3	45.6	83.0	109.0	26.0	31.3
Intra-District Funds						
Intra-District Funds	86.9	81.7	92.1	110.8	18.7	20.3
Total for Intra-District Funds	86.9	81.7	92.1	110.8	18.7	20.3
Total Proposed FTEs	1,258.6	1,334.9	1,373.0	1,427.8	54.7	4.0

FY 2016 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2016 budget at the Comptroller Source Group (object class) level compared to the FY 2015 approved budget. It also provides FY 2013 and FY 2014 actual expenditures.

Table RM0-3
(dollars in thousands)

Comptroller Source Group	Actual FY 2013	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Percent Change*
11 - Regular Pay - Continuing Full Time	77,522	85,417	95,962	101,758	5,795	6.0
12 - Regular Pay - Other	5,065	4,640	6,135	6,609	474	7.7
13 - Additional Gross Pay	4,251	4,672	1,693	1,693	0	0.0
14 - Fringe Benefits - Current Personnel	18,837	21,473	27,720	25,513	-2,207	-8.0
15 - Overtime Pay	2,375	2,947	1,953	1,953	0	0.0
Subtotal Personal Services (PS)	108,050	119,148	133,464	137,526	4,063	3.0
20 - Supplies and Materials	6,462	7,469	6,482	6,480	-3	0.0
30 - Energy, Communication and Building Rentals	1,404	1,939	3,112	3,371	260	8.3
31 - Telephone, Telegraph, Telegram, Etc.	1,169	1,101	940	1,011	71	7.6
32 - Rentals - Land and Structures	2,352	5,117	5,520	5,253	-267	-4.8
34 - Security Services	2,139	2,347	4,528	4,956	427	9.4
35 - Occupancy Fixed Costs	123	365	183	159	-25	-13.5
40 - Other Services and Charges	12,272	13,704	13,852	13,219	-633	-4.6
41 - Contractual Services - Other	32,459	36,350	47,953	34,718	-13,235	-27.6
50 - Subsidies and Transfers	30,385	58,175	59,806	64,883	5,078	8.5
70 - Equipment and Equipment Rental	712	1,380	980	1,142	162	16.5
Subtotal Nonpersonal Services (NPS)	89,477	127,946	143,356	135,191	-8,165	-5.7
Gross Funds	197,527	247,095	276,819	272,717	-4,102	-1.5

*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 (QI)/Audit** – provides oversight of providers for DBH to ensure that they meet or exceed the service delivery and documentation standards for Behavioral Health Rehabilitation Services (BHRS) and Behavioral Health Community Residence Facilities (BHCRF) 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 Behavioral Health (BH) 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; and provides oversight of the reporting functions for the Department of Justice, the Corporate Integrity Agreement, 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 including, but not limited to, deliveries and 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 out-reach; 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 16 activities:

- **Office of the Senior Deputy Director - BHSS** – oversees the operations of the Behavioral Health Services and Supports division, which includes the multicultural 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** – responsible for developing and implementing a system of care for children, adolescents, and their families that promotes prevention/early intervention, continuity of care, community alternatives to out-of-home and residential placements, and diversion from the juvenile justice system. Child and Youth Services within the Authority provides direct clinical services including school-based mental health services, evidence-based services, youth forensic services, and oversight of youth placed in Psychiatric Residential Treatment Facilities (PRTFs);
- **Early Childhood and School Behavioral Health - BHSS** – promotes social and emotional development and addresses psycho-social and mental health problems that create barriers to learning. The program is responsible for the direct provision of prevention, early intervention, and brief treatment services to youth enrolled in D.C. Public Schools and Public Charter Schools through the Parent Infant Early Childhood Enhancement Program located within the government-operated clinic;
- **Integrated Care - BHSS** – seeks to reduce the inpatient census and admissions to St. Elizabeths Hospital by identifying consumers who need a comprehensive array of services that include mental health, non-mental health, and informal support services to integrate to their fullest ability in their communities and families; 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;
- **Physicians' Practice Group (PPG) - BHSS** – serves consumers at two government-operated sites, and outplaces psychiatrists at private Core Service Agency (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 BHSS (including multicultural services and services for individuals who are deaf/hard of hearing or who have intellectual disabilities); and
- **Outpatient Forensic Services - BHSS** – provides timely and appropriate behavioral health assessments, treatment and monitoring to individuals with mental health and/or substance use disorders to enable them to return to the community as a productive citizen.

