Department of Behavioral Health

www.dbh.dc.gov
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Table RM0-1

Description	FY 2016 Actual	FY 2017 Actual	FY 2018 Approved	FY 2019 Proposed	% Change from FY 2018
OPERATING BUDGET	$268,931,330	$269,060,757	$271,917,593	$283,401,254	4.2
FTEs	1,345.6	1,392.5	1,382.6	1,408.8	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 2019 proposed budget is presented in the following tables:

FY 2019 Proposed Gross Funds Operating Budget and FTEs, by Revenue Type

Table RM0-2 contains the proposed FY 2019 budget by revenue type compared to the FY 2018 approved budget. It also provides FY 2016 and FY 2017 actual data.

Table RM0-2
(dollars in thousands)

	Dollars in Thousands						Full-Time Equivalents					
Appropriated Fund	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	% Change*	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	% Change
GENERAL FUND												
Local Funds	228,301	231,904	229,066	249,752	20,686	9.0	1,200.5	1,143.0	1,124.8	1,225.1	100.3	8.9
Special Purpose Revenue Funds	2,867	2,862	4,234	2,352	-1,882	-44.5	28.8	32.0	37.0	15.2	-21.8	-58.8
TOTAL FOR GENERAL FUND	**231,168**	**234,766**	**233,300**	**252,103**	**18,803**	**8.1**	**1,229.3**	**1,175.0**	**1,161.8**	**1,240.3**	**78.5**	**6.8**

Table RM0-2

(dollars in thousands)

Appropriated Fund	Dollars in Thousands						Full-Time Equivalents					
	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	% Change*	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	% Change
FEDERAL RESOURCES												
Federal Grant Funds	21,198	18,512	20,279	14,831	-5,448	-26.9	58.8	113.9	114.0	94.8	-19.2	-16.9
Federal Medicaid Payments	3,471	1,773	1,430	2,024	594	41.5	6.7	6.0	5.0	5.0	0.0	0.0
TOTAL FOR FEDERAL RESOURCES	**24,669**	**20,284**	**21,709**	**16,854**	**-4,854**	**-22.4**	**65.5**	**119.9**	**119.0**	**99.8**	**-19.2**	**-16.2**
PRIVATE FUNDS												
Private Grant Funds	152	212	258	442	184	71.3	0.0	3.0	0.0	1.0	1.0	N/A
Private Donations	64	28	289	289	0	0.0	0.0	0.0	0.0	0.0	0.0	N/A
TOTAL FOR PRIVATE FUNDS	**216**	**240**	**546**	**730**	**184**	**33.6**	**0.0**	**3.0**	**0.0**	**1.0**	**1.0**	**N/A**
INTRA-DISTRICT FUNDS												
Intra-District Funds	12,878	13,770	16,363	13,713	-2,649	-16.2	50.8	94.6	101.8	67.8	-34.0	-33.4
TOTAL FOR INTRA-DISTRICT FUNDS	**12,878**	**13,770**	**16,363**	**13,713**	**-2,649**	**-16.2**	**50.8**	**94.6**	**101.8**	**67.8**	**-34.0**	**-33.4**
GROSS FUNDS	**268,931**	**269,061**	**271,918**	**283,401**	**11,484**	**4.2**	**1,345.6**	**1,392.5**	**1,382.6**	**1,408.8**	**26.2**	**1.9**

*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 2019 Operating Appendices** located on the Office of the Chief Financial Officer's website.

FY 2019 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2019 budget at the Comptroller Source Group (object class) level compared to the FY 2018 approved budget. It also provides FY 2016 and FY 2017 actual expenditures.

Table RM0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Percentage Change*
11 - Regular Pay - Continuing Full Time	97,462	98,432	100,897	109,791	8,895	8.8
12 - Regular Pay - Other	8,243	8,797	8,497	9,501	1,005	11.8
13 - Additional Gross Pay	4,989	5,371	5,147	3,995	-1,152	-22.4
14 - Fringe Benefits - Current Personnel	24,245	25,497	27,140	29,872	2,732	10.1
15 - Overtime Pay	2,845	2,730	2,863	1,578	-1,285	-44.9
99 - Unknown Payroll Postings	18	0	0	0	0	N/A
SUBTOTAL PERSONAL SERVICES (PS)	**137,802**	**140,827**	**144,543**	**154,738**	**10,195**	**7.1**
20 - Supplies and Materials	6,795	5,123	5,954	5,208	-746	-12.5
30 - Energy, Communication and Building Rentals	1,341	2,027	1,489	1,902	413	27.7
31 - Telephone, Telegraph, Telegram, Etc.	1,059	911	729	688	-41	-5.6
32 - Rentals - Land and Structures	5,253	5,816	6,045	6,398	353	5.8

Table RM0-3

(dollars in thousands)

Comptroller Source Group	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Percentage Change*
34 - Security Services	4,342	4,569	3,873	3,250	-623	-16.1
35 - Occupancy Fixed Costs	151	108	198	217	19	9.6
40 - Other Services and Charges	11,758	10,123	10,949	10,420	-529	-4.8
41 - Contractual Services - Other	32,144	33,210	33,043	30,449	-2,594	-7.9
50 - Subsidies and Transfers	66,222	65,972	64,520	69,781	5,261	8.2
70 - Equipment and Equipment Rental	2,064	373	573	349	-224	-39.1
SUBTOTAL NONPERSONAL SERVICES (NPS)	**131,129**	**128,234**	**127,375**	**128,663**	**1,289**	**1.0**
GROSS FUNDS	**268,931**	**269,061**	**271,918**	**283,401**	**11,484**	**4.2**

*Percent change is based on whole dollars.

