

Program and Activity Analysis

To address some of the requirements of the FY 2006 Budget Submission Requirements, Subtitle E, FY 2004 - FY 2006 DOH data are analyzed using the following categories for each program and activity:

- **Employees** shows Span of Control data (numbers of management, direct service providers and administration) for FY 2006.
- **Compensation** shows Total Personal Service expenditures and FTEs for FY 2004-FY 2005.
- **Expenditures** shows the distribution of total expenditures by Personal Services (PS), Contracts, and Other Non-Personal Services (NPS).

As Output Measure and Efficiency Measure data were not provided the following categories are omitted from this summary:

- **Beneficiaries and Services** would have shown the Output performance measure data for FY 2004 - FY 2006.
- **Beneficiaries and Unit Costs** would have shown program/activity Outputs and Efficiencies for FY 2004 – FY 2006.

Any benchmark comparisons that appear in the report are due to additional analysis, as no benchmark measure data were provided by the department.

- **Benchmarks** shows comparisons between the District of Columbia and other jurisdictions using the benchmark performance measures data.

Addiction Prevention and Recovery Administration Program

The Addiction Prevention and Recovery Administration (APRA) Program primarily supports the Citywide Strategic Priority area of *Making Government Work*. The purpose of the Addiction Prevention and Recovery Administration program is to provide the highest quality regulatory standards for the delivery of prevention and treatment services to the citizens of the District of Columbia who are addicted or who are at risk of becoming addicted to alcohol, tobacco and other drugs.

The following table summarizes total expenditures and full time equivalent employees for this program.

**TOTAL EXPENDITURES (000's) AND FULL TIME EQUIVALENT EMPLOYEES BY
FY2004 ACTUAL, FY2005 REVISED BUDGET, AND FY2006 PROPOSED BUDGET**

DEPARTMENT OF HEALTH		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Addiction Prevention and Recovery Administration	Total Expenditures	\$23,451	\$28,789	\$22,413
	Total FTEs	186	200	185
Choice in Drug Treatment-2070	Expenditures	\$6,708	\$8,499	\$7,500
	FTEs	0	0	0
Quality Improvement-2080	Expenditures	\$482	\$559	\$1,453
	FTEs	6	5	19
Certification and Regulation Services-2090	Expenditures	\$810	\$1,097	\$767
	FTEs	12	10	9
APRA Support Services-2100	Expenditures	\$4,564	\$7,268	\$3,152
	FTEs	56	56	25
Intake Assessment & Referral-2200	Expenditures	\$1,180	\$1,213	\$3,047
	FTEs	12	17	29
Acute Detox and Residential Treatment-2300	Expenditures	\$0	\$195	\$1,400
	FTEs	37	40	29
Prevention and Youth Services-2400	Expenditures	\$0	\$0	\$0
	FTEs	20	23	16
Youth Residential Treatment Services-2410	Expenditures	\$0	\$2,000	\$0
	FTEs	0	0	0
Youth Outpatient Treatment Services-2420	Expenditures	\$1,889	\$1,575	\$0
	FTEs	0	1	1
Adult Treatment Services-2510	Expenditures	\$5,728	\$3,676	\$3,508
	FTEs	31	34	44
Adult Residential Services-2520	Expenditures	\$0	\$1,400	\$0
	FTEs	0	0	0
Women's Services-2600	Expenditures	\$1,069	\$862	\$458
	FTEs	8	9	8
Special Population-2700	Expenditures	\$1,021	\$445	\$1,128
	FTEs	4	5	5

Choice in Drug Treatment Activity

The purpose of the Drug Treatment of Choice activity is to provide increased access to substance abuse treatment to residents of the District of Columbia so they can receive appropriate services from the provider of their choice.

Funding is used for Treatment Choice Services plus fixed costs associated with the program based upon the allowable \$250,000 for administrative costs.

The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Choice in Drug Treatment-2070	Expenditures	\$6,708	\$8,499	\$7,500
	FTEs	0	0	0

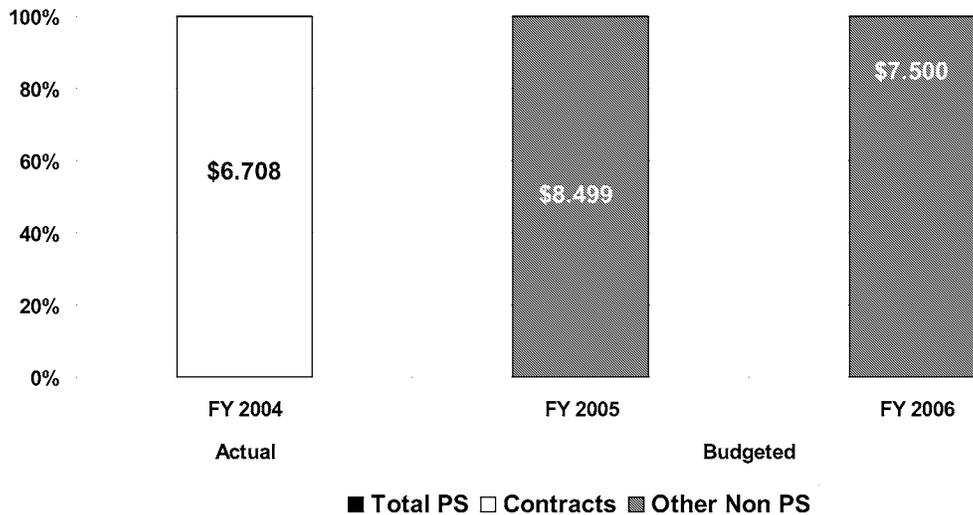
Compensation

Personal Service expenditures and FTEs were not listed for this program, suggesting the entire program operates on contracts and/or subsidies.

Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

For FY 2004, Contract expenses account for the entirety of total expenditures (\$6.7 million) in this activity. Contract expenses are projected to drop to 0% in FY 2005 and FY 2006. Other Non Personal Services (Subsidies) account for 100% of total expenditures (\$8.5 million) in FY 2005, and Other Non Personal Services (Subsidies and Fixed Costs) account for 100% of total expenditures (\$7.5 million) in FY 2006.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)



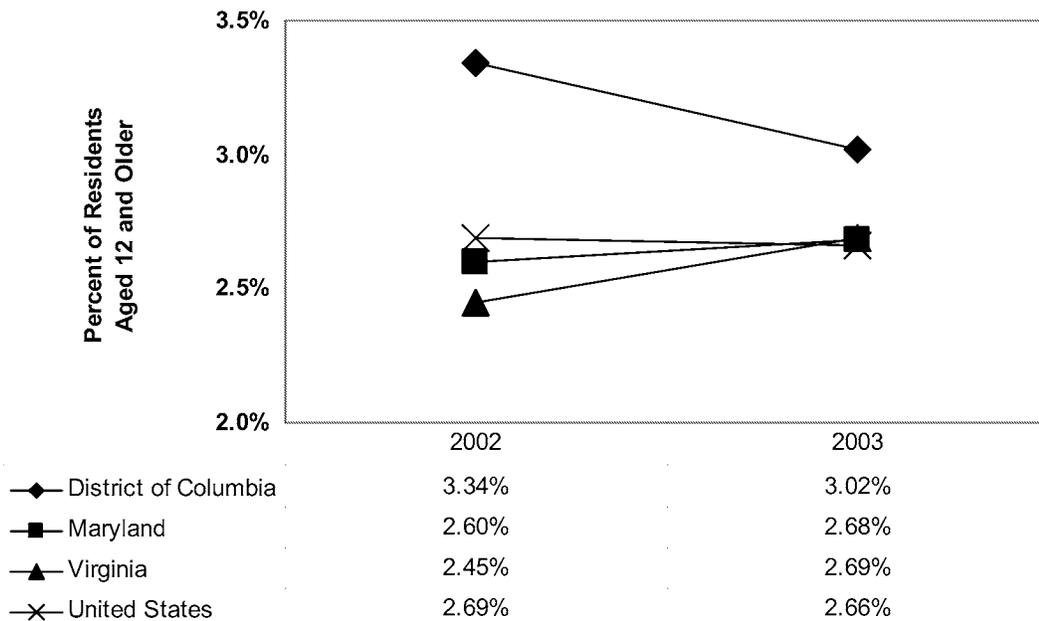
Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Choice in Drug Treatment Activity, data from the National Survey of Drug Use and Health (NSDUH) are reported here. The NSDUH is an annual household survey of the non-institutionalized population of US residents aged twelve and older, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services. The federal government publishes survey results for the 50 states and the District of Columbia in an annual report, which is available on line at www.oas.samhsa.gov/nhsda.htm.

Two measures from the NSDUH are of particular relevance to the Choice in Drug Treatment Activity: the percent of residents needing but not receiving treatment for illicit drug use, and the percent of residents needing but not receiving treatment for alcohol use. Needing but not receiving treatment refers to respondents classified as having a substance abuse or dependence problem but not receiving treatment at a specialty facility (i.e., drug and alcohol rehabilitation facilities, hospitals, and mental health centers). Collectively, SAMHSA refers to these two measures as the “treatment gap.”

The 2002 and 2003 treatment gap for illicit drug use is in the following chart. As seen, the District’s rates are higher than those of Maryland and Virginia, and also exceed national averages.

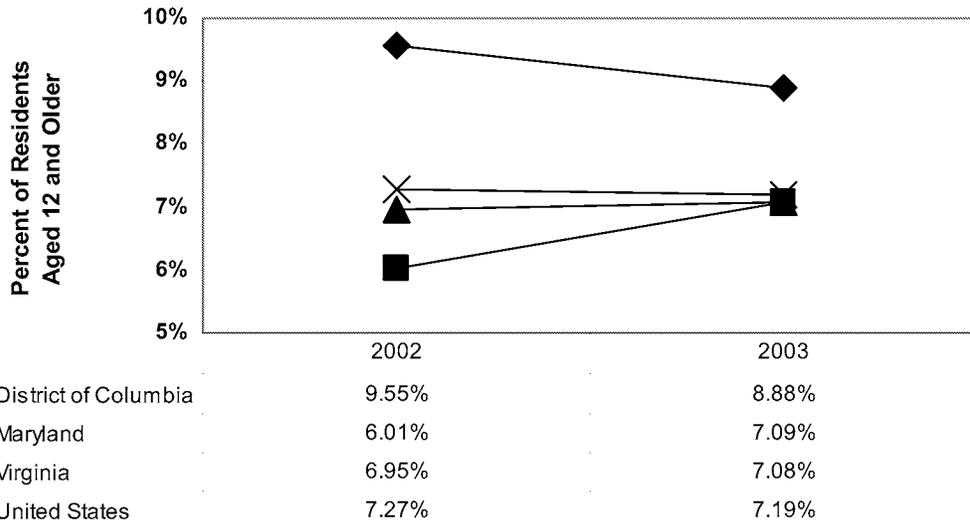
Needing But Not Receiving Treatment for Illicit Drug Use



SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003. Data are available online at www.oas.samhsa.gov/2k2State/toc.htm (2002) and www.oas.samhsa.gov/2k3State/html/toc.htm (2003).

The 2002 and 2003 treatment gap for alcohol use is in the following chart. As with the illicit drug treatment gap rates, the District’s alcohol treatment gap rates are higher than those in Maryland and Virginia, and also exceed national average rates.

