School Based Mental Health Program

Budget Note 19, Quarter 3 Report: January 1 - March 31, 2026

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.

Introduction

As described in Quarter 1, the School Based Mental Health (SBMH) program is conducting a systematic evaluation with the Health Department's Program Design and Evaluation Services (PDES) team. This assessment aims to address the Board of County Commissioners' FY 2026 Budget Note 19 request and build evaluation tools that the program can use to monitor outcomes and inform decision-making.

This report is organized using a framework that focuses on three interdependent factors—program outcomes, staffing/resources, and financial sustainability. Data collected in each area will guide decision making in order to measure impact and outcomes, determine staff placement and productivity standards, and create a financially sustainable model.

Significant progress was made in Quarters 1 and 2 to establish an evidence-based logic model, identify Key Performance Indicators (KPIs), and draft a SBMH District Scorecard Framework that can be used to understand student needs and the larger context in which SBMH services are delivered. The SBMH team also continues to successfully transition to Epic Electronic Health Record (EHR). They have increased their capacity to access data and build reports in Epic and have become more proficient at using the system to maximize billable revenue and increase financial sustainability. All of these tools were utilized to systematically integrate data into program operations and resource allocation to deliver services that support and center youth mental health and wellbeing.

With the data available in Epic, along with a defined, shared agreement on the tools and structures that will be used to analyze SBMH program data, the team is currently working with Behavioral Health and Health Department leadership to determine use of data to:

- Set benchmarks for expectations for how SBMH staff time is allocated among different kinds of services. In Quarter 3, the team:
    - Identified productivity models and discussed them with SBMH clinicians
    - Applied real SBMH Quarter 3 data to potential productivity measures
- Set benchmarks for billing, revenue, claims, and related processes

Quarter 3 Report Objectives

Program Outcomes

- Provide updated KPI data through Quarter 3.
- Describe programmatic Quality Improvements made to add a waitlist feature within Epic and pilot the Feedback Informed Treatment (FIT) tool.

Staffing and Resources

- Provide updated SBMH District Scorecard data through Quarter 3 to capture district level data on SBMH services, student demographics, and population behavioral health outcome data.

Financial Sustainability

- Provide updated claims/revenue data through Quarter 3 and creation of standardized financial reports.
- Share continued progress toward Epic transition and increased capacity to:
    - Bill for group therapy sessions.
    - Use Case Management and Environmental Intervention billing codes to optimize revenue outside of direct therapy sessions.
- Report new school district contract funding from the Gresham-Barlow School District and share updates on discussion about next steps toward a school district contract analysis.

Data and Tools to Support Program Operations

- Describe how KPI and SBMH District Scorecard data will be used to:
    - Partner with schools to identify student needs within specific districts/schools.

    - Determine staffing and resource allocation accordingly.
- Describe use of evidence-based school models and needs assessments to apply KPI and financial data to determine Productivity Standards that balance:
    - Billable clinical time,
    - Prevention, Education, Outreach (PEO) time, and
    - Administrative, professional development, and supervision time.

Program Outcomes

Key Performance Indicators (KPIs) through Quarter 3

As described in previous reports (see APPENDIX: KPI Definitions in the Quarter 2 report), School-based Mental Health (SBMH) program KPIs are organized into three groups:

- **Capacity**: Measures of the resources available to the program to support students,
- **Encounters**: Numbers of individual services provided to student clients; characteristics of clients; and
- **Prevention Services**: Numbers of prevention, education, and outreach events in schools; total time spent on events.

The following table updates previously reported KPIs for the SBMH program. As in prior reports, it includes information from the past two school years (2023-2024 and 2024-2025), and *preliminary* information available to date for this school year (2025-2026), representing about 7 out of 10 months of the school-based service year. Service-related data for the current year are still in flux due to continued adjustments and clarifications being made as part of the yearlong transition to the Epic EHR system, as is typical for a large system change.

Some findings of note:

- Gresham-Barlow School District contributed $10,000 for FY26 and committed to providing $25,000 per year in FY27 and ongoing. This is new revenue. The Health Department is conducting a school district contract analysis.
- For the current partial year, a total of 3,310 potentially billable services have been delivered. Using methods described in the Q2 report to account for reduced program FTE, loss of service time due to the Epic EHR transition, and the percentage of weeks included to date among the entire year, if the program was performing at the same level as last year this would generate an expected 3,069 services. The greater observed number of actual

services to date suggests that the program has more billable visits compared to historical performance.

- For the current partial year, a total of 640 unique youth clients have received services. This is 93% of the number of clients served in the prior full year, suggesting that the program is seeing more clients compared to performance in the prior year.
- Relative to the prior two years, there is an increase in the percentage of clients who have OHP insurance (from 40% and 45%, respectively, to 56% in the current year), with corresponding decreases in the percentage of clients who are uninsured or unreported. This finding suggests that among the services provided, a greater proportion are billable and thus could generate additional revenue in comparison to prior years.
- In other respects, the characteristics of clients in the current year to date are similar to prior years, with the exception that a greater percentage of total clients are elementary school age in comparison to prior years (from 15% and 20% in prior years to 30% in the current partial year). This is likely due to placement of staff in elementary schools.
- To date, therapists reported 543 prevention, education, and outreach events for the current year. This includes activities like consultation with youth, staff, and parents, and non-clinical youth groups. Based on the prior year's performance and adjusting for other factors (as above), we expect about 590 events at this point in the current year. However, this information is reported within 30 days after the end of each month, so final numbers for Q3 may be more in line with expectations.

Table 1: Key Performance Indicators (KPI) for School-Based Mental Health Program, Multnomah County-wide

SBMH Key Performance Indicators (KPI) report	2023-2024 school year	2024-2025 school year	2025-2026 school year (PRELIMINARY for Sept 2025 - March 2026)
MEASURE: Capacity Source: program records			
# of MH consultants (Individual clinicians)	24	24	24*
# of culturally responsive MH consultants	18	18	19
Total MH consultant FTE	19.65	19.65	19.65
District funding contributed	$312,000.00	$312,000.00	$322,000.00**

MEASURE: Encounters Source: Electronic Health Records (EHR)	*Evolv*	*Evolv*	*Epic* Numbers to date, updated through 3/31/26
Total # encounters	**6,156**	**5,906**	**3,310**
Total unique clients	**737**	**687**	**640**
Age group			
Elementary school (ages 5-11)	107 (15%)	137 (20%)	189 (30%)
Middle school (ages 12-14)	155 (21%)	224 (33%)	197 (31%)
High school (ages 15+)	475 (64%)	326 (47%)	254 (40%)
Race/ethnicity			
African American/Black	103 (14%)	91 (13%)	94 (15%)
American Indian/Alaska Native	24 (3%)	22 (3%)	24 (4%)
Asian	30 (4%)	24 (3%)	28 (4%)
Hispanic	228 (31%)	243 (35%)	217 (34%)
Middle Eastern/North African/SWANA	4 (1%)	3 (<1%)	-
Native Hawaiian/Pac. Islander	10 (1%)	9 (1%)	14 (2%)
White	265 (36%)	243 (35%)	220 (34%)
Other single race	15 (2%)	11 (2%)	-
Unreported/refused to answer	58 (8%)	41 (6%)	43 (7%)
Language			
English	550 (75%)	509 (74%)	476 (74%)
Spanish	148 (20%)	150 (22%)	151 (24%)
Other	20 (3%)	19 (3%)	13 (2%)
Unreported/refused to answer	19 (3%)	9 (1%)	0
Gender			
Female	419 (57%)	369 (54%)	371 (58%)
Male	272 (37%)	276 (40%)	265 (41%)
Nonbinary/other	41 (6%)	35 (5%)	3 (<1%)
Unreported/refused to answer	5 (1%)	7 (1%)	1 (<1%)
Insurance coverage			
Oregon Health Plan (OHP)	295 (40%)	311 (45%)	357 (56%)
Private	18 (2%)	10 (1%)	0
Uninsured/self-pay	99 (13%)	86 (13%)	73 (11%)
Unreported (never billed)	325 (44%)	280 (41%)	210 (33%)
MEASURE: Prevention Services Source: Event reporting forms			Numbers to date, updated 4/1/26
Total Prevention, Education, Outreach (PEO) event count	**821**	**1,072**	**543**

Consultation - youth	502	407	296
Consultation - non-youth	156	173	150
Presentations - schools, communities	28	36	5
Group - youth education groups (non-clinical)	124	442	89
Group - family support groups (non-clinical)	11	14	3
Total time spent (hours)	966.4	1,143.9	734.4
Total people engaged	2,373	3,824	1,599

* There were 3 vacancies in Mental Health Consultant (MHC) therapist positions at the start of the fiscal year and 4 positions were proposed for elimination in the FY27 budget, impacting the hiring of 2 of those positions. The positions are ready to be filled if the positions are restored in the FY27 budget, and candidates have continued to express interest.

** Funding from school districts is invoiced quarterly, total contribution for FY27 is anticipated by June 30, 2026.

Quality Improvement Initiatives

The SBMH program is experiencing a number of changes, including taking on some quality improvement efforts. The table below illustrates a timeline for significant SBMH program practice changes that are underway. Changes are planned over time, to reduce the level of stress on staff, and also to limit the impact on client services as a result of time needed for training and effort to implement any practice change.

Practice change	FY26				FY27				FY28			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Transition to Epic EHR												
Implement data planning tools/scorecard												
Implement productivity metrics												
Apply EHR Waitlist feature												
Feedback Informed Treatment (FIT)												

Light shading: Develop implementation goals/procedures, assess readiness (staff/supervisors), gather success stories, identify and plan for implementation barriers, plan for evaluation
Medium shading: Piloting, gathering baseline data
Dark shading: Training and full implementation, evaluation

As noted in the timeline, the transition from use of the Evolv to Epic EHR platform has been fully implemented over the course of FY26. Staff continue to adjust to the new system, and some reports to meet the needs of the program are still in development. New reports have been added in Epic; currently, the team is documenting process steps and assuring that Epic reports or other mechanisms exist to address ongoing needs for monitoring program activities, as well as to describe data quality and any need for intervention (see additional detail in the "Financial Sustainability" section of this report).

Current progress toward implementing data planning tools and a program monitoring "scorecard" are described in the next section "Staffing & Resources".

Current progress toward implementing productivity metrics is discussed later in this report, in the "Use of Data" section.

The rest of this section describes progress and next steps for two additional practice changes.

EHR Waitlist

The Epic EHR has a "waitlist" feature that can be used to manage youth client referrals, when a clinician's caseload is currently full.

During Q3, progress to implement use of the Epic waitlist included:

- Two SBMH clinicians piloted use of the Epic waitlist feature, to provide feedback about use and inform plans for implementation. These will be discussed in Q4.
- An online survey was used to gather input from the SBMH clinician team. The results will be available in the Q4 report, and used to develop implementation plans for FY27. The assessment asked about:
    - Past use of an EHR or informal waitlist
    - Current use of any waitlist approach
    - Belief that using a waitlist would be beneficial for their work
    - Support for implementing use of the Epic waitlist feature
    - Self-confidence in their ability to use a waitlist feature, given training

- Anticipated challenges to using a waitlist
- Recommendations for success in implementing use of the waitlist feature

The Quarter 4 report will provide a summary of findings from these investigations, and describe an implementation plan for FY27 that takes into account what was learned from these first steps.

Feedback Informed Treatment (FIT)

As discussed in prior reports, FIT tools are short questionnaires that gather real-time client feedback around a client's overall wellbeing (just before the visit) and how the therapeutic relationship is going (just after the visit). This allows Mental Health Consultants (MHCs) to make real time adjustments to improve treatment effectiveness and reduce dropout rates.

School Based Mental Health – is currently part of a larger FIT quality improvement project in partnership with CareOregon. The aim of this project is to help strengthen the culture of feedback and ensure client voice guides service delivery. The Outcome Rating Scale (ORS) and Session Rating Scale (SRS) are the evidence-based practice tools that the program will be working toward implementing. The ORS/SRS tools have been shown to improve retention in therapy and treatment outcomes. The ORS/SRS information can also be utilized in supervision and peer consultations as a means to collectively address barriers to care.

During Q3, an online survey was used to gather input from the SBMH clinician team. The results will be available in the Q4 report, and used to develop implementation plans for FY27. The assessment asked about:

- Past use of FIT tools
- Current use of any FIT tools or approach
- Belief that using FIT tools would be beneficial for their work
- Support for implementing use of FIT tools
- Self-confidence in their ability to use FIT tools, given training
- Anticipated challenges to using FIT tools
- Recommendations for success in implementing use of FIT tools

Another program is now actively piloting use of FIT tools. In Q4, we will interview their supervisors to learn how implementation worked, and what advice they have for implementing in the SBMH program.

The Quarter 4 report will provide a summary of findings from these investigations, and describe an implementation plan for FY27 that takes into account what was learned.

Staffing and Resources

This section describes tools in development that can be used for planning staff placement and use of SBMH resources.

Planning tools

We developed a set of tools that may be useful for informing prevention-related planning in schools, including for the SBMH program.

An example of current tool drafts is included as “APPENDIX: Planning Tools.”

These tools are organized around questions asked during planning processes, and incorporate a variety of data as listed below. The intention of these tools is to provide as much information as possible, in a ready format.

