

## Albertina Kerr Subacute Program Referral Packet

Albertina Kerr's Psychiatric Crisis Care program, Subacute, is a short-term residential program with a 2–3-week average length of stay. The program focuses on stabilization of symptoms during a youth's mental health crisis. In addition to stabilization, treatment includes thorough assessment for on-going mental health needs and detailed discharge planning

This packet provides further information about the Subacute program and how to make a referral. This packet includes:

- [Albertina Kerr Subacute Referral Requirements \(Pages 2 and 3\)](#): To submit a referral follow the instructions in the referral requirements section and submit the complete referral packet in a single fax or email. Referrals and all supporting documentation must come from the referring provider.
  - Fax: 503-254-6759
  - Email: [AccessCenterInbox@AlbertinaKerr.org](mailto:AccessCenterInbox@AlbertinaKerr.org).
- [Admission Criteria for Subacute \(Pages 4 and 5\)](#): This section outlines admission criteria and exclusion criteria for the program.
- [Albertina Kerr Subacute Program Description \(Page 6\)](#): This section provides a brief overview of the Subacute program, insurances accepted, etc.

***If you have any questions about referrals, please contact the Access Center at 503-408-4705 option #1.***

## Albertina Kerr Subacute Referral Requirements

To initiate a referral to Albertina Kerr's Subacute program, please submit the following to the Access Center:

- **A recent mental health assessment and / or clinical documentation within the past week by a QMHP / LMP which details:**
  - The current mental health crisis, symptoms, and safety concerns
    - Self-harm behaviors
    - Suicidal ideation/suicide attempts – if recent toxic ingestion is youth physically medically clear?
    - Aggressive behaviors (in what environments does aggression occur, what does it look like, and towards who?)
    - Sexualized behaviors (what does it look like and towards who?)
    - Auditory/Visual Hallucinations, paranoid behaviors
    - Risky behaviors
    - Drug/Alcohol use including type of substances, frequency of use, and date of most recent use
  - Current diagnosis
  - Can youth independently complete ADLs?
  - Summary of mental health treatment history
  - Recommendation for subacute level of care to address specific treatment goals in a secure setting. Indicate why subacute is more appropriate vs. increased outpatient supports or acute hospitalization.
- **If coming from an emergency department or hospital:**
  - Submit all documentation that the hospital has on the youth, including, but not limited to: mental health assessment, H&P/psychiatric assessment, all labs and vitals taken, BMI, the MAR to see what meds were given in the ED, nursing notes, and incident reports.
  - We will need to know if the child's current outpatient mental health treatment team is supportive of the subacute referral.
- **A complete list of all medications, dosages, and who prescribes them (including over the counter and supplements)**
  - If child is not on any meds, please indicate that in the referral.
  - If meds are prescribed by a psychiatrist, provide the most recent medication management note and psychiatric assessment for the child.
  - If the meds are prescribed by a PCP, we can accept just a list of the medications, dosages, and name of the prescriber.
- **Information on medical conditions that will need specialized care. For example:**
  - Diabetes
  - Crohn's Disease
  - Celiac Disease
  - Seizures
  - Eating disorders
    - Include BMI and any significant recent weight loss or gain
    - Include how many meals per day child is eating and what percentage of meals are eaten
  - Allergies
- **A face sheet or documentation with general demographics information**
  - Child's full name
  - Date of birth
  - Living address
  - Living situation (who they live with)
  - Insurance coverage information (ID, subscriber name and relationship to child) Legal guardian name and contact information (phone number living address if different than the child).

- The referral should also indicate if the child can return to their living situation upon concluding services from Subacute and if not, what is plan for living arrangement following Subacute service conclusion
- If there is any legal or DHS involvement, either historical or current, in the child or family's life – please indicate and include contact
- **A list of the child's team members, their contact information, and their affiliated organizations**
  - Please include all therapists, PCP, prescribers, caseworkers, care coordinators, probation offices, legal guardians, DD workers, skills trainers.

The above information can be faxed to the Access Center at 503-254-6759 or sent via secure email to [AccessCenterInbox@AlbertinaKerr.org](mailto:AccessCenterInbox@AlbertinaKerr.org).

If you have any questions about referrals, please contact the Access Center at 503-408-4705 option #1.

## Admission Criteria for Subacute Crisis Psychiatric Services

### Admission Criteria

- Child is between 5 and 17 years old. The program serves all genders.
- Child is able to maintain on a unit with three children to one staff ratio. Child has been evaluated by a qualified mental health professional, other licensed clinician, or medical professional and demonstrates symptomatology consistent with a DSM-5 diagnosis, requiring and can reasonably be expected to respond to therapeutic intervention.
- Child requires 24-hour secure and protected, medically staffed and psychiatrically supervised treatment environment with a minimum of 16-hour skilled nursing care and structured treatment milieu.
- Child is judged to be at high risk of harm to self or others, as evidenced by the following:
  - Child presents with thoughts of suicide with a possible plan, or
  - Child recently attempted suicide or engaged in significant self-harm
  - Child has thoughts and possible plans of homicide or harming others
  - Child has been assaultive towards others and is judged to be at continued risk of violence to others
  - Child has severe impulsivity resulting in harm to self or others including significant risk-taking behaviors
- Child is acutely ill due to a primary psychiatric illness and requires psychiatric care for evaluation and treatment.
- The child's legal guardian has given consent for Crisis Psychiatric Subacute care. If no legal guardian is available, then DHS has been contacted, has taken emergency custody, and a DHS case worker has given consent for admission

