

**SENIOR ADULT AND MENTAL RETARDATION MENTAL HEALTH SERVICES**

**PROGRAM MISSION**

To promote, or enhance, the clients' independent living through the stabilization of their mental illness or emotional disturbance, thereby preventing premature institutionalization (psychiatric hospitalization, nursing home, or state training center) due to a mental illness.

The mission is achieved by providing a multi-disciplinary team approach to psychiatric treatment for seniors with mental illness and for non-mental health priority population adults who are mentally retarded/developmentally disabled and are in need of mental health services. Services include comprehensive assessments (including mental health assessments for at-risk adult protective services clients who may need guardianships); medication services; individual, group, and family psychotherapy; case coordination; and collaboration with other service providers. Staff also provides home-based services to homebound or treatment resistant clients, and consultation with families and service providers.

**PROGRAM FINANCIAL SUMMARY**

	FY 2006 Actual	FY 2007 Revised	FY 2008 Proposed	% Change '07 to '08
Personnel	\$447,278	\$484,177	\$519,634	7%
Non-Personnel	104,923	146,699	153,141	4%
<b>Total Expenditures</b>	<b>552,201</b>	<b>630,876</b>	<b>672,775</b>	<b>7%</b>
Fees	92,997	89,071	91,578	3%
Medicaid	1,587	2,800	2,800	-
Medicare	15,330	19,000	19,000	-
State Funds	31,530	59,128	59,128	-
Federal Block Grant	5,016	5,004	5,004	-
<b>Total Revenues</b>	<b>146,460</b>	<b>175,003</b>	<b>177,510</b>	<b>1%</b>
<b>Net Tax Support</b>	<b>\$405,741</b>	<b>\$455,873</b>	<b>\$495,265</b>	<b>9%</b>
Authorized FTEs	6.0	6.5	6.50	
Funded FTEs	6.0	6.5	6.50	

**SIGNIFICANT BUDGET HIGHLIGHTS**

- ↑ Personnel expenditures reflect an increase (\$21,541) due to normal salary increases, an increase in employer retirement contributions to maintain full funding of the retirement fund, and a 15 percent increase in employer health insurance rates; and hiring of new staff at higher salaries (\$13,916).
- ↑ Non-personnel expenditures include an increase in rent (\$1,773), fuel increases based on actual spending and rate adjustments (\$242); the psychiatrist funded with the Cherrydale lease funds (\$2,507); and the contractual increase for psychiatrists (\$1,920).
- ↑ Fees increased due to increased Cherrydale lease funds (\$2,507).

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**PERFORMANCE MEASURES**

Critical Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Number of elderly treatment cases not psychiatrically hospitalized	135	171	136	141	162	162	162
Number of elderly treatment cases maintained in the community and out of a nursing home	143	154	128	139	162	162	162

Supporting Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Percent of elderly treatment cases not psychiatrically hospitalized	88%	94%	96%	97%	90%	90%	90%
Number of mental retardation/developmental disability treatment cases not psychiatrically hospitalized	N/A	18	25	29	27	27	27
Percent of mental retardation/developmental disability treatment cases not psychiatrically hospitalized	N/A	100%	89%	91%	90%	90%	90%
Number of elderly treatment cases whose GAF (global assessment of functioning) score is stable or improved during the assessed year	141	140	131	117	162	162	162
Percent of elderly treatment cases whose GAF (global assessment of functioning) score is stable or improved during the assessed year	92%	80%	92%	81%	90%	90%	90%
Number of mental retardation/developmental disability treatment cases whose GAF (global assessment of functioning) score is stable or improved during the assessed year	N/A	17	26	26	27	27	27
Percent of mental retardation/developmental disability treatment cases whose GAF (global assessment of functioning) score is stable or improved during the assessed year	N/A	94%	93%	81%	90%	90%	90%
Percent of elderly treatment cases maintained in the community and out of a nursing home	90%	90%	91%	96%	90%	90%	90%
Number of mental retardation/developmental disability treatment cases maintained in the community including community based program	N/A	18	25	31	27	27	27
Percent of mental retardation/developmental disability treatment cases maintained in the community including community based program	N/A	100%	89%	97%	90%	90%	90%
Number of elderly clients surveyed who report satisfaction with service delivery	26	35	32	27	25	25	25
Percent of elderly clients surveyed who report satisfaction with service delivery	100%	100%	97%	96%	90%	90%	90%
Number of mental retardation/developmental disability clients surveyed who report satisfaction with service delivery	N/A	2	11	N/A	16	16	16
Percent of mental retardation/developmental disability clients surveyed who report satisfaction with service delivery	N/A	100%	95%	N/A	90%	90%	90%
Number of collateral resources for Senior Adults surveyed who report satisfaction with service delivery	N/A	20	18	3	18	18	18

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Supporting Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Percent of collateral resources for Senior Adults surveyed who report satisfaction with service delivery	N/A	90%	95%	100%	90%	90%	90%
Number of collateral resources for clients with mental retardation/ developmental disabilities who report satisfaction with service delivery	N/A	10	18	12	18	18	18
Percent of collateral resources for clients with mental retardation/ developmental disabilities who report satisfaction with service delivery	N/A	90%	95%	100%	90%	90%	90%
Total number of elderly clients served (assessment and treatment)	220	200	227	204	220	220	220
Total number of mental retardation/developmental disability clients served (assessment and treatment)	N/A	18	28	33	30	30	30
Total number of homebound clients served	35	36	35	46	35	35	35
Number of home visits per year for homebound seniors	682	484	535	637	550	550	550

- The Global Assessment of Functioning, measured at intake and discharge (or the beginning of the new fiscal year for persons continuing in treatment) for each client, identifies stable or improved level of functioning.
- In FY 2006, the number of frail homebound clients increased which results in lower GAF scores.
- Customer satisfaction surveys were not conducted in FY 2006 because of staff vacancies. The surveys will be conducted in FY 2007.

**FUTURE BUDGET CONSIDERATIONS**

- As persons with serious mental illness age, staff is identifying ways to address their changing needs, such as psychosocial day programming and supportive housing. In addition, there is an increasing need for services for non-English speakers.
- During FY 2007 a waiting list has been established for the Mental Retardation/Development Disabilities Mental Health Program. Eight persons are on the list.