During Q2-Q3 we drafted these tools, identified appropriate data sources, and sought early feedback from the SBMH team and other data experts to develop and populate the content shown below.

During Q4, we will pilot use of these tools during annual planning for how MHCs will be placed for FY27. We will seek feedback from school partners about how useful these tools are during planning, and how to improve them for use in the future. This information will be used to make modifications and support full implementation of their use in FY27.

Planning Tools Outline

Section A: What is the need?

1. Mental health indicators by grade, Multnomah County
    - Mental health outcomes
        - Depression
        - Fair or poor mental health
        - Self-harm
        - Attempted suicide

    - Risk factors for mental health
        - Unmet emotional needs
        - Bullied at school
        - Bullied with technology
    - Supportive environments
        - There are teachers or other adults who care about me
        - It's easy to talk to adults
        - I feel safe at my school
        - I am happy to be at school
2. Estimated students in need, per district
    - Numbers of students with fair or poor mental health
    - Numbers of students experiencing depression
    - Numbers of students who considered suicide
3. Sense of belonging, per district
    - Percentage of students who report positive belonging
4. Academic Health, per district
    - Regular Attendance
    - On-time Graduation

Section B: Who are we serving?

1. Student enrollment numbers, per district
2. Student race and ethnicity, per district
3. Student disability, per district
4. Student poverty, per district
5. Student languages, per district

Section C: What do we have to work with?

1. SBMH therapist FTE per student, by district
2. School type and staff:student ratio, by district
3. Complementary resources/partners, by district

Appendices:

- Appendix A: School-level detail: Academic health and achievement
- Appendix B: School-level student characteristics

SBMH School District Scorecard

District-level SBMH services

As described in previous reports, a SBMH "scorecard" can help to answer the question "How much are we doing?" This information is useful when planning for future resource allocation, and also for monitoring current year activities.

"APPENDIX: Scorecard" contains a complete framework for the scorecard. The design is very similar to the KPI table shown in the "Program Outcomes" section of this report. However, the scorecard shows metrics summarized for the most recent past year, for the current year to date, and quarterly for the current year.

Sections of the scorecard are:

- SBMH Resources
    - Therapist FTE
    - # of individual therapists
    - # of therapists providing culturally-specific care
    - Student:therapist FTE ratio
- Encounters
    - Total #
    - Number per specific service grouping (assessment and plan, individual therapy, family therapy, crisis services, case management/environment, group)
- Clients served
    - Total
    - Number and percent by race/ethnicity, insurance status, sex/gender, language spoken (note: these are not reported quarterly to protect individual confidentiality)
- Prevention, Education, Outreach
    - Total events
    - Events by type (consultation youth, consultation non-youth, presentations to schools/communities, group education youth non-clinical, group family support non-clinical)
    - Total time spent (hours)
    - Total people engaged

Previous EHR reports
In addition to a standard scorecard to share with district partners, SBMH staff shared some reports that they had access to in the prior EHR system, which were helpful. The program staff are hopeful about having access to similar kinds of data through the new Epic EHR in the future.

Measures reported in those reports included:

- Client referrals, enrollments, and enrollment rate by school and time period
- Services by specific billing code, time period (month) and fiscal year to date, associated hours
- Timeliness
    - count by specific code of total notes, notes written within 3 days, % written within 3 days
    - Service events, number with timeliness less than 4 days, % timeliness less than 4 days
- Client information
    - Those with missing information: consent information (this is a barrier to billing), mental health assessment, initial service plan
    - Clients with no services in 30+ days, including by acuity

Financial Sustainability

Epic and Quality Improvements

The SBMH program continues to adapt to the new Epic system, now six months since initial implementation. Staff have gained greater proficiency with the system, enabling more adept documentation of services. This increased ease of use allows for more time dedicated to service delivery rather than administrative tasks.

In Q3, the SBMH program continued to focus on quality improvement efforts within Epic to support billing sustainability:

- Continued training and error troubleshooting for referral entry staff to ensure accurate and timely referral entry. This process improvement is helping to ensure more accurate and speedy referral entry so that clients can get seen/set up in the system for billing appropriately

- Continued weekly meetings with internal Epic stakeholders (Billing, Quality Management [QM], Reporting) to help streamline workflows, reduce errors and support staff
- Ongoing training for SBMH staff at staff meetings around billing best practices in documentation and support for reducing common errors seen in charts
- Continued support for clinicians around billing for both Case Management and Environmental Intervention services, in conjunction with therapy sessions
- As discussed in Quarter 2, the program has finalized documentation standards for Group Therapy billing and is working on developing training materials and a training plan to help ensure all staff interested in groups have the tools to bill these sessions appropriately for billing compliance

As a part of the SBMH leadership team's efforts to maximize Medicaid billing revenue, the SBMH program has also completed a thorough review of all possible billable codes in the outpatient school-based setting. Both Case Management and Environmental Intervention were identified as codes that could be used more frequently to optimize billable revenue during times when the therapist is not directly in a therapy session with a client.

Because many of the clients that this program serves present with complex needs that involve multiple systems, case management is frequently needed in order to refer to other wraparound services or to refer to a higher level of care. Furthermore, when therapists attend Individualized Education Plan, 504 or other school meetings where their clients' needs are discussed, therapists are able to document and bill for Environmental Intervention.

SBMH leadership and QM are currently in the process of refining the distinction between these two services, developing templates in Epic for documentation and billing purposes and will be training the team on the plan for maximizing the capturing of these services.

The program is additionally exploring a partnership with the Eligibility Specialist team within the Health Department to assist clients in verifying insurance status. The SBMH program delivers services based on client needs, irrespective of insurance coverage. Occasionally, clients who are eligible for the Oregon Health Plan (OHP) may lack active enrollment, which prevents the program from billing this insurance provider. The Eligibility Specialist team possesses expertise in assisting clients with OHP applications and resolving potential insurance record discrepancies that affect billing.

During Q3, SBMH leadership met with the supervisor of the Eligibility Specialist team to gain a comprehensive understanding of their operations and to explore potential collaborative opportunities with the SBMH program. The subsequent step during this next quarter involves meeting with the School Health Center Operations supervisor to analyze their current workflow in interacting with this team. The SBMH team will then collaborate with the Eligibility Specialist team to finalize a standardized workflow partnership to be implemented by the Fall of 2026. The goal of this partnership is to ensure any client who qualifies for or has OHP has everything set up correctly for insurance to be billed appropriately for services rendered.

Claims and Revenue Data

The SBMH program has made substantial progress in the area of financial sustainability and revenue in the past couple of months. The program's clinicians, BHD Billing team, and Health Department Accounts Payable teams have been working diligently to ensure that claims are entered, processed, and paid. OCHIN was able to resolve multiple billing-related issues that were preventing hundreds of claims from being sent to payers in February and early March. As of March 31, 2026, the SBMH program has received $197,542 in revenue from Epic claims thus far this school year, for services provided from September through January. Additional revenue is expected over the next few months, as more and more claims are being processed and paid.

The program has submitted $1.49 million worth of claims from September 2025 through March 2026, and is averaging around a 39% rate of pay. Right now, all three payers (CareOregon, Trillium, and State of Oregon Division of Medical Assistance Programs [DMAP]) are reviewing 43% of that total claim submission amount ($654,641), which is an indication that the claims review process is accelerating.

The team has also entered $271,231 in service claims into Epic that have yet to be internally reviewed and submitted to payers (pre-Accounts Receivables [AR]). We continue to experience processing delays from CareOregon and our other payers, however the program received $139,057 in revenue in the month of March alone, so claims are being paid. This large payment accounts for 70% of the total revenue received for SBMH since the start of this school year.

Based on the reports currently available regarding charges, payments, and denials, it is estimated that the program will bring in $550,000-$950,000 in revenue this school year. Given the claim processing delays, the total revenue will not be processed, received, and counted until August or September 2026.

The BHD Billing team continues to review each and every service provided by SBMH staff to check for errors or increased revenue opportunities prior to claim submission. The AR team then completes a final review before claims are submitted. This allows multiple eyes to confirm that a charge is ready to be submitted and is almost certain to be paid. This thorough review has allowed the Billing team and SBMH program to identify areas for quality improvement, such as documentation training or Epic template updates. As part of the transition to the new EHR, all claims are being automatically held and reviewed to ensure that the system is working properly and the highest possible number of claims are approved. We anticipate being able to stop the all-claim hold in the next 1-2 months, as more issues have been resolved and the team adjusts to the new EHR.

One setback we are facing is that OHA started terminating provider National Provider Identifier (NPI) numbers and are now taking more than three months to process renewal paperwork for clinicians, along with CareOregon. This means that we currently have 166 claim denials for four clinicians who have credentialing paperwork in process but not yet approved. This amounts to approximately 17% of the claims currently being reviewed by payers. These services will not be paid until the renewal process is complete and the claims can be resubmitted, which may not occur until after the end of the school year.

Data and Tools to Support Program Operations

Use of Data: Staffing & Resource Allocation based on Student Needs

How are Mental Health Consultant (MHC) placements made?

The SBMH program has historically used three factors to determine where MHCs are placed (see listed points below).

The primary driver of placement is based on long-standing partnerships with school districts. The SBMH program looks to school district expertise to help understand context and climate in each school, the willingness and/or likelihood of students, families and staff to actively engage with services, and other influences that may impact the success of our services.

FY26 placement of SBMH MHCs was based on:

- **Existing agreements with school districts -** The Behavioral Health division contracts with six school districts to provide mental health services: Centennial, Reynolds, Parkrose, Portland Public Schools, David Douglas, and Gresham-Barlow. We will continue to honor the terms of those contracts.
- **Collaboration with Student Services Directors within each school district** - To determine placement of staff for FY26, the SBMH program consulted with Student Services Directors across school districts. The Directors' invaluable insights into local student demographics, academic performance, and community-specific challenges directly inform placement decisions, allowing the program to align services and staff with local contexts.
- **Active partnerships with Student Health Centers** - This collaboration ensures SBMH clinicians are available at every Student Health Center site, and students can receive access to integrated care in a convenient and familiar setting.

As we move into the 2026-2027 school year, new planning tools described in this report (see "Staffing and Resources") can be brought to discussions with school partners, to enhance understanding about student needs.

Next Steps for Data Use (April-June 2026/Quarter 4)

Immediate next steps include:

- Engaging school partners in early discussions about MHC placement during FY27, including use of the data planning tools (described in "Staffing and Resources" section)
- Seeking feedback on current data tools, and modifying or adding more data accordingly to make them most useful for future program planning
- Developing a plan to review data "scorecards" to track activity in FY27, and identifying potential actions to take based on data

Use of Data: Understanding Productivity

Defining *Productivity* and Purpose

In this report, the term "productivity" means measurements that show how well the program is using its resources to meet its goals, especially in relation to targets or expectations for the program's KPIs defined previously. These expectations should be set based on the priorities of the program.

The SBMH program has established priorities, including:

- Providing low-barrier care for youth clients, especially those without healthcare coverage and those who may otherwise have barriers to receiving care
- Centering youth needs to provide high-quality and culturally responsive care appropriate to those needs
- Partnering with schools to provide comprehensive support for youth well-being by providing prevention, education, and outreach services, including consultation to school staff in support of mental health needs of individuals, groups, or school communities (for example, addressing acute school community needs after a traumatic event)

It is critical to approach setting targets for SBMH staff activities as part of a supportive workforce culture, with the shared goal of optimizing use of time to serve the greatest number of youth in highly effective ways. When productivity measures indicate expectations are not being met in a specific building, this may suggest a need to increase engagement with staff in that building, or to reallocate some therapist time in that building to a different building.

A word of caution: using productivity metrics as the sole means to monitor the performance of individuals may have negative consequences and undermine the ability of the program to meet its goals. In other words, misapplied productivity monitoring (blaming the staff person when expectations are not met) could contribute to burnout and low job satisfaction within a highly capable mental health workforce[1].

To effectively develop and use productivity metrics, the SBMH program may wish to apply a quality improvement approach:

- Collaboratively - with SBMH staff and school partners - set initial expectations for performance indicators that reflect the goals and priorities of the program (in other words, explicitly define “the model” for the program)
- Test the use of productivity measures
- Assess how productivity measures are working to improve performance
- Make adjustments based on experience

The remainder of this section discusses information that can be used to set initial expectations for productivity measurement.

[1] Franco G. The impact of productivity standards on psychotherapy. Front Psychol. 2023 Nov 20;14:1229628. doi: 10.3389/fpsyg.2023.1229628. PMID: 38054174; PMCID: PMC10694188.

Approaches to Measuring and Implementing Productivity Measurements

To understand how other programs providing mental health services among youth in school-based settings approach productivity, we conducted a series of interviews.

- **Multnomah County School-based Health Center (SBHC).** Behavioral Health Specialists (BHS) provide limited care within SBHCs, such as screening and short-term counseling (not therapy). Notably, these staff often refer to the SBMH team when available – 7 of 9 Multnomah County SBHCs are co-located with SBMH.
- **Neighboring Counties.** Staff from two other county SBMH programs were interviewed. Oregon Metro area counties have SBMH programs that are set up somewhat differently than Multnomah County's program, with one relying primarily on districts and Education Service Districts (ESDs) to provide therapeutic services through contracts, and another county fully integrating behavioral health within school based health centers (including having all mental health referrals begin with medical providers), but with similar broad goals of supporting youth client mental health.
- **Private Provider.** One private sector mental health provider that serves Multnomah County schools was interviewed.

