

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. Emergency Services provides mental health assessment, crisis intervention, stabilization, support, short-term counseling, on-call psychiatric services, follow-up services, and critical incident stress management services. For families in crisis, Emergency Services offers crisis counseling, information, support and other appropriate services.

Pre-admission screening is provided for individuals who require voluntary or involuntary hospitalization and or who may need 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 requesting adult mental health services through the CSB. After the preliminary assessment, consumers are then linked to one of the mental health community support teams, or are referred to other services in the community.

- **Discharge Planning Services** are provided to consumers in the state psychiatric hospitals to ensure access to much-needed community mental health and dual diagnosis services for individuals who are ready for community placement. Comprehensive assessments are conducted to determine the type and intensity of aftercare services needed. Discharge planning is 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 from 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 to facilitate their discharge from a local or state hospital bed.
- **Homeless Case Management Services – Treatment on Wheels (TOW)** seeks 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. The team came under County management on July 1, 2005. TOW 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. On July 1, 2006, the Arlington CSB assumed management of the Project for Assistance in Transition from Homelessness (PATH) program. This federally funded program provides street outreach to homeless seriously mentally ill individuals.
- **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.
- **Jail Diversion/Forensic Case Management Services** was a new program in FY 2007 funded from two different state sources. With two FTEs, this program provides a wide variety of intensive case management services to mentally ill individuals who experience

CLIENT SERVICES ENTRY

difficulties in the criminal justice system. This mission of the program is to reduce recidivism and improve community tenure. Services include case management, linkage to health services, housing, medical, and other critical needs for this high-risk population.

PROGRAM FINANCIAL SUMMARY

	FY 2007 Actual	FY 2008 Revised	FY 2009 Proposed	% Change '08 to '09
Personnel	\$1,718,760	\$1,760,574	\$1,599,247	-9%
Non-Personnel	284,752	55,838	70,091	26%
Nonprofits	1,255,693	1,269,068	1,269,068	-
Total Expenditures	3,259,205	3,085,480	2,938,406	-5%
Medicaid State Plan Option	13,979	13,240	13,979	6%
State Share	1,917,728	1,627,597	1,627,597	-
Federal Grants	386,743	178,452	39,000	-78%
Total Revenues	2,318,450	1,819,289	1,680,576	-8%
Net Tax Support	\$940,755	\$1,266,191	\$1,257,830	-1%
Permanent FTEs	20.5	21.50	19.50	
Temporary FTEs	0.5	0.50	0.50	
Total Authorized FTEs	21.0	22.00	20.00	

Financial Details by Program

	FY 2007 Actual	FY 2008 Revised	FY 2009 Proposed	% Change '08 to '09
Administration	\$451,235	\$406,075	\$438,310	8%
Emergency Services	794,508	872,778	606,261	-31%
Discharge Planning	130,794	214,759	130,562	-39%
DAP	1,406,387	1,269,068	1,269,068	-
Homeless Case Management	302,773	251,599	269,055	7%
Transitional Team	69,105	71,201	74,916	5%
Forensic Case Management	104,403	-	150,234	-
Total Expenditures	3,259,205	3,085,480	2,938,406	-5%
Total Revenues	2,318,450	1,819,289	1,680,576	-8%
Net Tax Support	\$940,755	\$1,266,191	\$1,257,830	-1%

SIGNIFICANT BUDGET HIGHLIGHTS

- ↓ The decrease in personnel expenditures reflects the transfer of business office/compliance positions (2.0 FTE) to the Department of Human Services Director's Office. This decrease is partially offset by normal salary increases and corresponding increases to overtime pay, an increase in employer retirement contributions to maintain full funding of the retirement fund, and a ten percent increase in employer health insurance rates.
- ↑ Non-personnel expenditures include utility cost increases based on anticipated rate adjustments, and non-discretionary contractual increases. The additional increase in non-

CLIENT SERVICES ENTRY

personnel expenditures is the result of an increase in physician consultant time for the homeless case management program through a reallocation of local funds from the Economic Independence Division.

- ↓ Decrease in federal grants is a result of the transfer of the US Department of Housing and Urban Development (HUD) funding to the Economic Independence Division (EID). HUD funding requirements changed to focus support on permanent supportive housing and not on adjunct services. This Behavioral Healthcare Division (BHD) funding stream is replaced with local tax support previously allocated to EID. EID received new HUD grants to continue the services it was previously providing with local funds. This transfer of funds between EID and the BHD will not increase the bottom line net tax support for the Department.

PERFORMANCE MEASURES

Emergency Services

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Number of admissions to crisis stabilization at the Arlington Community Crisis and Emergency Stabilization Services (ACCESS) facility	52	62	79	83	74	88	90
Number/Percent of consumers linked to Arlington Mental Health, Substance Abuse or Intellectual Disability Services after preliminary assessments	113/86%	356/88%	326/89%	330/85%	375/90%	360/92%	365/93%
Total consumers served (non-duplicative)	1,005	768	802	933	875	890	900

Supporting Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Percent of detained consumers subsequently committed by Court	60%	69%	74%	81%	74%	75%	75%
Percent of clients reporting overall satisfaction with emergency service intervention	100%	100%	100%	100%	100%	100%	100%
Total service hours	5,157	5,844	5,902	7,312	5,642	5,900	6,000
Total face-to-face contacts	4,195	2,751	3,729	3,506	3,800	3,850	3,900
Voluntary hospitalizations	103	102	105	115	115	120	120
Involuntary hospitalizations	182	199	203	270	215	220	200
Private hospital bed purchase admissions	61	108	95	86	95	95	95
Total number of preliminary assessments completed	130	401	326	358	365	375	375

- The high number of involuntary hospitalizations in FY 2007 is similar to what was experienced by other jurisdictions throughout Northern Virginia. Regional analysis so far has been inconclusive in determining the reason behind this increase.

