

**Priority:** Basic Needs **Lead Agency:** County Human Services  
**Program Offer Type:** Existing Operating **Program Contact:** Godwin Nwerem  
**Related Programs:** 25052, 25055, 25057, 25068, 25069, 25070

**Program Characteristics:**

**Executive Summary**

Mental Health and Addiction Services Division (MHASD) clinical staff provide intensive care coordination for 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**

A team of MHASD clinical staff directly coordinate services to support individual youth and families. Staff is responsible for working closely with State DHS and allied agencies to discharge children in residential settings to services that are community-based. They ensure that appropriate, culturally competent, and effective treatment is provided in the least restrictive setting possible and that the child's family and/or caregiver are involved. The team works to build on resources that the family already has or helps them to create resources. These community and family resources are developed and monitored to ensure treatment in the most natural setting. The team plays a key role in coordinating the care of children in residential treatment facilities and acts as the financial steward for residential and intensive community based treatment services in the County. The County became fiscally responsible for these children on October 1, 2005. In three months, the Family Care Coordination team has reduced residential referrals by 50%.

**Program Justification**

This program links with the Basic Living Needs priorities by having County staff play a key role in service coordination for children and families. Treatment can be focused on moving children from more restrictive settings back into a more normal community setting. The program links families to comprehensive community supports and educational programs and addresses services gaps that may hinder long-term stability. The program also supports the Early Childhood and School Aged policy frameworks by strengthening families, coordinating services across systems and providing information and referral.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Total Number Children Receiving Family Care Coordination *1	0	182	197	250
Outcome	Percent Children In Family Care Coordination Receiving Non-Residential Care. *2	0%	73%	73%	75%
Efficiency	Caseload Per FTE *3	0	35	44	35

**Performance Measure - Description**

\*1 New program started for October 1, 2005 transfer of State managed psychiatric residential treatment to Oregon Health Plan (OHP) Mental Health Organizations.

\*2 Percent calculated by dividing the number of children served in intensive community based care, divided by the total number of children managed by Family Care Coordinators.

\*3 Caseload in FY05/06 higher than optimal until new non-OHP State funding Mental Health Services 22(Child and Adolescent Mental Health Services) funding started January 2006.

## Legal/Contractual Obligation

Mental Health Organization Contract with the State of Oregon  
OAR 309-032-1240 to 309-032-1305 Standards for Children's Intensive Community-Based  
Treatment and Support Services

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$71,438	\$218,400	\$0	\$822,518
Contracts	\$0	\$0	\$0	\$24,000
Materials & Supplies	\$0	\$2,526	\$20,187	\$0
Internal Services	\$55,848	\$7,073	\$103,231	\$30,877
Subtotal: Direct Exps:	<b>\$127,286</b>	<b>\$227,999</b>	<b>\$123,418</b>	<b>\$877,395</b>
Administration	\$0	\$0	\$4,844	\$22,046
Program Support	\$0	\$0	\$14,020	\$40,418
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$18,864</b>	<b>\$62,464</b>
Total GF/non-GF:	<b>\$127,286</b>	<b>\$227,999</b>	<b>\$142,282</b>	<b>\$939,859</b>
Program Total:	<b>\$355,285</b>		<b>\$1,082,141</b>	
Program FTE	0.00	0.00	0.00	9.80
<b>Program Revenues</b>				
Intergovernmental	\$0	\$227,999	\$0	\$877,395
Program Revenue for Admin	\$0	\$0	\$0	\$62,464
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$227,999</b>	<b>\$0</b>	<b>\$939,859</b>

## Explanation of Revenues

Oregon Health Plan revenue based on December premium rates and assuming 66,970 insured members - \$572,711.  
\$304,684 from State Mental Health Grant Award per 05-07 biennium contract.

## Significant Program Changes

**Last year this program was:** #25070A, MH Family Care Coordination ITAX

The State of Oregon gave the counties financial responsibility for managing psychiatric residential services on October 1, 2005. The Family Care Coordinators are key to managing the the care of children in residential services within the budget for that level of care.