

Priority: Basic Needs **Lead Agency:** County Human Services
Program Offer Type: Existing Operating **Program Contact:** Godwin Nwerem
Related Programs: 25067, 25068, 25069, 25070, 25071, 25076A, 25077A, 25078A

Program Characteristics:

Executive Summary

This program provides outreach to at-risk families and children, identified by child welfare or the school system. These services improve healthy emotional/behavioral development for children. Services address the family as a whole with an emphasis in treating parental mental health and addiction issues while ensuring parent-child attachment occurs.

Program Description

Young children who are removed from or are at risk of being removed from their homes due to parental neglect or abuse are at high risk for attachment problems, drug addiction, delinquency, mood disorders, and other challenges. Young children and their families need a comprehensive, culturally competent, and integrated approach to addressing family systems issues such as domestic violence, drug addiction, adult and child mental health disorders, and criminal activity. This program entails an early intervention and integrated model that combines adult and early childhood expertise into one team to ensure that services are family centered. Services include coordination with adult mental health treatment for parents, parent substance abuse treatment, and early childhood parenting care management and support. This program does targeted outreach to child protective services, the justice system, and physical health. For school-aged children, the 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 are 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. Services are designed to keep vulnerable children in home settings with their families or foster care families.

Program Justification

This program is directly linked to the Basic Living Needs Priority by delivering a family centered model that leads to long-term stability for parents and their children. Additionally, families receive support and education to further their ability to parent effectively. Success in school predicts 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. 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.

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 Early Childhood and School Age Verity Enrollees Served	4,343	4,343	4,343	4,137
Outcome	Percent Survey Respondents Reporting Improved Ability To Get Along With Family	61%	60%	61%	65%
Quality	Initiation - Percent Seen 2X Within 14 Days Of Intake For New Episode Of Care	47%	45%	45%	60%
Quality	Engagement-Percent Seen 4X Within 45 Days Of Intake For New Episode of Care	31%	30%	30%	40%

Performance Measure - Description

Legal/Contractual Obligation

State of Oregon Mental Health Organization Contract, Oregon Administrative Rules 309-014-0020, OAR 309-014-0025, OAR 309-014-0030, OAR 309-014-0035

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Contracts	\$11,280	\$7,584,525	\$0	\$5,415,496
Subtotal: Direct Exps:	\$11,280	\$7,584,525	\$0	\$5,415,496
Administration	\$0	\$0	\$0	\$114,585
Program Support	\$0	\$0	\$0	\$241,317
Subtotal: Other Exps:	\$0	\$0	\$0	\$355,902
Total GF/non-GF:	\$11,280	\$7,584,525	\$0	\$5,771,398
Program Total:	\$7,595,805		\$5,771,398	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Intergovernmental	\$0	\$7,584,525	\$0	\$5,415,496
Program Revenue for Admin	\$0	\$0	\$0	\$355,902
Total Revenue:	\$0	\$7,584,525	\$0	\$5,771,398

Explanation of Revenues

Oregon Health Plan revenue based on December premium rates and assuming 66,970 insured members - \$5,126,643.
\$288,853 from State Mental Health Grant Award per 05-07 biennium contract.

Significant Program Changes

Last year this program was: #25095, School Aged MH Services

This program offer combines last year's offers 25095 School Aged MH Services and 25094 Services for Young Children.
Performance Measure Explanation: Initiation: How quickly do identified individuals receive their first services? Engagement: Are individuals sufficiently "engaged" so that the intervention has the opportunity to be effective? Nationally these quality measures are used to determine 1)Active consumer participation in services and treatment planning, 2)Quality of the interaction/relationships with providers/clinicians – therapeutic alliance/working relationship, and 3)Provider/clinician responsiveness