FY 2019 Proposed Operating Budget and FTEs, by Division/Program and Activity

Table RM0-4 contains the proposed FY 2019 budget by division/program and activity compared to the FY 2018 approved budget. It also provides FY 2016 and FY 2017 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	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018
(1000) AGENCY MANAGEMENT										
(1010) Personnel	1,716	1,735	2,483	1,780	-703	16.4	15.8	16.0	15.0	-1.0
(1015) Training and Employee Dev	362	374	417	433	16	3.1	3.0	3.0	3.0	0.0
(1017) Labor Relations	397	415	460	480	20	3.1	3.0	3.0	3.0	0.0
(1020) Contracting and Procurement	1,115	22	0	0	0	10.3	0.0	0.0	0.0	0.0
(1030) Property Management	3,761	3,280	3,947	1,212	-2,735	2.0	2.0	2.0	4.0	2.0
(1040) Information Technology	6,891	5,915	0	0	0	25.5	27.0	0.0	0.0	0.0
(1050) Financial Management-Agency	1,893	1,407	2,684	2,411	-274	12.3	11.8	22.0	19.0	-3.0
(1055) Risk Management	185	191	0	0	0	1.0	1.0	0.0	0.0	0.0
(1060) Legal Services	730	781	0	0	0	4.6	4.4	0.0	0.0	0.0
(1080) Communications	24	20	0	0	0	0.0	0.0	0.0	0.0	0.0
(1085) Customer Services	41	59	0	0	0	0.0	0.0	0.0	0.0	0.0
(1087) Language Access	60	60	0	0	0	0.0	0.0	0.0	0.0	0.0
(1088) Claims Administration	0	0	1,204	1,054	-151	0.0	0.0	12.0	10.0	-2.0
(1089) Health Information Management	0	0	684	749	65	0.0	0.0	9.0	9.0	0.0
(1091) Office of Admin Operations	0	0	286	10,346	10,060	0.0	0.0	2.0	9.0	7.0
SUBTOTAL (1000) AGENCY MANAGEMENT	**17,174**	**14,259**	**12,166**	**18,465**	**6,299**	**78.3**	**67.8**	**69.0**	**72.0**	**3.0**
(100F) DBH FINANCIAL OPERATIONS										
(110F) DBH Budget Operations	713	725	944	850	-95	4.1	4.7	5.0	5.0	0.0
(120F) DBH Accounting Operations	969	952	945	973	28	10.1	9.1	9.0	9.0	0.0
(130F) DBH Fiscal Officer	315	290	330	339	8	2.0	2.0	2.0	2.0	0.0
SUBTOTAL (100F) DBH FINANCIAL OPERATIONS	**1,997**	**1,967**	**2,220**	**2,161**	**-59**	**16.3**	**15.8**	**16.0**	**16.0**	**0.0**

