

Program # 25045 - MH Respite/Sub-acute

Version 2/14/2005 s

Priority:	Safety Net Services	Lead Agency:	County Human
Program Offer Type:	Existing Operating	Program Contact:	Nancy Winters
Related Programs:	25046, 25050, 25051A, 25069		
Frameworks:	Poverty Framework		

Executive Summary

Providing a secure setting for individuals experiencing a mental health crisis, sub-acute and respite services can prevent an inpatient stay by stabilizing someone who is not yet at the point of needing to be hospitalized and lower costs. Services are paid for entirely by State funds.

Program Description

For individuals experiencing a mental health crisis, mental health respite and sub-acute services complete the comprehensive continuum of care necessary to decrease hospital admissions and hospital days through quick transition from inpatient care. Sub-acute care is a secure setting similar to a hospital in a community-based treatment setting. Subacute is staffed with medical staff on a 24-hour basis and can serve a mentally ill individual with more severe symptoms. Admissions to these facilities avoid other charges, including emergency room fees, as well as emergency transportation costs to hospitals. Respite is a non-secure, non-medical setting where people are observed and stabilized. Treatment staff and medication providers are available during the stay. Cost savings of utilizing respite as a prevention to inpatient or transition from inpatient is significant. This is a community-based model of care that keeps people in a setting more familiar to them. This service may prevent periods of homelessness by preventing behaviors that would lead to eviction from housing.

Program Justification

In line with the strategies of the Basic Living Needs priorities, sub-acute and respite services are part of a comprehensive continuum of service supports that are used to intervene when individuals are experiencing a mental health crisis in order to prevent their symptoms from escalating to the point they need hospitalization. This community-based program allows greater opportunity for linkage with other community supports and services that facilitate longer-term stability and maximizes service efficiency.

This program fits into the Poverty Elimination Framework by providing adequate healthcare and needed social services in a cost-effective, community-based setting.

Performance Measures

Total Adults Served in Respite and Subacute.
Total Days in Respite and Subacute.

Summary of last year's program results and this year's expected results

Total Unduplicated Adults FY04 was 162.
Total Adult Respite Days FY04 was 1127.

Because there was no sub-acute facility in operation last year, there is no data available. Increased usage of sub-acute and respite care are expected this year as this less costly service is used to decrease more costly inpatient hospitalizations.

Program Mandate: 3 Program Choice but No Funding/Service Level Choice

MHO Contract Statement of Work, Part II, Section V (B) Delivery Needs Configuration; (f) Acute Inpatient Hospital Psychiatric Care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2005	2005	2006	2006
Program Expenses				
Contracts	\$0	\$917,623	\$0	\$1,645,000
Subtotal: Direct Exps:	\$0	\$917,623	\$0	\$1,645,000
Administration	\$0	\$0	\$13,321	\$37,700
Program Support	\$0	\$0	\$38,099	\$43,746
Subtotal: Other Exps:	\$0	\$0	\$51,420	\$81,446
Total GF/non-GF:	\$0	\$917,623	\$51,420	\$1,726,446
Program Total:	\$917,623		\$1,777,866	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Intergovernmental	\$0	\$917,623	\$0	\$1,645,000
Program Revenue for Admin	\$0	\$0	\$0	\$81,446
Total Revenue:	\$0	\$917,623	\$0	\$1,726,446

Explanation of Revenues

The State provides almost all of the funding for this program.

Significant Program Changes

Mental Health and Addiction Services Division is undergoing a procurement process for these services.