### Exclusion Criteria

- Child can be safely maintained and effectively treated at a less intensive level of care.
- Child lacks a place to live and/or family supports and does not meet the inclusion criteria noted above.
- Child requires one to one staffing on admission. For example:
  - Children who are actively suicidal and at risk of completion without 24 hour one on one staffing
  - Children who require seclusion and/or restraints more days than not per week in more than one setting
- Child requires daily face to face psychiatric evaluation and management.
  - Actively manic and/or psychotic patients
- Child requires chemical or mechanical restraint.
- Child is not expected to benefit or respond to therapeutic interventions and treatment within two weeks. Exceptions can be made on case by case basis for those children with an identified psychiatric residential treatment placement or who require medication changes that may take longer than two weeks to complete.
- Child has a primary problem with criminal behavior that does not include additional psychiatric conditions on Axis I that warrant admission to a psychiatric unit. This patient may require management by the legal system.
- Substance use disorder only without co-occurring psychiatric diagnosis and/or child requires detoxification services.
- Child's symptoms result from a medical condition which warrants a medical/surgical setting for evaluation and treatment.

- Children who are medically unstable or require medical management that is not within the capacity of the Crisis Psychiatric Subacute Care unit:
  - Immediate treatment focus is on management or stabilization of a primary medical condition
  - Patients with eating disorders who are not medically stable and/or require ongoing oversight and intervention by a registered dietician
  - Unstable or labile diabetes
  - Detoxification is needed to medically stabilize
- Child has a major medical or surgical illness or injury that prevents active participation in a psychiatric treatment program or other medical conditions that require:
  - Ongoing IV therapy
  - Cardiac telemetry monitoring,
  - Frequent laboratory monitoring (multiple times per day)
  - Continuous oxygen or support equipment
  - Infection control precautions such as isolation
  - Any special medical equipment that requires ongoing observation and upkeep
  - Ongoing suctioning

**Services offered**

Treatment planning for each child and family served is individualized to meet the unique needs of the child and family. Children and families are involved in all aspects of care. Each child has access to a multidisciplinary team of professionals who offer an array of expertise in assessment. Each child has access to the following services as needed depending on the treatment plan designed by the child and family in consultation with the clinical care coordinator. The team consists of child and adolescent psychiatrists, registered nurses, nurse practitioners, master level therapists, and psychiatric technicians.

The following services are offered as determined by medical necessity:

Family Therapy	Medical Exam
Group Therapy	Phlebotomy
Individual Therapy	Preventive Medicine Counseling
Case Management	Nursing Assessment
Mental Health Assessments	16-hour nursing staff on site
Care Coordination	Milieu skills training group
Clinical Consultation	Milieu process groups
Medication Management	Recreational Activities
Psychiatric Evaluation	Educational Groups offered by MESD staff
24-hour psychiatric consultation	24-hour supervision in a secure setting
Family Support Services	

## Albertina Kerr Subacute Program Description

### Program Description:

Albertina Kerr's Psychiatric Crisis Care program, Subacute, is a short-term residential program (2-3 week average length of stay) focused on stabilization of symptoms during a youth's mental health crisis. In addition to stabilization, treatment includes thorough assessment for on-going mental health needs and detailed discharge planning. The Subacute treatment team includes:

- A Master's level Child and Family Therapist
- A Psychiatrist
- A minimum of 16 hour Nursing availability daily
- 24/7 Psychiatric Technicians

There are four 6-bedroom, co-ed units with 1 dedicated unit for children 12 years old and under. The Subacute program aims to be a community-based program. Although we are residential, the primary goal is to support the child and family to return to the community with the appropriate mental health supports in place.

### What insurance do we work with?

Currently, for our Subacute program, we can accept:

- Most Oregon Health Plan CCOs
- Kaiser Permanente
- BCBS
- Moda
- Most PacificSource commercial networks

Please note, our contracts change over time. Please call our Access department to see if we can accept an insurance not listed above.

### Who do we accept?

Our program accepts children and adolescents ages 5 – 17 years old experiencing a psychiatric crisis. Youth accepted by the Subacute program are typically those who pose an imminent risk to themselves or others and as such require both a secure setting as well as intensive mental health treatment. See the admission criteria overview for more detailed information.

### Who can refer to Subacute?

We can accept referrals from:

- Emergency departments/hospitals
- Outpatient treatment teams
- Acute psychiatric units
- Crisis response teams

All referrals *must* include a recommendation from a Qualified Mental Health Professional (QMHP) for Subacute services. The QMHP must be able to justify why Subacute is a medically necessary level of care for the child. In Oregon, common examples of QMHPs include: psychiatrist, mental health therapist, social worker, psychologist, psychiatric nurse-practitioners. Families cannot self-refer to this level of care.