Addiction Prevention and Recovery Administration – 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 the Single State Agency for substance abuse functions;
- **Office of the Deputy Director for Administration** – manages the administrative functions of substance use disorder services, and coordinates and ensures adherence to substance abuse privacy and risk management requirements for the agency and substance abuse treatment provider network. In addition, the office oversees, coordinates, and ensures high-quality prevention and performance-related activities, including regulation of substance abuse treatment services in the District of Columbia;
- **Office of Addiction Prevention Services** – works to prevent the onset of, and reduce the progression of, substance abuse risk among youth through a comprehensive public health and risk reduction prevention strategy that addresses the interrelated and root causes of tobacco, alcohol, marijuana, and other drug use. In addition, the office monitors and ensures that federal funds are addressing national outcome measures, high performance standards, and statutory requirements;
- **Office of Performance Management** – is responsible for evaluating, monitoring and managing the performance of all addictions and recovery programs, services, providers and staff. In addition, the office oversees the quality assurance and certification process for all substance abuse treatment facilities and programs in the District of Columbia. The Quality Assurance division conducts surveys of, and works with, substance abuse treatment providers to promote the highest quality standards for delivering services related to best practice models for substance abuse treatment. The Certification and Regulation division certifies substance abuse treatment, 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** – 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 BHRS 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 2016 proposed budget.

FY 2016 Proposed Operating Budget and FTEs, by Division and Activity

Table RM0-4 contains the proposed FY 2016 budget by division and activity compared to the FY 2015 approved budget. It also provides the FY 2014 actual data.

Table RM0-4

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015
(1000) Agency Management								
(1010) Personnel	1,536	1,643	1,752	109	14.2	15.0	16.0	1.0
(1015) Training and Employee Development	327	375	379	4	3.0	3.0	3.0	0.0
(1017) Labor Relations	364	441	428	-13	3.0	3.0	3.0	0.0
(1020) Contracting and Procurement	935	1,012	1,155	143	9.1	9.0	10.0	1.0
(1030) Property Management	4,159	3,874	3,879	5	3.0	2.0	2.0	0.0
(1040) Information Technology	5,662	6,545	6,513	-32	25.3	24.0	25.0	1.0
(1050) Financial Management - Agency	1,763	1,862	1,886	24	13.2	11.0	12.0	1.0
(1055) Risk Management	148	156	157	1	1.0	1.0	1.0	0.0
(1060) Legal Services	296	296	772	477	0.0	0.0	4.5	4.5
(1080) Communications	49	26	26	1	0.0	0.0	0.0	0.0
(1085) Customer Services	26	65	59	-6	0.0	0.0	0.0	0.0
(1087) Language Access	59	59	60	1	0.0	0.0	0.0	0.0
(1090) Performance Management	0	0	0	0	0.0	0.0	0.0	0.0
(1099) Court Supervision	226	0	0	0	0.0	0.0	0.0	0.0
Subtotal (1000) Agency Management	15,552	16,352	17,067	714	71.9	68.0	76.5	8.5