The table below summarizes comments on potential productivity models, metrics, staff placement, and billing suggestions. Notably, program models, and associated metrics, vary based on the design and priorities of the different programs.

Category	Multnomah County SBHC	Neighboring Counties SBHC/SBMH	Private Sector Provider working in Schools
Productivity models	**Expectations:** Full schedule based on templates with 12, 30-minute slots for BHS. Specific non-billable time expectations are also set (such as participating in school staff "back to school" orientation)	**Expectations:** Shifted within the past few years from "productivity percentage" (time) to encounter numbers. (Time goals may have encouraged longer sessions; "wrap" payments are same for a 20 or 60 minute session)	**Expectations:** Productivity is measured by dollars (revenue) to cover the total cost of employment (salary, benefits, overhead).

Category	Multnomah County SBHC	Neighboring Counties SBHC/SBMH	Private Sector Provider working in Schools
Metrics/goals set	**Target:** Billable visit targets are set monthly using a detailed formula that accounts for days on site, staffing levels, holidays, sick time, and non-service time.	**Target:** Average of 32 encounters a week for therapists and about 40 encounters a week for Behavioral Health Consultants (BHCs). Note: these sessions are short (20-30 minutes) vs. SBMH MHCs 50-60 minute sessions.	**Target:** Therapists are eligible for a productivity bonus if they exceed the target revenue. Encounters are tracked as a back-end "check and balance".
Staff placement	MHCs are physically in the clinics at seven of the nine SBHC sites in Multnomah County	Average caseload for a therapist is 30 plus or minus five or ten clients, allowing for variations in acuity.	Therapists often cover two to three elementary schools because one school site typically does not provide a full caseload.
Productivity monitoring	Monitoring includes monthly dashboard reviews and specific monthly reports that track total encounters, time spent on notes, and chart closure time.	Performance is tracked via a monthly Quality Improvement (QI) report to ensure the therapist's schedule is full.	A reasonable caseload is set at approx 25 to help prevent burnout. There is little flexibility: County providers are noted to have greater flexibility to serve a larger portion of the school population.

Category	Multnomah County SBHC	Neighboring Counties SBHC/SBMH	Private Sector Provider working in Schools
Billing	Target of 20% privately insured students, to prioritize uninsured and OHP clients. This target might be inconsistently used.	Uses wrap payments, where the reimbursement rate is the same regardless of session length (over 8 minutes). Providers are encouraged to bill parent contact over 8 minutes as a family consultation and to bill individual and family sessions on the same day as two separate encounters.	Relies on three "buckets": upfront School District Money (Prevention Dollars), Direct Insurance Billing (OHP and private insurance), and Case Rates (Care Oregon). The program asks the school to call the family first to get permission for the therapist to reach out for mental health treatment.
Challenges:	SBHC front desk staff cannot offer full administrative support for MHCs. MHCs' notes are not visible to BHS without "breaking the glass" in Epic.	Care Oregon is reportedly looking into value-based and outcomes-based payments which would reduce focus on billing codes. School-based therapists independently in buildings rely on referrals, cannot “drum up business”; housing in a SBHC generates referrals.	Direct one-on-one sessions are prioritized; other activities like consultation and community outreach are limited (or absent).

National models

Investigation of online information about models and metrics found some general guidelines for percentage distribution of a clinician's week to ensure a balance of direct and indirect services.

Although school counselors play a different role than school-based Mental Health Consultants/therapists (see Quarter 2 report for discussion about school staff positions), The American School Counselor Association (ASCA) may provide some insights about percentages of time for administrative vs. service activities in a school setting. Challenges to productivity noted by ASCA include:

- Crisis Overload: High numbers of crises can disrupt the planned delivery of proactive counseling services.
- Administrative Burden: Excessive non-counseling tasks (e.g., clerical work) often hinder the ability to meet the 80% direct service goal.
- Balancing Quantity and Quality: High-volume caseloads can pressure counselors to prioritize speed over depth, risking lower-quality care.

Caseload vs. Workload

A critical distinction in SBMH is the difference between caseload and workload. Productivity standards often mistakenly focus solely on caseload size. Professional organizations such as the National Association of School Psychologists (NASP) and the American School Counselor Association (ASCA), advocate for a workload model that prioritizes student outcomes and equitable service delivery over raw numbers of sessions.

Measure	Definition	Productivity Implication
Caseload	The total number of students assigned to a clinician.	Can be misleading; a small caseload with complex needs can be more demanding than a large caseload with mild needs.
Workload	The total amount of time spent on all professional activities, including direct service, consultation, prevention, and administrative tasks.	A more accurate measure of productivity and true time demands.

SBMH clinician perspectives

Evaluators working with the SBMH program interviewed six therapists who were referred by SBMH program supervisors. Interviews took place between 3/9/26 - 3/13/26. The purpose of these interviews was to inform discussions about productivity by asking:

- What percentage of time people spend on different types of activities (billable services; prevention, education, and outreach activities; team meetings, training, and supervision; anything else)
- What would it take to increase time on billable activities, and what do they think that would do in terms of their effectiveness
- How they know when their available time for billable services is “full”
- If they are asking for more information about insurance up front, and if that is affecting their care
- If there is anything they think is important to say about setting goals or expectations for how therapists spend their time.

Preliminary themes from these interviews may be informative for ongoing discussions about productivity:

- **Inefficient Administrative and Billing Systems:** A primary barrier to billable services is an inefficient back-end system that results in substantial lost revenue. Clinicians bear the burden of verifying insurance and training administrative staff on the new electronic health record (EHR), Epic. Major revenue is lost due to unbilled sessions, note processing delays, and a failure to consistently bill higher-reimbursement private insurance.

- **Workload and Compensation:** Clinicians are 10-month employees, often paid less than 12-month administrative staff, yet they carry the main responsibility for the program's revenue. They spend a significant portion of their time (estimated 20-55%) on essential but non-billable activities like Prevention, Education, and Outreach (PEO).

- **Referral and Engagement Challenges:** Referrals can be inconsistent, with some school administrators not encouraging referrals to therapists. A new "Enroll or Close" policy discourages the necessary "outreach and engagement" time that allows for building trust with youth and families to engage in care, instead leading to quick closure of potential cases. Therapists are also pessimistic that the proposed Epic waitlist tool will make school staff feel like their part is done, even though youth may not be seen for a long time (if at all).

- **Proposed Solution:** The most strongly recommended solution is the addition of dedicated

administrative support, such as an Office Assistant whose core duties would be to ensure accurate insurance verification, manage client charts for proper billing, and connect uninsured families with eligibility services.

Additionally, an online survey was used to gather input from the entire SBMH clinician team (this survey also asked about waitlist and FIT tool use). The results will be available in the Q4 report, and used to develop implementation plans for FY27. The assessment asked about:

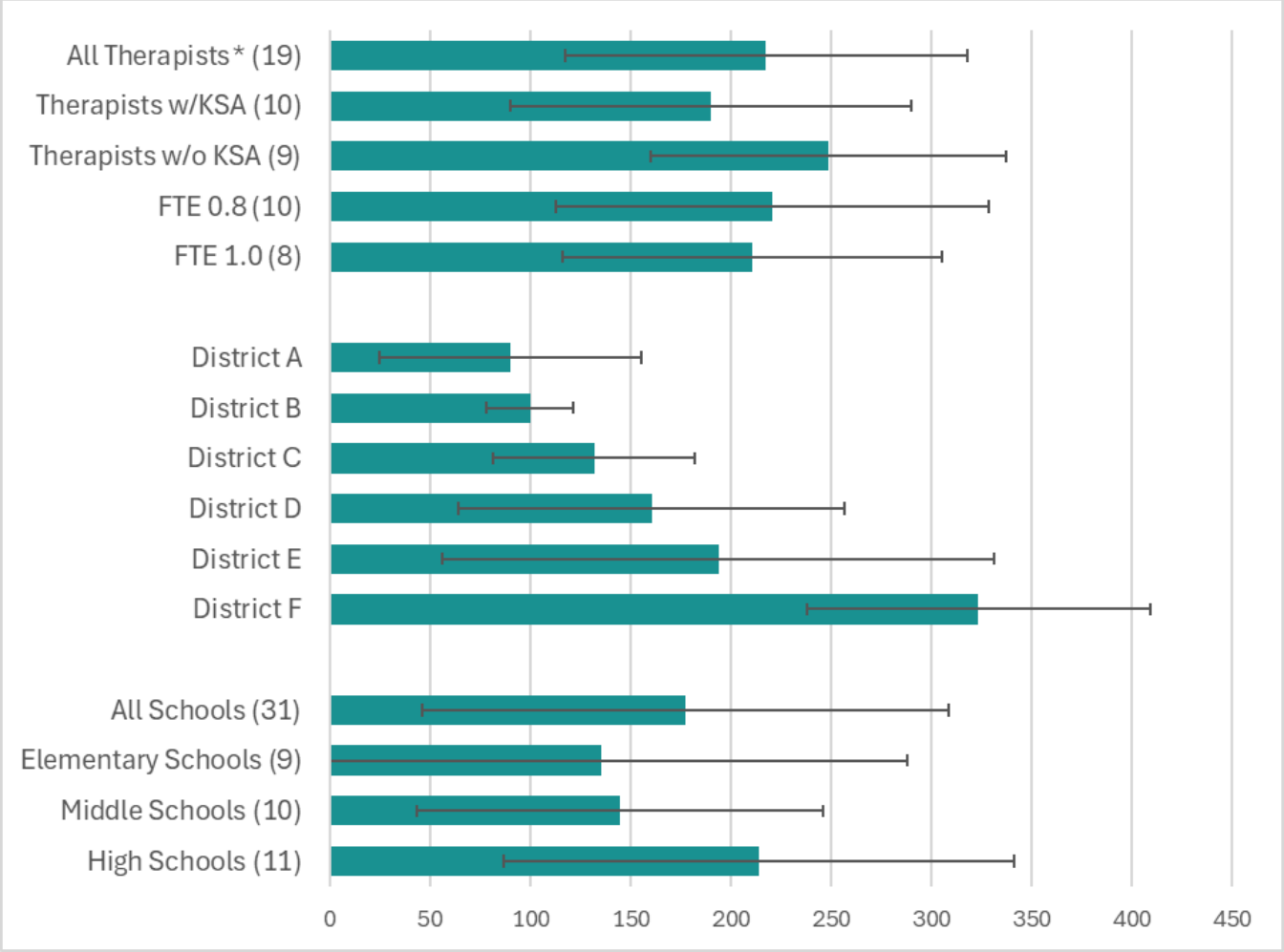
- Past use of productivity metrics
- Current use of any productivity metrics
- Belief that using productivity metrics would be beneficial for their work
- Support for implementing use of productivity metrics
- Self-confidence in their ability to use productivity metrics
- Anticipated challenges to using productivity metrics
- Recommendations for success in implementing use of productivity metrics

The Quarter 4 report will provide a summary of findings from these investigations, and describe an implementation plan for FY27 that takes into account what was learned from these first steps.

Applying Potential Productivity Metrics

To provide some frame for consideration of different productivity metrics, we used service data for FY26 to date to show the range for different SBMH measures.

Figure: Average number of services per FTE ("whiskers" show +/- 1 standard deviation from the mean)



Source: Epic EHR data for FY26 (9/16/2025-3/31/2026). All data are PRELIMINARY.

*excluding those who worked only a short time during the year.