Table RM0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018
(1800) BEHAVIORAL HEALTH AUTHORITY										
(1810) Office of the Director/ Chief Exec Officer	1,355	1,488	1,270	1,502	232	7.2	6.9	8.0	8.0	0.0
(1815) Office of the Chief Clinical Officer	738	0	0	0	0	3.1	0.0	0.0	0.0	0.0
(1820) Consumer and Family Affairs	1,442	1,449	2,122	2,088	-35	3.1	3.0	10.0	10.0	0.0
(1825) Office of Programs and Policy	-19	0	0	0	0	0.0	0.0	0.0	0.0	0.0
(1865) Office of Policy Support	553	495	0	0	0	4.1	3.9	0.0	0.0	0.0
(1866) Office of Strategic Planning and Grant Mgmt	1,201	1,064	0	0	0	1.0	1.0	0.0	0.0	0.0
(1880) Office of Accountability - QI/Audit	1,130	79	0	0	0	9.3	0.0	0.0	0.0	0.0
(1881) OA - Certification/Licensure	787	805	0	0	0	6.7	6.9	0.0	0.0	0.0
(1882) OA - Investigations	104	300	0	0	0	1.5	2.0	0.0	0.0	0.0
(1883) Office of Accountability - Program Integ	0	1,258	0	0	0	0.0	9.0	0.0	0.0	0.0
(1884) Office of Council and Comm Affairs	0	12	0	0	0	0.0	1.0	0.0	0.0	0.0
(1885) Office of Ombudsman	0	144	361	377	16	0.0	1.0	3.0	3.0	0.0
(1886) Adult Services - Forensic	0	812	0	0	0	0.0	1.0	0.0	0.0	0.0
(1887) Outpatient Forensic Services Div	0	1,563	0	0	0	0.0	13.8	0.0	0.0	0.0
(1888) Legal Services	0	0	724	844	120	0.0	0.0	4.5	4.5	0.0
(1889) Legislative and Public Affairs	0	0	798	1,019	221	0.0	0.0	7.0	8.0	1.0
SUBTOTAL (1800) BEHAVIORAL HEALTH AUTHORITY	**7,290**	**9,469**	**5,276**	**5,829**	**554**	**36.0**	**49.4**	**32.5**	**33.5**	**1.0**
(3800) ST. ELIZABETHS HOSPITAL										
(3805) Office of the Chief Executive	345	521	513	509	-3	2.0	2.0	2.0	2.0	0.0
(3810) Office of Clinical and Med Services - SEH	18,551	17,335	18,538	21,462	2,924	118.2	114.3	123.0	116.0	-7.0
(3815) Engineering and Maint - SEH	4,301	4,454	3,375	4,289	914	15.4	19.7	18.0	19.0	1.0
(3820) Fiscal and Support Services - SEH	3,009	2,153	2,671	849	-1,822	3.6	3.0	1.0	2.0	1.0
(3828) Quality and Data Management	1,643	1,679	1,343	1,396	53	16.4	16.7	11.0	11.0	0.0
(3830) Housekeeping - SEH	2,176	2,388	2,592	2,878	286	45.9	49.2	46.0	49.0	3.0
(3835) Materials Management - SEH	1,778	1,216	1,475	1,615	140	10.3	9.8	9.0	8.0	-1.0
(3845) Nursing - SEH	36,465	41,000	43,060	42,846	-214	417.4	417.9	419.0	434.8	15.8
(3850) Nutritional Services - SEH	3,573	2,874	3,342	3,796	453	28.8	27.7	27.1	28.1	1.0
(3860) Security and Safety - SEH	4,479	4,729	4,320	4,562	242	18.5	21.6	31.0	33.0	2.0
(3865) Transportation and Grounds - SEH	724	532	898	772	-126	4.1	4.9	5.0	5.0	0.0
(3870) Office of the Chief of Staff - SEH	208	78	243	110	-133	2.0	2.0	1.0	0.0	-1.0
(3875) Office of the Chief Operating Officer - SEH	1,136	1,022	969	1,074	105	13.3	10.8	10.0	10.0	0.0
(3880) Office of Chief Clinical Officer - SEH	10,200	10,304	10,935	12,435	1,500	115.2	113.2	110.0	115.0	5.0
SUBTOTAL (3800) ST. ELIZABETHS HOSPITAL	**88,588**	**90,285**	**94,275**	**98,593**	**4,318**	**811.1**	**812.8**	**813.2**	**833.0**	**19.8**

Table RM0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018
(4800) BEHAVIORAL HEALTH SERVICES AND SUPPORTS										
(4805) Office of the Dep Dir - BHSS	20,942	21,337	0	0	0	14.1	12.8	0.0	0.0	0.0
(4810) Organizational Dev - BHSS	1,938	1,871	0	0	0	17.9	17.0	0.0	0.0	0.0
(4815) Adult Services - Support Housing - BHSS	14,050	12,334	0	0	0	6.5	13.8	0.0	0.0	0.0
(4820) Adult Services - Supportive Housing - BHSS	207	96	0	0	0	2.8	0.0	0.0	0.0	0.0
(4825) Adult Services Assertive Comm Treatment - BHSS	443	0	0	0	0	2.9	0.0	0.0	0.0	0.0
(4830) Adult Services - Forensic - BHSS	1,064	0	0	0	0	2.4	0.0	0.0	0.0	0.0
(4835) Care Coordination - BHSS	1,475	1,503	0	0	0	15.4	14.8	0.0	0.0	0.0
(4840) Behavioral Health Services - BHSS	2,709	0	0	0	0	24.8	0.0	0.0	0.0	0.0
(4845) Comprehensive Psych Emer Prog (CPEP) - BHSS	8,008	-6	0	0	0	55.0	0.0	0.0	0.0	0.0
(4850) Pharmacy - BHSS	2,127	0	0	0	0	4.8	0.0	0.0	0.0	0.0
(4855) Homeless Outreach Services - BHSS	1,089	-12	0	0	0	6.3	0.0	0.0	0.0	0.0
(4860) Children and Youth - BHSS	15,345	14,088	0	0	0	39.6	45.8	0.0	0.0	0.0
(4865) Early Childhood and School MH Program - BHSS	7,748	7,838	0	0	0	81.2	75.6	0.0	0.0	0.0
(4870) Integrated Care - BHSS	2,348	2,607	0	0	0	8.6	7.8	0.0	0.0	0.0
(4880) Physicians Practice Group - BHSS	2,314	0	0	0	0	10.4	0.0	0.0	0.0	0.0
(4885) Outpatient Forensic Services	1,445	0	0	0	0	14.4	0.0	0.0	0.0	0.0
SUBTOTAL (4800) BEHAVIORAL HEALTH SERVICES AND SUPPORTS	**83,252**	**61,655**	**0**	**0**	**0**	**306.9**	**187.7**	**0.0**	**0.0**	**0.0**
(4900) ACCOUNTABILITY										
(4905) Office of Accountability	0	0	348	240	-108	0.0	0.0	2.1	1.1	-1.0
(4910) Investigations	0	0	475	517	42	0.0	0.0	4.0	4.0	0.0
(4920) Licensure	0	0	483	532	48	0.0	0.0	4.0	4.0	0.0
(4930) Certification	0	0	1,061	1,187	126	0.0	0.0	9.0	9.0	0.0
(4940) Program Integrity	0	0	1,835	1,865	30	0.0	0.0	15.0	14.0	-1.0
SUBTOTAL (4900) ACCOUNTABILITY	**0**	**0**	**4,203**	**4,341**	**138**	**0.0**	**0.0**	**34.1**	**32.1**	**-2.0**
(5800) CLINICAL SERVICES DIVISION										
(5810) Office of the Chief Clinical Officer	0	1,401	2,759	5,315	2,556	0.0	4.9	8.0	9.0	1.0
(5820) Physicians Practice Group	0	1,221	0	0	0	0.0	13.1	0.0	0.0	0.0
(5830) Behavioral Health Services	0	2,691	742	957	215	0.0	25.5	7.0	7.0	0.0
(5831) Behavioral Health Services - Adult	0	0	3,463	3,706	243	0.0	0.0	24.0	24.5	0.5
(5832) Behavioral Health Services - Child	0	0	2,103	2,258	155	0.0	0.0	16.0	16.0	0.0
(5836) Behavioral Health Services - Pharmacy	0	0	2,107	1,388	-719	0.0	0.0	5.0	5.0	0.0
(5840) Comprehensive Psych Emer Prog - CPEP	0	8,349	1,862	1,205	-657	0.0	64.2	8.0	8.0	0.0
(5841) Psychiatric Emergency Services - CPEP	0	0	7,458	5,364	-2,094	0.0	0.0	40.5	40.5	0.0
(5842) Homeless Outreach / Mobile Crisis - CPEP	0	0	2,418	4,984	2,566	0.0	0.0	23.2	26.2	3.0

