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# Department of Mental Health

[www.dmh.dc.gov](http://www.dmh.dc.gov)

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Description	FY 2011 Actual	FY 2012 Approved	FY 2013 Proposed	% Change from FY 2012
Operating Budget	\$189,356,411	\$177,650,979	\$191,167,559	7.6
FTEs	1,196.2	1,255.7	1,245.2	-0.8

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The mission of the Department of Mental Health (DMH) is to support prevention, resiliency and recovery for District residents in need of public mental health services.

## Summary of Services

DMH is responsible for developing, supporting and overseeing a comprehensive, community-based, consumer driven, culturally competent, quality mental health system that is responsive and accessible to children, youth, adults, and their families. DMH contracts with a network of community-based, private providers and also provides direct services through Saint Elizabeths Hospital, the Mental Health Services Division, the Comprehensive Psychiatric Emergency Program, and the School-Based Mental Health Program.

The agency's FY 2013 proposed budget is presented in the following tables:

## FY 2013 Proposed Gross Funds Operating Budget, by Revenue Type

Table RM0-1 contains the proposed FY 2013 agency budget compared to the FY 2012 approved budget. It also provides the FY 2010 and FY 2011 actual expenditures.

**Table RM0-1**  
(dollars in thousands)

<b>Appropriated Fund</b>	<b>Actual FY 2010</b>	<b>Actual FY 2011</b>	<b>Approved FY 2012</b>	<b>Proposed FY 2013</b>	<b>Change from FY 2012</b>	<b>Percent Change*</b>
<b>General Fund</b>						
Local Funds	187,898	160,971	157,512	167,877	10,365	6.6
Special Purpose Revenue Funds	7,292	4,072	4,086	4,040	-46	-1.1
<b>Total for General Fund</b>	<b>195,190</b>	<b>165,043</b>	<b>161,598</b>	<b>171,917</b>	<b>10,319</b>	<b>6.4</b>
<b>Federal Resources</b>						
Federal Payments	35	0	0	0	0	N/A
Federal Grant Funds	2,644	1,672	1,890	1,561	-330	-17.4
Federal Medicaid Payments	4,411	3,538	4,916	4,926	10	0.2
<b>Total for Federal Resources</b>	<b>7,090</b>	<b>5,210</b>	<b>6,806</b>	<b>6,486</b>	<b>-320</b>	<b>-4.7</b>
<b>Private Funds</b>						
Private Grant Funds	94	225	117	157	40	34.1
Private Donations	9	7	0	0	0	N/A
<b>Total for Private Funds</b>	<b>103</b>	<b>233</b>	<b>117</b>	<b>157</b>	<b>40</b>	<b>34.1</b>
<b>Intra-District Funds</b>						
Intra-District Funds	14,040	18,871	9,129	12,607	3,478	38.1
<b>Total for Intra-District Funds</b>	<b>14,040</b>	<b>18,871</b>	<b>9,129</b>	<b>12,607</b>	<b>3,478</b>	<b>38.1</b>
<b>Gross Funds</b>	<b>216,423</b>	<b>189,356</b>	<b>177,651</b>	<b>191,168</b>	<b>13,517</b>	<b>7.6</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 2013 Operating Appendices located on the Office of the Chief Financial Officer's website.

## FY 2013 Proposed Full-Time Equivalents Authorized by Revenue Type

Table RM0-2 contains the proposed FY 2013 FTE level compared to the FY 2012 approved FTE level by revenue type. It also provides FY 2010 and FY 2011 actual data.

**Table RM0-2**

<b>Appropriated Fund</b>	<b>Actual FY 2010</b>	<b>Actual FY 2011</b>	<b>Approved FY 2012</b>	<b>Proposed FY 2013</b>	<b>Change from FY 2012</b>	<b>Percent Change</b>
<b>General Fund</b>						
Local Funds	1,195.6	1,075.1	1,130.0	1,113.1	-16.9	-1.5
Special Purpose Revenue Funds	370	34.6	370	33.5	-3.5	-9.5
<b>Total for General Fund</b>	<b>1,232.6</b>	<b>1,109.7</b>	<b>1,167.0</b>	<b>1,146.6</b>	<b>-20.4</b>	<b>-1.7</b>
<b>Federal Resources</b>						
Federal Grant Funds	3.0	5.0	5.5	5.5	0.0	0.0
Federal Medicaid Payments	9.6	1.5	2.0	2.0	0.0	0.0
<b>Total for Federal Resources</b>	<b>12.6</b>	<b>6.5</b>	<b>7.5</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>
<b>Intra-District Funds</b>						
Intra-District Funds	23.4	80.1	81.2	91.1	9.9	12.2
<b>Total for Intra-District Funds</b>	<b>23.4</b>	<b>80.1</b>	<b>81.2</b>	<b>91.1</b>	<b>9.9</b>	<b>12.2</b>
<b>Total Proposed FTEs</b>	<b>1,268.5</b>	<b>1,196.2</b>	<b>1,255.7</b>	<b>1,245.2</b>	<b>-10.5</b>	<b>-0.8</b>

## FY 2013 Proposed Operating Budget, by Comptroller Source Group

Table RM0-3 contains the proposed FY 2013 budget at the Comptroller Source Group (object class) level compared to the FY 2012 approved budget. It also provides FY 2010 and FY 2011 actual expenditures.

**Table RM0-3**  
(dollars in thousands)

Comptroller Source Group	Actual FY 2010	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Percent Change*
11 - Regular Pay - Continuing Full Time	75,518	71,903	76,939	76,371	-568	-0.7
12 - Regular Pay - Other	7,901	5,921	6,379	5,906	-472	-7.4
13 - Additional Gross Pay	6,714	4,141	2,083	1,965	-118	-5.7
14 - Fringe Benefits - Current Personnel	17,870	16,993	18,603	21,190	2,587	13.9
15 - Overtime Pay	4,879	4,501	2,340	1,953	-387	-16.5
99 - Unknown Payroll Postings	19	3	0	0	0	N/A
<b>Subtotal Personal Services (PS)</b>	<b>112,899</b>	<b>103,461</b>	<b>106,344</b>	<b>107,386</b>	<b>1,042</b>	<b>1.0</b>
20 - Supplies and Materials	11,399	9,728	6,599	6,608	9	0.1
30 - Energy, Comm. and Building Rentals	8,811	2,785	3,563	3,554	-9	-0.3
31 - Telephone, Telegraph, Telegram, Etc.	1,472	1,274	1,457	1,307	-150	-10.3
32 - Rentals - Land and Structures	3,996	2,710	307	2,642	2,335	761.6
33 - Janitorial Services	15	0	0	0	0	N/A
34 - Security Services	3,529	2,414	2,064	2,141	77	3.7
35 - Occupancy Fixed Costs	61	506	153	149	-4	-2.4
40 - Other Services and Charges	10,484	11,973	10,986	13,080	2,095	19.1
41 - Contractual Services - Other	45,159	33,105	29,876	33,529	3,653	12.2
50 - Subsidies and Transfers	17,822	20,631	15,481	19,945	4,464	28.8
70 - Equipment and Equipment Rental	775	770	821	826	5	0.6
<b>Subtotal Nonpersonal Services (NPS)</b>	<b>103,524</b>	<b>85,895</b>	<b>71,307</b>	<b>83,782</b>	<b>12,475</b>	<b>17.5</b>
<b>Gross Funds</b>	<b>216,423</b>	<b>189,356</b>	<b>177,651</b>	<b>191,168</b>	<b>13,517</b>	<b>7.6</b>

\*Percent change is based on whole dollars.

