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# Department of Behavioral Health

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Table RM0-1

Description	FY 2016 Actual	FY 2017 Approved	FY 2018 Proposed	% Change from FY 2017
OPERATING BUDGET	\$268,931,330	\$273,422,234	\$271,917,593	-0.6
FTEs	1,345.6	1,409.7	1,382.6	-1.9

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) increase the capacity 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, and (4) enhance provider monitoring to ensure high quality service.

The agency's FY 2018 proposed budget is presented in the following tables:

## FY 2018 Proposed Gross Funds Operating Budget and FTEs, by Revenue Type

Table RM0-2 contains the proposed FY 2018 budget by revenue type compared to the FY 2017 approved budget. It also provides FY 2016 actual data.

**Table RM0-2**

(dollars in thousands)

Appropriated Fund	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Percentage Change*	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Percentage Change
<b>GENERAL FUND</b>										
LOCAL FUNDS	228,301	226,758	229,066	2,308	1.0	1,200.5	1,160.5	1,124.8	-35.6	-3.1
SPECIAL PURPOSE REVENUE FUNDS	2,867	4,270	4,234	-36	-0.8	28.8	37.5	37.0	-0.5	-1.3
<b>TOTAL FOR GENERAL FUND</b>	<b>231,168</b>	<b>231,028</b>	<b>233,300</b>	<b>2,272</b>	<b>1.0</b>	<b>1,229.3</b>	<b>1,198.0</b>	<b>1,161.8</b>	<b>-36.2</b>	<b>-3.0</b>
<b>FEDERAL RESOURCES</b>										
FEDERAL GRANT FUNDS	21,198	20,012	20,279	266	1.3	58.8	108.0	114.0	6.0	5.6
FEDERAL MEDICAID PAYMENTS	3,471	3,431	1,430	-2,001	-58.3	6.7	5.0	5.0	0.0	0.0
<b>TOTAL FOR FEDERAL RESOURCES</b>	<b>24,669</b>	<b>23,443</b>	<b>21,709</b>	<b>-1,734</b>	<b>-7.4</b>	<b>65.5</b>	<b>113.0</b>	<b>119.0</b>	<b>6.0</b>	<b>5.3</b>
<b>PRIVATE FUNDS</b>										
PRIVATE GRANT FUNDS	152	255	258	3	1.1	0.0	0.0	0.0	0.0	N/A
PRIVATE DONATIONS	64	289	289	0	0.0	0.0	0.0	0.0	0.0	N/A
<b>TOTAL FOR PRIVATE FUNDS</b>	<b>216</b>	<b>544</b>	<b>546</b>	<b>3</b>	<b>0.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>N/A</b>
<b>INTRA-DISTRICT FUNDS</b>										
INTRA-DISTRICT FUNDS	12,878	18,408	16,363	-2,045	-11.1	50.8	98.8	101.8	3.0	3.0
<b>TOTAL FOR INTRA-DISTRICT FUNDS</b>	<b>12,878</b>	<b>18,408</b>	<b>16,363</b>	<b>-2,045</b>	<b>-11.1</b>	<b>50.8</b>	<b>98.8</b>	<b>101.8</b>	<b>3.0</b>	<b>3.0</b>
<b>GROSS FUNDS</b>	<b>268,931</b>	<b>273,422</b>	<b>271,918</b>	<b>-1,505</b>	<b>-0.6</b>	<b>1,345.6</b>	<b>1,409.7</b>	<b>1,382.6</b>	<b>-27.2</b>	<b>-1.9</b>

\*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 2018 Operating Appendices** located on the Office of the Chief Financial Officer's website.

## FY 2018 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2018 budget at the Comptroller Source Group (object class) level compared to the FY 2017 approved budget. It also provides FY 2015 and FY 2016 actual expenditures.

**Table RM0-3**

(dollars in thousands)

Comptroller Source Group	Actual FY 2015	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Percentage Change*
11 - REGULAR PAY - CONTINUING FULL TIME	90,085	97,462	100,827	100,897	70	0.1
12 - REGULAR PAY - OTHER	7,061	8,243	9,022	8,497	-526	-5.8
13 - ADDITIONAL GROSS PAY	4,847	4,989	1,693	5,147	3,453	203.9
14 - FRINGE BENEFITS - CURRENT PERSONNEL	22,434	24,245	28,013	27,140	-874	-3.1
15 - OVERTIME PAY	3,966	2,845	1,953	2,863	910	46.6
99 - UNKNOWN PAYROLL POSTINGS	0	18	0	0	0	N/A
<b>SUBTOTAL PERSONAL SERVICES (PS)</b>	<b>128,391</b>	<b>137,802</b>	<b>141,509</b>	<b>144,543</b>	<b>3,034</b>	<b>2.1</b>

**Table RM0-3**

(dollars in thousands)

Comptroller Source Group	Actual FY 2015	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Percentage Change*
20 - SUPPLIES AND MATERIALS	6,576	6,795	6,151	5,954	-198	-3.2
30 - ENERGY, COMMUNICATION AND BUILDING RENTALS	1,512	1,341	2,128	1,489	-638	-30.0
31 - TELEPHONE, TELEGRAPH, TELEGRAM, ETC.	805	1,059	1,004	729	-275	-27.4
32 - RENTALS - LAND AND STRUCTURES	5,756	5,253	5,816	6,045	229	3.9
34 - SECURITY SERVICES	4,528	4,342	4,838	3,873	-965	-19.9
35 - OCCUPANCY FIXED COSTS	183	151	219	198	-22	-9.8
40 - OTHER SERVICES AND CHARGES	12,595	11,758	13,013	10,949	-2,064	-15.9
41 - CONTRACTUAL SERVICES - OTHER	49,917	32,144	35,030	33,043	-1,987	-5.7
50 - SUBSIDIES AND TRANSFERS	59,900	66,222	62,126	64,520	2,394	3.9
70 - EQUIPMENT AND EQUIPMENT RENTAL	1,305	2,064	1,587	573	-1,014	-63.9
<b>SUBTOTAL NONPERSONAL SERVICES (NPS)</b>	<b>143,078</b>	<b>131,129</b>	<b>131,914</b>	<b>127,375</b>	<b>-4,539</b>	<b>-3.4</b>
<b>GROSS FUNDS</b>	<b>271,469</b>	<b>268,931</b>	<b>273,422</b>	<b>271,918</b>	<b>-1,505</b>	<b>-0.6</b>

\*Percent change is based on whole dollars.

**FY 2018 Proposed Operating Budget and FTEs, by Division/Program and Activity**

Table RM0-4 contains the proposed FY 2018 budget by division/program and activity compared to the FY 2017 approved budget. It also provides FY 2016 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 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017
<b>(1000) AGENCY MANAGEMENT</b>								
(1010) PERSONNEL	1,716	1,742	2,483	741	16.4	16.0	16.0	0.0
(1015) TRAINING AND EMPLOYEE DEVELOPMENT	362	385	417	32	3.1	3.0	3.0	0.0
(1017) LABOR RELATIONS	397	434	460	26	3.1	3.0	3.0	0.0
(1020) CONTRACTING AND PROCUREMENT	1,115	25	0	-25	10.3	0.0	0.0	0.0
(1030) PROPERTY MANAGEMENT	3,761	3,344	3,947	604	2.0	2.0	2.0	0.0
(1040) INFORMATION TECHNOLOGY	6,891	6,718	0	-6,718	25.5	27.0	0.0	-27.0
(1050) FINANCIAL MANAGEMENT-AGENCY	1,893	1,831	2,684	854	12.3	12.0	22.0	10.0
(1055) RISK MANAGEMENT	185	185	0	-185	1.0	1.0	0.0	-1.0
(1060) LEGAL SERVICES	730	701	0	-701	4.6	4.5	0.0	-4.5
(1080) COMMUNICATIONS	24	26	0	-26	0.0	0.0	0.0	0.0
(1085) CUSTOMER SERVICES	41	59	0	-59	0.0	0.0	0.0	0.0
(1087) LANGUAGE ACCESS	60	60	0	-60	0.0	0.0	0.0	0.0
(1088) CLAIMS ADMINISTRATION	0	0	1,204	1,204	0.0	0.0	12.0	12.0
(1089) HEALTH INFORMATION MANAGEMENT	0	0	684	684	0.0	0.0	9.0	9.0
(1091) OFFICE OF ADMINISTRATION OPERATIONS	0	0	286	286	0.0	0.0	2.0	2.0
<b>SUBTOTAL (1000) AGENCY MANAGEMENT</b>	<b>17,174</b>	<b>15,510</b>	<b>12,166</b>	<b>-3,344</b>	<b>78.3</b>	<b>68.5</b>	<b>69.0</b>	<b>0.5</b>