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015
(100F) DBH Financial Operations								
(110F) DBH Budget Operations	535	537	653	116	4.0	4.0	4.0	0.0
(120F) DBH Accounting Operations	784	894	984	90	9.9	9.8	10.0	0.2
(130F) DBH Fiscal Officer	259	290	316	26	2.0	2.0	2.0	0.0
Subtotal (100F) DBH Financial Operations	1,578	1,720	1,953	233	16.0	15.8	16.0	0.2
(1800) Behavioral Health Authority								
(1810) Office of the Director/Chief Executive Officer	892	977	1,056	79	6.1	6.0	7.0	1.0
(1815) Office of the Chief Clinical Officer	1,679	1,476	698	-778	3.0	3.0	3.0	0.0
(1820) Consumer and Family Affairs	950	1,718	1,786	67	2.0	3.0	3.0	0.0
(1865) Office of Policy Support	452	531	559	28	4.0	4.0	4.0	0.0
(1866) Office of Strategic Planning and Grants Mgmt.	652	539	956	417	1.0	1.0	1.0	0.0
(1880) Office of Accountability - QI/Audit	925	1,003	1,167	164	8.2	8.1	9.1	1.0
(1881) Office of Accountability - Certification/Licensure	638	776	775	-2	6.6	6.5	6.5	0.0
(1882) Office of Accountability - Investigations	108	195	176	-19	1.5	1.5	1.5	0.0
Subtotal (1800) Behavioral Health Authority	6,297	7,216	7,172	-44	32.5	33.1	35.1	2.0
(3800) Saint Elizabeths Hospital								
(3805) Office of the Chief Executive - SEH	291	464	466	2	3.0	2.0	2.0	0.0
(3810) Office of Clinical and Medical Services - SEH	19,824	18,547	18,354	-193	148.2	110.6	117.0	6.5
(3815) Engineering and Maintenance - SEH	5,110	5,272	5,220	-52	17.2	15.0	15.0	0.0
(3820) Fiscal and Support Services - SEH	2,718	3,060	3,052	-7	4.6	3.5	3.5	0.0
(3825) Forensic Services - SEH	114	0	0	0	2.8	0.0	0.0	0.0
(3828) Quality and Data Management - SEH	0	2,023	2,059	36	0.0	17.0	16.0	-1.0
(3830) Housekeeping - SEH	2,341	2,904	2,623	-281	40.5	54.0	51.0	-3.0
(3835) Materials Management - SEH	1,909	1,558	1,607	48	7.1	8.0	10.0	2.0
(3845) Nursing - SEH	36,792	37,023	37,522	498	441.4	430.8	437.8	7.0
(3850) Nutritional Services - SEH	3,383	3,652	3,582	-71	28.5	29.1	28.1	-1.0
(3860) Security and Safety - SEH	2,215	3,304	4,177	873	19.2	18.0	18.0	0.0
(3865) Transportation and Grounds - SEH	701	753	742	-11	6.1	4.0	4.0	0.0
(3870) Office of the Chief of Staff - SEH	1,112	346	298	-48	25.3	2.0	2.0	0.0
(3875) Office of the Chief Operating Officer - SEH	1,769	1,248	1,283	35	20.2	13.0	13.0	0.0
(3880) Office of the Chief Clinical Officer - SEH	8,800	10,544	10,350	-194	70.2	111.6	113.0	1.4
Subtotal (3800) Saint Elizabeths Hospital	87,081	90,699	91,335	636	834.4	818.5	830.5	12.0

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Table RM0-4 (Continued)

