

Department of Behavioral Health

www.dbh.dc.gov
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Table RM0-1

Description	FY 2015	FY 2016	FY 2017	% Change
	Actual	Approved	Proposed	from FY 2016
OPERATING BUDGET	\$271,468,783	\$272,717,341	\$273,422,234	0.3
FTEs	1,390.5	1,427.8	1,409.7	-1.3

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 2017 proposed budget is presented in the following tables:

FY 2017 Proposed Gross Funds Operating Budget and FTEs, by Revenue Type

Table RM0-2 contains the proposed FY 2017 budget by revenue type compared to the FY 2016 approved budget. It also provides FY 2015 actual data.

Table RM0-2

(dollars in thousands)

Appropriated Fund	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change*	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change
GENERAL FUND										
LOCAL FUNDS	227,869	226,856	226,758	-98	0.0	1,155.0	1,170.5	1,160.5	-10.0	-0.9
SPECIAL PURPOSE										
REVENUE FUNDS	3,154	4,251	4,270	19	0.5	30.6	37.5	37.5	0.0	0.0
TOTAL FOR GENERAL FUND	231,023	231,106	231,028	-78	0.0	1,185.6	1,208.0	1,198.0	-10.0	-0.8

Table RM0-2

(dollars in thousands)

Appropriated Fund	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change*	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change
FEDERAL RESOURCES										
FEDERAL GRANT FUNDS	22,400	17,411	20,012	2,602	14.9	111.2	104.0	108.0	4.0	3.8
FEDERAL MEDICAID PAYMENTS	2,316	3,471	3,431	-40	-1.2	5.2	5.0	5.0	0.0	0.0
TOTAL FOR FEDERAL RESOURCES	24,716	20,881	23,443	2,562	12.3	116.4	109.0	113.0	4.0	3.7
PRIVATE FUNDS										
PRIVATE GRANT FUNDS	102	255	255	0	0.0	0.0	0.0	0.0	0.0	N/A
PRIVATE DONATIONS	30	289	289	0	0.0	0.0	0.0	0.0	0.0	N/A
TOTAL FOR PRIVATE FUNDS	133	544	544	0	0.0	0.0	0.0	0.0	0.0	N/A
INTRA-DISTRICT FUNDS										
INTRA-DISTRICT FUNDS	15,597	20,186	18,408	-1,778	-8.8	88.5	110.8	98.8	-12.0	-10.8
TOTAL FOR INTRA-DISTRICT FUNDS	15,597	20,186	18,408	-1,778	-8.8	88.5	110.8	98.8	-12.0	-10.8
GROSS FUNDS	271,469	272,717	273,422	705	0.3	1,390.5	1,427.8	1,409.7	-18.0	-1.3

*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 2017 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2017 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2017 budget at the Comptroller Source Group (object class) level compared to the FY 2016 approved budget. It also provides FY 2014 and FY 2015 actual expenditures.

Table RM0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2014	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change*
11 - REGULAR PAY - CONTINUING FULL TIME	85,417	90,085	101,758	100,827	-931	-0.9
12 - REGULAR PAY - OTHER	4,640	7,061	6,609	9,022	2,413	36.5
13 - ADDITIONAL GROSS PAY	4,672	4,847	1,693	1,693	0	0.0
14 - FRINGE BENEFITS - CURRENT PERSONNEL	21,473	22,434	25,513	28,013	2,500	9.8
15 - OVERTIME PAY	2,947	3,966	1,953	1,953	0	0.0
SUBTOTAL PERSONAL SERVICES (PS)	119,148	128,391	137,526	141,509	3,982	2.9
20 - SUPPLIES AND MATERIALS	7,469	6,576	6,480	6,151	-328	-5.1
30 - ENERGY, COMMUNICATION AND BUILDING RENTALS	1,939	1,512	3,371	2,128	-1,244	-36.9
31 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC.	1,101	805	1,011	1,004	-7	-0.7
32 - RENTALS - LAND AND STRUCTURES	5,117	5,756	5,253	5,816	563	10.7
34 - SECURITY SERVICES	2,347	4,528	4,956	4,838	-117	-2.4
35 - OCCUPANCY FIXED COSTS	365	183	159	219	61	38.3
40 - OTHER SERVICES AND CHARGES	13,704	12,595	13,219	13,013	-206	-1.6

Table RM0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2014	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Percentage Change*
41 - CONTRACTUAL SERVICES - OTHER	36,350	49,917	34,718	35,030	312	0.9
50 - SUBSIDIES AND TRANSFERS	58,175	59,900	64,883	62,126	-2,757	-4.2
70 - EQUIPMENT AND EQUIPMENT RENTAL	1,380	1,305	1,142	1,587	445	39.0
SUBTOTAL NONPERSONAL SERVICES (NPS)	127,946	143,078	135,191	131,914	-3,277	-2.4
GROSS FUNDS	247,095	271,469	272,717	273,422	705	0.3

*Percent change is based on whole dollars.

FY 2017 Proposed Operating Budget and FTEs, by Division/Program and Activity

Table RM0-4 contains the proposed FY 2017 budget by division/program and activity compared to the FY 2016 approved budget. It also provides FY 2015 actual data. For a more comprehensive explanation of divisions/programs and activities, please see the Division/Program Description section, which follows the table.