**Table RM0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017
<b>(100F) DBH FINANCIAL OPERATIONS</b>								
(110F) DBH BUDGET OPERATIONS	713	886	944	58	4.1	4.8	5.0	0.2
(120F) DBH ACCOUNTING OPERATIONS	969	965	945	-20	10.1	9.2	9.0	-0.2
(130F) DBH FISCAL OFFICER	315	316	330	14	2.0	2.0	2.0	0.0
<b>SUBTOTAL (100F) DBH FINANCIAL OPERATIONS</b>	<b>1,997</b>	<b>2,168</b>	<b>2,220</b>	<b>52</b>	<b>16.3</b>	<b>16.0</b>	<b>16.0</b>	<b>0.0</b>
<b>(1800) BEHAVIORAL HEALTH AUTHORITY</b>								
(1810) OFC OF THE DIRECTOR/ CHIEF EXEC OFFICER	1,355	1,102	1,270	168	7.2	7.0	8.0	1.0
(1815) OFF OF THE CHIEF CLINICAL OFFICER	738	0	0	0	3.1	0.0	0.0	0.0
(1820) CONSUMER AND FAMILY AFFAIRS	1,442	1,725	2,122	397	3.1	3.0	10.0	7.0
(1825) OFF OF PROGRAMS & POLICY	-19	0	0	0	0.0	0.0	0.0	0.0
(1865) OFFICE OF POLICY SUPPORT	553	584	0	-584	4.1	4.0	0.0	-4.0
(1866) OFFICE OF STRAT. PLANNING AND GRANT MGMT	1,201	775	0	-775	1.0	1.0	0.0	-1.0
(1880) OFFICE OF ACCOUNTABILITY - QI/AUDIT	1,130	115	0	-115	9.3	0.0	0.0	0.0
(1881) OA - CERTIFICATION/LICENSURE	787	827	0	-827	6.7	7.0	0.0	-7.0
(1882) OA - INVESTIGATIONS	104	278	0	-278	1.5	2.0	0.0	-2.0
(1883) OFFICE OF ACCOUNTABILITY - PROGRAM INTEG	0	1,149	0	-1,149	0.0	9.1	0.0	-9.1
(1884) OFFICE OF COUNCIL AND COMMUNITY AFFAIRS	0	146	0	-146	0.0	1.0	0.0	-1.0
(1885) OFFICE OF OMBUDSMAN	0	146	361	215	0.0	1.0	3.0	2.0
(1886) ADULT SERVICES - FORENSIC	0	879	0	-879	0.0	1.0	0.0	-1.0
(1887) OUTPATIENT FORENSIC SERVICES DIVISION	0	1,628	0	-1,628	0.0	14.0	0.0	-14.0
(1888) LEGAL SERVICES	0	0	724	724	0.0	0.0	4.5	4.5
(1889) LEGISLATIVE AND PUBLIC AFFAIRS	0	0	798	798	0.0	0.0	7.0	7.0
<b>SUBTOTAL (1800) BEHAVIORAL HEALTH AUTHORITY</b>	<b>7,290</b>	<b>9,354</b>	<b>5,276</b>	<b>-4,078</b>	<b>36.0</b>	<b>50.1</b>	<b>32.5</b>	<b>-17.6</b>
<b>(3800) ST. ELIZABETHS HOSPITAL</b>								
(3805) OFFICE OF THE CHIEF EXECUTIVE	345	419	513	94	2.0	2.0	2.0	0.0
(3810) OFFICE OF CLINICAL AND MEDICAL SVS - SEH	18,551	18,557	18,538	-19	118.2	116.0	123.0	7.0
(3815) ENGINEERING AND MAINTENANCE - SEH	4,301	4,259	3,375	-884	15.4	20.0	18.0	-2.0
(3820) FISCAL AND SUPPORT SERVICES - SEH	3,009	2,962	2,671	-291	3.6	3.0	1.0	-2.0
(3828) QUALITY AND DATA MANAGEMENT	1,643	2,111	1,343	-768	16.4	17.0	11.0	-6.0
(3830) HOUSEKEEPING - SEH	2,176	2,713	2,592	-121	45.9	49.0	46.0	-3.0
(3835) MATERIALS MANAGEMENT - SEH	1,778	2,016	1,475	-541	10.3	10.0	9.0	-1.0
(3845) NURSING - SEH	36,465	39,160	43,060	3,900	417.4	429.8	419.0	-10.8
(3850) NUTRITIONAL SERVICES SEH	3,573	3,365	3,342	-22	28.8	28.1	27.1	-1.0

**Table RM0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017
(3860) SECURITY AND SAFETY - SEH	4,479	4,516	4,320	-196	18.5	22.0	31.0	9.0
(3865) TRANSPORTATION AND GROUNDS - SEH	724	710	898	188	4.1	5.0	5.0	0.0
(3870) OFF OF THE CHIEF OF STAFF - SEH	208	432	243	-188	2.0	2.0	1.0	-1.0
(3875) OFF OF THE CHIEF OPERATING OFFICER - SEH	1,136	1,146	969	-177	13.3	11.0	10.0	-1.0
(3880) OFFICE OF CHIEF CLINICAL OFFICER-SEH	10,200	11,018	10,935	-83	115.2	115.0	110.0	-5.0
<b>SUBTOTAL (3800) ST. ELIZABETHS HOSPITAL</b>	<b>88,588</b>	<b>93,384</b>	<b>94,275</b>	<b>890</b>	<b>811.1</b>	<b>830.0</b>	<b>813.2</b>	<b>-16.8</b>
<b>(4800) BEHAVIORAL HEALTH SERVICES AND SUPPORTS</b>								
(4805) OFFICE OF THE DEPUTY DIRECTOR - BHSS	20,942	22,985	0	-22,985	14.1	13.0	0.0	-13.0
(4810) ORGANIZATIONAL DEVELOPMENT - BHSS	1,938	2,226	0	-2,226	17.9	17.0	0.0	-17.0
(4815) ADULT SERVICES - SUPPORT HOUSING - BHSS	14,050	11,295	0	-11,295	6.5	14.0	0.0	-14.0
(4820) ADULT SERVICES-SUPPORTIVE HOUSING - BHSS	207	0	0	0	2.8	0.0	0.0	0.0
(4825) ADULT SVCS ASSERTIVE COMM. TRMT - BHSS	443	26	0	-26	2.9	0.0	0.0	0.0
(4830) ADULT SERVICES - FORENSIC - BHSS	1,064	0	0	0	2.4	0.0	0.0	0.0
(4835) CARE COORDINATION - BHSS	1,475	1,412	0	-1,412	15.4	15.0	0.0	-15.0
(4840) BEHAVIORAL HEALTH SERVICES - BHSS	2,709	0	0	0	24.8	0.0	0.0	0.0
(4845) COMPREHENSIVE PSYCH EMER PROG(CPEP)-BHSS	8,008	100	0	-100	55.0	0.0	0.0	0.0
(4850) PHARMACY - BHSS	2,127	0	0	0	4.8	0.0	0.0	0.0
(4855) HOMELESS OUTREACH SERVICES - BHSS	1,089	0	0	0	6.3	0.0	0.0	0.0
(4860) CHILDREN AND YOUTH - BHSS	15,345	13,348	0	-13,348	39.6	43.0	0.0	-43.0
(4865) EARLY CHILDHOOD AND SCHOOL MH PGM - BHSS	7,748	8,283	0	-8,283	81.2	77.0	0.0	-77.0
(4870) INTEGRATED CARE - BHSS	2,348	2,652	0	-2,652	8.6	8.0	0.0	-8.0
(4880) PHYSICIANS PRACTICE GROUP - BHSS	2,314	0	0	0	10.4	0.0	0.0	0.0
(4885) OUTPATIENT FORENSIC SERVICES	1,445	0	0	0	14.4	0.0	0.0	0.0
<b>SUBTOTAL (4800) BEHAVIORAL HEALTH SERVICES AND SUPPORTS</b>	<b>83,252</b>	<b>62,327</b>	<b>0</b>	<b>-62,327</b>	<b>306.9</b>	<b>187.0</b>	<b>0.0</b>	<b>-187.0</b>
<b>(4900) ACCOUNTABILITY</b>								
(4905) OFFICE OF ACCOUNTABILITY	0	0	348	348	0.0	0.0	2.1	2.1
(4910) INVESTIGATIONS	0	0	475	475	0.0	0.0	4.0	4.0
(4920) LICENSURE	0	0	483	483	0.0	0.0	4.0	4.0
(4930) CERTIFICATION	0	0	1,061	1,061	0.0	0.0	9.0	9.0
(4940) PROGRAM INTEGRITY	0	0	1,835	1,835	0.0	0.0	15.0	15.0
<b>SUBTOTAL (4900) ACCOUNTABILITY</b>	<b>0</b>	<b>0</b>	<b>4,203</b>	<b>4,203</b>	<b>0.0</b>	<b>0.0</b>	<b>34.1</b>	<b>34.1</b>