Needing But Not Receiving Treatment for Alcohol Use



SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003. Data are available online at www.oas.samhsa.gov/2k3State/toc.htm (2003) and www.oas.samhsa.gov/2k2State/html/toc.htm (2002).

Quality Improvement Activity

The purpose of the Quality Improvement Activity is to provide a structure for the management of the Quality Improvement process to APRA staff and clients receiving APRA services so they can identify areas where services can be improved. Personnel in this activity ensure a continuous performance improvement process that increases the quality of services to District residents and ensures that evidenced based 'best practices' are replicated throughout the substance abuse treatment system.

Funding for the Quality Improvement Activity is used primarily for personal services with some funding for fixed costs and minor operating expenses.

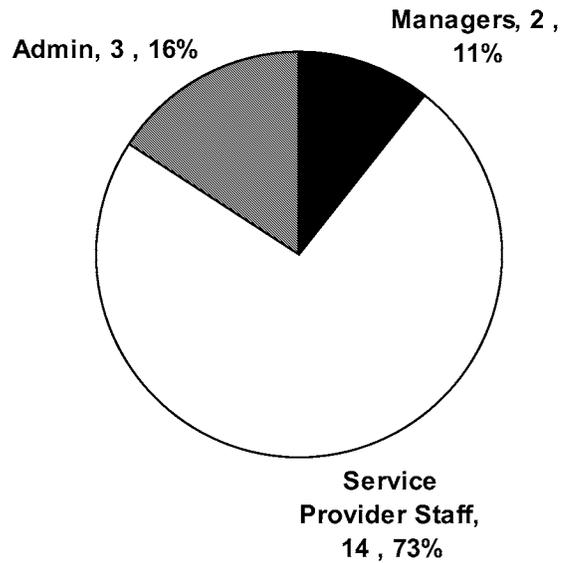
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Quality Improvement-2080	Expenditures	\$482	\$559	\$1,453
	FTEs	6	5	19

Employees

For FY 2006, there are 19 employees budgeted for this activity. The majority, 73%, or 14 employees, are Service Provider staff. Eleven percent (11%), or 2 employees, are Managers. Sixteen percent (16%), or 3 employees, are Administrative Support staff.

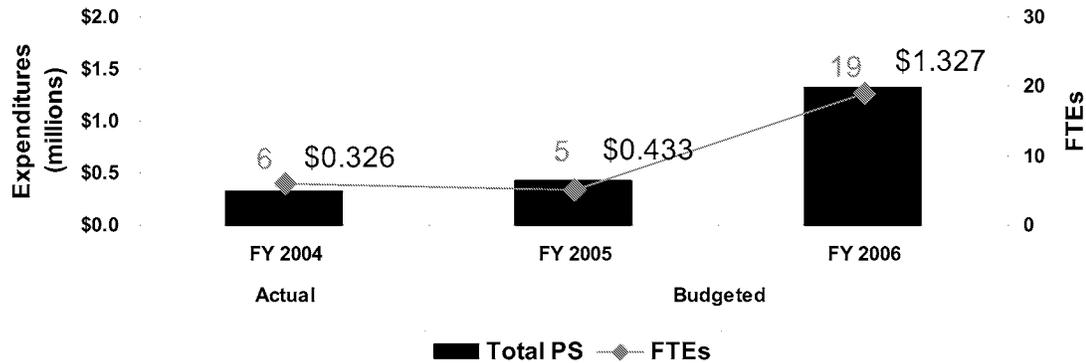
Positions by Span of Control, FY2006
(Category, Number, Percent)



Compensation

FY 2006 targeted Personal Services (\$1.3 million) are expected to increase almost 33% over the FY 2005 target (\$433,000) and almost 207% over the FY 2004 actual (\$326,000). FTEs are projected to increase 280% over this same three year period from an actual of 6 FTEs in FY 2004, to a budgeted number of 19 FTEs in FY 2006.

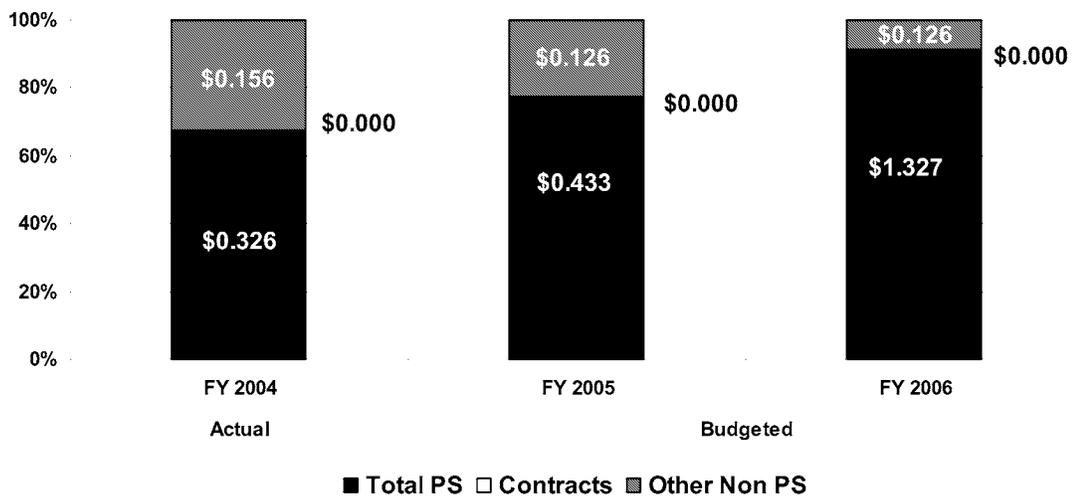
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

There were no Contract expenses budgeted for FY 2004, FY 2005 and FY 2006. Other Non Personal Services constitute approximately 32% (\$1.6 million) in total expenditures in FY 2004, 23% (\$126,000) in FY 2005 and 9% (\$126,000) in FY 2006. Personal Services constitute the majority - 68% - of total expenditures (\$326,000) in FY 2004, 77% (\$433,000) in FY 2005, and 91% (\$1.3 million) in FY 2006.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in millions)



Certification and Regulation Activity

The purpose of the Certification and Regulation Activity is to provide certification standards and certification under those standards to providers of substance abuse and addiction services so they can provide a level of care that meets substance abuse regulations.

Local funding is use for personnel costs, fixed costs, and minor operating expenses. Anticipated matching Medicaid funds will be used for treatment services.

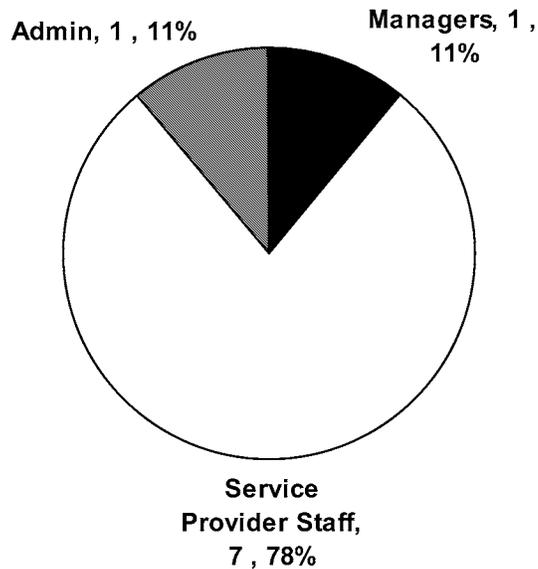
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Certification and Regulation Services	Expenditures	\$810	\$1,097	\$767
	FTEs	12	10	9

Employees

For FY 2006, there are 9 employees budgeted for this activity. The majority, 78%, or 7 employees, are Service Provider staff. Eleven percent (11%), or 1 employee, is a Manager. Eleven percent (11%), or 1 employee, is Administrative Support staff.

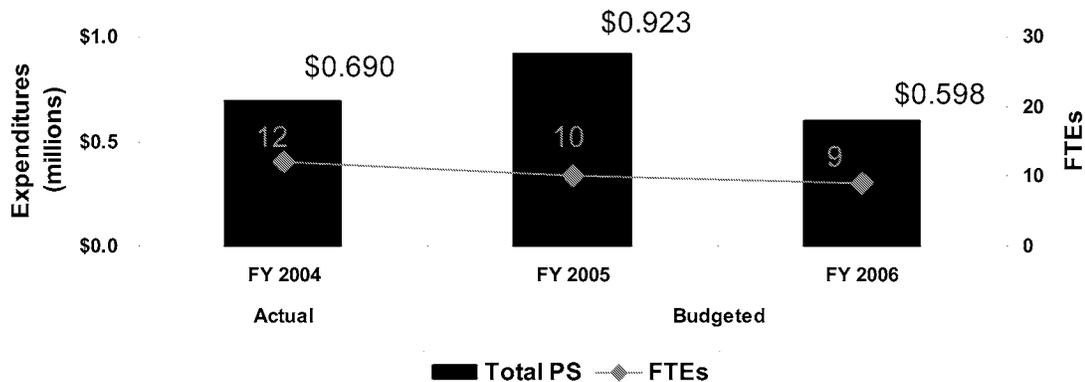
**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

Targeted Personal Services expenditures peak in FY 2005 at \$923,000 (up approximately 34% from FY 2004 actual of \$690,000) and then decrease approximately 35% to \$598,000 for FY 2006. FTEs are slowly decreasing from an FY 2004 actual of 12 to a budgeted 10 in FY 2005 and, finally, 9 budgeted in FY 2006 – for a total decrease of 25%.