## Division Description

The Department of Mental Health operates through the following 6 divisions:

**Mental Health Authority** – plans for and develops mental health services; ensures access to services; monitors the service system; supports service providers by operating DMH’s Fee for Service (FFS) system; provides grant funding for services not covered through the FFS system; regulates the providers within the District’s public mental health system; and identifies the appropriate mix of programs, services, and supports necessary to meet the mental health needs of District residents.

This division contains the following 8 activities:

- **Office of the Director/Chief Executive Officer** – leads management and oversight of the public mental health system; directs the design, development, communication, and delivery of mental health services and supports; and identifies approaches to enhance access to services that support recovery and resilience;
- **Office of the Chief Clinical Officer** – advises the Director and sets standards for the provision of clinical care throughout the public mental health system for children, youth, and adults; oversees the community hospitals who hospitalize DHM consumers on an involuntary basis; oversees and improve quality of treatment of children and adolescents; approves Preadmission Screenings and Annual review (PASSAR) requests for patients and nursing facilities; and supervises the operation of the Comprehensive Psychiatric Emergency Program (CPEP) and the Homeless Outreach program;
- **Consumer and Family Affairs** – advises the Director and provides expertise on the consumer/family perspective and promotes and protects the legal, civil, and human rights of consumers;
- **Office of Policy Support** – advises the Director and leads policy development for the public mental health system; and provides support for the development and publication of rules and policies to guide the District public mental health system;
- **Office of Strategic Planning and Grants Management** – provides support for the development and publication of the annual performance management plan and Key Performance Indicators; coordinates the development and submission of annual mental health plan and mental health block grant application; provides support to the State Mental Health Planning Council; oversees the grants development, grants monitoring, grants award, and sub granting processes and procedures; and tracks expenditures and compliance with grant award stipulations;
- **Office of Accountability Quality Improvement/Audit** – provides oversight of providers for DMH to ensure that they meet or exceed the service delivery and documentation standards for Mental Health Rehabilitation Services (MHRS) and Mental Health Community Residence Facilities (MHCRF) and comply with applicable District and federal laws and regulations; monitors the provider network; investigates complaints and unusual incidents; and makes policy recommendations;
- **Office of Accountability Certification/Licensure** – certifies DMH provider agencies and licenses of all MH Community Residential Facilities (CRFs). In addition, the certification unit monitors provider compliance with DMH regulations and local and federal laws; generates and enforces corrective action plans when necessary; monitors facilities on a regular basis, issuing notices of infraction when necessary; and ensures that the care coordination of CRF residents is taking place through coordination by the CRF staff and Core Service Agency treatment team members; and
- **Office of Accountability-Investigations** – conducts major investigations of critical incidents, presents a disposition of the matter, and develops the final investigative report that are submitted to the Director of DMH, General Counsel of DMH, and other appropriate parties, to ensure that the needs and treatment goals of individuals in care are identified and addressed.

**Saint Elizabeths Hospital (SEH)** – provides psychiatric, medical, and psycho-social inpatient psychiatric treatment to adults to support their recovery and return to the community. The Hospital’s goal is to maintain an active treatment program that fosters individual recovery and independence as much as possible. In addition, this pro-

gram manages logistics, housekeeping, building maintenance, and nutritional services at SEH, to ensure the provision of a clean, safe and healthy hospital environment for individuals in care, their families, and staff. The Saint Elizabeths Hospital also ensures staff credentialing and licensing privileges, and provides medication and medical support services to eligible inpatients in order to effectively treat mental illness and enhance recovery.

This division contains the following 14 activities:

- **The Office of the Chief Executive-SEH** – provides planning, policy development, quality improvement and mental health system design to create a comprehensive and responsive system of mental health care;
- **Office of Clinical and Medical Services-SEH** – provides high-quality medical care for inpatients at Saint Elizabeths Hospital in concert with psychiatric care to optimize physical and mental health and to facilitate successful discharge into the community. This includes providing active treatment to the inpatient population to improve quality of life through a recovery-based therapeutic program; monitoring services to eligible consumers in order to effectively treat mental illness and enhance recovery; providing prescriptions, medical screening, education, medical assessment and treatment to the inpatient population; and providing employee health services to staff;
- **Engineering and Maintenance-SEH** – provides maintenance and repairs to the Hospital to ensure a functional, safe, and secure facility for inpatients, visitors, and staff in order to maximize the benefits of the therapeutic milieu;
- **Fiscal and Support Services-SEH** – provides for the formulation, execution, and management of the Hospital's budget, billing and revenue operations; approves and finances all procurements; and oversees the overall financial integrity of the hospital to ensure the appropriate collection, allocation, utilization and control of city resources;
- **Forensic Services-SEH** – provides court-ordered forensic, diagnostic, treatment, and consultation services to defendants, offenders, and insanity acquittees committed by the criminal divisions of the local and federal court;
- **Housekeeping-SEH** – maintains a clean and sanitized environment throughout Saint Elizabeths Hospital facilities to enhance the therapeutic environment and level of clinical performance in all hospital areas;
- **Materials Management-SEH** – receives and delivers materials, supplies, and postal and laundry services to individuals in care, DMH staff employees, and customers so that they can provide or receive quality care, respectively. Materials management also provides an inventory of goods received, replenishes stock, and performs electronic receiving for all goods and services received in the Hospital;
- **Nursing Services-SEH** – provides active treatment and comprehensive, high-quality nursing care to the inpatient population at Saint Elizabeths Hospital, 24 hours a day and 7 days a week, to improve quality of life through a recovery-based therapeutic program;
- **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 inpatients, visitors and staff in order to ensure a therapeutic environment;
- **Transportation and Grounds-SEH** – manages the transportation resources, administrative functions, funding, and staff, to provide a safe, secure, and therapeutic physical environment for inpatients, staff, and visitors hospital-wide; provides vehicles and drivers for transportation services department-wide, patient food deliveries District-wide, and patient/staff transport;
- **Office of the Chief of Staff-SEH** – supports Saint Elizabeths Hospital staff by providing direct improvement in patient care to meet the requirements as set forth by the Department of Justice; establishes the training curriculum for all levels of hospital staff; provides clinical leadership and interdisciplinary treatment teams; assures compliance with agreed-upon training programs for clinical and clinical support staff to maintain the health and safety of individuals in care and staff; and ensures the provision of social work services, treatment programs, and rehabilitation services;
- **Office of the Chief Operating Officer-SEH** – provides oversight over the operational functions of the Hospital; manages the implementation and maintenance of the electronic medical record system (Avatar);

