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**CHILD AND FAMILY MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES**

**PROGRAM MISSION**

To promote the emotional and psychological well being of children and families, develop their capacity for healthy, adaptive functioning, and prevent the progression of mental health and substance abuse disorders by providing accessible, high quality therapeutic services to families with the most severe or persistent impairments and the most limited resources.

Services are targeted to families of children and adolescents with serious emotional disturbance and those at risk due to trauma or parental impairment. Services are also targeted for families of adolescents experiencing substance abuse problems and for children who have been negatively impacted by the substance abuse of a parent or caretaker. Services are described below.

- Assessment consists of mental health and substance abuse screening and diagnostic evaluation; psychiatric consultation and evaluation; treatment recommendations for the child and family; limited psychological testing; and outreach services to include screening and supportive intervention for high risk youth provided at particular school sites (currently at Family Center and Arlington Parenting Teen programs).
- Outpatient Treatment and Care Coordination includes individual, group or family therapy; multifamily group therapy; psychiatric and medication evaluation and monitoring; psychoeducation and urinalysis monitoring for substance abusing teens; specialized assessment and treatment for youth with sexually inappropriate or aggressive behaviors; case management and service coordination with collaborative providers; linkage and referral to community resources as needed; discharge planning for youth returning to the community upon discharge from the Commonwealth Center for Children and Adolescents.
- Professional Consultation and Collaboration is provided to parents, other child-serving agencies and community providers to increase awareness of mental health and substance abuse treatment needs of children and families and to develop effective interagency strategies for prevention and management.

More intensive services are available through purchase with contract providers if weekly outpatient treatment is insufficient. These alternative treatment models are used to prevent out-of-home placement for the most seriously impaired youth and for those returning to the community from residential or hospital care. Services are short-term and intensive. Three contracted services are described below.

- Home-based Services offers limited therapy sessions, care coordination and consultation in the home for several hours per week by trained contract providers.
- Respite Services are provided to families of children with serious emotional disturbance who are also receiving outpatient treatment. Services are provided in the home of a trained contract provider for brief, flexible time periods.
- Substance Abuse Intensive Outpatient and Residential Services include two to five days per week of substance abuse-specific services and time limited contracted residential services, case management, and aftercare for adolescents and families to support reintegration into the community.

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**PROGRAM FINANCIAL SUMMARY**

	FY 2005 Actual	FY 2006 Adopted	FY 2007 Proposed	% Change '06 to '07
Personnel	\$991,360	\$955,556	\$926,278	-3%
Non-Personnel	434,830	454,905	480,480	6%
Purchase of Service	82,892	89,227	96,727	8%
<b>Total Expenditures</b>	<b>1,509,082</b>	<b>1,499,688</b>	<b>1,503,485</b>	<b>-</b>
Fees	10,122	12,120	12,120	-
Medicaid/Medicare	36,731	30,500	30,500	-
Other Grants	2,000	25,000	25,000	-
Purchase of Service	103,581	89,227	89,227	-
State Share	86,996	49,844	49,844	-
<b>Total Revenues</b>	<b>239,430</b>	<b>206,691</b>	<b>206,691</b>	<b>-</b>
<b>Net Tax Support</b>	<b>\$1,269,652</b>	<b>\$1,292,997</b>	<b>\$1,296,794</b>	<b>-</b>
Authorized FTEs	13.0	13.0	11.8	
Funded FTEs	13.0	13.0	11.8	

**SIGNIFICANT BUDGET HIGHLIGHTS**

- ↓ Personnel costs and FTE's decrease due to staff reallocation to the Centralized Intake Unit (ASIST). These decreases are partially offset by 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.
- ↑ Non-personnel expenditures increase due to an increase in building rent charges and telephone charges previously budgeted in Divisional Management.
- ↑ Purchase of service expenses increase due to reallocation of Prescription Medication for Youth previously budgeted as non-personnel (\$7,500).

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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
Number of consumers showing benefit from services at discharge	238	288	231	241	250	255	N/A
Percentage of consumers showing benefit from services at discharge	74%	70%	72%	73%	74%	75%	78%
Percentage of seriously emotionally disturbed consumers maintained in the community with outpatient treatment	97%	98%	94%	93%	93%	93%	93%
Number of consumers completing surveys who report satisfaction with services	70	92	102	104	112	127	127
Percentage of consumers completing surveys who report satisfaction with services	92%	92%	88%	76%	80%	85%	85%
Number of primary referral sources reporting satisfaction with services	N/A	N/A	26	24	36	45	45
Percentage of primary referral sources reporting satisfaction with services	N/A	N/A	83%	96%	90%	90%	90%
Total consumers receiving services	508	534	489	554	550	575	575
Total admitted for diagnostic and treatment services	373	371	363	353	375	390	390
Total receiving substance abuse screening and psychoeducation	N/A	106	105	126	140	150	150

- Benefit from services is determined by consumers meeting all or most of the service plan goals with a reduction of symptoms and/or increase in level of functioning in the standardized assessment scale, i.e. Global Assessment of Functioning Scale (Diagnostic and Statistical Manual of Disorders, Fourth Edition -DMS IV-TR).