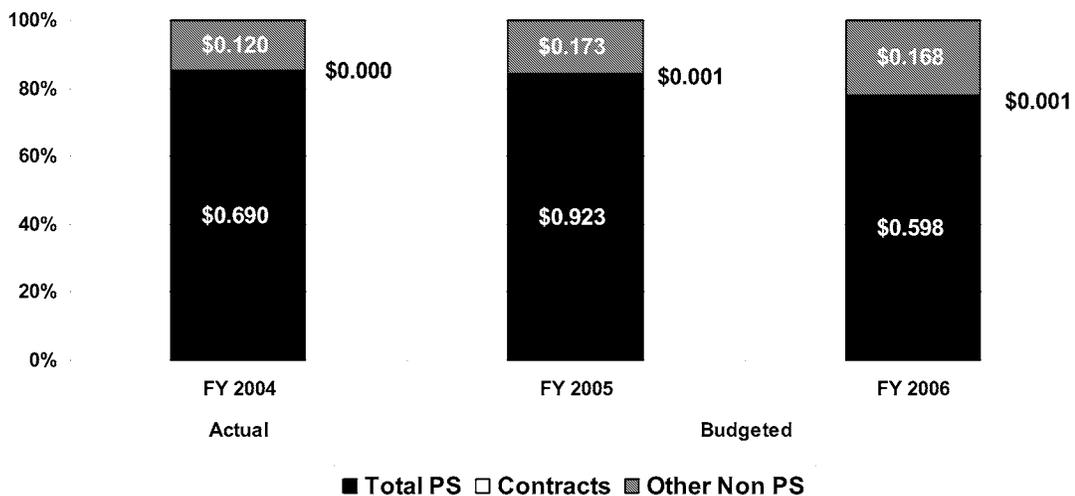
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

There were no Contract actual expenditures in FY 2004, and less than 1% (\$1,000) budgeted for both FY 2005 and FY 2006. Other Non Personal Services constitute approximately 15% (\$120,000) in total expenditures in FY 2004, 16% (\$173,000) in FY 2005 and 22% (\$168,000) in FY 2006. Personal Services constitute the majority - 85% - of total expenditures (\$690,000) in FY 2004, 84% (\$923,000) in FY 2005, and 78% (\$598,000) in FY 2006.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)

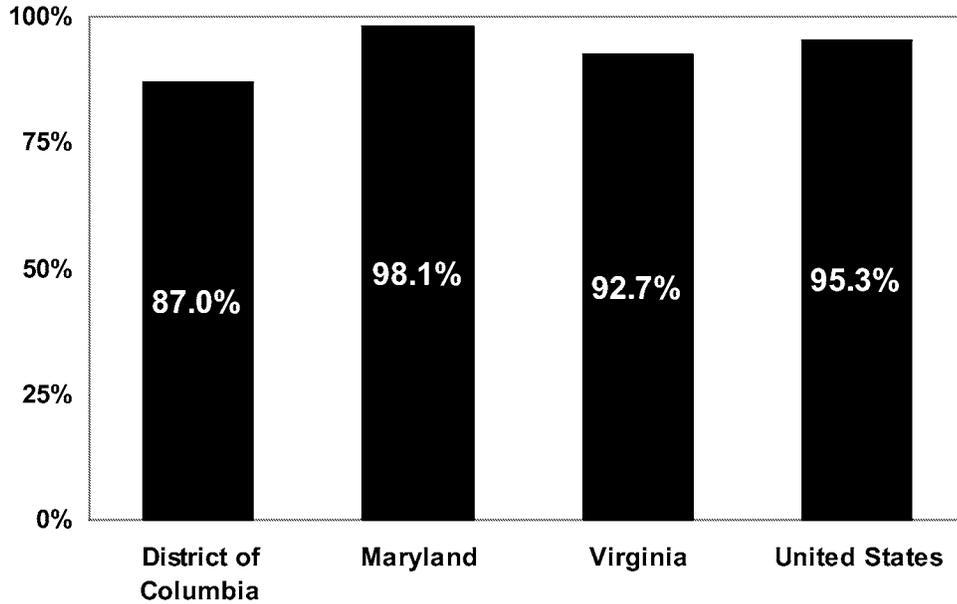


Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Certification and Regulation Activity, data from the National Survey of Substance Abuse Treatment Services (N-SSATS) are reported here. The N-SSATS is an annual survey of substance abuse treatment facilities, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services. The federal government publishes survey results for the 50 states and the District of Columbia in annual reports, which are available on-line at www.oas.samhsa.gov/dasis.htm#nssats2.

One of the N-SSATS measures reported is the percent of substance abuse treatment facilities that are licensed, certified, or accredited. The following chart reports this percentage for March 2003 (the latest data available). As seen, the District's percentage is lower than those in either Maryland or Virginia, and is also lower than the national average.

**Percent Substance Abuse Treatment Facilities
Licensed, Certified, or Accredited
March 2003**



SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey of Substance Abuse Treatment Services (N-SSATS), 2003, Table 6.17b. Data are available on line at www.dasis.samhsa.gov/03nssats/Tbl_6_17a.htm.

APRA Support Services Activity

The purpose of the APRA Support Services Activity is to provide programmatic and administrative direction to the Addiction Prevention Recovery Administration. The activity includes staff responsible for preparing and monitoring the Block Grant and developing and implementing the Mayor's Inter-Agency Citywide Strategic Plan.

Funds are spent on primarily on personal services, fixed costs plus services funded by the Drug Intradiction Fund and operating funds.

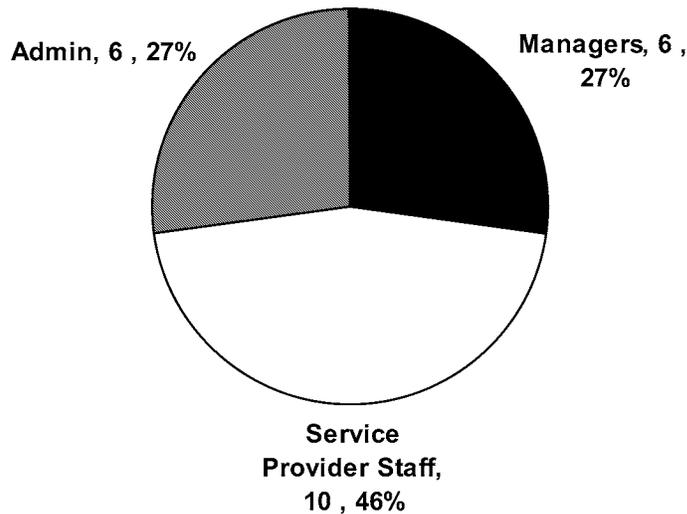
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
APRA Support	Expenditures	\$4,564	\$7,268	\$3,152
Services-2100	FTEs	56	56	25

Employees

For FY 2006, there are 22 employees budgeted for this activity, which does not coincide with the FTEs reported for FY 2006. Almost half, 46%, or 14 employees in this activity are Service Provider staff. Twenty-seven percent (27%), or 6 employees, are Managers. Twenty-seven percent (27%), or 6 employees, are Administrative Support staff.

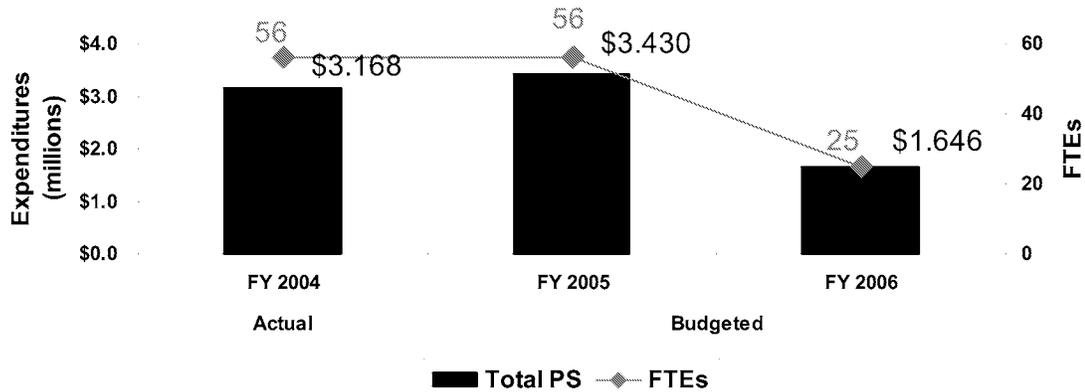
Positions by Span of Control, FY2006
(Category, Number, Percent)



Compensation

Total Personal Services expenditures are expected to increase 8% in FY 2005 over FY 2004 actual expenditures, but are expected to decrease considerably (52%) in FY 2006. FTEs are budgeted to remain steady at 56 in FY 2005 but are also projected to drop considerably by 55% to 25 in FY 2006.

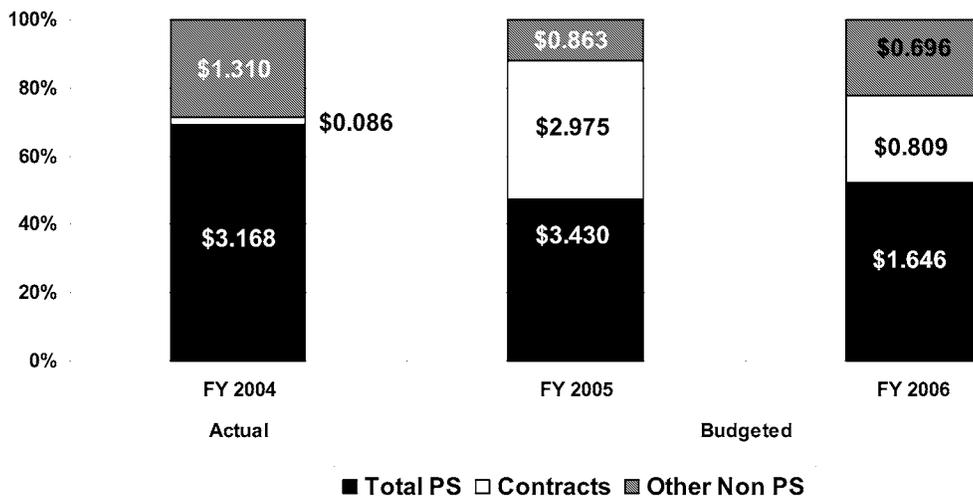
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures account for approximately 2% (\$86,000) of actual total expenditures in FY 2004; whereas, contract expenditures increase considerably - to approximately \$3.0 million - in FY 2005 to make up 41% of budgeted total expenditures, and decrease 73% in FY 2006 to make up 26% of budgeted total expenditures (\$809,000). Other Non Personal Services (Supplies & Equipment, Fixed Costs, and Other) constitute approximately 29% (\$1.3 million) in total expenditures in FY 2004, 12% (\$863,000) in FY 2005, and 22% (\$696,000) in FY 2006. Personal Services account for 65% of total expenditures (\$3.2 million) in FY 2004, and close to 50% in both FY 2005 and FY 2006.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in millions)



Intake Assessment and Referral Activity

The purpose of the Central Registry Activity is to provide an assessment and referral service to District residents seeking or remanded substance abuse treatment in an effort to obtain appropriate least restrictive service.

Funding in this activity is used for personal services and fixed costs.

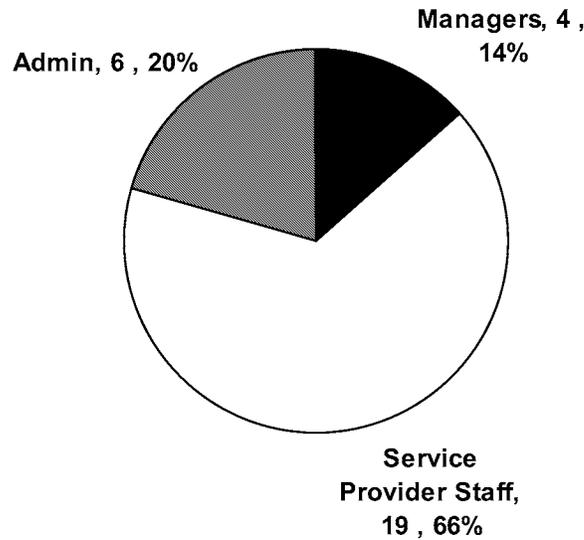
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Intake Assessment & Referral-2200	Expenditures	\$1,180	\$1,213	\$3,047
	FTEs	12	17	29

Employees

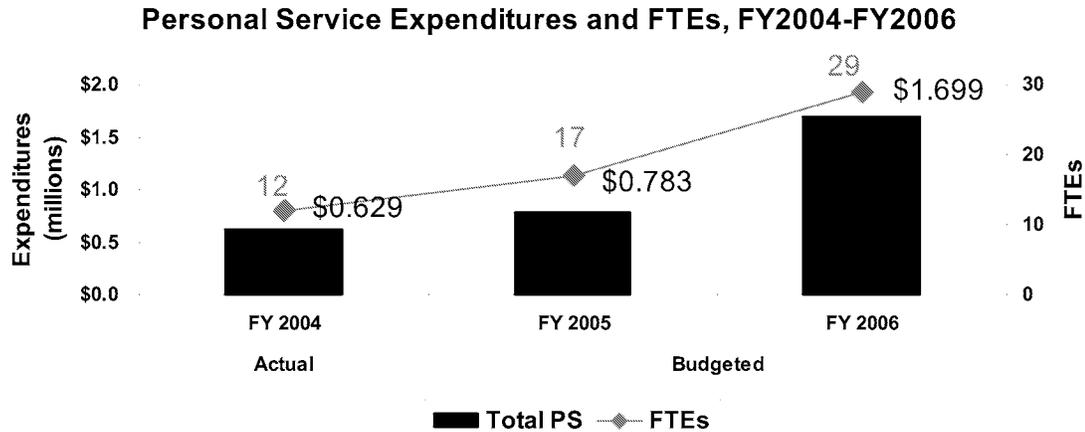
For FY 2006, there are 29 employees budgeted for this activity. The majority, 66%, or 19 employees, are Service Provider staff. Fourteen percent (14%), or 4 employees, are Managers. Twenty percent (20%), or 6 employees, are Administrative Support staff.