provides support to Hospital environmental functions; assures that the integrity of the Health Information Management is maintained; and provides an effective and cost-efficient continuum of care for all patients including budgetary and revenue functions; and

- **Clinical Administration-SEH (Office of Accountability and Improvement-SEH)** – provides quality improvement utilizing performance improvement techniques in addition to using data and research to guide clinical practices; and provides oversight of the reporting functions for the Department of Justice and the Corporate Integrity Agreement, including the Independent Review Organization.

**Mental Health Services and Supports (MHSS)** – is responsible for the design, delivery, and evaluation of mental health services and support for children, youth, families, adults, and special populations to maximize their ability to lead productive lives.

This division contains the following 15 activities:

- **Office of the Deputy Director-MHSS** – oversees the operations of the Mental Health Services and Supports Division, which includes the multi-cultural outpatient service, the physicians practice group, same- day or walk-in services, the outpatient competency restoration program, services for deaf individuals with a psychiatric illness, services for developmentally disabled people with a psychiatric illness, two government operated outpatient clinics, and the private provider network;
- **Organizational Development-MHSS** – oversees the DMH Training Institute, the Community Service Review Unit, and Applied Research and Evaluation;
- **Adult Services Supported Housing-MHSS** – provides bridge housing subsidies and capital funding to finance the development of new affordable permanent housing units for people with serious mental illness. An array of scattered site housing is provided through local bridge subsidies and federal vouchers;
- **Adult Service Supported Employment-MHSS** – provides employment assistance and support for consumers with significant mental health diagnoses for whom competitive employment has been interrupted or intermittent. Supports services include job placement, job coaching, and crisis intervention so that consumers can maintain part or full-time employment;
- **Adult Services Assertive Community Treatment (ACT)-MHSS** – provides intensive, integrated community-based mental health intervention and support services designed to provide rehabilitative and crisis treatment;
- **Adult Services Forensic-MHSS** – provides mental health services and continuity of care to individuals involved in the criminal justice system who have serious mental illnesses; and oversees a network of providers to ensure that individuals under court supervision and/or who are leaving the criminal justice system have access to a full range of services;
- **Care Coordination-MHSS** – provides counseling through a telephone-based service center that links people in need of mental health services to community providers, and determines eligibility and authorizes services. One of the services provided, the AccessHelpLine, 1-888-7WE-HELP (1-888-793-4357), operated 24 hours per day, 7 days per week, provides crisis intervention, telephone counseling, and information and referral to callers who are in crisis and dispatches mobile crisis services as appropriate. Callers also have 24-hour access to suicide prevention and intervention services (1-800-273-8255) in the District through the Access HelpLine;
- **Mental Health Services-MHSS** – directs and manages the government operated mental health services, including a multicultural program, a deaf/hard of hearing program, an intellectual disability program, an outpatient competency restoration program, and a same day services program;
- **Comprehensive Psychiatric Emergency Program (CPEP)-MHSS** – provides mental health services to adults in psychiatric crises who need stabilization to prevent harm to themselves or others. Services are enhanced to convert hospitalizations, prevent decompensation, and provide mobile crisis intervention for this population;
- **Pharmacy-MHSS** – provides safety net pharmacy services for Psychiatric Medications for residents of the District of Columbia who are enrolled in the DMH system of care and who are uninsured and unable to pay for their medications;

- **Homeless Outreach-MHSS** – provides services directly to individuals who are homeless and in crisis;
- **Children and Youth Services-MHSS** – responsible for developing and implementing a system of care for children, adolescents, and their families that promotes prevention/early intervention, continuity of care, community alternatives to out-of-home and residential placements, and diversion from the juvenile justice system. Child and Youth Services within the Authority provides direct clinical services including school-based mental health services, evidence based services, youth forensic services, and oversight of youth placed in Psychiatric Residential Treatment Facilities (PRTFs);
- **Early Childhood and School Mental Health-MHSS** – promotes social and emotional development and addresses psycho-social and mental health problems that create barriers to learning. The program is responsible for the direct provision of prevention, early intervention, and brief treatment services to D.C. Public and Public Charter schools;
- **Integrated Care-MHSS** – seeks to reduce the inpatient census and admissions to St. Elizabeths Hospital by identifying consumers who need a comprehensive array of services that include mental health, non-mental health, and informal support services to integrate to their fullest ability in their communities and families; and coordinates, manages, and evaluates the care for these consumers to improve their quality of life and tenure in a community setting, and provides care management services to individuals with complex mental health needs as well as those discharged from a psychiatric inpatient stay in a community hospital; and
- **Physicians’ Practice Group-MHSS (PPG)** – serves consumers at two government-operated sites, and outplaces psychiatrists at private CSA sites to increase the availability of psychiatric services at those sites. Additionally, PPG psychiatric services are also provided to consumers by specialized teams working within MHSS (Multi-Cultural Services and services for individuals who are deaf/hard of hearing or who have intellectual disabilities).

**Mental Health Financing/Fee for Service** – provides operational assistance and claims adjudication to support the community-based mental health services program.

This division contains the following 4 activities:

- **Mental Health Rehabilitation Services** – allocates Local funding for the payment of claims to private providers for children, youth, families and adults who are District residents and receive Mental Health Rehabilitation Services;
- **Mental Health Rehabilitation Services – Local Match** – allocates Medicaid funding for the payment of claims to private providers for children, youth, families and adults who are District residents and receive Mental Health Rehabilitation Services;
- **Claims Administration/Billing** – supports the internal Department of Mental Health structure for claims processing and reimbursement, including administrative claiming, and processes MHRS claims for community-based providers; and
- **Provider Relations** – provides technical assistance, training and coaching support to the DMH provider network.

**Agency Management** – provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using division-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 division-based budgeting.

### **Division Structure Change**

The Department of Mental Health has no division structure changes in the FY 2013 proposed budget.

