

PROGRAM MISSION

To ensure individuals entering Behavioral Healthcare services receive timely and comprehensive assessment, evaluation and linkage to appropriate services.

- **Emergency Services** are mandated for individuals experiencing an acute psychiatric/psychological crisis. The goals of the service are to prevent the escalation of mental health crises, relieve the immediate distress of individuals in crisis, prevent individuals from doing harm to themselves or others, and make appropriate referrals for both medical and non-medical interventions for those with ongoing needs. The Emergency Services Program also provides mental health assessment, crisis intervention, stabilization, support, short-term counseling, on-call psychiatric services, follow-up services, and critical incident stress management services. In addition, pre-admission screening is provided for individuals who require voluntary or involuntary hospitalization and residential crisis stabilization at the Arlington Community Crisis and Emergency Stabilization Services (ACCESS) facility. Preliminary assessments are conducted by Emergency Services staff and encompass the initial assessments provided to all consumers who are requesting mental health services at the Community Services Board (CSB). These assessments lead to linkages in any of the outpatient mental health programs, or to referrals within the community.
- **Discharge Planning Services** are provided to consumers in the state psychiatric hospitals. These services ensure access to needed community mental health and dual diagnosis services for individuals in state hospitals who are ready for community placement by conducting comprehensive assessments to determine the type and intensity of aftercare services needed. Discharge Planning services are provided for consumers at Northern Virginia Mental Health Institute, Central State Hospital and Western State Hospital.
- **DAP (Discharge Assistance and Diversion Project)** is a state-funded regional initiative to facilitate patient reductions within the state hospital system. The level of services provided depends on the needs of the consumers, and ranges from a highly specialized group home to intensive supported living services. All decisions for the utilization of these funds are made through a regional workgroup composed of mental health leadership in Arlington, Prince William, Loudoun, and Fairfax Counties and the City of Alexandria. Another component of the DAP initiative is state hospital diversion funding. This includes private bed purchase, via state contract, at local psychiatric hospitals to divert consumers from state hospital beds. This component also provides short-term funds (e.g., rental assistance) to consumers who require financial assistance that will facilitate their discharge from a local or state hospital bed.
- **Homeless Case Management Services** seek to efficiently assess and link homeless, seriously mentally ill and substance abusing adults to appropriate mental health and substance abuse services as well as appropriate housing resources. Services are provided by CSB staff to individuals with substance abuse disorders and/or mental illness who are residents of Arlington. The **Treatment on Wheels (TOW) - Homeless Case Management Team** came under County management on July 1, 2005. TOW is a U.S. Department of Housing and Urban Development (HUD) funded project which provides mental health and substance abuse assessment, treatment and case management services at a variety of Arlington based shelters as well as through street outreach in the community.
- **Transition Team Services** provide assessment and short term case management, medical and counseling services to adults either prior to linking to long-term behavioral healthcare services or to other more appropriate services elsewhere.

CLIENT SERVICES ENTRY

PROGRAM FINANCIAL SUMMARY

	FY 2005 Actual	FY 2006 Adopted	FY 2007 Proposed	% Change '06 to '07
Personnel	\$902,088	\$821,966	\$1,123,109	37%
Non-Personnel	31,016	14,261	74,438	422%
Nonprofits	1,226,363	1,245,848	1,245,848	-
Total Expenditures	2,159,467	2,082,075	2,443,395	17%
Medicaid State Plan Option	16,503	12,254	12,254	-
State Share	1,655,669	1,654,074	1,682,419	2%
Federal Grants	29,000	29,000	204,460	605%
Total Revenues	1,701,172	1,695,328	1,899,133	12%
Net Tax Support	\$458,295	\$386,747	\$544,262	41%
Authorized FTEs	12.0	12.0	15.0	
Funded FTEs	12.0	12.0	15.0	

Financial Details by Program

	FY 2005 Actual	FY 2006 Adopted	FY 2007 Proposed	% Change '06 to '07
Emergency Services	\$651,844	\$554,555	\$690,001	24%
Discharge Planning	109,154	106,047	124,245	17%
DAP	1,226,363	1,245,848	1,245,848	-
Homeless Case Management	108,405	113,646	316,320	178%
Transitional Team	63,701	61,979	66,981	8%
Total Expenditures	2,159,467	2,082,075	2,443,395	17%
Total Revenues	1,701,172	1,695,328	1,899,133	12%
Net Tax Support	\$458,295	\$386,747	\$544,262	41%

