

Program # 25057 - Mental Health Children's Sub-Acute Services

Version 2/17/2006 s

Priority: Basic Needs Lead Agency: County Human Services

Program Offer Type: Existing Operating Program Contact: Godwin Nwerem

Related Programs: 25055, 25062, 25067, 25068, 25070, 25072A, 25073A, 25076A

Program Characteristics:

Executive Summary

Providing a safe, secure setting for children experiencing a mental health crisis, sub-acute services can prevent an inpatient stay by stabilizing a child who is not yet at the point of needing to be hospitalized but requires observation by medical personnel. The purpose for sub-acute is to provide a safe diversion from inpatient hospitalization.

Program Description

Sub-Acute services are used to intervene at the stage when a child's psychiatric symptoms have become severe enough to require a secure, psychiatric setting. The purpose of Sub-Acute services is to provide diversion from a costly, acute care psychiatric inpatient stay while supplying intensive psychiatric, nursing, medical and clinical services in the least restrictive and most cost-effective level of care available outside of a hospital unit. This level of service, which is authorized through the Call Center, ensures that a child who might otherwise be admitted to an inpatient unit can receive intensive treatment and discharge planning services to prevent further escalation and stabilize him or her in the community long-term. The benefit is increased possibility of improved functioning and a reduction in inpatient psychiatric hospitalizations. Sub-acute care is a secure setting similar to a hospital in a community-based treatment setting but is more intensive than treatment in a psychiatric residential setting, which is also used as a hospitalization diversion. Treatment is provided on a daily basis and includes clinical programming such as individual, group and family therapy, pharmacologic treatment, and intensive discharge planning depending on the child's needs. A sub-acute facility is staffed with medical and clinical personnel on a 24-hour basis and can serve children experiencing severe psychiatric symptoms. Admissions to these facilities avoid other charges, including emergency room fees, as well as emergency transportation costs to hospitals and supports the goal of keeping children in the community. This program serves children who are enrolled in Verity, the County's Mental Health Organization.

Program Justification

In line with the Basic Living Needs priorities, sub-acute services are part of a comprehensive continuum of crisis service supports used to intervene when a child is experiencing a psychiatric crisis in order to prevent his/her symptoms from escalating to the point hospitalization is necessary. This intensive, community-based program not only allows greater opportunity for coordination with other community supports and services that facilitate longer-term stability and maximizes service efficiency, but is also key to intervening to prevent further crises. Service delivery focuses on individually tailored interventions that provide stability to the child and allows him/her a smooth reintegration into the community. 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

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Total Children Receiving Subacute Mental Health Treatment For Their MH Crisis	93	85	85	95
Outcome	% Children Discharged From Subacute & Readmitted To Higher Level of Care (New)	0%	0%	0%	10%

Performance Measure - Description

New outcome measure in FY 06/07 measured using Verity/Verity plus encounter/claims data.

Legal/Contractual Obligation

State of Oregon Mental Health Organization (MHO) contract Statement of Work. We are obligated by the MHO contract to provide mental health services to Verity enrollees.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds	
Program Expenses	2006	2006	2007	2007	
Contracts	\$0	\$1,645,000	\$0	\$336,811	
Subtotal: Direct Exps:	\$0	\$1,645,000	\$0	\$336,811	
Administration	\$0	\$0	\$0	\$6,884	
Program Support	\$0	\$0	\$0	\$14,916	
Subtotal: Other Exps:	\$0	\$0	\$0	\$21,800	
Total GF/non-GF:	\$0	\$1,645,000	\$0	\$358,611	
Program Total:	\$1,64	\$1,645,000		\$358,611	
Program FTE	0.00	0.00	0.00	0.00	
Program Revenues					
Intergovernmental	\$0	\$1,645,000	\$0	\$336,811	
Program Revenue for Admin	\$0	\$0	\$0	\$21,800	
Total Revenue:	\$0	\$1,645,000	\$0	\$358,611	

Explanation of Revenues

Oregon Health Plan revenue based on December premium rates and assuming 66,970 insured members - \$336,811.

Significant Program Changes

Last year this program was: #25045, MH Respite/Sub-acute