Table RM0-4
(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018
(5850) Homeless Outreach Services	0	924	0	0	0	0.0	8.1	0.0	0.0	0.0
(5860) Pharmacy	0	1,916	0	0	0	0.0	7.7	0.0	0.0	0.0
(5870) Access Helpline	0	0	1,612	2,034	421	0.0	0.0	16.0	19.0	3.0
(5880) Forensics	0	0	3,848	5,867	2,019	0.0	0.0	19.0	33.0	14.0
(5890) Assessment and Referral Center (ARC)	0	0	2,435	2,362	-73	0.0	0.0	29.0	27.0	-2.0
SUBTOTAL (5800) CLINICAL SERVICES DIVISION	**0**	**16,503**	**30,808**	**35,440**	**4,632**	**0.0**	**123.4**	**195.8**	**215.3**	**19.5**
(5900) SYSTEM TRANSFORMATION										
(5901) System Transformation Admin	0	0	127	0	-127	0.0	0.0	1.0	0.0	-1.0
(5905) Office of System Transformation	0	0	740	772	32	0.0	0.0	5.0	5.0	0.0
(5910) Info Systems Innovation/Data Analytics	0	0	2,973	1,910	-1,062	0.0	0.0	4.0	4.0	0.0
(5911) ISIDA - Data/Performance Mgmt	0	0	1,851	1,813	-38	0.0	0.0	15.0	14.0	-1.0
(5912) ISIDA - Information Systems	0	0	1,391	1,637	246	0.0	0.0	13.0	13.0	0.0
(5913) ISIDA - Technology Infrastructure	0	0	897	1,013	116	0.0	0.0	9.0	9.0	0.0
(5920) Strategic Mgmt and Policy	0	0	1,816	1,528	-288	0.0	0.0	6.0	4.0	-2.0
(5930) Network Development	0	0	1,592	1,374	-219	0.0	0.0	13.0	10.0	-3.0
(5940) Training Institute	0	0	622	663	41	0.0	0.0	5.0	5.0	0.0
SUBTOTAL (5900) SYSTEM TRANSFORMATION	**0**	**0**	**12,008**	**10,710**	**-1,298**	**0.0**	**0.0**	**71.0**	**64.0**	**-7.0**
(6800) ADDICTION PREVENTION AND RECOVERY ADMIN										
(6810) Office of Senior Deputy	557	715	0	0	0	4.1	3.0	0.0	0.0	0.0
(6820) Deputy Director for Operations	7,488	8,664	0	0	0	15.2	25.9	0.0	0.0	0.0
(6830) Deputy Director for Admin	2,761	2,856	0	0	0	9.8	18.3	0.0	0.0	0.0
(6840) Prevention Services	6,013	5,355	0	0	0	10.1	13.5	0.0	0.0	0.0
(6850) Performance Management	635	489	0	0	0	5.3	4.1	0.0	0.0	0.0
(6855) Deputy Director for Treatment	8,395	8,007	0	0	0	31.6	51.1	0.0	0.0	0.0
(6870) Implementation of Drug Treatment Choice	12,376	12,206	0	0	0	0.0	0.0	0.0	0.0	0.0
SUBTOTAL (6800) ADDICTION PREVENTION AND RECOVERY ADMIN	**38,224**	**38,292**	**0**	**0**	**0**	**76.1**	**115.7**	**0.0**	**0.0**	**0.0**
(6900) COMMUNITY SERVICES										
(6901) Community Services Admin	0	0	121	200	79	0.0	0.0	1.0	0.0	-1.0
(6905) Office of Community Services	0	0	6,933	1,737	-5,195	0.0	0.0	8.0	6.0	-2.0
(6910) Prevention and Early Intervention	0	0	819	1,123	304	0.0	0.0	3.0	3.0	0.0
(6911) Prev/Early Interven-Early Chldhood	0	0	2,041	1,097	-944	0.0	0.0	10.0	9.0	-1.0
(6912) Prev/Early Interven-Sch Mental Health	0	0	5,822	9,362	3,541	0.0	0.0	61.0	58.0	-3.0
(6913) Prev Substance Use Disorder	0	0	3,992	3,888	-104	0.0	0.0	10.0	12.0	2.0
(6920) Specialty Care	0	0	3,938	1,716	-2,222	0.0	0.0	2.0	2.0	0.0
(6921) Specialty Care - Comm-Based Services	0	0	2,251	2,889	638	0.0	0.0	12.0	15.0	3.0
(6922) Specialty Care - New Initiatives	0	0	2,180	799	-1,382	0.0	0.0	13.0	8.0	-5.0
(6930) Linkage and Assessment	0	0	3,707	2,728	-979	0.0	0.0	2.0	3.0	1.0
(6931) Linkage and Assess/ Assess Ctr	0	0	1,125	506	-619	0.0	0.0	5.0	5.0	0.0