SIGNIFICANT BUDGET HIGHLIGHTS

- ↑ The personnel budget increase 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. Personnel expenses also reflect funding for an additional 2.5 FTEs for the TOW program, and the transfer of \$100,000 from the Mental Health Services Bureau to Emergency Services to fund temporary staff and special pays associated with providing mandated overnight and weeknight coverage. This transfer will complete the FY 2004 reorganization that separated Client Services Entry from the Mental Health Bureau.
- ↑ Increase in federal grants and non-personnel reflects implementation of the Housing and Urban Development TOW program (\$175,460) that funds 2.5 additional FTEs (noted above), and non-personnel (\$42,117) for homeless case management services. This program is budgeted under the Homeless Case Management section.

CLIENT SERVICES ENTRY

- ↑ Increase in state share and non-personnel (\$10,000) includes budgeting “not guilty by reason of insanity” (NGRI) revenues in the Discharge Planning program. These revenues will be used to provide one-time funding to transition NGRI clients to the community.
- ↑ FTEs increase due to the addition of the TOW grant positions (2.5 FTEs), and a reallocation of 0.5 FTE from Aging and Disability Services to support temporary back-up staff for Emergency Services.

PERFORMANCE MEASURES

Emergency Services

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Number of consumers diverted from hospital to crisis stabilization (ACCESS)	49	50	52	62	65	68	70
Number of consumers linked to Arlington Mental Health, Substance Abuse or Mental Retardation Services after preliminary assessments	N/A	N/A	113	356	400	530	535
Percent of consumers linked to Arlington Mental Health, Substance Abuse or Mental Retardation Services after preliminary assessments	N/A	N/A	86%	88%	90%	92%	95%
Percent of detained consumers subsequently committed by Court	68%	60%	60%	69%	70%	74%	75%
Percent of clients reporting overall satisfaction with emergency service intervention	N/A	N/A	100%	100%	100%	100%	100%
Total service hours	7,824	4,911	5,157	5,844	5,900	5,950	6,000
Total consumers served (non-duplicative)	1,088	902	1,005	768	850	925	950
Total face-to-face contacts	3,452	3,985	4,195	2,751	2,800	3,000	3,500
Voluntary hospitalizations	148	105	103	102	105	112	115
Involuntary hospitalizations	258	252	182	199	220	227	230
Private hospital bed purchase admissions	49	51	61	108	85	85	80
Total number of preliminary assessments completed	N/A	N/A	130	401	430	450	475

CLIENT SERVICES ENTRY

Homeless Case Management

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Number of consumers discharged linked to stable housing after discharge from shelter	N/A	44	51	75	80	84	85
Percent of consumers discharged linked to stable housing after discharge from shelter	N/A	44%	76%	58%	65%	72%	75%
Number of consumers linked to Mental Health Services after discharge from shelter	45	43	35	43	45	60	63
Percent of consumers linked to Mental Health Services after discharge from shelter	67%	43%	52%	33%	50%	60%	60%
Number of consumers linked to Substance Abuse Services after discharge from shelter	56	74	25	34	35	35	35
Percent of consumers linked to Substance Abuse Services after discharge from shelter	86%	74%	37%	26%	35%	42%	45%
Percent responding to survey who reported satisfaction with the Homeless Case Management Service	N/A	71%	99%	99%	100%	100%	100%
Number of consumers served by Homeless Case Management at RPC shelter	83	61	67	129	70	80	85
Total number of assessments completed at shelter	120	125	150	194	165	175	180
Number of consumers seen by RPC case manager within 24 hours of admission	66	50	90	110	112	120	125
Percent of consumers seen by RPC case manager within 24 hours of admission	55%	40%	60%	68%	68%	75%	80%

- All shelter outcomes will need to be folded in with TOW program for FY 2006 onward.
- Great variation in numbers of consumers linked to substance abuse services after discharge from the shelter have occurred as the services at the shelter have developed over time. Linkage to substance abuse should happen primarily through a different program.
- Reduction from 2 FTEs to 1 FTE as of 9/23/05. Unclear if this will affect number of consumers served by Homeless Case Management at RPC shelter.

Transition Team Services

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Number of consumers linked to Arlington MHMRSAs services from Transitional Team	N/A	N/A	25	32	45	60	65
Percent of consumers linked to Arlington Mental Health, Mental Retardation, or Substance Abuse Services	N/A	N/A	60%	76%	80%	90%	90%
Total number of consumers served	N/A	N/A	41	42	55	60	63