

---

**DEPARTMENT OF HUMAN SERVICES  
BEHAVIORAL HEALTHCARE DIVISION**

---

**CLIENT SERVICES ENTRY**

---

**PROGRAM MISSION:** To ensure individuals entering Behavioral Healthcare services receive timely and comprehensive assessment, evaluation and linkage to appropriate services.

- ❖ **Emergency Services** are mandated for individuals experiencing an acute psychiatric/psychological crisis. The goals of the service are to prevent the escalation of mental health crises, relieve the immediate distress of individuals in crisis, prevent individuals from doing harm to themselves or others, and make appropriate referrals for both medical and non-medical interventions for those with ongoing needs. The Emergency Services Program also provides mental health assessment, crisis intervention, stabilization, support, short-term counseling, on-call psychiatric services, follow-up services, and critical incident stress management services. In addition, pre-admission screening is provided for individuals who require voluntary or involuntary hospitalization and residential crisis stabilization at the Arlington Community Crisis and Emergency Stabilization Services (ACCESS) facility (opened in FY 2004). Preliminary assessments are conducted by Emergency Services staff and encompass the initial assessments provided to all consumers who are requesting mental health services at the Community Services Board (CSB). These assessments lead to linkages in any of the outpatient mental health programs, or to referrals within the community.
- ❖ **Discharge Planning Services** are provided to consumers in the state psychiatric hospitals. These services ensure access to needed community mental health and dual diagnosis services for individuals in state hospitals who are ready for community placement by conducting comprehensive assessments to determine the type and intensity of aftercare services needed. Discharge Planning services are provided for consumers at Northern Virginia Mental Health Institute, Central State Hospital and Western State Hospital.
- ❖ **DAP (Discharge Assistance and Diversion Project)** is a state-funded regional initiative to facilitate patient reductions within the state hospital system. The level of services provided depends on the needs of the consumers, and ranges from a highly specialized group home to intensive supported living services. All decisions for the utilization of these funds are made through a regional workgroup composed of mental health leadership in Arlington, Prince William, Loudoun, and Fairfax Counties and the City of Alexandria. Another component of the DAP initiative is state hospital diversion funding. This includes private bed purchase, via state contract, at local psychiatric hospitals to divert consumers from state hospital beds. This component also provides short-term funds (e.g., rental assistance) to consumers who require financial assistance that will facilitate their discharge from a local or state hospital bed.
- ❖ **Homeless Case Management Services** seek to efficiently assess and link homeless, seriously mentally ill and substance abusing adults to appropriate mental health and substance abuse services as well as appropriate housing resources. Services are provided by CSB staff to individuals with substance abuse disorders and/or mental illness who are residents of Arlington.
- ❖ **Transition Team Services** provide assessment and short term case management, medical and counseling services to adults either prior to linking to long-term behavioral healthcare services or to other more appropriate services elsewhere.

**DEPARTMENT OF HUMAN SERVICES  
BEHAVIORAL HEALTHCARE DIVISION**

**CLIENT SERVICES ENTRY**

<b>Program Budget Summary</b>				
	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>% Change:</b>
	<b><u>Actuals</u></b>	<b><u>Adopted</u></b>	<b><u>Proposed</u></b>	<b><u>'05 to '06</u></b>
<b>Emergency Services</b>	\$632,888	\$489,289	\$538,439	10%
<b>Discharge Planning</b>	131,544	182,148	102,238	-44%
<b>DAP</b>	1,125,346	1,123,068	1,233,068	10%
<b>Homeless Case Management</b>	75,607	102,842	110,522	7%
<b>Transitional Team</b>	120,814	51,559	59,804	16%
<b>Total Expenditures</b>	2,086,199	1,948,906	2,044,071	5%
<b>Revenues</b>	1,678,092	1,693,291	1,743,997	3%
<b>Net Tax Support</b>	\$408,107	\$255,615	\$300,074	17%

<b>Client Services Entry</b>				
	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>% Change:</b>
	<b><u>Actuals</u></b>	<b><u>Adopted</u></b>	<b><u>Proposed</u></b>	<b><u>'05 to '06</u></b>
<b>Personnel</b>	\$936,463	\$785,526	\$783,962	-
<b>Non-Personnel</b>	24,390	27,533	14,262	-48%
<b>Nonprofits</b>	1,125,346	1,135,847	1,245,847	10%
<b>Total Expenditures</b>	2,086,199	1,948,906	2,044,071	5%
<b>Medicaid State Plan Option</b>	12,254	6,977	12,255	76%
<b>State Share</b>	1,636,838	1,657,314	1,702,742	3%
<b>Federal Grants</b>	29,000	29,000	29,000	-
<b>Total Revenues</b>	1,678,092	1,693,291	1,743,997	3%
<b>Net Tax Support</b>	\$408,107	\$255,615	\$300,074	17%
<b>Authorized FTEs</b>	13.0	13.0	12.0	
<b>Funded FTEs</b>	13.0	13.0	12.0	