## FY 2013 Proposed Operating Budget and FTEs, by Division and Activity

Table RM0-4 contains the proposed FY 2013 budget by division and activity compared to the FY 2012 approved budget. It also provides the FY 2011 actual data.

**Table RM0-4**

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012
<b>(1000) Agency Management</b>								
(1010) Personnel	1,333	1,229	1,349	120	14.6	13.0	13.0	0.0
(1015) Training and Employee Development	307	331	324	-7	2.8	3.0	3.0	0.0
(1017) Labor Relations	364	396	389	-7	2.8	3.0	3.0	0.0
(1020) Contracting and Procurement	838	871	865	-6	8.4	9.0	9.0	0.0
(1030) Property Management	5,538	1,607	3,757	2,150	2.8	3.0	3.0	0.0
(1040) Information Technology	5,666	5,905	5,905	0	25.3	25.0	25.0	0.0
(1050) Financial Management-Agency	1,578	2,909	2,960	52	10.3	13.0	13.0	0.0
(1055) Risk Management	125	127	131	4	0.9	1.0	1.0	0.0
(1060) Legal Services	288	288	296	8	0.0	0.0	0.0	0.0
(1080) Communications	198	200	25	-174	1.9	1.0	0.0	-1.0
(1085) Customer Services	63	63	65	2	0.0	0.0	0.0	0.0
(1087) Language Access	58	58	59	2	0.0	0.0	0.0	0.0
(1099) Court Supervision	586	309	312	3	0.0	0.0	0.0	0.0
<b>Subtotal (1000) Agency Management</b>	<b>16,941</b>	<b>14,293</b>	<b>16,437</b>	<b>2,144</b>	<b>69.8</b>	<b>71.0</b>	<b>70.0</b>	<b>-1.0</b>
<b>(100F) DMH Financial Operations</b>								
(110F) DMH Budget Operations	457	504	521	17	3.7	4.0	4.0	0.0
(120F) DMH Accounting Operations	710	789	803	14	10.3	9.8	9.8	0.0
(130F) DMH Fiscal Officer	197	247	265	17	1.9	2.0	2.0	0.0
<b>Subtotal (100F) DMH Financial Operations</b>	<b>1,364</b>	<b>1,540</b>	<b>1,589</b>	<b>48</b>	<b>15.9</b>	<b>15.8</b>	<b>15.8</b>	<b>0.0</b>
<b>(1800) Mental Health Authority</b>								
(1810) Office of the Director/ Chief Executive Officer	1,860	1,735	1,042	-694	9.4	10.0	7.0	-3.0
(1815) Office of the Chief Clinical Officer	2,935	1,582	1,868	286	3.7	2.0	2.0	0.0
(1820) Consumer and Family Affairs	916	1,110	1,113	2	1.9	2.0	2.0	0.0
(1825) Office of Programs and Policy	199	0	0	0	0.0	0.0	0.0	0.0
(1845) Comprehensive Psych Emergency Program - CPEP	-5	0	0	0	0.0	0.0	0.0	0.0
(1855) School Mental Health Program	-36	0	0	0	0.0	0.0	0.0	0.0
(1865) Office of Policy Support	726	321	498	178	2.3	3.0	4.0	1.0
(1866) Office of Strategic Planning and Grants Management	560	918	908	-11	1.9	1.0	1.0	0.0
(1880) Office of Accountability - QI/Audit	750	819	994	175	8.4	7.1	8.1	1.0
(1881) Office of Accountability - Certification/Licensure	657	690	710	21	6.1	6.5	6.5	0.0
(1882) Office of Accountability - Investigations	152	165	175	10	1.4	1.5	1.5	0.0
<b>Subtotal (1800) Mental Health Authority</b>	<b>8,716</b>	<b>7,341</b>	<b>7,308</b>	<b>-33</b>	<b>35.1</b>	<b>33.1</b>	<b>32.1</b>	<b>-1.0</b>

(Continued on next page)

**Table RM0-4 (Continued)**

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012
<b>(2800) Community Services Agency</b>								
(2815) Adult and Family Services - CSA	5	0	0	0	0.0	0.0	0.0	0.0
<b>Subtotal (2800) Community Services Agency</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>(3800) Saint Elizabeths Hospital</b>								
(3805) Office of the Chief Executive	1,632	1,906	326	-1,580	13.1	19.0	3.0	-16.0
(3810) Office of Clinical and Medical Services - SEH	23,017	21,344	18,742	-2,602	145.7	153.5	148.8	-4.7
(3815) Engineering and Maintenance - SEH	4,384	5,737	5,274	-463	17.8	21.0	16.0	-5.0
(3820) Fiscal and Support Services - SEH	1,866	1,365	4,514	3,148	7.5	9.0	10.0	1.0
(3825) Forensic Services - SEH	1,505	882	877	-6	11.2	9.0	10.0	1.0
(3830) Housekeeping - SEH	2,036	2,234	2,176	-58	43.0	45.0	42.0	-3.0
(3835) Materials Management - SEH	1,331	1,408	1,513	105	6.6	7.0	7.0	0.0
(3845) Nursing - SEH	31,790	30,439	33,023	2,584	399.4	422.1	431.5	9.4
(3850) Nutritional Services - SEH	3,433	3,624	3,478	-145	39.3	34.1	30.1	-4.0
(3860) Security and Safety - SEH	2,092	1,122	2,555	1,433	17.8	19.0	19.0	0.0
(3865) Transportation and Grounds - SEH	884	1,029	871	-157	10.3	8.0	6.0	-2.0
(3870) Office of the Chief of Staff - SEH	1,851	1,948	6,879	4,931	23.4	20.0	82.2	62.2
(3875) Office of the Chief Operating Officer - SEH	1,348	1,494	2,061	567	15.9	18.0	26.8	8.8
(3880) Clinical Administration - SEH	5,536	6,209	1,374	-4,835	74.4	79.2	12.0	-67.2
<b>Subtotal (3800) Saint Elizabeths Hospital</b>	<b>82,704</b>	<b>80,740</b>	<b>83,662</b>	<b>2,922</b>	<b>825.3</b>	<b>864.0</b>	<b>844.5</b>	<b>-19.5</b>
<b>(4800) Mental Health Services and Supports</b>								
(4805) Office of the Deputy Director - MHSS	12,395	11,940	12,184	244	6.6	7.0	7.0	0.0
(4810) Organizational Development - MHSS	1,153	1,100	1,279	178	8.3	9.0	11.0	2.0
(4815) Adult Services - Support Housing - MHSS	6,325	7,141	8,428	1,287	4.7	4.0	3.0	-1.0
(4820) Adult Services - Support Employment - MHSS	831	837	844	6	1.7	2.0	2.0	0.0
(4825) Adult Services Assertive Community Treatment - MHSS	106	108	109	2	0.9	1.0	1.0	0.0
(4830) Adult Services - Forensic - MHSS	1,434	1,307	1,215	-93	6.6	6.0	5.0	-1.0
(4835) Care Coordination - MHSS	2,087	2,262	1,625	-638	17.8	21.0	19.0	-2.0
(4840) Mental Health Services - MHSS	1,396	2,150	2,567	418	12.7	23.0	26.5	3.5
(4845) Comprehensive Psych Emergency Program (CPEP) - MHSS	7,834	8,015	8,441	426	59.5	62.8	66.8	4.0
(4850) Pharmacy - MHSS	2,619	2,459	2,391	-69	8.7	9.0	8.0	-1.0
(4855) Homeless Outreach Services - MHSS	1,130	1,160	1,148	-12	6.8	8.0	7.5	-0.5
(4860) Children and Youth - MHSS	11,520	9,757	13,687	3,930	32.8	35.0	33.5	-1.5
(4865) Early Childhood and School MH Program - MHSS	5,604	5,431	5,954	523	52.6	54.7	60.2	5.5
(4870) Integrated Care - MHSS	1,636	1,606	1,635	29	6.6	7.0	7.0	0.0
(4880) Physicians Practice Group - MHSS	2,041	1,908	2,570	662	10.0	9.4	12.4	3.0
<b>Subtotal (4800) Mental Health Services and Supports</b>	<b>58,109</b>	<b>57,182</b>	<b>64,076</b>	<b>6,894</b>	<b>236.3</b>	<b>258.9</b>	<b>269.9</b>	<b>11.0</b>