**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

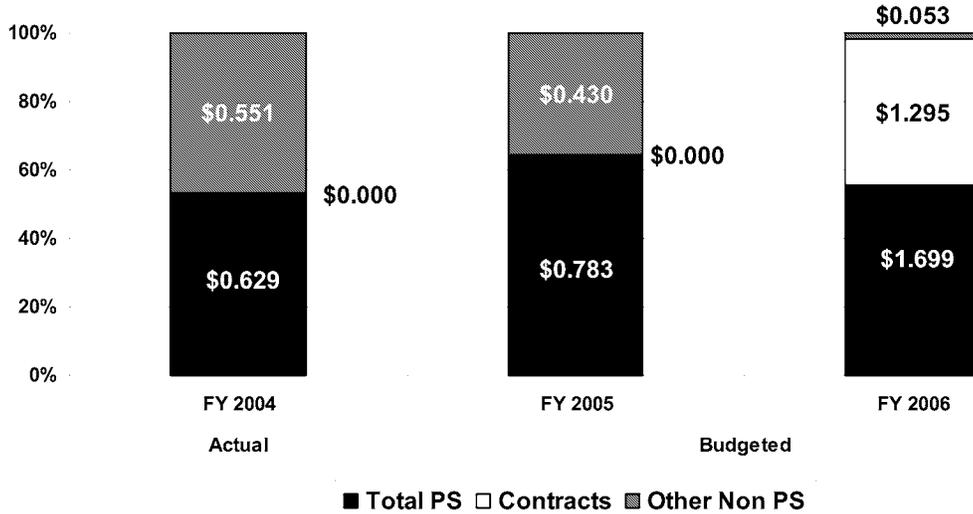
Total Personal Services expenditures are steadily increasing from an actual of \$629,000 in FY 2004 to a budgeted \$783,000 in FY 2005 and \$1.7 million in FY 2006, a projected 170% increase. Along the same lines, budgeted FTEs are expected to increase 142% from an actual of 12 in FY 2004 to 17 in FY 2005 and 29 in FY 2006.



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures were not utilized in FY 2004, not budgeted in FY 2005 and are projected to account for approximately 43% of total expenditures in FY 2006. In FY 2004, Other Non Personal Services expenditures (Supplies & Equipment, Fixed Costs, and Other) constitute almost 47% of total expenditures (\$551,000) in FY 2004, are projected to decrease 35% in FY 2005 (to \$430,000), and expected to account for only 2% (\$53,000) of total expenditures in FY 2006 – an overall decrease of 90% over the three year period.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)

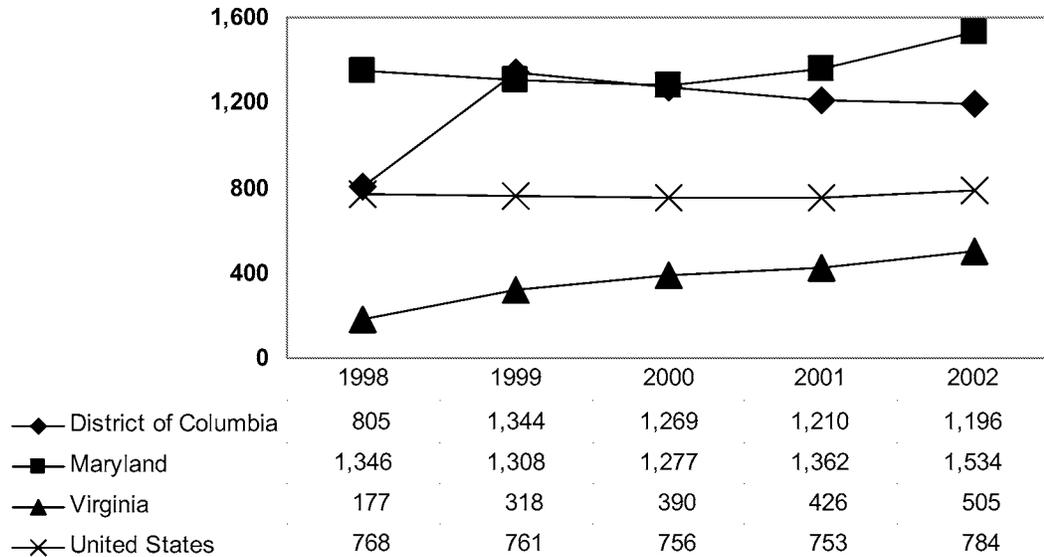


Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Intake Assessment and Referral Activity, this report examines substance abuse treatment admissions data reported by the District and states to the federal government. Specifically, the Substance Abuse and Mental Health Services Administration (SAMHSA) uses reported admissions data to calculate admission rates per 100,000 residents aged 12 and older. SAMHSA publishes these rates on-line at www.oas.samhsa.gov/dasis.htm#teds2.

Admission rates for 1998-2002 (the most recent five years available) are described in the following chart. As seen, the District's rates decreased slightly since 1999, following a substantial increase over 1998. The District's rates are comparable to Maryland's, and much higher than Virginia's and national averages.

**Substance Abuse Treatment Admissions
Per 100,000 Residents Aged 12 and Older
1998-2002**



SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS) - 3.01.04, Table 4.5b. Available online at www.dasis.samhsa.gov/teds02/Tbl_4_5b.htm.

Acute Detoxification & Residential Treatment Services Activity

The purpose of the Acute Detoxification and Residential Treatment Services Activity is to provide acute detoxification and residential treatment services to District residents who are abusing substances or are addicted to substances so they can access those services in a timely manner and ensure those services are effective.

Funding in this activity is used for personal services, fixed costs, treatment services and operating contracts.

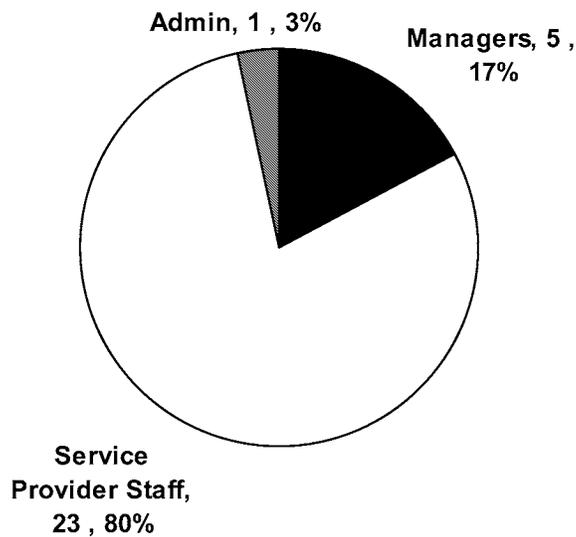
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Acute Detox and Residential	Expenditures	\$0	\$195	\$1,400
	FTEs	37	40	29

Employees

For FY 2006, there are 29 employees budgeted for this activity. The majority, 80%, or 23 employees, are Service Provider staff. Seventeen percent (17%), or 5 employees, are Managers. Three percent (3%), or 1 employee, is Administrative Support staff.

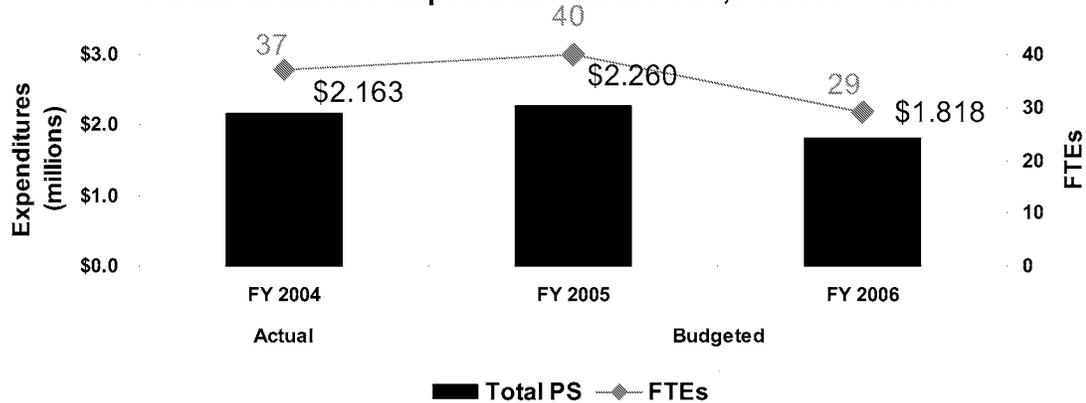
**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

In FY 2005, total Personal Service expenditures are budgeted to increase slightly (4%) to \$2.3 million over FY 2004 actual expenditures of approximately \$2.2 million, and are expected to drop 20% to approximately \$1.8 million in FY 2006. FTEs are budgeted to increase 8% to 40 in FY 2005 from 37 actual in FY 2004. FY 2006 FTEs are budgeted at 29, a 28% decrease from FY 2005 budget.