**Table RM0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017
<b>(5800) CLINICAL SERVICES DIVISION</b>								
(5810) OFFICE OF THE CHIEF CLINICAL OFFICER	0	949	2,759	1,810	0.0	5.0	8.0	3.0
(5820) PHYSICIANS PRACTICE GROUP	0	3,007	0	-3,007	0.0	13.4	0.0	-13.4
(5830) BEHAVIORAL HEALTH SERVICES	0	2,939	742	-2,197	0.0	26.0	7.0	-19.0
(5831) BEHAVIORAL HEALTH SERVICES - ADULT	0	0	3,463	3,463	0.0	0.0	24.0	24.0
(5832) BEHAVIORAL HEALTH SERVICES - CHILD	0	0	2,103	2,103	0.0	0.0	16.0	16.0
(5836) BEHAVIORAL HEALTH SERVICES - PHARMACY	0	0	2,107	2,107	0.0	0.0	5.0	5.0
(5840) COMPREHENSIVE PSYCH EMER PROG-CPEP	0	9,796	1,862	-7,933	0.0	0.0	8.0	8.0
(5840) COMPREHENSIVE PSYCH EMER PROG(CPEP)	0	0	0	0	0.0	65.8	0.0	-65.8
(5841) PSYCHIATRIC EMERGENCY SERVICES - CPEP	0	0	7,458	7,458	0.0	0.0	40.5	40.5
(5842) HOMELESS OUTREACH / MOBILE CRISIS - CPEP	0	0	2,418	2,418	0.0	0.0	23.2	23.2
(5850) HOMELESS OUTREACH SERVICES	0	1,144	0	-1,144	0.0	8.0	0.0	-8.0
(5860) PHARMACY	0	2,307	0	-2,307	0.0	8.0	0.0	-8.0
(5870) ACCESS HELPLINE	0	0	1,612	1,612	0.0	0.0	16.0	16.0
(5880) FORENSICS	0	0	3,848	3,848	0.0	0.0	19.0	19.0
(5890) ASSESSMENT AND REFERRAL CENTER (ARC)	0	0	2,435	2,435	0.0	0.0	29.0	29.0
<b>SUBTOTAL (5800) CLINICAL SERVICES DIVISION</b>	<b>0</b>	<b>20,142</b>	<b>30,808</b>	<b>10,666</b>	<b>0.0</b>	<b>126.2</b>	<b>195.8</b>	<b>69.6</b>
<b>(5900) SYSTEM TRANSFORMATION</b>								
(5901) SYSTEM TRANSFORMATION ADMINISTRATION	0	0	127	127	0.0	0.0	1.0	1.0
(5905) OFFICE OF SYSTEM TRANSFORMATION	0	0	740	740	0.0	0.0	5.0	5.0
(5910) INFO SYSTEMS INNOVATION/DATA ANALYTICS	0	0	2,973	2,973	0.0	0.0	4.0	4.0
(5911) ISIDA - DATA/PERFORMANCE MGMT	0	0	1,851	1,851	0.0	0.0	15.0	15.0
(5912) ISIDA - INFORMATION SYSTEMS	0	0	1,391	1,391	0.0	0.0	13.0	13.0
(5913) ISIDA - TECHNOLOGY INFRASTRUCTURE	0	0	897	897	0.0	0.0	9.0	9.0
(5920) STRATEGIC MGMT AND POLICY	0	0	1,816	1,816	0.0	0.0	6.0	6.0
(5930) NETWORK DEVELOPMENT	0	0	1,592	1,592	0.0	0.0	13.0	13.0
(5940) TRAINING INSTITUTE	0	0	622	622	0.0	0.0	5.0	5.0
<b>SUBTOTAL (5900) SYSTEM TRANSFORMATION</b>	<b>0</b>	<b>0</b>	<b>12,008</b>	<b>12,008</b>	<b>0.0</b>	<b>0.0</b>	<b>71.0</b>	<b>71.0</b>
<b>(6800) ADDICTION PREVENTION AND RECOVERY ADMIN</b>								
(6810) OFFICE OF SENIOR DEPUTY	557	291	0	-291	4.1	3.0	0.0	-3.0
(6820) DEPUTY DIRECTOR FOR OPERATIONS	7,488	9,337	0	-9,337	15.2	25.0	0.0	-25.0
(6830) DEPUTY DIRECTOR FOR ADMINISTRATION	2,761	3,338	0	-3,338	9.8	18.0	0.0	-18.0

**Table RM0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017
(6840) PREVENTION SERVICES	6,013	4,623	0	-4,623	10.1	13.0	0.0	-13.0
(6850) PERFORMANCE MANAGEMENT	635	488	0	-488	5.3	4.0	0.0	-4.0
(6855) DEPUTY DIRECTOR FOR TREATMENT	8,395	7,780	0	-7,780	31.6	49.0	0.0	-49.0
(6870) IMPLEMENTATION OF DRUG TREATMENT CHOICE	12,376	12,044	0	-12,044	0.0	0.0	0.0	0.0
<b>SUBTOTAL (6800) ADDICTION PREVENTION AND RECOVERY ADMIN</b>	<b>38,224</b>	<b>37,901</b>	<b>0</b>	<b>-37,901</b>	<b>76.1</b>	<b>112.0</b>	<b>0.0</b>	<b>-112.0</b>
<b>(6900) COMMUNITY SERVICES</b>								
(6901) COMMUNITY SERVICES ADMINISTRATION	0	0	121	121	0.0	0.0	1.0	1.0
(6905) OFFICE OF COMMUNITY SERVICES	0	0	6,933	6,933	0.0	0.0	8.0	8.0
(6910) PREVENTION AND EARLY INTERVENTION	0	0	819	819	0.0	0.0	3.0	3.0
(6911) PREVENTION/EARLY INTERVEN-EARLY CHLDHOOD	0	0	2,041	2,041	0.0	0.0	10.0	10.0
(6912) PREVENTION/EARLY INTERVEN-SCH MENT HLTH	0	0	5,822	5,822	0.0	0.0	61.0	61.0
(6913) PREVENTION SUBSTANCE USE DISORDER	0	0	3,992	3,992	0.0	0.0	10.0	10.0
(6920) SPECIALTY CARE	0	0	3,938	3,938	0.0	0.0	2.0	2.0
(6921) SPECIALTY CARE - COMMUNITY-BASED SERVICE	0	0	2,251	2,251	0.0	0.0	12.0	12.0
(6922) SPECIALTY CARE - NEW INITIATIVES	0	0	2,180	2,180	0.0	0.0	13.0	13.0
(6930) LINKAGE AND ASSESSMENT	0	0	3,707	3,707	0.0	0.0	2.0	2.0
(6931) LINKAGE AND ASSESSMENT/ASSESSMENT CENTER	0	0	1,125	1,125	0.0	0.0	5.0	5.0
(6932) LINKAGE AND ASSESSMENT/CO-LOCATED PRGMS	0	0	1,007	1,007	0.0	0.0	9.0	9.0
(6933) LINKAGE AND ASSESSMENT - PRTF	0	0	414	414	0.0	0.0	4.0	4.0
(6940) HOUSING DEVELOPMENT	0	0	28,542	28,542	0.0	0.0	7.0	7.0
(6950) RESIDENTIAL SUPPORT SRVS/CARE CONTINUITY	0	0	436	436	0.0	0.0	4.0	4.0
(6960) IMPLEMENTATION OF DRUG TREATMENT CHOICE	0	0	13,559	13,559	0.0	0.0	0.0	0.0
(6970) BEHAVIORAL HEALTH REHAB	0	0	12,845	12,845	0.0	0.0	0.0	0.0
(6980) BEHAVIORAL HEALTH REHAB- LOCAL MATCH	0	0	21,232	21,232	0.0	0.0	0.0	0.0
<b>SUBTOTAL (6900) COMMUNITY SERVICES</b>	<b>0</b>	<b>0</b>	<b>110,963</b>	<b>110,963</b>	<b>0.0</b>	<b>0.0</b>	<b>151.0</b>	<b>151.0</b>
<b>(7800) BEHAVIORAL HEALTH FINANCING/FEE FOR SVC</b>								
(7810) BEHAVIORAL HEALTH INFORMATION MANAGEMENT	335	327	0	-327	4.1	4.0	0.0	-4.0
(7820) BEHAVIORAL HEALTH REHABILITATION SVCS	10,085	10,254	0	-10,254	0.0	0.0	0.0	0.0
(7825) BEHAVIORAL HEALTH REHAB SVCS-LOCAL MATCH	20,430	20,430	0	-20,430	0.0	0.0	0.0	0.0