Table RM0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016
(1000) AGENCY MANAGEMENT								
(1010) PERSONNEL	1,655	1,752	1,742	-10	14.9	16.0	16.0	0.0
(1015) TRAINING AND EMPLOYEE DEVELOPMENT	339	379	385	6	3.0	3.0	3.0	0.0
(1017) LABOR RELATIONS	384	428	434	6	3.0	3.0	3.0	0.0
(1020) CONTRACTING AND PROCUREMENT	942	1,155	25	-1,130	8.9	10.0	0.0	-10.0
(1030) PROPERTY MANAGEMENT	3,687	3,879	3,344	-535	2.0	2.0	2.0	0.0
(1040) INFORMATION TECHNOLOGY	5,816	6,513	6,718	206	23.8	25.0	27.0	2.0
(1050) FINANCIAL MANAGEMENT-AGENCY	1,502	1,886	1,831	-55	10.9	12.0	12.0	0.0
(1055) RISK MANAGEMENT	166	157	185	27	1.0	1.0	1.0	0.0
(1060) LEGAL SERVICES	703	772	701	-72	0.0	4.5	4.5	0.0
(1080) COMMUNICATIONS	24	26	26	0	0.0	0.0	0.0	0.0
(1085) CUSTOMER SERVICES	58	59	59	0	0.0	0.0	0.0	0.0
(1087) LANGUAGE ACCESS	46	60	60	0	0.0	0.0	0.0	0.0
SUBTOTAL (1000) AGENCY MANAGEMENT	15,322	17,067	15,510	-1,556	67.4	76.5	68.5	-8.0
(100F) DBH FINANCIAL OPERATIONS								
(110F) DBH BUDGET OPERATIONS	574	653	886	233	4.0	4.0	4.8	0.8
(120F) DBH ACCOUNTING OPERATIONS	891	984	965	-19	9.7	10.0	9.2	-0.8
(130F) DBH FISCAL OFFICER	275	316	316	0	2.0	2.0	2.0	0.0
SUBTOTAL (100F) DBH FINANCIAL OPERATIONS	1,740	1,953	2,168	215	15.6	16.0	16.0	0.0

Table RM0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016
(1800) BEHAVIORAL HEALTH AUTHORITY								
(1810) OFC OF THE DIRECTOR/ CHIEF EXEC OFFICER	853	1,056	1,102	46	5.9	7.0	7.0	0.0
(1815) OFF OF THE CHIEF CLINICAL OFFICER	1,466	698	0	-698	3.0	3.0	0.0	-3.0
(1820) CONSUMER AND FAMILY AFFAIRS	1,561	1,786	1,725	-60	3.0	3.0	3.0	0.0
(1865) OFFICE OF POLICY SUPPORT	477	559	584	25	4.0	4.0	4.0	0.0
(1866) OFFICE OF STRAT. PLANNING AND GRANT MGMT	723	956	775	-181	1.0	1.0	1.0	0.0
(1880) OFFICE OF ACCOUNTABILITY - QI/AUDIT	1,016	1,167	115	-1,052	8.0	9.1	0.0	-9.1
(1881) OA - CERTIFICATION/LICENSURE	691	775	827	52	6.4	6.5	7.0	0.5
(1882) OA - INVESTIGATIONS	154	176	278	102	1.5	1.5	2.0	0.5
(1883) OFFICE OF ACCOUNTABILITY - PROGRAM INTEG	0	0	1,149	1,149	0.0	0.0	9.1	9.1
(1884) OFFICE OF COUNCIL AND COMMUNITY AFFAIRS	0	0	146	146	0.0	0.0	1.0	1.0
(1885) OFFICE OF OMBUDSMAN	0	0	146	146	0.0	0.0	1.0	1.0
(1886) ADULT SERVICES - FORENSIC	0	0	879	879	0.0	0.0	1.0	1.0
(1887) OUTPATIENT FORENSIC SERVICES DIVISION	0	0	1,628	1,628	0.0	0.0	14.0	14.0
SUBTOTAL (1800) BEHAVIORAL HEALTH AUTHORITY	6,939	7,172	9,354	2,181	32.8	35.1	50.1	15.0
(3800) SAINT ELIZABETH'S HOSPITAL								
(3805) OFFICE OF THE CHIEF EXECUTIVE	396	466	419	-48	2.0	2.0	2.0	0.0
(3810) OFFICE OF CLINICAL AND MEDICAL SVS - SEH	18,369	18,354	18,557	203	109.5	117.0	116.0	-1.0
(3815) ENGINEERING AND MAINTENANCE - SEH	3,390	5,220	4,259	-961	14.9	15.0	20.0	5.0
(3820) FISCAL AND SUPPORT SERVICES - SEH	2,728	3,052	2,962	-91	3.5	3.5	3.0	-0.5
(3828) QUALITY AND DATA MANAGEMENT	1,861	2,059	2,111	52	16.8	16.0	17.0	1.0
(3830) HOUSEKEEPING - SEH	2,534	2,623	2,713	90	53.6	51.0	49.0	-2.0
(3835) MATERIALS MANAGEMENT - SEH	2,100	1,607	2,016	409	7.9	10.0	10.0	0.0
(3845) NURSING - SEH	38,292	37,522	39,160	1,639	423.8	437.8	429.8	-8.0
(3850) NUTRITIONAL SERVICES SEH	3,415	3,582	3,365	-217	28.8	28.1	28.1	0.0
(3860) SECURITY AND SAFETY - SEH	3,448	4,177	4,516	339	17.8	18.0	22.0	4.0
(3865) TRANSPORTATION AND GROUNDS - SEH	798	742	710	-31	4.0	4.0	5.0	1.0
(3870) OFF OF THE CHIEF OF STAFF - SEH	380	298	432	134	2.0	2.0	2.0	0.0
(3875) OFF OF THE CHIEF OPERATING OFFICER - SEH	1,089	1,283	1,146	-137	12.9	13.0	11.0	-2.0
(3880) OFFICE OF CHIEF CLINICAL OFFICER-SEH	9,373	10,350	11,018	669	110.5	113.0	115.0	2.0
NO ACTIVITY ASSIGNED	0	0	0	0	4.9	0.0	0.0	0.0
SUBTOTAL (3800) SAINT ELIZABETH'S HOSPITAL	88,174	91,335	93,384	2,049	812.9	830.5	830.0	-0.5

