

Program # 25095 - School Aged MH Services

Version 2/14/2005 s

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|----------------------------|---|-------------------------|---------------|
| Priority: | Safety Net Services | Lead Agency: | County Human |
| Program Offer Type: | Program Alternative / | Program Contact: | Godwin Nwerem |
| Related Programs: | 21020A, 25070A, 25074, 21016B, 25094 | | |
| Frameworks: | School Aged Policy Framework, Poverty Framework | | |

Executive Summary

Children and their families, identified by the school system as needing mental health services, are provided with treatment through this State funded program. Services can include individual and family counseling, medication management, and assistance with accessing resources provided by other social service agencies.

Program Description

The School Aged Mental Health Services program entails outpatient services and the development of relationships between providers and school districts for the purpose of referral and service coordination. School Aged Mental Health Services are a core feature of the School Aged Policy Framework as it relates to promoting educational success for children with mental health disorders. Children who receive services have differing degrees of emotional and behavioral challenges that can lead to poor academic performance, school expulsion, foster placement disruption and the need for costly, secure, facility based services if needs are untreated. Services will be family centered, culturally-competent, in a comprehensive continuum of care and will assist in the development of healthy attachments, positive parenting practices, reduced caregiver stress, treatment for neurobiological disorders, and the development of socially appropriate behaviors and skills. Oregon Health Plan funds are received from the State for this program.

Program Justification

Success in school ties to children being economically stable as adults, a goal of the Poverty Framework. School Aged Mental Health Services reflects the Basic Living Needs Priority by preventing and intervening to keep children, youth and families from experiencing behavioral health crises. If agencies can intervene prior to hospitalization, there is a significant cost savings. More importantly, children should not have to experience a psychiatric ward unless absolutely necessary. Additionally, services are designed to keep vulnerable children in home settings with their families or foster care. Research shows that an increased number of placement disruptions is correlated to bad outcomes in frequent facility based placements, homelessness and criminal behavior. School Aged Mental Health Services are designed to reduce this risk. Finally, families and caregivers receive education and support from these services.

Performance Measures

- Decrease utilization of inpatient and residential treatment by 20 percent as measured by average days in facility.
- Increase the level of family satisfaction with outcomes including; doing better in school and work, getting along better with friends and other people, improvement in handling daily life, getting along better with family, better able to cope when things go wrong, satisfied with family life right now.
- Average time between first and second OHP Outpatient Visits (Days) in Episode. This measure links to accessible services.
- Maintain or increase the number of Verity insured children being served to ensure access to services for children and families.
- Maintain total number of children in supported classroom care.

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

The total number of children discharged from residential treatment in fiscal year 2004 was 92. The Average Length of Stay in Residential Treatment in fiscal year 2004 was 324.8 days.

The number of children discharged from the hospital was 0.4 per 1000 Member Months. A 20% decrease is expected this year.

The number of days children spent in the hospital was 3.4 Per 1000 Member Months. A 20% discharge is expected.

The Percent of Youth and Family Survey respondents agreeing and strongly agreeing to statements related to family satisfaction with outcomes was 53.8% in fiscal year 2004. This includes early childhood and school aged results.

The total number of children 6-20 Years who received Mental Health Services in fiscal year 2004 was 3,496. The total number of children in supported classrooms was 43.

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

"OAR 309-014-0020 Standards for Management of Community Mental Health and Developmental Disability Programs
 309-014-0025 Standards for Management of All Community Mental Health and Developmental Disability Program Areas
 309-014-0030 Standards for Management of All Service Elements
 309-014-0035 General Standards for Delivery of Community Mental Health and Developmental Disability Service Elements
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Revenue/Expense Detail

| | Proposed General Fund | Proposed Other Funds | Proposed General Fund | Proposed Other Funds |
|---------------------------|-----------------------|----------------------|-----------------------|----------------------|
| | 2005 | 2005 | 2006 | 2006 |
| Program Expenses | | | | |
| Contracts | \$0 | \$6,585,277 | \$0 | \$6,568,425 |
| Subtotal: Direct Exps: | \$0 | \$6,585,277 | \$0 | \$6,568,425 |
| Administration | \$0 | \$0 | \$53,192 | \$150,533 |
| Program Support | \$0 | \$0 | \$152,130 | \$174,675 |
| Subtotal: Other Exps: | \$0 | \$0 | \$205,322 | \$325,208 |
| Total GF/non-GF: | \$0 | \$6,585,277 | \$205,322 | \$6,893,633 |
| Program Total: | \$6,585,277 | | \$7,098,955 | |
| Program FTE | 0.00 | 0.00 | 0.00 | 0.00 |
| Program Revenues | | | | |
| Intergovernmental | \$0 | \$6,585,277 | \$0 | \$6,568,425 |
| Program Revenue for Admin | \$0 | \$0 | \$0 | \$325,208 |
| Total Revenue: | \$0 | \$6,585,277 | \$0 | \$6,893,633 |

Explanation of Revenues

These are primarily Oregon Health Plan funds from the State.

Significant Program Changes

The Scope of Service is being redesigned to include an evidence based engagement and assessment process. Additional expectation will be placed on establishing a presence within the school system.