**Table RM0-4**

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017	Actual FY 2016	Approved FY 2017	Proposed FY 2018	Change from FY 2017
(7870) CLAIMS								
ADMINISTRATION/BILLING	1,017	1,049	0	-1,049	12.3	12.0	0.0	-12.0
(7880) PROVIDER RELATIONS	539	576	0	-576	4.4	4.0	0.0	-4.0
<b>SUBTOTAL (7800) BEHAVIORAL HEALTH FINANCING/FEE FOR SVC</b>	<b>32,406</b>	<b>32,636</b>	<b>0</b>	<b>-32,636</b>	<b>20.8</b>	<b>20.0</b>	<b>0.0</b>	<b>-20.0</b>
<b>TOTAL PROPOSED OPERATING BUDGET</b>	<b>268,932</b>	<b>273,422</b>	<b>271,918</b>	<b>-1,505</b>	<b>1,345.6</b>	<b>1,409.7</b>	<b>1,382.6</b>	<b>-27.2</b>

(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 2018 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 (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 5 activities:

- **Office of the Director/Chief Executive Officer** – leads management and oversight of the public behavioral 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 individuals with behavioral health disorders; encourages and facilitates consumer and client and family leadership of treatment and recovery plans; and ensures consumer and client voice in the development of the behavioral health system. The Administration also promotes consumer and client leadership, manages the peer certification training, and provides expertise on the consumer and client perspective and is made up of the following teams: Peer Support, Consumer Engagement, Consumer Rights, Quality Improvement and Saint Elizabeths;
- **Office of Ombudsman** – identifies and helps consumers and clients resolve problems, complaints and grievances through existing processes; educates on 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;
- **Legal Services** – provides legal advice to the Director on all aspects of DBH's operations and activities; drafts, researches and/or reviews legislation, regulations, and policies affecting DBH's mission and programs; formulates strategic advice on DBH program development and compliance and oversight activities; and



- **Legislative and Public Affairs** – develops, leads and coordinates the agency’s public education, internal and external communications, and public engagement and outreach initiatives; manages legislative initiatives and acts as the liaison to the District Council; facilitates responses to constituent complaints and service requests; and provides information and support for special projects.

**Saint Elizabeths Hospital (SEH)** – provides inpatient psychiatric, medical, and psycho-social person-centered 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. The hospital is licensed by the District’s Department of Health, and meets all the conditions of participation promulgated by the federal Centers for Medicare and Medicaid Services.

This division contains the following 14 activities:

- **Office of the Chief Executive** – provides overall executive management and leadership for all services and departments of Saint Elizabeths;
- **Office of Clinical and Medical Services – SEH** – provides the clinical, operational, strategic, and cultural leadership necessary to deliver care that is high-value (in terms of cost, quality and patient experience) to support their recovery and reintegration into the community;
- **Engineering and Maintenance – SEH** – provides maintenance and repairs to ensure a functional, safe, and secure facility to maximize the benefits of the therapeutic environment;
- **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 requests for procurements; and oversees the overall financial integrity of the Hospital to ensure the appropriate collection, allocation, utilization and control of resources;
- **Quality and Data Management** – provides quality improvement utilizing performance improvement techniques; uses data and research to guide clinical practices; provides oversight of reporting functions; and manages the reporting functions from the electronic medical record;
- **Housekeeping – SEH** – maintains a clean and sanitized environment to enhance the therapeutic environment and level of clinical performance;
- **Materials Management – SEH**– receives and delivers materials, supplies, postal and laundry services; maintains an inventory of goods, replenishes stock, and performs electronic receiving for all goods and services;
- **Nursing Services – SEH** – provides active treatment and comprehensive, high quality 24-hour nursing care through a recovery-based therapeutic program; establishes the training curriculum for all levels of hospital staff and ensures compliance with training programs for clinical and clinical support staff to maintain the health and safety of patients and staff;
- **Nutritional Services – SEH** – provides optimum nutrition and food services, medical nutrition therapy and nutrition education services in a safe and sanitary environment;
- **Security and Safety – SEH** – provides a safe and secure facility for patients, visitors, and staff to support a therapeutic environment;
- **Transportation and Grounds – SEH** – manages the resources, administrative functions, contracts, and personnel; provides transportation and maintenance services including solid and medical waste disposal, and snow and ice removal;
- **Office of the Chief of Staff – SEH** – primarily responsible for the organization, ongoing management and oversight of key hospital administrative functions; regularly interacts and coordinates with medical staff and executive leadership; and serves as liaison with external partners including the Department of Corrections, DC Superior Court, and the District of Columbia Hospital Association;
- **Office of the Chief Operating Officer – SEH** – provides the operational, strategic, and cultural leadership necessary to plan, direct, and manage major administrative functions. This ensures the provision of high quality services while also meeting the needs of individuals in care and external stakeholders. The Chief Operating Officer regularly interacts and coordinates with finance, information systems, human resources, performance improvement, and risk management; and

- **Office of the Chief Clinical Officer – SEH** – provides clinical leadership and interdisciplinary treatment teams; ensures the provision of social work services, treatment programs, rehabilitation services, utilization review, and volunteer services.

**Accountability Division** – oversees provider certification, mental health community residence facility licensure, program integrity, quality improvement, major investigations, incident management, claims audits, and compliance monitoring. Issues annual Medicaid and local repayment demand letters, annual quality reviews, and annual provider scorecards.

This division contains the following 5 activities:

- **Office of Accountability** – leads the Accountability Division by providing oversight and management of all of the agency’s certification, licensure, incident management, and program integrity activities;
- **Investigations** – conducts major investigations of sentinel events and major unusual incidents, presents a disposition of the matter, and develops the final investigative report submitted to the agency Director, General Counsel, and other appropriate parties to ensure the needs and treatment goals of individuals in care are identified and addressed;
- **Licensure** – reviews and processes applications for licensure for Mental Health Community Residence Facilities (MHCRF), monitors MHCRF operators’ compliance with agency regulations and policies, and generates and enforces statements of deficiencies and corrective action plans when necessary;
- **Certification** – reviews and processes applications for certification and recertification for behavioral health providers, monitors provider compliance with agency certification regulations and policies, and generates and enforces statements of deficiencies and corrective action plans when necessary; and
- **Program Integrity** – provides oversight of certified providers through audits and reviews to ensure that they meet or exceed service delivery and documentation standards for mental health rehabilitation and substance use disorder services, and that they comply with agency policies and procedures and applicable District and federal laws and regulations.

**Clinical Services Division** – provides person-centered, culturally competent outpatient psychiatric treatment and supports to children, youth and adults to support their recovery; and coordinates disaster and emergency mental health programs.