Table RM0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016
(4800) BEHAVIORAL HEALTH SERVICES AND SUPPORTS								
(4805) OFFICE OF THE DEPUTY DIRECTOR - BHSS	22,331	21,327	22,985	1,658	12.9	14.0	13.0	-1.0
(4810) ORGANIZATIONAL DEVELOPMENT - BHSS	1,690	2,330	2,226	-104	16.0	0.0	17.0	17.0
(4810) ORGANIZATIONAL DEVELOPMENT - MHSS	0	0	0	0	0.0	17.0	0.0	-17.0
(4815) ADULT SERVICES - SUPPORT HOUSING - BHSS	14,566	14,245	11,295	-2,950	5.8	8.0	14.0	6.0
(4820) ADULT SERVICES - SUPPORT EMPLOYMENT MHSS	0	0	0	0	0.0	3.0	0.0	-3.0
(4820) ADULT SERVICES-SUPPORTIVE HOUSING - BHSS	44	278	0	-278	3.0	0.0	0.0	0.0
(4825) ADULT SVCS ASSERTIVE COMM. TRMT - BHSS	441	518	26	-492	1.0	5.0	0.0	-5.0
(4830) ADULT SERVICES - FORENSIC - BHSS	1,364	1,193	0	-1,193	5.9	4.0	0.0	-4.0
(4835) CARE COORDINATION - BHSS	1,591	1,360	1,412	52	18.8	15.0	15.0	0.0
(4840) BEHAVIORAL HEALTH SERVICES - BHSS	3,836	2,851	0	-2,851	36.0	0.0	0.0	0.0
(4840) MENTAL HEALTH SERVICES - BHSS	0	0	0	0	0.0	27.0	0.0	-27.0
(4845) COMPREHENSIVE PSYCH EMER PROG(CPEP)-BHSS	9,918	9,294	100	-9,194	65.0	65.8	0.0	-65.8
(4850) PHARMACY - BHSS	2,373	2,289	0	-2,289	7.6	8.0	0.0	-8.0
(4855) HOMELESS OUTREACH SERVICES - BHSS	1,094	1,124	0	-1,124	7.9	8.0	0.0	-8.0
(4860) CHILDREN AND YOUTH - BHSS	15,444	15,322	13,348	-1,974	38.0	46.0	43.0	-3.0
(4865) EARLY CHILDHOOD AND SCHOOL MH PGM - BHSS	7,275	8,752	8,283	-469	85.3	83.5	77.0	-6.5
(4870) INTEGRATED CARE - BHSS	1,662	2,049	2,652	603	8.8	10.0	8.0	-2.0
(4880) PHYSICIANS PRACTICE GROUP - BHSS	2,485	2,846	0	-2,846	12.1	13.4	0.0	-13.4
(4885) OUTPATIENT FORENSIC SERVICES	0	1,467	0	-1,467	0.0	14.0	0.0	-14.0
NO ACTIVITY ASSIGNED	0	0	0	0	30.6	0.0	0.0	0.0
SUBTOTAL (4800) BEHAVIORAL HEALTH SERVICES AND SUPPORTS	86,114	87,245	62,327	-24,918	354.5	341.7	187.0	-154.7
(5800) CLINICAL SERVICES DIVISION								
(5810) OFFICE OF THE CHIEF CLINICAL OFFICER	0	0	949	949	0.0	0.0	5.0	5.0
(5820) PHYSICIANS PRACTICE GROUP	0	0	3,007	3,007	0.0	0.0	13.4	13.4
(5830) BEHAVIORAL HEALTH SERVICES	0	0	2,939	2,939	0.0	0.0	26.0	26.0
(5840) COMPREHENSIVE PSYCH EMER PROG(CPEP)	0	0	9,796	9,796	0.0	0.0	65.8	65.8
(5850) HOMELESS OUTREACH SERVICES	0	0	1,144	1,144	0.0	0.0	8.0	8.0
(5860) PHARMACY	0	0	2,307	2,307	0.0	0.0	8.0	8.0
SUBTOTAL (5800) CLINICAL SERVICES DIVISION	0	0	20,142	20,142	0.0	0.0	126.2	126.2

