Multnomah County

Program #40082A - School Based Mental Health Services 3/7/2022

Department:	Health Department	**Program Contact:**	Yolanda Gonzalez
Program Offer Type:	Existing Operating Program	**Program Offer Stage:**	As Requested
Related Programs:	40082B		
Program Characteristics:	In Target		

Executive Summary

School Based Mental Health and K-3 case management are essential components of the system of care for children and families. Our 26 clinicians serve over 800 children and teens with mental health needs in 38 schools across six school districts: Centennial, David Douglas, Gresham Barlow, Reynolds, Parkrose, and Portland Public Schools. Mental health professionals provide evidence-based treatment, utilizing an anti-racist equity lens, in school and Student Health Center settings and via telehealth. Additionally, children, parents, and school staff receive consultation from Mental Health Consultants to assist with mental health needs during education planning in order to retain students in school and reduce the risk of needing higher levels of care.

Program Summary

Since 1969, Multnomah County has been a leader in the nation in providing access to mental health services in schools, which is considered a best practice. Mental health assessment and treatment services provided in schools decrease barriers such as stigma, cost, and transportation. This program reaches youth who are traditionally underserved and have barriers to accessing mental health services. Providing culturally specific mental health outreach and treatment continues to be a priority. Over 40 percent of the youth served are youth of color served by a diverse staff with six African American Knowledge Skills and Abilities (KSA), six Latinx KSA, one Asian/Immigrant KSA and 10 non KSA. Cultural alignment with students increases therapeutic alliance which can assist with addressing mental health concerns, building trust, and improving school attendance.

This culturally specific approach contributes to youth completing school, which is a strong indicator for lifelong economic wellbeing and improved overall health. School Based Mental Health Consultants provide screening, crisis intervention, mental health assessment, clinical case management and individual, group, and family treatment. Mental Health Consultants also provide training and consultation to school staff to optimize educational planning for youth with mental health concerns. Mental Health Consultants are co-located in ten Student Health Centers to provide integrated physical and mental health services.

Multnomah County and School Districts collaborate to address the continuum of needs for students and their families. School Based Mental Health Consultants provide over 4,500 hours of treatment, prevention, education, consultation, and outreach to students, school staff, and families every school year. Additionally, K-3 Case Managers provide comprehensive case management services to over 150 students and families in kindergarten through third grade with a focus on connecting families to resources to increase attendance and improve educational success.

Performance Measures

Measure Type	Primary Measure	FY21 Actual	FY22 Budgeted	FY22 Estimate	FY23 Offer
Output	Total unduplicated youth referred to SBMH for assessment and/or treatment services	676	1,300	672	1,000
Outcome	ACORN Distribution of Patient Change Rate reported by client/student as their perception of improvement[1]	46%	65%	45%	65%
Output	Total unduplicated K-3 youth/families who received case management services	154	190	167	150

Performance Measures Descriptions

A Collaborative Outcomes Resource Network (ACORN): Client reported outcomes are accepted as more valid as the person receiving services is reporting changes through a global distress scale measure reported over the course of treatment. The percentage is the number of clients reporting significantly improved or somewhat improved.

Legal / Contractual Obligation

Revenue contracts with school districts. Oregon Health Authority, Intergovernmental Agreement for the Financing of Community Addictions and Mental Health Services.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	**2022**	**2022**	**2023**	**2023**
Personnel	$1,467,294	$1,768,443	$1,924,763	$1,474,550
Contractual Services	$0	$146,226	$0	$8,000
Materials & Supplies	$13,304	$3,069	$60,865	$0
Internal Services	$31,166	$356,361	$21,189	$390,417
Total GF/non-GF	**$1,511,764**	**$2,274,099**	**$2,006,817**	**$1,872,967**
Program Total:	**$3,785,863**		**$3,879,784**	
Program FTE	9.98	12.65	13.01	9.52

Program Revenues				
Intergovernmental	$0	$1,400,366	$0	$1,457,720
Beginning Working Capital	$0	$412,348	$0	$0
Service Charges	$0	$461,385	$0	$415,247
Total Revenue	**$0**	**$2,274,099**	**$0**	**$1,872,967**

Explanation of Revenues

This program generates $44,128 in indirect revenues.
$ 22,500 - Parkrose School District
$ 75,000 - Centennial School District
$ 37,500 - Reynolds School District
$ 415,247 - Fee for Service Insurance Receipts
$ 177,000 - Portland Public Schools
$ 14,700 - Local Clackamas County Care Coordination
$ 1,018,713 - State MH Grant: MHS 20 Non-Residential MH Services based on 2019-2021 IGA with the State of Oregon
$ 112,307 - Local Public Health Agency IGA with the State of Oregon for School-Based Clinics
$ 411,418 - School Based Medicaid BWC

Significant Program Changes

Last Year this program was: FY 2022: 40082A School Based Mental Health Services

The output for FY23 jumps to 1,000 because it aligns with historical numbers when in-person services were provided. FY21 Actuals and FY22 estimates show a decline due to virtual services. We expect to get closer to past averages of 1200+ when services are in person.
The ACORN outcome measure was expected to be low given the high mental health acuity and the many barriers caused by the pandemic for youth. When services were in-person, the clients were handed an ipad or paper to complete, but with telehealth, ACORN had to be completed virtually. The virtual process created barriers in building relationships and youth were less willing to complete it (they are able to decline).