

PROGRAM DESCRIPTION

Department: Mental Health

HB Section(s): 10.325

Program Name: State Operated Children's Facility

Program is found in the following core budget(s): DBH State Operated Children's Facility

1a. What strategic priority does this program address?

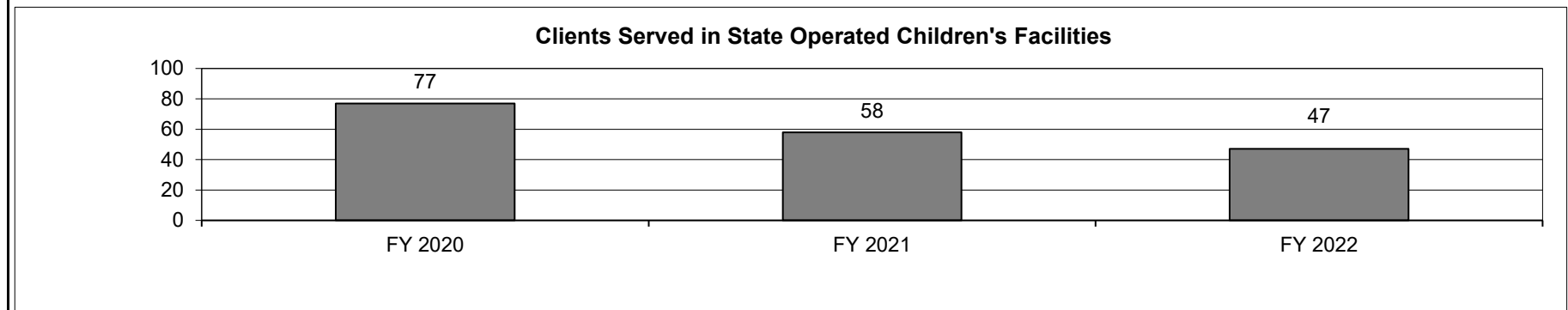
Provide treatments, habilitation and support services to individuals in state-operated programs.

1b. What does this program do?

Hawthorn Children's Psychiatric Hospital (HCPH) is a Joint Commission accredited 44 bed certified Psychiatric Residential Treatment Facility (PRTF) that provides inpatient and residential treatment programs for children 6-18 years of age who have acute and severe psychiatric problems. HCPH uses an interdisciplinary team approach to address the medical, psychological, social, educational, vocational and recreational needs of the child. This involvement may include family counseling and parent training designed to complement services the child receives. The goal is to enable the child to reach their full potential and return to the community.

An inpatient placement is the most restrictive setting on the children's continuum of care.

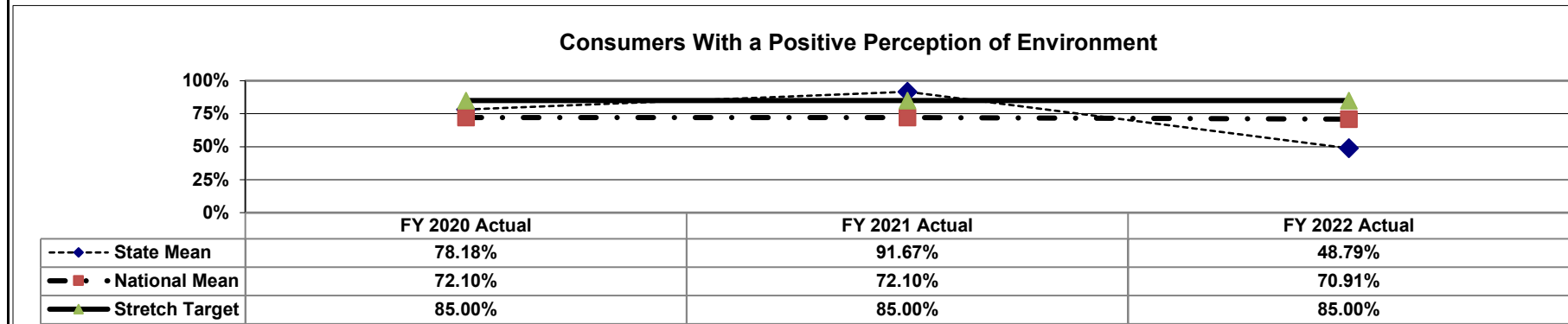
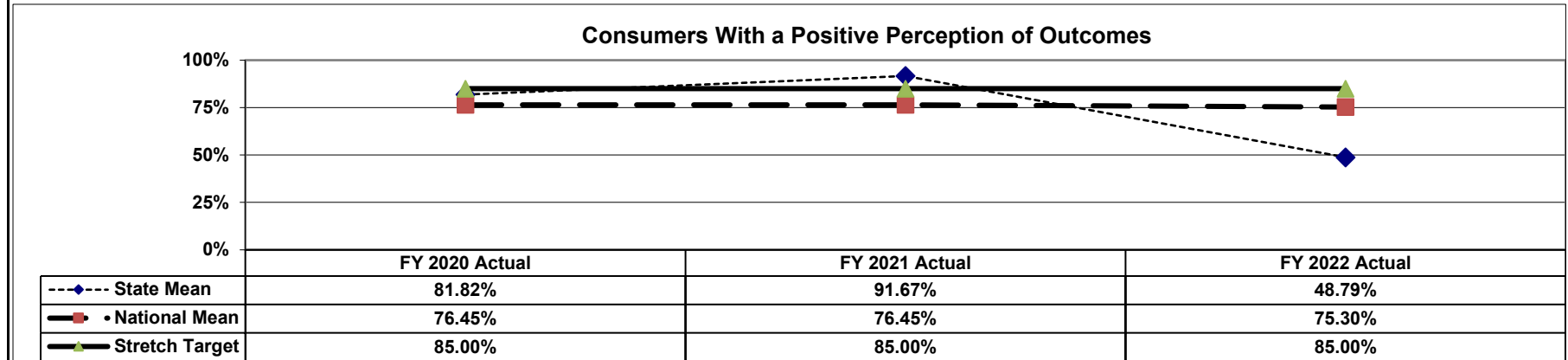
2a. Provide an activity measure(s) for the program.