KSA: Knowledge, skills, abilities to deliver culturally-responsive care

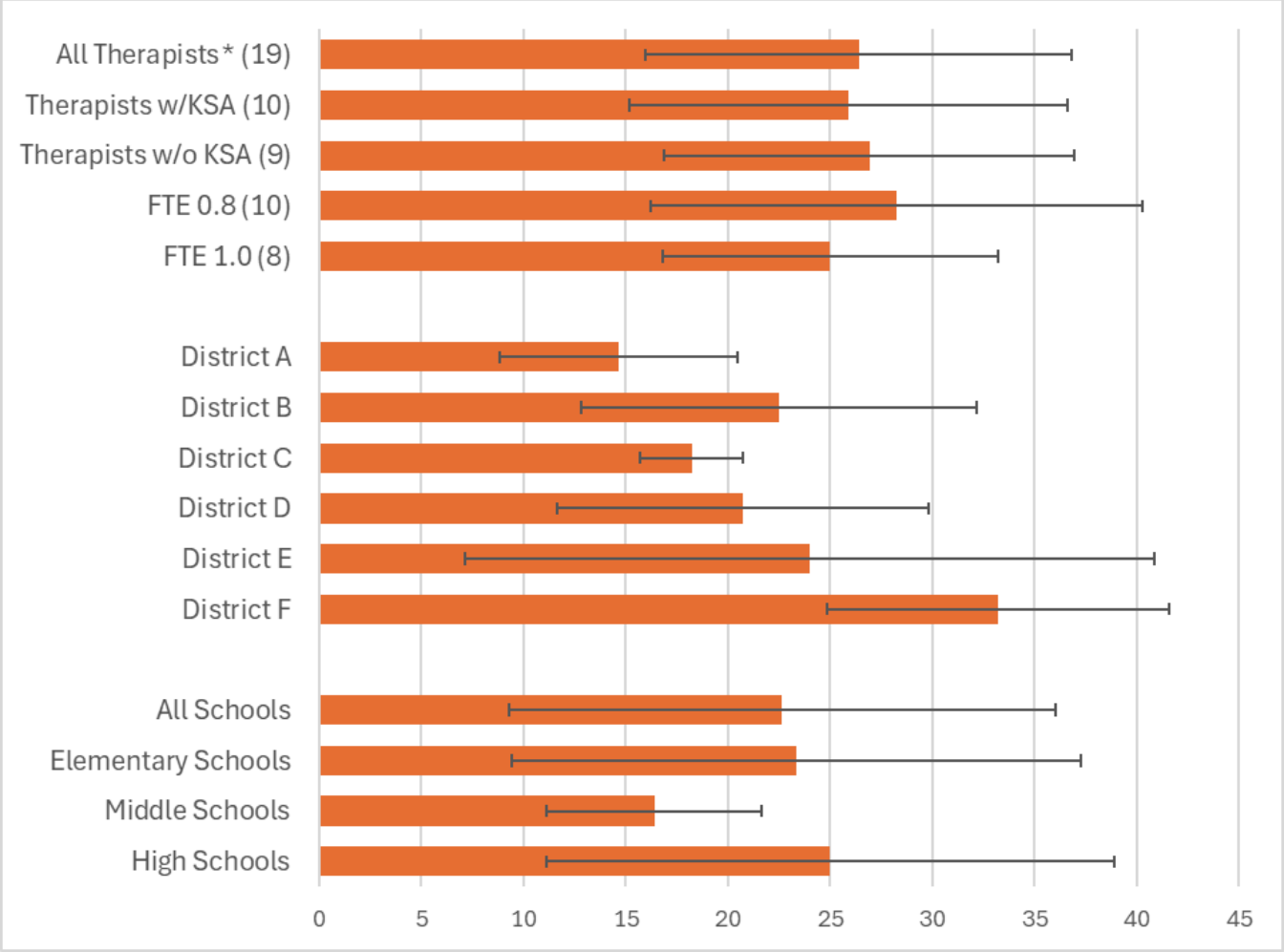
Using service data available to date, we calculated the average total services divided by FTE (effectively, "per 1.0 FTE"):

- Among 19 therapists, excluding those who had not worked for most of the year, the average number of services in FY26 so far was 218 (range 66-406)
    - Therapists with knowledge, skills, and abilities (KSAs) to provide culturally-specific care showed slightly, but not significantly, lower services.
    - Services per FTE were similar for therapists who work full-time (0.8 - 1.0 FTE) and those who work less than full-time (<0.8 FTE)

        - NOTE: Due to summer layoff, FTE for the SBMH program is different from FTE for year round staff:
            - 1.0 FTE in the SBMH program equates to 0.8 FTE year round
            - 0.8 FTE in the SBMH program equates to a 0.67 FTE year round
- Among the six districts where MHCs are placed, there is a range from an average of 90 services per FTE to 323 per FTE.
- Among 31 schools, the average number of services was 177 (range 4 to 473 services)
    - By school level, the average among 11 high schools appears highest (214 services), and the average for 9 elementary schools (135) and middle schools (145) was similar. This could be related to self-referrals among high school students, where students can self-refer and receive care without parent permission.

The variations observed suggest that there could be differences in how the program services work in different locations.

Figure: Average number of unique clients per FTE ('whiskers" show 1 standard deviation from the mean)



Source: Epic EHR data for FY26 (9/16/2025-3/31/2026). All data are PRELIMINARY.

*excluding those who worked only a short time during the year.

KSA: Knowledge, skills, abilities to deliver culturally-responsive care

Using service data available to date, we calculated the average total unique clients served per FTE, by the same groups as the prior chart.

Relative patterns show somewhat less variation than total services:

- Among therapists, there is little variation by KSA or FTE.
- By school type, the average number of clients per FTE seen in middle schools appears lower than for elementary and high schools.

These findings suggest that there may be value in examining numbers of unique clients as well as numbers of services, if there are factors that affect these measures differently.

One day example

Finally, to illustrate another example of how different productivity measures could function, an example of a typical day for a MHC is provided, and how different productivity metrics would be applied to the activities of that day follow.

The table below applies different productivity measure approaches to documenting the activities on this example day.

Productivity measure approach	**Metric**	**Notes**
Client caseload	4 unique clients scheduled for the day (if a client no-shows, clinician will reach out to other unscheduled clients to possibly be seen that day)	Note that 1 client is high acuity, which takes more time (an originally scheduled additional client had to be rescheduled). If an MHC has many high-acuity clients, they will not be able to manage as many clients.
Encounters (services)	Number of billable services including Assessment and Planning, Individual Services, Family Therapy, Crisis Services, Group Therapy (see APPENDIX A)	Some followup activities may be billable, but not all; documentation time for complex cases is not billable.
% of time	8-hour day • Individual therapy: 4 hours (50%) • Other potentially billable time: 1 hour (12.5%) • Other non-billables time: 1 hour (12.5%) • Admin time: 1.5 hour (18.8%)	Admin time includes 2x15 minute breaks

Notably, many factors could affect any productivity measures on any day, regardless of how they are defined. For example:

- No on-site Office Assistant support
    - MHC has to do extra work in Epic (arrival/check-in)
    - MHC has to do client scheduling
- SBMH program meetings and trainings
- Consultation with supervisor and program psychiatrist
- Epic problems (such as being unable to document and needing assistance)
- Severity of clinical cases (some clients need more frequent oversight and more case management)
- No school days (such as snow days, teacher in-service days, Winter break, Spring break)
- Clients canceling or no show
- Employee sick/vacation days

Current Expectations for MHC Activities: "productivity"

We will address productivity using a quality improvement process. This means identifying a process improvement (a "starting spot" for specific productivity expectations), and testing how that works, and modifying based on what is learned.

Current Multnomah County position descriptions provide one potential starting point for setting productivity expectations:

- Half of MHC time (50%) should be dedicated to individual (billable) services.
    - In an 8-hour work day, about 4 hours should be dedicated to individual services, on average.
    - Some periods may have less, such as at the beginning of the school year as new referrals are made; some periods may have more. MHCs will be encouraged to fill time whenever available, such as when they have an appointment "no show"
- 10% of time: Complete documentation for individual services
    - Provide complete clinical information through the EHR
- 15% of time: Mental Health coordination, planning, consultation
    - This includes ongoing communication with school staff (counselors, teachers) who may need support to work with youth, or refer youth, and school-based Student Health Center teams
- 15% of time: Team participation/Administrative tasks
    - Individual and group supervision, all required County, department, division and program meetings and procedures

    - Can include supervision of interns
    - In FY26, time requirements might have been greater than average due to required Epic training
- 10% of time: Prevention, Education, and Outreach (PEO)
    - Classroom presentations, parent education, limited non-clinical groups

During Q4, these expectations can be examined by:

- Sharing and discussion with the MHC team, including related to findings from interviews with six MHCs about productivity, and results related to productivity from the survey of all MHCs (previously described)
- Developing reports that provide information about activities in ways that allow comparison with these expectations
- Developing procedures for how to monitor and use data about productivity *within the SBMH team*
    - For example, supervisors can monitor numbers of individual services and PEO activities per school by month, and discuss with each MHC on a monthly basis
    - When data for activities do not match expectations (example: when time spent on individual services is consistently low), the supervisors and MHCs can identify what is causing this and how that can be addressed (example: if school staff are not referring students, promotion of availability among staff may be needed)
    - Seeking feedback from MHCs about how to improve using productivity measures in a supportive way
- Developing procedures for how to share and discuss productivity *with school district partners*
    - For example, supervisors can review data with district partners on a quarterly basis
    - If goals for individual service time in specific schools are not achieved after review and exploring options to improve, discussions might include changing placement of MHCs so that service capacity is used in different schools with unmet need
    - Seeking feedback from school contacts about how to improve using productivity measures in a way that optimizes support for youth

Next Steps for Data Use (April-June 2026/Quarter 4)

This section described

- Approaches to measuring and applying productivity measures
- Perspectives of Multnomah County SBMH clinicians about how they currently plan and conduct their work, and how productivity measures could play a role

- Some options for productivity measures based on current year SBMH data

Immediate next steps include:

- Reviewing staff input from investigations and discussing findings and proposed actions (see Next Steps below) with the SBMH clinician team
- Engaging school partners to get feedback on data planning and scorecard tools
- Developing a plan to test and improve use of productivity measures in FY27, using a continuous quality improvement (CQI) approach

Conclusion

In Quarter 3, the SBMH team and PDES evaluators made meaningful progress toward setting benchmarks for expectations about how SBMH staff time is allocated among different kinds of services, as well as benchmarks for billing, revenue, claims, and related processes. Accomplishments can be summarized in three areas:

1. **Data Collection and Strategic Planning:** Utilizing frameworks and tools created in Quarter 2, SBMH provided updated Key Performance Indicator (KPI) and SBMH District Scorecard data to capture program services, student demographics, and behavioral health outcomes. This data will be shared with school districts in preparation for 2026-27 school year planning and MHC placement that takes place annually in July. This data is also being used to establish Productivity Standards that balance billable clinical time, Prevention, Education, Outreach (PEO) time, and administrative time.
2. **Programmatic Quality Improvements:** Implemented quality improvements through the pilot testing of a waitlist feature within Epic and the Feedback Informed Treatment (FIT) tool to refine service delivery.
3. **Financial and EHR Optimization:** The SBMH program demonstrated continued progress toward the Epic transition by creating standardized financial reports with updated claims and revenue data. This progress also included optimizing revenue through increased capacity to bill for group therapy, and utilize Case Management, and Environmental Intervention codes to optimize revenue. Furthermore, we received new contract funding from the Gresham-Barlow School District, and Health and Behavioral Health leadership are finishing a school district contract analysis.

Next Steps in Quarter 4

Continued progress on waitlist and FIT tool adoption for FY27:

- Review staff input from investigations and discuss findings with the SBMH clinician team
- Summarize findings from pilot testing
- Develop a plan for tool implementation in FY27

Using data tools to inform early discussions about staffing and resource placement in FY27:

- Engaging school partners in early discussions about MHC placement during FY27, including with use of the data planning tools (described in "Staffing and Resources" section)
- Seeking feedback on current data tools, and modifying or adding more data accordingly to make them most useful for future program planning
- Developing a plan to review data "scorecards" to track activity in FY27, and identifying potential actions to take based on data

Continued progress toward productivity standards:

- Review staff input from investigations and discuss findings with the SBMH clinician team
- Identify productivity measures ("targets") that reflect the goals and values of the program
- Engage school partners to get feedback
- Decide on initial productivity standards
- Develop and implement a plan to evaluate and improve productivity measures in FY27, using a continuous quality improvement (CQI) approach

Appendix A: Billing Codes

Source file *Billing Optimization*

Below table was included in Q2 SBMH report (appendix A - KPIs), based on a provider reference sheet for billing

Metric definitions:
SBMH **encounters** are counts of individual treatment services or other support. A current list of billing codes included as encounters is shown in the table below.

- Billable services are identified based on the EHR code for services provided. These are codes for which it is possible to bill if there is a mechanism in place to do so; if a student does not have health insurance, or if they have a private insurer that does not have a billing agreement in place, then the service will not be able to be billed.

