

Priority: Basic Needs

Lead Agency: County Human Services

Program Offer Type: Existing Operating

Program Contact: Karl Brimner

Related Programs:

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. This program serves 825 children and teens with serious mental health disorders and their families received treatment in more than 67 school settings throughout the county. 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 12,722 preventative consultation contacts with school based health center staff and others that averted need for higher level of care.

Program Description

Mental Health treatment is provided in schools to decrease barriers such as stigma, cost and transportation for 818 underserved families. This program reaches youth who have not accessed services in a mental health center and 48% of the children served were children of color. About 96% 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. About 60% of the 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 is congruent with the goals of the School Age Policy Framework. It is also a part of the Children's Mental Health Redesign.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Total unduplicated children receiving mental health services.	818	800	800	825
Outcome	Percent of children receiving services showing improved school behavior ¹	82.2%	80.0%	80.0%	80.0%
Output	Total number of additional prevention,consultation & outreach contacts made.	12,722	12,500	12,500	12,500
Output	Percent of children receiving services showing improved school attendance ²	72.6%	75.0%	80.0%	80.0%

Performance Measure - Description

¹ Improvements in school behavior and attendance are measures that reflect a child's overall success at home, in school and in the community.

² Method for calculating % improved attendance excludes "unknown" CPMS termination in denominator. Clinicians will be directed to stop using this termination status code because it increases variability in scores year to year.

Legal/Contractual Obligation

Revenue Contracts exist with Parkrose School District for \$10,000; Centennial School District for \$75,000; and Multnomah Education Service District has a two year revenue contract (2008-09) for \$180,595. All revenue contracts have expectations for School Based Mental Health Consultant FTE's to be provided. Oregon Health Sciences University contract for \$48,353 ends 3/09.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$284,551	\$983,287	\$176,344	\$1,068,664
Materials & Supplies	\$0	\$24,516	\$3,620	\$20,896
Internal Services	\$11,533	\$143,860	\$111,534	\$102,197
Subtotal: Direct Exps:	\$296,084	\$1,151,663	\$291,498	\$1,191,757
Administration	\$24,261	\$30,943	\$25,022	\$49,853
Program Support	\$53,760	\$13,299	\$54,931	\$11,858
Subtotal: Other Exps:	\$78,021	\$44,242	\$79,953	\$61,711
Total GF/non-GF:	\$374,105	\$1,195,905	\$371,451	\$1,253,468
Program Total:	\$1,570,010		\$1,624,919	
Program FTE	2.99	10.30	1.73	10.81
Program Revenues				
Intergovernmental	\$0	\$1,151,663	\$0	\$1,191,757
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$1,151,663	\$0	\$1,191,757

Explanation of Revenues

Varies Small Grants - \$507,000
 State Mental Health Grant Child & Adol MHS - \$684,757
 County General Fund - \$291,498

Significant Program Changes

Last year this program was: #25076, School Based Mental Health Services
 In FY10 this program offer reflects the elimination of .25FTE On Call Mental Health Consultant.