School Based Mental Health Program

Budget Note 19, Quarter 4 Report: April 1 - June 30, 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

Over the course of the 2025-2026 fiscal year, the School Based Mental Health (SBMH) program partnered with the Health Department's Program Design and Evaluation Services (PDES) to complete a systematic evaluation. This assessment addressed the Board of County Commissioners' FY26 Budget Note 19 request and established ongoing evaluation tools to monitor outcomes and guide future 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 1-3 to:

- Establish an evidence-based logic model
- Identify Key Performance Indicators (KPIs)
- Develop a SBMH District Scorecard Framework that can be used to understand student needs and the larger context in which SBMH services are delivered
- Establish staff productivity standards that are aligned with the needs of students and availability of resources within specific schools
- Successfully transition to Epic Electronic Health Record (EHR)
    - Increasing their capacity to access data and build reports in Epic
    - Becoming more proficient at using the system to maximize billable revenue and increase financial sustainability
- Develop standardized financial reports with claims and revenue data

All of these improvements and 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.

Quarter 4 Report Objectives

In Quarter 4, SBMH has been building infrastructure needed to use the tools and systems built through the evaluation process. This infrastructure will be used as they begin planning for the 2026-27 school year.

Program Outcomes

- Provide updated KPI data through Quarter 4
    - Data will be grouped by service codes to better understand the distribution of services provided.
- Describe programmatic Quality Improvements made
    - Added a waitlist feature within Epic in preparation to roll out next school year
    - Piloted the Feedback Informed Treatment (FIT) tool

Staffing and Resources

- Provide updated SBMH District Scorecard data through Quarter 4
    - Capture district level data on SBMH services, student demographics, and population behavioral health outcome data.

Financial Sustainability

- Provide updated claims/revenue data through Quarter 4.
    - Describe year-end close out process as claims for the 2025-26 school year continue to be paid through September/October.
        - Several reports were run in the last month of the school year to determine what services/documentation in the EHR needed to be modified or completed by clinicians. Over the next couple of weeks, the billing team will review the remainder of these claims for accuracy and then send them out to payers who review and adjudicate all claims and pay typically 60-90 days later.
- Provide update on monthly representation of billables to actuals
    - Determined standard billing rate in budget that is updated with actual receipts
    - Reduced lag time between budget to actuals
- Share continued progress toward Epic transition and increased capacity around:

    - **Revenue Optimization:** Implementing a new, streamlined waitlist workflow to improve client entry and billing efficiency and increasing the number of clinical groups.
    - **Quality Improvement:** Collaborating with partners to refine error-correction processes and ensuring all encounters are billable prior to summer breaks.
    - **Staff Development:** Developing a comprehensive training plan for the upcoming fall orientation to ensure staff are confident in documentation standards, billing practices, and the use of the waitlist workflow.
- Share updates on discussion about next steps toward school contract negotiations.

Data and Tools to Support Program Operations

- Pilot the use of the Scorecard with Portland Public Schools and Gresham Barlow School District to identify student needs within specific districts/schools, and determine staffing and resource allocation accordingly
- Build out guidelines for productivity standards, including variances for elementary, middle and high school settings, and differences in the needs of each district.
- Describe process improvements and how we will learn through implementation and monitoring and make adjustments as needed

Program Outcomes

This section provides an update on the School-Based Mental Health (SBMH) program's Key Performance Indicators (KPIs) that were developed early in the year and documented in prior reports.

As described in previous reports SBMH 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.

Progress in Quarter 4: Key Performance Indicators

Table 1 provides most currently available KPIs, and also compares them to prior school years. Although still preliminary, the numbers should reflect the complete school year.

Key Findings

- A total of 5,631 encounters (individual services) were delivered by the program during the 2025-26 school year.
    - This is fewer than in the prior school year. Using methods described in prior reports, we adjusted expected numbers based on the prior school year to account for reduced capacity: over the year, the capacity of the 24 therapists was reduced 11% due to staff vacancies, and service time over the year was reduced 8% due to the Epic EHR transition period. With these adjustments, the team would have expected about 4800 services if operating at the same level as the prior year. Therefore, the number of services delivered this year exceeded expectations with current capacity.
    - The majority (68%) were individual therapy services. Other services included assessment and planning (20%), family psychotherapy (3%), crisis services (2%), and case management or environmental management (6%).
    - Since the Q3 report, 2,321 additional services (41% of total annual services) were provided.
- A total of 666 unique youth received services during the school year.
    - This is slightly fewer than in the prior year; however, given reduced capacity (discussed above) only 560 students would expect to be served. Therefore, the number of students served this year exceeded expectations based on current capacity.
    - Only 26 new clients were added since the prior Q3 report; this is expected, as fewer students are referred and therapists may not have capacity to accept new clients with the end of the school year.
    - Demographically, the characteristics of clients served are similar to those from prior years. As observed in prior reports, more elementary school students were served in this year than in prior years; this is due to placement of more therapists in elementary schools in the current year relative to prior years. Placement of therapists is based on the analysis and work the program does annually with school Student Services Directors to identify needs.
    - Relative to the prior two years, there is an increase in the percentage of clients with Oregon Health Plan (OHP) coverage (from 40% and 45% in the prior two years, to 62% in the current year). This finding suggests that a greater share of services provided may be billable, and could generate more revenue in comparison to prior years.
- A total of 788 Prevention, Education, and Outreach (PEO) activities were reported for the current school year. This includes activities like consultation with youth (53% of events), non-youth like staff and parents (27%), and non-clinical groups (19%). Only 1% of events reported are presentations.
    - The total number of events is less than in the 2024-25 school year. This may be partially explained due to reduced SBMH capacity (see above). The greatest

reduction in specific activities relative to prior years appears to be for clinical groups; the program began to bill for these groups in the current year, so some activities previously reported under PEO may now appear under billable services.

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)
MEASURE: Capacity Source: program records			Sept 2025-June 2026
# of MH consultants (Individual clinicians)	24	24	24*
# of culturally responsive MH consultants (within total above)	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* updated 6/18/26
Total # encounters	**6,156**	**5,906**	**5,631**
Total unique clients	**737**	**687**	**666**
Age group			
Elementary school (ages 5-11)	107 (15%)	137 (20%)	185 (28%)
Middle school (ages 12-14)	155 (21%)	224 (33%)	203 (30%)
High school (ages 15+)	475 (64%)	326 (47%)	278 (42%)
Race/ethnicity			
African American/Black	103 (14%)	91 (13%)	103 (15%)
American Indian/Alaska Native	24 (3%)	22 (3%)	25 (4%)
Asian	30 (4%)	24 (3%)	30 (5%)
Hispanic	228 (31%)	243 (35%)	236 (35%)
Middle Eastern/North African/SWANA	4 (1%)	3 (<1%)	0
Native Hawaiian/Pac. Islander	10 (1%)	9 (1%)	13 (2%)
White	265 (36%)	243 (35%)	221 (33%)
Other/Unknown	73 (10%)	52 (8%)	38 (6%)
Language			
English	550 (75%)	509 (74%)	492 (74%)
Spanish	148 (20%)	150 (22%)	159 (24%)
Other	20 (3%)	19 (3%)	15 (2%)
Unreported/refused to answer	19 (3%)	9 (1%)	0
Gender			
Female	419 (57%)	369 (54%)	379 (57%)

Male	272 (37%)	276 (40%)	283 (42%)
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%)	410 (62%)
Private	18 (2%)	10 (1%)	***
Uninsured/self-pay	99 (13%)	86 (13%)	86 (13%)
Unreported (never billed)	325 (44%)	280 (41%)	170 (26%)
MEASURE: Prevention Services Source: Event reporting forms			Numbers to date, updated 6/28/26
Total Prevention, Education, Outreach (PEO) event count	**821**	**1,072**	**788**
Consultation - youth	502	407	418
Consultation - non-youth	156	173	215
Presentations - schools, communities	28	36	11
Group - youth education groups (non-clinical)	124	442	140
Group - family support groups (non-clinical)	11	14	4
Total time spent (hours)	966.4	1,143.9	1,914.0
Total people engaged	2,373	3,824	2,253

* There were 3 vacancies in Mental Health Consultant (MHC) therapist positions. Two were vacant all year, and one provided services for 3 of 9 months in the school year.
** Funding from school districts is invoiced quarterly, total contribution for FY26 is anticipated by June 30, 2026.
*** "private" and "uninsured/self-pay" are combined, as none of these are billed by the program additional levels of detail may not be collected.

Next Steps

- Continue to use the defined KPIs to inform "scorecards" and share data on a more frequent basis to monitor program activity (see next section).

Staffing and Resources

This section describes development of data tools that can be used for planning staff placement and use of SBMH resources. In the Quarter 3 report, we described development and proposed content for two data resources: data planning tools and a program "scorecard".

Progress in Quarter 4: Piloting tools with school partners

We further developed and piloted drafts of two data tools with two school district contacts (Gresham Barlow and Portland Public Schools) for feedback. Notably, we intend to provide the data in a more interactive format (e.g., a dashboard), with supporting "how to use" guidance documents, but for the purpose of piloting content we provided the tools as simple documents.

Prevention Data ABCs (see APPENDIX C)
The purpose of this data tool is to support youth behavioral health programs with program planning (including SBMH, but potentially relevant to complementary programs that serve youth in prevention).

The data are organized around key questions relevant to program planning:

A: Assessment. What is the need?
B: Belonging. Who are we serving?
C: Capacity. What do we have to work with?

To answer these questions, the Prevention Data ABCs resource integrates data from school-based surveys of students about mental health; school-level academic health (performance); numbers and characteristics of enrolled students; and information about complementary resources in school ecosystems.

School District Scorecard (see APPENDIX B for template - preliminary data from each district was shared with each of the piloting districts)
The purpose of this "scorecard" is to support planning, monitoring, and improvement of SBMH program services for Multnomah County School Districts.

It provides a summary of SBMH KPIs at the district (and eventually building) level. This information helps to answer questions:

What do we have to work with? (therapist allocations)
Who are we serving? (demographics of students served)
How much are we doing? (numbers of services provided)

Notably, information is not yet available to show how students who receive services improve. In the future, implementation of a Feedback-Informed Treatment (FIT) tool will allow for aggregated measures of student well-being as they begin care and as they progress through care (see Page 16 for discussion of FIT implementation).

These tools were shared and discussed as part of initial planning meetings during Q4 about SBMH staff placement in FY27. Feedback was obtained in two ways: first by observing and noting what considerations that were factored into planning decisions, and second by explicitly asking for

suggestions about how to improve the data tools and what other kinds of information would be useful, if available.

