

School Based Mental Health Program

Budget Note 19, Quarter 1 Report: July 1 - September 30, 2025

Budget Note 19 Transmittal

Quarterly, written reports to the Board of County Commissioners that include qualitative and quantitative metrics on outcomes related to the impact of the program, including details on billing practices, caseload per clinician, and total youth served, disaggregated by school, race and ethnicity.

SBMH Program Evaluation Plan

Assessing Financial Sustainability with a Specific Focus on Service Goals, Outcomes, and Best Practice

In response to Budget Note 19, the School Based Mental Health (SBMH) program has engaged in a systematic evaluation process in partnership with the Health Department’s Program Design and Evaluation Services (PDES). The evaluation has two goals: to address the Board of County Commissioners' request in FY26 Budget Note 19, and to build and sustain the program's capacity to monitor and use data for decision-making.

This report will establish a foundation for quarterly SBMH reports and detail how the SBMH program is engaging in the evaluation. It will also describe progress made since the [August transmittal](#) to create a baseline, establish desired outcomes, and articulate how progress will be measured toward improvements in three main areas as requested by the Board of County Commissioners.

Below is the framework that will be used in this report, and subsequent quarterly reports. It outlines three interdependent factors that will be assessed by PDES evaluators in order to provide the information and tools needed to balance program outcomes and staffing resources with available financial resources.



Quarter 1 Report Objectives

Program Outcomes

- **SBMH Logic Model:** Provide clarity about how the SBMH program works to achieve near- and long-term evidence-based impacts, including measurable outputs and outcomes.

Staffing and Resources

- **School District Ecosystem Assessment:** Describe progress made to understand the landscape of resources that complement and collaborate with Multnomah County's SBMH program to deliver a comprehensive system of mental health support for students.
- **Activities Scorecard:** Describe the development of a yearly planning tool to guide SBMH program planning related to Mental Health Consultant (MHC) placements and the types of services to provide within a school, based on availability of other resources and identified student needs.

Financial Sustainability

- **Transition to Epic:** Detail progress made in transitioning the Electronic Health Record (EHR) system to the Oregon Community Health Information Network (OCHIN) Epic platform, including training conducted to onboard and increase staff capacity to use Epic for billing and reporting, as well as improvements made to increase ability to capture billable revenue.
- **Braided Funding Sources:** Identify additional funding sources and increased revenue for existing funding sources to improve program sustainability to support all levels of the program's multi-tiered model. This will allow the program flexibility to adapt their activities to meet the needs across districts and individual schools.

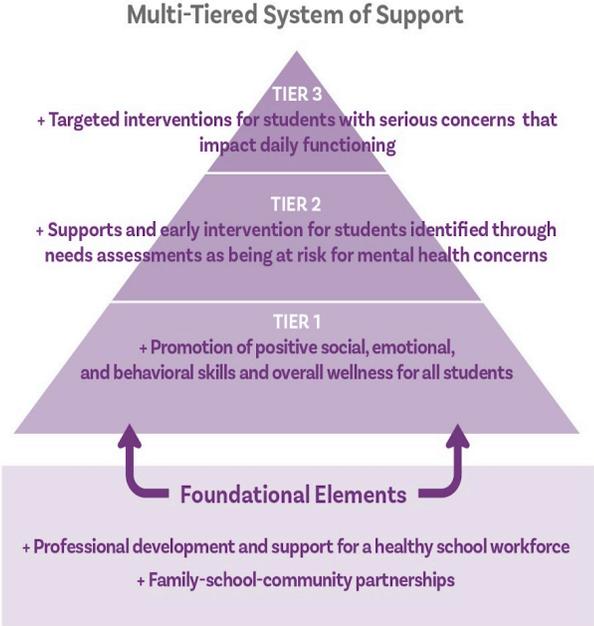
Program Outcomes

Qualitative and Quantitative Metrics to Measure Program Impact

Multnomah County's SBMH program strives to prevent long-term effects of poor mental health for students and ensure they have access to care by offering a multi-tiered support system, including targeted interventions for serious concerns, early intervention for at-risk students, and school-wide prevention, education, and outreach (PEO). Students who are identified as at-risk are those who show signs or face factors that put them at a higher likelihood of developing mental health issues, or of experiencing negative outcomes like academic failure or social problems due to these concerns.

The pyramid structure in the following image illustrates that fewer students require high-need care (Tier 3), while all students are reached and benefit from PEO activities (Tier 1). Further, capability to deliver these services is grounded in foundational elements that include recruitment, retention, and development of a strong workforce, and partnerships among SBMH-families-schools-communities.

This comprehensive model aims to foster positive social, emotional, and behavioral skills and overall wellness, ultimately preventing and reducing serious behavioral health issues like suicide and suicidal ideation. This model is rich and complex, which requires a close examination of the output and outcome indicators that are used to measure program impact and effectiveness.