Table: PRELIMINARY DATA on EHR Codes included for SBMH "encounters"

Billing Code	Description	Unit	Provider	Mode[1]	# encounters 9/16/25-1/6/26
Assessment & Plan					
T1023[2]	Screening	PER SVS	QMHP, QMHA	IP, TH, AO*	170
90791	Mental Health Assessment final visit	PER SVS	QMHP	IP, TH, AO*	353
H0032	Service Plan	PER SVS	QMHP	IP, TH, AO*	208
Individual Therapy					
H0004	8-15 min BH Counseling or if no video (AO)	8-15 MIN	QMHP	IP, TH, AO	19
90832[3]	Psychotherapy, 30 minutes with patient	16-37 MIN	QMHP	IP, TH, AO*	285
90834	Psychotherapy, 45 minutes with patient	38-52 MIN	QMHP	IP, TH, AO*	222
90837	Psychotherapy, 60 minutes with patient	53 + MIN	QMHP	IP, TH, AO*	298
Family Therapy					
90882[4]	Environmental intervention (recs to parent w/o client by phone)	PER SVS	QMHP, QMHA	IP, TH, AO	7

Billing Code	Description	Unit	Provider	Mode[1]	# encounters 9/16/25-1/6/26
90846	Family Psychotherapy (w/o client)	26 + MIN	QMHP	IP, TH, AO	21
90832[3]	Individual therapy w/ client & Family member	8-25 min	QMHP	IP, TH, AO*	See "individual therapy"
90847	Family Psychotherapy (w/ client)	26 + MIN	QMHP	IP, TH, AO	20
Crisis Services					
H2011	Crisis Intervention Services, per 15 min	8-30 MIN	QMHP, QMHA, MH Interns	IP, TH, AO	14
90839	Psychotherapy for crisis, first 60 minutes	30-74 MIN	QMHP	IP, TH, AO*	38
+ 90840	add-on to 90839 for ea. + 30 min > 60 min	75+ MIN	QMHP	IP, TH, AO*	5
Case Management & Environmental Intervention (Can Add code if documented in note)					
90882[4]	Environmental intervention Providing Clinical recommendation to impact the environment to support cl MH	PER SVS	QMHP, QMHA	IP, TH, AO	See "family therapy"
T1016	Case management Linking to service to support MH	/15 MIN	QMHP, QMHA	IP, TH, AO	21
Groups					
90853	Group psychotherapy	PER SVS	QMHP	IP, TH, AO*	8
90849	Multiple-family group psychotherapy	PER SVS	QMHP	IP, TH, AO*	0
H2014[5]	Group Skills Training (Non-QMHP)	PER SVS	QMHP, QMHA	IP, TH, AO	0
Skills & Activity (Not to be used by QMHP)					
H2014[5]	Skills training (Non QMHP)	/15 MIN	QMHP, QMHA, Certified Peer	IP, TH, AO	0
G0176	Activity therapy 45 min + (Non	45 MIN+	QMHP,	IP, TH	0

Billing Code	Description	Unit	Provider	Mode[1]	# encounters 9/16/25-1/6/26
	QMHP)		QMHA		
H2032	Activity therapy (Non QMHP)	/15 MIN	QMHP, QMHA	IP, TH	0

1. Mode coding: IP= In-Person; TH=Telehealth (virtual, computer with video); AO=Audio Only (telephone or computer tele visit with client video off). *indicates when AO is not billable.
2. If screening occurs over 2 visits, only the second (completing) visit is billed.
3. Code 90832 may be for individual therapy or family therapy, depending on context.
4. Code 90882 may be for family therapy or case management, depending on context.
5. Code H2014 may be for groups or skill-building, depending on context.

Appendix B: Planning Tools

Planning ABCs: Data Resources

Data to support planning programs for youth prevention and well-being

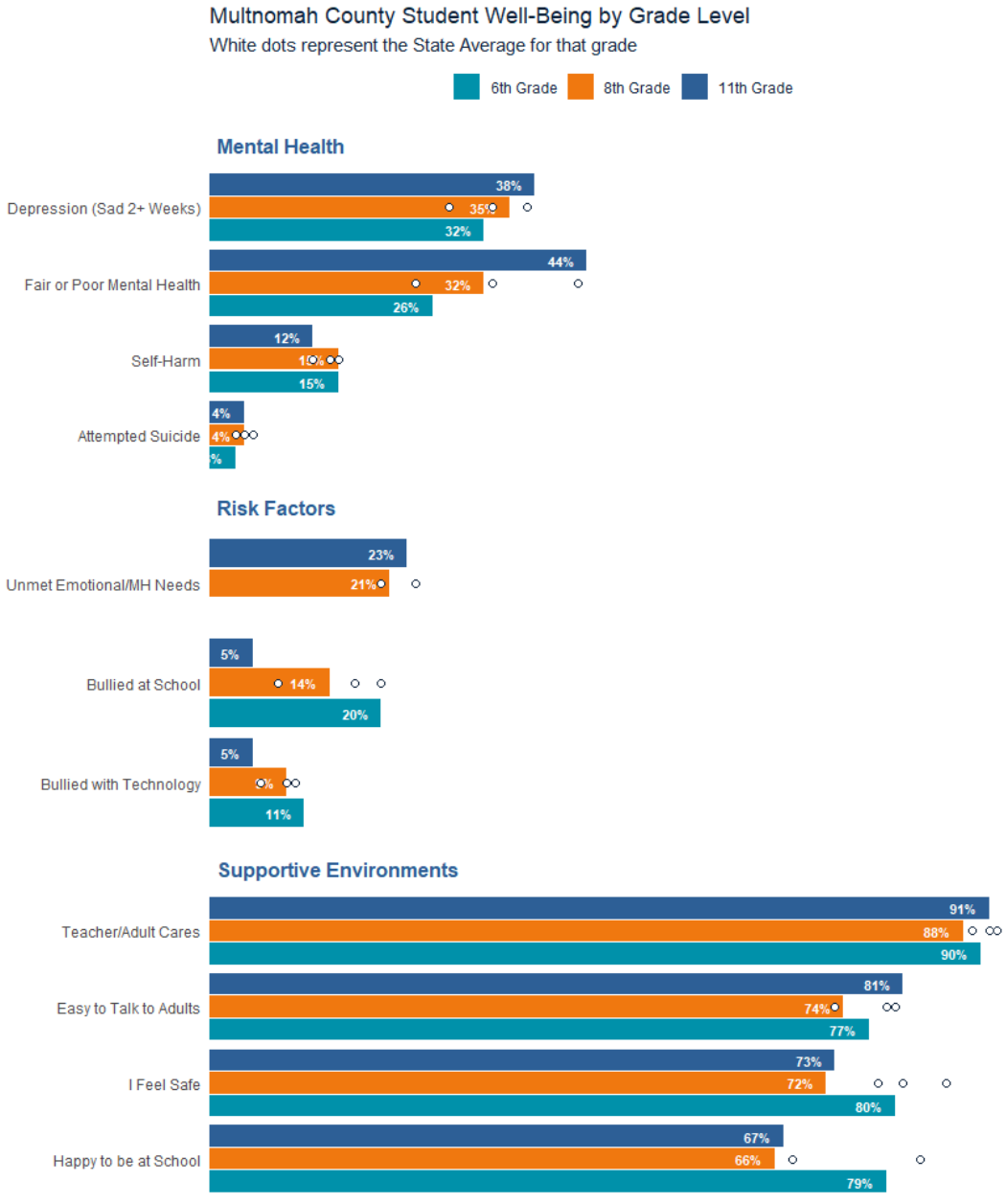
2026-04-01

Table of contents

Section A: What is the need?

1. Mental Health Indicators by Grade, Multnomah County

The following are important indicators of youth mental health. Prior analyses show that specific populations of youth who may have greater mental health needs include LGBTQ+, non-binary gender, and American Indian/Alaska Native youth.



Source: 2024 Student Health Survey, bars are for Multnomah County, white dots are state averages.
https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Documents/SHS/2024/Reports/County/Multnomah%20County%202024.pdf

2. Estimated students in need per district

For key indicators, we also calculated the estimated number of youth who may need support. For these estimates, we used the percentage of youth "in need", and multiplied by the total number of students in surrounding grade groups:

- The percentage in need reported by 6th grade students on SHS was applied to student counts for grades 4-6
- Percentages in need reported by 8th grade students on the SHS was applied to student populations in grades 7-9
- Percentages in need reported by 11th grade students on the SHS was applied to student populations in grades 10-12

Estimates were rounded to the nearest hundred for grade estimates, and the nearest thousand for countywide estimates, to acknowledge that these are approximate numbers.

Estimated numbers of students with fair or poor mental health

	Grades 4-6	*Grades 7-9*	*Grades 10-12*	*Total*
Multnomah County	**4,310**	**5,880**	**8,950**	**19,140**
Centennial SD	280	410	590	1,280
Corbett SD	60	80	110	250
David Douglas SD	460	620	890	1,970
Gresham-Barlow SD	550	820	1,380	2,740
Parkrose SD	130	210	320	660
Portland SD	2,250	3,020	4,690	9,960
Reynolds SD	540	650	820	2,020
Riverdale SD	30	50	50	130

Estimated numbers of students experiencing depression

	Grades 4-6	*Grades 7-9*	*Grades 10-12*	*Total*
Multnomah County	**4,170**	**4,740**	**6,640**	**15,550**
Centennial SD	270	330	440	1,040
Corbett SD	60	60	80	200
David Douglas SD	440	500	660	1,610
Gresham-Barlow SD	530	660	1,020	2,210
Parkrose SD	130	170	240	540
Portland SD	2,180	2,430	3,480	8,090
Reynolds SD	520	530	610	1,660
Riverdale SD	30	40	40	100

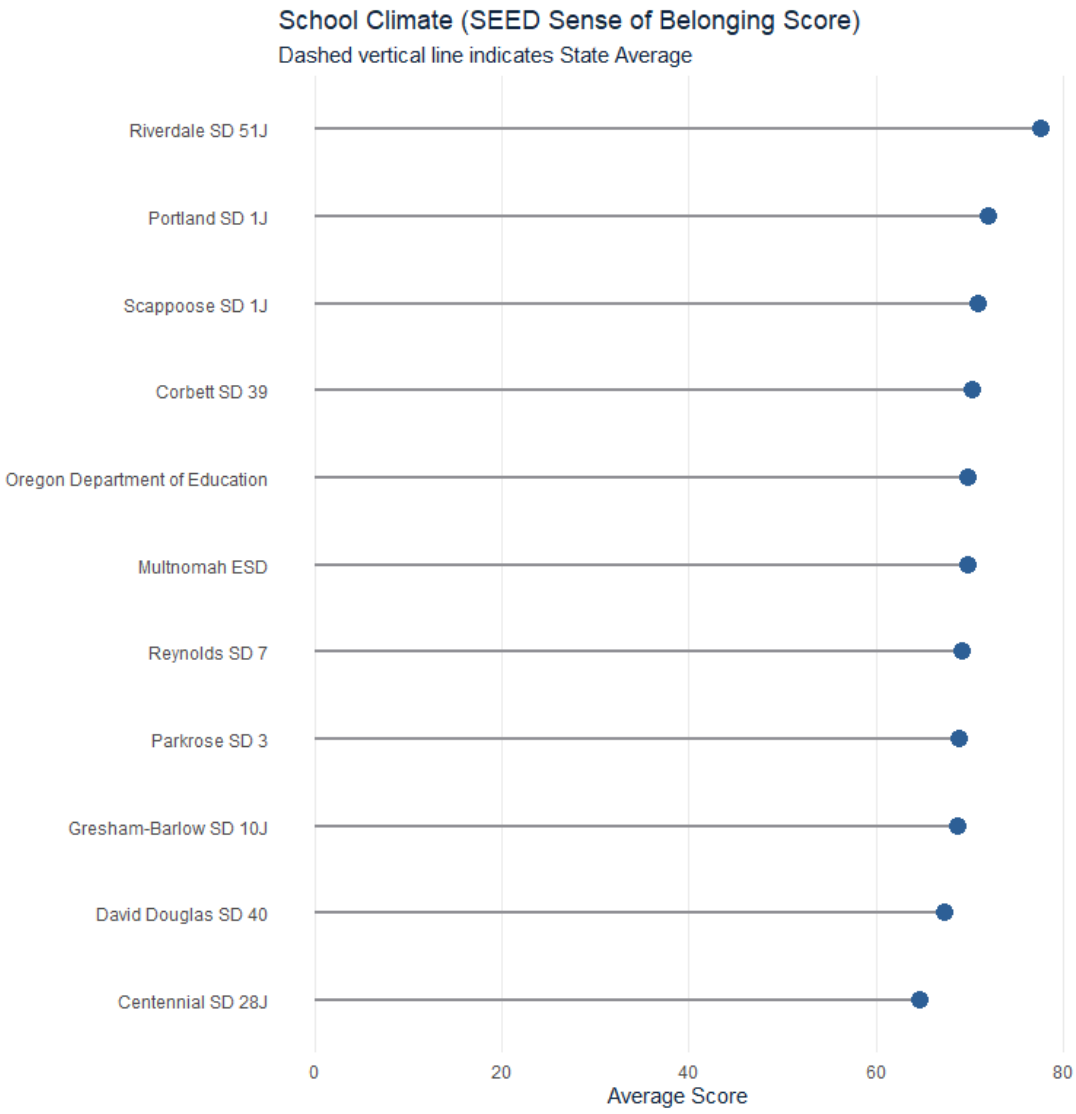
Estimated numbers of students who seriously considered suicide

	Grades 4-6	*Grades 7-9*	*Grades 10-12*	*Total*
Multnomah County	**1,900**	**2,300**	**2,730**	**6,950**
Centennial SD	120	160	180	470
Corbett SD	30	30	30	90
David Douglas SD	200	240	270	720
Gresham-Barlow SD	240	320	420	980
Parkrose SD	60	80	100	240
Portland SD	1,000	1,180	1,440	3,610
Reynolds SD	240	260	250	750
Riverdale SD	10	20	10	50