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**Table RM0-4 (Continued)**

(dollars in thousands)

Division/Activity	Dollars in Thousands				Full-Time Equivalents			
	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012	Actual FY 2011	Approved FY 2012	Proposed FY 2013	Change from FY 2012
<b>(7800) Mental Health Financing/Fee for Service</b>								
(7820) Mental Health Rehabilitation Services	7,757	3,399	3,698	298	0.0	0.0	0.0	0.0
(7825) Mental Health Rehabilitation Services - Local Match	12,619	11,994	13,213	1,219	0.0	0.0	0.0	0.0
(7870) Claims Administration/Billing	574	570	685	116	9.4	8.0	9.0	1.0
(7880) Provider Relations	566	592	499	-93	4.5	5.0	4.0	-1.0
<b>Subtotal (7800) Mental Health Financing/Fee for Service</b>	<b>21,517</b>	<b>16,554</b>	<b>18,095</b>	<b>1,540</b>	<b>13.8</b>	<b>13.0</b>	<b>13.0</b>	<b>0.0</b>
<b>Total Proposed Operating Budget</b>	<b>189,356</b>	<b>177,651</b>	<b>191,168</b>	<b>13,517</b>	<b>1,196.2</b>	<b>1,255.7</b>	<b>1,245.2</b>	<b>-10.5</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 divisions, please see Schedule 30-PBB Program Summary by Activity in the FY 2013 Operating Appendices located on the Office of the Chief Financial Officer's website.

## FY 2013 Proposed Budget Changes

The Department of Mental Health's (DMH) proposed FY 2013 gross budget is \$191,167,559, which represents a 7.6 percent increase over its FY 2012 approved gross budget of \$177,650,979. The budget is comprised of \$167,877,172 in Local funds, \$1,560,696 in Federal Grants funds, \$4,925,625 in Federal Medicaid Payments, \$157,243 in Private Grant funds, \$4,039,822 in Special Purpose Revenue funds, and \$12,607,001 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 2012 approved budget across multiple programs, and it estimates how much it would cost an agency to continue its current programs and operations into the following fiscal year. The initial adjustments in the budget proposal represent changes that should be compared to the FY 2013 CSFL budget and not necessarily changes made to the FY 2012 Local funds budget. The FY 2013 CSFL adjustments to the FY 2012 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.

DMH's FY 2013 CSFL budget is \$161,822,777, which represents a \$4,310,662, or 2.7 percent, increase over the FY 2012 approved Local funds budget of \$157,512,115. DMH's CSFL funding for Recurring Budget Items, which is listed in detail on table 5, reflects an increase of \$1,667,792 to account for the correction of the baseline budget for Overtime at the Saint Elizabeths Hospital (SEH).

### Initial Adjusted Budget

DMH's FY 2013 budget proposal continues to focus on providing ongoing care and emergency services to its clients in the District through a network of community-based private mental health providers, unique government delivered services, and SEH. The budget also continues to address the challenges associated with the federal judge approved settlement agreement in the *Dixon* case and the Department of Justice's mandated requirements for SEH.

**Reduce:** The FY 2013 budget proposal reflects reductions of funding that aligns the budget with revenue projections. DMH proposes a reduction of \$20,954 in Federal Grant funds to align the budget with projected grant award from the Mental Health Block Grant. Likewise, a reduction of \$310,351 aligns the budget with revenue from the Capitol Care Grant. In Special Purpose Revenue funds, a reduction of \$54,218 and 3.5 FTEs aligns the budget with revenue estimates for Medicare and Third-Party reimbursements.

**Optimize:** DMH's budget proposal increases Federal Medicaid Payments by \$6,431 to align the budget with projected federal Medicaid earnings for Administrative Claiming. In order to account for additional funding from the Patient Gift Fund, the proposed budget for Private Donations is being increased by \$40,000.

Based on a number of Memorandum of Understanding (MOU) agreements with various District agencies, DMH proposes several adjustments in Intra-District Funds. These adjustments include increases of \$1,575,284 for an MOU with the Office of the State Superintendent for Education in Support of the Wrap Around Project Services, \$604,544 and 5.0 FTEs for the MOU with the Department of Health in support of Project LAUNCH, \$463,414 for the MOU with the Child and Family Services Agency in support of the Wrap Around Services, \$280,411 and 2.0 FTEs for the MOU with the Department of Human Services to support the Homelessness Prevention and Rapid Re-housing, and \$240,874 for the MOU with the Department of Health in support of the Addiction Prevention and Recovery Administration's Substance Abuse Assessments and Referral Services.

Other adjustments in the budget proposal for Intra-District funds include increases of \$150,919 and 2.0 FTEs for the MOU with the Office of Victim Services to support the Homicide Survivor Response Project, \$93,596 and 1.0 FTE for another MOU with the Department of Health to support the Maternal and Family Health Administration's Maternal Mental Health Case Management, and \$49,276 to account for increased Federal Medicaid reimbursement via intra-District transfer from the Department of Health Care Finance. The Medicaid related budget is also proposed for a reduction of 0.1 FTE.