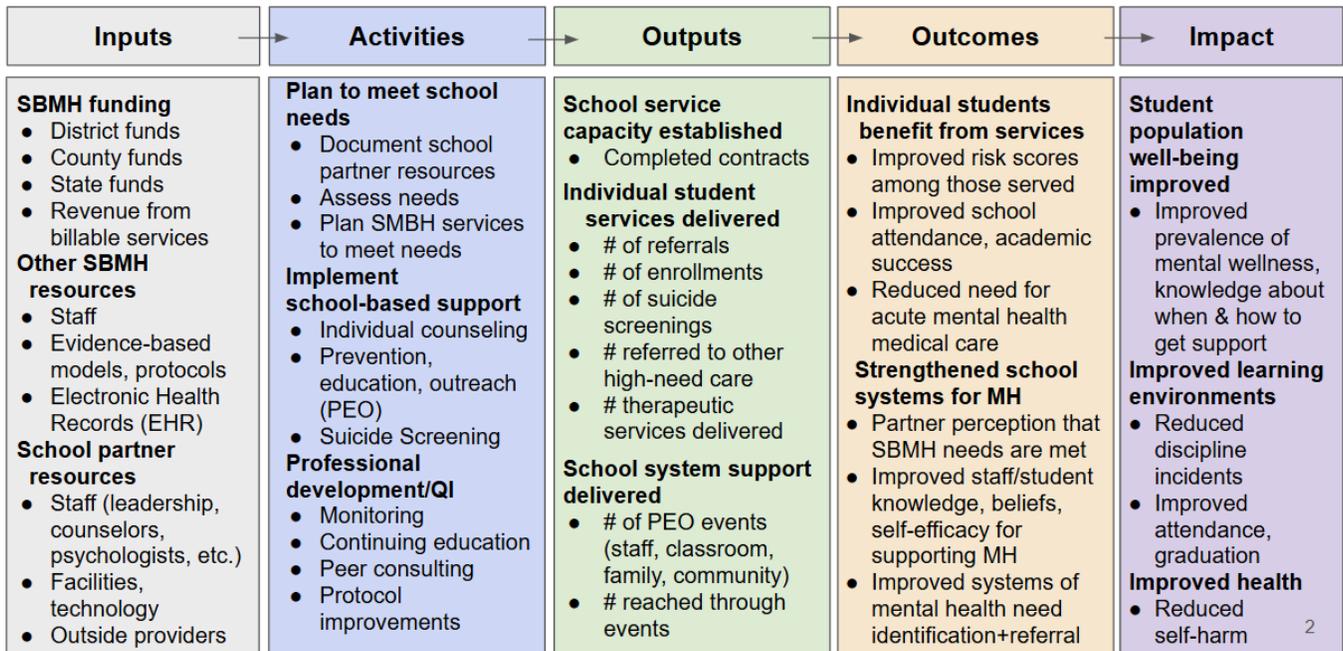
As requested by the Board, quarterly reports will include qualitative and quantitative metrics on outcomes related to the impact of the SBMH program. This report will detail how the SBMH evaluation will be used to determine alignment of the Multnomah County SBMH program with the [comprehensive school mental health system model](#) and other school-based programs delivering evidence-based school mental health services. It will also determine recommendations for service goals and outcome measures.

In Quarter 1, the SBMH program and PDES evaluators developed a logic model to identify the most effective metrics for measuring SBMH impact on near- and long-term outcomes in school communities and among specific youth populations. The logic model is based on a comprehensive review of nationally recognized best practice models, similar programs in neighboring counties, SBMH program documents and past reports, SBMH staff interviews, and available data sources. This logic model will serve as the foundation for future reporting on metrics that are known to demonstrate effectiveness in meeting near- and long-term goals.

SBMH Logic Model

The draft logic model below was developed by the PDES evaluation team in collaboration with the SBMH program staff to demonstrate how the SBMH program seeks to achieve its goals. It shows how County investment in SBMH, in combination with other resources (“inputs”), are used to support SBMH Activities (including from Tiers 1, 2, 3 and foundational elements shown in the prior figure) and associated Outputs. Both individual students and school systems benefit directly as a result (“Outcomes”). In the long-term, SBMH, in combination with other factors, contributes to well-being among all students, and improved education and health (“Impact”).

SBMH Logic Model WORKING DRAFT: Version 10/17/25



The logic model provides an organizing framework for identifying how progress and results will be measured. A logic model can also help to identify data gaps. The images below show *examples* from tables of measures *in development* for different components of the current SBMH logic model. The full logic model with all measures is attached as Addendum A.

How to measure: Inputs

Input measures	Data source	Indicators to examine
SBMH Funding		
District, county, state funds	Annual budgets	\$ total % of budget per source, trends Allocation of funding in SBMH (by staff category)
Billing revenue	Electronic Health Records (Epic)	% billable services among all % paid among billed

How to measure: Activities

Activity measures	Data source	Indicators to examine
Plan to meet school needs		
Document school partner resources	Annual "ecosystem" assessment (proposed)	Availability of partner staff/resources per school/district and year
Assess needs	Annual self-assessment (proposed)	Remaining need identified, after consideration of other resources
Identify SBMH services to meet needs	Annual self-assessment (proposed)	FTE requested & assigned per school/district, with allocation for individual vs. PEO functions

How to measure: Outputs

Output measure	Data source	Indicators to examine
School service capacity		
Completed contracts	Program documentation	Contract \$ and FTE per district/school with objectives for services set (proposed)
Individual services		
Student referrals for care	EHR	Per building & district: # of referrals, # receiving any care, #/% assessed/screenings, #/% referred to other high-need care, #/% unable to assess, #/% enrolled to therapy
Services to students engaged in care	EHR	Per building & rollup: # of services (duplicated/unduplicated) #/% limited services #/% therapeutic care
School system support		
Prevention, Education, Outreach (PEO) events delivered	PEO reports	Per building & rollup: # prevention events (by audience), # education events (by audience), # outreach events (by audience) # of people reached per event

How to measure: Outcomes

Outcome measure	Data source	Indicator
Benefits to students receiving Individual services		
Improved risk scores among those served	EHR?	Change in risk score
Improved school attendance, academic success	<i>Data gap?</i>	
Reduced need for acute mental health-related medical care	<i>Data gap?</i>	
Strengthened school system for mental health (MH)		
Partner perception that needs are met by SBMH program	Annual partner survey	TBD

How to measure: Impact

Impact Measure	Data source	Indicator
Student populations		
Improved prevalence of mental well-being, knowledge about available support	Student Health Survey/SHS or Youth Risk Behavior Survey/YRBS (Portland Public Schools only)	% of students experiencing depression, anxiety, suicidal ideation % students who believe adults in school care about them, % who have someone to turn to
School environment		
Reduced discipline incidents	ODE school/district annual data	# of incidents per year
Reduced chronic absenteeism	ODE school/district annual data	%/ # of students with chronic absences
Improved graduation	ODE school/district annual data	Annual graduation rate for district/high schools
Health outcomes		
Reduced intentional self-harm	Hospital/ED visits	Annual counts per HS and MS age group
Reduced mortality	Death records	Annual counts of intentional self-harm deaths per age group

Core Features of Evidence-based SBMH Models

The following table describes the core features of an evidence-based SBMH approach, and how Multnomah County is implementing each feature. Areas where Multnomah County has emphasized specific approaches are noted in *italics*. Areas where improvements are being piloted, including as described in this document, are noted with a "+".