**SIGNIFICANT BUDGET HIGHLIGHTS:**

- ↓ The decrease in non-personnel is primarily due to the transfer of a Discharge Assistance Planner to Substance Abuse Services, along with the associated non-personnel costs.
- ↑ The increase in nonprofits (\$110,000) is due to the Arlington Aftercare funding (continuation of an FY 2005 supplemental grant) that will be used for supplementing existing supported living services and serving additional customers.

**DEPARTMENT OF HUMAN SERVICES  
BEHAVIORAL HEALTHCARE DIVISION**

**CLIENT SERVICES ENTRY**

- ↑ Increase in Medicaid State Plan Option revenues (\$5,278) is due to reallocating revenues to programs within Mental Health as a result of the recent reorganization.
- ↑ Increase in state share revenues is due to the net effect of adding Arlington Aftercare grant funding, and the reduction of the LPACAP funds associated with the FTE transferred to Substance Abuse Services.
- ↓ Decrease in FTEs (1.0) is due to the transfer of a Discharge Assistance Planner to Substance Abuse Services.

**PERFORMANCE MEASURES:**

*Emergency Services*

	<u>FY 2002</u> <u>Actual</u>	<u>FY 2003</u> <u>Actual</u>	<u>FY 2004</u> <u>Actual</u>	<u>FY 2005</u> <u>Estimate</u>	<u>FY 2006</u> <u>Estimate</u>	<u>FY 2006</u> <u>Goal</u>
<i>Mission Outcome Measures</i>						
Number of consumers diverted from hospital	49	50	52	60	65	70
Number/percent of consumers linked to Arlington Mental Health, Substance Abuse or Mental Retardation Services after preliminary assessments	N/A	N/A	113/87%	478/87%	522/90%	522/90%
Percent of detained consumers subsequently committed by Court	68%	60%	60%	65%	70%	70%
<i>Customer Measures</i>						
Percent of clients reporting overall satisfaction with emergency service intervention	N/A	N/A	100%	100%	100%	100%
<i>Workload Measures</i>						
Total service hours	7,824	4,911	5,157	5,200	5,300	5,350
Total consumers served (non-duplicative)	1,088	902	1,005	1,025	1,050	1,100
Total face-to-face contacts	3,452	3,985	4,195	4,200	4,400	4,600
Total telephone contacts	3,572	3,501	3,301	3,400	3,500	3,600
Voluntary hospitalizations	148	105	103	110	115	115
Involuntary hospitalizations	258	252	182	220	225	225
Private hospital bed purchase admissions	49	51	61	70	75	80
Total number of preliminary assessments completed	N/A	N/A	130	550	580	580

- ❖ Preliminary assessments became operational in March 2004. FY 2005 and FY 2006 measures represent full-year estimates.
- ❖ Satisfaction with emergency service intervention is a new performance measure as of March 2004. Survey provided to walk-in clients (not persons assessed due to temporary detention orders) during one-week period. Completed quarterly.

**DEPARTMENT OF HUMAN SERVICES  
BEHAVIORAL HEALTHCARE DIVISION**

**CLIENT SERVICES ENTRY**

- ❖ FY 2002 total services hours and consumers served reflect the high number of contacts due to work done related to 9/11/01.

***Discharge Planning***

	<b><u>FY 2002 Actual</u></b>	<b><u>FY 2003 Actual</u></b>	<b><u>FY 2004 Actual</u></b>	<b><u>FY 2005 Estimate</u></b>	<b><u>FY 2006 Estimate</u></b>	<b><u>FY 2006 Goal</u></b>
<b><i>Mission Outcome Measures</i></b>						
Percent of clients readmitted to state hospital within 30 days of discharge	4%	1%	2%	1%	1%	1%
<b><i>Customer Measures</i></b>						
Number/percent of clients responding to a survey who felt discharge planner was helpful/responsive	N/A	27/100%	22/100%	30/100%	30/100%	40/100%
Percent of clients fully satisfied with consumer input in residential and clinical linkages	N/A	66%	86%	90%	90%	95%
<b><i>Workload Measures</i></b>						
Total consumers served by Discharge Planning in state hospitals (does not include Eastern State Hospital)	110	124	102	113	103	103
<b><i>Efficiency Measure</i></b>						
Average number of days between state hospital discharge and first psychiatric appointment	6	5	5	4	4	4