- During the discussion about therapist placement for Fall 2026, we observed that the following data were considered (or could potentially be considered):
    - Among all buildings in the district, which had therapist staff placements in the past year, with consideration for age groups served (e.g., high school, elementary school) - this is addressed in Scorecard
    - Demographic distributions of students per building (including where culturally-specific or bilingual care was important) - addressed in Prevention Data ABCs
    - Presence of a school-based health center, which can provide referrals and administrative support - addressed in Prevention Data ABCs
    - Notably, some important factors in planning discussions are more subjective and not appropriate to include in data tools, including school partner knowledge about building settings (availability of dedicated private space for therapists to meet with students, stability and support of building leadership and staff to engage students in SBMH services)
- Requests for potential tool improvement
    - Prevention Data ABCs:
        - "Feeder" schools and geographic proximity, to help think about how having a system of care is relevant for families with children at different age levels, and for children as they move through school systems over time. Also, this can be a consideration for therapist travel time (to reduce burden on staff that are allocated across multiple schools).
        - Interactive building-level information (this is planned via a dashboard)
        - Having information about complementary resources over time - for example, if the number of counselors or other staff changes year-to-year, which could affect referrals
    - Scorecard
        - # of services per student: this was added to the second pilot school (see APPENDIX B). This was seen as helpful for understanding how therapist time was distributed among students (e.g., greater numbers of services for a smaller number of students who may need more intensive support, or a smaller number of services for a larger number of students who may benefit from shorter-term care). Understanding patterns of services may be helpful for thinking about care and messaging to school staff.
        - # of referrals and % of referrals that are seen: school contacts talked about working to assure that school staff are referring sufficient numbers of

students to SBMH MHCs, and identifying students who are willing to engage in care.
    - Add PEO data: school partners wanted to know about the non-billable Prevention, Education, and Outreach (PEO) services. Notably, if districts are being asked to contribute more funding, their funding is used directly to cover non-billable services. So understanding what is provided could be important for transparency and accountability.
    - Real-time information: school partners were enthusiastic about having "scorecard" information available in real-time so that they could monitor program activities. This could be achieved through a dashboard that integrates EHR and PEO data.

Next Steps

- Integrate feedback about use of data tools in planning from districts (see above) so that data products are useful on an ongoing basis, for both the SBMH program and school partners.
- Complete and obtain feedback on a dashboard for Prevention Data ABCs access, including from other prevention entities working in schools (these tools may be directly useful for their planning, and to support SBMH program coordination with other programs in planning).
- Explore how to provide "scorecard" data via an external (Tableau) dashboard that can be more readily shared with school partners and provide more real-time (e.g., monthly) access to information about program performance.
- Assure sustainability for all data tools.
- Prepare supporting documents for how to use the Prevention Data ABCs and Scorecard tools.

Financial Sustainability

Epic and Quality Improvements

The SBMH program continues to evaluate opportunities for increased revenue and prioritize corresponding quality improvement efforts. The transition to Epic has been a significant milestone, enabling the billing of services—such as clinical groups—that were not supported by our previous EHR, allowing us to simultaneously bill for multiple clients during one session.

The addition of the Billing and Compliance Program Specialist Senior has proven vital, providing clinicians with targeted, one-on-one support, improving documentation quality, and increasing

billable claims. This role, in conjunction with the permanent Medical Coder, has substantially improved the team's documentation proficiency and understanding of billing regulations.

Looking ahead to the next school year, program focus remains on:

Revenue Optimization

Expanding clinical group offerings represents a significant opportunity for revenue optimization. While our previous EHR lacked the technical capability to support group billing, the transition to Epic has successfully addressed this limitation. This advancement allows the program to simultaneously bill for multiple clients during a single session. To support this initiative, the program is collaborating with the BH Quality Management team this summer to develop comprehensive training on group documentation and compliance standards, which will be delivered during the fall. The program is also implementing a streamlined waitlist workflow to streamline client entry and billing efficiency, allowing us to more effectively serve more clients.

Quality Improvement

Quality improvement efforts this quarter focused on refining error-correction processes in collaboration with internal partners, ensuring encounters were billable prior to summer breaks. Furthermore, the program is developing an enhanced help guide to provide clinicians with direct access to targeted support. Budget impacts have decreased staff resources available for support making it imperative to analyze each task and who could support that task in the newly developed guide. By clarifying the appropriate points of contact—whether internal billing staff, the Epic helpdesk, or the Records team—we aim to decrease documentation errors and increase billable claims.

Staff Development

To further maximize revenue in the upcoming school year, staff will receive more specialized training on billing documentation standards, the use of the waitlist workflow, and strategies to overcome EHR workflow barriers. Throughout the summer, the program will evaluate additional EHR optimization opportunities to reduce administrative burden, allowing clinicians to dedicate more time to billable clinical hours. A comprehensive training plan is currently under development to ensure staff feel confident in all aspects of clinical documentation and billing practices as they return in the fall.

Revenue and Claims Data

The SBMH team has made substantial gains in Epic this school year, demonstrating their ability to learn the new Electronic Health Record system and use it effectively. The program has been working closely with Quality Management, the Health Department Finance and Business

Management team, and Clinical Systems Information to maximize their knowledge and Epic skills. The past quarter has been heavily focused on ensuring all missing items and needed corrections are completed prior to SBMH staff leaving for their summer break. BHD has also made considerable improvements in the area of reporting and now has the capability to report out on financial data points as well as a variety of items that may prevent claims from billing.

As we close out this school year, it is apparent that the new position added last fiscal year, the Billing and Compliance Program Specialist Senior, has proven to be a highly valuable role for the program. This position provides critical one on one support to clinicians, helps staff improve their documentation skills, increases the number of billable claims, and provides a level of auditing that the program has never before experienced. Staff have reported a higher level of understanding of billing rules and regulations as a result of this position. The combination of this position along with BHD's new permanent Medical Coder has proven to be highly lucrative for the program and offered a high level of training and support to the team.

The program earned $532,304 in billable revenue in Epic this school year (September 2025 - June 2026). However, the amount received for services that were *provided* in FY26 will be significantly greater. This school year's claims should all be adjudicated (paid or denied) by September, at which point we will have a clearer picture of the actual amount *earned* this fiscal year.

Despite the many gains the program has made this year, the Health Department Accounts Receivable team has yet to release the all-claim hold for the program. The hold remains in place due to some claim errors that are still occurring as well as the desire to maximize revenue and prevent denials. It is expected to be released in the fall, after staff have completed additional training.

One additional financial setback for the program is the loss of the BHD Billing Program Specialist position, which supports insurance and authorization entry as well as denial resolution. This position was eliminated as part of the FY27 budget reductions without reduction to SBMH clinician roles. The loss of this position could result in a revenue loss for the program without sufficient staffing to investigate and resolve claim denials. The SBMH program team is consulting with QM on how the program can mitigate this and to what extent that is possible.

As of July 6, 2026, there were roughly $235,000 in charges that were denied by Trillium and CareOregon for credentialing-related issues. Clinician credential renewals are taking more than twice as long as expected with both CareOregon and OHA, and it's impacting revenue significantly. Some of these denials were received months ago and others are newer; the total cumulative denial amount is not currently reportable. Credentialing-related denials can no longer be worked by the BHD billing team due to the staffing reduction, and these denials account for approximately 90% of the total denials received by the program over this past school year. Quality Management

(QM) and Direct Clinical Services (DCS) have collaborated to adjust our credentialing process to account for the extended renewal period.

SBMH Financial Data Points for 09/16/2025 - 06/30/2026

Total charges submitted by SBMH clinicians	$2,622,361
Average monthly charges submitted	$291,373
Current collection rate (percentage received from charge amount)	32.3%
Charges pending with insurance	$104,907
Charges pending 120+ days	$240,020
Claim amount with open denials	$368,941
Total Epic billing revenue received during the 2025-2026 school year	$532,304
Estimate of total revenue *received* in FY26	$535,000 - $575,000

Data and Tools to Support Program Operations

Productivity and Program Monitoring

This section describes progress to integrate use of productivity data (including KPIs) for ongoing program monitoring and improvement.

In prior reports, we described the concept of productivity in the SBMH program context, how the SBMH program has historically approached program monitoring, and how other related programs monitor productivity (including school-based health centers in Multnomah County, SBMH programs in neighboring counties, and private providers). We also shared findings from key informant interviews with 6 SBMH therapists about the productivity metrics and what affects their productivity. We examined a few KPIs by therapist, district, and school type to assure there was variation that could be useful to identify areas for attention.

Last, we proposed to use existing position descriptions for therapists as a starting point for the expectation about how the SBMH program operates (i.e., “the model”): 50% of time dedicated to individual (potentially billable) services, 10% of time for documentation, 15% of time for mental health coordination, planning, and consultation; 15% of time for team participation and administrative tasks; and 10% of time for prevention, education, and outreach (PEO) services.

Progress in Quarter 4: Engaging the SBMH team to provide feedback on productivity

As described in the Q3 report, we conducted an online survey during March-April to gather information from the entire SBMH therapist team. Highlights of the results are provided with this report (see APPENDIX A).

We then convened a 2+ hour meeting with the SBMH team (therapists, supervisors, administrative support team) to discuss using data for program planning, monitoring, and improvement. The session brought together 28 participants and covered the following:

- Summarized the comprehensive efforts during this year to gather information, and what we have learned about useful data for the SBMH program
- Shared therapist survey results (see APPENDIX A)
- Discussed recommendations around "productivity" expectations and monitoring (based on current position descriptions, see Q3 report for detail)

Discussion Points

- Participants affirmed that this process of improving data use, and the level of scrutiny applied to the SBMH program, has been extremely stressful. Many shared that they felt strong pressure was being applied to therapists alone, when there are many moving parts that they cannot control (including school system factors, and county billing system factors as applied to potential goals of maximizing billing). That said, participants also universally affirmed that they are committed to supporting their youth clients and willing to engage in more data use if it improves support for youth.
- In discussing productivity expectations about how time is spent and metrics:
    - Language matters: this topic could feel less punitive if reframed more neutrally, such as "program monitoring"
    - Need clarification about specific activities across the program description categories (specific, updated documentation about which activities fit in which category and how to bill as much time as possible)
    - They wondered how to know that this is the optimal allocation of time
- Factors affecting productivity include:
    - Many small administrative tasks related to managing students add up and take time from individual therapeutic services. Where therapists are co-located with school-based health centers, some are receiving help with greeting students. Where front office staff in buildings are willing to help send notes and reminders to students this is also very helpful. Otherwise, therapists are doing these activities. Reduction in social worker support has led to therapists picking up linkage to social support resources. Helping to sign up for OHP insurance is also a task that

therapists may feel they need to help with (because there are no other options), and that takes time, especially when they need to figure out how to do so.
    - Specific to billing, having tasks (like documentation changes needed) consolidated in some way would be helpful vs. many individual emails. Also, they hoped to receive feedback as quickly as possible, as sometimes requests for changes were arriving months after care was delivered.
    - There is some interest in HIPAA-compliant AI tools to support documentation, which are being used in the private sector; however, there were also concerns from some about negative aspects of AI.
- Related to specific productivity metrics:
    - There was lack of clarity about how to systematically think about productivity from a billing lens; several staff also felt that funds were being lost due to not billing private insurance, and there was concern about whether providing care to students who do have insurance would be measured negatively (these students still need care and may have barriers to receiving care outside of SBMH).
    - For those providing bilingual services, they were concerned they might appear less productive because it takes extra time to translate notes to English, and to provide translated support/materials for families when these are not available in languages other than English.
    - School attendance is a barrier to providing services. Staff providing referrals need to recognize that referring students who are not attending school regularly may not be optimal because there could be a lot of “no-show” appointments; however, engaging in therapeutic care can have benefits for students who are struggling, so it is a balance.