This division contains the following 11 activities:

- **Office of the Chief Clinical Officer** – supervises and sets standards for the provision of clinical care throughout the agency and public behavioral health system for children, youth, and adults; oversees community hospitals that treat agency consumers on an involuntary basis; and serves as the petitioner in guardianship cases, and oversees the agency’s disaster response for the city;
- **Behavioral Health Services** – directs and manages mental health services at two agency-operated locations;
- **Behavioral Health Services – Adult** – provides clinical assessment and treatment of persons who are 18 years of age and older who present with mental health concerns, and provides urgent same-day evaluations for persons in crisis that do not arise to the level of needing an emergency room visit;
- **Behavioral Health Services – Child** – provides clinical assessment and treatment for children up to 7 years old who present with challenging social, emotional and disruptive behaviors that cause impairment in functioning at home, school/daycare and the community;
- **Behavioral Health Services – Pharmacy** – provides psychiatric medications for residents enrolled in the public behavioral health system who are uninsured and unable to pay for medications;

- **Comprehensive Psychiatric Emergency Program (CPEP)** – provides emergency mental health services to adults 18 years of age and older, including immediate and extended observation care to individuals who present in crisis, as well as services in the community; and participates in the District’s cold weather alert response;
- **Psychiatric Emergency Services – CPEP** – provides immediate access to multi-disciplinary emergency psychiatric services 24/7, assesses and stabilizes psychiatric crises of patients who present voluntarily or involuntarily who live or visit the District, and formulates appropriate next level of care in the community or at other treatment facilities. Serves as the first contact for behavioral health services in the District and the primary provider of crisis stabilization to high profile and high service utilizer patients;
- **Homeless Outreach / Mobile Crisis – CPEP** – Homeless Outreach connects homeless individuals and families with behavioral health services and assists in the District’s encampment protocol. Mobile Crisis provides crisis intervention and stabilization services to residents and visitors who are experiencing psychiatric crises in the community or at home; services include linkage to DBH, psychoeducation, treatment compliance support, and grief and loss services to individuals after a traumatic event;
- **Access Helpline** – enrolls consumers into services, authorizes appropriate units and duration of services based on clinical review of medical necessity criteria and capacity limits, ensures District residents receive crisis services, and provides telephonic suicide prevention and other counseling as appropriate;
- **Forensics** – provides and oversees continuum of behavioral health and others services for justice-involved individuals from pre-arrest to post-incarceration to ensure their successful return to the community; and
- **Assessment and Referral Center (ARC)** – assesses and refers adults seeking treatment for substance use disorders to appropriate services, such as detoxification, inpatient, medication-assisted treatment, outpatient substance use disorder treatment programs, or recovery support services.

**Systems Transformation Division** – conducts research, analysis, planning and evaluation leading to defined individual, service, and system outcomes; identification of needs, resources and strategies to improve efficiency as well as collaboration among and between internal and external partners; development and implementation of learning opportunities to advance system change; and greater effectiveness of the overall service delivery system.

This division contains the following 9 activities:

- **System Transformation Administration** – provides for administrative support and coordination among and between internal and external partners to achieve operational and programmatic results;
- **Office of System Transformation** – leads development and implementation of programmatic, organizational, and system change management process; and manages the agency’s grant process, from identifying opportunities to submitting reports to grantors;
- **Information Systems Innovation and Data Analytics (ISIDA)** – provides and maintains high-quality hardware and software applications that support the provision and monitoring of consumer and client services, and produces and analyzes data for decision-making;
- **ISIDA – Data and Performance Management** – meets the agency’s data reporting and analysis needs by working with staff to identify what information is needed, creating reports and dashboards that present and make the information accessible, and helping staff understand what the information means and how it can be used to improve performance;
- **ISIDA – Information Systems** – ensures continuity of operations and functionality improvement of existing practice management, billing, electronic health record applications and other systems, as well as providing business analysis support when the need for new systems is identified;
- **ISIDA – Technology Infrastructure** – manages the agency’s technical backbone, including server maintenance, asset inventory management, distribution of personal hardware, telecommunication, and multi-functional device support and management;

- **Strategic Management and Policy** – develops programmatic regulations, policies and procedures to support the agency’s mission, and develops the agency’s Performance Plan and Performance Accountability Report;
- **Network Development** – monitors and provides technical assistance to individual providers and/or the provider network at large on emerging clinical, care coordination, administrative and organizational issues that need to be addressed to ensure and enhance the provision of services; and
- **Training Institute** – enhances the knowledge and competencies of the DBH provider network, and internal and external customers, through performance-based and data-driven learning environments.

**Community Services Division** – develops, implements and monitors a comprehensive array of prevention, early intervention and community-based behavioral health services and supports for adults, children, youth, and their families that are culturally and linguistically competent; and supports resiliency, recovery and overall well-being for district residents who have mental health and substance use disorders.

This division contains the following 18 activities:

- **Community Services Administration** – provides support services for community-based programs to ensure the coordination of services among and between internal and external partners to achieve programmatic results;
- **Office of Community Services** – leads oversight and management of the agency’s integrated community-based, prevention, early intervention and specialty behavioral health programs;
- **Prevention and Early Intervention** – develops and delivers prevention and early intervention services, education, support, and outreach activities to help inform and identify children, youth and their families who may be affected by some level of mental health and/or substance use disorder issue;
- **Prevention and Early Intervention – Early Childhood** – provides school-based and center-based early childhood mental health supports and child and family-centered consultation to child development center staff and families to build their skills and capacity to promote social/emotional development and to prevent, identify, and respond to mental health issues among children in their care;
- **Prevention and Early Intervention – School Mental Health**– provides school-based, primary prevention services to students and school staff, early intervention and treatment to students and parents, and consultation to individual teachers;
- **Prevention Substance Use Disorder** – ensures comprehensive prevention systems by developing policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use;
- **Specialty Care** – develops, implements and ensures sustainability of specialized and evidence-based behavioral health programs for adults, adolescents, transition-aged youth, children and their families;
- **Specialty Care – Community–Based Services** – oversees development, implementation and monitoring of a comprehensive array of community-based mental health and substance use disorders services including evidenced-based and promising practices, implemented within the behavioral health provider network to address the needs of adults, children, youth and their families;
- **Specialty Care – New Initiatives** – provides overall technical direction and administration of a broad range of grant-funded projects and other new initiatives, tracks and monitors their progress and outcomes, and makes recommendations on their integration and full-scale implementation;
- **Linkage and Assessment** – provides mental health and substance use disorder screening, assessments, and referrals for adults, children, youth and families, ensuring they have easy access to a full continuum of quality behavioral health services and supports;
- **Linkage and Assessment – Assessment Center** – provides the Superior Court of the District of Columbia with court-ordered, high-quality, comprehensive, culturally competent mental health consultation, and psychological and psychiatric evaluations, for children and related adults with involvement in child welfare, juvenile justice and family court;

- **Linkage and Assessment – Co-Located Programs** – oversees the co-location of DBH clinicians at various District government agencies and community-based sites, to conduct early behavioral health screenings, assessments and consultations, and to make service referrals to the behavioral health provider network;
- **Linkage and Assessment – PRTF** – provides centralized coordination and monitoring of placement, continued stay, and post-discharge of children and youth in psychiatric residential treatment facilities (PRTF). Oversees the coordination of the PRTF medical necessity review process;
- **Housing Development** – develops housing options and administers associated policies and procedures governing eligibility, access to housing, and issuance of vouchers for eligible individuals in the agency’s system; monitors providers’ compliance with contracts and provides technical assistance to providers on the development of corrective action plans; and develops and monitors grant agreements pertaining to housing development and funding of housing vouchers;
- **Residential Support Services and Care Continuity** – determines individuals’ housing needs and level of support; provides referrals to landlords; assures properties are inspected and approved; monitors service provision according to individualized clinical treatment plans; assures coordination and resolves problems among landlords, tenants, and providers; and conducts regular reviews to transition ready individuals to more independent, least restrictive community-based settings of their choice;
- **Implementation of Drug Treatment Choice** – provides subsidies and transfers for substance use disorder treatment services only;
- **Behavioral Health Rehabilitation** – provides Local funding for the payment of claims to providers for District residents who receive mental health rehabilitation services that are locally funded only and/or who are otherwise not eligible for Medicaid; and
- **Behavioral Health Rehabilitation – Local Match** – allocates Local funding as the match to Medicaid payment of claims to providers for District residents who are Medicaid-eligible and receive mental health and substance use disorder services that are funded by Medicaid.

**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](http://www.cfo.dc.gov) on the Annual Operating Budget and Capital Plan page.

## FY 2017 Approved Budget to FY 2018 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2017 approved budget and the FY 2018 proposed budget. For a more comprehensive explanation of changes, please see the FY 2018 Proposed Budget Changes section, which follows the table.