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015	Actual FY 2014	Approved FY 2015	Proposed FY 2016	Change from FY 2015
(4800) Behavioral Health Services and Supports								
(4805) Office of the Deputy Director - BHSS	13,328	19,533	21,327	1,794	6.1	13.0	14.0	1.0
(4810) Organizational Development - BHSS	1,187	1,976	2,330	355	8.1	16.0	17.0	1.0
(4815) Adult Services - Support Housing - BHSS	8,687	13,579	14,245	665	3.0	6.0	8.0	2.0
(4820) Adult Services - Support Employment BHSS	138	278	278	0	1.7	3.0	3.0	0.0
(4825) Adult Services Assertive Comm. Trmt. -BHSS	127	119	518	398	1.0	1.0	5.0	4.0
(4830) Adult Services - Forensic - BHSS	1,193	1,489	1,193	-295	6.1	6.0	4.0	-2.0
(4835) Care Coordination - BHSS	1,753	1,811	1,360	-451	21.3	19.0	15.0	-4.0
(4840) Behavioral Health Services - BHSS	3,632	4,112	2,851	-1,262	33.2	36.5	27.0	-9.5
(4845) Comprehensive Psych Emerg. Prog (CPEP)-BHSS	8,388	9,382	9,294	-88	63.2	66.8	65.8	-1.0
(4850) Pharmacy - BHSS	2,293	2,511	2,289	-222	8.5	8.0	8.0	0.0
(4855) Homeless Outreach Services - BHSS	1,141	1,142	1,124	-18	7.3	8.0	8.0	0.0
(4860) Children and Youth - BHSS	15,629	15,061	15,322	261	40.3	38.5	46.0	7.5
(4865) Early Childhood and School BH Program - BHSS	6,288	9,058	8,752	-306	81.3	86.5	83.5	-3.0
(4870) Integrated Care - BHSS	1,526	1,963	2,049	86	7.0	9.0	10.0	1.0
(4880) Physicians Practice Group - BHSS	2,312	2,437	2,846	409	9.0	12.4	13.4	1.0
(4885) Outpatient Forensic Services - BHSS	0	0	1,467	1,467	0.0	0.0	14.0	14.0
Subtotal (4800) Behavioral Health Services and Supports	67,621	84,452	87,245	2,793	297.2	329.7	341.7	12.0
(6800) Addiction Prevention and Recovery Administration								
(6810) Office of the Senior Deputy Director Addiction Services	658	687	367	-320	4.8	5.0	4.0	-1.0
(6820) Office of the Deputy Dir. for Addiction Serv. Operations	6,502	8,530	8,137	-393	20.5	28.0	22.0	-6.0
(6830) Office of the Deputy Director for Administration	1,126	1,502	1,165	-337	11.7	12.0	10.0	-2.0
(6840) Office of Addiction Prevention Services	5,051	6,087	5,349	-738	13.1	20.0	13.0	-7.0
(6850) Office of Performance Management	425	487	772	285	3.6	4.0	7.0	3.0
(6855) Office of the Deputy Director for Addiction Treatment	6,619	7,381	5,789	-1,592	11.2	19.0	52.0	33.0
(6870) Implementation of Drug Treatment Choice	15,049	16,944	12,044	-4,900	0.0	0.0	0.0	0.0
Subtotal (6800) Addiction Prevention and Recovery Administration	35,429	41,618	33,623	-7,995	65.0	88.0	108.0	20.0
(7800) Behavioral Health Financing/Fee for Service								
(7810) Health Information Management	0	325	323	-2	0.0	4.0	4.0	0.0
(7820) Behavioral Health Rehabilitation Services	11,461	11,495	12,028	533	0.0	0.0	0.0	0.0
(7825) Behavioral Health Rehab Services - Local Match	20,500	21,416	20,430	-986	0.0	0.0	0.0	0.0
(7870) Claims Administration/Billing	995	995	1,008	13	13.2	12.0	12.0	0.0
(7880) Provider Relations	581	529	534	4	4.8	4.0	4.0	0.0
Subtotal (7800) Behavioral Health Financing/Fee for Service	33,538	34,761	34,322	-439	17.9	20.0	20.0	0.0
Total Proposed Operating Budget	247,095	276,819	272,717	-4,102	1,334.9	1,373.0	1,427.8	54.7

Note: For more detailed information regarding the proposed funding for the activities within this agency's divisions, please see **Schedule 30-PBB Division Summary by Activity** in the **FY 2016 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2016 Proposed Budget Changes

The Department of Behavioral Health's (DBH) proposed FY 2016 gross budget is \$272,717,341, which represents a 1.5 percent decrease from its FY 2015 approved gross budget of \$276,819,168. The budget is comprised of \$226,855,502 in Local funds, \$17,410,630 in Federal Grants funds, \$3,470,692 in Federal Medicaid Payments, \$255,000 in Private Grant funds, \$288,775 in Private Donations, \$4,250,548 in Special Purpose Revenue funds, and \$20,186,195 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 2015 approved budget across multiple divisions, and it estimates how much it would cost an agency to continue its current divisions and operations into the following fiscal year. The FY 2016 CSFL adjustments to the FY 2015 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 2016 CSFL budget is \$235,025,134, which represents a \$3,167,878, or 1.4 percent, increase over the FY 2015 approved Local funds budget of \$231,857,257.

CSFL Assumptions

The FY 2016 CSFL calculated for DBH included adjustment entries that are not described in detail on table 5. These adjustments were made for a net increase of \$2,578,010 in personal services to account for Fringe Benefit costs based on trend and comparative analyses, the impact of cost-of-living adjustments, and approved compensation agreements implemented in FY 2015, and an increase of \$913,790 in nonpersonal services based on the Consumer Price Index factor of 2.2 percent.