Table RM0-4

(dollars in thousands)

Division/Program and Activity	Dollars in Thousands					Full-Time Equivalents				
	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018	Actual FY 2016	Actual FY 2017	Approved FY 2018	Proposed FY 2019	Change from FY 2018
(6932) Linkage and Assess/ Co-Located Programs	0	0	1,007	748	-259	0.0	0.0	9.0	6.0	-3.0
(6933) Linkage and Assess - PRTF	0	0	414	564	150	0.0	0.0	4.0	5.0	1.0
(6940) Housing Development	0	0	28,542	26,638	-1,904	0.0	0.0	7.0	7.0	0.0
(6950) Residential Support Services/Care Continuity	0	0	436	552	116	0.0	0.0	4.0	4.0	0.0
(6960) Implem of Drug Treatment Choice	0	0	13,559	13,583	24	0.0	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	0.0	0.0
(6980) Behavioral Health Rehab - Local Match	0	0	21,232	26,888	5,656	0.0	0.0	0.0	0.0	0.0
SUBTOTAL (6900) COMMUNITY SERVICES	**0**	**0**	**110,963**	**107,862**	**-3,101**	**0.0**	**0.0**	**151.0**	**143.0**	**-8.0**
(7800) BEHAVIORAL HEALTH FINANCING/FEE FOR SERVICES										
(7810) Behavioral Health Info Mgmt	335	319	0	0	0	4.1	3.9	0.0	0.0	0.0
(7820) Behavioral Health Rehab Services	10,085	8,942	0	0	0	0.0	0.0	0.0	0.0	0.0
(7825) Behavioral Health Rehab Services - Local Match	20,430	25,742	0	0	0	0.0	0.0	0.0	0.0	0.0
(7870) Claims Admin/Billing	1,017	1,293	0	0	0	12.3	11.8	0.0	0.0	0.0
(7880) Provider Relations	539	335	0	0	0	4.4	4.2	0.0	0.0	0.0
SUBTOTAL (7800) BEHAVIORAL HEALTH FINANCING/FEE FOR SERVICES	**32,406**	**36,631**	**0**	**0**	**0**	**20.8**	**19.9**	**0.0**	**0.0**	**0.0**
TOTAL PROPOSED OPERATING BUDGET	**268,932**	**269,061**	**271,918**	**283,401**	**11,484**	**1,345.6**	**1,392.5**	**1,382.6**	**1,408.8**	**26.2**

(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 2019 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; and 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; and 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; and 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, in school/daycare, and in 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 8 activities:

- **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
Department of Behavioral Health has no division structure changes in the FY 2019 proposed budget.

FY 2018 Approved Budget to FY 2019 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2018 approved budget and the FY 2019 proposed budget. For a more comprehensive explanation of changes, please see the FY 2019 Proposed Budget Changes section, which follows the table.

Table RM0-5
(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
LOCAL FUNDS: FY 2018 Approved Budget and FTE		**229,066**	**1,124.8**
Removal of One-Time Costs	Clinical Services Division	-63	0.0
LOCAL FUNDS: FY 2019 Recurring Budget		**229,002**	**1,124.8**
COLA: FY 2019 COLA Adjustment	Multiple Programs	3,933	0.0
Agency Request-Increase: To support the costs of pre-existing programmatic initiatives	Multiple Programs	7,369	0.0