**Table RM0-5**

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
<b>LOCAL FUNDS: FY 2017 Approved Budget and FTE</b>		<b>226,758</b>	<b>1,160.5</b>
Other CSFL Adjustments	Multiple Programs	-1,533	0.0
<b>LOCAL FUNDS: FY 2018 Current Services Funding Level (CSFL) Budget</b>		<b>225,225</b>	<b>1,160.5</b>
Create: Restructuring of the agency	Multiple Programs	99,765	201.7
Increase: To support the costs of pre-existing programmatic initiatives	Multiple Programs	3,316	-1.3
Decrease: Restructuring of the agency	Multiple Programs	-108,182	-210.4
Technical Adjustment: Medicaid Growth Factor Rate adjustment	Community Services	3,794	0.0
<b>LOCAL FUNDS: FY 2018 Agency Budget Submission</b>		<b>223,918</b>	<b>1,150.5</b>
Enhance: To support additional costs associated with Union Labor agreements	St. Elizabeths Hospital	3,008	0.0
Enhance: To support additional overtime costs	St. Elizabeths Hospital	1,310	0.0
Enhance: To support Wayne Place Transitional Housing	Community Services	844	0.0
Reduce: To recognize savings from the reduction of FTEs from the Multi-Cultural clinic and the Assessment and Referral Center	Multiple Programs	-827	-7.5
<b>LOCAL FUNDS: FY 2018 Mayor's Proposed Budget</b>		<b>228,253</b>	<b>1,143.0</b>
Enhance: MHRS/ASARS rate increases for behavioral health providers	Community Services	2,932	0.0
Enhance: To restore crucial positions and support additional FTEs	Multiple Programs	2,387	13.0
Enhance: To support nonpersonal service costs	Agency Management	160	0.0
Enhance: To supplement personal services cost (one-time)	Clinical Services Division	63	0.0
Enhance: To support behavioral health assessments	Clinical Services Division	37	0.0
Transfer-In: To support the Community Crime Prevention Team Program in the NEAR Act	Clinical Services Division	971	0.0
Reduce: To align Overtime Pay with projected costs	St. Elizabeths Hospital	-400	0.0
Reduce: To align Fixed Costs with proposed estimates	Multiple Programs	-508	0.0
Reduce: To recognize savings from a reduction in FTEs	Multiple Programs	-4,829	-31.2
<b>LOCAL FUNDS: FY 2018 District's Proposed Budget</b>		<b>229,066</b>	<b>1,124.8</b>
<b>FEDERAL GRANT FUNDS: FY 2017 Approved Budget and FTE</b>		<b>20,012</b>	<b>108.0</b>
Create: To reallocate resources for agency restructure	Multiple Programs	11,950	37.0
Increase: To align budget with projected grant awards	Multiple Programs	3,457	55.0
Decrease: To reallocate resources for agency restructure	Multiple Programs	-15,141	-86.0
<b>FEDERAL GRANT FUNDS: FY 2018 Agency Budget Submission</b>		<b>20,279</b>	<b>114.0</b>
No Change		0	0.0
<b>FEDERAL GRANT FUNDS: FY 2018 Mayor's Proposed Budget</b>		<b>20,279</b>	<b>114.0</b>
No Change		0	0.0
<b>FEDERAL GRANT FUNDS: FY 2018 District's Proposed Budget</b>		<b>20,279</b>	<b>114.0</b>
<b>FEDERAL MEDICAID PAYMENTS: FY 2017 Approved Budget and FTE</b>		<b>3,431</b>	<b>5.0</b>
Create: To reallocate resources for agency restructure	Multiple Programs	1,019	3.0
Decrease: To reallocate resources for agency restructure	Multiple Programs	-840	-3.0
Decrease: To align budget with projected federal Medicaid reimbursements	Multiple Programs	-2,179	0.0
<b>FEDERAL MEDICAID PAYMENTS: FY 2018 Agency Budget Submission</b>		<b>1,430</b>	<b>5.0</b>
No Change		0	0.0
<b>FEDERAL MEDICAID PAYMENTS: FY 2018 Mayor's Proposed Budget</b>		<b>1,430</b>	<b>5.0</b>
No Change		0	0.0
<b>FEDERAL MEDICAID PAYMENTS: FY 2018 District's Proposed Budget</b>		<b>1,430</b>	<b>5.0</b>

**Table RM0-5**

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
<b>PRIVATE GRANT FUNDS: FY 2017 Approved Budget and FTE</b>		<b>255</b>	<b>0.0</b>
Increase: To align budget with projected revenues	St. Elizabeths Hospital	3	0.0
<b>PRIVATE GRANT FUNDS: FY 2018 Agency Budget Submission</b>		<b>258</b>	<b>0.0</b>
No Change		0	0.0
<b>PRIVATE GRANT FUNDS: FY 2018 Mayor's Proposed Budget</b>		<b>258</b>	<b>0.0</b>
No Change		0	0.0
<b>PRIVATE GRANT FUNDS: FY 2018 District's Proposed Budget</b>		<b>258</b>	<b>0.0</b>
<b>PRIVATE DONATIONS: FY 2017 Approved Budget and FTE</b>		<b>289</b>	<b>0.0</b>
No Change		0	0.0
<b>PRIVATE DONATIONS: FY 2018 Agency Budget Submission</b>		<b>289</b>	<b>0.0</b>
No Change		0	0.0
<b>PRIVATE DONATIONS: FY 2018 Mayor's Proposed Budget</b>		<b>289</b>	<b>0.0</b>
No Change		0	0.0
<b>PRIVATE DONATIONS: FY 2018 District's Proposed Budget</b>		<b>289</b>	<b>0.0</b>
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2017 Approved Budget and FTE</b>		<b>4,270</b>	<b>37.5</b>
Create: To reallocate resources for agency restructure	Multiple Programs	265	0.5
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	59	-1.0
Decrease: To reallocate resources for agency restructure	Behavioral Health Services and Supports	-360	0.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2018 Agency Budget Submission</b>		<b>4,234</b>	<b>37.0</b>
No Change		0	0.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2018 Mayor's Proposed Budget</b>		<b>4,234</b>	<b>37.0</b>
No Change		0	0.0
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2018 District's Proposed Budget</b>		<b>4,234</b>	<b>37.0</b>
<b>INTRA-DISTRICT FUNDS: FY 2017 Approved Budget and FTE</b>		<b>18,408</b>	<b>98.8</b>
Create: To reallocate resources for agency restructure	Multiple Programs	7,222	18.9
Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	300	3.7
Decrease: To align budget with projected revenues	Multiple Programs	-458	0.0
Decrease: To reallocate resources for agency restructure	Multiple Programs	-9,109	-19.6
<b>INTRA-DISTRICT FUNDS: FY 2018 Agency Budget Submission</b>		<b>16,363</b>	<b>101.8</b>
No Change		0	0.0
<b>INTRA-DISTRICT FUNDS: FY 2018 Mayor's Proposed Budget</b>		<b>16,363</b>	<b>101.8</b>
No Change		0	0.0
<b>INTRA-DISTRICT FUNDS: FY 2018 District's Proposed Budget</b>		<b>16,363</b>	<b>101.8</b>
<b>GROSS FOR RM0 - DEPARTMENT OF BEHAVIORAL HEALTH</b>		<b>271,918</b>	<b>1,382.6</b>

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

**FY 2018 Proposed Budget Changes**

The Department of Behavioral Health's (DBH) proposed FY 2018 gross budget is \$271,917,593, which represents a less than 1.0 percent decrease from its FY 2017 approved gross budget of \$273,422,234. The budget is comprised of \$229,065,685 in Local funds, \$20,278,689 in Federal Grant funds, \$1,430,000 in Federal Medicaid Payments, \$257,700 in Private Grant funds, \$288,775 in Private Donations, \$4,234,099 in Special Purpose Revenue funds, and \$16,362,645 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 2017 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 2018 CSFL adjustments to the FY 2017 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 2018 CSFL budget is \$225,225,050, which represents a \$1,532,699, or less than 1.0 percent, decrease from the FY 2017 approved Local funds budget of \$226,757,748.

## **CSFL Assumptions**

The FY 2018 CSFL calculated for DBH included adjustments that are not described in detail on table 5. These adjustments include a decrease of \$162,274 in personal services to account for Fringe Benefit costs based on trend comparative analyses, and an increase of \$975,560 in nonpersonal services based on the Consumer Price Index factor of 2.5 percent.

CSFL funding for DBH includes an increase of \$294,660 for the Medicaid Growth Factor to account for the District's FY 2018 Medicaid growth rate of 2.3 percent projected by the Department of Health Care Finance based on the cost of healthcare services in the District, and a decrease of \$2,640,645 for the Fixed Cost Inflation Factor to reflect estimates based on historical expenditures of Department of General Services' commodities.