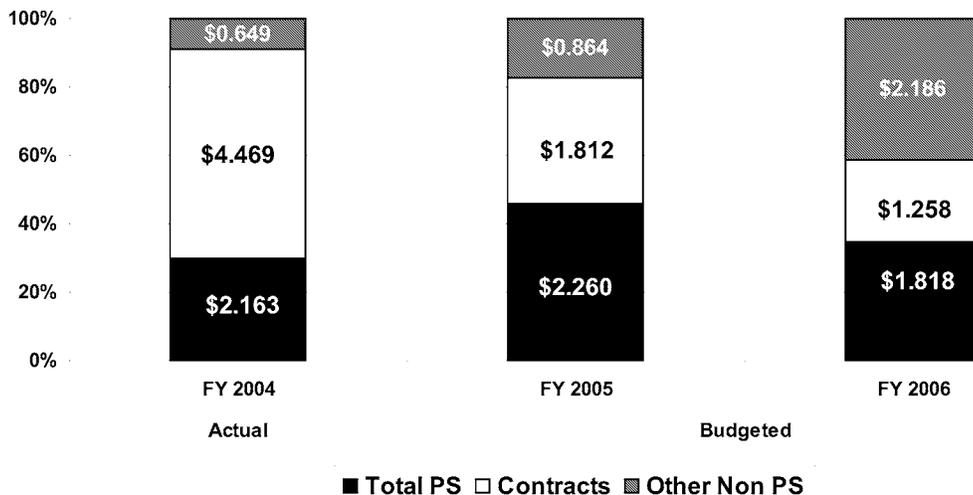
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures decrease 72% over the three year period. In FY 2004, Contract expenditures represented approximately 61% of actual expenses. Contract expenditures are budgeted at 37% of total expenditures in FY 2005, and are budgeted to decrease to 24% of total expenditures in FY 2006. Other Non Personal Services expenditures (Supplies & Equipment, Fixed Costs, and Other) constitute 9% of actual total expenditures in FY 2004, and are budgeted to account for 18% and 42% of total expenditures in FY 2005 and FY 2006, respectively.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in millions)



Prevention & Youth Treatment Services Activity

The purpose of the Prevention and Youth Treatment Services Activity is to provide substance abuse prevention, information, education, alternative activities, community-based programs and early identification to children, youth, families and neighborhoods in the District of Columbia so they can delay the onset of alcohol and tobacco use and receive the needed substance abuse treatment.

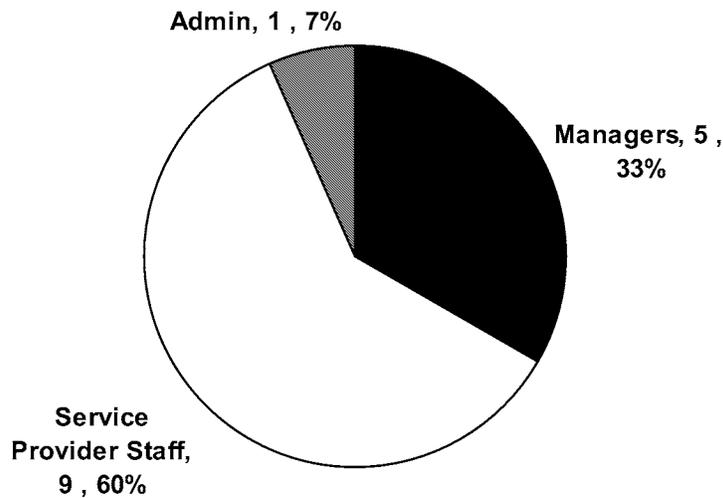
Funding is used for personal costs, fixed costs, treatment services for youth, and prevention services.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Prevention and Youth Services-	Expenditures	\$172	\$0	\$1,491
	FTEs	20	23	16

Employees

For FY 2006, there are 15 employees budgeted for this activity, which does not coincide with the number of FTEs reported. The majority, 60%, or 9 employees, are Service Provider staff. Thirty-three percent (33%), or 5 employees, are Managers. Seven percent (7%), or 1 employee, is Administrative Support staff.

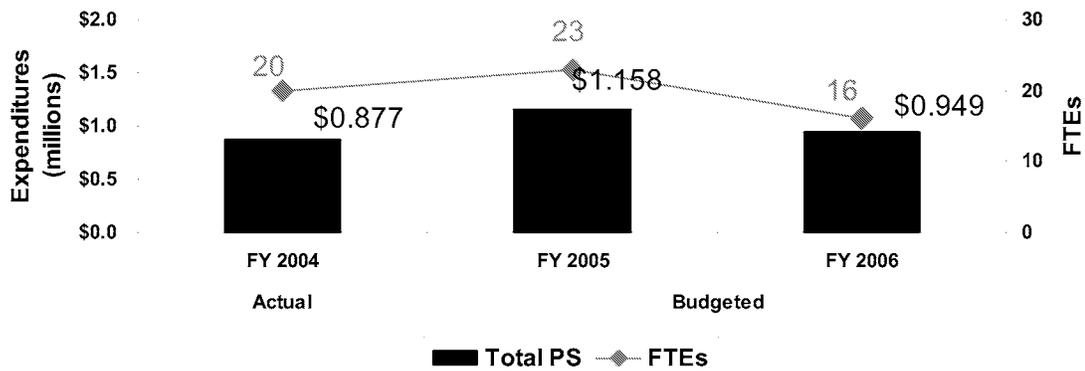
**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

FY 2004 actual Personal Services expenditures total approximately \$877,000. A 32% increase is budgeted for FY 2005 (approximately \$1.2 million). Total Personal Services expenditures are budgeted to drop 18% to approximately \$968,000 in FY 2006. FTEs are budgeted to increase 15% in FY 2005 from an actual of 20 in FY 2004 to 23. FY 2006 FTEs are budgeted to decrease 30% from FY 2005 budget to 16.

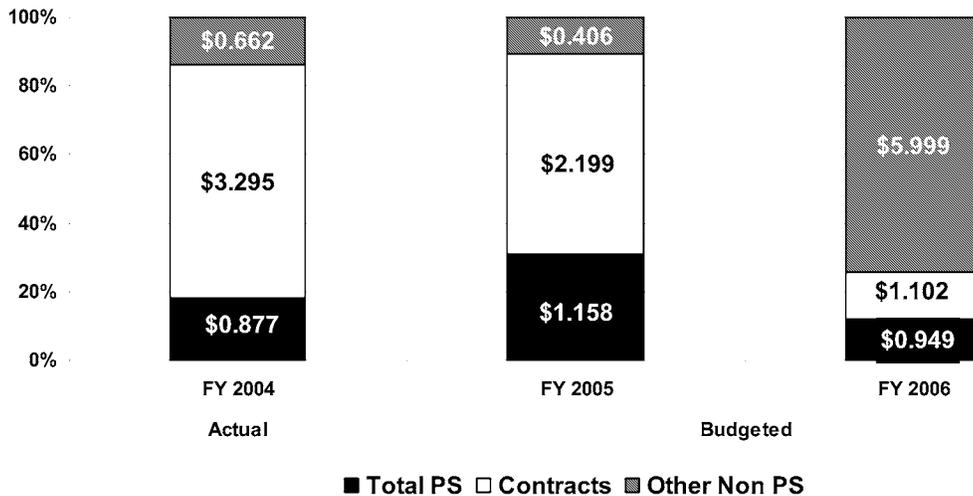
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenses are steadily decreasing over the three-year time period. In FY 2004, Contracts represent approximately 68% of actual expenditures. Contracts are budgeted for 58% of total expenditures in FY 2005, and 14% in FY 2006. Other Non Personal Service expenditures decrease 39% between FY 2004 actual expenditures and FY 2005 budgets, then are budgeted to increase over 1000% in FY 2006. This dramatic increase needs to be verified but could be due to Subsidy expenditures, which are not part of expenses in FY 2004 and FY 2005, but constitute approximately 52% of budgeted total expenditures for FY 2006 (\$4.2 million of the approximate \$6.0 million Other Non Personal Service budget).

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)



Benchmarks

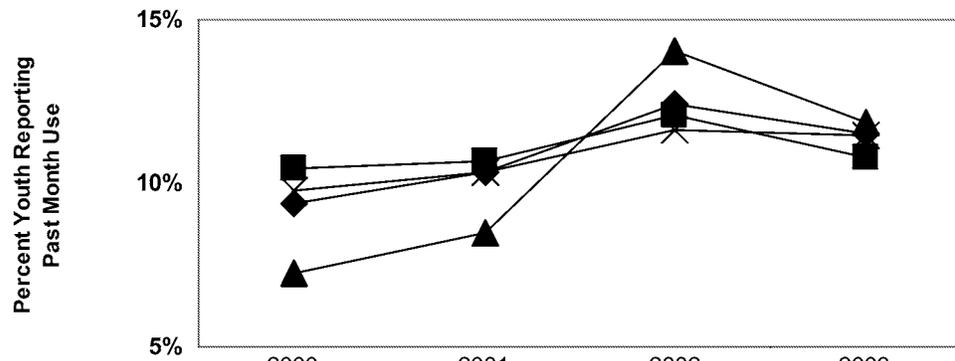
DOH did not submit benchmark information for this activity. To supplement the analysis of the Prevention and Youth Services Activity, data from the National Survey of Drug Use and Health (NSDUH, formerly the National Household Survey on Drug Abuse) are reported here. The NSDUH is an annual household survey of the non-institutionalized population of US residents aged twelve and older, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services. The federal government publishes survey results for the 50 states and the District of Columbia in an annual report, which is available on-line at www.oas.samhsa.gov/nhsda.htm.

The NSDUH measures illicit drug and alcohol use among youth aged 12 to 17. While such measures do not directly gauge the impact of substance abuse

prevention services, they are nevertheless useful for gauging the ultimate outcomes of substance abuse prevention.

The following chart describes the percent of youth reporting past month use of illicit drugs from 2000 to 2003 (the latest available data). As seen, the District's rates closely follow national trends, as do Maryland's. Virginia's rates have fluctuated more over the time period analyzed, but were close to the national average in 2003.

**Illicit Drug Use in Past Month
Youth Ages 12-17
2000-2003**

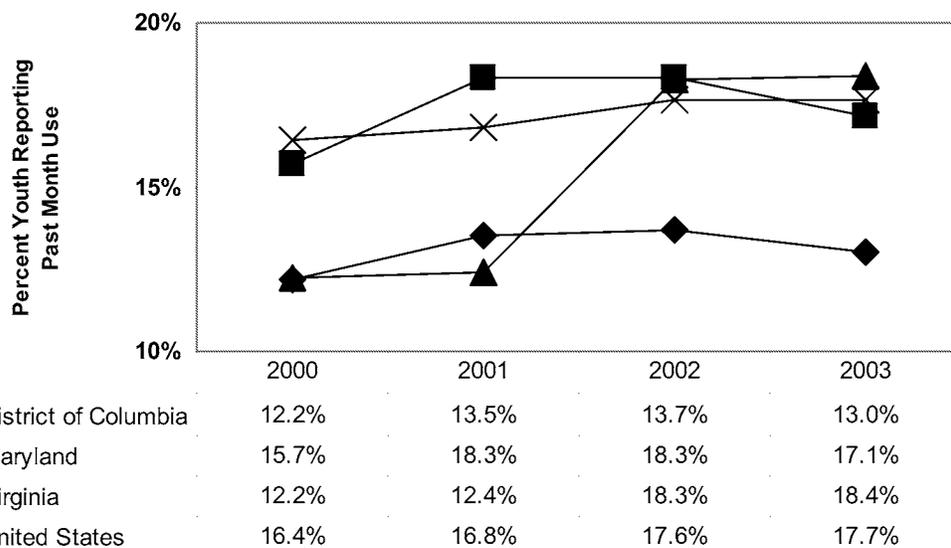


	2000	2001	2002	2003
◆ District of Columbia	9.4%	10.4%	12.4%	11.5%
■ Maryland	10.4%	10.7%	12.1%	10.8%
▲ Virginia	7.3%	8.5%	14.1%	11.9%
× United States	9.8%	10.3%	11.6%	11.4%

SOURCES: SAMHSA Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001; SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003. Data are available line at www.oas.samhsa.gov/nhsda.htm.