Table: Elements of SBMH

Core Features of Evidence-based SBMH System	MultCo Approach: <i>Areas of special focus/tailoring in italics</i> + potential area to pilot program improvement, as described in this document
1. Well-trained educators, specialized instructional support personnel	<i>Prioritized hiring and retention of diverse staff, with capabilities matching function.</i> Continuous training to respond to evolving needs.
2. Family-school-community collaboration and teaming	Collaborate with diverse partners in school settings (school, community, private care)
3. Needs assessment and resource mapping	School-specific needs assessments ⁺
4. Multi-tiered system of support	Ensure delivery of universal, indicated, targeted services <i>Multnomah County prioritizes culturally-focused care</i>
5. Mental health screening	Suicide risk assessment at every encounter
6. Evidence-based and emerging practices	Continuous staff development, peer consultation and support

7. Data	Data systems in place to monitor all three tiers of service, and partner satisfaction. Use of data for ongoing program planning and improvement ⁺
8. Funding	Braided funding from billable services, school district, county, state funds

Adapted from: [Advancing Comprehensive School Mental Health Systems](#)

Staffing and Resources

Budget Note: *By end of July 2025, transmit a plan to the Board of County Commissioners for where Mental Health Consultants will be placed based on the Department’s local health and risk data, student health surveys, current SBMH encounter data, District contracts and information from other school-based services (i.e. Student Health Centers and SUN Schools) in order to minimize disruption of services.*

Criteria for Placement of Mental Health Consultants

In addition to identifying evidence-based measures to ensure program effectiveness and impact, the SBMH evaluation will determine the current and ideal allocation of staff time for Tier 1, 2, and 3 services to maximize revenue and ensure resources are allocated to meet student needs. As detailed in the [July transmittal](#), the SBMH program will incorporate additional criteria into this decision making process for the 2026-27 school year, including:

1. Specific risk indicators, such as suicide rates, poverty, housing stability, and violence, among others.
2. School-level demographic data to ensure culturally and linguistically appropriate services.
3. SUN Service System Equity Index rankings, cross-referenced with Mental Health Consultant placements.
4. Availability and distribution of other school-based behavioral health services, which will enable us to strategically place Mental Health Consultants, maximizing service provision where most needed and addressing service gaps.

In Quarter 1, PDES evaluators began a 'SBMH Ecosystem Assessment' (see Addendum B) to understand the current and changing capacity of resources that collaborate with Multnomah County’s SBMH program to deliver a comprehensive system of mental health support for students. This will help the SBMH program determine how best to provide services within schools based on a variety of factors, including identified student needs and availability of other services and supports.

Development of Planning and Monitoring Tools

The SBMH program and PDES evaluators are developing and piloting yearly planning tools to inform program planning and monitoring. This information will be used to determine mental health consultant placements and the appropriate mix of services, including targeted interventions, early intervention support, and preventive education and outreach. Notably, the SBMH team has already applied many of these approaches; PDES evaluators are supporting the team to formalize these tools, which will assure their systematic use and provide additional transparency.

Planning Tools: SBMH Ecosystem Assessment

The Ecosystem Assessment tools described below (and in Addendum B) provide information that will support annual planning for SBMH resource allocation per district and school. In Quarter 2, the evaluation team will continue to develop and pilot these tools with staff and ask for feedback. Please note, the details included in this working draft are meant to provide examples of our progress and direction; final details are subject to change.

1. School District Resource Assessment: SBMH collaborates extensively with other resources and adapts to meet unmet needs, so understanding any changes in school partner resources is key to planning. Evaluators interviewed primary SBMH contacts from Portland Public Schools and Gresham-Barlow in Quarter 1, with remaining districts planned in October 2025. This assessment documents current school system resources that collaborate with SBMH, as well as any upcoming or anticipated changes.
 - a. List of partner resources (including key school staff and outpatient providers), their current status and anticipated changes in the coming year
 - b. Identified populations of students with otherwise unmet mental health needs
 - c. Discussion about any changing factors or needs anticipated for the coming year
2. Multnomah County Prevention Staff in Schools Assessment: Understanding how other Health Department and County services and programs offered to youth within school environments complement SBMH programming is another important planning factor. This assessment describes where MultCo staff are involved directly in providing services or other prevention-related support in schools.
 - a. List of other Health Department and County programs that offer prevention-related programs and services for youth within school environments
 - b. Identified populations of students that are accessing or receiving those services and programs
3. SBMH Resource Activities Summary from Prior Year: Reflecting on implementation from the prior year can help to identify any opportunities for rebalancing staff. This assessment

describes FTE allocated, individual student services provided, and other activities completed in the prior year.

- a. How SBMH staff were allocated per school
 - b. Numbers of individual students served (screening, limited support, therapy; specific number per priority population group)
 - c. Numbers and types of prevention, education, outreach (PEO) activities
4. Current School and Community Context Summary: Assembling, in a simple format, the most currently available information, trends, and details about student populations with greatest need provides a shared resource to ground conversations about need and changing contexts. This report summarizes data for outcomes and impacts identified in the SBMH program logic model as well as characteristics of the student and community population.
- a. School population information (e.g., numbers of students per grade, demographic characteristics)
 - b. Community information (e.g., indicators of poverty, housing)
 - c. Student behavior information (e.g., school survey information on mental health, perceived support in schools)

Monitoring Tool: Activities Scorecard

PDES evaluators are collaborating with the SBMH program to develop an 'activities scorecard' that can be used at the start of a school year to make decisions about the allocation of Mental Health Consultants and staffing per district and school. This tool will also be used during the year to monitor implementation and to identify when any rebalancing could be helpful.

- Per district and school, benchmarks will be set for staff time spent on each "tier" of activities in the program model.
- Per quarter, reports will summarize implementation of:
 - PEO activities (Tier 1)
 - Supportive/indicated services (Tier 2)
 - Individual services (Tier 3) - considered both in terms of number of students served and total time (because some students with greatest needs could require more time)
- These quarterly reports can be reviewed by staff, supervisors, and school partners to determine if any needs have changed from what was expected, and if any changes are needed to better meet needs.

Financial Sustainability

Budget Note: *By end of August 2025, transmit a plan to the Board of County Commissioners for a financially-sustainable SBMH program model that incorporates service goals and outcomes aligned*

with clinical best practices, quality assurance measures to ensure that all billable codes are being utilized, and a productivity standard that aligns with expected revenue goals.