Next Steps

- Develop materials that explicitly define expectations and how those will be measured and monitored.
- Identify any means to provide administrative support so that therapists can maximize use of their time for the services they are uniquely qualified to provide.
- Plan to convene the SBMH team as part of Fall 2026 “back to school” orientations, and discuss how program monitoring (productivity) will be captured in “scorecards”, how it will be used (e.g., meetings with supervisors, school partners), how we will assess what is useful/not useful, and continuing opportunities for improvement system-wide as well as individually.
- Plan for ongoing engagement of the SBMH team around data for program planning, monitoring, and improvement.

Process Improvement Projects

This section describes continued progress to identify process improvement opportunities for the SBMH program. In prior reports, we identified two potential process improvements: use of client waitlists, and feedback-informed treatment (FIT).

Progress in Quarter 4: Waitlist in Epic

A "waitlist" means having a list of clients who have been referred for care, that can be drawn from as a therapist's schedule allows. The new Epic EHR has a client waitlist feature that could be used by the SBMH team.

Therapist Survey Results (see APPENDIX A)

Two-thirds (67%) of staff say they use some form of waitlist now (e.g., paper lists or electronic lists outside the EHR). Half of the staff are not supportive of using the proposed Epic EHR waitlist feature next year, though a majority feel confident they could use it with proper training. Primary concerns were that school staff might refer students to a waitlist and then feel like "their job was done", but therapists might not be able to serve them if the waitlist was long; this creates a potential for youth to be lost and unsupported. Having administrative support dedicated to helping manage waitlist features might be helpful.

Pilot Test Results

One therapist working in two elementary schools pilot-tested use of the Epic Waitlist feature in spring 2026.

- **Overall experience:** Overall this therapist found the tool useful and easy to use. They are at two schools, so 2.5 days at each school which translates into about 5 hours a day to work with kids, or about six kids a day or 12 kids per school per week.
- **Waitlist:** Typically they had 3 or 4 students on the waitlist at any given time. Usually those students were referred but the parents were not ready yet, meaning they had not submitted their consent forms or had said they would get back to the therapist. The therapist can put those youth on the waitlist and take on another child whose parents are ready to sign the forms.
- **Epic/Waitlist interface:** The therapist has to put the person on the waitlist, under the therapist's name. The school can help manage the list. This therapist has a great relationship with the counselors, so frequent communication ensured that no one sat on the waitlist for long, and the counselors could help to prepare the parents. The therapist feels this may be different in Middle School and High School sites.
- **Conclusion and recommendation:** This therapist was happy to use it next year, and found it helpful. However, it should be piloted in other settings.

Recommendation Based on Findings

The Epic Waitlist feature may work well for some people and in some settings. However, others may already have functional systems that achieve the same goal. It may be useful to pilot use of the waitlist with new staff who have not yet established other procedures. Additionally, it would be useful to pilot in middle school and high school settings.

Progress in Quarter 4: Feedback-informed Treatment (FIT)

FIT means using a tool, like the ORS-SRS tool, that asks clients:

- 3-4 simple questions about their well-being prior to a session, to help guide the session
- A few simple questions about their experience with the session afterward, to understand how well the session met their needs

Therapist Survey Results (see APPENDIX A)

Many staff already use feedback methods in some form now (56%), and most have used them in the past (78%). Many resist formal implementation due to past negative experiences. The previous tool, ACORN, was described as "clunky," affecting the flow of sessions, and presenting literacy issues for youth. At the same time, over half of therapists feel confident they can implement it next year.

Pilot Test Results

A different Multnomah County Behavioral Health Division program that supports youth in schools with acute psychosis intervention, Early Assessment and Support Alliance (EASA), was piloting use of FIT this year. We planned to learn from this pilot and have trained EASA staff to support SBMH implementation.

The EASA team participated in year-long “FIT Foundations” training about the model and how to use it in a team. The staff shared that this training went well, and they had begun plans to deploy among their EASA team. However, due to competing priorities the deployment was paused.

The FIT lead staff and supervisors who were trained have been impacted by budget cuts, so the capacity that was built has been lost. As there are fewer staff overall who may have more work to cover, it is uncertain how to proceed at this time.

Recommendations Based on Findings

Understanding the outcomes from individual client services (in other words, whether youth on average who engage with SBMH are improving), is important for demonstrating the effectiveness of the program. Additionally, systematically assessing how individual youth are doing may improve quality of care, and provides an opportunity to know when youth are improving so that their level

of care can be reduced and allow time for clinicians to provide services to other youth. Stable capacity for training and support to consistently use a standard tool is key; inconsistent use may not meet the program's goals. Keeping with the goals of using FIT, the program will revisit plans for implementation with current capacity.

Next Steps

- Plan for next steps on systematic use of waitlists in FY27, and share with the SBMH team as part of Fall 2026 "back to school" meetings.
- Continue our work toward the FIT implementation plan and make adjustments given the reduction of support staff in our unit.

Conclusion

Summary of Accomplishments Through Data and Evaluation Support

Across this year the SBMH program built capacity for improved data use in planning, monitoring, and improvement:

- Clarified SBMH goals and how the program works to achieve these goals
- Improved understanding of the program's "ecosystem" and complementary resources that can affect SBMH operations, including when those other resources are reduced
- Developed data tools that can be useful for planning, including to understand needs of different populations of students and how to place and support therapists to meet needs
- Identified key performance measures and mechanisms for sharing them to be useful for ongoing monitoring of program activities and continuous program improvement
- Identified specific quality improvement projects (process improvements) for implementation testing

Recommendations For Ongoing Implementation

To sustain and continue progress, recommendations for FY27 and the future include:

- **Build a healthy culture of quality improvement.** Work to establish a commitment to ongoing quality improvement, including by formally dedicating time on a regular basis for review of data and conversations about meaning between therapists and supervisors, among the broad SBMH team, and with school district partners. It is critical that these conversations be approached from the strength-based perspective of continuous improvement, which is needed to adapt to evolving needs, rather than from a punitive

mindset. Workplans that are in development now for FY27 should explicitly allow sufficient time for this work.

- **Prioritize retaining a high-quality team.** The SBMH program team has been affected by both changes in program capacity and by being the focus of intensive evaluation during the past few years. Staff reported this has negatively affected their productivity, and may be contributing to burnout. Sustaining a high-quality workforce is foundational to providing effective support to promote well-being among youth and in school environments. For the future, staff morale can be protected by transparency in quality improvement purposes, values and expectations, and by opportunities to meaningfully engage in ongoing quality improvement planning and actions. Relatedly, investigate how to provide more administrative support so that tasks which do not require therapist credentials can be completed by others, and therapist time is dedicated to the work they are uniquely qualified to do.
- **Continue to clarify financial sustainability goals, roles, and related processes.** Given that financial data has lagged, it was not possible to fully measure fiscal returns within this year. Considering this, and other findings, continue to work to strengthen and streamline the relationship between the SBMH program and fiscal staff, including by identifying:
    - Shared goals for billing and revenue
    - Clarified processes and roles for program and billing, to meet goals
    - Meaningful metrics that are shared with and seen as valuable for monitoring progress by both SBMH program and fiscal staff
- **Engage School District leaders in discussions about school contracts.** Behavioral Health and Health Department leadership are working with SBMH to engage school district leaders in discussions about contracts.

Appendix A: SBMH Mental Health Consultants Survey

Report of Results

In March-April 2026, we asked SBMH mental health consultants to complete an anonymous online survey to help understand their readiness and interest in process improvements..

We asked about three topics:

1. Program Monitoring (also referred to as “productivity”)
2. Using the Waitlist feature in Epic
3. Using a Feedback Informed Treatment (FIT) tool

For each of these topics we asked about:

Experience

- What has been your past experience working with this tool or approach
- What is your current experience using this tool or approach

Readiness for practice change

- Do you believe this tool/approach would contribute to improvement
- Do you support the use of this tool/approach next year
- Do you feel confident you can successfully use this tool/approach, given the proper training and resources to do so

Things to consider when planning implementation

- What challenges or barriers do you see in implementing this tool or approach
- What do you need to be successful in implementing this tool or approach

25 SBMH therapists participated. Responses revealed strong concerns about the use of productivity metrics and some apprehension about using other clinical tools.

Productivity Metrics

This means numbers to describe "how much" of different types of work you do. This might include setting expectations for how staff spend their time (such as “X% of hours on billable services”, or "# clients per week"). Program monitoring means tracking what happens, whether that was as expected/planned, and where there are opportunities to improve

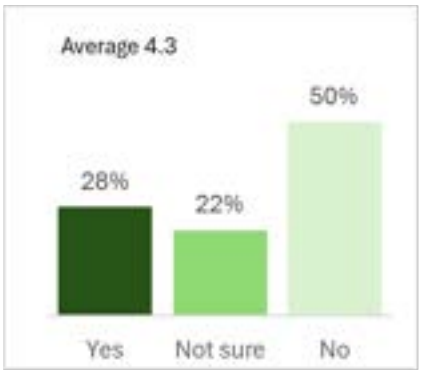
About half (48%) of staff say they use some form of productivity metrics now, even informally. Most (83%) have used such metrics in the past. Staff expressed some resistance to implementing productivity metrics, with half not believing they would improve overall program success.

Readiness for change: Participants reported agreement to 3 readiness questions below on a 1-7 scale, where 1= definitely yes; 4= not sure; and 7=definitely no.

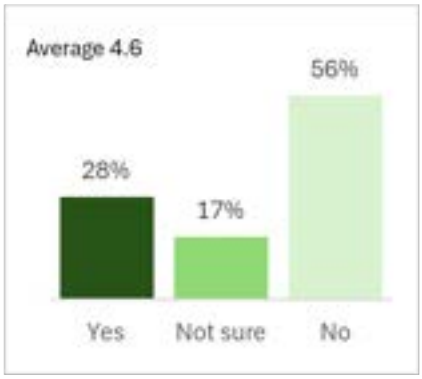
- *Do you think that using productivity metrics or approaches would contribute to improving overall SBMH program success?*
- *Do you support using productivity metrics or approaches next year?*
- *Do you feel confident you can successfully use productivity metrics or approaches next year, assuming you will receive training and resources to do so?*

Figures below show grouped results and an average per question.

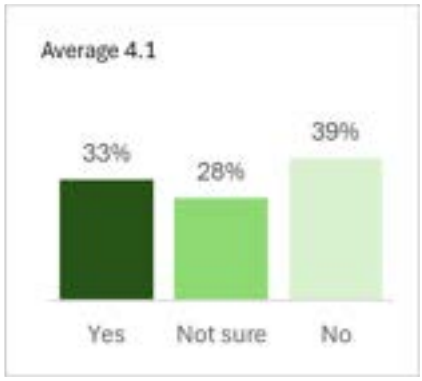
Belief in value



Support for FY27



Confidence in doing



The figure shows 1-3 combined =yes, and 5-7 combined =no.

Key challenges include:

- **Negative Impact:** The metrics are seen as harming clinician well-being and quality of care, reducing therapeutic work to "soulless numbers," and leading to burnout.
- **Inequity:** Metrics fail to account for external factors like student no-shows, referral issues, caseload acuity, and non-billable time, and applying uniform targets would be detrimental.
- **Mission Limits:** There is a fear that focusing on billable services will limit who the program serves, potentially excluding uninsured or OHP-open clients.