The following chart describes the percent of youth reporting past month use of alcohol from 2000 to 2003 (the latest available data). As seen, the District's more recent rates were lower than Maryland's and Virginia's, and also well below national averages.

**Alcohol Use in Past Month
Youth Ages 12-17
2000-2003**



SOURCES: SAMHSA Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001; SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003. Data are available line at www.oas.samhsa.gov/nhsda.htm.

Outpatient Treatment Services Activity

The Outpatient Treatment Services Activity is made up of three former activities that have merged: Youth Treatment Services; Youth Outpatient Treatment Services; and Youth Residential Treatment Services.

Youth Treatment Services

Prior to FY 2006, there were two activities - one called Youth Outpatient Treatment Services and one called Youth Residential Treatment Services. In FY 2006, these two activities will merge to create one activity, originally named Youth Treatment Services, but now called Outpatient Treatment Services.

For the sake of clarity, the expenditure and budget information in this section of the report is presented using the same naming conventions used in the data spreadsheets returned by the agency.

Youth Outpatient Treatment Services

The purpose of the Youth Outpatient Treatment Activity was to provide outpatient and continuing care services to adolescents and young adults.

Due to the merger, there are no financial data for FY 2006.

The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Youth Outpatient	Expenditures	\$1,889	\$1,575	\$0
Treatment Services	FTEs	0	1	1

Compensation

Data were not provided for FY 2004. For FY 2005, 1 FTE was budgeted with Personal Service expenditures of approximately \$102,000.

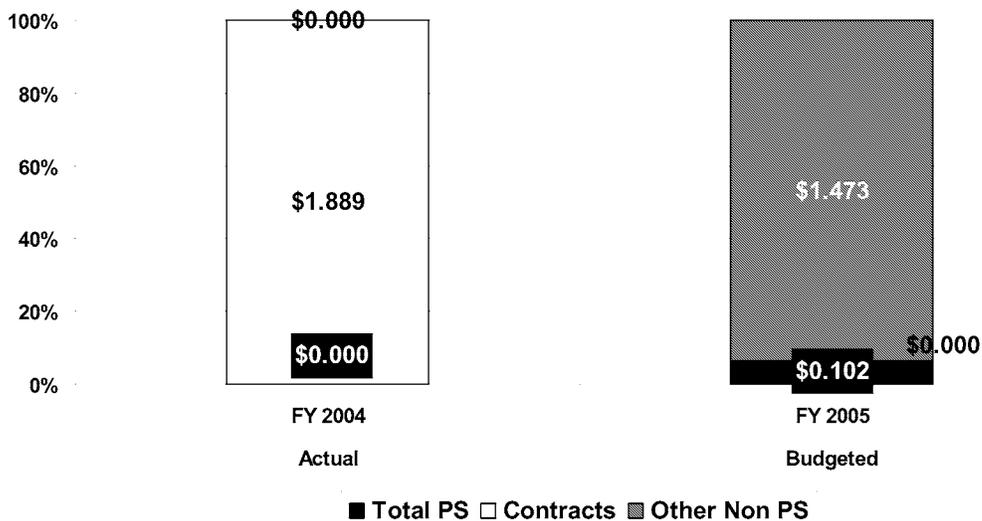
Personal Service Expenditures and FTEs, FY2004-FY2005



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

No Personal Services expenditures were provided for FY 2004, therefore Contract expenses (approximately \$1.9 million) accounted for 100% of total expenditures. For FY 2005, 94% of total expenditures were Other Non Personal Service expenditures (Subsidies), and 6% were Personal Service expenditures.

Expenditure Distribution, FY2004-FY2005
(Expenditure Amounts in millions)



Youth Residential Treatment Services

The purpose of Youth Residential Treatment Services was to provide acute care/detoxification, residential, care services to young adults and adolescents.

Due to the merger, there are no financial data for FY 2006.

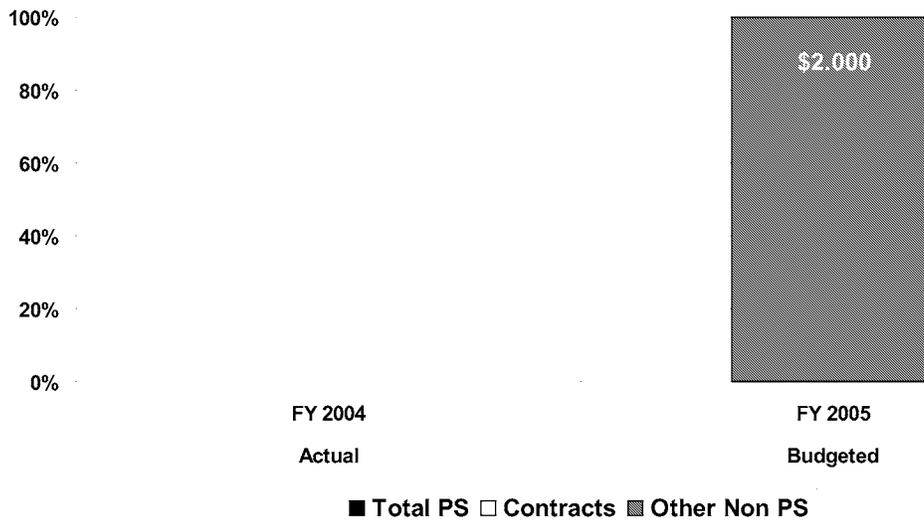
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Youth Residential Treatment Services	Expenditures	\$0	\$2,000	\$0
	FTEs	0	0	0

Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Data were not provided for FY 2004. FY 2005 data indicates that this activity was fully budgeted through Other Non Personal Service funds (approximately \$2.0 million in Subsidies).

Expenditure Distribution, FY2004-FY2005
(Expenditure Amounts in millions)



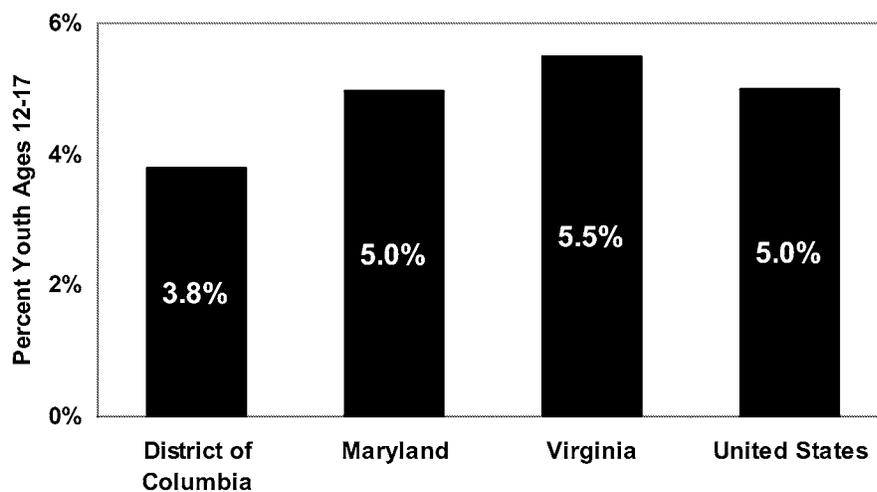
Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Youth Treatment Activity, data from the National Survey of Drug Use and Health (NSDUH) are reported here. The NSDUH is an annual household survey of the non-institutionalized population of US residents aged twelve and older, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services. The federal government publishes survey results for the 50 states and the District of Columbia in an annual report, which is available on-line at www.oas.samhsa.gov/nhsda.htm.

Two measures from the NSDUH are of particular relevance to the Youth Treatment Services Activity: the percent of youth ages 12 to 17 needing but not receiving treatment for illicit drug use, and the percent of youth ages 12 to 17 needing but not receiving treatment for alcohol use. Needing but not receiving treatment refers to survey respondents classified as having a substance abuse or dependence problem but not receiving treatment at a specialty facility (i.e., drug and alcohol rehabilitation facilities, hospitals, and mental health centers). Collectively, SAMHSA refers to these two measures as the “treatment gap.”

The 2002 and 2003 treatment gap for youth illicit drug use is in the following chart. As seen, the District’s treatment gap rates are lower than those of Maryland and Virginia, and are also less than national averages.

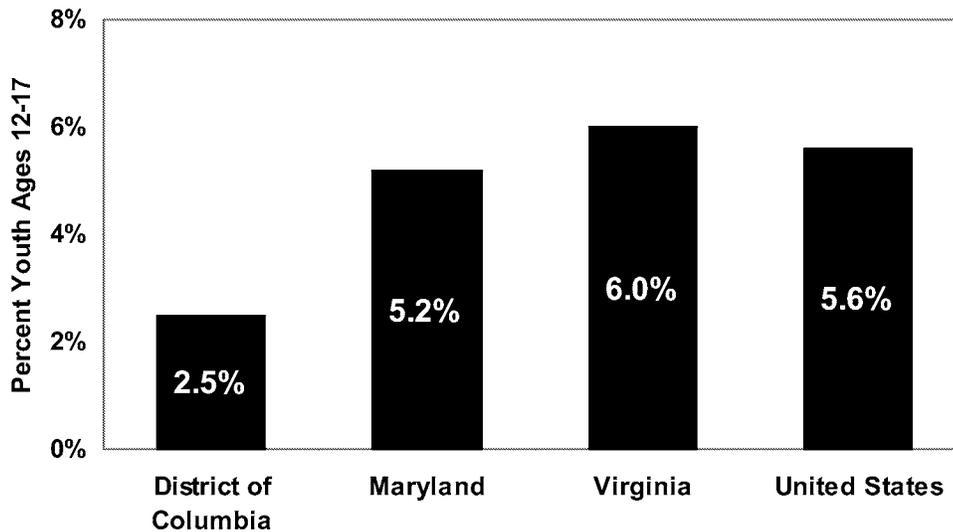
**Needing But Not Receiving Treatment
for Illicit Drug Use in Past Year
Youth Ages 12-17
2002-2003**



SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003. Data are available online at www.oas.samhsa.gov/2k3/State/html/toc.htm.

The 2002 and 2003 treatment gap for youth alcohol use is in the following chart. Similar to the illicit drug use gap, the District's rate is lower than both Maryland's and Virginia's, and is also less than the national average.

**Needing But Not Receiving Treatment
for Alcohol Use in Past Year
Youth Ages 12-17
2002-2003**



SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003. Data are available online at www.oas.samhsa.gov/2k3/State/html/toc.htm.

Adult Treatment Services Activity

Prior to FY 2006, there were two activities - one called Adult Residential Services and one called Adult Outpatient Treatment Services. In FY 2006, these two activities will merge to create one activity called Adult Treatment Services.

For the sake of clarity, the expenditure and budget information provided in the data call sheet for Adult Residential Services will be presented separately from Adult Treatment Services information.

Adult Residential Services

The purpose of the Adult Treatment Services Activity is to provide outpatient treatment services to those District of Columbia residents who are addicted to or abusing drugs, including opiates, so they can receive appropriate outpatient treatment services.

Funding is used for personal services, fixed costs, and treatment services.

