

Priority: Education **Lead Agency:** County Human Services
Program Offer Type: Existing Operating **Program Contact:** Godwin Nwerem
Related Programs: 25067, 25145A, 25146, 25156A, 40024
Program Characteristics: Measure 5 Education

Executive Summary

School Based Mental Health is an essential component of the Mental Health System of Care for Children and Families. 770 children and teens with serious mental health disorders and their families received treatment in more than 25 school settings throughout the County. Master's level mental health professionals provide culturally competent, family focused, evidence based treatment. Children and teens receive service who would otherwise be at risk of hospitalization or other restrictive and costly services. Additional children with emotional and behavioral needs are helped through 12,553 consultation contacts with schools, school based health center staff and others.

Program Description

Mental Health treatment is provided in schools to decrease barriers such as stigma, cost and transportation for underserved families. This program reaches youth who have not accessed services in a mental health center and 45% of the children served were children of color. 84% of the children served had no insurance or were covered by the Oregon Health Plan. School Based Mental Health Consultants provide crisis intervention, mental health assessments, individual, group and family treatment and clinical case management as well as interventions with schools to help manage a child's mental health disorder. Consultation on children's mental health is provided to school and School Based Health Clinic staff as well as community providers. Mental Health Consultants are co-located in School Based Health Clinics when possible to provide seamless services. Additional families receive linkage services of mental health screenings and referral to community mental health centers.

Program Justification

Locating mental health services in schools is a Best Practice and Multnomah County has been a leader in the nation by providing this program since 1967. Through this program children and teens who are at risk of harming themselves or others are identified and receive intervention. This is important because in Oregon, suicide is the number two cause of death among young people. Earlier identification and treatment can divert children from needing higher cost and more restrictive services. This program meets a child's basic need for mental health and it links with the School Age Policy Framework and is a part of the Children's Mental Health Redesign.

Performance Measures

| Measure Type | Primary Measure | Previous Year Actual (FY06-07) | Current Year Purchased (FY07-08) | Current Year Estimate (FY07-08) | Next Year Offer (FY08-09) |
|--------------|---|--------------------------------|----------------------------------|---------------------------------|---------------------------|
| Output | Total unduplicated children receiving mental health services. | 770 | 875 | 800 | 800 |
| Outcome | Percent of children receiving services showing improved school behavior. | 78.0% | 80.0% | 80.0% | 80.0% |
| Outcome | Percent of children receiving services showing improved school attendance. | 75.0% | 75.0% | 75.0% | 75.0% |
| Output | Total number of additional consultation, support, and outreach contacts made. | 12,553 | 11,000 | 12,500 | 12,500 |

Performance Measure - Description

Improvements in school behavior and attendance are measures that reflect a child's overall success at home, in school and in the community. The number of children receiving services represents a higher percentage receiving documented direct treatment services than the previous year.

Legal/Contractual Obligation

Revenue Contracts exist with Parkrose School District for \$10,000; Centennial School District for \$75,000; Oregon Health Sciences University for \$48,353 and Multnomah Education Service District has a two year revenue contract (2007-09) for \$314,840. All revenue contracts have expectations for School Based Mental Health Consultant FTE's to be provided.

Revenue/Expense Detail

| | Proposed General Fund | Proposed Other Funds | Proposed General Fund | Proposed Other Funds |
|---------------------------|-----------------------|----------------------|-----------------------|----------------------|
| | 2008 | 2008 | 2009 | 2009 |
| Program Expenses | | | | |
| Personnel | \$249,456 | \$842,111 | \$284,551 | \$983,287 |
| Contracts | \$3,494 | \$11,067 | \$0 | \$0 |
| Materials & Supplies | \$4,674 | \$14,798 | \$0 | \$24,516 |
| Internal Services | \$38,680 | \$126,267 | \$11,533 | \$143,860 |
| Subtotal: Direct Exps: | \$296,304 | \$994,243 | \$296,084 | \$1,151,663 |
| Administration | \$18,862 | \$35,596 | \$22,600 | \$30,358 |
| Program Support | \$45,300 | \$21,874 | \$50,082 | \$13,048 |
| Subtotal: Other Exps: | \$64,162 | \$57,470 | \$72,682 | \$43,406 |
| Total GF/non-GF: | \$360,466 | \$1,051,713 | \$368,766 | \$1,195,069 |
| Program Total: | \$1,412,179 | | \$1,563,835 | |
| Program FTE | 2.67 | 8.96 | 2.99 | 10.30 |
| Program Revenues | | | | |
| Indirect for dep't Admin | \$583 | \$0 | \$0 | \$0 |
| Intergovernmental | \$0 | \$994,243 | \$0 | \$1,151,663 |
| Program Revenue for Admin | \$0 | \$57,470 | \$0 | \$43,406 |
| Total Revenue: | \$583 | \$1,051,713 | \$0 | \$1,195,069 |

Explanation of Revenues

State Mental Health Grant - \$560,890
 County General Funds - \$296,084
 Federal/State - \$348,353
 Local Sources - \$242,420

Significant Program Changes

Last year this program was: #25076A, School Based Mental Health Services

For 2007-08, increased staff by 2.16FTE Mental Health Consultants through County cost neutral Revenue Contracts with Multnomah Education Service District and OHSU. Continued increases in the proportion of children and teens served who receive documented treatment services (up 20% from previous FY). Children and teens with private insurance receive linkage and crisis intervention services only.