Table RM0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016	Actual FY 2015	Approved FY 2016	Proposed FY 2017	Change from FY 2016
(6800) ADDICTION PREVENTION AND RECOVERY ADMIN								
(6810) OFFICE OF SENIOR DEPUTY	788	367	291	-76	5.0	4.0	3.0	-1.0
(6820) DEPUTY DIRECTOR FOR OPERATIONS	7,925	8,137	9,337	1,200	27.8	22.0	25.0	3.0
(6830) DEPUTY DIRECTOR FOR ADMINISTRATION	1,532	1,165	3,338	2,174	11.9	10.0	18.0	8.0
(6840) PREVENTION SERVICES	6,353	5,349	4,623	-726	19.9	13.0	13.0	0.0
(6850) PERFORMANCE MANAGEMENT	366	772	488	-284	4.0	7.0	4.0	-3.0
(6855) DEPUTY DIRECTOR FOR TREATMENT	8,822	5,789	7,780	1,991	18.9	52.0	49.0	-3.0
(6870) IMPLEMENTATION OF DRUG TREATMENT CHOICE	15,227	12,044	12,044	0	0.0	0.0	0.0	0.0
SUBTOTAL (6800) ADDICTION PREVENTION AND RECOVERY ADMIN	41,013	33,623	37,901	4,278	87.4	108.0	112.0	4.0
(7800) BEHAVIORAL HEALTH FINANCING/FEE FOR SVC								
(7810) BEHAVIORAL HEALTH INFORMATION MANAGEMENT	282	323	327	4	4.0	4.0	4.0	0.0
(7820) BEHAVIORAL HEALTH REHABILITATION SVC	9,061	12,028	10,254	-1,774	0.0	0.0	0.0	0.0
(7825) BEHAVIORAL HEALTH REHAB SVC-LOCAL MATCH	21,416	20,430	20,430	0	0.0	0.0	0.0	0.0
(7870) CLAIMS ADMINISTRATION/BILLING	898	1,008	1,049	41	11.9	12.0	12.0	0.0
(7880) PROVIDER RELATIONS	510	534	576	42	4.0	4.0	4.0	0.0
SUBTOTAL (7800) BEHAVIORAL HEALTH FINANCING/FEE FOR SVC	32,167	34,322	32,636	-1,686	19.9	20.0	20.0	0.0
TOTAL PROPOSED OPERATING BUDGET	271,469	272,717	273,422	705	1,390.5	1,427.8	1,409.7	-18.0

(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 programs, please see **Schedule 30-PBB Program Summary by Activity** in the **FY 2017 Operating Appendices** located on the Office of the Chief Financial Officer's website. "No Activity Assigned" indicates budget or actuals that are recorded at the division/program level.

Division Description

The Department of Behavioral Health operates through the following 8 divisions:

Behavioral Health Authority – plans for and develops mental health and substance use disorders 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 12 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;
- **Consumer and Family Affairs** – promotes and protects the rights of people with behavioral health disorders; encourages and facilitates consumer and family input into treatment and recovery plans; organizes the peer certification training and ensures consumer/client voice in the behavioral health system; advises the Director; and provides expertise on the consumer/family perspective;
- **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 Plan and Performance Annual Report; coordinates the development and submission of annual mental health plan and mental health block grant application; provides support to the Behavioral Health Council; and oversees grants development, grants monitoring, and grant and sub grant awards, processes, procedures, expenditures, and compliance with grant requirements;
- **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 all mental health community residence facilities (MHCRF). In addition, these units monitor provider compliance with DBH regulations and local and federal laws; generate statements of deficiencies and enforce corrective action plans when necessary; monitor programs and facilities on a regular basis to ensure compliance, and issue notices of infraction when necessary;
- **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;
- **Office of Accountability - Program Integrity** – provides oversight of providers for DBH to ensure that they meet or exceed the service delivery and documentation standards for BHRS and 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 Council and Community Affairs** – develops and implements community outreach programs including legislative, social and community awareness;
- **Office of Ombudsman** – assists residents to access behavioral health programs and services; identifies and helps consumers and clients resolve problems, complaints and grievances through the existing processes; educates about available services and helps to maximize outreach; refers individuals when appropriate to other District agencies for assistance; and comments on behalf of residents on District behavioral health policy, regulations and legislation;
- **Adult Services Forensic** – 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; and
- **Outpatient Forensic Services Division** – oversees continuum of services provided to justice-involved individuals from pre-arrest to post incarceration; and 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 productive citizens.