In Quarter 1, the SBMH program made progress toward financial sustainability by implementing near-term quality improvement measures using Epic to increase revenue captured through billable activities, including:

- Staff training and capacity building to use Epic for billing
- Addition of two new staff to support SBMH billing and medical coding
- Developing Epic dashboard functionality for supervisor oversight of staffing compliance and productivity standards
- Identifying billing codes and developing procedures to bill for group therapy
- Beginning development of a data dashboard to provide real-time data on claims and revenue

The program has also identified long-term sustainability strategies to bring in additional funding sources to support delivery of both billable and non-billable program activities, including:

- Funding from school district contracts
- Private insurance billing
- Grant opportunities

Additional recommendations for financial sustainability resulting from the SBMH evaluation will be based on a solid understanding of how the program works to achieve near- and long-term outcomes, and the yearly planning tool that is used to determine the optimal mix of services based on school context (i.e., available services) and student need (identified by student survey data).

Epic Transition and Near-term Quality Improvements

Overview of EHR Transition Progress

The transition to Epic as the Electronic Health Record (EHR) system brings the Behavioral Health Division (BHD) and SBMH program into alignment with other Health Department divisions, such as Integrated Clinical Services (ICS) and Public Health. This integration also improves the BHD's access to resources within the Health Department, creating a One Department approach and enhancing both service delivery and billing capacity for the SBMH program.

This transition has been over a year in the making, with the program collaborating with Epic OCHIN to develop the Behavioral Health modules, create updated workflows, and migrate existing data from EvolvNX, the previous EHR. Workflows have also been updated to support clinicians in

obtaining consent and providing assessments earlier in the treatment process, allowing for more billable services to be captured.

In Quarter 1, all SBMH staff were trained on the new Epic EHR system, and were led through a billing training by the BHD Billing Team, including the new Medical Coder and new Billing and Compliance Program Specialist Senior, a dedicated SBMH peer training partner. An external billing documentation specialist will provide intensive training in November on best practices to maximize billing. These proactive investments in training are expected to build confidence and knowledge for clinical staff in billing and coding, ultimately leading to improved billing revenue.

The EHR transition presents opportunities for maximizing revenue, alongside challenges inherent in such a large-scale change. For instance, initial technical difficulties with electronic signature pads for student consent caused delays, but these issues have since been resolved. Between the Epic go-live date of September 16, 2025 and October 16, 2025, the program has processed 322 referrals, and staff are now utilizing the new system for client services and documentation.

Potential for Increased Revenue in Epic

With enhanced technical capabilities in Epic, and the addition of two new positions to support SBMH billing and medical coding, the program is better able to mitigate billing errors and claim denials. The new Medical Coder can work multiple work queues in Epic to reduce errors and maximize payments. The coder is currently set up to review every claim input and route any corrections directly to the clinician so that the claim is not submitted until corrections are made.

The new Billing and Compliance Program Specialist Senior has been onboarded and has a clinical background, which will help ensure billing documentation complies with clinical best practices and Oregon Administrative Rules. This position will review data (once available in Epic), make recommendations for improvements, and provide technical support and staff training to ensure accurate claims.

Epic dashboard functionality will also help improve supervisor oversight of staffing services and productivity. In contrast, EvolvNX had limited canned report options, requiring supervisor dashboards to be developed and updated by our report team, which was time-consuming and difficult to update when reporting team resources were thin. With Epic, supervisors will be able to use dashboards to provide better ongoing supervision oversight.

The SBMH team is continuing to build capacity to utilize supervisor dashboards. The supervisor dashboard provides a number of ways to monitor for quality and compliance. In addition to initial supervisor training from OCHIN, SBMH supervisors are embracing a hands-on learning approach to master Epic's capabilities, and the program is proactively seeking in-house training opportunities with other Health Department programs, such as Integrated Clinical Services and

Public Health, that currently utilize Epic. The SBMH program is in regular communication with Health Department Clinical Systems Information (CSI), the Epic support team, to advocate for and ensure their training and support needs are met. Additionally the BHD reporting team received training on October 16, 2025 on a specific subset of reports that requires using a system outside of OCHIN in order to create the smaller subset of reports needed that are highly customized.

A notable success is the ability to bill for group therapy. The previous EHR, EvolvNX, lacked the infrastructure for group therapy billing; however, this capability is now built into the new Epic system. This represents a new revenue source, allowing more clients to be served in a group setting. Staff are currently developing group therapy protocols, consent, and documentation templates, and partnering with Quality Management to ensure compliance. These will be finalized shortly, thereby enabling this type of service to be billable.

Current Data

In the 2025-2026 school year, the SBMH program has been providing services since September 16, 2025. As of October 16, 2025, SBMH has received 322 mental health referrals from schools and Student Health Centers.

The program has been working with the BHD reporting team to create a data dashboard to provide real-time data on claims and revenue, which was not available in the previous EHR. Report access and this billing dashboard will provide opportunities to analyze potential gaps in our billing process, allowing us to mitigate potential billing losses and maximize revenue.

Since it is the start of the school year, current data is limited to the number of referrals received for the 2025-26 school year which began on September 16, 2025. The SBMH team will coordinate with the finance team to obtain data on actual dollars received, rather than just claims billed, to identify any gaps or discrepancies. By Quarter 2, more data will be available, and we will be able to provide regular data on claims billed and payments received.

Long Term Funding Sustainability Options Explored

District Funding

When students have safety or behavioral concerns, schools are required to offer interventions and services in order to continue to maintain their access to school. One of these important interventions is school-based mental health. This helps to address the non-academic barriers to student achievement and attendance concerns.

As described in the [July transmittal](#), the SBMH program maintains ongoing contracts with school districts, including Portland Public Schools, Gresham-Barlow, Parkrose, Centennial, David Douglas, and Reynolds, to provide funding for Mental Health Consultant positions. However, the total

funding provided through these contracts is \$274,774, which barely covers the cost of two full-time consultants, significantly less than what is needed for 24 clinicians (17.6 FTE as of July 2025). Two districts currently do not provide funding for SBMH services.

We know that school districts are also grappling with budget constraints, and there remains a critical need for sustainable funding from districts. Health Department and Behavioral Health Division leadership plan to discuss school district contracts and service sustainability as part of the long term funding plan.

Private Insurance Billing

The majority of SBMH clients have Medicaid, and it is important that our program continues to serve over 50% of clients with Medicaid to maintain Medicaid Tier 2 status. Tier 2 is defined as having at least 50% of its total patient service revenue derived from providing Medicaid services in the prior calendar year. This automatically gives our agency a 30% increase on all rates in the fee schedule, provided that we maintain that status each year as a Division. Last year, 99% of our billable revenue was from Medicaid (1% came from Moda).