**Technical Adjustments:** DMH's FY 2013 Local budget proposal continues to support the operations of Mental Health Rehabilitation Services (MHRS) such as Diagnosis/Assessment, Medication/Somatic treatment, Counseling, Community Support, Crisis/Emergency, Day Services, Community-Based Intervention, and Assertive Community Treatment. The District leverages federal reimbursement for Medicaid eligible services in the MHRS system. Based on the District's FY 2013 projected Medicaid growth rate of 8.1 percent, DMH proposes an increase of \$1,328,720 to cover the cost projections for the Local match of the MHRS system.

**Cost Increase:** The provisional FY 2013 projections for fixed costs accounts for a net increase of \$2,253,158 in the Local budget proposal. This change is primarily driven by estimates for Rentals - Land and Structures provided by Department of General Services (DGS). DMH also proposes to increase the budget in Local funds by \$87,291 and 1.1 FTEs to reflect realignment of staff in FY 2013.

**Cost Decrease:** In the budget proposal for Local funds, DMH proposes a net reduction of \$2,340,448 across multiple programs. These adjustments provide the offsets for fixed costs and align the budget with programmatic needs. The Local budget proposal also eliminates 4.5 FTEs that are unfunded in FY 2013.

### **Additionally Adjusted Budget**

**Technical Adjustment:** Adjustments of Fringe Benefits to restore the District Government contribution for employee health insurance from 72 percent, implemented in the FY 2011 budget, to 75 percent in FY 2013, resulting in increases of \$410,675 in Local funds, \$1,664 in Federal Grants funds, \$3,113 in Federal Medicaid Payments, \$7,998 in Special Purpose Revenue funds, and \$19,522 in Intra-District funds.

### **Policy Initiatives**

**Enhance:** The FY 2013 proposed budget provides additional funding for DMH's Supported Housing program. The Local budget is being increased by \$1,200,000 to cover the costs for an additional 100 subsidized housing units. The Local budget provides additional funding to support DMH's Saint Elizabeths Hospital program, resulting in increases of \$250,000 to support the Nurse Tuition Reimbursement program, \$250,000 to expand the Juvenile Behavioral Diversion program, and \$500,000 to increase reimbursements for child and adult psychiatric services.

The South Capitol Street Memorial Amendment Act of 2012 was passed as sequel to the original bill titled the South Capitol Street Tragedy Act of 2011 (Bill 19-211). This legislation was enacted in response to a tragic shooting spree that killed four District youth on March 30, 2010. The District's goal in drafting this legislation is to improve and expand its behavioral health intervention programs so as to better identify and treat at-risk youth. DMH's Local budget proposal includes an increase of \$1,815,000 to cover the costs that are related to the FY 2013 fiscal impact of Bill 19-211. The additional funding also supports child mental health services.

**Reduce:** DMH's budget proposal for Local funds includes cost-saving initiatives based on the efficient management of Overtime and Contracted Nurse Services program at the Saint Elizabeths Hospital. A reduction of \$1,700,000 is projected in the budget as a result of this proposal. The agency also leverages cost savings from the elimination of 13.5 FTEs from projected vacant positions, thereby reducing the Local budget by \$1,000,000.

**Cost Increase:** In prior years, DMH partially covered healthcare costs for incarcerated patients at the Saint Elizabeths Hospital under Medicaid. In FY 2013, the agency will no longer leverage federal reimbursement from Medicaid because the Centers for Medicaid and Medicare policy prohibits Medicaid coverage for incarcerated patients. Therefore, an increase of \$3,000,000 in DMH's budget proposal for Local funds provides additional funding to cover healthcare costs that are related to the loss of federal Medicaid revenue.

## FY 2012 Approved Budget to FY 2013 Proposed Budget, by Revenue Type

Table RM0-5 itemizes the changes by revenue type between the FY 2012 approved budget and the FY 2013 proposed budget.

**Table RM0-5**

(dollars in thousands)

	PROGRAM	BUDGET	FTE
<b>LOCAL FUNDS: FY 2012 Approved Budget and FTE</b>		<b>157,512</b>	<b>1,130.0</b>
Recurring Budget Items	Multiple Programs	1,668	0.0
Fringe Benefit Rate Adjustment	Multiple Programs	1,160	0.0
Consumer Price Index	Multiple Programs	1,113	0.0
Personal Services Growth Factor	Multiple Programs	369	0.0
<b>FY 2013 Current Services Funding Level Budget (CSFL)</b>		<b>161,823</b>	<b>1,130.0</b>
Technical Adjustments: Ensure adequate Medicaid Local match for MHRS based on 8.1 percent growth factor	Mental Health Financing/ Fee Services	1,329	0.0
Cost Increase: Cover projected fixed costs estimates from the Department of General Services (DGS)	Agency Management	2,253	0.0
Cost Increase: Adjust the budget to reflect realignment of staff	Mental Health Services and Supports	87	1.1
Cost Decrease: Adjust funding across various program to align the budget with programmatic needs including fixed cost estimates and elimination of unfunded positions	Multiple Programs	-2,340	-4.5
<b>FY 2013 Initial Adjusted Budget</b>		<b>163,151</b>	<b>1,126.6</b>
Technical Adjustment: Health insurance contribution	Multiple Programs	411	0.0
<b>FY 2013 Additionally Adjusted Budget</b>		<b>163,562</b>	<b>1,126.6</b>
<b>FY 2013 Policy Initiatives</b>			
Enhance: Provide additional funding to cover the fiscal impact of the South Capitol Street Memorial Amendment Act of 2012 and to support child mental health services	Mental Health Services and Supports	1,815	0.0
Enhance: Increase the number of subsidized housing by 100 units	Mental Health Services and Supports	1,200	0.0
Enhance: Support increase of reimbursements for child and adult psychiatric services	Saint Elizabeths Hospital	500	0.0
Enhance: Support DMH's Nurse Tuition Reimbursement program	Saint Elizabeths Hospital	250	0.0
Enhance: Expand the Juvenile Behavioral Diversion program	Saint Elizabeths Hospital	250	0.0
Reduce: Manage Overtime and Contracted Nurse Services at Saint Elizabeths Hospital more efficiently	Saint Elizabeths Hospital	-1,700	0.0
Reduce: Leverage cost savings from elimination of vacant positions	Multiple Programs	-1,000	-13.5
Cost Increase: Provide additional funding for healthcare costs previously covered under Medicaid for incarcerated patients at the Saint Elizabeths Hospital	Saint Elizabeths Hospital	3,000	0.0
<b>LOCAL FUNDS: FY 2013 Proposed Budget and FTE</b>		<b>167,877</b>	<b>1,113.1</b>
<b>FEDERAL GRANT FUNDS: FY 2012 Approved Budget and FTE</b>		<b>1,890</b>	<b>5.5</b>
Reduce: To align Capitol Care Grant with projected grant award	Mental Health Services and Supports	-310	0.0
Reduce: To align Mental Health Block Grant with projected grant award	Mental Health Authority	-21	0.0
<b>FY 2013 Initial Adjusted Budget</b>		<b>1,559</b>	<b>5.5</b>
Technical Adjustment: Health insurance contribution	Multiple Programs	2	0.0
<b>FY 2013 Additionally Adjusted Budget</b>		<b>1,561</b>	<b>5.5</b>
<b>FEDERAL GRANT FUNDS: FY 2013 Proposed Budget and FTE</b>		<b>1,561</b>	<b>5.5</b>