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** – provides planning, policy development, quality improvement, and inpatient mental health system design for the hospital;
- **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** – 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 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 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 9 activities:

- **Office of the Deputy Director - BHSS** – oversees the operations of the Behavioral Health Services and Supports division;
- **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 Supportive 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 Assertive Community Treatment (ACT) - BHSS** – provides intensive, integrated community-based mental health intervention and support services designed to provide rehabilitative and crisis treatment;
- **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, determines eligibility, and authorizes services. One of the services provided, the Access HelpLine, 1-888-7WE-HELP (1-888-793-4357), which is 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;
- **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;

- **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; and
- **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.

Clinical Services Division – provides person-centered, culturally competent outpatient psychiatric treatment and supports to children, youth and adults to support their recovery; provides services to limited- or non-English speaking communities and deaf or hard of hearing consumers; provides emergency stabilization and treatment; coordinates clinical care; provides homeless outreach services, and coordinates disaster and emergency mental health programs.

This division contains the following 6 activities:

- **Office of the Chief Clinical Officer** – The CCO advises the Director; supervises the operation of all programs 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 treat DBH consumers on an involuntary basis; and oversees and improves quality of treatment of children and adolescents. The Chief Clinical Officer serves as chair of the Forensic Review Board for the Department and also serves as the petitioner in guardianship cases;
- **Physicians’ Practice Group** – provides assessment and treatment for children, youth and adults at two government-operated clinics; provides urgent same day services; and supports consumers by specialized teams;
- **Behavioral Health Services** – directs and manages government-operated mental health services, including same day, urgent care services; a multicultural program that provides culturally and linguistically appropriate services; a deaf/hard of hearing program; and an intellectual disability program;
- **Comprehensive Psychiatric Emergency Program** – provides emergency mental health services to adults in psychiatric crises who need stabilization and treatment to prevent harm to themselves or others; operates mobile crisis intervention as needed; and participates in the District’s hypothermia response;
- **Homeless Outreach Services** – provides services to individuals who are homeless with mental health and/or substance use disorders living on the streets or in shelters; and
- **Pharmacy** – provides pharmacy services for psychiatric medications for residents enrolled in the public behavioral health system who are uninsured and unable to pay for medications.

Addiction Prevention and Recovery Administration – is responsible for the development and delivery of substance use disorders 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 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** – provides overall direction, policy development, and supervision for the other activities within the division;
- **Deputy Director for 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;
- **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;
- **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;
- **Performance Management** – is responsible for evaluating, monitoring and managing the performance of all addictions and recovery programs, services, providers and staff;
- **Deputy Director for 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 DBH 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 proposed division structure changes are provided in the Agency Realignment appendix to the proposed budget, which is located at www.cfo.dc.gov on the Annual Operating Budget and Capital Plan page.

FY 2016 Approved Budget to FY 2017 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2016 approved budget and the FY 2017 proposed budget. For a more comprehensive explanation of changes, please see the FY 2017 Proposed Budget Changes section, which follows the table.

Table RM0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2016 Approved Budget and FTE		226,856	1,170.5
Other CSFL Adjustments	Multiple Programs	2,943	0.0
LOCAL FUNDS: FY 2017 Current Services Funding Level (CSFL) Budget		229,799	1,170.5
Increase: To reallocate resources for agency restructure	Clinical Services Division	13,822	83.7
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	2,440	-0.5
Increase: To support the costs of pre-existing programmatic initiatives	Behavioral Health Authority	2,204	15.0
Decrease: To align resources with operational spending goals	Multiple Programs	-2,597	0.0
Decrease: To reallocate resources for agency restructure	Behavioral Health Services and Supports	-20,881	-98.2
LOCAL FUNDS: FY 2017 Agency Budget Submission		224,787	1,170.5
Enhance: To provide base funding for Supported Residence	Behavioral Health Services and Supports	3,200	0.0
Transfer-Out: To OCP pursuant to expiration of independent procurement authority	Agency Management	-1,229	-10.0
LOCAL FUNDS: FY 2017 Mayor's Proposed Budget		226,758	1,160.5
No Change		0	0.0
LOCAL FUNDS: FY 2017 District's Proposed Budget		226,758	1,160.5
FEDERAL GRANT FUNDS: FY 2016 Approved Budget and FTE		17,411	104.0
Increase: To align budget with projected grant awards	Multiple Programs	1,983	0.0
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	558	4.0
Increase: To reallocate resources for agency restructure	Clinical Services Divisions	265	3.0
Decrease: To reallocate resources for agency restructure	Behavioral Health Services and Supports	-204	-3.0
FEDERAL GRANT FUNDS: FY 2017 Agency Budget Submission		20,012	108.0
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2017 Mayor's Proposed Budget		20,012	108.0
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2017 District's Proposed Budget		20,012	108.0