Recommendations: If implemented, staff want clear, flexible goals and a shift in language away from "Productivity Metrics" toward clear caseload and direct client contact expectations. This could be more neutrally framed as “program monitoring”. They also request that administrative staff track the metrics for them.

Waitlist Tool

A “waitlist” means having a list of clients who have been referred for care, that you may draw from as your schedule allows. The new Epic EHR has a client waitlist feature that could be used by the SBMH team.

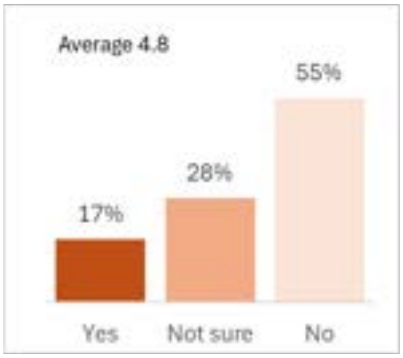
Two-thirds (67%) of staff say they use some form of waitlist now (e.g., paper lists or electronic lists outside the EHR). Half of the staff are not supportive of using the proposed Epic EHR waitlist feature next year, though a majority feel confident they could use it with proper training.

Readiness for change: Participants reported agreement to 3 readiness questions below on a 1-7 scale, where 1= definitely yes; 4= not sure; and 7=definitely no.

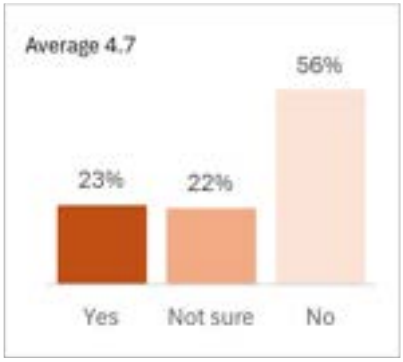
- *Do you think that using a waitlist would contribute to improving overall SBMH program success?*
- *Do you support using the Epic EHR waitlist next year?*
- *Do you feel confident you can successfully use the Epic EHR next year, assuming you will receive training and resources to do so?*

Figures below show grouped results and an average per question.

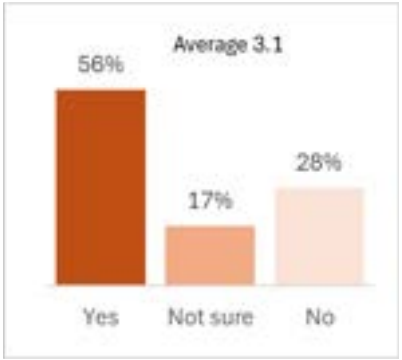
Belief in value



Support for FY27



Confidence in doing



The figure shows 1-3 combined =yes, and 5-7 combined =no.

The main challenges are:

- **Administrative Burden:** The tool is seen as transferring the administrative burden (outreach, tracking) to clinicians.
- **Referrer Accountability:** Clinicians worry that referrers will consider their job done once a referral is placed, causing high-risk students to "flounder" without care.

Recommendations: Staff strongly recommend hiring a dedicated Staff Registering and Office Assistant (SOA) to manage the complex administrative work associated with the waitlist. They also want schools to maintain attention for students who are on waitlists.

Feedback-Informed Treatment (FIT) Tool

"FIT" means using a tool, like the ORS-SRS tool, that asks clients:

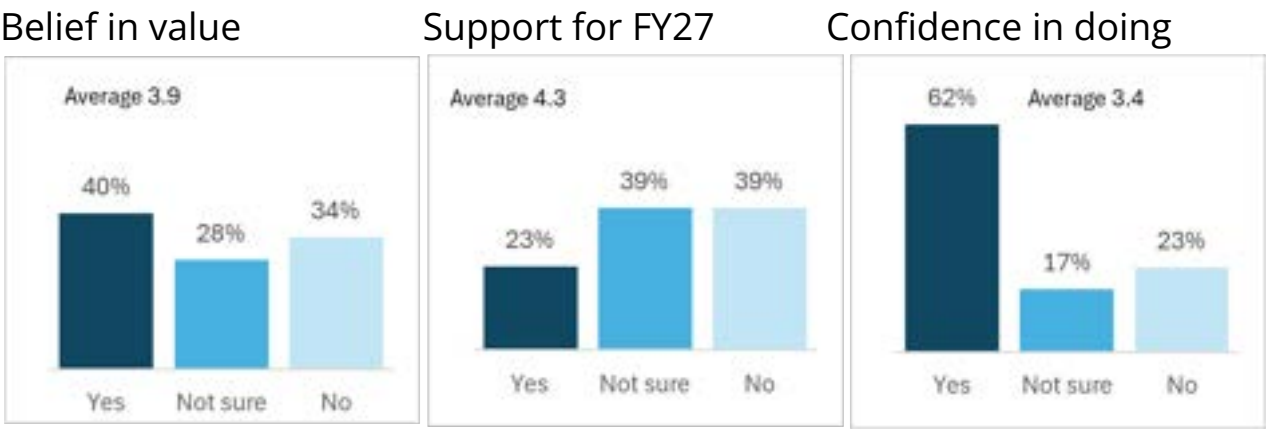
- 3-4 simple questions about about their well-being prior to a session, to help guide the session
- A few simple questions about their experience with the session afterward, to understand how well the session met their needs

Many staff use feedback methods in some form now (56%), and most have used them in the past (78%). Many resist formal implementation due to past negative experiences. The previous tool, ACORN, was described as "clunky," affecting the flow of sessions, and presenting literacy issues for youth. At the same time, over half of therapists feel confident they can implement it next year.

Readiness for change: Participants reported agreement to 3 readiness questions below on a 1-7 scale, where 1= definitely yes; 4= not sure; and 7=definitely no.

- *Do you think that using productivity metrics or approaches would contribute to improving overall SBMH program success?*
- *Do you support using productivity metrics or approaches next year?*
- *Do you feel confident you can successfully use productivity metrics or approaches next year, assuming you will receive training and resources to do so?*

Figures below show grouped results and an average per question.



The figure shows 1-3 combined =yes, and 5-7 combined =no.

Recommendations for any new tool are that it must be:

- Easy to use (30 seconds or less).
- Short, brief, and not required for every session.
- Supported by administrative assistance.
- Designed for children who cannot read (e.g., administered verbally).

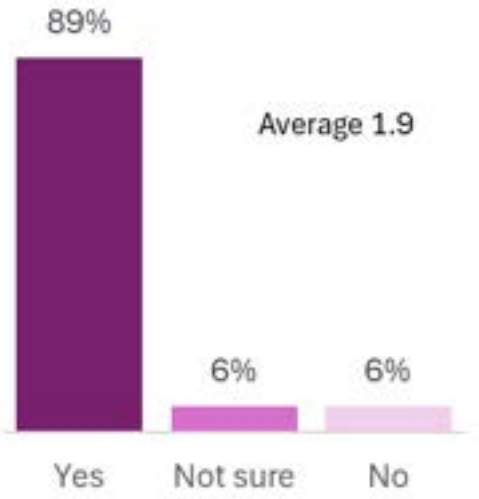
Overall Program Pressure

To understand the recent experiences of therapists, we asked:

In the past year there has been pressure on the SBMH program and team, related to budgets and other change in the surrounding environment.

Have these additional pressures in the past year had an effect on your productivity or quality of the work that you do?

The graph below shows responses from the 1-7 scale, where 1=definitely yes, 4= not sure, and 7=definitely no (1-3 combined=yes, and 5-7 combined =no).



The majority of therapists (89%) indicated that their work had been affected by pressures around budget and other surrounding environment factors.

Clinicians shared perspectives that "productivity is not the solution" because mental health is fundamentally underfunded and billing will never cover all costs. The added stress and doubts about job security are leading to burnout.

Two quotes from participant responses illustrate these perspectives:

> *The work we do is hard. It is even harder to do when there are doubts about job security/sustainability. This is wishful thinking, but not having to worry about that would make it easier for me to show up and perform my job. The clinician's mental health matters too.*

> *We have incredibly hard jobs as it is. The increased stress and pressure make it harder for us to show up as our best selves and be there for our clients the way we want to. There are clinicians leaving work in tears regularly because they are feeling so beaten down.*

Appendix B:

FY26 SBMH Services "Scorecard"

Multnomah County
School-Based Mental Health (SBMH) Program

FY26 SBMH Services "Scorecard"

School District Name

Overview

Purpose

The purpose of this "scorecard" is to support planning, monitoring, and improvement of School-based Mental Health (SBMH) program services for Multnomah County School Districts.

Review of information about current services can support decisions about staff placements and priorities for their activities.

Content

Summary of SBMH Services 2025-2026 year

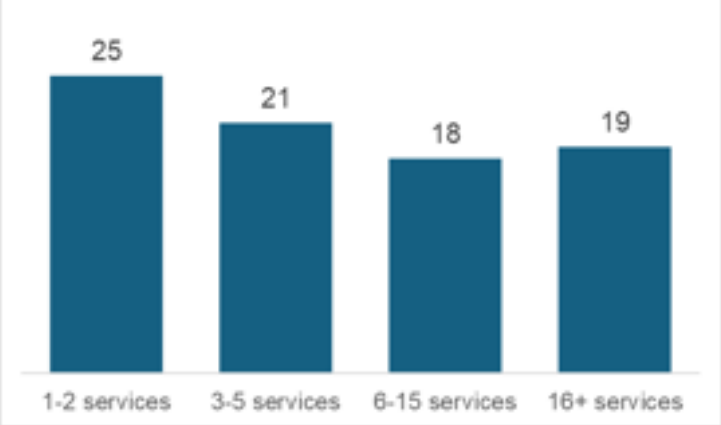
The table below summarizes services in the [insert SD name] School District.

Services provided

[insert SD name]	FY2026 Year-to-date*	Comments
School district enrollment	##	Student enrollment Fall 2025
SBMH therapist FTE during in-school months	#	# individual therapists
# Referrals received	##	Source: Epic EHR
# Individual student clients	## (##% of referred)	Source: Epic EHR
# Potentially billable individual services	###	Source: Epic EHR Includes services such as individual therapy, assessments, clinical group therapy
Prevention, education, and outreach (PEO) events	###	Source: PEO reports

EHR: Electronic health record

Number of students receiving different levels of services



Summary of SBMH Services 2025-2026 year

Staff and Placement

School	Therapist	FTE
High Schools		
School Name	Therapist name	1 FTE
Middle Schools		
School Name	Therapist name	.5 FTE
School Name	Therapist name	.5 FTE
School Name	Therapist name	1 FTE
Elementary Schools		
School Name	Therapist name	.4 FTE
School Name	Therapist name*	1.0 FTE

*Culturally Specific Capabilities

Who are we serving?

