

PSYCHIATRIC SERVICES

**PROGRAM MISSION**

To support recovery and community involvement by individuals with substance abuse, mental illness, and co-morbid medical conditions by improving health literacy and reducing premature morbidity and mortality.

Psychiatric Services strives to empower individuals to improve self-sufficiency, life quality, and community involvement by providing outpatient and inpatient assessments and consultations by physicians and nurses trained in the specialty of psychiatry and by public health nurses skilled in holistic interventions. Services include: refill telephone system, psychiatric evaluations & monitoring, health education & maintenance, sub-specialty clinics for individuals in need of more intensive monitoring, primary medical care screens, triage and tracking, laboratory services, medication access and delivery, hospital liaison, emergency consultations, inpatient admissions, expedited services and nurse care coordination.

All Psychiatric Service provisions are integrated into the service delivery of the following programs: client services entry, Program of Assertive Community Treatment (PACT) team, adult mental health, adult substance abuse, psychosocial rehabilitation, dual diagnosis, and hospital services.

**PROGRAM FINANCIAL SUMMARY**

	FY 2007 Actual	FY 2008 Revised	FY 2009 Proposed	% Change '08 to '09
Personnel	\$824,270	\$890,348	\$961,190	8%
Non-Personnel	710,562	816,370	840,391	3%
<b>Total Expenditures</b>	<b>1,534,832</b>	<b>1,706,718</b>	<b>1,801,581</b>	<b>6%</b>
Medicaid Clinic Option	30,666	15,070	16,022	6%
Medicaid State Plan Option	3,592	11,754	3,592	-69%
State Share	106,930	107,915	107,915	-
Medicare	22,945	-	31,705	-
Other Grants	7,765	-	6,758	-
<b>Total Revenues</b>	<b>171,898</b>	<b>134,739</b>	<b>165,992</b>	<b>23%</b>
<b>Net Tax Support</b>	<b>\$1,362,934</b>	<b>\$1,571,979</b>	<b>\$1,635,589</b>	<b>4%</b>
Permanent FTEs	9.1	9.60	9.60	
Temporary FTEs	-	-	-	
<b>Total Authorized FTEs</b>	<b>9.1</b>	<b>9.60</b>	<b>9.60</b>	

**SIGNIFICANT BUDGET HIGHLIGHTS**

- ↑ Personnel expenditures include normal salary increases, an increase in employer retirement contributions to maintain full funding of the retirement fund, and a ten percent increase in employer health insurance rates. In addition, a key vacant position was filled in FY 2008 at a significantly higher step than budgeted based on qualifications and the complexity of the position.
- ↑ Non-personnel expenditures include utility cost increases based on anticipated rate adjustments, and non-discretionary contractual increases.
- ↓ Medicaid State Plan Option revenue is reallocated from Psychiatric Services to the Mental Health Community Support Teams as that is primarily where this revenue is received.

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- ↑ Medicare revenue is reallocated from the Community Support Teams to Psychiatric Services. Medicare revenue is generally received for Psychiatric Services.
- ↑ Other grants revenue is transferred to Psychiatric Services from Mental Health Services. In addition, revenue is increased based on FY 2007 actuals.

PERFORMANCE MEASURES

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 consumers who report satisfaction with psychiatric educational physician and nurse services	62%	82%	82%	73%	85%	90%	90%
Percent of consumers who have not been re-hospitalized within 60 days post discharge from community/private bed purchase hospital bed	89%	84%	94%	90%	92%	93%	93%
Number of outpatient consumers receiving psychiatric services	1,326	1,216	1,278	1,507	1,550	1,600	1,600

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 mental health consumers scheduled for a psychiatric assessment within one week after intake referral	90%	90%	90%	90%	90%	95%	95%
Percent of consumers satisfied with prescription refill line medication	73%	73%	73%	90%	92%	95%	95%