DBH's CSFL funding for the Medicaid Growth Factor reflects an adjustment for an increase of \$472,285 to account for a District FY 2016 Medicaid growth rate of 2.2 percent based on the cost of healthcare services in the District projected by the Department of Health Care Finance (DHCF). Additionally, adjustments were made for increases of \$900,000 for the restoration of one-time salary lapse and \$426,009 for Other Adjustments to reflect the transfer of attorneys from the Office of the Attorney General, and decreases of \$17,445 for Other Adjustments to account for proper funding of compensation and classification reforms within the Workforce Investments fund for Compensation Groups 1 and 2 and \$2,104,772 for the Fixed Cost Inflation Factor based on projections provided by the Department of General Services (DGS).

Agency Budget Submission

The FY 2016 proposed operating budget for DBH continues to strategically focus on activities aligned with its mission goals, as well as hold the greatest promise for achieving these goals and adhering to principles and guidelines.

Increase: In Local funds, DBH's budget proposal reflects an increase of \$2,571,055 for Fixed Costs projections. This amount is comprised of \$2,500,000 for Rent based on estimates from DGS and \$71,055 for Telecommunications based on projections from the Office of the Chief Technology Officer (OCTO). DBH contracts with community-based service providers to provide high quality mental health services to District residents that qualify through the certification program administered by the Office of Accountability. Each provider is listed on DBH's website, is certified to ensure conformity to federal and District regulations, and is monitored for quality of care. The agency will rely less on contractual services and re-direct some of these expenses to Subsidies and Transfers, which results in a net increase of \$455,999. This impact is due to the projects that were previously paid for by Capital funds. The proposed Local funds budget also includes an increase of \$312,698 that will enhance the tools that staff members use to better advance the agency's mission through investments in technology and training.

A proposed increase of \$2,035,779 in Federal Grant funds supports projected salary step increases, Fringe Benefits, and an additional 26.0 Full-Time Equivalents (FTEs) across multiple divisions. The Addiction Prevention and Recovery Administration division is allocated 20.0 of these FTEs, which are needed for programmatic needs based on initiatives, increased workload volume, and strategic direction. The budget submission in Federal Medicaid Payments includes an increase of \$10,692 in personal services costs across multiple divisions. The agency's Saint Elizabeths Hospital division projects an increase of \$71,700 in Private Grant funds based on anticipated grant awards from the Ross University School of Medicine. The directives in this grant involve training, guidance, and instruction to students in a clinical setting to fulfill requirements of the Medical School's curriculum.

The budget proposal in Special Purpose Revenue (SPR) funds reflects an increase of \$502,719 for the "Federal Beneficiary Reimbursement" fund, primarily to support 5.5 additional continuing full-time employees (FTEs). Fees assessed and collected from the U.S. Government are used to reimburse the District for the salaries of forensic employees. DBH's FY 2016 budget proposal in SPR funds includes a new fund entitled "Enterprise Fund", in the amount of \$160,000 for the Behavioral Health Services and Supports division. The collection of these fees will support training and Continuing Education Units (CEUs) at the Organizational Development-DBH training institute.

For Intra-District funds, the budget submission includes an increase of \$1,383,915 and 13.0 FTEs for the Behavioral Health Services and Supports division. This is primarily due to the establishment of a Memorandum of Understanding (MOU) with the Department of Human Services (DHS) to provide Employee Support Allowance on the 12 City Project. The Addiction Prevention and Recovery Administration division receives a net increase in the Intra-District funds budget submission of \$34,600 and 1.0 FTE, based on DBH's MOU with the Child and Family Services Agency that will provide assessment and treatment needs for adults. Finally, the Saint Elizabeths Hospital division will reallocate funding from professional services to absorb the 4.7 increase in FTEs in order to maintain a competitive workforce to complete its goals.

Decrease: DBH's budget proposal identifies operational efficiencies that reduce the Local funds budget by \$494,110 without affecting the level of service in any division. Furthermore, additional savings in Local funds are projected in personal services costs, resulting in a net decrease of \$2,845,642. This projection is primarily due to a reduction to the Fringe Benefits rate. This adjustment still allows DBH to absorb the costs of an additional 1.6 FTEs in the budget for personal services.