Table RM0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
Agency Request-Increase: To align personal services and Fringe Benefits with projected costs	Multiple Programs	5,848	11.2
Agency Request-Increase: To align Fixed Costs with proposed estimates	Multiple Programs	1,566	0.0
Agency Request-Increase: To align costs after shifting from federal to Local	St. Elizabeths Hospital	89	0.0
Agency Request-Decrease: To align Overtime Pay with projected costs	St. Elizabeths Hospital	-801	0.0
Agency Request-Decrease: To realize programmatic cost savings in nonpersonal services	Multiple Programs	-1,511	0.0
Agency Request-Decrease: To adjust the Contractual Services budget	Multiple Programs	-5,236	0.0
Agency Request-Shift / Increase: To reallocate funding within agency (across fund types)	St. Elizabeths Hospital	4,364	52.0
Mayor's Policy-Enhance: To support the recommendations from the task force on school mental health	Community Services	3,000	0.0
Mayor's Policy-Enhance: To support the costs of pre-trial admissions	St. Elizabeths Hospital	2,077	17.0
Mayor's Policy-Enhance: To support an effort to divert individuals arrested or suspected of low-level drug offenses into social services rather than into the criminal justice system	Clinical Services Division	1,587	10.0
Mayor's Policy-Enhance: To absorb costs associated with a reduced cost allocation plan (one-time)	St. Elizabeths Hospital	892	15.0
Mayor's Policy-Reduce: To support lowered estimates from DGS	St. Elizabeths Hospital	-660	0.0
LOCAL FUNDS: FY 2019 Mayor's Proposed Budget		**251,519**	**1,230.1**
Enhance: To support the study of Mental Health and Substance Abuse in Immigrant Communities Act of 2017 (one-time)	Community Services	200	0.0
Reduce: To align Fixed Costs with proposed estimates	Multiple Programs	-785	0.0
Reduce: To recognize savings from a reduction in FTEs	Multiple Programs	-1,182	-5.0
LOCAL FUNDS: FY 2019 District's Proposed Budget		**249,752**	**1,225.1**
FEDERAL GRANT FUNDS: FY 2018 Approved Budget and FTE		**20,279**	**114.0**
COLA: FY 2019 COLA Adjustment	Multiple Programs	326	0.0
Agency Request-Decrease: To recognize savings from a reduction in FTEs	Multiple Programs	-1,501	-19.2
Agency Request-Decrease: To align budget with projected grant awards	Multiple Programs	-4,273	0.0
FEDERAL GRANT FUNDS: FY 2019 Mayor's Proposed Budget		**14,831**	**94.8**
No Change		0	0.0
FEDERAL GRANT FUNDS: FY 2019 District's Proposed Budget		**14,831**	**94.8**
FEDERAL MEDICAID PAYMENTS: FY 2018 Approved Budget and FTE		**1,430**	**5.0**
COLA: FY 2019 COLA Adjustment	Multiple Programs	24	0.0
Agency Request-Increase: To align budget with projected federal Medicaid reimbursements	Multiple Programs	570	0.0
FEDERAL MEDICAID PAYMENTS: FY 2019 Mayor's Proposed Budget		**2,024**	**5.0**
No Change		0	0.0
FEDERAL MEDICAID PAYMENTS: FY 2019 District's Proposed Budget		**2,024**	**5.0**
PRIVATE GRANT FUNDS: FY 2018 Approved Budget and FTE		**258**	**0.0**
COLA: FY 2019 COLA Adjustment	System Transformation	6	0.0
Agency Request-Increase: To support additional FTEs	System Transformation	121	1.0
Agency Request-Increase: To align budget with projected grant awards	Multiple Programs	57	0.0
PRIVATE GRANT FUNDS: FY 2019 Mayor's Proposed Budget		**442**	**1.0**
No Change		0	0.0
PRIVATE GRANT FUNDS: FY 2019 District's Proposed Budget		**442**	**1.0**

Table RM0-5

(dollars in thousands)

DESCRIPTION	DIVISION/PROGRAM	BUDGET	FTE
PRIVATE DONATIONS: FY 2018 Approved Budget and FTE		**289**	**0.0**
No Change		0	0.0
PRIVATE DONATIONS: FY 2019 Mayor's Proposed Budget		**289**	**0.0**
No Change		0	0.0
PRIVATE DONATIONS: FY 2019 District's Proposed Budget		**289**	**0.0**
SPECIAL PURPOSE REVENUE FUNDS: FY 2018 Approved Budget and FTE		**4,234**	**37.0**
COLA: FY 2019 COLA Adjustment	Multiple Programs	14	0.0
Agency Request-Increase: To align budget with projected revenues	Community Services	200	0.0
Agency Request-Decrease: To align personal services and Fringe Benefits with projected costs	Multiple Programs	-73	-1.0
Agency Request-Reduce/Shift: To reallocate funding within agency (across fund types)	St. Elizabeths Hospital	-2,024	-20.8
SPECIAL PURPOSE REVENUE FUNDS: FY 2019 Mayor's Proposed Budget		**2,352**	**15.2**
No Change		0	0.0
SPECIAL PURPOSE REVENUE FUNDS: FY 2019 District's Proposed Budget		**2,352**	**15.2**
INTRA-DISTRICT FUNDS: FY 2018 Approved Budget and FTE		**16,363**	**101.8**
COLA: FY 2019 COLA Adjustment	Multiple Programs	230	0.0
Agency Request-Decrease: To align budget with projected revenues	Multiple Programs	-660	-3.5
Agency Request-Reduce/Shift: To reallocate funding within agency (across fund types)	St. Elizabeths Hospital	-2,220	-30.5
INTRA-DISTRICT FUNDS: FY 2019 Mayor's Proposed Budget		**13,713**	**67.8**
No Change		0	0.0
INTRA-DISTRICT FUNDS: FY 2019 District's Proposed Budget		**13,713**	**67.8**
GROSS FOR RM0 - DEPARTMENT OF BEHAVIORAL HEALTH		**283,401**	**1,408.8**

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

FY 2019 Proposed Budget Changes

The Department of Behavioral Health's (DBH) proposed FY 2019 gross budget is $283,401,254, which represents a 4.2 percent increase over its FY 2018 approved gross budget of $271,917,593. The budget is comprised of $249,751,563 in Local funds, $14,830,716 in Federal Grant funds, $2,023,778 in Federal Medicaid Payments, $441,545 in Private Grant funds, $288,775 in Private Donations, $2,351,648 in Special Purpose Revenue funds, and $13,713,229 in Intra-District funds.