[insert SD name] School District SBMH Services 2025-2026

Characteristics of people served: individual clients and total

Client Demographics	# Clients	% of Clients	# Services	% of Services
Total	##	--	##	--
Gender				
Male	##	50%	##	50%
Female	##	50%	##	50%
Unknown	##		##	--
Age group				
Elementary school (ages 5-11)	##	50%	##	50%
Middle school (ages 12-14)	##	50%	##	50%
High school (ages 15+)	##	--	##	--
Race / ethnicity				
Asian	##	50%	##	50%
Black / African American	##	50%	##	50%
Hispanic / Latino	##	50%	##	50%
Native American / Alaskan	##	50%	##	50%
Native Hawaiian / Pacific Islander	##	50%	##	50%
Unknown / other	##	50%	##	50%
White	##	50%	##	50%
Language				
English	##	50%	##	50%
Spanish	##	50%	##	50%
Other	##	50%	##	--
Sexual Orientation				
Lesbian / Gay / Bisexual	##	50%	##	50%
Unknown / other	##	50%	##	50%
Insurance / Payment				
CareShare	##	50%	##	50%
Self pay	##	50%	##	50%
None (no billing)	##	50%	##	0%
Depression screen				
Positive	##	50%	##	50%
		50%		

Data sources: Program data from Epic Electronic Health Records (EHR)

How much are we doing?

[insert SD name] School District SBMH Services 2025-2026

In the 2025-26 school year, SBMH mental health providers served ## of the ## schools in the [insert SD name] school district. Services provided are summarized in the table below.

Services per Building

Data source: Epic EHR data for 9/1/25-2/15/26

School / Building	Student Enrollment	SBMH FTE	# Referrals	# Clients	# Services	Services per 1.0 FTE
High Schools						
School name	###	1.0		##	##	1000:1
Middle Schools						
School name	###	.5		##	###	1000:1
School name	###	1.0		##	##	1000:1
School name	###	1.0		##	###	1000:1
Elementary Schools						
School name	###	1.0		##	###	1000:1
School name	###	1.0		##	###	1000:1

Discussion:

- Where there is variation in services per FTE, what's working well? what's not working as well?
- Are there important needs in schools that did *not* have therapists this year?
- Is there need to serve specific student populations, and are therapists with related capabilities placed to reach them best?

Appendix C:

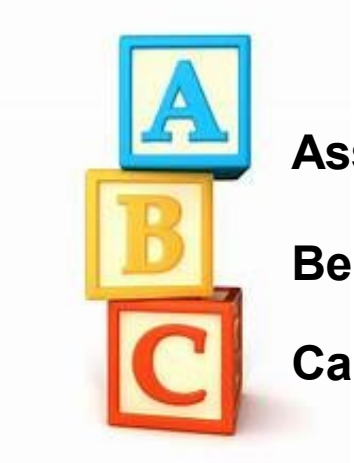
Multnomah County Prevention Data

ABC's Toolkit

Multnomah County Prevention Data ABC's Toolkit

Data Resources for School-based Prevention Program Planning, Monitoring, and Improvement

2025-26 School Year



Assessment: What is the need?

Belonging: Who are we serving?

Capacity: What do we have to work with?

DRAFT VERSION- Updated 6/12/2026

(Will update to final version when all School Districts have reviewed – by fall of 2026.)

Overview of tool contents

Purpose

These planning tools were developed for those working to support youth behavioral health and well-being, especially in school settings. The data provided can be used for program planning.

Content

Page 3	**Description of the planning tools** What the ABCs include
Pages 4 -16	**Section A: Assessment. What is the need?** Multnomah County mental health indicators of what the mental health needs of youth are in the county; including mental health outcomes, risk factors, supportive environments, and academic health.
Pages 17-30	**Section B: Belonging. Who are we serving?** District and school-level data, including student demographics and special populations.
Pages 31-33	**Section C: Capacity. What do we have to work with?** Data on what complementary resources exist in the school ecosystems.

What do these planning tools include

The set of planning tools includes three sections we call the ABCs

A

Assessment: What is the need in our county?

This section includes information to understand the current percentage of important youth outcomes that behavioral health programs address: mental health and well-being outcomes (e.g., depression, suicidal thoughts), and academic health outcomes (e.g., regular attendance, on-time graduation),

B

Belonging: Who are we serving?

This section includes information about characteristics of students in Multnomah County school districts, which may be useful for considering specific populations of students that programs should seek to serve.

C

Capacity: What do we have to work with?

This section describes the ecosystem of each district, including school infrastructure and school-based resources that can complement or partner with prevention programs.

The ABCs can be used together with another tool we are calling "Program Scorecards"

Program Scorecards: What are we doing?

This section is a stand-alone section that contains program data for internal use, including number of services provided, types of services, goals, etc. These scorecards should be revised by each program to fit their specific needs.

A. Assessment: What is the Need?

This section includes information to understand the current percentage of important youth outcomes that behavioral health programs address

How you can use the data

County-level indicators

Mental Health outcomes: stress, depression, general mental health, suicide indicators

Understanding what percentage of youth are experiencing different mental health needs, including among different grade levels, can help to prioritize the need for care and plan for programs to reach different grade levels.

Risk factors: bullying, unmet mental health needs

Risk factors can increase mental health needs. Staff working in schools may want to identify important and common risk factors to address, as part of a comprehensive effort to prevent poor mental health outcomes.

Supportive factors: having a caring adult, feeling safe in school, feeling happy in school

Supportive factors can provide a foundation for well-being that helps prevent the onset of mental health needs. Staff working in schools may want to identify important and common supportive factors to address, as part of a comprehensive effort to prevent poor mental health outcomes.

District-level indicators

Estimated numbers of students with mental health needs

Estimates of the numbers of students with mental health needs can help to plan for distribution of resources among districts and schools.

Academic health indicators

Mental health and well-being are important foundational factors that assure students can learn effectively. Programs seeking to support academic success can examine variations among districts and schools to understand where supportive programs may be needed as part of broader efforts to improve academic success.

A. Assessment: What is the need in our county?

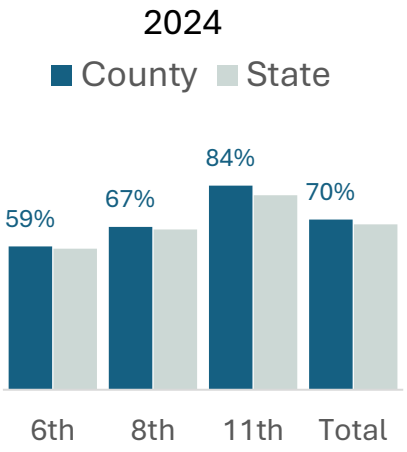
Multnomah County Mental Health indicators, by grade

Mental Health Outcomes

Stress
During the past 30 days, how often have you felt worried or stressed? *

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	59%	58%	67%	66%	84%	80%	70%	68%

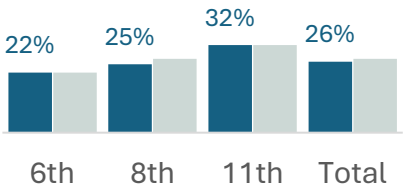
*Percent (%) who said several days, more than half the days, and nearly every day combined. (not asked in 2022)



Depression
During the past year, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?*

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	22%	22%	25%	27%	32%	32%	26%	27%

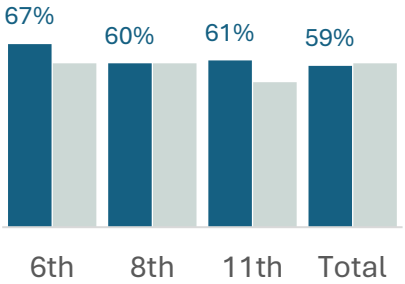
*Percent (%) who said yes.



Overall Mental Health
Would you say that in general your emotional and mental health is good?*

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	67%	60%	60%	60%	51%	53%	59%	60%

*Percent (%) who said excellent, very good, and good, combined.



Data Source: Student Health Survey (SHS)

A. Assessment: What is the need in our county?

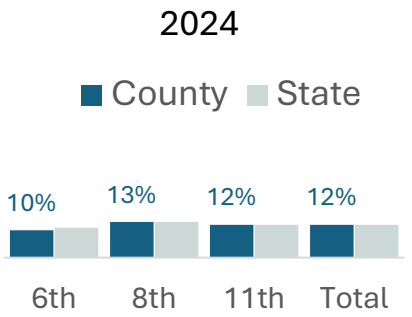
Multnomah County Mental Health indicators, by grade

Mental Health Outcomes

Self-harm
During the past year, did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?*

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	10%	11%	13%	13%	12%	12%	12%	12%

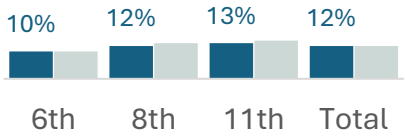
*Percent (%) who said yes.



Considered suicide
During the past year, did you ever consider attempting suicide?*

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	10%	10%	12%	13%	13%	14%	12%	12%

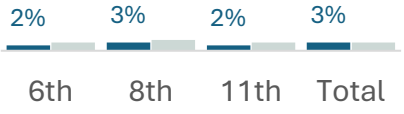
*Percent (%) who said yes.



Attempted suicide
During the past year, did you attempt suicide?*

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	2%	3%	3%	4%	2%	3%	3%	3%

*Percent (%) who said yes.



Data Source: Student Health Survey (SHS)

A. Assessment: What is the need in our county?

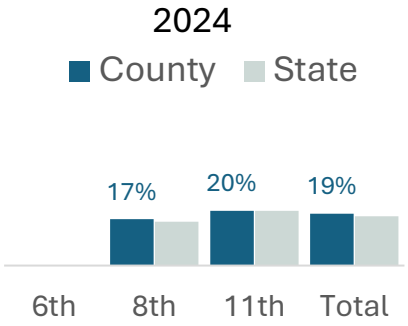
Multnomah County Mental Health indicators, by grade

Risk Factors

Unmet emotional needs
During the past year, did you have any emotional or mental health care needs that were not met?

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	--	--	17%	16%	20%	20%	19%	18%

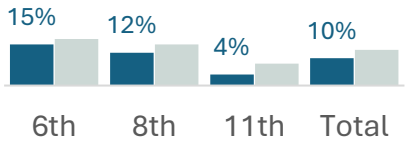
*Percent (%) who said yes.



Bullied at school
During the past 30 days, have you ever been bullied AT SCHOOL (including any school events)? This includes in-person bullying and bullying through technology such as texting, the Internet or apps.

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	15%	17%	12%	15%	4%	8%	10%	13%

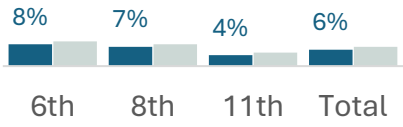
*Percent (%) who said yes.



Bullied with technology
During the past 30 days, have you been bullied by another student using any kind of technology, such as texting, the Internet or apps (messaging, social media, games, livestreaming, etc.)

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	8%	9%	7%	8%	4%	5%	6%	7%

*Percent (%) who said yes.



Data Source: Student Health Survey (SHS)

A. Assessment: What is the need in our county?

Estimated number of students in need of mental health support, by district

District	Fair/poor mental health			Experienced depression			Considered suicide		
Grades:	4-6	7-9	10-12	4-6	7-9	10-12	4-6	7-9	10-12
Centennial	290	420	590	270	340	440	130	160	180
Corbett	60	80	110	60	60	60	30	30	30
David Douglas	470	630	900	450	600	670	200	250	270
Gresham Barlow	140	300	820	130	240	610	60	120	250
Parkrose	140	210	320	130	170	240	60	80	100
Portland	2290	3070	4720	2190	2480	3510	1200	1190	1430
Reynolds	550	670	830	520	540	620	290	260	250

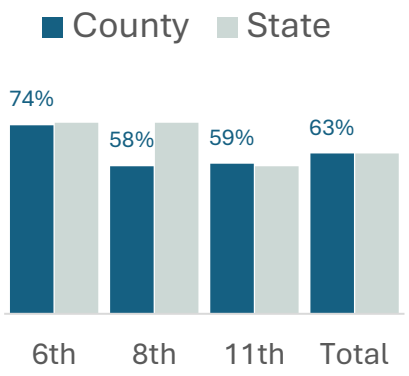
Methods: We used the prevalence of county-level mental health outcomes from 2024-2025 Student Health Survey (SHS) data. These were multiplied by fall 2024 enrollment by grade from ODE to produce an estimated number of students in need. Estimates are rounded to the nearest 10. Please reach out to your school administrator for district-level SHS data from your district.

