

## Program # 25070A - MH Family Care Coordination ITAX

Version 2/14/2005 s

Priority:Safety Net ServicesLead Agency:County HumanProgram Offer Type:Existing OperatingProgram Contact:Godwin Nwerem

**Related Programs:** 25066, 25094, 25095, 25096

Frameworks: School Aged Policy Framework, Early Childhood Framework, Poverty Framework

# **Executive Summary**

Intensive care coordination of children and families who require rigorous and ongoing coordination of their treatment to help them remain in community-based mental health services and to prevent symptoms of their illness from reaching the point that they need more acute residential care.

## **Program Description**

The Program provides coordination of services to support individual youth and families by assuring that appropriate effective treatment is utilized in the least restrictive setting and that this treatment is family focused and culturally appropriate, building on resources that the family already has or helping them to create resources. Community and family resources are developed and monitored to insure treatment in the least restrictive or most natural setting. This program acts as an agent for both the Mental Health Organization (Verity) and Mental Health Authority (Multnomah County), and acts as the financial steward for residential and intensive community based treatment services in the County.

## **Program Justification**

This program supports vulnerable populations of children and families in Multnomah County. This population of children and families are also the most at risk for harm to self or others, abuse and neglect or victimization, drug and alcohol abuse/addictions, criminal behavior, teen or early pregnancy, homelessness and institutionalization.

This program links with the Basic Living Needs priority by having the County take on a lead role in the oversight and coordination of treatment for families. This helps in maximizing service efficiency by insuring coordination throughout the community and helping to focus treatment on family centered and culturally appropriate issues. Coordination helps to prevent families and children from moving to higher levels of care, as well as assisting families and children that are already in higher levels of care to "step down" and to help insure that treatment occur in the most normal and least restrictive setting. This program helps provide families with links to comprehensive community supports and educational programs, and identifies services gaps to assist in their long-term stability. In addition, this program links directly with the goals of the Early Childhood, Poverty Elimination, and School-aged Policy Frameworks by strengthening families, involving families in their children's lives, coordinating services across systems, ensuring family focus in services, and providing information and referral.

Effective stewardship of residential treatment dollars keeps the County from significant financial risk by reducing the current level/number of children in residential facilities.

## **Performance Measures**

Increase interagency collaboration as measured by referrals from other non-mental health agencies, referrals from juvenile justice programs, and case records that reflect cross-agency treatment planning; Decrease utilization of inpatient or residential treatment by 20 percent as measured by average days in facility; Improve child outcomes in areas such as school attendance and law enforcement contacts (reduced); Increase the level of family satisfaction with services; Increase stability of living arrangements by decreasing the number of children having more than one living arrangement after six months in services.

## Summary of last year's program results and this year's expected results

Projected numbers of children and families served by the unit in the next fiscal year are divided into several categories. These include: 200 children/year in residential services or day treatment, 20 children/week episodic care coordination; 12 children/day consultation only; and 80 children/year in Therapeutic Schools. These are approximate numbers only based on past utilization. Performance measures above are new for program FY06.

# Program Mandate: 3 Program Choice but No Funding/Service Level Choice

This program is in line with the legal requirements of the State Budget Note to manage children enrolled in OHP to prevent the over utilization of highly restrictive or acute treatment settings. Please refer to "State Budget Note". OAR 309-032-1240 to 309-032-1305

# Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2005	2005	2006	2006
Personnel	\$116,735	\$150,734	\$71,438	\$509,912
Contracts	\$0	\$3,989,900	\$0	\$24,000
Materials & Supplies	\$1,554	\$972	\$0	\$2,526
Internal Services	\$8,996	\$542	\$55,848	\$48,951
Subtotal: Direct Exps:	\$127,285	\$4,142,148	\$127,286	\$585,389
Administration	\$0	\$0	\$5,771	\$16,333
Program Support	\$0	\$0	\$16,506	\$18,952
Subtotal: Other Exps:	\$0	\$0	\$22,277	\$35,285
Total GF/non-GF:	\$127,285	\$4,142,148	\$149,563	\$620,674
Program Total:	\$4,269,433		\$770,237	
Program FTE	0.00	0.00	0.80	6.50
Program Revenues				
Intergovernmental	\$0	\$4,142,148	\$0	\$585,389
Program Revenue for Admin	\$0	\$0	\$0	\$35,285
Total Revenue:	\$0	\$4,142,148	\$0	\$620,674

# **Explanation of Revenues**

This program is funded by several sources; Oregon Health Plan provides \$227,999; State Mental Health Grant provides \$357,390; County General Funds provides \$40,473 and ITax supplies \$86,813.

# Significant Program Changes

This is a new program that is currently in the RFP process.