## **Agency Budget Submission**

The FY 2018 budget proposed by DBH reflects a major programmatic realignment of resources. The newly created Accountability, System Transformation (ST), and Community Services (CS) divisions are funded from the elimination of the Behavioral Health Services and Supports (BHSS), Addiction Prevention and Recovery Administration (APRA), and Behavioral Health Financing/Fee for Service (BHFS) divisions. The agency's budget submission also added new and eliminated some existing activities within the Agency Management, Behavioral Health Authority, and Clinical Services divisions.

**Create:** The three newly created divisions are allocated an aggregate total of \$99,764,928 and 201.7 Full-Time Equivalents (FTEs) in Local funds. This amount is comprised of \$86,215,860 and 107.3 FTEs to support the CS division, \$9,588,323 and 62.3 FTEs to support the ST division, and \$3,960,745 and 32.1 FTEs to support the Accountability division. Funds allocated to the CS division will be used primarily in areas that focus on community-based behavioral services. These areas of direct patient services will serve District residents of all ages. The activities within the ST division will support areas designed to improve the overall efficiency and effectiveness of service delivery systems. The Accountability division will focus on areas of oversight and compliance to ensure claims and payments are valid, accurate, and punctual.

In the budget submission for Federal grant funds, an allocation of \$11,950,473 and 37.0 FTEs supports the new agency's structure as follows: \$10,000,367 and 28.0 FTEs to the CS division, \$1,823,169 and 8.0 FTEs to the ST division, and \$126,937 and 1.0 FTE to the Accountability division. Similarly, the budget submission for Federal Medicaid Payments includes a total allocation of \$1,018,755 and 3.0 FTEs for the three newly created divisions, which is comprised of \$753,554 and 2.0 FTEs to support the ST division, \$150,000 to support the CS division, and \$115,201 and 1.0 FTE to support the Accountability division. In Special Purpose Revenue funds, a total allocation of \$265,222 and 0.5 FTE is comprised of \$200,000 for the CS division to cover professional service fees, and \$65,222 and 0.5 FTE for the ST division to cover personal services costs and tuition for employee training.

The proposed programmatic realignment of resources also impacts DBH's budget proposal in Intra-District (ID) funds. A total of \$7,221,632 and 18.9 FTEs budgeted in ID funds is comprised of \$7,070,492 and 17.7 FTEs for the CS division and \$151,140 and 1.2 FTEs for the ST division. DBH's ID funding supports various services as the agency continues to collaborate with the Department of Human Services, the Department of Health Care Finance (DHCF), the Child and Family Services Agency, the



Department of Health, and the Department of Youth Rehabilitation Services. Some of the services provided include prevention and treatment plans for Temporary Assistance for Needy Families (TANF) clients, Behavioral Health Rehabilitation Services, and wraparound services provided by Care Management entities.

**Increase:** DBH's budget proposal in Local funds includes a net increase of \$3,315,661 along with a net reduction of 1.3 FTEs across multiple current divisions. Of this amount, \$1,560,985 will be used primarily to support the Comprehensive Psychiatric Emergency Program (CPEP) and forensics studies through the issuance of contracts; \$1,008,462 will address personal services projections including Fringe Benefits; and \$746,214 accounts for Fixed Costs estimates for Energy, Rent, Security Services, Occupancy and Telecommunication, as projected by the Department of General Services (DGS) and the Office of the Chief Technology Officer (OCTO).

In Federal Grant funds, an increase of \$3,457,083 and 55.0 FTEs will support various services across multiple divisions, and aligns the budget with projected grant award revenues. DBH's federal grant funding enables the agency to continue to operate in areas that focus on substance abuse prevention and treatment for adults and children in communities of high need, cooperative agreements to benefit the homeless, improving access to behavioral health treatment and support services for youth and young adults among the ages 16 and 25, and Medicare services for individuals 65 years of age and older.

In Private Grant funds, the proposed budget submission includes an increase of \$2,700 to the Saint Elizabeths Hospital division, which is attributed to the Virginia Commonwealth University School of Pharmacy stipend. The proposed budget submission in Special Purpose Revenue (SPR) funds includes an increase of \$59,021 in projected personal services costs, accompanied with a net decrease of 1.0 FTE across multiple divisions. An increase of \$300,050 is projected in ID funds to cover personal service costs for existing positions as well as funding for an additional 3.7 FTEs.

**Decrease:** In the budget submission for Local funds, a total reduction of \$108,182,302 and 210.4 FTEs accounts for DBH's programmatic realignment of resources, which resulted in the elimination of three divisions. This adjustment is due to 200.4 FTEs reallocated to multiple newly created divisions and 10.0 FTEs that were eliminated. The reduced amount is comprised of \$55,608,713 and 158.4 FTEs reallocated from the Behavioral Health Services and Supports (BHSS) division, \$28,202,274 and 19.0 FTEs relocated from the Behavioral Health Financing/Fee for Service (BHFS) division, and \$24,371,315 and 33.0 FTEs relocated from the Addiction Prevention and Recovery Administration (APRA) division.

A reduction of an aggregate amount of \$15,141,276 and 86.0 FTEs in Federal Grant funds is due to reallocation of \$13,214,936 and 78.0 FTEs from the APRA division and \$1,926,340 and 8.0 FTEs from the BHSS division as part of the agency's restructure. The budget proposal in Federal Medicaid Payments reflects a reduction of \$840,042 and 3.0 FTEs. This adjustment is comprised of \$708,987 and 2.0 FTEs reallocated from the BHSS division and \$131,055 and 1.0 FTE reallocated from the BHFS division as part of the agency's restructure. The proposed budget for Federal Medicaid Payments also includes a decrease of \$2,179,258 across multiple divisions. This adjustment aligns the budget with projected federal reimbursement for qualified Medicaid services provided to District residents based on spending of the corresponding statutory local match.

The elimination of the BHSS division accounts for a reduction of \$360,000 in SPR funds. In ID funds, a decrease of \$458,193 primarily from the Clinical Services division aligns the budget with projected federal Medicaid reimbursement transmitted through DHCF. A total reduction of \$9,108,743 and 19.6 FTEs is proposed in Intra-District funds due to the agency's restructure. This adjustment is comprised of \$4,424,143 and 18.6 FTEs reallocated from the BHSS division, \$4,300,000 from the BHFS division, and \$384,600 and 1.0 FTE from the APRA division.

**Technical Adjustment:** DBH's budget proposal in Local funds reflects an increase of \$3,794,177 to the Community Services division to account for an adjustment to the Medicaid growth rate.

### **Mayor's Proposed Budget**

**Enhance:** DBH's proposed budget reflect additional adjustments in Local funds for personal services costs in the Saint Elizabeths Hospital division. These adjustments account for increases of \$3,007,714 to cover additional gross pay costs associated with the existing union labor agreement, and \$1,310,392 for overtime costs, union compensation, and paid family leave for nurses. The Community Services division's budget in Local funds is proposed for an increase of \$844,000 for Wayne Place, which is a transitional home for young adults who need support to live independently and succeed.

**Reduce:** A Local funds reduction of \$826,637 and 7.5 FTEs is based on transitioning of services currently provided by the Multi-Cultural clinic to be absorbed in the community-based provider network, reviewing the scope of coverage for individuals with a particular Level of Care Utilization System (LOCUS) score, and a reduction in services within the Assessment and Referral Center.

### **District's Proposed Budget**

**Enhance:** DBH proposes an increase of \$2,931,600 in Local funds to the Community Services division to support rate increases for behavioral health providers that administer Mental Health Rehabilitation Services (MHRS) and Adult Substance Abuse Rehabilitative Services (ASARS). An increase of \$2,386,529 is also proposed in Local funds across multiple divisions partly to cover anticipated personal services costs, including 10.0 FTEs that will be crucial in helping DBH to accomplish its core mission of developing, managing, and overseeing a public behavioral health system for adults, children, and youth as well as their families. It will also be used to support the Returning Citizens Portal of Entry (RCPE) program and its 3.0 additional FTEs.

The Agency Management division will receive an additional \$160,000 to in Local funds to further support nonpersonal service costs. In the Clinical Services division, the proposed Local funds budget reflects a \$63,210 one-time funding increase to supplement personal services costs, as well as an increase of \$37,167 to support behavioral health assessments, which are critical in the correct matching of clients with the correct program(s) to achieve positive outcomes, which is also part of the RCPE program.

