

PSYCHIATRIC SERVICES

PROGRAM MISSION

To support community involvement by individuals with substance abuse, mental illness, and co-morbid medical conditions by reducing morbidity and mortality rates.

Psychiatric Services strives to empower individuals to improve self-sufficiency, life quality, and community involvement by providing outpatient and institutional assessments and consultations by physicians trained in the specialty of psychiatry, psychiatric and public health 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, primary medical care screens, primary medical triage and tracking, indigent laboratory services, indigent medication access and delivery, hospital liaison, emergency consultations, inpatient admissions, and nurse care coordination.

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-based services, psychosocial rehabilitation, dual diagnosis, and hospital services.

PROGRAM FINANCIAL SUMMARY

	FY 2005 Actual	FY 2006 Adopted	FY 2007 Proposed	% Change '06 to '07
Personnel	\$914,167	\$913,714	\$901,174	-1%
Non-Personnel	639,481	801,086	729,928	-9%
Total Expenditures	1,553,648	1,714,800	1,631,102	-5%
Medicaid Clinic Option	23,122	-	-	-
Medicaid State Plan Option	16,380	20,800	20,800	-
State Share	346,866	344,564	257,915	-25%
Total Revenues	386,368	365,364	278,715	-24%
Net Tax Support	\$1,167,280	\$1,349,436	\$1,352,387	0%
Authorized FTEs	11.1	10.6	10.1	
Funded FTEs	11.1	10.6	10.1	

SIGNIFICANT BUDGET HIGHLIGHTS

- ↓ The personnel budget reflects a two percent market pay line adjustment, a 10% increase in employer health insurance costs, and an increase in employer retirement contributions to maintain full funding of the retirement fund, partially offset by a reduction due to transferring a 1.0 FTE case management position to the Mental Health Bureau.
- ↓ Decrease in state share and non-personnel (\$86,649) due to reductions in projected LPACAP revenues. This decrease in non-personnel expenses is partially offset by a \$15,000 increase in medical malpractice costs for the contract psychiatrists.
- ↓ FTEs reflect the transfer of a 1.0 FTE case management position to the Mental Health Bureau, partially offset by the transfer of a 0.5 FTE position from Substance Abuse as a technical budget correction.

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PERFORMANCE MEASURES

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Percent of consumers remaining in the community 60 days post-discharge from community hospital	N/A	85%	89%	84%	90%	85%	90%
Percent of mental health consumers scheduled for a new psychiatric evaluation within one week after intake referral	N/A	N/A	90%	90%	91%	92%	95%
Percent of consumers who report satisfaction with psychiatric educational physician and nurse services	N/A	N/A	62%	82%	83%	84%	90%
Percent of consumers satisfied with prescription refill line medication	N/A	73%	73%	73%	75%	76%	88%
Number of outpatient consumers receiving psychiatric services	1,200	1,200	1,326	1,216	1,250	1,275	1,300