Discharge Planning

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Percent of clients readmitted to state hospital within 30 days of discharge	2.0%	1.0%	0.0%	4.0%	2.0%	2.0%	1.5%

CLIENT SERVICES ENTRY

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Average number of days between state hospital discharge and first psychiatric appointment	5.0	4.0	7.0	8.4	5.0	5.0	4.5
Total consumers served by Discharge Planning in state hospitals (does not include Eastern State Hospital)	102	110	108	147	110	125	125

Supporting Measure	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Percent of clients responding to a survey who were fully satisfied with consumer input in residential and clinical linkages	86%	100%	N/A*	84%	100%	92%	93%

- The higher average number of days between state hospital discharge and the first psychiatric appointment is due to fewer available psychiatrist hours in FY 2007 as a result of the County's hiring freeze and LPACAP reductions.
- *Survey not administered in FY 2006.

Discharge Assistance and Diversion Project (DAP)

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Number/Percent of consumers in DAP programs not hospitalized	16/84%	43/89%	23/88%	28/71%	25/96%	32/72%	34/74%
Number/Percentage of consumers responding to a survey who report increased satisfaction in quality of life since admission to DAP program	13/100%	27/93%	16/88%	35/94%	25/90%	38/95%	40/95%
Number of Arlington consumers receiving discharge assistance funds	12	16	25	27	25	26	28

Supporting Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Total number of hospital bed days utilized by DAP consumers	164	141	100	239	90	150	155
Percent of time contractor responded to project manager within 24 hours of reported incident	100%	100%	100%	100%	100%	100%	100%
Number of persons currently served by DAP living in community	19	40	43	39	48	45	47
Number of persons discharged from state facilities into project programs	2	5	4	9	5	7	8

- There were several patients in the DAP program who required more intensive and longer hospital stays in FY 2007, which increased the total number of bed days.

CLIENT SERVICES ENTRY

Homeless Case Management

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Number of consumers served by Treatment on Wheels/Homeless Case Management (TOW/HCM) programs	67	129	119	118	150	160	170
Number/Percent of consumers discharged to stable housing from TOW/HCM programs	51/76%	75/58%	19/16%	47/39%	60/40%	75/47%	80/47%
Number/Percent of consumers discharged to MH services after discharge from TOW/HCM services	35/52%	43/33%	19/16%	48/41%	65/43%	70/43%	75/44%
Number/Percent of consumers linked to Substance Abuse Services after discharge from TOW/HCM programs	25/37%	34/26%	5/4%	3/2.5%	10/7%	18/11%	20/12%

Supporting Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Percent responding to survey who reported satisfaction with the TOW/HCM programs	99%	99%	100%	100%	100%	100%	100%
Number/Percent of consumers seen by TOW/HCM staff within 3 days of referral	40/60%	110/85%	9/7%	103/88%	130/87%	144/90%	156/92%

- 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 services should happen primarily through the Substance Abuse Bureau.
- The FY 2008 estimated number of consumers served by TOW/HCM is increasing based on actual numbers for the first half of FY 2008.

Transition Team Services

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Number/Percentage of consumers linked to Arlington Mental Health/Intellectual Disability/Substance Abuse (MHMRSA) services from Transitional Team	25/61%	32/76%	21/54%	16/48%	25/62%	22/59%	24/60%
Total number of consumers served	41	42	39	33	40	37	40

Forensic Case Management

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Number of days from jail release to initial appointment with psychiatrist	N/A	N/A	N/A	9	5	4	4
Number of consumers seen in jail after referral from police, magistrates, jail-based medical staff or mental health staff	N/A	N/A	N/A	40	80	80	85
Number of days from jail release to linkage with an outpatient mental health team.	N/A	N/A	N/A	23	20	14	12

**DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTHCARE DIVISION**

CLIENT SERVICES ENTRY

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Number/Percentage of consumers expressing satisfaction with the interventions and assistance of the forensic team	N/A	N/A	N/A	N/A	85/73%	90/78%	90/80%
Number of days from jail release to initial appointment with clinician in mental health or substance abuse services	N/A	N/A	N/A	1	3	1	1

Supporting Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Number of consumers referred who are living in community	N/A	N/A	N/A	15	25	35	38
Number of consumers seen at state hospital during forensic evaluation	N/A	N/A	N/A	20	35	40	40
Number/Percent of criminal justice staff (police, deputies, public defender's office, Commonwealth's Attorney's Office, Magistrate, etc.) expressing satisfaction with the work of the forensic office	N/A	N/A	N/A	N/A	60/85%	65/87%	70/90%

- Program began in February 2007.