Supportive Environments

Happy at school
I am happy to be at this school.

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	74%	75%	58%	75%	59%	58%	63%	63%

*Percent (%) who said strongly agree and agree combined.



Data Source: Student Health Survey (SHS)

A. Assessment: What is the need in our county?

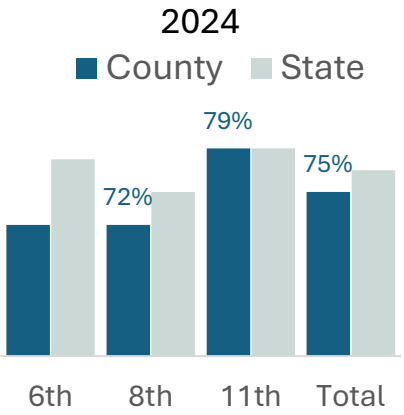
Multnomah County Mental Health indicators, by grade

Supportive Environments

Caring adult in school
There is at least one teacher or other adult in my school that really cares about me.*

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	72%	78%	72%	75%	79%	79%	75%	77%

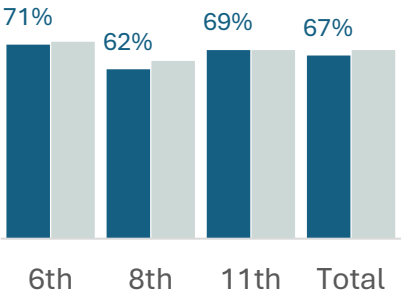
*Percent (%) who said very much true and pretty much true combined.



Have a safe adult to reach out to in school
There is a teacher or some other adult in my school I feel safe going to if I need help.*

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	71%	72%	62%	65%	69%	69%	67%	69%

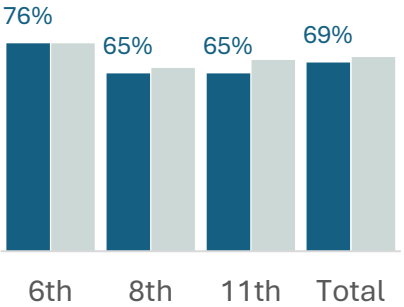
*Percent (%) who said yes.



Feel safe at school
I feel safe at my school.*

Year	6th Grade		8th Grade		11th Grade		Total	
	County	State	County	State	County	State	County	State
2024	76%	76%	65%	67%	65%	70%	69%	71%

*Percent (%) who said strongly agree and agree combined.



Data Source: Student Health Survey (SHS)

A. Assessment: What is the need in our county?

Academic Health

*Students who attended more than 90% of school days.
**Students earning a diploma in four years.

Enrollment, class size, attendance, and on-time graduation, 2024-25 school year

District / School	Student Enrollment	Avg Class size	Regular Attendance*	On-time Graduation**
Centennial	**5,352**	**--**	**60%**	**68%**
High Schools				
Centennial HS	1612	27	52%	70%
Middle Schools				
Centennial	880	22	60%	NA
Oliver	441	27	61%	NA
Elementary Schools				
Butler Creek	510	25	68%	NA
Meadows	327	29	75%	NA
Parklane	422	23	59%	NA
Patrick Lynch	325	24	58%	NA
Pleasant Valley	323	24	74%	NA
Powell Butte	406	23	69%	NA
David Douglas	**8,686**	**--**	**66%**	**69%**
High Schools				
David Douglas HS	2644	23	58%	70%
Middle Schools				
Alice Ott	596	24	75%	NA
Floyd Light	679	27	70%	NA
Ron Russell	775	23	64%	NA
Elementary Schools				
Cherry Park	459	25	72%	NA
Earl Boyles	357	20	71%	NA
Gilbert Heights	432	24	71%	NA
Gilbert Park	515	27	71%	NA
Lincoln Park	459	24	64%	NA
Menlo Park	387	24	69%	NA
Mill Park	475	26	67%	NA
Ventura Park	378	24	64%	NA
West Powellhurst	361	26	64%	NA

Data Source: ODE Profiles

A. Assessment: What is the need in our county?

Academic Health

Data Source: ODE Profiles

*Students who attended more than 90% of school days.
**Students earning a diploma in four years.

Enrollment, class size, attendance, and on-time graduation, 2024-25 school year

District / School	Student Enrollment	Avg Class size	Regular Attendance*	On-time Graduation**
David Douglas Other Schools				
Arthur Academy (K-5)	150	26	91%	NA
Corbett	**1056**	**23**	**69%**	**96%**
Other Schools				
Corbett School (K-12)	1056	23	69%	96%
Gresham Barlow	**11,370**	**--**	**60%**	**75%**
High Schools				
Gresham HS	1569	27	41%	76%
Sam Barlow HS	1549	28	57%	88%
Springwater Trail HS	183	17	50%	92%
Middle Schools				
Clear Creek MS	574	23	60%	NA
Dexter McCarty MS	497	24	63%	NA
Gordon Russell MS	623	24	63%	NA
West Orient MS	398	25	73%	NA
Elementary Schools				
East Gresham	575	24	73%	NA
East Orient	368	26	74%	NA
Hall	359	24	58%	NA
Highland	454	25	65%	NA
Hogan Cedars	470	26	73%	NA
Hollydale	465	26	63%	NA
Kelly Clark	365	27	65%	NA
N Gresham	586	26	69%	NA
Powell Valley	364	24	64%	NA
Other Schools				
Center for Advanced Learning	1	12	--	--
Deep Creek K-8	468	27	74%	NA
Gresham Arthur Academy	159	28	90%	NA
Lewis & Clark Montessori Charter	282	28	75%	NA
Metro East Web Academy	972	19	40%	48%

A. Assessment: What is the need in our county?

Academic Health

Data Source: ODE Profiles

*Students who attended more than 90% of school days.
**Students earning a diploma in four years.

Enrollment, class size, attendance, and on-time graduation, 2024-25 school year

District / School	Student Enrollment	Avg Class size	Regular Attendance*	On-time Graduation**
Parkrose	**2,711**	**--**	**55%**	**71%**
High Schools				
Parkrose HS	963	26	47%	71%
Middle Schools				
Parkrose MS	618	23	52%	NA
Elementary Schools				
Prescott	276	22	59%	NA
Russell	321	21	64%	NA
Sacramento	257	20	63%	NA
Shaver	257	20	62%	NA
Portland Public Schools	**42,785**	**--**	**68%**	**84%**
High Schools				
Alliance (Alternative) HS	267	39	6%	44%
Benson Polytechnic HS	856	26	59%	91%
Cleveland HS	1387	27	66%	89%
Franklin HS	1727	24	57%	85%
Grant HS	2101	28	64%	95%
Ida B Wells Barnett HS	1594	27	62%	90%
Jefferson HS	420	19	37%	87%
Leodis V McDaniel HS	1606	23	52%	76%
Lincoln HS	1570	25	66%	92%
Roosevelt HS	1347	22	46%	70%
Middle Schools				
Beaumont	426	26	78%	NA
Da Vinci	411	28	67%	NA
George	377	24	53%	NA
Gray	438	28	69%	NA
Harriet Tubman	325	22	64%	NA
Hosford	526	28	75%	NA

A. Assessment: What is the need in our county?

Academic Health

Data Source: ODE Profiles

*Students who attended more than 90% of school days.
**Students earning a diploma in four years.

Enrollment, class size, attendance, and on-time graduation, 2024-25 school year

District / School	Student Enrollment	Avg Class size	Regular Attendance*	On-time Graduation**
PPS Middle Schools Continued...				
Jackson	710	29	76%	NA
Kellogg	597	25	65%	NA
Lane	431	23	55%	NA
Mt Tabor	466	27	77%	NA
Ockley Green	411	26	66%	NA
Sellwood	571	29	75%	NA
West Sylvan	670	29	76%	NA
Elementary Schools				
Abernathy	282	22	81%	NA
Ainsworth	581	25	85%	NA
Alameda	500	24	88%	NA
Arleta	251	20	70%	NA
Astor	411	25	71%	NA
Atkinson	369	18	71%	NA
Beach	310	23	76%	NA
Beverly Cleary	540	28	88%	NA
Boise-Eliot	305	21	43%	NA
Bridger	466	23	78%	NA
Bridlemile	407	20	84%	NA
Buckman	299	15	73%	NA
Capitol Hill	320	24	85%	NA
Chapman	348	22	63%	NA
Chief Joseph	270	22	83%	NA
Clark	348	21	61%	NA
Creston	237	17	77%	NA
Duniway	386	28	88%	NA
Faubion	582	23	56%	NA
Forest Park	298	24	86%	NA
Glencoe	354	23	84%	NA
Grout	292	19	65%	NA

A. Assessment: What is the need in our county?

Academic Health

Data Source: ODE Profiles

*Students who attended more than 90% of school days.
**Students earning a diploma in four years.

Enrollment, class size, attendance, and on-time graduation, 2024-25 school year

District / School	Student Enrollment	Avg Class size	Regular Attendance*	On-time Graduation**
PPS Elementary Schools Continued...				
Hayhurst	527	24	77%	NA
Irvington	256	22	75%	NA
James John	357	22	62%	NA
Kelly	410	22	54%	NA
Laurelhurst	657	26	81%	NA
Lee	261	21	65%	NA
Lent	258	22	73%	NA
Lewis	270	21	80%	NA
Llewellyn	374	21	79%	NA
Maplewood	298	23	84%	NA
Markham	341	22	79%	NA
Marysville	321	20	64%	NA
Peninsula	232	15	66%	NA
Richmond	518	27	85%	NA
Rieke	274	24	86%	NA
Rigler	321	22	73%	NA
Rosa Parks	162	15	50%	NA
Sabin	290	16	72%	NA
Scott	482	18	72%	NA
Sitton	331	20	56%	NA
Skyline	214	22	83%	NA
Stephenson	287	21	90%	NA
Vernon	560	24	71%	NA
Vestal	250	18	70%	NA
Whitman	195	20	63%	NA
Woodlawn	305	17	66%	NA
Woodmere	260	17	57%	NA
Woodstock	393	20	86%	NA

A. Assessment: What is the need in our county?

Academic Health

Data Source: ODE Profiles

*Students who attended more than 90% of school days.
**Students earning a diploma in four years.