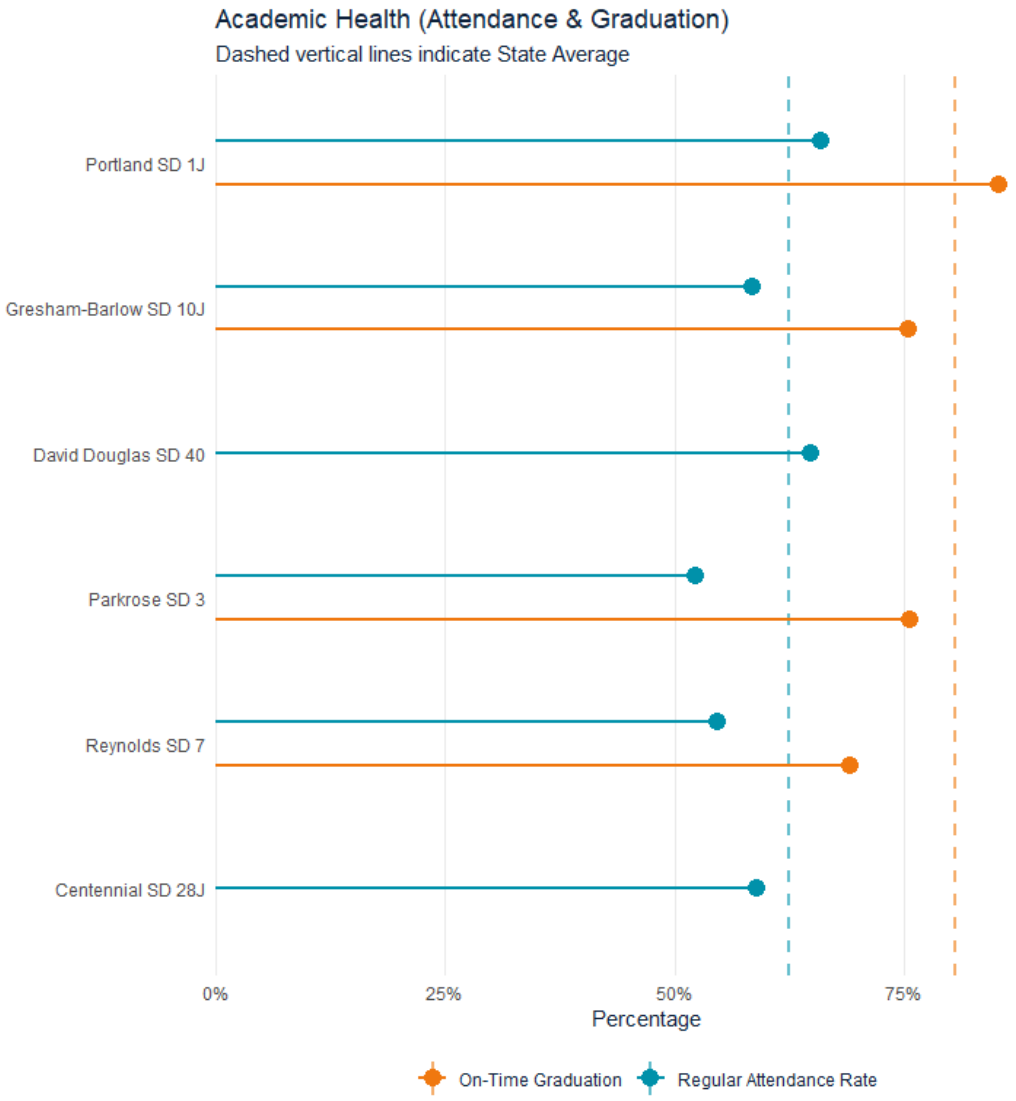
3. Sense of Belonging

Students in grades 3-11 are asked to participate in the SEED survey each year. This survey assesses many factors, including a “sense of belonging” indicator.

(add more description)



4. Academic Health

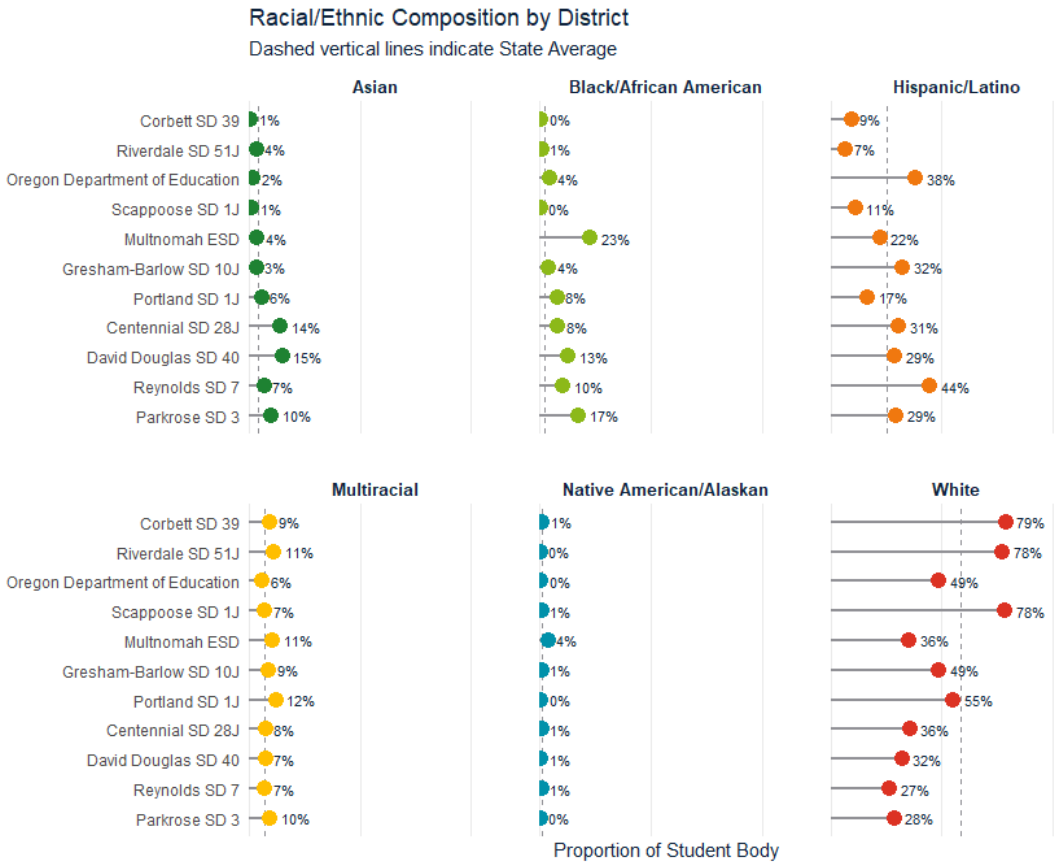


Section B: Who are we serving?

1. Student population

Enrollment by district/building

2. Student Race & Ethnicity, by district



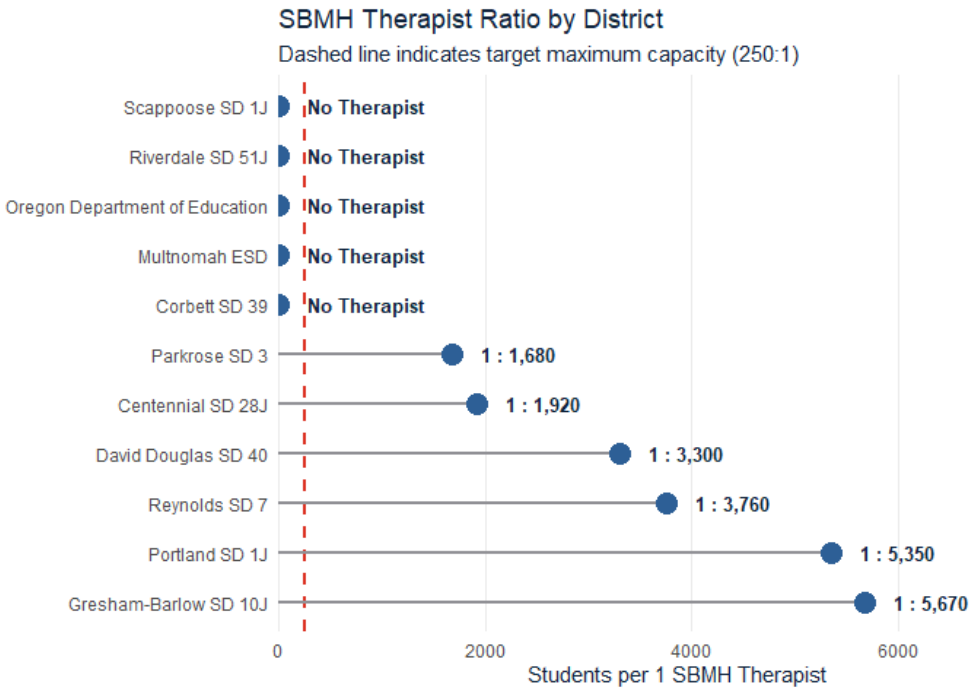
3. Student disability, by district

4. Student poverty, by district

5. Student languages, by district

Section C: What do we have to work with?

1. SBMH Therapist FTE per student, by district



2. School type and staff:student ratio, by district

Table 1: Number of schools and students, and student to SBMH staff ratio

District	# total schools	# students enrolled (24-25)	# of SUN schools	SBMH MHCs (FTE)	SD Contribution for SBMH MHCs	MHC/ Student Ratio by # students enrolled	Ratio by # of referrals made (24-25)	Ratio by # of referrals accepted (24-25)
Centennial	**9**	**5352**	**7**	**2.8**	**$75,000**	**1:1911**	**1:254**	**1:143**
High schools	1	1612	1	.8	na	na	na	na
Middle schools	2	1321	1	1.1	na	na	na	na
Elementary schools	6	1907	5	.9	na	na	na	na
Other schools (e.g., K-8 or K-12)	0	0	0	0	na	na	na	na
Corbett	**1**	**1067**	**0**	**0**	**$0**	**na**	**na**	**na**

Table 1: Number of schools and students, and student to SBMH staff ratio								
District	**# total schools**	**# students enrolled (24-25)**	**# of SUN schools**	**SBMH MHCs (FTE)**	**SD Contribution for SBMH MHCs**	**MHC/ Student Ratio by # students enrolled**	**Ratio by # of referrals made (24-25)**	**Ratio by # of referrals accepted (24-25)**
Other schools	1	1067	0	0	na	na	na	na
David Douglas	**14**	**8686**	**13**	**2.8**	**$0**	**1:3102**	**1:41**	**1:41**
High schools	1	2644	1	1.3	na	na	na	na
Middle schools	3	2050	3	.5	na	na	na	na
Elementary schools	9	3823	9	1	na	na	na	na
Other schools	1	150	0	0	na	na	na	na
Gresham Barlow	**21**	**11370**	**7**	**2.5**	**$0**	**1:3952**	**1:39**	**1:18**
High schools	3	3301	1	0	na	na	na	na
Middle schools	4	2092	3	1.5	na	na	na	na
Elementary schools	9	4006	2	1	na	na	na	na
Other schools	5	1882	1	0	na	na	na	na
Parkrose	**6**	**2711**	**4**	**1.6**	**$22,500**	**1:1738**	**1:31**	**1:14**
High schools	1	963	1	.8	na	na	na	na
Middle schools	1	618	1	0	na	na	na	na
Elementary schools	4	1111	2	.8	na	na	na	na
Other schools	0	na	na	na	na	na	na	na
Portland PS	**91**	**42,785**	**38**	**7**	**$177,000**	**1:6089**	**1:42**	**1:24**
High schools	12	16,075	4	4.8	na	na	na	na
Middle schools	13	6,359	6	1	na	na	na	na
Elementary schools	50	17,560	9	.4	na	na	na	na
Other schools	16	5,713	19	.8	na	na	na	na

Table 1: Number of schools and students, and student to SBMH staff ratio								
District	**# total schools**	**# students enrolled (24-25)**	**# of SUN schools**	**SBMH MHCs (FTE)**	**SD Contribution for SBMH MHCs**	**MHC/ Student Ratio by # students enrolled**	**Ratio by # of referrals made (24-25)**	**Ratio by # of referrals accepted (24-25)**
Reynolds	**20**	**9656**	**11**	**2.8**	**$37,500**	**1:3453**	**1:65**	**1:10**
High schools	1	2,278	1	1.8	na	na	na	na
Middle schools	3	1938	2	1	na	na	na	na
Elementary schools	11	3978	8	0	na	na	na	na
Other t schools	5	1940	0	0	na	na	na	na

Data sources: 2024-25 ODE profiles; SUN list, program EVOLV data.

3. Complementary resources/partners, by district

Table 2 identifies the presence of school-based coordinating resources among Multnomah County's school districts. Notably, some districts may be facing future budget reductions that could affect the presence of these resources, and thus affect the SBMH program and provision of a coordinated continuum of care for students.

Table 2. Number of complementary resources/partners, by School District (School year 2024-2025)							
School District (# of students)	Centennial (5,352)	Corbett (1,056)	David Douglas (8,686)	Gresham-Barlow (11,370)	Parkrose (2,711)	Portland Public (42,785)	Reynolds (9,656)
Resource	**Number of staff and staff -to-student ratio**						
School counselors	15 [1:357]	2	25	40	8	155	36
School psychologists	6 [1:892]	1	4	6	2	65	9
School social workers	0	2	3	1	0	49	14
School-Based Health Centers	1	0	1	1	1	5	1

Table 2. Number of complementary resources/partners, by School District (School year 2024-2025)							
School District (# of students)	Centennial (5,352)	Corbett (1,056)	David Douglas (8,686)	Gresham-Barlow (11,370)	Parkrose (2,711)	Portland Public (42,785)	Reynolds (9,656)
Resource	**Number of staff and staff -to-student ratio**						
School nurses	5 [1:1070]	.5	7	8	2	43	10
SBHC (ICS) BH Consultant	1	0	1	0	1	3	1
Outpatient treatment programs in schools	Trillium + 4 other providers so can have 2 per school	4 SBMH providers through a grant awarded in 2022 (2023-27)	Trillium; REAP	Trillum; Life Stance; Care Solace; Stronger OR; Eastside Family Therapy	Trillium; Stronger OR; and Latino Network for cm services	Trillium; Sankofa; LifeWorks; and other contracted providers	Trillium; Stronger Oregon; Northwest Family; Sankofa

Data sources: 2024-25 ODE profiles; SBHC reports; program data.