Table RM0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
FEDERAL MEDICAID PAYMENTS: FY 2016 Approved Budget and FTE		3,471	5.0
Decrease: To align budget with projected federal Medicaid reimbursements	Multiple Programs	-40	0.0
FEDERAL MEDICAID PAYMENTS: FY 2017 Agency Budget Submission		3,431	5.0
No Change		0	0.0
FEDERAL MEDICAID PAYMENTS: FY 2017 Mayor's Proposed Budget		3,431	5.0
No Change		0	0.0
FEDERAL MEDICAID PAYMENTS: FY 2017 District's Proposed Budget		3,431	5.0
PRIVATE GRANT FUNDS: FY 2016 Approved Budget and FTE		255	0.0
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2017 Agency Budget Submission		255	0.0
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2017 Mayor's Proposed Budget		255	0.0
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2017 District's Proposed Budget		255	0.0
PRIVATE DONATIONS: FY 2016 Approved Budget and FTE		289	0.0
No Change		0	0.0
PRIVATE DONATIONS: FY 2017 Agency Budget Submission		289	0.0
No Change		0	0.0
PRIVATE DONATIONS: FY 2017 Mayor's Proposed Budget		289	0.0
No Change		0	0.0
PRIVATE DONATIONS: FY 2017 District's Proposed Budget		289	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2016 Approved Budget and FTE		4,251	37.5
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	155	0.0
Decrease: To partially offset projected adjustments in personal services costs	Saint Elizabeth's Hospital	-136	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Agency Budget Submission		4,270	37.5
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Mayor's Proposed Budget		4,270	37.5
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2017 District's Proposed Budget		4,270	37.5
INTRA-DISTRICT FUNDS: FY 2016 Approved Budget and FTE		20,186	110.8
Decrease: To align budget with projected revenues	Multiple Programs	-1,778	-12.0
INTRA-DISTRICT FUNDS: FY 2017 Agency Budget Submission		18,408	98.8
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2017 Mayor's Proposed Budget		18,408	98.8
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2017 District's Proposed Budget		18,408	98.8
GROSS FOR RM0 - DEPARTMENT OF BEHAVIORAL HEALTH		273,422	1,409.7

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

FY 2017 Proposed Budget Changes

The Department of Behavioral Health's (DBH) proposed FY 2017 gross budget is \$273,422,234, which represents a 0.3 percent increase over its FY 2016 approved gross budget of \$272,717,341. The budget is comprised of \$226,757,748 in Local funds, \$20,012,409 in Federal Grant funds, \$3,430,545 in Federal Medicaid Payments, \$255,000 in Private Grant funds, \$288,775 in Private Donations, \$4,269,856 in Special Purpose Revenue funds, and \$18,407,900 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 2016 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 2017 CSFL adjustments to the FY 2016 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 2017 CSFL budget is \$229,799,000, which represents a \$2,943,498, or 1.3 percent, increase over the FY 2016 approved Local funds budget of \$226,855,502.

CSFL Assumptions

The FY 2017 CSFL calculated for DBH included adjustments that are not described in detail on table 5. These adjustments include an increase of \$2,993,699 in personal services to account for Fringe Benefit costs based on trend comparative analyses, the impact of cost-of-living adjustments, and approved compensation agreements, and an increase of \$656,185 in nonpersonal services based on the Consumer Price Index factor of 2.3 percent.

CSFL funding for DBH also includes an increase of \$226,010 for the Medicaid Growth Factor to account for the District FY 2017 Medicaid growth rate of 1.6 percent based on the cost of healthcare services in the District projected by the Department of Health Care Finance. Additionally, adjustments were made for an increase of \$550 for Personal Services adjustments and a decrease of \$932,946 for the Fixed Cost Inflation Factor based on projections provided by the Department of General Services.

Agency Budget Submission

The Department of Behavioral Health's realignment of budgetary programs establishes a Clinical Services (CS) division that strengthens the agency's framework for service delivery. This focus is reinforced in the budget proposal, which continues to support prevention, intervention, treatment services, and rehabilitative support for youth and adults with behavioral and/or substance use disorders.

Increase: DBH's budget proposal in Local funds includes an increase of \$13,821,614 that supports the newly established CS division. This amount includes \$9,834,820 for projected salary, step increases, and Fringe Benefits costs for 83.2 Full-Time Equivalents (FTEs) reallocated from the Behavioral Health Services and Supports (BHSS) division, and 0.5 FTE from the Saint Elizabeths Hospital division. The remaining \$3,986,794 supports the CS division's direct services, which include health services for the homeless, clinical care for children, youths, and adults, and programs for those with hearing disabilities.

Several adjustments to the budget in Local funds for personal services account for an increase of \$2,440,281 to cover projected salary step and Fringe Benefits costs across multiple divisions. These adjustments also include a net reduction of 0.5 FTE from the Saint Elizabeths Hospital division.

An increase of \$2,203,840 to the Behavioral Health Authority division in Local funds reflects projected salary, step increases, and Fringe Benefits costs for 15.0 FTEs reallocated from the BHSS division. The additional funding supports continuity of behavioral health care to individuals who are currently in the criminal justice system, as well as those that are matriculating from the system. The funding also covers the costs of psychiatric care to individuals in need of therapy to prevent harm to themselves or others.

DBH proposes an increase of \$1,983,080 in Federal Grant funds based on a projected grant award entitled D.C. Cooperative Agreement to Benefit the Homeless. Funding from this grant award enables DBH to continue to educate District residents on the negative outcomes of using synthetic drugs, provide substance abuse treatment and services, and provide a continuum of substance abuse programs.