Current Services Funding Level

The FY 2019 budget for DBH includes a reduction of $63,210 to account for the removal of one-time funding appropriated in FY 2018 to supplement personal services costs.

Mayor's Proposed Budget

Cost-of-Living Adjustment: DBH's budget proposal includes cost-of-living adjustments (COLA) of $3,933,259 in Local funds, and $326,360 in Federal Grant funds, $23,778 in Federal Medicaid Payments, $6,122 in Private Grant funds, $14,380 in Special Purpose Revenue funds, and $230,334 in Intra-District funds.

Agency Request – Increase: DBH made numerous adjustments across its eight divisions to better serve residents of the District of Columbia. A Local funds increase of $7,368,924 will primarily be made in the Community Services division. This additional funding will serve the increasing need to provide substance abuse and mental health rehabilitation services for District residents. A proposed Local funds increase of $5,847,974 will support an additional 11.2 Full-Time Equivalents (FTEs), of which 8.8 will be temporary and 2.4 will be Continuing Full Time. The FTEs will mainly support activities within the Clinical Services CS division. This additional funding will also support the salary steps and Fringe Benefits costs of current personnel. The proposed Local funds budget includes a net increase of $1,565,949 to align Fixed Costs with estimates from the Department of General Services (DGS) and the Office of the Chief Technology Officer (OCTO) for Energy, Rent, Security, Occupancy, and Telecommunications. DBH's budget proposal also increased by $88,867 in personal services for the Saint Elizabeths Hospital (SEH) division to account for federal costs shifting to Local.

The proposed budget for Federal Medicaid payments includes an increase of $570,000 to support personal services costs, and aligns the budget with projected federal reimbursement for qualified Medicaid services based on spending of the corresponding statutory local match.

In Private Grant funds, an increase of $120,978 for the Behavioral Health Services Information System grant from Eagle Technologies, Inc. will support an additional 1.0 Continuing Full-Time FTE. The remaining increase of $56,746, allocated across nonpersonal services in multiple divisions, aligns the budget with projected grant awards.

DBH receives a fee from self-pay commercial payers and insurance companies for Individual in Care (IIC) services to patients at SEH, health clinics, and hospital wards. This Special Purpose Revenue (SPR) funding stream is projected to increase by $200,000 in the Community Services division.

Agency Request – Decrease: DBH is projecting a Local funds savings of $801,362 in the SEH division for Overtime Pay as it aligns the budget based on the increase in FTEs previously mentioned. The agency is projecting a Local fund savings of $1,511,223 across multiple divisions as it makes adjustments to the purchasing of supplies and looks for ways to streamline operational costs without impacting services provided to the community. Operational efficiencies were identified in the System Transformation division, which in part supports the monitoring of consumer and client services through hardware and software applications. The proposed Local funds budget for Contractual Services will have a decrease of $5,235,815, which is primarily related to realignments within the Community Services division to Wayne Place, housing development, and specialty care.

In the proposed budget submission for Federal grant funds, DBH will eliminate 19.2 Continuing Full-Time FTEs, which contributes to a total savings of $1,501,420. The reduction in projected revenue from federal grant funding sources results in a total decrease of $4,272,913 across nonpersonal services. This is mainly attributed to the ending of the DC Strategis SPF-PFS State and Tribal Initiative grant from the U.S. Department of Health and Human Services.

In SPR funds, the agency has projected a savings of $73,237 and 1.0 Continuing Full-Time FTE as it aligns its personal services budget. In Intra-District funds, DBH will eliminate 3.5 FTEs and reduce the proposed budget submission by $659,943. These actions align the budget with signed Memoranda of Understandings with the Department of Human Services, the Child and Family Services Agency, and the Department of Health Care Finance.

Agency Request – Shift: The proposed budget submission includes a shift of FTEs within the Saint Elizabeths Hospital division across fund types. This action will increase the Local funds budget by $4,363,647 and 52.0 FTEs, and it will mostly be offset by projected decreases in the SPR budget by $2,023,595 and 20.8 FTEs and in the Intra-District funds budget by $2,219,807 and 30.5 FTEs.

Mayor's Policy – Enhance: DBH will receive a total of $7,556,085 in Local funds enhancements, which will be used to further its mission and goals by providing high-quality integrated services. The Community Services division will receive $3,000,000, which will be used to implement the recommendation of the Task Force on School Mental Health. The SEH division will increase by $2,077,149 and 17.0 Continuing Full-Time FTEs to better support pre-trial forensic admissions. Opening a transitional unit will allow for more efficient utilization of all hospital beds.

DBH is participating in a multi-agency collaboration that involves behavioral health services, homelessness and human services, local police, prosecutors, and public defenders. The agency will use an enhancement of $1,586,936 and 10.0 Continuing Full-Time FTEs to divert individuals arrested or suspected of low-level drug offenses into social services rather than into the criminal justice system. Finally, the agency will also receive $892,000 in one-time funding, which will support 15.0 Continuing Full-Time FTEs to absorb costs associated with a reduced cost allocation plan.

