

**DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTHCARE DIVISION**

PSYCHIATRIC SERVICES

PROGRAM MISSION: To provide high quality psychiatric services that seek to reduce the morbidity and mortality for individuals with substance abuse, mental illness, and co-morbid medical conditions.

Psychiatric Services provides psychiatric nurse and physician evaluations and consultations, indigent medication access services, primary medical/dental referral/service coordination, dual diagnosis management and ongoing evaluation and treatment for County residents in need of care who meet admission criteria. All Psychiatric Service provisions are integrated into the service delivery of the following program units: client services entry, PACT team, senior adult, general adult, substance abuse, jail mental health unit, psychosocial rehabilitation, dual diagnosis, and hospital services. Ongoing evaluation and treatment is provided for any qualifying resident of Arlington County. Psychiatric Services strives to empower individuals to improve self-sufficiency, life quality, and community involvement. Psychiatric Services include: outpatient and institutional assessments and consultations by physicians trained in the specialty of psychiatry, psychiatric nurse assessments and consultations, refill telephone service, psychiatric monitoring, health education and health maintenance groups, sub-specialty clinics for individuals (children, elderly) in need of more intensive monitoring or language translation services, primary medical care screens, primary medical triage and tracking, indigent laboratory services, indigent medication access and delivery, hospital liaison, emergency consultations, inpatient admissions, nurse case management, and discharge coordination for the mentally ill and the dually diagnosed. Psychiatric services also provides 24 hours-a-day/7 days-a-week consultation coverage to the community through direct collaboration with emergency services therapists and management of individuals admitted to the Virginia Hospital Center - Arlington psychiatric unit.

Psychiatric Services				
	FY 2004	FY 2005	FY 2006	% Change:
	<u>Actuals</u>	<u>Adopted</u>	<u>Proposed</u>	<u>'05 to '06</u>
Personnel	\$775,559	\$1,009,072	\$1,096,995	9%
Non-Personnel	597,703	733,867	801,086	9%
Total Expenditures	1,373,262	1,742,939	1,898,081	9%
Medicaid Clinic Option	27,351	-	27,351	-
Medicaid State Plan Option	16,640	-	16,640	-
State Share	344,564	344,564	344,564	-
Total Revenues	388,555	344,564	388,555	13%
Net Tax Support	\$984,707	\$1,398,375	\$1,509,526	8%
Authorized FTEs	13.7	13.7	13.6	
Funded FTEs	13.7	13.7	13.6	

SIGNIFICANT BUDGET HIGHLIGHTS:

- ↑ Increase in personnel is due to normal steps, and filling vacancies at higher steps than budgeted.
- ↑ Increase in non-personnel expenses is due to including medical malpractice insurance funding (\$68,000) previously budgeted in the Public Health Division.

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- ↑ Increase in Medicaid Clinic Option (\$27,351) and Medicaid State Plan Option (\$16,640) revenues is due to reallocating revenues to programs within Mental Health as a result of the recent reorganization.
- ↓ Decrease in FTEs is due to the net effect of reallocating 0.2 FTE from Substance Abuse and a net decrease of 0.3 FTE due to the administration decentralization.

PERFORMANCE MEASURES:

	FY 2002 <u>Actual</u>	FY 2003 <u>Actual</u>	FY 2004 <u>Actual</u>	FY 2005 <u>Estimate</u>	FY 2006 <u>Estimate</u>	FY 2006 <u>Goal</u>
<i><u>Mission Outcome Measures</u></i>						
Percent of consumers remaining in the community 60 days post discharge from community hospital	N/A	85%	89%	90%	92%	95%
Percent of mental health consumers scheduled for a new psychiatric evaluation within one week after intake referral	N/A	N/A	N/A	20%	25%	30%
Percent of case closures from psychiatric services due to treatment noncompliance	N/A	30%	22%	20%	15%	10%
<i><u>Customer Measures</u></i>						
Percent of consumers who report satisfaction with psychiatric educational physician and nurse services	N/A	N/A	62%	75%	80%	90%
Percent of consumers who are scheduled to have a psychiatric nursing healthcare screen within 30 days of intake after hospital discharge	N/A	N/A	60%	70%	75%	80%
Percent of consumers satisfied with prescription refill line medication	N/A	73%	73%	80%	85%	90%
<i><u>Workload Measures</u></i>						
Number of outpatient consumers receiving psychiatric services	1,200	1,200	1,326	1,350	1,375	1,400

- ❖ The nursing referrals came from the transition team expedited psychiatric that did not begin until March 2004. As a result, data are only for the last quarter of the fiscal year. Also, developing a structured referral process for aftercare individuals remains in progress.

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	FY 2002 <u>Actual</u>	FY 2003 <u>Actual</u>	FY 2004 <u>Actual</u>	FY 2005 <u>Estimate</u>	FY 2006 <u>Estimate</u>	FY 2006 <u>Goal</u>
Number of inpatient contacts provided to consumers at community hospital	N/A	800	1,286	1,200	1,150	1,100
Number of drug interaction profiles analyzed by clinic pharmacist consultant	N/A	N/A	N/A	250	350	500

- ❖ Since FY 2003 was the first year we developed and implemented an inpatient data capture method, the number for FY 2003 for inpatient contacts was probably lower than the actual inpatient contacts captured. The FY 2004 data are more representative of annual contacts.