An increase of \$558,275 and 4.0 FTEs in Federal Grant funds covers projected salary, step increases, and Fringe Benefits costs across multiple divisions. The CS division's budget in Federal Grant funds is increased by \$264,582 and 3.0 FTEs due to reallocation of resources from the BHSS division.

The Special Purpose Revenue (SPR) funds budget proposal includes an increase of \$155,264 based on revenue projections for the Federal Beneficiary fund. The additional funding covers projected salary step increases and Fringe Benefit costs.

Decrease: DBH's proposed budget in Local funds includes a net reduction of \$2,596,627 for various behavioral health rehabilitation services and adult service supported housing. Significant adjustments of the budget structure in FY 2017 account for a reduction of \$20,880,987 in Local funds. Of this amount, \$11,926,614 is due to the reallocation of 98.2 FTEs out of the BHSS division. These adjustments transfer 83.2 FTEs of the reallocated resources to the newly established CS division and 15.0 FTEs to the Behavioral Health Authority division.

In the budget proposal for Federal Grant funds, a reduction of \$204,158 from the BHSS division accounts for the reallocation of 3.0 FTEs to the CS division. A proposal to decrease \$40,147 in Federal Medicaid Payment funds aligns the budget with projected revenues from federal reimbursements for eligible Medicaid services.

In SPR funds, a decrease of \$135,955 aligns the budget with projected revenues.

The budget proposal in Intra-District funds reflects a reduction of \$1,778,294 and 12.0 FTEs across multiple divisions. This is primarily due to the expiration of a Memorandum of Understanding with the Office of the State Superintendent of Education.

Mayor's Proposed Budget

Enhance: The Local funds budget proposal is increased by \$3,200,000 in the Behavioral Health Sciences and Supports division. This additional funding will be used to provide base funding for Supported Residence, an initiative that will enable 434 individuals with severe and persistent mental illness who need an intense level of support to live within the community.

Transfer-Out: The proposed Local funds budget includes a reduction of \$1,229,373 and 10.0 FTEs from the Agency Management division to the Office of Contracting and Procurement pursuant to expiration of independent procurement authority.

District's Proposed Budget

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

Agency Performance Plan*

Department of Behavioral Health (DBH) has the following strategic objectives for FY 2017:

Strategic Objectives

Strategic Objectives describe what the agency will do, at a high level, to achieve its Mission. These are action based sentences that define what an agency does for its customers, whether the customers are residents or other District agencies, and how that improves the District.

Objectives

1. Ensure the public behavioral health system is person centered, and promotes and supports the leadership of peers with lived experience in recovery and the development of the system of care.
2. Ensure individualized mental health and substance use disorder services across the entire continuum of care from community-based treatment and support services to inpatient hospitalization to support the behavioral health, wellness, and recovery of District residents.
3. Maximize housing resources and target the most vulnerable District residents with serious behavioral health challenges who are homeless, returning from institutions or moving to more independent living to prevent and minimize homelessness.
4. Heighten public awareness among District residents about mental health and substance use disorders and resources to increase their understanding of behavioral health, reduce stigma, and encourage prevention efforts and early identification and treatment.
5. Create and maintain a highly efficient, transparent, and responsive District government.**

Activities

Activities include the work that happens on a daily basis to help achieve the strategic objectives. Activity names come from the Budget line items. This is further divided into “daily services” (ex. sanitation disposal), and long-term “key projects” that are high profile, one-time and span several years, (ex. redevelopment of Walter Reed Army Medical Center). Many agencies will mostly have daily services, whereas some agencies that are more capital-based will have several key projects.

1. Ensure the public behavioral health system is personcentered, and promotes and supports the leadership of peers with lived experience in recovery and the development of the system of care. (2 Activities)

Activity Title	Activity Description	Type of Activity
Training and Employee Development	Person centered training.	Key Project
Consumer and Family Affairs	Peer Specialist certification.	Key Project

2. Ensure individualized mental health and substance use disorder services across the entire continuum of care from community-based treatment and support services to inpatient hospitalization to support the behavioral health, wellness and recovery of District residents (10 Activities)

Activity Title	Activity Description	Type of Activity
Early Childhood and School Mental Health Programs – MHSS	School Mental Health Programs receive a universal evidencebased violence prevention program.	Key Project
Early Childhood and School Mental Health Programs – MHSS	DBH Primary Project children screened with Teacher Child Rating Scale.	Key Project
Prevention Services	Percent of adults reached through planned prevention strategies.	Key Project
Prevention Services	Percent of youth reached through planned prevention strategies.	Key Project
Prevention Services	Adults successfully completing treatment.	Daily Service
Prevention Services	Youth successfully completing treatment.	Daily Service
Prevention Services	Clients receiving recovery support services.	Daily Service
Mental Health Services – MHSS	Adults receiving community services within 30 days discharge from acute hospitalization.	Daily Service
Children and Youth – MHSS	Children/youth receiving community services within 30 days of discharge from acute hospitalization.	Daily Service
Mental Health Services – MHSS	Patients readmitted to Saint Elizabeths Hospital (SEH) within 30 days of discharge.	Daily Service