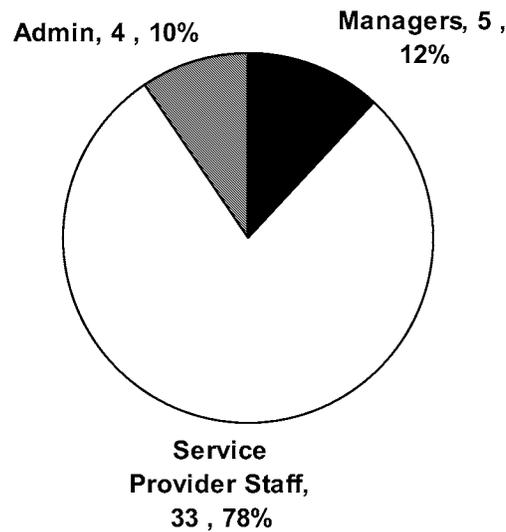
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Adult Treatment Services-2510	Expenditures	\$5,728	\$3,676	\$3,508
	FTEs	31	34	44

Employees

For FY 2006, there are 42 employees budgeted for this activity, which does not coincide with the number of FTEs reported. The majority, 78%, or 33 employees, are Service Provider staff. Twelve percent (12%), or 5 employees, are Managers. Ten percent (10%), or 4 employees, are Administrative Support staff.

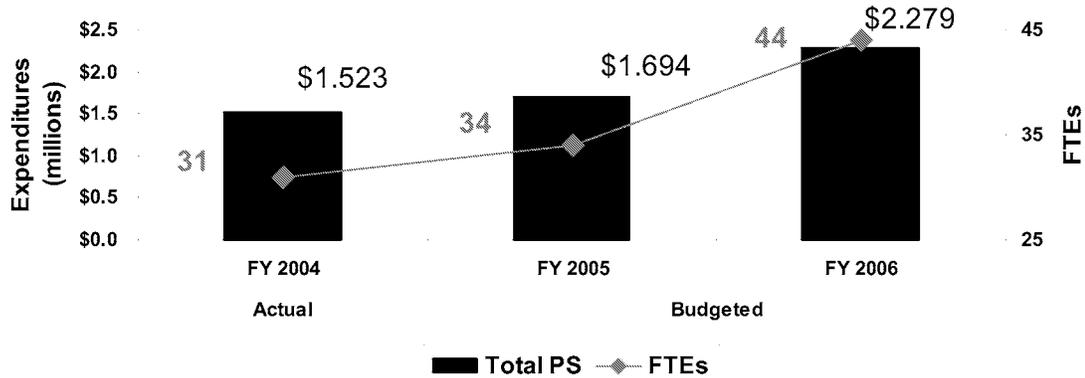
Positions by Span of Control, FY2006 (Category, Number, Percent)



Compensation

FY 2005 Personal Service budgeted expenditures (\$1.7 million) increased 11% over FY 2004 actual expenditures (\$1.5 million), and are projected to increase 35% in FY 2006 (to \$2.3 million), for an overall increase of 50% over the three year period. FTEs are likewise budgeted to increase slightly from 31 in FY 2004 to 34 in FY 2005, then increase 29% to 44 in FY 2006, an overall increase of 42%.

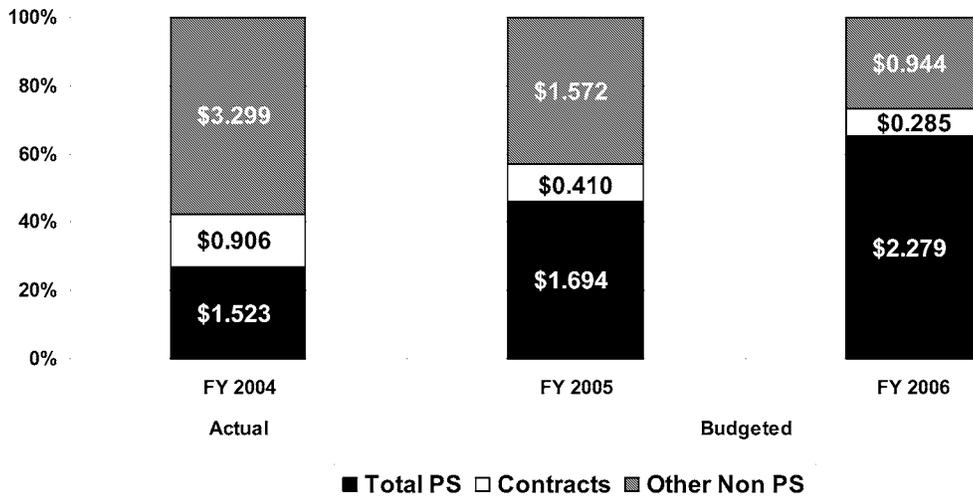
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures are budgeted to decrease 55% from FY 2004 actual expenditures of \$906,000 to approximately \$410,000 in FY 2006. Over this same time period, Contract expenditures represent 16% of total expenditures in FY 2004 and are budgeted to account for only 8% of total expenditures in FY 2006. Other Non Personal Service expenditures (Supplies & Equipment, Fixed Costs, and Other) decrease steadily - from 58% (\$3.3 million) of total expenditures in FY 2004 to 27% (944,000) in FY 2006.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in millions)



Adult Residential Services

The purpose of the Adult Residential Treatment Services was to provide residential treatment services for women and children who are addicted to or abusing drugs, including opiates, so they can receive appropriate residential treatment services.

Due to the merger, there are no financial data for FY 2006.

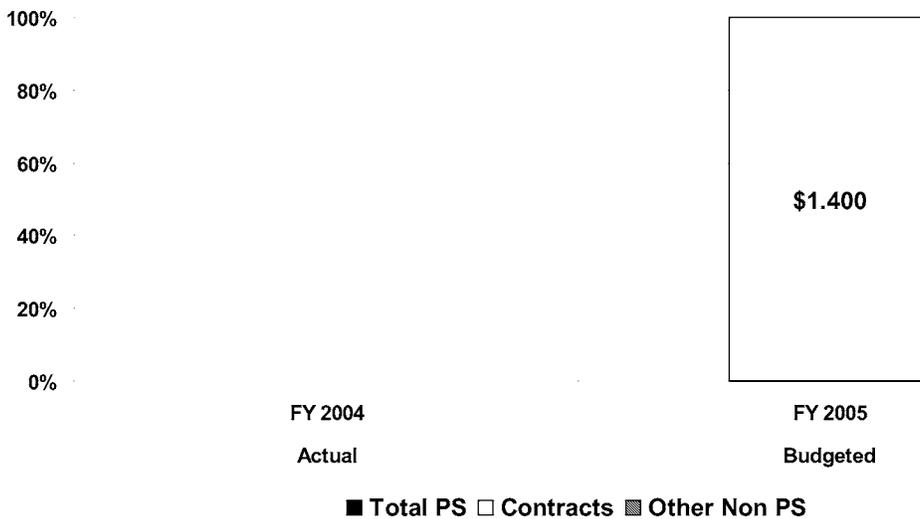
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Adult Residential Services-2520	Expenditures	\$0	\$1,400	\$0
	FTEs	0	0	0

Expenditures (FY 2004 Actual and FY 2005 Budgeted)

Data were not provided for FY 2004. FY 2005 data indicates that this activity was fully budgeted through Other Non Personal Service funds (approximately \$1.4 million in Intra-District funds).

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)



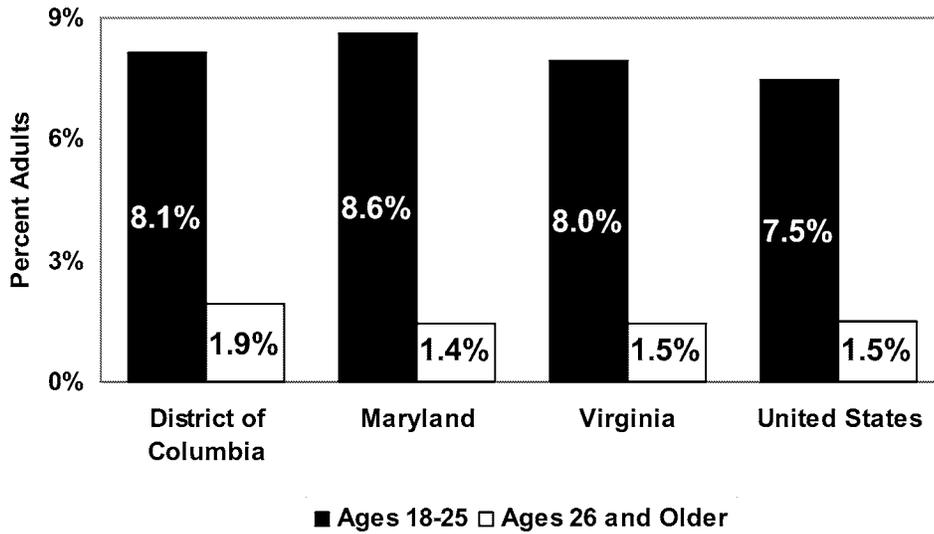
Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Adult Treatment Activity, data from the National Survey of Drug Use and Health (NSDUH) are reported here. The NSDUH is an annual household survey of the non-institutionalized population of US residents aged twelve and older, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services. The federal government publishes survey results for the 50 states and the District of Columbia in an annual report, which is available on-line at www.oas.samhsa.gov/nhsda.htm.

Two measures from the NSDUH are of particular relevance to the Adult Treatment Services Activity: the percent of adults (older than 18 years) needing but not receiving treatment for illicit drug use, and the percent of adults needing but not receiving treatment for alcohol use. Needing but not receiving treatment refers to survey respondents classified as having a substance abuse or dependence problem but not receiving treatment at a specialty facility (i.e., drug and alcohol rehabilitation facilities, hospitals, and mental health centers). Collectively, SAMHSA refers to these two measures as the “treatment gap.”

The 2002 and 2003 treatment gap for adult illicit drug use is shown in the following chart. Following the SAMHSA reporting convention, percentages are reported separately for adults aged 18 to 25, and adults 26 and older. As seen, the District’s rate for younger adults (8.1%) is lower than Maryland’s (8.6%) and comparable to Virginia’s (8.0%), but higher than the national average (7.5%). In contrast, the District’s rate for older adults (1.9%) is higher than both Maryland (1.4%) and Virginia (1.5%), and also exceeds the national average (1.5%). In comparison to other jurisdictions, these statistics indicate a disproportionate unmet need for adults older than 25 years.

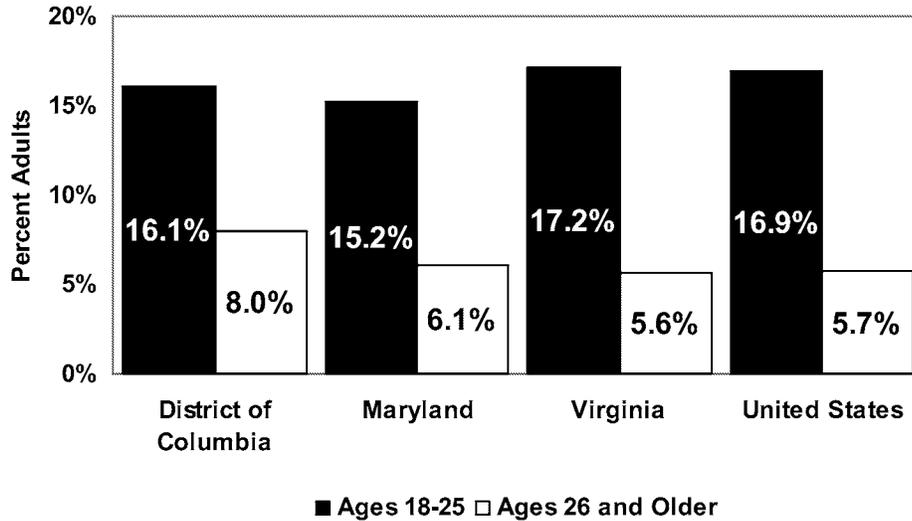
**Needing But Not Receiving Treatment
for Illicit Drug Use in Past Year
Adults
2002-2003**



SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003. Data are available online at www.oas.samhsa.gov/2k3State/html/toc.htm.

