

**DEPARTMENT OF HUMAN SERVICES  
BEHAVIORAL HEALTHCARE DIVISION**

**DUAL DIAGNOSIS SERVICES**

**PROGRAM MISSION:** To provide comprehensive dual diagnosis treatment and rehabilitation services that move dually diagnosed individuals toward psychiatric and substance abuse recovery, so that they may become more self-sufficient and increase their independence in the community.

Dual Diagnosis Services was established using LPACAP funds and from a reallocation of internal resources as part of the reorganization in the Behavioral Healthcare Division. Dual Diagnosis Services provides specialized, integrated, intensive outpatient services to individuals who experience both a serious mental illness and a substance dependence disorder, and as a result have multiple and complex needs. The program provides community based case management services, psycho-educational groups, therapy groups, counseling, family involvement, psychiatric services, and skill development to assist these consumers to live productively in the community.

<b>Dual Diagnosis Services</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>	\$258,585	\$385,524	\$385,169	-
<b>Non-Personnel</b>	14,466	26,461	16,697	-37%
<b>Nonprofits</b>	-	35,000	35,000	-
<b>Total Expenditures</b>	273,051	446,985	436,866	-2%
<b>Medicaid State Plan Option</b>	19,738	-	19,738	-
<b>State Share</b>	194,362	269,310	279,604	4%
<b>Total Revenue</b>	214,100	269,310	299,342	11%
<b>Net Tax Support</b>	\$58,951	\$177,675	\$137,524	-23%
<b>Authorized FTEs</b>	6.0	6.0	6.0	
<b>Funded FTEs</b>	6.0	6.0	6.0	

**SIGNIFICANT BUDGET HIGHLIGHTS:**

- ↓ Decrease in non-personnel costs is due to reallocating funding within Mental Health to achieve a more equitable distribution of operating funding.
- ↑ Increase in Medicaid State Plan Option revenues (\$19,738) is based on prior year actuals.

**PERFORMANCE MEASURES:**

	<b>FY 2002</b>	<b>FY 2003</b>	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>FY 2006</b>
	<b><u>Actual</u></b>	<b><u>Actual</u></b>	<b><u>Actual</u></b>	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Goal</u></b>
<i>Mission Outcome Measures</i>						
Number/percent of dually diagnosed consumers staying in group treatment 90 days or more	N/A	N/A	40/43%	55/50%	55/50%	56/51%

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	<b>FY 2002 <u>Actual</u></b>	<b>FY 2003 <u>Actual</u></b>	<b>FY 2004 <u>Actual</u></b>	<b>FY 2005 <u>Estimate</u></b>	<b>FY 2006 <u>Estimate</u></b>	<b>FY 2006 <u>Goal</u></b>
Number/percent of dual diagnosis consumers who were not hospitalized	N/A	N/A	84/89%	98/89%	98/89%	99/90%
<i>Customer Measures</i>						
Number/percent of consumers responding who reported favorably on satisfaction	N/A	N/A	13/76%	45/80%	47/85%	47/85%
Number/percent of consumers reporting they are better able to manage their thoughts and emotions as a result of being in the Dual Diagnosis Program	N/A	N/A	17/100%	38/70%	38/75%	38/75%
<i>Workload Measures</i>						
Total number of dual diagnosed consumers served by unit	N/A	N/A	94	110	110	110
Total number of dually diagnosed consumers enrolled in alcohol and drug education courses	N/A	N/A	93	95	95	95

- ❖ The benchmark for 90 day retention in treatment is 34-47%, according to studies by Bennet, Bellack, and Gearon, 2001; Drake, McHugo, and Noordsey, 1993; Hanson, Kramer and Gross, 1990; Hendrickson and Schmal, 2000; Koefoed, et al, 1986.
- ❖ In FY 2004, only one consumer survey was taken of a small sample. The sample in 2005 is expected to be larger, reflecting a more accurate percentage.