Enrollment, class size, attendance, and on-time graduation, 2024-25 school year

District / School	Student Enrollment	Avg Class size	Regular Attendance*	On-time Graduation**
Other Schools				
Bridger Creative Science School	466	23	78%	NA
Cesar Chavez K-8	469	20	65%	NA
Dr. MLK Jr School	316	20	67%	NA
Emerson School	132	21	79%	NA
Harrison Park School	386	23	77%	NA
Kairos PDX	205	17	68%	NA
Le Monde French Immersion Public Charter	376	17	77%	NA
Metro Learning Center	310	20	66%	NA
Portland Arthur Academy Charter	307	28	92%	NA
Portland Village	163	24	64%	NA
Rose City Park	421	20	80%	NA
Roseway Heights	533	25	54%	NA
Sunnyside Environmental School	456	25	81%	NA
Winterhaven School	314	25	88%	NA
Reynolds	**9,656**	**--**	**55%**	**67%**
High Schools				
Reynolds HS	2278	24	43%	72%
Middle Schools				
Hauton B Lee	742	24	57%	NA
Reynolds	686	17	49%	NA
Walt Morey	510	20	59%	NA
Elementary Schools				
Alder	343	20	63%	NA
Davis	309	19	50%	NA
Fairview	306	24	58%	NA
Glenfair	518	23	54%	NA
Hartley	302	19	55%	NA
Margaret	367	21	57%	NA
Salish Ponds	329	21	52%	NA

A. Assessment: What is the need in our county?

Academic Health

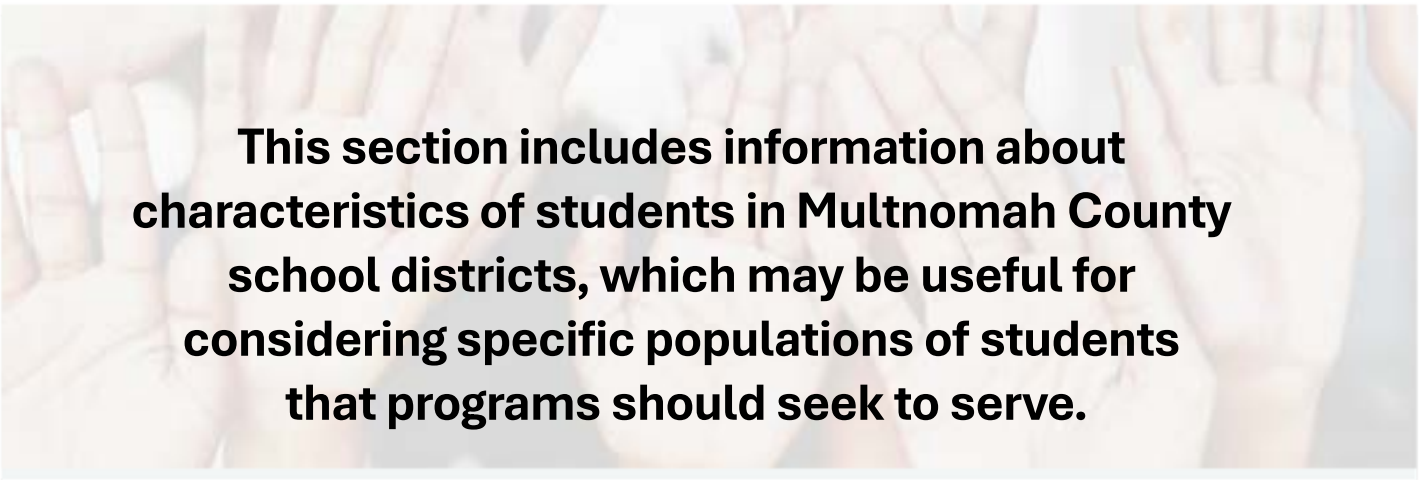
Data Source: ODE Profiles

Enrollment, class size, attendance, and on-time graduation, 2024-25 school year

District / School	Student Enrollment	Avg Class size	Regular Attendance*	On-time Graduation**
Reynolds Elementary Schools Continued...				
Sweetbriar	269	23	75%	NA
Troutdale	378	21	69%	NA
Wilkes	455	20	58%	NA
Woodland	401	21	61%	NA
Other Schools				
HOLLA School	98	20	60%	NA
Multisensory Learning Academy	560	24	67%	NA
Reynolds Arthur Academy	168	29	91%	NA
Reynolds Learning Academy	181	11	10%	34%
Rockwood Preparatory Academy	373	22	69%	NA

*Students who attended more than 90% of school days.
**Students earning a diploma in four years.

B. Belonging: Who are we serving?



This section includes information about characteristics of students in Multnomah County school districts, which may be useful for considering specific populations of students that programs should seek to serve.

How you can use the data

Student characteristics: language, poverty, disability, race, ethnicity

Understanding the characteristics of students who will be served by programs can help to think about tailoring program approaches and content (including for both students and families). Programs can also consider student populations when planning for staff placement and training, to provide culturally and linguistically appropriate care.

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

District / School	languages Spoken	English Learners	Experiencing Poverty	Have Disabilities
Centennial	**64**	**46%**	**47%**	**16%**
High Schools				
Centennial HS	44	47%	43%	12%
Middle Schools				
Centennial	41	45%	44%	13%
Oliver	31	47%	48%	16%
Elementary Schools				
Butler Creek	33	42%	37%	14%
Meadows	18	47%	50%	15%
Parklane	26	53%	54%	20%
Patrick Lynch	24	48%	56%	23%
Pleasant Valley	24	32%	40%	16%
Powell Butte	30	53%	61%	19%
David Douglas	**82**	**45%**	**50%**	**15%**
High Schools				
David Douglas HS	56	48%	42%	12%
Middle Schools				
Alice Ott	32	48%	49%	11%
Floyd Light	36	41%	47%	13%
Ron Russell	38	48%	57%	17%
Elementary Schools				
Cherry Park	28	32%	50%	18%
Earl Boyles	16	38%	50%	21%
Gilbert Heights	23	42%	55%	14%
Gilbert Park	31	42%	55%	18%
Lincoln Park	27	49%	58%	19%
Menlo Park	24	35%	52%	21%
Mill Park	27	58%	66%	15%
Ventura Park	29	46%	58%	23%
West Powellhurst	26	51%	60%	19%
Other Schools				
Arthur Academy (K-5)	1	--	--	--

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

District / School	languages Spoken	English Learners	Experiencing Poverty	Have Disabilities
Corbett	**11**	**5%**	**18%**	**22%**
Other Schools				
Corbett School (K-12)	11	5%	18%	22%
Gresham Barlow	**116**	**28%**	**38%**	**15%**
High Schools				
Gresham HS	49	40%	41%	13%
Sam Barlow HS	41	19%	23%	11%
Springwater Trail HS	10	22%	30%	22%
Middle Schools				
Clear Creek MS	28	37%	47%	18%
Dexter McCarty MS	25	33%	45%	13%
Gordon Russell MS	23	26%	39%	17%
West Orient MS	24	19%	27%	10%
Elementary Schools				
East Gresham	23	27%	51%	20%
East Orient	18	15%	28%	15%
Hall	19	33%	50%	22%
Highland	19	45%	53%	16%
Hogan Cedars	24	32%	45%	17%
Hollydale	19	29%	45%	17%
Kelly Clark	15	27%	38%	27%
N Gresham	24	37%	49%	16%
Powell Valley	16	21%	45%	15%
Other Schools				
Center for Advanced Learning	1	--	--	--
Deep Creek K-8	10	10%	19%	15%
Gresham Arthur Academy	10	17%	16%	10%
Lewis & Clark Montessori Charter	4	5%	22%	9%
Metro East Web Academy	28	23%	39%	14%
Parkrose	**51**	**33%**	**45%**	**15%**
High Schools				
Parkrose HS	36	37%	42%	12%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

District / School	languages Spoken	English Learners	Experiencing Poverty	Have Disabilities
Middle Schools				
Parkrose	22	30%	47%	14%
Elementary Schools				
Prescott	19	29%	53%	13%
Russell	21	34%	40%	19%
Sacramento	19	31%	42%	18%
Shaver	16	32%	51%	15%
Portland Public Schools	**145**	**16%**	**25%**	**18%**
High Schools				
Alliance (Alternative) HS	12	12%	31%	36%
Benson Polytechnic HS	26	19%	27%	26%
Cleveland HS	30	9%	11%	14%
Franklin HS	33	22%	23%	15%
Grant HS	31	5%	9%	10%
Ida B Wells Barnett HS	33	6%	11%	11%
Jefferson HS	13	16%	11%	11%
Leodis V McDaniel HS	43	33%	31%	14%
Lincoln HS	37	8%	8%	9%
Madison HS	43	33%	31%	14%
Roosevelt HS	29	30%	34%	16%
Wilson HS	33	6%	11%	11%
Middle Schools				
Beaumont	10	15%	15%	18%
Da Vinci	7	<5%	22%	19%
George	20	35%	56%	28%
Gray	21	9%	16%	20%
Harriet Tubman	13	10%	33%	16%
Hosford	19	7%	21%	17%
Jackson	22	9%	18%	16%
Kellogg	21	27%	35%	20%
Lane	17	37%	47%	28%
Mt Tabor	13	7%	11%	14%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

District / School	languages Spoken	English Learners	Experiencing Poverty	Have Disabilities
PPS Middle Schools Continued...				
Ockley Green	14	13%	31%	16%
Sellwood	16	<5%	10%	14%
West Sylvan	22	9%	11%	13%
Elementary Schools				
Abernathy	8	<5%	10%	14%
Ainsworth	23	19%	10%	10%
Alameda	6	<5%	6%	20%
Arleta	9	5%	32%	26%
Astor	10	5%	27%	25%
Atkinson	5	25%	27%	22%
Beach	8	16%	31%	17%
Beverly Cleary	15	6%	8%	15%
Boise-Eliot	12	8%	64%	29%
Bridger	16	8%	21%	23%
Bridlemile	13	5%	8%	23%
Buckman	15	6%	25%	28%
Capitol Hill	11	-	16%	16%
Chapman	15	11%	48%	16%
Chief Joseph	6	6%	18%	18%
Clark	25	47%	55%	17%
Creston	10	15%	21%	30%
Duniway	9	<5%	7%	19%
Faubion	14	21%	47%	19%
Forest Park	15	12%	<5%	13%
Glencoe	11	5%	14%	19%
Grout	17	22%	38%	27%
Hayhurst	16	9%	20%	21%
Irvington	7	6%	17%	24%
James John	10	34%	45%	19%
Kelly	19	54%	53%	15%
Laurelhurst	16	<5%	12%	17%
Lee				

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

District / School	languages Spoken	English Learners	Experiencing Poverty	Have Disabilities
Elementary Schools Continued				
Lent	5	54%	39%	21%
Lewis	8	<5%	20%	28%
Llewellyn	5	-	13%	28%
Maplewood	9	9%	13%	17%
Markham	20	19%	30%	13%
Marysville	18	20%	54%	22%
Peninsula	6	7%	36%	31%
Richmond	10	18%	6%	12%
Rieke	9	<5%	13%	15%
Rigler	7	54%	50%	15%
Rosa Parks	12	42%	73%	30%
Sabin	5	<5%	24%	21%
Scott	19	30%	46%	21%
Sitton	13	37%	56%	21%
Skyline	9	5%	8%	21%
Stephenson	9	5%	7%	19%
Vernon	15	6%	29%	15%
Vestal	16	19%	43%	26%
Whitman	12	28%	56%	30%
Woodlawn	6	12%	39%	27%
Woodmere	17	30%	52%	34%
Woodstock	10	26%	14%	15%
Other PPS Schools				
Bridger Creative Science School	16	8%	21%	23%
Cesar Chavez K-8	16	52%	54%	22%
Dr. MLK Jr School	10	14%	46%	17%
Emerson School	3	--	22%	26%
Harrison Park School	22	41%	39%	11%
Kairos PDX	5	--	44%	13%
Le Monde French Immersion Charter	9	<5%	9%	12%
Metro Learning Center	5	--	13%	33%
Portland Arthur Academy Charter	11	31%	26%	15%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

