

#### Program # 25102 - Mental Health Respite Services

Version 2/17/2006 s

Priority: Basic Needs Lead Agency: County Human Services

Program Offer Type: Existing Operating Program Contact: Nancy Winters

Related Programs: 25055, 25062

**Program Characteristics:** 

#### **Executive Summary**

Providing a secure setting for individuals experiencing a mental health crisis, 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. Programs are paid for entirely by State funds.

#### **Program Description**

Community based respite in a non-medical setting is a safe, structured alternative to hospitalization, or a step-down from inpatient or sub-acute care where at-risk mentally ill individuals can be observed and stabilized. The goal of respite is to provide diversion from inpatient psychiatric admissions for individuals that do not require a secure, locked setting. Respite, which is authorized by the Call Center, provides room, board, personal care skills training, medication management, and other services typical of a residential care facility. The mental health and medical staff provide support, consultation, crisis intervention, medication management individual therapy, group therapy, family therapy, and case management. With the assistance of Call Center care coordinators, respite staff also coordinate with community case managers, identify family and community resources, liaison with community based mutual support networks, and develop a transition plan to a supportive community based environment. Medication providers are also available during the individual's stay. Cost savings of utilizing respite as diversion from inpatient or as a transition from inpatient care is significant. This is a community-based model of care that keeps people connected to their network of support while providing treatment and observation on a 24-hour basis thereby increasing the likelihood of successful transition back to the community and long-term stabilization. Admissions to these facilities is a cost-effective alternative for diversion from costly inpatient charges, as well as emergency room fees and emergency transportation costs to hospitals. This service may prevent periods of homelessness by intervening when behaviors related to mental illness escalate to a point that would lead to eviction from housing.

#### **Program Justification**

In line with the strategies Basic Living Needs priorities, respite services are part of a comprehensive continuum of service supports that are used to intervene when at-risk individuals are experiencing a mental health crisis in order to prevent their symptoms from escalating to the point they need hospitalization or sub-acute services. This community-based program allows greater opportunity for service coordination and for linkage with other community supports and services that facilitate long-term stability and maximize service efficiency. This program also 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 Verity Members Placed In Respite For Their Mental Health Crisis.	171	83	220	220
Outcome	Percent of accepted placements accessing respite within 5 hours of referral. *1	0%	0%	0%	90%
Outcome	Percent of all referrals accepted for crisis respite placement. *2	0%	0%	0%	60%

#### **Performance Measure - Description**

<sup>\*1</sup> New measure FY06/07 - Target performance 90%.

<sup>\*2</sup> New measure FY06/07 - Target performance 60%.

## **Legal/Contractual Obligation**

State of Oregon Mental Health Organization (MHO) contract. We are obligated by this contract to provide this service 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	\$0	\$0	\$700,000	
Subtotal: Direct Exps:	\$0	\$0	\$0	\$700,000	
Administration	\$0	\$0	\$0	\$18,358	
Program Support	\$0	\$0	\$0	\$32,537	
Subtotal: Other Exps:	\$0	\$0	\$0	\$50,895	
Total GF/non-GF:	\$0	\$0	\$0	\$750,895	
Program Total:	\$0		\$750,895		
Program FTE	0.00	0.00	0.00	0.00	
Program Revenues					
Intergovernmental	\$0	\$0	\$0	\$700,000	
Program Revenue for Admin	\$0	\$0	\$0	\$50,895	
Total Revenue:	\$0	\$0	\$0	\$750,895	

### **Explanation of Revenues**

Oregon Health Plan revenue based on December premium rates and assuming 66,970 insured members - \$400,000. \$300,000 from State Mental Health Grant Award per 05-07 biennium contract.

### Significant Program Changes

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