Mayor's Policy – Reduce: The agency will realize a net Local funds savings of $659,779 in the SEH division due to revised estimates for Rent, Security, and Occupancy from DGS.

District's Proposed Budget
Enhance: DBH will receive a one-time Local funds enhancement of $200,000 to the Community Services division, which will be used to fund the study of Mental Health and Substance Abuse in Immigrant Communities Act of 2017.

Reduce: A Local funds reduction of $785,145 across multiple divisions reflects savings related to revised fixed cost estimates for Occupancy. DBH will realize a net Local funds savings of $1,182,293 by eliminating 5.0 vacant positions and aligning its personal services budget with projected expenses.

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Agency Performance Plan*

The Department of Behavioral Health (DBH) has the following strategic objectives for FY 2019:

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

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

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 Programs	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
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

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
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 for youth and adults	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)

Activity Title	Activity Description	Type of Activity
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)

Activity Title	Activity Description	Type of Activity
Outreach Activities	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 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Number of new Certified Peer Specialists to include those in specialty tracks of family and youth	No	51	40	23	20	20
Number of people trained in Recovery Coaching	No	25	25	19	20	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 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Percent increase in the number of Crisis Intervention Officers (CIO) trained	No	Not Available	Not Available	Not Available	25%	25%
Percent increase in the number of consumers receiving a substance use disorder (SUD) assessment and are referred to treatment	No	Not Available	Not Available	Not Available	5%	5%
Percent increase in the number of developmental/behavioral health screenings completed by primary care providers	No	Not Available	Not Available	Not Available	5%	5%
Percent increase in the number of individuals (adults and youth) reached through planned prevention strategies over previous year	No	Not Available	Not Available	Not Available	5%	5%
Percent increase in utilization of Child Parent Psycho-Therapy (CPP) over previous year	No	Not Available	Not Available	Not Available	5%	5%
Percent increase in utilization of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) over previous year	No	Not Available	Not Available	Not Available	5%	5%
Percent of post fall assessments conducted with 72 hours of event	No	Not Available	Not Available	Not Available	90%	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 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Number of housing subsidies to individuals who are mentally ill and homeless	No	Not Available	45	23	50	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)

Measure	New Measure/ Benchmark Year	FY 2016 Actual	FY 2017 Target	FY 2017 Actual	FY 2018 Target	FY 2019 Target
Percent increase in number of public events over baseline established in FY 2017	No	Not Available	Not Available	Not Available	20%	20%
Percent increase in social media hits (Facebook and Twitter) over baseline established in FY 2017	No	Not Available	Not Available	122,362%	20%	20%
Percent increase in website traffic in FY 2018 over baseline established in FY 2017	No	Not Available	Not Available	772,738%	10%	10%

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?"

1. Prevention interventions

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of prevention activities by Prevention Centers	No	Not Available	Not Available	656

2. Recovery Support Services

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of clients discharged after completing up to 6 months of Environmental Stability	No	Not Available	Not Available	261
Number of individual clients in treatment services who are also enrolled in recovery services	No	Not Available	Not Available	161

3. Substance Use Disorder Treatment Services for youth and adults

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of individuals enrolled in treatment services	No	Not Available	Not Available	11,384
Number of individuals receiving an intake assessment	No	Not Available	Not Available	9645

4. Mental Health Services provided to adults

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of adults receiving a non-Crisis/Emergency Mental Health Rehabilitation Service (MHRS)	No	Not Available	Not Available	54,291
Number of adults receiving Health Home services	No	Not Available	Not Available	6454

5. Child/Youth Mental Health Services

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of children and youth diverted from Psychiatric Residential Treatment Facilities	No	Not Available	Not Available	244
Number of children receiving non-Crisis/Emergency MHRS	No	Not Available	Not Available	10,900

6. Inpatient Psychiatric Services

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Average daily census of forensic patients	No	Not Available	Not Available	678
Average daily census of non-forensic patients	No	Not Available	Not Available	392

7. Housing Services

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of people moving out of Saint Elizabeths Hospital into community settings	No	Not Available	Not Available	343

8. Outreach Activities

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of people visiting the SUD Mobile Assessment and Referral Center (MARC)	No	Not Available	Not Available	898

9. Communication Strategies

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of communications including press announcements and social media (Facebook and Twitter)	No	Not Available	Not Available	122,362
Number of public outreach events	No	Not Available	Not Available	398

10. Consumer and Family Engagement

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of Certified Peers employed in meaningful work	No	Not Available	Not Available	344

11. Training

Measure	New Measure/ Benchmark Year	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual
Number of supervisors, trainers and other management-level staff trained in the train-the-trainer modules	No	Not Available	Not Available	67

Performance Plan Endnotes:

*For more information about the structure and components of FY 2019 draft performance plans, please see the FY 2019 Proposed Budget and Financial Plan, Volume 1, Appendix E.

**We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government". New measures will be tracked in FY 2018 and FY 2019 and published starting in the FY 2019 Performance Plan.

***Key Performance Indicators that are new may not have historical data and may only have FY 2019 targets.