The 2002 and 2003 treatment gap for adult alcohol use is shown in the following chart. As seen, the District's rate for younger adults (16.1%) falls between Maryland (15.2%) and Virginia (17.2%), but is lower than the national average (16.9%). In contrast, the District's rate for older adults (8.0%) is higher than both Maryland (6.1%) and Virginia (5.6%), and also exceeds the national average (5.7%). In comparison to other jurisdictions, these statistics indicate a disproportionate unmet need for adults older than 25 years.

**Needing But Not Receiving Treatment
for Alcohol Use in Past Year
Adults
2002-2003**



SOURCE: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003. Data are available online at www.oas.samhsa.gov/2k3State/html/toc.htm.

Women's Services Activity

The purpose of the Women's Services Activity is to provide outpatient substance abuse treatment services to women, women with children and pregnant women in an effort to achieve harm reduction and abstinence.

Funding for Women's Services is used for personal services and fixed costs.

The following table summarizes total expenditures and full time equivalent employees for this activity.

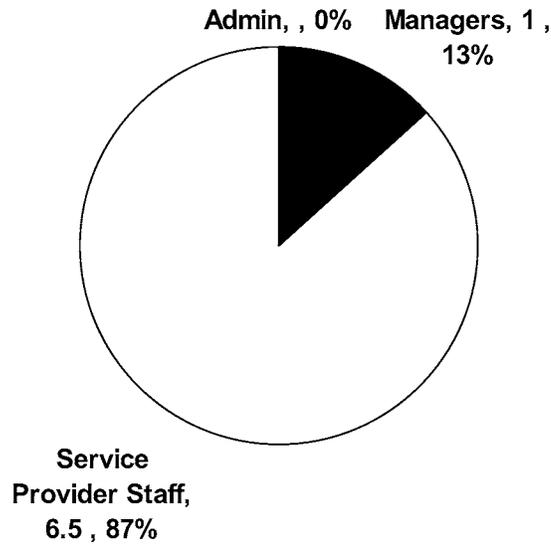
Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Women's Services- 2600	Expenditures	\$1,069	\$862	\$458
	FTEs	8	9	8

Employees

For FY 2006, there are 7.5 employees budgeted for this activity. The majority, 87%, or 6.5 employees, are Service Provider staff. Thirteen percent (13%), or 1

employee, is a Manager. There are no Administrative Support staff employees listed for this activity.

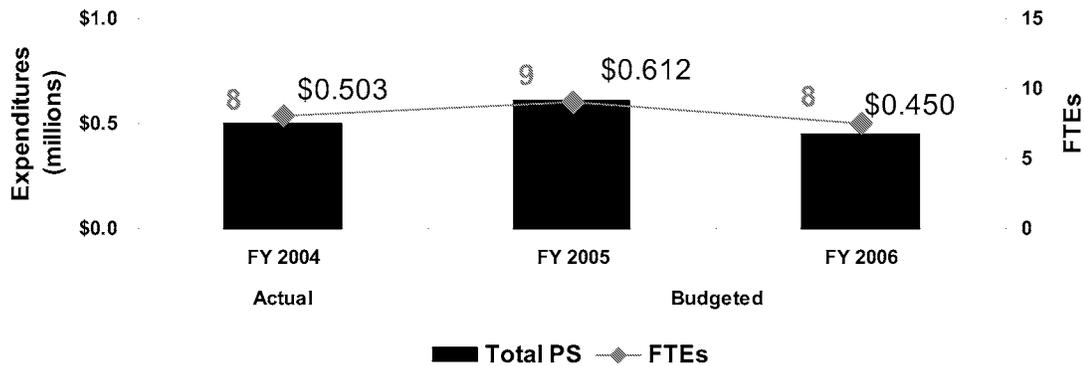
**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

FY 2005 Personal Service budgeted expenditures (\$503,000) increased 22% from FY 2004 actual expenditures of \$613,000, and are projected to decrease 27% in FY 2006 to \$450,000, an overall decrease of 11%. FY 2005 budgeted FTEs increase by 1 FTE over FY 2004 actual, but are projected to decrease back to 8 FTEs in FY 2006.

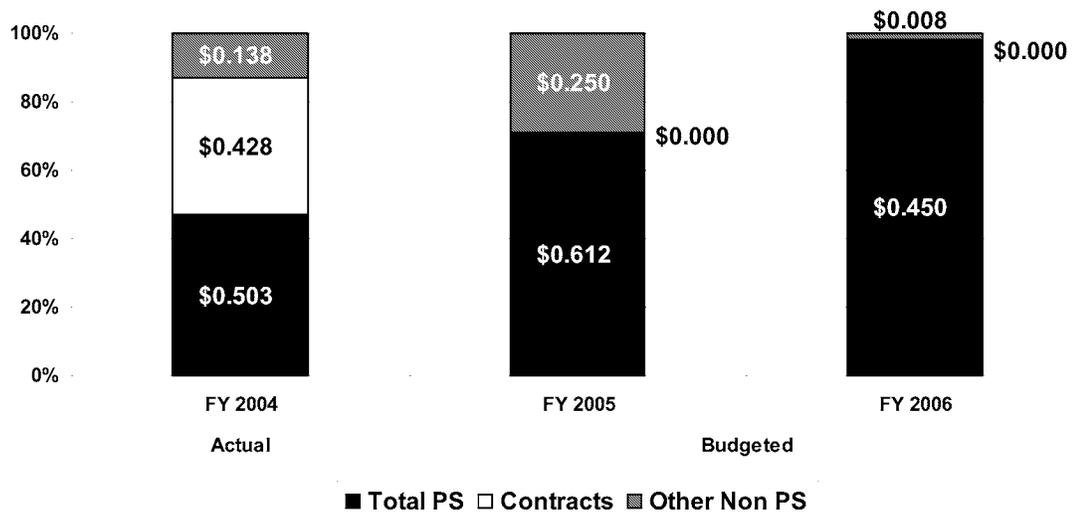
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures represent 40% (\$428,000) of total expenditures in FY 2004, but are budgeted at zero (\$0.0) in FY 2005 and FY2006. FY 2005 budgeted Other Non Personal Service expenditures (Supplies & Equipment, Fixed Costs, and Other) increased 81% to \$250,000 from FY 2004 actual expenditures of \$138,000, and account for approximately 29% of total expenditures. FY 2006 Personal Service expenditures are projected to be \$450,000 and account for approximately 98% of total expenditures.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)



Special Population Activity

The purpose of Special Population Services Activity is to provide substance abuse prevention, outreach and treatment services to special populations so they can access treatment services specific to their special needs.

Funding in the Special Population Activity is used for personal services and sub grants for recipients who provide services to special populations.

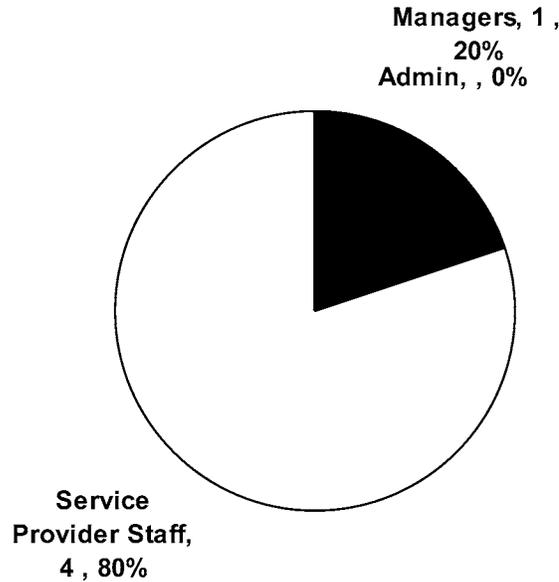
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Special Population- 2700	Expenditures	\$1,021	\$445	\$1,128
	FTEs	4	5	5

Employees

For FY 2006, there are 5 employees budgeted for this activity. The majority, 80%, or 4 employees, are Service Provider staff. Twenty percent (20%), or 1 employee, is a Manager. There are no Administrative Support staff listed for this activity.

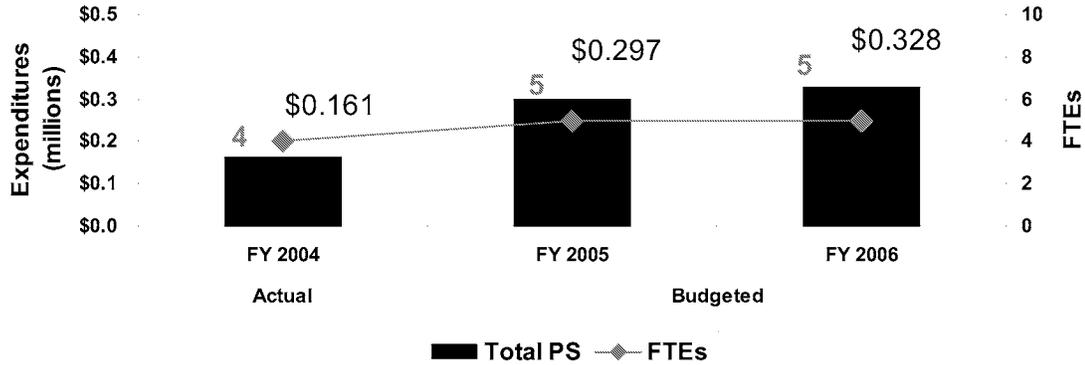
Positions by Span of Control, FY2006
(Category, Number, Percent)



Compensation

Personal Service expenditures are budgeted to increase steadily over the three year period for an approximate 104% change. FY 2005 Personal Service budgeted expenditures (\$297,000) increased 84% over FY 2004 actual expenditures (\$161,000), and are expected to increase 10% in FY 2006 (to \$328,000). FTEs, however, are not budgeted to increase in keeping with the increase in Personal Service expenditures. FTEs, from FY 2004 to FY 2006, are budgeted to increase by 1 from 4 to 5, an overall increase of 25%.

Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures represent approximately 83% (\$844,000) of total actual expenditures (\$2.9 million) in FY 2004. In FY 2005, Contract expenditures, as well as total expenditures, drop drastically. Contract expenses in FY 2005 are budgeted at \$133,000 and total expenditures are budgeted at \$338,000, which represents an 84% decrease in total expenditures from FY 2004 to FY 2005. Contract expenses are not budgeted in FY 2006; rather, Other Non Personal Service expenditures (Subsidies) represent approximately 71% (\$800,000) of total expenditures.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in millions)