In Federal Grant funds, the budget submission includes a net decrease of \$3,164,478 that primarily reflects redirection of funds to offset increases in personal services costs and align funding with available federal resources. Of this amount, \$595,975 reflects the reduction of the Cancer and Chronic Disease Prevention grant, which will now reside in the Department of Health. A decrease of \$40,000 in Federal Medicaid Payments aligns the budget with projected revenues from federal reimbursements for eligible Medicaid services. Finally, a budget decrease of \$95,000 in Intra-District funds in the Mental Health Authority division is projected based on MOUs with the Department of Health that support service delivery by the agency's Emergency Health and Medical Services Administration.

Technical Adjustment: In Local funds, an increase of \$14,586 is included in the proposed budget to support performance-related pay adjustments for attorneys.

Mayor's Proposed Budget

Reduce: The Local funds budget is decreased by \$609,427 based on projected savings in contractual services across multiple programs that will have minimal impact on direct services. Additionally, a Local funds decrease of \$1,434,791 in personal services across multiple programs is due to projected salary lapse savings across the agency. Furthermore, the budget in Local funds is decreased by \$2,640,000, which is comprised of \$1,140,000 based on savings to be realized from a 5 percent reduction of day treatment services rates, and \$1,500,000 due to anticipated federal Medicaid reimbursement funds for healthy homes services.

Finally, the Local funds budget is decreased by \$3,500,000 in the Addiction Prevention and Recovery Administration division in anticipation of federal Medicaid reimbursement funds for adult substance abuse treatment and health homes services. The additional federal funding will provide new resources that free up Local resources that otherwise would be expended on these services. The additional federal Medicaid for both healthy homes and adult substance abuse treatment is managed by the Department of Health Care Finance.

District's Proposed Budget

No Change: The Department of Behavioral Health's budget proposal reflects no change from the Mayor's budget to the District's proposed budget.

FY 2015 Approved Budget to FY 2016 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2015 approved budget and the FY 2016 proposed budget.

Table RM0-5
(dollars in thousands)

DESCRIPTION	DIVISION	BUDGET	FTE
LOCAL FUNDS: FY 2015 Approved Budget and FTE		231,857	1,166.0
Other CSFL Adjustments	Multiple Programs	3,168	2.9
LOCAL FUNDS: FY 2016 Current Services Funding Level (CSFL) Budget		235,025	1,168.8
Increase: To align Fixed Costs with proposed estimates	Multiple Programs	2,571	0.0
Increase: To align resources with operational goals	Multiple Programs	456	0.0
Increase: To align funding with nonpersonal services costs	Multiple Programs	313	0.0
Decrease: To streamline operation efficiency	Multiple Programs	-494	0.0
Decrease: To adjust personal services	Multiple Programs	-2,846	1.6
Technical Adjustment: To support performance-related pay adjustments for attorneys	Agency Management	15	0.0
LOCAL FUNDS: FY 2016 Agency Budget Submission		235,040	1,170.5
Reduce: Reduction to contractual services across the agency	Multiple Programs	-609	0.0
Reduce: Salary lapse savings	Multiple Programs	-1,435	0.0
Reduce: Reduction to day treatment rates	Behavioral Health Financing/Fee for Service	-2,640	0.0
Reduce: Savings from new federal match for existing services	Addiction Prevention and Recovery Administration	-3,500	0.0
LOCAL FUNDS: FY 2016 Mayor's Proposed Budget		226,856	1,170.5
No Change		0	0.0
LOCAL FUNDS: FY 2016 District's Proposed Budget		226,856	1,170.5