Note: This graph represents an unduplicated count of clients served. The decline of client count is directly associated with the increasing lengths of stay for children/youth served with a higher clinical acuity levels, COVID-19 related staffing shortages, and COVID-19 mitigation plans impacting admissions and discharges.

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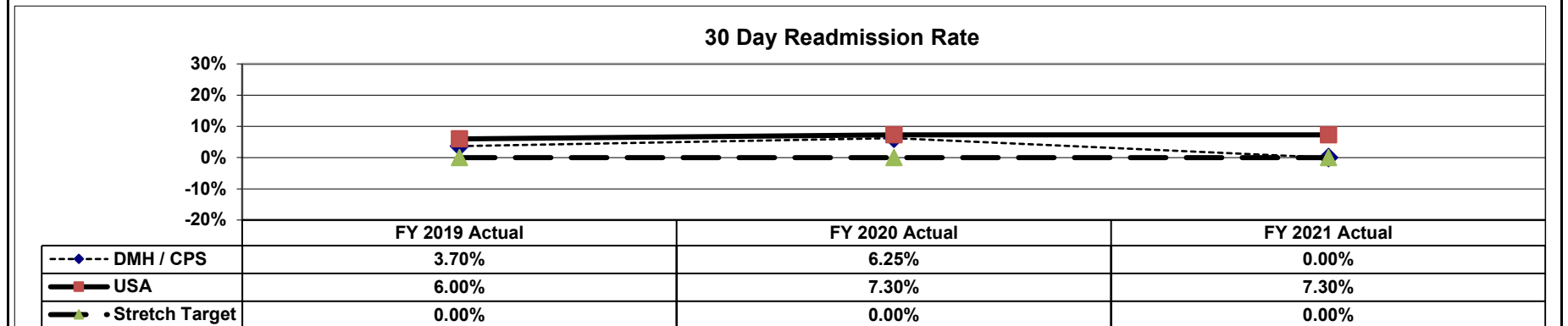
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2b. Provide a measure(s) of the program's quality.	



Note: The two graphs above represent the percent of clients at discharge or annual review who respond positively to the Client Perception of Outcomes and Facility Environment domains on the Inpatient Consumer Survey. The national mean includes all adult and children's facilities reporting. Declines on patient satisfaction measures in FY2022 appears related to frustrations with requirements for quarantines and restrictions due to COVID. *Target: Base - Exceed national mean; Stretch - 85%*

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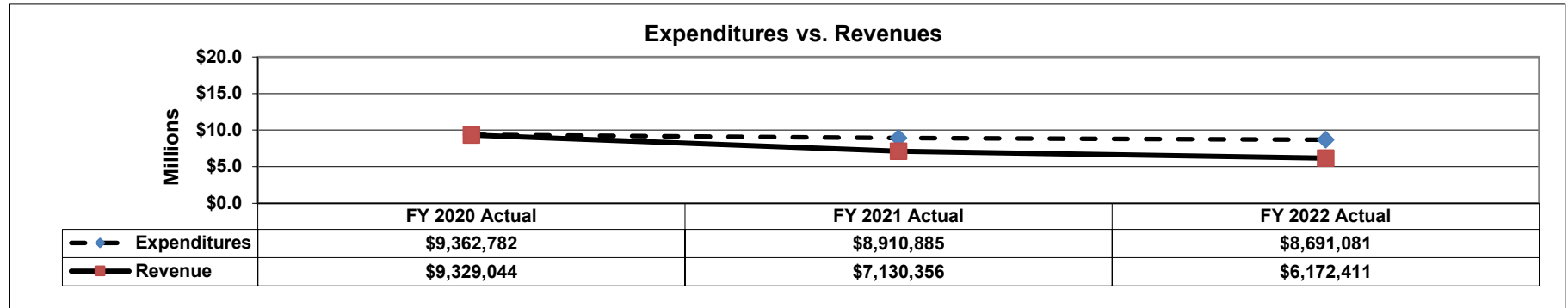
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2c. Provide a measure(s) of the program's impact.	