Roughly 10-20% of clients seen by SBMH clinicians have private insurance. These clients face significant barriers to accessing care elsewhere and are unable to access services through their insurance provider. The school-based program also offers students better access and culturally specific services they might not otherwise obtain.

The program is currently unable to bill for services provided by SBMH clinicians to private insurance clients because the clinicians are not credentialed. However, most SBMH clinicians are qualified for credentialing, and the Behavioral Health Division (BHD) credentialing specialist is consulting with ICS's credentialing team to explore options for utilizing their expertise and existing infrastructure. This is a potential opportunity to increase revenue, but infrastructure and resources will be needed to make this possible, including:

- Staffing with expertise in commercial insurance credentialing
- Compliance, legal support, and staff FTE to implement this in Epic and provide ongoing monitoring
- Liaison support to establish contracts with private insurers and resolve issues such as denials or authorization problems
- Additional staffing support needed to check, verify, and enter private insurance information during client referral/intake to relieve administrative burden on clinicians.

While there would be no direct cost to bill private insurers, as Epic has billing infrastructure, we will need to consider additional barriers and potential negative repercussions for clients, such as:

- Clients and/or parents/guardians need to consent to private insurance billing.

- We cannot control private insurance companies sending billing information to clients' homes, a concern for those seeking confidential behavioral health services.
- We must maintain at least 50% Medicaid billable revenue to retain Tier 2 status and its higher reimbursement rate, as billing private insurers would not offset a reduction to Tier 1 rates.
- To remain consistent with our role as a safety net provider, we would need specialized contracts or agreements with each private insurance company that would allow us to avoid collecting co-pays or billing for services to meet a deductible. We would also need to credential each clinician with each insurer.

We will begin a cost/benefit analysis in Quarter 2 to determine the best approach.

Grant Opportunities

Grant opportunities are an important part of the SBMH program funding strategy and the team has been in communication with the Health Department's Strategy and Grants team to identify appropriate local or national grant opportunities.

The program was recently awarded a two-year Student Health Center Mental Health Grant for \$175,000 from the Oregon Health Authority. Due to the state's emphasis on the importance of services provided by our program, it would be beneficial to coordinate more sustainable long term funding rather than biannual funding. However, due to the political environment, there has been a reduction in federal grants for supporting mental health.

Additionally, recent Medicaid cuts and related impacts on Coordinated Care Organizations have led to reductions in funding for youth serving programs locally (including a new reduction in intensive care coordination programs within BHD). Our SBMH program is therefore even more critical as a safety net for youth in our communities, including youth with higher acuity needs. Identifying grants to support this work will be beneficial to help keep this life-saving program sustained.

Culturally and Linguistically Specific Enhanced Rate

The program has been in communication with the state around their [Culturally and Linguistically Specific Enhanced Rate program](#) which provides a higher billing rate for providers who provide culturally and linguistically tailored services. Over 50% of SBMH staff provide these types of services and therefore it could be lucrative to apply and receive reimbursement at this higher rate of 22% over the base rate.

However, to meet state requirements, there are some logistical challenges that would need to be addressed in order to accomplish this goal. For example, the SBMH program and OCHIN Epic would need to create a new program module in Epic specifically for a culturally specific

community. This program would require its own NPI (National Provider Identifier) and a public-facing website, and all providers would need to offer culturally and/or linguistically specific services. Resource support from OCHIN Epic would be necessary for the build. Additionally there would need to be identified billing and compliance team FTE to support this project. A successful application could improve billing revenue for these services.

PDES evaluators and the SBMH program are consulting with other state SBMH programs to understand whether and how they are pursuing this option. Initial discussions suggest that County Health Departments would be responsible for determining how to apply knowledge, skills, and abilities (KSA) pay structures to enhance staff diversity. PDES evaluators will continue to investigate and provide an update in Quarter 2.

Next Steps in Quarter 2

Program Outcomes

In Quarter 2, we will identify and report on the indicators the SBMH program will use to measure program outputs, outcomes, and impacts, as shown in the logic model. PDES evaluators will continue to refine these measures through a systematic review of past data, including two years of data on activities and outputs from the previous EHR system and Oregon's Student Health Survey (SHS) to document student mental health-related indicators, trends, and populations with the greatest needs.

This will enable them to apply real data to the logic model's measures as a "proof of concept" in order to ensure that collected data can be effectively used to measure program outcomes and impacts. These evidence-based measures will form the basis of data reported in future quarterly reports, including qualitative and quantitative metrics on outcomes related to the SBMH program's impact.

Staffing and Resources

In Quarter 2, we will further develop two planning tools, the School District Ecosystem Assessment and Activities Scorecard, that will be used to make decisions at the start of a school year about where to place Mental Health Consultants and what mix of services to provide. We will also continue to examine the past two years of data in the previous EHR system in order to create baseline data and inform the type of reports to be built in Epic. This will include measures of activity that can be used to inform staff productivity goals and strengthen monitoring of productivity going forward.

Financial Sustainability

To establish a data baseline, in the Quarter 2 report, we will share results of a comprehensive and systematic summary of two years of past EHR data. This will enable us to:

- Provide a population-based perspective on students and services
- Comprehensively examine numbers of students served, services provided, and billing, including trends and group-specific information
- Provide insights for development of reports in Epic, the new EHR system, and
- Identify data gaps and improvements in the collection of data

Additionally, we will provide an update on the cost-benefit analysis for billing private insurers, as well as what we have learned regarding the viability of pursuing the State's Culturally and Linguistically Specific Enhanced Rate program. We will also share next steps on beginning conversations with districts about renegotiating contracts.

Addendum A: School-based Mental Health (SBMH) Logic Model

Goal: School-based Mental Health (SBMH) programs aim to comprehensively support student mental health, especially for those with greatest mental health need and more barriers to support, to improve youth safety, well-being, and success in school.

Evidence base: Studies of similar models show that SBMH increases the provision of mental health services to students, improves pediatric health-related quality of life, and reduces total healthcare costs (including Medicaid costs).