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

DESCRIPTION	DIVISION	BUDGET	FTE
FEDERAL GRANT FUNDS: FY 2015 Approved Budget and FTE		18,539	78.0
Increase: To support additional FTEs	Multiple Programs	2,036	26.0
Decrease: To align budget with projected grant awards	Multiple Programs	-3,164	0.0
FEDERAL GRANT FUNDS: FY 2016 Agency Budget Submission		17,411	104.0
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2016 Mayor's Proposed Budget		17,411	104.0
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2016 District's Proposed Budget		17,411	104.0
FEDERAL MEDICAID PAYMENTS: FY 2015 Approved Budget and FTE		3,500	5.0
Increase: To adjust personal services	Multiple Programs	11	0.0
Decrease: To align budget with projected federal Medicaid reimbursements	Multiple Programs	-40	0.0
FEDERAL MEDICAID PAYMENTS: FY 2016 Agency Budget Submission		3,471	5.0
No Change		0	0.0
FEDERAL MEDICAID PAYMENTS: FY 2016 Mayor's Proposed Budget		3,471	5.0
No Change		0	0.0
FEDERAL MEDICAID PAYMENTS: FY 2016 District's Proposed Budget		3,471	5.0
PRIVATE GRANT FUNDS: FY 2015 Approved Budget and FTE		183	0.0
Increase: To align budget with projected grant awards	Saint Elizabeths Hospital	72	0.0
PRIVATE GRANT FUNDS: FY 2016 Agency Budget Submission		255	0.0
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2016 Mayor's Proposed Budget		255	0.0
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2016 District's Proposed Budget		255	0.0
PRIVATE DONATIONS: FY 2015 Approved Budget and FTE		289	0.0
No Change		0	0.0
PRIVATE DONATIONS: FY 2016 Agency Budget Submission		289	0.0
No Change		0	0.0
PRIVATE DONATIONS: FY 2016 Mayor's Proposed Budget		289	0.0
No Change		0	0.0
PRIVATE DONATIONS: FY 2016 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 2015 Approved Budget and FTE		3,588	32.0
Increase: To align budget with projected revenues	Multiple Programs	503	5.5
Increase: To align budget with projected revenues	Behavioral Health Services and Supports	160	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2016 Agency Budget Submission		4,251	37.5
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2016 Mayor's Proposed Budget		4,251	37.5
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2016 District's Proposed Budget		4,251	37.5
INTRA-DISTRICT FUNDS: FY 2015 Approved Budget and FTE		18,863	92.1
Increase: To align budget with projected revenues	Behavioral Health Services and Supports	1,384	13.0
Increase: To align budget with projected revenues	Addiction Prevention and Recovery Administration	35	1.0
Increase: To adjust personal services	Saint Elizabeths Hospital	0	4.7
Decrease: To align budget with projected revenues	Behavioral Health Authority	-95	0.0
INTRA-DISTRICT FUNDS: FY 2016 Agency Budget Submission		20,186	110.8
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2016 Mayor's Proposed Budget		20,186	110.8
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2016 District's Proposed Budget		20,186	110.8
Gross for RM0 - Department of Behavioral Health		272,717	1,427.8

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

Agency Performance Plan

The agency has the following objectives and performance indicators for its Divisions:

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 to support behavioral health services.

Objective 5: Oversee the implementation of agencywide priorities.

KEY PERFORMANCE INDICATORS

Behavioral Health Authority

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of introduction to co-occurring treatment and DBH services classes ¹	Not Applicable	20	17	10	10	10
Number of school mental health programs ²	52	72	62	72	72	72
Number of early childhood services locations – Primary Project ³	35	54	44	54	54	54
Provider Scorecard –mental health providers’ average quality (adult and child) score ⁴	88%	85%	92%	85%	85%	85%
Provider Scorecard - providers’ average financial score	70%	85%	76%	85%	85%	85%
Adult Community Services Review (CSR) system score ⁵	Not Available	80%	74%	Not Available	82%	Not Available
Child Community Services Review (CSR) system score ⁶	70%	Not Available	Not Available	73%	Not Available	76%

Saint Elizabeths Hospital

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

KEY PERFORMANCE INDICATORS

Saint Elizabeths Hospital⁷

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of discharges with ≥ 2 anti-psychotic medications ⁸	Not Available	25%	15%	20%	15%	15%
Percent of discharges with appropriate justification documented when discharged with ≥ 2 anti-psychotic medications ⁹	Not Available	20%	14%	40%	60%	60%
Percent of nursing staff with competency-based recovery model training ¹⁰	95%	95%	90%	95%	95%	95%
Percent of clinical staff with competency-based recovery model training	Not Available	85%	100%	85%	85%	85%
Total patients served per day	267	275	283	275	275	275
Eloperments per 1,000 patient days	0.3	0.3	0.1	0.3	0.3	0.3
Patient injuries per 1,000 patient days ¹¹	0.2	0.3	0.3	0.3	0.3	0.3
Percent of missing documentation of medication administration results ¹²	0.4%	0.3%	0.6%	0.2%	0.2%	0.2%
Percent of unique patients who were restrained at least once during month	0.0%	0.1%	0.4%	0.1%	0.1%	0.1%
Percent of unique patients who were secluded at least once during month	1.0%	0.1%	2.1%	0.1%	0.1%	0.1%
Percent of patients re-admitted to Saint Elizabeths Hospital within 30 days of discharge	6.3%	5.9%	2.0%	5.8%	5.8%	5.8%

Behavioral Health Services and Supports

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.