3. Maximize housing resources and target the most vulnerable District residents with serious behavioral health challenges who are homeless, returning from institutions or moving to more independent living to prevent and minimize homelessness. (3 Activities)

Activity Title	Activity Description	Type of Activity
Office of Policy Support: Housing Subsidies	DBH consistently works to address the needs of its clientele by connecting them to a range of housing options based on their needs from independent living to more intensive care. Proving subsidies is a core function of housing services at the agency.	Daily Service
Adult Services – Support Housing - MHSS	Housing subsidies awarded to persons that are mentally ill and homeless.	Key Project
Adult Services – Support Housing - MHSS	Average length of time homeless persons on DBH wait list.	Key Project

4. Heighten public awareness among District residents about mental health and substance use disorders and resources to increase their understanding of behavioral health, reduce stigma, and encourage prevention efforts and early identification and treatment. (3 Activities)

Activity Title	Activity Description	Type of Activity
Communications	Communication strategies to expand public awareness of behavioral health resources.	Key Project
Communications	Increase Twitter engagement metrics.	Key Project
Communications	Increase in DBH website traffic.	Key Project

KEY PERFORMANCE INDICATORS

Key Performance Indicators measure how well an agency is achieving its Strategic Objectives. They are outcome oriented and should be used to answer the question, “What does the agency need to measure to determine success?”

1. Ensure the public behavioral health system is personcentered, and promotes and supports the leadership of peers with lived experience in recovery and the development of the system of care. (2 Measures)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
inclusion of person centered approaches behavioral health system of care through trainings and number of people trained	X	Not available	Not available	Not available	Not available	Not available
Number of certified Peer Specialists		34	60	60	40	40

2. Ensure individualized mental health and substance use disorder services across the entire continuum of care from community-based treatment and support services to inpatient hospitalization to support the behavioral health, wellness and recovery of District residents (10 Measures)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Percent DBH operated School Mental Health programs receive a universal evidence based violence prevention program	X	Not available	Not available	Not available	Not available	Not available
DBH primary project children screened with teacher child rating scale	X	Not available	Not available	Not available	Not available	Not available
Percent of adults reached through planned prevention strategies	X	Not available	Not available	Not available	Not available	Not available
Percent of youth reached through planned prevention strategies	X	Not available	Not available	Not available	Not available	Not available
Percent of adults who successfully complete treatment		61%	47%	60%	60%	60%
Percent of youth who successfully complete treatment		11%	13%	20%	20%	20%
Number of clients who receive recovery support services		Not available	6,192	2,000	2,500	3,000

(Continued on next page)

3. Ensure individualized mental health and substance use disorder services across the entire continuum of care from community-based treatment and support services to inpatient hospitalization to support the behavioral health, wellness and recovery of District residents (10 Measures)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Percent of adults receiving community services within 30 days of discharge from acute hospitalization		74%	Not available	Not available	80%	80%
Percent of children/youth that receive community services within 30 days of discharge from acute hospitalization		77%	Not available	Not available	80%	80%
Percent of patients readmitted to SEH within 30 days of discharge		2%	6%	7%	7%	7%

4. Maximize housing resources and target the most vulnerable District residents with serious behavioral health challenges who are homeless, returning from institutions or moving to more independent living to prevent and minimize homelessness. (2 Measures)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Number of housing subsidies awarded to persons who are mentally ill and homeless	X	Not available	Not available	Not available	Not available	Not available
Average length of time homeless persons on DBH wait list until housed	X	available	Not available	Not available	Not available	Not available

5. Heighten public awareness among District residents about mental health and substance use disorders and resources to increase their understanding of behavioral health, reduce stigma, and encourage prevention efforts and early identification and treatment. (3 Measures)

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Expand public awareness of behavioral health resources	X	Not available	Not available	Not available	Not available	Not available
Percent increase in Twitter engagement metrics (favorites, retweets, mentions) over baseline established in FY 2016	X	Not available	Not available	Not available	Not available	Not available
Percent increase in website traffic over baseline established in FY 2016	X	Not available	Not available	Not available	Not available	Not available

6. Create and maintain a highly efficient, transparent and responsive District government. (10 Measures)**

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2015 Target	FY 2016 Target	FY 2017 Target
Contracts/Procurement Expendable Budget spent on Certified Business Enterprises	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Contracts/Procurement Contracts lapsed into retroactive status	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Budget Local funds unspent	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Budget Federal Funds returned	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Customer Service Meeting Service Level Agreements	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Human Resources Vacancy Rate	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Human Resources Employee District residency	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Human Resources Employee Onboard Time	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Performance Management-Employee Performance Plan Completion	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016
Contracts/procurement expendable budget spent on Certified Business Enterprises	X	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016	Forthcoming October 2016

Performance Plan End Notes:

*For more information about the new structure and components of FY 2017 draft performance plans, please see the FY 2017 Proposed Budget and Financial Plan, Volume 1, Appendix E.

***"Create and maintain a highly efficient, transparent and responsive District government" is a new Strategic Objective this year required for all agencies.

***Key Performance Indicators that are new may not have historical data and may only have FY 2017 targets.