**Transfer-In:** The agency will receive \$970,544 in Local funds from the Metropolitan Police Department to the Clinical Services division to support the Community Crime Prevention Team's (CCPT) implementation of the Neighborhood Engagement Achieves Results (NEAR) Amendment Act of 2016.

**Reduce:** The proposed Local funds budget reflects a reduction of \$400,000 in the Saint Elizabeths Hospital division for Overtime Pay. The projected Fixed Costs estimates for Energy, Rent, and Occupancy are aligned to budget by a net reduction \$507,842 across multiple divisions. Finally, DBH will realize a net Local funds savings of \$4,828,506. This is the result of eliminating \$4,668,506 and 31.2 FTEs across multiple divisions, and reducing an additional \$160,000 in personal service costs. The duties assigned to these vacant positions will continue to be performed by current personnel.

## Agency Performance Plan\*

Department of Behavioral Health (DBH) has the following strategic objectives for FY 2018:

### 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.\*\*

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## 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 have more of their budget come from capital funding will have several key projects.

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### 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 Activities)

Activity Title	Activity Description	Type of Activity
Consumer and Family Engagement	Ensure consumers and families are engaged and involved in the development and improvements of the service system.	Daily Service
Training	The DBH Training Institute provides opportunities for DBH and provider staff to enhance skills related to train-the-trainer modules.	Daily Service

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### 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. (7 Activities)

Activity Title	Activity Description	Type of Activity
Early Childhood and School Mental Health	Early Childhood and School Mental Health Program provides prevention, screening, early intervention and treatment for children and youth in schools and Early Childhood Development Centers.	Daily Service

(Continued on next page)

**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. (7 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Prevention Interventions	Strategic preventive interventions aimed at preventing and/or delaying the onset of alcohol, tobacco, and other drug use among youth and adults.	Daily Service
Recovery Support Services	Clients in active treatment or in recovery from substance use disorders receive services to help them achieve and maintain their recovery.	Daily Service
Substance Use Disorder Treatment Services	Community-based services to assist people reach recovery from substance use disorders.	Daily Service
Mental Health Services Provided to Adults	Community-based treatment services provided to adults who have a serious mental illness in order to assist them in their recovery.	Daily Service
Child/Youth Mental Health Services	Community-based treatment and supportive services provided to children, youth and young adults who have a serious mental illness or serious emotional disorder in order to assist them in their recovery.	Daily Service
Inpatient Psychiatric Services	Mental health services provided in the District's public psychiatric hospital for individuals who need an inpatient level of care to prepare them for return to the community.	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. (1 Activity)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Housing Services	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

**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. (2 Activities)**

<b>Activity Title</b>	<b>Activity Description</b>	<b>Type of Activity</b>
Outreach Activities	Substance Use Disorder (SUD) Mobile Assessment and Referral Center (MARC) is a mobile unit, which visits various communities, and residents are offered screenings for SUD treatment, health screenings, HIV/AIDS, HEP C testing, education and linkage to services. During outreach activities, staff engage residents for readiness for SUD treatment and provide them with behavioral health education and resource information. This heightens the awareness of SUD and treatment options, reducing the stigma associated with co-occurring disorders.	Daily Service
Communication Strategies	Develop and implement communication strategies to promote recovery and well-being.	Daily Service

## 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 person-centered, 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 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Number of new Certified Peer Specialists to include those in specialty tracks of family and youth in FY 2018	No	60	51	40	40	40
Number of people trained in Recovery Coaching in FY 2018	No	Not Available	25	Not Available	25	20

### 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. (7 Measures)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Percent increase in the number of consumers receiving a SUD assessment and are referred to treatment in FY 2018	Yes	Not Available	New Measure	Not Available	New Measure	5%
Percent increase in the number of Crisis Intervention Officers (CIO) trained in FY 2018	Yes	Not Available	New Measure	Not Available	New Measure	25%
Percent increase in the number of developmental/behavioral health screenings completed by primary care providers in FY 2018	Yes	Not Available	New Measure	Not Available	New Measure	5%
Percent increase in the number of individuals (adults and youth) reached through planned prevention strategies over FY 2017 number	Yes	Not Available	New Measure	Not Available	New Measure	5%
Percent increase in utilization of Child Parent Psycho-Therapy (CPP) over FY 2017 number	Yes	Not Available	New Measure	Not Available	New Measure	5%
Percent increase in utilization of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) over FY 2017 number	Yes	Not Available	New Measure	Not Available	New Measure	5%
Percent of post fall assessments conducted with 72 hours of event	Yes	Not Available	New Measure	Not Available	New Measure	90%

### 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. (1 Measure)

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2016 Target	FY 2017 Target	FY 2018 Target
Number of housing subsidies to individuals who are mentally ill and homeless in FY 2018	No	Not Available	Not Available	Not Available	45	50

**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 Measures)**

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2015 Actual</b>	<b>FY 2016 Actual</b>	<b>FY 2016 Target</b>	<b>FY 2017 Target</b>	<b>FY 2018 Target</b>
Percent increase in number of public events over baseline established in FY 2017	Yes	Not Available	Not Available	Not Available	New Measure	20%
Percent increase in social media hits (Facebook and Twitter) over baseline established in FY 2017	Yes	Not Available	Not Available	Not Available	New Measure	20%
Percent increase in website traffic in FY 2018 over baseline established in FY 2017	Yes	Not Available	Not Available	Not Available	New Measure	10%

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

<b>Measure</b>	<b>New Measure/ Benchmark Year</b>	<b>FY 2015 Actual</b>	<b>FY 2016 Actual</b>	<b>FY 2016 Target</b>	<b>FY 2017 Target</b>	<b>FY 2018 Target</b>
Budget- Federal funds returned	No	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Budget- Local funds unspent	No	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Contracts/Procurement- Contracts lapsed into retroactive status	No	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Contracts/Procurement- Expendable Budget spent on Certified Business Enterprises	No	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Customer Service- Meeting Service Level Agreements	No	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Human Resources- Employee District residency	No	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Human Resources- Employee Onboard Time	No	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Human Resources- Vacancy Rate	No	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Performance Management- Employee Performance Plan Completion	No	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017

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## WORKLOAD MEASURES

Workload Measures, also called inputs or outputs, quantify an activity, effort or process that is necessary to make progress towards the Strategic Objectives. They help answer the question; “How much are we doing?”

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### 1. Prevention interventions

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of prevention activities by Prevention Centers	No	Not Available	Not Available	Not Available

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### 2. Recovery Support Services

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of clients who remain housed after completing six-month Environmental Stability program	No	Not Available	Not Available	Not Available
Number of individual clients in treatment services who are also enrolled in recovery services	No	Not Available	Not Available	Not Available

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### 3. Substance Use Disorder Treatment Services for youth and adults

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of individuals enrolled in treatment services	No	Not Available	Not Available	Not Available
Number of individuals receiving an intake assessment	No	Not Available	Not Available	Not Available

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### 4. Mental Health Services provided to adults

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of adults receiving a non-Crisis/Emergency Mental Health Rehabilitation Service (MHRS)	No	Not Available	Not Available	Not Available
Number of adults receiving Health Home services	No	Not Available	Not Available	Not Available

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### 5. Child/Youth Mental Health Services

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of children and youth diverted from Psychiatric Residential Treatment Facilities	No	Not Available	Not Available	Not Available
Number of children receiving non-crisis/emergency MHRS	No	Not Available	Not Available	Not Available

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### 6. Inpatient Psychiatric Services

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Average daily census of forensic patients	No	Not Available	Not Available	Not Available
Average daily census of non-forensic patients	No	Not Available	Not Available	Not Available

## 7. Housing Services

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of people moving out of Saint Elizabeths Hospital into community settings	No	Not Available	Not Available	Not Available

## 8. Outreach Activities

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of people visiting the SUD Mobile Assessment and Referral Center (MARC)	No	Not Available	Not Available	Not Available

## 9. Consumer and Family Engagement

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of Certified Peers employed in meaningful work	No	Not Available	Not Available	Not Available

## 10. Training

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of supervisors, trainers and other management-level staff trained in the train-the-trainer modules	Yes	Not Available	Not Available	Not Available

## 11. Communication Strategies

Measure	New Measure/ Benchmark Year	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual
Number of communications including press announcements and social media (Facebook and Twitter)	No	Not Available	Not Available	Not Available
Number of public outreach events	No	Not Available	Not Available	Not Available

## Performance Plan Endnotes

\*For more information about the new structure and components of FY 2018 draft performance plans, please see the FY 2018 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 2018 targets.