KEY PERFORMANCE INDICATORS

Behavioral Health Services and Supports

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual ¹³	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of certified Peer Specialists	14	20	34	60	60	60
Number of women served by Re-Entry Coordinator in women's jail	Not Available	60	100	75	75	75
Number of people in Behavioral Health First Aid trainings	645	800	1,866	500	500	500
Percent of adults that receive at least one non-crisis service in a non-emergency setting within seven days of discharge from a psychiatric hospitalization	67.1%	70%	61.5%	70%	70%	70%
Percent of children/youth that receive at least one non-crisis service in a non-emergency setting within seven days of discharge from a psychiatric hospitalization	71.3%	70%	61.8%	70%	70%	70%
Percent of adults that receive at least one non-crisis service in a non-emergency setting within 30 days of discharge from a psychiatric hospitalization	75.8%	80%	74.1%	80%	80%	80%
Percent of children/youth that receive at least one non-crisis service in a non-emergency setting within 30 days of discharge from a psychiatric hospitalization	86.1%	80%	76.7%	80%	80%	80%

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 use treatment and recovery support services.

KEY PERFORMANCE INDICATORS

Addiction Prevention and Recovery Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of adults reached through planned prevention strategies	7,548	8,303	15,487	9,133	10,047	11,052
Number of youth reached through planned prevention strategies	8,527	9,380	17,022	10,318	11,350	12,485
Number of technical assistance encounters provided to prevention stakeholders	Not Available	Not Available	Not Available	100	120	150
Percent of adults that successfully complete treatment	59.4%	60%	61.3%	60%	60%	60%
Percent of youth that successfully complete treatment	19.6%	20%	10.6%	20%	20%	20%

Behavioral Health Financing/Fee for Service

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

KEY PERFORMANCE INDICATORS

Behavioral Health Financing/Fee for Service

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of clean claims adjudicated within 30 days of receipt	97%	98%	99%	97%	99%	100%
Percent of District residents, accessing services through Adult Substance Abuse Rehabilitation Services (ASARS), screened for Medicaid eligibility within 90 days of the first date of service ¹⁴	Not Available	Not Available	Not Available	50%	90%	95%

Performance Plan Endnotes:

¹In FY 2014, there were 17 co-occurring treatment and DBH services trainings with 354 people trained. DBH will now conduct 10 trainings per year.

²In FY 2015 and FY 2016, School Mental Health Program schools added remains the same as FY 2014 since they are contingent upon additional funding; this is unknown.

³In FY 2015 and FY 2016, the Primary Project programs added remains the same as FY 2014 since they are contingent upon additional funding, which is unknown.

⁴The adult and child quality score is now combined and represents the mean of all individual mental health provider scores. Also, the Provider Scorecard reports data for the previous fiscal year, so the FY 2013 Scorecard data is reported in FY 2014 with FY 2014 data reported in FY 2015.

⁵Starting in FY 2014, the Adult and Child Community Services Reviews are conducted every other year on an alternating schedule.

⁶Ibid.

⁷Saint Elizabeths Hospital measures are now annualized to allow data auditing. FY 2014 data added after end of the fiscal year.

⁸This is a nationwide behavioral healthcare measure defined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the hospital is required to report to the Center for the Medicare and Medicaid Services (CMS).

⁹Ibid.

¹⁰It was modified in FY 2014 to measure the percentage of completed training for nursing staff.

¹¹The National Research Institute's (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.

¹²Measured by dividing the total number of medication administration records with missing documentation by the total number of scheduled medication administration records.

¹³Behavioral Health Services and Supports FY 2014 added data that was not available at the time this document was printed.

¹⁴No data is available for ASARS since its implementation is pending.