

**Program # 25057 - Secure Alternatives to Psych. Hospitalization for Children (Verity) Version 2/23/2007 s**

**Priority:** Basic Needs **Lead Agency:** County Human Services  
**Program Offer Type:** Existing Operating **Program Contact:** Godwin Nwerem  
**Related Programs:** 25055, 25067, 25068, 25070

**Program Characteristics:**

**Executive Summary**

This program, also referred to as sub-acute, provides a safe, secure setting with medical oversight and observation for children who present imminent risk of harm to themselves or others. Approximately 76 youth received services in this program this year, which diverts clients from more costly and restrictive psychiatric hospitalization. The cost of a sub-acute bed is \$460 a day and an inpatient bed is a minimum of \$700 a day.

**Program Description**

Secure Alternatives to Psychiatric Hospitalization for Children, also referred to as 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. These services provide an alternative to costly, acute care psychiatric inpatient stay while supplying intensive psychiatric, nursing, medical and clinical treatment 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 Multnomah County Mental Health 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. Care is provided in 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 secure 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 minimizes emergency services and 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, secure alternatives to psychiatric hospitalizations 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 (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output	Total Children Receiving Subacute Mental Health Treatment For Their MH Crisis	78	95	76	80
Outcome	% Children Discharged From Subacute & Readmitted To Same or Higher Level of Care	11.3%	10.0%	9.1%	10.0%

**Performance Measure - Description**

Total Children Receiving Subacute Mental Health Treatment is counted by unique individuals for which claims were submitted using subacute procedure code H2013.

% Children Discharged From Subacute & readmitted To Same or Higher Level of Care is calculated by those children who had another subacute or a hospital admission within 30 days of discharge from subacute.

## Legal/Contractual Obligation

State of Oregon Mental Health Organization (MHO) contract, Statement of Work.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2007	2007	2008	2008
Contracts	\$0	\$336,811	\$0	\$400,000
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$336,811</b>	<b>\$0</b>	<b>\$400,000</b>
Administration	\$0	\$6,884	\$0	\$13,078
Program Support	\$0	\$14,916	\$0	\$27,569
Subtotal: Other Exps:	<b>\$0</b>	<b>\$21,800</b>	<b>\$0</b>	<b>\$40,647</b>
Total GF/non-GF:	<b>\$0</b>	<b>\$358,611</b>	<b>\$0</b>	<b>\$440,647</b>
Program Total:	<b>\$358,611</b>		<b>\$440,647</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$336,811	\$0	\$400,000
Program Revenue for Admin	\$0	\$21,800	\$0	\$40,647
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$358,611</b>	<b>\$0</b>	<b>\$440,647</b>

## Explanation of Revenues

Oregon Health Plan revenue based on the Governor's budget and December premium rates with 63,605 insured members - \$400,000.

## Significant Program Changes

**Last year this program was:** #25057, Mental Health Children's Sub-Acute Services

The cost per child rose because we were given a rate increase from the State for this level of care, which we passed on to the provider.