

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

Program Characteristics:

Executive Summary

This program's services include psychiatric assessment, medication management, individual and group therapy, care coordination and other critical services that reduce child and family distress. 4,201 children received these services in FY06. Within the past year, three major providers have implemented the Family Check-Up Model, an evidence-based practice that increases family-centered treatment.

Program Description

Outpatient Services are typically the entry point into the mental health system for children and youth. Young children who are removed from or are at risk of being removed from their homes due to parental neglect or abuse are at risk of attachment problems, drug addiction, delinquency, mood disorders, and other challenges. This program incorporates an integrated model that ensures 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 targets outreach to child protective services, the justice system, and physical health. For school-aged children, the program entails an emphasis on building 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. This continuum includes in-school support and intensive mental health support in an alternative school setting. 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 reflect the Basic Living Needs Priority by preventing and intervening to keep children, youth and families from experiencing behavioral health crises.

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 Child and Adolescent Verity Enrollees Served *1	4,201	4,137	3,933	4,000
Outcome	% Survey Respondents Reporting Improved Ability To Get Along With Family *2	62.0%	65.0%	65.0%	65.0%
Quality	Initiation - % Seen 2X Within 14 Days Of Intake *3	51.0%	60.0%	50.0%	60.0%
Quality	Engagement - % Seen 4X Within 45 Days Of Intake *4	31.0%	40.0%	33.0%	40.0%

Performance Measure - Description

- *1 Number of unduplicated Verity enrollees ages 0 through 17 with at least one reported mental health outpatient encounter.
- *2 Percent of Survey Respondents Numerator: Number of Unduplicated Child/Adolescent Survey Respondents who agree that they are better able to get along with their family.
Percent of Survey Respondents Denominator: Total Number of Unduplicated Child/Adolescent Survey Respondents.
- *3 Initiation - Percent Seen 2X Within 14 Days Of Intake For New Episode Of Care
- *4 Engagement - Percent Seen 4X Within 45 Days Of Intake For New Episode of Care

Legal/Contractual Obligation

State of Oregon, Mental Health Organization, Statement of Work. Oregon Administrative Rules 309-014-0020, 309-014-0025, 309-014-0030, 309-014-0035.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2007	2007	2008	2008
Contracts	\$0	\$6,015,496	\$0	\$5,800,000
Subtotal: Direct Exps:	\$0	\$6,015,496	\$0	\$5,800,000
Administration	\$0	\$126,848	\$0	\$190,053
Program Support	\$0	\$267,889	\$0	\$393,428
Subtotal: Other Exps:	\$0	\$394,737	\$0	\$583,481
Total GF/non-GF:	\$0	\$6,410,233	\$0	\$6,383,481
Program Total:	\$6,410,233		\$6,383,481	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Intergovernmental	\$0	\$6,015,496	\$0	\$5,800,000
Program Revenue for Admin	\$0	\$394,737	\$0	\$583,481
Total Revenue:	\$0	\$6,410,233	\$0	\$6,383,481

Explanation of Revenues

\$134,682 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 - \$5,665,318.

Significant Program Changes

Last year this program was: #25068, Early Childhood and School Aged Outpatient Mental Health Services
Last year's program offer, Therapeutic Classroom (#25071) has been incorporated into this program offer.