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**Table RM0-5 (continued)**  
(dollars in thousands)

	<b>PROGRAM</b>	<b>BUDGET</b>	<b>FTE</b>
<b>FEDERAL MEDICAID PAYMENTS: FY 2012 Approved Budget and FTE</b>		<b>4,916</b>	<b>2.0</b>
Optimize: Align budget with projected Federal Medicaid earnings for Administrative Claiming	Multiple Programs	6	0.0
<b>FY 2013 Initial Adjusted Budget</b>		<b>4,923</b>	<b>2.0</b>
Technical Adjustment: Health insurance contribution	Multiple Programs	3	0.0
<b>FY 2013 Additionally Adjusted Budget</b>		<b>4,926</b>	<b>2.0</b>
<b>FEDERAL MEDICAID PAYMENTS: FY 2013 Proposed Budget and FTE</b>		<b>4,926</b>	<b>2.0</b>
<b>PRIVATE GRANT FUNDS: FY 2012 Approved Budget and FTE</b>		<b>117</b>	<b>0.0</b>
Optimize: Adjust the budget to reflect funding for the Patient Gift Fund	Saint Elizabeths Hospital	40	0.0
<b>FY 2013 Initial Adjusted Budget</b>		<b>157</b>	<b>0.0</b>
<b>PRIVATE GRANT FUNDS: FY 2013 Proposed Budget and FTE</b>		<b>157</b>	<b>0.0</b>
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2012 Approved Budget and FTE</b>		<b>4,086</b>	<b>37.0</b>
Reduce: Align budget with revenue estimates for Medicare and 3rd party reimbursements	Multiple Programs	-54	3.5
<b>FY 2013 Initial Adjusted Budget</b>		<b>4,032</b>	<b>33.5</b>
Technical Adjustment: Health insurance contribution	Multiple Programs	8	0.0
<b>FY 2013 Additionally Adjusted Budget</b>		<b>4,040</b>	<b>33.5</b>
<b>SPECIAL PURPOSE REVENUE FUNDS: FY 2013 Proposed Budget and FTE</b>		<b>4,040</b>	<b>33.5</b>
<b>INTRA-DISTRICT FUNDS: FY 2012 Approved Budget and FTE</b>		<b>9,129</b>	<b>81.2</b>
Optimize: MOU with the Office of the State Superintendent for Education to support the Wrap Around Project Services	Mental Health Services and Supports	1,575	0.0
Optimize: MOU with the Department of Health to support Project LAUNCH	Mental Health Services and Supports	605	5.0
Optimize: MOU with the Child and Family Services Agency in support of the Wrap Around Services	Mental Health Services and Supports	463	0.0
Optimize: MOU with the Department of Human Services to support the Homelessness Prevention and Rapid Re-housing	Mental Health Services and Supports	280	2.0
Optimize: MOU with the Department of Health to support APRA	Mental Health Authority	241	0.0
Optimize: MOU with the OVS to support the Homicide Survivor Response Project	Mental Health Services and Supports	151	2.0
Optimize: MOU with the Department of Health to support Maternal and Family Health Administration	Mental Health Services and Supports	94	1.0
Optimize: Federal Medicaid reimbursement by Intra-District transfer from the Department of Health Care Finance	Multiple Programs	49	-0.1
<b>FY 2013 Initial Adjusted Budget</b>		<b>12,587</b>	<b>91.1</b>
Technical Adjustment: Health insurance contribution	Multiple Programs	20	0.0
<b>FY 2013 Additionally Adjusted Budget</b>		<b>12,607</b>	<b>91.1</b>
<b>INTRA-DISTRICT FUNDS: FY 2013 Proposed Budget and FTE</b>		<b>12,607</b>	<b>91.1</b>
<b>Gross for RM0 - Department of Mental Health</b>		<b>191,168</b>	<b>1,245.2</b>

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

## Agency Performance Plan

The agency's performance plan has the following objectives for FY 2012:

### Mental Health Authority

**Objective 1:** Expand the range of mental health services.

**Objective 2:** Continually improve the consistency and quality of mental health services.

**Objective 3** Ensure system accountability.

## Proposed Key Performance Indicators - Mental Health Authority

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Child/Youth CSRs overall system performance	49%	80%	59% <sup>1</sup>	65%	70%	Maintain 70%
Reporting process and tracking through Internal Quality Committee (IQC)	Not Applicable	Not Applicable	Not Applicable	June 2012 <sup>2</sup>	Continued tracking and reporting through IQC	Continued tracking and reporting through IQC
Adult dashboard with service, program and consumer outcomes data	Not Applicable	Not Applicable	Not Applicable	June 2012 <sup>3</sup>	Continued data generation and reporting	Continued data generation and reporting
Scorecard providers' aggregate quality (adult) score <sup>4</sup>	77.36	Not Applicable	71.42	80.00	TBD	TBD
Scorecard providers' average quality (child) score	73.00	Not Applicable	63.27	80.00	TBD	TBD
Scorecard providers' average financial score <sup>5</sup>	82.86	Not Applicable	80.22	85.00	TBD	TBD

MHRS: Mental Health and Recovery Services

**Saint Elizabeths Hospital<sup>6</sup>**

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

**Proposed Key Performance Indicators - Health Authority**

<b>Measure</b>	<b>FY 2010 Actual</b>	<b>FY 2011 Target</b>	<b>FY 2011 Actual</b>	<b>FY 2012 Projection</b>	<b>FY 2013 Projection</b>	<b>FY 2014 Projection</b>
Total Patients Served Per Day	327	300	288	291	288	288
Eloperments per 1,000 patient days	.45	.68	.41	.45	.41	.41
Patient injuries per 1,000 patient days <sup>7</sup>	Not Applicable	Not Applicable	.27	.28	.27	.27
Medication variances that occurred for every 1,000 patient days	1.95	2.51	1.58	2.38	2.27	2.27
Unique patients who were restrained at least once during month <sup>8</sup>	.4	.9	.4	.4	.4	.4
Unique patients who were secluded at least once during month	1.2	.5	.6	.6	.6	.6
Percentage of Patients re-admitted to Saint Elizabeths Hospital within 30 days of discharge <sup>9</sup>	7.0%	8.1%	5.2%	5.0%	4.8%	4.8%

MHRS: Mental Health and Recovery Services

## Mental Health Services and Supports

Objective 1: Expand the range of mental health services.