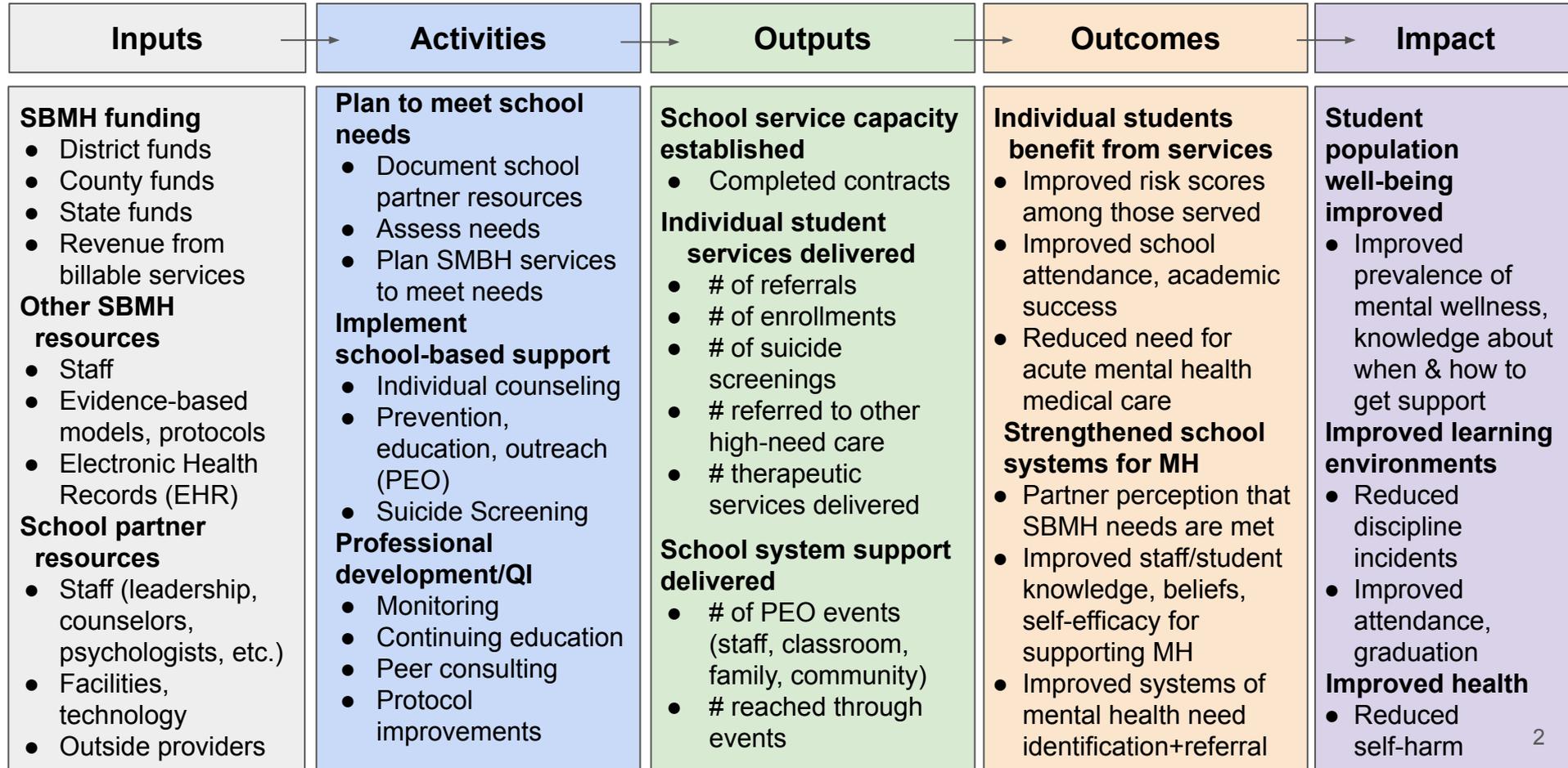
Slide 2: Logic model for SBMH program

Slides 3-7: How to measure components of the logic model

WORKING DRAFT
Version 10/20/2025

SBMH Logic Model

WORKING DRAFT: Version 10/20/25



How to measure: Inputs

Input measures	Data source	Indicators to examine
SBMH Funding		
District, county, state funds	Annual budgets	\$ total % of budget per source, trends Allocation of funding in SBMH (by staff category)
Billable revenue	Electronic Health Records (Epic)	% billable services among all % paid among billed
Other SBMH resources		
Evidence-based models	National groups, scientific literature, OHA, SMBH quality improvement	Changed procedures, protocols, program design
Staff	Program reports	FTE per position type (filled/open), retention % diversity among staff by position type
School partner resources		
Staff, facilities, technology	Annual assessment completed per district/school (proposed - see Activities)	Resources identified per year in districts/buildings
Outside providers; county resources	Annual assessment completed per district/school (proposed - see Activities)	Organization FTE, diversity among staff

How to measure: Activities

Activity measures	Data source	Indicators to examine
Plan to meet school needs		
Document school partner resources	Annual “ecosystem” assessment (proposed)	Availability of partner staff/resources per school/district and year
Assess needs	Annual self-assessment (proposed)	Remaining need identified, after consideration of other resources
Identify SBMH services to meet needs	Annual self-assessment (proposed)	FTE requested & assigned per school/district, with allocation for individual vs. PEO functions
Implement school-based support		
Individual counseling	Staff estimates	% effort for individual counseling
Prevention, education, outreach (PEO)	Staff estimates	% effort for PEO
Suicide screening	Staff estimates	% effort for screening
Professional development/quality improvement (QI)		
Monitoring	Program documentation	Completed quarterly review process
Continuing education	Program documentation	Training/development offered, participation, hours, any certifications offered
Peer consulting	Program documentation	Hours of consultation

How to measure: Outputs

Output measure	Data source	Indicators to examine
School service capacity		
Completed contracts	Program documentation	Contract \$ and FTE per district/school with objectives for services set (proposed)
Individual services		
Student referrals for care	EHR	Per building & district: # of referrals, # receiving any care, #/% assessed/screenings, #/% referred to other high-need care, #/% unable to assess, #/% enrolled to therapy
Services to students engaged in care	EHR	Per building & rollup: # of services (duplicated/unduplicated) #/% limited services #/% therapeutic care
School system support		
Prevention, Education, Outreach (PEO) events delivered	PEO reports	Per building & rollup: # prevention events (by audience), # education events (by audience), # outreach events (by audience) # of people reached per event