Planning Tools Appendix: School level-Detail: Academic Health and Achievement

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
Centennial SD 28J	High	Centennial High School	1,760	53%				
	Middle	Centennial Middle School	876	59%		21%	37%	19%
		Oliver Middle	457					
	Elementary	Butler Creek Elementary School	512	63%				
		Meadows Elementary	311					
		Parklane Elementary School	437	54%				
		Patrick Lynch Elementary	336					
		Pleasant Valley Elementary School	299	69%				
		Powell Butte Elementary School	385	66%				
Corbett SD 39	Other/ Mixed	Corbett School	1,060					
David Douglas SD 40	High	David Douglas High School	2,700	58%				
	Middle	Alice Ott Middle School	582	71%		25%	41%	21%

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Floyd Light Middle School	635	69%		32%	37%	16%
		Ron Russell Middle School	770	67%		20%	32%	13%
	Elementary	Cherry Park Elementary School	459	68%				
		Earl Boyles Elementary	363					
		Gilbert Heights Elementary School	420	63%				
		Gilbert Park Elementary School	462	69%				
		Lincoln Park Elementary School	465	65%				
		Menlo Park Elementary School	383	71%				
		Mill Park Elementary School	446	63%				
		Ventura Park Elementary School	376	66%				
		West Powellhurst Elementary School	363	60%				
	Other/Mixed	Arthur Academy	158	75%				
Gresham-Barlow SD 10J	High	Gresham High School	1,670	44%	76%			

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Sam Barlow High School	1,710	59%	86%			
		Springwater Trail High School	188	55%	89%			
	Middle	Clear Creek Middle School	634	61%		8%	16%	11%
		Dexter McCarty Middle School	559	64%		20%	39%	18%
		Gordon Russell Middle School	672	60%		13%	23%	14%
		West Orient Middle School	382	67%		23%	36%	23%
	Elementary	East Gresham Elementary School	551	67%				
		East Orient Elementary School	366	73%				
		Hall Elementary School	404	61%				
		Highland Elementary School	418	63%				
		Hogan Cedars Elementary School	467	68%				
		Hollydale Elementary School	460	67%				

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District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Kelly Creek Elementary School	367	63%				
		North Gresham Elementary School	559					
		Powell Valley Elementary School	356	65%				
	Other/Mixed	Center for Advanced Learning	2					
		Deep Creek - Damascus K-8 School	450			45%	51%	31%
		Gresham Arthur Academy	167	86%				
		Lewis and Clark Montessori Charter School	329					
		Metro East Web Academy	628	41%	57%			
Multnomah ESD	High	Helensview High School	120					
	Other/Mixed	Functional Living Skills Program	31					
		Hassolo School	5					
		Multnomah Inverness School	8					

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District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		The Creeks	97					
		Wheatley School	38					
Oregon Department of Education		The Cottonwood School of Civics and Science	205					
		The Ivy School	271					
Parkrose SD 3	High	Parkrose High School	998	43%	80%			
	Middle	Parkrose Middle School	669	51%		14%	27%	14%
	Elementary	Prescott Elementary School	266	61%				
		Russell Elementary	327					
		Sacramento Elementary School	217	60%				
		Shaver Elementary School	292	68%				
Portland SD 1J	High	Alliance High School	193	7%	42%			
		Benson Polytechnic High School	824	52%	92%			
		Cleveland High School	1,550	62%	94%			
		Franklin High School	1,970	49%	88%			

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Grant High School	2,160	63%	93%			
		Ida B. Wells-Barnett High School	1,560					
		Jefferson High School	606	39%	91%			
		Leodis V. McDaniel High School	1,440	44%	71%			
		Lincoln High School	1,520	62%	93%			
		Roosevelt High School	1,480	45%	77%			
	Middle	Beaumont Middle School	446	71%		61%	65%	50%
		Dr. Martin Luther King Jr. School	302					
		George Middle School	387	47%				
		Gray Middle School	483	65%		58%	72%	56%
		Harriet Tubman Middle School	360	55%				
		Hosford Middle School	566	68%		52%	67%	46%
		Jackson Middle School	791	72%				

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Kellogg Middle School	658	64%		36%	48%	28%
		Lane Middle School	334	49%				
		Mt Tabor Middle School	606	76%		63%	68%	63%
		Ockley Green Middle School	483	56%				
		Sellwood Middle School	563	69%				
		West Sylvan Middle School	757	73%				
		da Vinci Middle School	434	61%		33%	65%	33%
	Elementary	Abernethy Elementary School	353	69%				
		Ainsworth Elementary School	563	79%				
		Alameda Elementary School	538	81%		26%	27%	16%
		Arleta Elementary School	256	71%				
		Astor Elementary School	368	63%		48%	56%	38%
		Atkinson Elementary School	337	66%				

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Beach Elementary School	346	74%				
		Boise-Eliot Elementary School	326	54%				
		Bridlemile Elementary School	458	81%				
		Buckman Elementary School	395	60%				
		Capitol Hill Elementary School	333	76%				
		Chapman Elementary School	350	62%				
		Chief Joseph Elementary School	261	74%				
		Creston Elementary School	260	69%				
		Duniway Elementary School	422	80%				
		Faubion Elementary School	610	57%				
		Forest Park Elementary School	328	83%				
		Glencoe Elementary School	394	75%				

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Grout Elementary School	316	64%				
		Hayhurst Elementary School	575	72%				
		Irvington Elementary School	228	79%				
		James John Elementary School	337	57%				
		Kelly Elementary School	355	57%				
		Laurelhurst Elementary School	674	80%		69%	79%	54%
		Lee Elementary School	274	66%				
		Lent Elementary School	251	67%				
		Lewis Elementary School	320	72%				
		Llewellyn Elementary School	413					
		Maplewood Elementary School	310	83%				
		Markham Elementary School	426	69%				

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Marysville Elementary School	286	59%				
		Peninsula Elementary School	225	60%				
		Richmond Elementary School	539	82%				
		Rieke Elementary School	300	85%				
		Rigler Elementary School	223	72%				
		Rosa Parks Elementary School	197	56%				
		Sabin Elementary School	312	64%				
		Scott Elementary School	450	65%				
		Sitton Elementary School	345	59%				
		Skyline Elementary School	215	70%				
		Stephenson Elementary School	307	88%				
		Vernon Elementary School	555	70%				

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Vestal Elementary School	230	61%				
		Whitman Elementary School	153	60%				
		Woodlawn Elementary School	287	63%				
		Woodmere Elementary School	234	53%				
		Woodstock Elementary School	491	80%				
	Other/Mixed	Beverly Cleary School	604					
		Bridger Creative Science School	329	63%		43%	55%	36%
		Cesar Chavez K-8 School	466					
		Creative Science School	423	71%				
		Emerson School	106	65%				
		Harrison Park School	573	68%				
		Kairos PDX	245	73%				
		Le Monde French Immersion Public Charter School	381					

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Metropolitan Learning Center	348					
		Portland Arthur Academy Charter School	150					
		Portland Village School	410			44%	51%	20%
		Rose City Park	467	73%				
		Roseway Heights School	576					
		Sunnyside Environmental School	465	66%		53%	61%	48%
		Winterhaven School	313	76%		87%	88%	78%
Reynolds SD 7	High	Reynolds High School	2,470	40%	69%			
	Middle	Hauton B Lee Middle School	651	59%		6%	16%	8%
		Reynolds Middle School	837	46%		5%	16%	5%
		Walt Morey Middle School	565	58%		22%	39%	35%
	Elementary	Alder Elementary School	388	63%				

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Davis Elementary School	373	56%				
		Fairview Elementary School	299	53%				
		Glenfair Elementary School	429	60%				
		Hartley Elementary School	325	61%				
		Margaret Scott Elementary School	322	56%				
		Salish Ponds Elementary School	314	55%				
		Sweetbriar Elementary School	252	78%				
		Troutdale Elementary School	361	74%				
		Wilkes Elementary School	443	66%				
		Woodland Elementary	401					
	Other/Mixed	HOLLA School	45	40%				
		Multnomah Learning Academy	567	71%		18%	32%	21%
		Reynolds Arthur Academy	173	85%				

District	School Level	School	Total Student Enrollment	Regular Attendance Rate	On-Time Graduation	Math Achievement	English Achievement	Science Achievement
		Reynolds Learning Academy	203	8%	34%			
		Rockwood Preparatory Academy	351	70%				
Riverdale SD 51J	High	Riverdale High School	185					
	Elementary	Riverdale Grade School	410			80%	87%	72%
Scappoose SD 1J	Other/Mixed	Sauvie Island School	211			66%	65%	53%

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Planning Tools Appendix: School-level Detail: Student Characteristics

District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
Centennial SD 28J	High	Centennial High School	1,760	33%	34%	7%	11%	65%	46%	44
	Middle	Centennial Middle School	876	28%	37%	8%	14%	68%	42%	41
		Oliver Middle	457	37%	32%	10%		69%		
	Elementary	Butler Creek Elementary School	512	18%	48%	6%	13%	70%	39%	
		Meadows Elementary	311	38%	32%	5%		69%		
		Parklane Elementary School	437	34%	32%	12%	19%	69%	46%	
		Patrick Lynch Elementary	336	34%	32%	11%		70%		
		Pleasant Valley Elementary School	299	18%	52%	5%	16%	68%	28%	
		Powell Butte Elementary School	385	31%	27%	11%	20%	70%	50%	
Corbett SD 39	Other/Mixed	Corbett School	1,060	9%	79%	0%		20%		11
David Douglas SD 40	High	David Douglas High School	2,700	30%	30%	12%	12%	73%	48%	56
	Middle	Alice Ott Middle School	582	25%	35%	15%	11%	77%	45%	32
		Floyd Light Middle School	635	32%	31%	13%	13%	78%	43%	36

District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
		Ron Russell Middle School	770	30%	30%	14%	16%	77%	47%	38
	Elementary	Cherry Park Elementary School	459	25%	37%	11%	18%	87%	30%	
		Earl Boyles Elementary	363	31%	34%	6%		88%		
		Gilbert Heights Elementary School	420	29%	28%	13%	11%	76%	42%	
		Gilbert Park Elementary School	462	20%	47%	11%	15%	76%	41%	
		Lincoln Park Elementary School	465	32%	30%	12%	17%	82%	50%	
		Menlo Park Elementary School	383	31%	34%	12%	18%	78%	29%	
		Mill Park Elementary School	446	35%	22%	15%	13%	84%	59%	
		Ventura Park Elementary School	376	24%	30%	19%	19%	77%	44%	
		West Powellhurst Elementary School	363	26%	35%	13%	17%	80%	48%	
	Other/Mixed	Arthur Academy	158	13%	44%	12%	14%	49%	19%	
Gresham-Barlow SD 10J	High	Gresham High School	1,670	44%	36%	5%	11%	86%	38%	49
		Sam Barlow High School	1,710	24%	60%	3%	10%	38%	19%	41
		Springwater Trail High School	188	34%	56%	2%	20%	79%	22%	10

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District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
	Middle	Clear Creek Middle School	634	43%	36%	6%	20%	79%	35%	28
		Dexter McCarty Middle School	559	35%	44%	4%	13%	82%	36%	25
		Gordon Russell Middle School	672	34%	46%	5%	16%	79%	26%	23
		West Orient Middle School	382	25%	58%	3%	9%	45%	16%	24
	Elementary	East Gresham Elementary School	551	39%	42%	4%	15%	74%	28%	
		East Orient Elementary School	366	14%	69%	2%	16%	30%	12%	
		Hall Elementary School	404	42%	33%	8%	22%	71%	31%	
		Highland Elementary School	418	52%	30%	5%	18%	73%	43%	
		Hogan Cedars Elementary School	467	40%	43%	3%	16%	75%	32%	
		Hollydale Elementary School	460	34%	43%	6%	19%	74%	26%	
		Kelly Creek Elementary School	367	22%	55%	4%	14%	75%	24%	
		North Gresham Elementary School	559	36%	33%	8%		75%		
		Powell Valley Elementary School	356	31%	49%	3%	14%	75%	20%	

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District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
	Other/Mixed	Center for Advanced Learning	2	50%	50%	0%		67%		
		Deep Creek - Damascus K-8 School	450	11%	79%	0%		26%		10
		Gresham Arthur Academy	167	22%	64%	2%	9%	47%	12%	
		Lewis and Clark Montessori Charter School	329	14%	77%	2%		99%		
		Metro East Web Academy	628	20%	61%	4%	12%	67%	20%	28
Multnomah ESD	High	Helensview High School	120	24%	27%	28%		50%		
	Other/Mixed	Functional Living Skills Program	31	19%	52%	3%		36%		
		Hassolo School	5	20%	20%	40%		36%		
		Multnomah Inverness School	8	38%	12%	50%		36%		
		The Creeks	97	21%	43%	20%		23%		
		Wheatley School	38	18%	37%	21%		29%		
Oregon Department of Education		The Cottonwood School of Civics and Science	205	13%	65%	5%		65%		
		The Ivy School	271	11%	71%	8%		37%		
Parkrose SD 3	High	Parkrose High School	998	29%	27%	16%	12%	72%	33%	36

