

#### Program # 25057 - Inpatient & Residential MH Services for Children

**Priority: Basic Needs** Program Offer Type: **Related Programs:** 

Existing Operating 25055A, 25067

#### Lead Agency: **Program Contact:**

**County Human Services** Karl Brimner

Version 2/27/2009 s

#### **Program Characteristics:**

## **Executive Summary**

This program offer focuses on the mental health needs of OHP enrolled children and families by providing the following service types: psychiatric inpatient hospitalization services, psychiatric residential treatment services for children, and secure alternatives to psychiatric hospitalization for children. The three program elements provide a continuum of services for 667 children each year who need secure placement outside the home for mental health care.

## **Program Description**

This program contains three distinct levels of mental health service for children and families: Psychiatric inpatient hospitalization is the highest level of treatment for children suffering from mental illness. The Mental Health and Addiction Services Division (MHASD) Call Center coordinates with hospital and community providers to recommend inpatient medical treatment only when community-based care is inadequate to prevent a mental health crisis or manage severe symptoms, based on medical necessity and clinical criteria. The average hospital stay for a child is 7.5 days. Secure alternatives to psychiatric hospitalization stabilize mental health symptoms for children who would otherwise require inpatient hospitalization. Service is provided at a secure community-based facility that is staffed 24 hours a day with medical and clinical personnel. Treatment includes clinical programming, family therapy, medication management and discharge planning. The MHASD Call Center authorizes the service. Psychiatric residential services treat children who, because of acute mental illness, are unable to manage their own behavior and who often present a threat to themselves and their parents. Highly trained staff provide 24-hour-a-day service, including psychiatric day treatment, medication management and basic supervision. MHASD's Family Care Coordination Team supervises these services and works with providers to discharge children into the community when appropriate.

#### **Program Justification**

Consistent with the Basic Living Needs priority, this program offer recognizes that children affected by severe mental illness may require different kinds of care. It matches the child with the most efficient and most medically and clinically appropriate level of mental health treatment.

#### **Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Total unduplicated children receiving inpatient, subacute & residential care <sup>1</sup>	674	664	667	667
Outcome	Average length of stay in psychiatric residential treatment <sup>2</sup>	84	47	102	102
Outcome	Percent of children discharged from inpatient and readmitted within 30 days <sup>3</sup>	17.4%	19.0%	20.5%	20.5%
Outcome	Percent of children discharged from residential and readmitted within 30 days.*4	7.3%	18.3%	4.8%	4.8%

### **Performance Measure - Description**

<sup>1</sup>Total unduplicated children receiving inpatient, subacute, and residential psychiatric care.

<sup>2</sup> Average psychiatric residential treatment length of stay in number of days. Previously, this average length of stay calculation incorporated intensive evaluation and stabilization (IES) services in the numerator and denominator. IES services are typically much shorter in duration (typically 2 weeks), so the average was artificially low. IES services are no longer included in these calculations so the current year average will be longer.

<sup>3</sup> Percent of children discharged from inpatient or subacute and readmitted within 30 days to same or higher level of care. \*4 Percent of children discharged from psychiatric residential treatment and readmitted within 30 days to same or higher level of care.

# 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
Program Expenses	2009	2009	2010	2010
Contracts	\$0	\$2,350,000	\$0	\$2,050,000
Subtotal: Direct Exps:	\$0	\$2,350,000	\$0	\$2,050,000
Administration	\$0	\$81,931	\$0	\$70,873
Program Support	\$0	\$157,250	\$0	\$140,773
Subtotal: Other Exps:	\$0	\$239,181	\$0	\$211,646
Total GF/non-GF:	\$0	\$2,589,181	\$0	\$2,261,646
Program Total:	\$2,589,181		\$2,261,646	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Intergovernmental	\$0	\$2,350,000	\$0	\$2,050,000
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$2,350,000	\$0	\$2,050,000

## **Explanation of Revenues**

OHP Premium - \$2,050,000

## Significant Program Changes

Last year this program was: #25057, Inpatient & Residential MH Services for Children