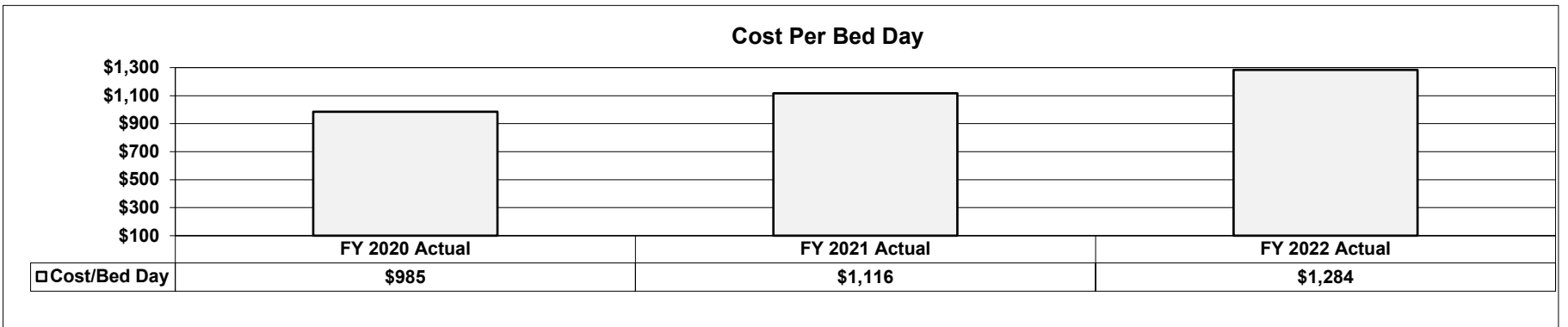
Note: Readmission rates are reported through the Uniform Reporting System (URS). URS data is only available through 2021. This graph represents the 30 day readmission rate for Missouri compared to the national average for readmission of consumers to a state hospital after 30 days. The re-admission rate for FY 2022 was reduced due to fewer discharges and the need to temporarily suspend admissions due to workforce shortages. *Target: To be below the national rate. Stretch: 0%*

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2d. Provide a measure(s) of the program's efficiency.



Note: Revenues represent all third party reimbursements and the 60% federal reimbursement for Disproportionate Share (DSH) claim. Expenditures do not include fringe. Declining revenues in FY22 have resulted from lowered bed utilization due to staffing shortages related to COVID.

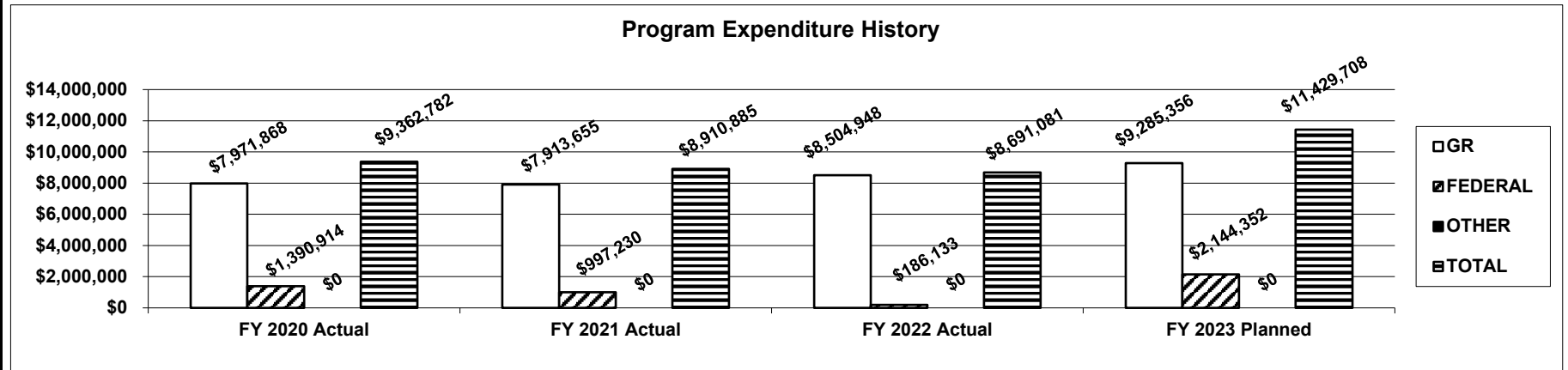


Note: Cost per bed day is increasing due the acuity of patients requiring higher staffing ratios and the temporary reduction in the number of beds available.

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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Note: For FY 2024, a portion of the house bill sections previously referred to as Comprehensive Psychiatric Services (CPS) Medications and Facility Support are combined into Children's Facility core and program forms. All historical and anticipated expenditures are reflected in the above graph.

4. What are the sources of the "Other " funds?

None.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 632.010.1 and 632.010.2(1), RSMo.

6. Are there federal matching requirements? If yes, please explain.

Inpatient facilities provide General Revenue (GR) match for MO HealthNet eligible services through the certification of GR expenses - no additional match is required. Also, the cost associated with the operation of Hawthorn significantly impacts the reimbursement made by MO HealthNet under the federal disproportionate share hospital (DSH) requirements.

7. Is this a federally mandated program? If yes, please explain.

No.