***Discharge Assistance and Diversion Project (DAP)***

	<b><u>FY 2002 Actual</u></b>	<b><u>FY 2003 Actual</u></b>	<b><u>FY 2004 Actual</u></b>	<b><u>FY 2005 Estimate</u></b>	<b><u>FY 2006 Estimate</u></b>	<b><u>FY 2006 Goal</u></b>
<b><i>Mission Outcome Measures</i></b>						
Number/percent of consumers not hospitalized	14/78%	16/84%	16/84%	19/86%	21/87%	21/87%
Total number of hospital bed days utilized by DAP consumers	133	198	164	150	145	145

***Customer Measures***

**DEPARTMENT OF HUMAN SERVICES  
BEHAVIORAL HEALTHCARE DIVISION**

**CLIENT SERVICES ENTRY**

	<b><u>FY 2002 Actual</u></b>	<b><u>FY 2003 Actual</u></b>	<b><u>FY 2004 Actual</u></b>	<b><u>FY 2005 Estimate</u></b>	<b><u>FY 2006 Estimate</u></b>	<b><u>FY 2006 Goal</u></b>
Number/percent of consumers responding to a survey who report increased satisfaction in quality of life since admission to DAP program	16/88%	14/76%	13/100%	17/100%	18/100%	18/100%
<i><u>Workload Measures</u></i>						
Number of persons currently served by DAP living in community	18	19	19	22	24	24
Number of persons discharged from state facilities into project programs	2	1	2	3	4	4
Number of Arlington consumers receiving discharge assistance funds	10	22	12	15	17	17
<i><u>Efficiency Measure</u></i>						
Percent of time project manager responded to contractor within 24 hours of reported incident	100%	100%	100%	100%	100%	100%
<i><b>Homeless Case Management</b></i>						
	<b><u>FY 2002 Actual</u></b>	<b><u>FY 2003 Actual</u></b>	<b><u>FY 2004 Actual</u></b>	<b><u>FY 2005 Estimate</u></b>	<b><u>FY 2006 Estimate</u></b>	<b><u>FY 2006 Goal</u></b>
<i><u>Mission Outcome Measures</u></i>						
Number/percent of consumers discharged to stable housing after discharge from shelter	N/A	N/A	N/A	60/89%	65/92%	70/100%
Number/percent of consumers linked to Mental Health Services after discharge from shelter	45/67%	43/43%	35/52%	40/59%	45/67%	55/82%
Number/percent of consumers linked to Substance Abuse Services after discharge from shelter	56/83%	74/74%	25/37%	30/44%	35/52%	40/59%

**DEPARTMENT OF HUMAN SERVICES  
BEHAVIORAL HEALTHCARE DIVISION**

**CLIENT SERVICES ENTRY**

	<b><u>FY 2002 Actual</u></b>	<b><u>FY 2003 Actual</u></b>	<b><u>FY 2004 Actual</u></b>	<b><u>FY 2005 Estimate</u></b>	<b><u>FY 2006 Estimate</u></b>	<b><u>FY 2006 Goal</u></b>
<i>Customer Measures</i>						
Percent responding to survey who reported satisfaction with the Homeless Case Management Service	N/A	71%	99%	99%	100%	100%
<i>Workload Measures</i>						
Number of consumers served by Homeless Case Management at RPC shelter	83	61	67	70	70	75
Total number of assessments completed at shelter	120	125	150	160	165	170
<i>Efficiency Measure</i>						
Number/percent of consumers seen by RPC case manager within 24 hours of admission	66/55%	50/40%	90/60%	104/65%	112/68%	119/70%
<b>Transition Team Services</b>						
	<b><u>FY 2002 Actual</u></b>	<b><u>FY 2003 Actual</u></b>	<b><u>FY 2004 Actual</u></b>	<b><u>FY 2005 Estimate</u></b>	<b><u>FY 2006 Estimate</u></b>	<b><u>FY 2006 Goal</u></b>
<i>Mission Outcome Measures</i>						
Number/percent of consumers linked to Arlington Mental Health, Mental Retardation, or Substance Abuse Services	N/A	N/A	25/61%	50/63%	55/65%	55/65%
<i>Workload Measures</i>						
Total number of consumers served	N/A	N/A	41	80	85	85