

Program # 25067 - Intensive Children's MH Services Care Coordination Team

Priority:

Basic Needs

Program Offer Type: Existing Operating

Related Programs: 25055, 25057, 25068, 25069, 25070

Lead Agency: Program Contact: County Human Services Godwin Nwerem

Version 2/09/2007 s

Program Characteristics:

Executive Summary

This Care Coordination Team ensures that children who are at risk of harm to self or others and are unable to attend school and live at home get the most effective service that is best able to remedy the situation. The team manages services such as psychiatric residential facility based care, day treatment, intensive community based treatment services and other supports necessary to meet the child and families needs. In collaboration with the Intensive Community Based Treatment providers, the team has reduced the average length of stay in psychiatric residential treatment services from 205 to 115 days.

Program Description

The intensive children's mental health care coordination team coordinates and directs services to support 358 children, youth and families. The team ensures that children and youth are able to live with their families, go to school and stay out of trouble. The team works closely with the State Department of Human Services and allied agencies to discharge children in residential settings to services that are community-based. They ensure that appropriate, culturally competent, and effective mental health treatment is provided in the least restrictive setting possible. The team works to build on resources that the family already has or helps them to create resources. The team plays a key role in coordinating the care of children in residential treatment facilities and acts as the financial steward for residential (offer #25069) and intensive community based treatment services (offer #25070) in the County. The County became fiscally responsible for the services to these children on October 1, 2005. In the first 12 months, this care coordination team has reduced the average length of stay from 205 to 115 days.

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 (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output	Total Number of Children Receiving Family Care Coordination*1	308	250	358	360
Outcome	Percent of Children in Family Care Coordination Receiving Non-Residential Care*2	99.2%	75.0%	82.7%	85.0%
Efficiency	Caseload Per FTE *3	16	35	22	23

Performance Measure - Description

*1 The number of unduplicated children who received any combination of the following services: H0032 (Mental Health Service Plan Development), T1016 (Case Management), or T1023 (Screening) during the measurement period.

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

*3 Calculated by determining the monthly client to clinician ratio for the measurement time period, and then calculating the average of the ratios for the measurement period.

Legal/Contractual Obligation

State of Oregon Mental Health Organization contract, Statement of Work. Oregon Administrative Rule 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	2007	2007	2008	2008
Personnel	\$0	\$822,518	\$21,546	\$835,269
Contracts	\$0	\$24,000	\$0	\$105,427
Materials & Supplies	\$20,187	\$0	\$0	\$16,740
Internal Services	\$103,231	\$30,877	\$87,374	\$50,179
Subtotal: Direct Exps:	\$123,418	\$877,395	\$108,920	\$1,007,615
Administration	\$4,844	\$22,046	\$6,906	\$33,303
Program Support	\$14,020	\$40,418	\$16,585	\$64,039
Subtotal: Other Exps:	\$18,864	\$62,464	\$23,491	\$97,342
Total GF/non-GF:	\$142,282	\$939,859	\$132,411	\$1,104,957
Program Total:	\$1,082,141		\$1,237,368	
Program FTE	0.00	9.80	0.20	9.80
Program Revenues				
Intergovernmental	\$0	\$877,395	\$0	\$1,007,615
Program Revenue for Admin	\$0	\$0	\$0	\$97,342
Total Revenue:	\$0	\$877,395	\$0	\$1,104,957

Explanation of Revenues

\$115,266 from State Mental Health Grant Award - estimated 07-09 biennium contract.

Oregon Health Plan revenue based on the Governor's budget and December premium rates with 63,605 insured members - \$892,349.

Significant Program Changes

Last year this program was: #25067, Family Care Coordination Team