How to measure: Outcomes

Outcome measure	Data source	Indicator
Benefits to students receiving Individual services		
Improved risk scores among those served	EHR?	Change in risk score
Improved school attendance, academic success	<i>Data gap?</i>	
Reduced need for acute mental health-related medical care	<i>Data gap?</i>	
Strengthened school system for mental health (MH)		
Partner perception that needs are met by SBMH program	Annual partner survey	TBD
Improved staff/student knowledge, beliefs, self-efficacy for supporting MH	<i>Data gap?</i> <i>Ask on partner survey?</i> <i>Student health survey?</i>	
Improved systems of mental health need identification+referral	<i>Data gap?</i> <i>Ask on partner survey?</i>	

How to measure: Impact

Impact Measure	Data source	Indicator
Student populations		
Improved prevalence of mental well-being, knowledge about available support	Student Health Survey/SHS or Youth Risk Behavior Survey/YRBS (Portland Public Schools only)	% of students experiencing depression, anxiety, suicidal ideation % students who believe adults in school care about them, % who have someone to turn to
School environment		
Reduced discipline incidents	ODE school/district annual data	# of incidents per year
Reduced chronic absenteeism	ODE school/district annual data	%/ # of students with chronic absences
Improved graduation	ODE school/district annual data	Annual graduation rate for district/high schools
Health outcomes		
Reduced intentional self-harm	Hospital/ED visits	Annual counts per HS and MS age group
Reduced mortality	Death records	Annual counts of intentional self-harm deaths per age group

Addendum B: SBMH Ecosystem

Assessment

The PDES evaluators and SBMH team are developing and piloting tools that can inform program planning and monitoring. Notably, the SBMH team has already applied many of these approaches; PDES evaluators are supporting the team to formalize these tools, which will assure their systematic use and provide additional transparency.

Development of Planning Tools

The tools described below provide information that will support annual planning for SBMH resource allocation per district and school. In Quarter 2, the evaluation team will continue to develop and pilot these tools with staff and ask for feedback. Please note, the details included in this working draft are meant to provide examples of our progress and direction; final details are subject to change.

1. [School District Resource Assessment](#): SBMH collaborates extensively with other resources and adapts to meet unmet needs, so understanding any changes in school partner resources is key to planning. This assessment documents current school system resources that collaborate with SBMH, as well as any upcoming or anticipated changes.
2. [Multnomah County Prevention Staff in Schools Assessment](#): Understanding how other Health Department and County services and programs offered to youth within school environments complement SBMH programming is another important planning factor. This assessment describes where MultCo staff are involved directly in providing services or other prevention-related support in schools.
3. [SBMH Resource Activities Summary from Prior Year](#): Reflecting on implementation from the prior year can help to see any opportunities for rebalancing staff. This assessment describes FTE allocated, individual student services provided, and other activities completed in the prior year.
4. [Current School and Community Context Summary](#): Assembling, in a simple format, the most currently available information, trends, and details about student populations with greatest need provides a shared resource to ground conversations about need and changing contexts. This report summarizes data for outcomes and impacts identified in the SBMH program logic model as well as characteristics of the student and community population.

1. School District Resource Assessment

Purpose: To understand the current and changing capacity of resources that collaborate with Multnomah County's SBMH program to deliver a comprehensive system of mental health support for students.

Background: The SBMH program "braids" funding to assure sustainability and flexibility so that the program team can adapt their activities to meet the needs of individual schools. Some schools might need more/less clinical services vs. prevention/education/outreach, or services tailored for specific populations.

Methods: We will conduct key informant interviews with primary contacts for SBMH at each of the County's school districts.

- We hope to complete interviews with at least 2 districts by October 7; and with the remaining districts by the end of October.
- We may also do interviews with some individual school contacts, if this is recommended by SBMH program partners or district contacts.

Members of the evaluation team (led by Doris Cordova) will reach out to district contacts to schedule a 45 minute video meeting.

We will record the interviews (with permission) for note-taking purposes. We will keep any sensitive information confidential, and will ask participants to identify any sensitive information at the start and at the end of the interview.

Results from these interviews will be combined into a report that will be used to understand different capacities in schools, and inform ongoing planning for the SBMH program.

Guiding Questions

We understand that plans are made per school year for SBMH counselors in your district (which schools, how to spread FTE).

- **How do you know what to ask for and how to place Multnomah County SBMH program counselors in your district?**
 - Who provides information to inform your requests? Do you engage with community or others? (such as for the ODE Aligning for Student Success Integrated Guidance on community engagement)
 - How do you know which schools?
 - How do you know how much FTE per school?

- **Do you have specific populations that you need to prioritize supporting with SBMH?**
- **Has the county been responsive to your needs?**
 - Have you had sufficient SBMH help in the past 2 years?
 - What were the remaining gaps?
- **Could you please tell us about the specific kinds of resources you have in your district that work together with SBMH?**
- See table below for ideas - please add more if you can think of any
- What is the status of these different resources for *this year*?
 - Has this changed from resources over the past 2 years?
 - Do you anticipate anything changing in the next 2 years? (we know many things are uncertain, just your best guess)
- **Is there anything else you'd like to say about School-based Mental Health programs, and how we can improve them in the future?**
 - What do you see as the most important priorities for implementing SBMH programs when funding is constrained?

Table: Complementary resources and partners for SBMH programs

Resource	Role in SBMH	Status: This year <ul style="list-style-type: none"> ● Last 2 years ● Anticipated changes
District coordinator	Actively support coordination with other resources in the district, plan for SBMH resource deployment in buildings according to need	
District contract	\$ contribution per district, with detail about expectations	
School leadership/ administrators	Assure SBMH have private office spaces, actively support coordination with other resources in buildings	
School counselors	Identify students for referral to SBMH (their primary role may be managing schedules for 300-500 students each)	
School psychologists	Provide student referrals (their primary role is with special education and identifying student needs for individual education program/IEP)	
School social workers	Help families navigate to meet basic needs, like housing, food, healthcare	

Resource	Role in SBMH	Status: This year <ul style="list-style-type: none"> • Last 2 years • Anticipated changes
School-based Health Centers	Coordinate physical health care with SMBH; collaborate in “wraparound” care plan meetings with SBMH and others in support of high-need students	
School nurses	Provide limited healthcare for students, including managing and preventing chronic disease needs.	
Outpatient treatment programs in schools (private providers)	Outside providers (for example, Trillium) may also provide individual-level student mental health care in schools, complementing SBMH services (so that SBMH services can be focused on culturally-specific care as needed)	
Prevention specialists or other County staff	Multnomah County has some prevention specialists who may support prevention-related education in classrooms and communities	
Something else?		