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District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
	Middle	Parkrose Middle School	669	30%	27%	18%	14%	71%	27%	22
	Elementary	Prescott Elementary School	266	28%	31%	19%	13%	83%	27%	
		Russell Elementary	327	32%	36%	14%		70%		
		Sacramento Elementary School	217	30%	33%	9%	14%	80%	33%	
		Shaver Elementary School	292	27%	25%	26%	12%	82%	34%	
Portland SD 1J	High	Alliance High School	193	24%	43%	13%	32%	70%	12%	
		Benson Polytechnic High School	824	27%	43%	11%	24%	65%	23%	26
		Cleveland High School	1,550	9%	66%	2%	13%	17%	8%	
		Franklin High School	1,970	19%	51%	5%	14%	37%	21%	33
		Grant High School	2,160	7%	68%	6%	10%	14%	5%	
		Ida B. Wells-Barnett High School	1,560	9%	71%	4%		14%		
		Jefferson High School	606	22%	20%	42%	16%	64%	16%	
		Leodis V. McDaniel High School	1,440	26%	36%	12%	14%	65%	33%	43
		Lincoln High School	1,520	11%	62%	3%	8%	11%	7%	37
		Roosevelt High School	1,480	38%	33%	12%	16%	65%	33%	

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District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
	Middle	Beaumont Middle School	446	27%	57%	4%	19%	65%	16%	10
		Dr. Martin Luther King Jr. School	302	20%	30%	26%		73%		
		George Middle School	387	46%	20%	21%	25%	64%	36%	
		Gray Middle School	483	8%	73%	4%	17%	21%	8%	21
		Harriet Tubman Middle School	360	16%	36%	34%	20%	65%	10%	
		Hosford Middle School	566	7%	64%	3%	15%	27%	7%	19
		Jackson Middle School	791	10%	68%	7%	15%	26%	7%	
		Kellogg Middle School	658	31%	40%	4%	20%	66%	26%	21
		Lane Middle School	334	25%	38%	10%	26%	67%	34%	
		Mt Tabor Middle School	606	11%	59%	2%	15%	15%	5%	13
		Ockley Green Middle School	483	22%	41%	20%	15%	65%	13%	
		Sellwood Middle School	563	7%	76%	1%	14%	12%	5%	
		West Sylvan Middle School	757	12%	61%	3%	12%	13%	8%	
		da Vinci Middle School	434	12%	61%	6%	20%	34%	5%	7

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District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
	Elementary	Abernethy Elementary School	353	7%	80%	1%	20%	11%	5%	
		Ainsworth Elementary School	563	20%	62%	1%	11%	9%	18%	
		Alameda Elementary School	538	7%	78%	1%	21%	69%	5%	6
		Arleta Elementary School	256	11%	62%	4%	27%	66%	7%	
		Astor Elementary School	368	17%	58%	4%	26%	64%	5%	10
		Atkinson Elementary School	337	32%	62%	1%	20%	24%	20%	
		Beach Elementary School	346	23%	57%	11%	17%	65%	15%	
		Boise-Eliot Elementary School	326	17%	22%	42%	26%	71%	7%	
		Bridlemile Elementary School	458	9%	70%	2%	22%	13%	7%	
		Buckman Elementary School	395	13%	68%	3%	24%	65%	5%	
		Capitol Hill Elementary School	333	8%	74%	3%	12%	17%	5%	
		Chapman Elementary School	350	17%	54%	6%	12%	65%	12%	
		Chief Joseph Elementary School	261	14%	65%	6%	18%	64%	10%	

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District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
		Creston Elementary School	260	14%	69%	3%	25%	78%	13%	
		Duniway Elementary School	422	6%	81%	1%	20%	10%	5%	
		Faubion Elementary School	610	28%	26%	26%	16%	73%	21%	
		Forest Park Elementary School	328	5%	55%	2%	15%	3%	12%	
		Glencoe Elementary School	394	10%	70%	5%	19%	18%	5%	
		Grout Elementary School	316	12%	57%	4%	24%	70%	25%	
		Hayhurst Elementary School	575	7%	72%	5%	21%	39%	7%	
		Irvington Elementary School	228	12%	67%	7%	21%	21%	6%	
		James John Elementary School	337	42%	37%	9%	22%	66%	30%	
		Kelly Elementary School	355	21%	51%	9%	17%	83%	58%	
		Laurelhurst Elementary School	674	6%	77%	1%	15%	8%	5%	16
		Lee Elementary School	274	21%	38%	11%	26%	73%	22%	
		Lent Elementary School	251	48%	26%	10%	18%	76%	50%	

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District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
		Lewis Elementary School	320	9%	74%	1%	25%	19%	5%	
		Llewellyn Elementary School	413	12%	74%	0%		14%		
		Maplewood Elementary School	310	12%	74%	1%	16%	16%	8%	
		Markham Elementary School	426	11%	55%	16%	16%	65%	21%	
		Marysville Elementary School	286	22%	44%	6%	17%	72%	19%	
		Peninsula Elementary School	225	17%	51%	11%	29%	64%	8%	
		Richmond Elementary School	539	5%	44%	1%	12%	5%	16%	
		Rieke Elementary School	300	10%	78%	4%	14%	13%	5%	
		Rigler Elementary School	223	62%	30%	2%	15%	65%	45%	
		Rosa Parks Elementary School	197	38%	9%	34%	26%	65%	39%	
		Sabin Elementary School	312	9%	66%	14%	20%	25%	5%	
		Scott Elementary School	450	37%	36%	12%	20%	66%	31%	
		Sitton Elementary School	345	41%	30%	12%	24%	70%	33%	

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District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
		Skyline Elementary School	215	12%	70%	0%	20%	13%	5%	
		Stephenson Elementary School	307	7%	76%	2%	22%	9%	5%	
		Vernon Elementary School	555	14%	56%	14%	14%	65%	5%	
		Vestal Elementary School	230	16%	42%	11%	29%	66%	17%	
		Whitman Elementary School	153	29%	31%	7%	24%	80%	28%	
		Woodlawn Elementary School	287	19%	36%	25%	28%	65%	10%	
		Woodmere Elementary School	234	24%	44%	10%	29%	66%	32%	
		Woodstock Elementary School	491	8%	49%	1%	13%	26%	27%	
	Other/Mixed	Beverly Cleary School	604	7%	76%	2%		8%		
		Bridger Creative Science School	329	30%	50%	5%	22%	65%	6%	16
		Cesar Chavez K-8 School	466	58%	18%	15%		65%		
		Creative Science School	423	9%	67%	2%	25%	26%	7%	
		Emerson School	106	8%	70%	2%	20%	40%		
		Harrison Park School	573	16%	18%	24%	15%	66%	43%	
		Kairos PDX	245	10%	21%	51%	10%	33%		

District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
		Le Monde French Immersion Public Charter School	381	4%	79%	2%		40%		
		Metropolitan Learning Center	348	11%	67%	2%		16%		5
		Portland Arthur Academy Charter School	150	10%	43%	12%		28%		
		Portland Village School	410	13%	74%	2%		23%		13
		Rose City Park	467	7%	51%	3%	13%	64%	28%	
		Roseway Heights School	576	21%	41%	12%		66%		
		Sunnyside Environmental School	465	11%	69%	2%	23%	22%	5%	7
		Winterhaven School	313	6%	74%	2%	8%	20%	5%	11
Reynolds SD 7	High	Reynolds High School	2,470	48%	25%	9%	14%	67%	58%	63
	Middle	Hauton B Lee Middle School	651	42%	16%	16%	14%	101%	56%	41
		Reynolds Middle School	837	57%	17%	10%	16%	98%	56%	36
		Walt Morey Middle School	565	36%	46%	3%	19%	66%	33%	23
	Elementary	Alder Elementary School	388	53%	11%	14%	16%	68%	68%	
		Davis Elementary School	373	50%	20%	12%	13%	98%	61%	

District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
		Fairview Elementary School	299	38%	38%	8%	30%	98%	29%	
		Glenfair Elementary School	429	39%	18%	16%	16%	100%	47%	
		Hartley Elementary School	325	54%	14%	13%	17%	98%	52%	
		Margaret Scott Elementary School	322	31%	17%	24%	20%	101%	41%	
		Salish Ponds Elementary School	314	55%	21%	8%	18%	99%	45%	
		Sweetbriar Elementary School	252	30%	50%	4%	20%	66%	27%	
		Troutdale Elementary School	361	29%	54%	5%	26%	66%	23%	
		Wilkes Elementary School	443	41%	16%	17%	20%	100%	50%	
		Woodland Elementary	401	51%	34%	3%		66%		
	Other/Mixed	HOLLA School	45	16%	0%	60%	27%	81%		
		Multnomah Learning Academy	567	26%	52%	6%	20%	66%	20%	19
		Reynolds Arthur Academy	173	24%	56%	2%	12%	66%	23%	
		Reynolds Learning Academy	203	56%	16%	14%	18%	110%	46%	12
		Rockwood Preparatory Academy	351	55%	19%	12%	11%	66%	47%	

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District	School Level	School	Total Student Enrollment	Pct Hispanic/ Latino	Pct White	Pct Black/ African American	Pct Students w/ Disabilities	Pct Free/ Reduced Lunch	Pct English Learners	Number of Languages
Riverdale SD 51J	High	Riverdale High School	185	8%	79%	0%		55%		5
	Elementary	Riverdale Grade School	410	6%	77%	1%		55%		9
Scappoose SD 1J	Other/Mixed	Sauvie Island School	211	13%	81%	0%		20%		6

Appendix C: SBMH Scorecard Template

This report describes SBMH activities as quarterly metrics, with current year-to-date and past year comparison. Currently, district-level scorecards are being prepared for school partner feedback.

SBMH Resources	**FY25** capacity	**FY26** capacity	Q1	Q2	Q3	Q4
FTE						
Number of therapists						
Number of therapists with culturally-specific capabilities						
Student: therapist ratio (FTE)						
Encounters	**FY25** # encounters	**FY26** encounters year to date	Q1	Q2	Q3	Q4
Total #	6,014	2,666				
Assessment & Plan	1,142	744				
Individual Therapy	4,312	1,704				
Family Therapy	244	66				
Crisis Services	295	54				
Case Management/ Environment	6	81				
Groups	16	17				
Clients served	FY25 # referrals	**FY26 #** referrals year to date	Q1	Q2	Q3	Q4
Total #	712 (100%)	646 (100%)				

Race/ethnicity						
Hispanic	97 (14%)	239 (37%)				
AIAN NH	24 (3%)	15 (2%)				
Asian NH	27 (4%)	28 (4%)				
Black NH	98 (14%)	90 (14%)				
Hawaiian/PacIsl NH	10 (1%)	9 (1%)				
White NH	288 (40%)	222 (34%)				
Other	82 (12%)	- (0%)				
Unknown	86 (12%)	43 (7%)				
Insurance status						
CareShare	-	331 (51%)				
Self-Pay	-	85 (13%)				
Unknown	712 (100%)	244 (38%)				
Sex/gender						
Female	386 (54%)	374 (58%)				
Male	280 (39%)	266 (41%)				
Other	37 (5%)	3 (0%)				
Unknown	9 (1%)	3 (0%)				
Language						
English	529 (74%)	483 (75%)				
Spanish	153 (21%)	150 (23%)				
Other	20 (3%)	13 (2%)				
Unknown	10 (1%)	- (0%)				
Prevention Education Outreach (PEO) services	**FY25**	**FY26** events year to date	Q1	Q2	Q3	Q4
Total Events	1,072	543	77	279	187	
Consultation - youth	407	296	53	165	78	
Consultation - non-youth	173	150	23	68	59	
Presentation - schools, communities	36	5	1	2	2	
Group - youth education (non-clinical)	442	89	0	41	48	

Group - family support (non-clinical)	14	3	0	3	0	
Total time spent (hours)	1,143.9	734.4	166	343.9	224.5	
Total people engaged	3,824	1,417	182	730	687	

Appendix D: Glossary of Acronyms

EHR - Electronic Health Record

FTE - Full Time Equivalent
NOTE: Due to summer layoff, FTE for the SBMH program is different from FTE for year round staff

- 1.0 FTE in the SBMH program equates to .8 FTE year round
- 0.8 FTE in the SBMH program equates to a .67FTE year round

FY26 - Fiscal Year 2026 (July 1, 2025 - June 30, 2026)

FY27 - Fiscal Year 2027 (July 1, 2026 - June 30, 2027)

KPI - Key Performance Indicator

MHC - Mental Health Consultant

PDES - Program Design and Evaluation Services

PEO - Prevention, Education, and Outreach

OHP - Oregon Health Plan

QI - Quality Improvement

QMHA - Qualified Mental Health Associate

QMPH - Qualified Mental Health Professional

SBHC - School Based Health Center

SBMH - School Based Mental Health