Objective 2: Increase access to mental health services.

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

Objective 4: Ensure system accountability.

### Proposed Key Performance Indicators - Mental Health Services and Supports

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual YTD	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Baseline and reduced number of bed days C/Y spend in PRTFs	Not Applicable	Pending	Pending	Baseline Established	30% reduction in number of bed days	Maintain 30% reduction
Increase C/Y receiving Multi-Systemic Therapy (MST)	Not Applicable	Baseline for MST	129	20% increase in FY 2011 MST baseline	20% increase in FY 2012 MST baseline	Maintain 20% increase
Increase C/Y receiving Functional Family Therapy (FFT)	Not Applicable	Baseline for FFT	82	20% increase in FY 2011 FFT baseline	20% increase in FY 2012 FFT baseline	Maintain 20% increase
Increase C/Y receiving High Fidelity Wrap-around (HFW)	Not Applicable	Baseline for HFW	211	10% increase in FY 2011 HFW baseline	20% increase in FY 2012 HFW baseline	Maintain 20% increase
300 net new supported housing vouchers/subsidies and/or capital housing units	Not Applicable	Baseline and methodology for vouchers/subsidies and capital units in development	1,396	Strategic plan and resource development for supported housing need	200 supported housing vouchers/subsidies and/or 100 capital housing units	Maintain 200 supported vouchers/subsidies and/or 100 capital housing units
Method to assess need for supported employment and referral of consumers to service	Not Applicable	Baseline for total number of consumers served in supported employment	761	60% of interested consumers referred to supported employment	60% of interested consumers referred to supported employment	Maintain 60% referral of interested consumers
Increase number of consumers receiving supported employment service	Not Applicable	Not Applicable	Not Applicable	10% increase number receiving service in FY 2011	15% increase number receiving service in FY 2012	Maintain 15% increase
Adults receive at least one non-crisis in a non-emergency setting within 7 days of discharge from a psychiatric hospitalization	52.78%	80%	69.63%	Not Applicable	70%	Maintain 70%

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## Proposed Key Performance Indicators - Mental Health Services and Supports (Continued)

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual YTD	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
C/Y receive at least one non-crisis in a non-emergency setting within 7 days of discharge from a psychiatric hospitalization	45.6%	80%	55.96%	Not Applicable	70%	Maintain 70%
Adults receive at least one non-crisis service in a non-emergency setting within 30 days of discharge from a psychiatric hospitalization	Pending	Pending	Pending	Not Applicable	80%	Maintain 80%
C/Y receive at least one non-crisis service in a non-emergency setting within 30 days of discharge from a psychiatric hospitalization	Pending	Pending	Pending	Not Applicable	80%	Maintain 80%
MHSD productivity hours per month per FTE	65 hours per month per FTE	77 hours per month per FTE	79 hours per month per FTE	83 hours per month per FTE	87 hours per month per FTE	87 hours per month per FTE

CSA: Community Services Agency

### Mental Health Financing/Fee for Service

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

## Proposed Key Performance Indicators - Mental Health Financing/Fee for Services

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual YTD	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Improve total Medicaid claims paid by reducing exceptions on the front end	\$375,158	No target identified	Develop baseline \$93,489	Continued tracking and assess progress, set target and monitor	Continued tracking and monitoring adjust target as necessary	monitoring adjust target as necessary
Improve total Medicaid claims paid by facilitating providers reducing DHCF denials	8.8% Medicaid denials	No target identified	Reduce 11.4% Medicaid denial	Continued tracking and Medicaid denials to 5% or less	Continued tracking and monitoring adjust target as necessary	monitoring adjust target as necessary

DHCF: Department of Health Care Finance

## Agency Management

Objective 1: Ensure system accountability.

### Performance Plan End Notes:

- 1 As reported by the Dixon Court Monitor in his July 2011 report which is available on the DMH website ([www.dmh.dc.gov](http://www.dmh.dc.gov))
- 2 As part of the initiative to integrate key performance and outcome measures into standard reporting processes, some reporting and tracking will go through the Internal Quality Committee. This process is not developed and is expected to begin by June 2012.
- 3 The Child dashboard has been up and running since April 2011. The Adult dashboard is expected to be developed by June 2012.
- 4 Provider Scorecard data derived from provider quality of care in domains like treatment planning, functional assessments, transition planning and atypical medication monitoring. The FY 2010 provider overall Scorecard was published in February 2011 among providers only. The average compliance score was 99.24 percent but this domain was eliminated from the Scorecard in FY 2011. The baseline from the FY 2010 Provider Scorecard will be used to develop targets for subsequent fiscal years.
- 5 Derived from items like provider claims audit results, financial documents, and internal auditing and claims review system. The baseline from the FY 2010 Provider Scorecard will be used to develop targets for subsequent fiscal years.
- 6 Patient days serves as the denominator for indicators 2, 3, and 4; Total number of unique patients serves as the denominator for indicators 5 and 6; Target data for FY 2012 - FY 2013 was set in September 2011 when complete data for FY 2011 is not available; and FY 2014 projections repeat the FY 2013 projections.
- 7 Injury in the unusual incident report policy of the Saint Elizabeths Hospital is broadly defined to include any types of injuries regardless of the cause or severity level and the total number of patients injured represents all of the reported injuries including minor injuries treated with first aid alone. However, according to the National Research Institute (NRI) definition, the patient injury rate considers only those injuries that required beyond first-aid level treatment. Saint Elizabeths Hospital used to calculate the patient injury rate to include all of the reported injuries until December 2010. However, we recently modified the logic of our patient injury rate to make it consistent with the NRI's definition, and the patient injury rate provided herein is based on the modified definition: the number of 'major' patient injuries per every 1,000 inpatient days. This data became available only since January 2011.
- 8 The numbers are not whole numbers because they are monthly averages for the fiscal year and for many months no one was in restraints or seclusion.
- 9 Data for June 2011 on 30-day readmission is not yet available as this indicator requires 30-day observation period following discharge.