For more on school systems, see Portland Public Schools <https://www.pps.net/Page/16632> and [Student Service Provider framework](#)

2. Multnomah County Prevention Staff in Schools Assessment

The purpose of this assessment is to describe where MultCo staff are involved directly in providing services or other prevention-related support in schools. “Prevention” can mean addressing a number of specific health or well-being issues for young people, which have common protective and risk factors, such as:

- Mental health and self-harm
- Substance use
- Gambling
- Violence
- Sexual health

An assessment for how the county is deploying prevention-focused or prevention-aligned resources in schools will help to identify opportunities for coordination and collaboration among staff with common prevention goals.

- Some programs may not assign staff or FTE specifically to schools, but rather work to build capacity and support schools when there is readiness for action
- In addition to staff, some programs already coordinate grant funds for community-based organizations that can provide support to schools and extended communities (such as parents)

Program/ Initiative	Purpose / Activity	Priority Populations to Serve	FTE (FY26) Specify staff or other resources dedicated to school-centered activity (list FTE per each school district and/or building when relevant)
School-based mental health program (SBMH)	Contribute to school systems that support well-being <ul style="list-style-type: none"> • Provide mental health therapy for individual students • Provide prevention, education, outreach activities for general population and selected students, staff, and 	Underserved student populations with mental health support needs (e.g., families without	19.65 FTE for school-based Mental Health Consultants (per contracts with school districts)

Program/ Initiative	Purpose / Activity	Priority Populations to Serve	FTE (FY26) Specify staff or other resources dedicated to school-centered activity (list FTE per each school district and/or building when relevant)
	families	insurance, racial/ethnic minority)	
BH Prevention and Wellness team (Technical assistance)	Multiple team members across BHPW team work to provide TA to schools on curriculum and prevention initiatives. We work alongside individual schools across the county as requested. Staff provide education, curriculum development, and support to schools on the topics of substance use, problem gambling/gaming, mental health promotion, suicide prevention & postvention	All schools in Multnomah County	No specific FTE dedicated - this is a part of all team member goals and PD's.
BH Prevention and Wellness team - Youth Prevention Initiatives	Focus on youth-led MH/SUD prevention initiatives (youth coalition development)	Currently providing support to SHAC's at McDaniel and Jefferson H.S (with goal of supporting all SHACS)	0.5 FTE dedicated to managing these two initiatives.
BH Prevention and Wellness team - Contracts	Reduce youth alcohol and cannabis use rates in Multnomah County <ul style="list-style-type: none"> Multco BHPW team contracts with Northwest Family Services (NWFS) to provide classroom presentations on SUD prevention to East County school districts. 	East Multnomah County Youth	Unknown amount of FTE.

3. SBMH Resource Activities Summary from Prior Year

This document will describe SBMH activities from prior year, per district and building.

- It would be prepared by the SBMH program based on EHR and other activity reports (largely from a proposed quarterly “scorecard” from the prior year)
- Potential barriers or supporting factors can be identified together with school partners during the annual planning process.

This information will be reviewed, alongside information about school resources, county resources, and current school context, to determine needs and set objectives for the coming year.

FTE allocated in prior year		
<i>Describe potential barriers: indicate any gaps in FTE (vacancy)</i>		
1. Individual services. Provide highly accessible care for students who are identified by staff or who self-identify as needing help, especially for those who do not have other resources for care		
Activity	Note potential barriers or supporting factors from prior year	Measures of SBMH success from prior year
Respond to referrals and assess individual student level of need	Examples: referral process, school staff	# referrals in prior year Source: EHR
Provide an in-house, culturally-responsive course of mental health therapy as indicated by the need of the student <ul style="list-style-type: none"> • Prioritizing care for minority students 	Examples: availability of other therapists	# enrolled for care, % among those referred <ul style="list-style-type: none"> • By priority group # clinical services delivered <ul style="list-style-type: none"> • by priority group Source: EHR

2. Prevention, Education, Outreach (PEO). Embed therapists in school buildings to develop knowledge, trust, and capacity in the school community for a comprehensive system of mental health care:

Activity	Note potential barriers or supporting factors from prior year	Measures of SBMH success from prior year
Prevent mental health crises by increasing knowledge about mental health and resources in school communities: class presentations, assemblies	Examples: partnership with school, other staff	# of classroom presentation, assemblies # students/staff reached Source: PEO reports
Educate staff and families about how to support young people: train teachers/staff how to recognize mental health needs and engage students in care, contribute to “wraparound” care plans - with other school staff/school-based healthcare systems - for high-need students, provide consulting about individual students to staff; support families of youth through family skill-building events or support sessions	Examples: partnership with school, other staff	# students/staff/parents reached # wraparound care plans Source: PEO reports
Outreach to students in need: when students are referred for care, therapists make connections with students and families to engage in assessment of need; sometimes this requires many contact attempts	Examples: partnership with school, other staff	% of referrals with completed outreach <ul style="list-style-type: none"> • By priority group

4. Current School and Community Context Summary

The purpose of this assessment is to summarize the current status, trends, and inequities in outcomes and impacts identified in the SBMH program logic model as well as the underlying student population. The Multnomah County Public Health team will assemble population-based or community-based information per district and/or school building to inform planning processes by providing understanding about the current status of needs. .

This information will be reviewed, alongside information about school resources, county resources, and past year SBMH services, to determine needs and set objectives for the coming year.

<i>Socio-demographic factors</i>	
Measure	Indicator to report
Student population	# per grade
Race/ethnicity composition, ESL	# / % per school
SES: Free/reduced lunch, child poverty	#/% per school or community
SUN school measures	Per school
<i>Outcomes related to SBMH programs</i>	
Measure	Indicator to report
Prior year discipline incidents	# incidents
Attendance and/or graduation/completion	% per age group from ODE <ul style="list-style-type: none"> • By priority group
School (or district) mental health measures from student surveys <ul style="list-style-type: none"> • aligned with program logic model 	%s per grade from Student Health Survey, YRBS (PPS only), SEED survey <ul style="list-style-type: none"> • By priority group
Community mental health measures <ul style="list-style-type: none"> • Aligned with program logic model 	Information on self-harm among youth <ul style="list-style-type: none"> • By priority group