District / School	languages Spoken	English Learners	Experiencing Poverty	Have Disabilities
Other PPS Schools continued				
Portland Village	13	<5%	22%	20%
Rose City Park	9	28%	22%	14%
Roseway Heights	17	28%	41%	17%
Sunnyside Environmental School	7	<5%	14%	26%
Winterhaven School	11	5%	10%	8%
Reynolds	**145**	**16%**	**25%**	**18%**
High Schools				
Reynolds HS	63	59%	45%	14%
Middle Schools				
Hauton B Lee	41	56%	60%	14%
Reynolds	36	53%	56%	17%
Walt Morey	23	33%	40%	19%
Elementary Schools				
Alder	20	71%	71%	17%
Davis	27	61%	61%	14%
Fairview	13	31%	57%	31%
Glenfair	33	58%	71%	13%
Hartley	27	57%	60%	17%
Margaret	26	43%	55%	20%
Salish Ponds	15	48%	59%	20%
Sweetbriar	14	26%	41%	18%
Troutdale	16	24%	40%	27%
Wilkes	37	46%	58%	21%
Woodland	26	51%	52%	20%
Other Schools				
HOLLA School	2	--	67%	27%
Multisensory Learning Academy	19	20%	34%	21%
Reynolds Arthur Academy	11	27%	30%	14%
Reynolds Learning Academy	12	38%	63%	15%
Rockwood Preparatory Academy	17	53%	45%	11%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

Student race/ethnicity							
District / School	**AI/AN**	**Asian**	**Black**	**Latino**	**Multiracial**	**NH/PI**	**White**
Centennial	**1%**	**14%**	**9%**	**33%**	**7%**	**3%**	**33%**
High Schools							
Centennial HS	<1%	14%	8%	35%	6%	3%	33%
Middle Schools							
Centennial	1%	16%	9%	30%	6%	3%	35%
Oliver	<1%	11%	12%	41%	6%	3%	27%
Elementary Schools							
Butler Creek	0%	16%	6%	20%	12%	1%	45%
Meadows	1%	12%	5%	43%	7%	3%	29%
Parklane	<1%	11%	10%	43%	8%	3%	24%
Patrick Lynch	1%	12%	14%	33%	5%	6%	29%
Pleasant Valley	<1%	12%	8%	22%	7%	5%	46%
Powell Butte	1%	18%	9%	35%	8%	2%	26%
David Douglas	**1%**	**15%**	**13%**	**30%**	**8%**	**3%**	**30%**
High Schools							
David Douglas HS	1%	16%	13%	33%	7%	3%	28%
Middle Schools							
Alice Ott	1%	16%	13%	27%	8%	3%	32%
Floyd Light	1%	15%	13%	32%	10%	3%	27%
Ron Russell	1%	16%	13%	33%	6%	5%	26%
Elementary Schools							
Cherry Park	<1%	14%	13%	26%	13%	2%	32%
Earl Boyles	1%	14%	10%	32%	13%	1%	30%
Gilbert Heights	<1%	18%	13%	34%	10%	2%	22%
Gilbert Park	1%	11%	14%	21%	9%	2%	43%
Lincoln Park	1%	15%	10%	37%	5%	4%	27%
Menlo Park	2%	11%	14%	30%	10%	1%	32%
Mill Park	0%	21%	14%	34%	6%	6%	19%
Ventura Park	0%	11%	17%	26%	10%	5%	31%
West Powellhurst	2%	16%	9%	27%	10%	4%	32%
Other Schools							
Arthur Academy (K-5)	0%	21%	11%	13%	9%	4%	42%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

Student race/ethnicity							
District / School	**AI/AN**	**Asian**	**Black**	**Latino**	**Multiracial**	**NH/PI**	**White**
Corbett	**1%**	**1%**	**<1%**	**10%**	**10%**	**<1%**	**77%**
Other Schools							
Corbett School (K-12	1%	1%	<1%	10%	10%	<1%	77%
Gresham Barlow	**1%**	**4%**	**5%**	**34%**	**9%**	**2%**	**45%**
High Schools							
Gresham HS	1%	4%	7%	46%	8%	2%	33%
Sam Barlow HS	1%	4%	3%	25%	8%	1%	59%
Springwater Trail HS	1%	3%	2%	27%	9%	0%	58%
Middle Schools							
Clear Creek MS	1%	4%	8%	46%	9%	3%	28%
Dexter McCarty MS	1%	3%	6%	40%	10%	2%	38%
Gordon Russell MS	1%	3%	7%	33%	11%	2%	43%
West Orient MS	1%	3%	3%	23%	10%	<1%	60%
Elementary Schools							
East Gresham	1%	3%	5%	41%	10%	1%	40%
East Orient	1%	5%	3%	18%	9%	1%	62%
Hall	1%	3%	10%	41%	6%	5%	33%
Highland	1%	4%	6%	59%	6%	1%	24%
Hogan Cedars	<1%	6%	5%	36%	8%	1%	43%
Hollydale	2%	3%	8%	34%	8%	2%	43%
Kelly Clark	1%	5%	3%	27%	11%	2%	52%
N Gresham	1%	5%	11%	44%	12%	3%	25%
Powell Valley	<1%	5%	6%	29%	12%	2%	46%
Other Schools							
Center for Advanced Learning	0%	0%	0%	0%	0%	0%	100%
Deep Creek K-8	<1%	1%	<1%	16%	9%	0%	74%
Gresham Arthur Academy	0%	3%	6%	24%	9%	1%	57%
Lewis & Clark Montessori	0%	2%	1%	14%	8%	0%	75%
Metro East Web Academy	2%	2%	5%	27%	9%	1%	53%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

Student race/ethnicity							
District / School	**AI/AN**	**Asian**	**Black**	**Latino**	**Multiracial**	**NH/PI**	**White**
Parkrose	**1%**	**9%**	**19%**	**31%**	**9%**	**3%**	**29%**
High Schools							
Parkrose	1%	12%	20%	29%	8%	3%	26%
Middle Schools							
Parkrose	<1%	8%	19%	33%	8%	3%	27%
Elementary Schools							
Prescott	<1%	3%	22%	35%	11%	2%	27%
Russell	<1%	9%	13%	27%	9%	2%	40%
Sacramento	<1%	9%	11%	29%	12%	4%	35%
Shaver	0%	7%	25%	30%	11%	2%	25%
Portland Public	**1%**	**6%**	**8%**	**18%**	**13%**	**1%**	**54%**
High Schools							
Alliance (Alternative)	<1%	3%	11%	24%	16%	0%	46%
Benson Polytechnic	<1%	5%	10%	27%	12%	<1%	45%
Cleveland	<1%	7%	3%	9%	11%	<1%	69%
Franklin	<1%	11%	4%	20%	10%	1%	52%
Grant	<1%	3%	6%	8%	15%	<1%	68%
Ida B Wells Barnett	<1%	4%	4%	9%	11%	<1%	72%
Jefferson	<1%	1%	47%	21%	12%	1%	17%
Leodis V McDaniel	1%	12%	12%	27%	9%	1%	38%
Lincoln	<1%	10%	4%	11%	14%	0%	61%
Roosevelt	1%	2%	12%	37%	10%	2%	37%
Middle Schools							
Beaumont	0%	1%	2%	25%	11%	<1%	60%
Da Vinci	1%	1%	6%	14%	12%	0%	65%
George	<1%	3%	20%	43%	9%	1%	23%
Gray	0%	3%	4%	11%	11%	0%	71%
Harriet Tubman	1%	3%	23%	19%	14%	0%	42%
Hosford	1%	5%	4%	10%	12%	1%	69%
Jackson	0%	2%	7%	11%	13%	1%	66%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

Student race/ethnicity							
District / School	**AI/AN**	**Asian**	**Black**	**Latino**	**Multiracial**	**NH/PI**	**White**
PPS Middle Schools Cont.							
Kellogg	<1%	7%	5%	35%	10%	1%	43%
Lane	1%	13%	10%	27%	9%	1%	38%
Mt Tabor	0%	5%	2%	9%	26%	<1%	58%
Ockley Green	<1%	1%	17%	19%	16%	1%	46%
Sellwood	0%	2%	1%	9%	9%	0%	78%
West Sylvan	<1%	10%	4%	13%	14%	0%	59%
Elementary Schools							
Abernathy	0%	2%	2%	8%	10%	0%	78%
Ainsworth	1%	5%	2%	27%	10%	0%	55%
Alameda	1%	2%	1%	9%	13%	<1%	75%
Arleta	<1%	4%	6%	16%	16%	<1%	58%
Astor	2%	1%	6%	17%	18%	<1%	55%
Atkinson	1%	1%	2%	38%	6%	1%	52%
Beach	<1%	1%	11%	31%	11%	0%	45%
Beverly Cleary	<1%	4%	2%	8%	14%	<1%	71%
Boise-Eliot	1%	1%	45%	18%	14%	1%	22%
Bridger	1%	7%	3%	9%	10%	2%	69%
Bridlemile	<1%	5%	3%	9%	12%	0%	71%
Buckman	2%	2%	3%	16%	14%	0%	63%
Capitol Hill	0%	3%	2%	12%	11%	<1%	72%
Chapman	2%	6%	10%	17%	19%	<1%	47%
Chief Joseph	1%	<1%	4%	12%	10%	1%	71%
Clark	2%	23%	18%	15%	13%	6%	23%
Creston	0%	5%	3%	16%	11%	1%	64%
Duniway	<1%	2%	0%	5%	12%	<1%	81%
Faubion	1%	1%	25%	29%	13%	2%	29%
Forest Park	0%	19%	3%	6%	14%	0%	57%
Glencoe	0%	2%	5%	11%	8%	<1%	73%
Grout	1%	7%	4%	17%	16%	2%	52%
Hayhurst	1%	3%	4%	9%	16%	<1%	67%
Irvington	0%	0%	9%	11%	14%	0%	66%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

Student race/ethnicity							
District / School	**AI/AN**	**Asian**	**Black**	**Latino**	**Multiracial**	**NH/PI**	**White**
Elementary Schools Cont.							
James John	1%	1%	8%	47%	11%	<1%	32%
Kelly	<1%	9%	13%	22%	7%	2%	47%
Laurelhurst	<1%	3%	3%	7%	13%	0%	74%
Lee	<1%	10%	13%	18%	11%	4%	43%
Lent	0%	0%	2%	68%	7%	0%	24%
Lewis	0%	5%	1%	13%	13%	0%	67%
Llewellyn	1%	2%	2%	11%	9%	0%	76%
Maplewood	1%	1%	1%	12%	16%	0%	68%
Markham	0%	6%	18%	14%	9%	2%	52%
Marysville	1%	10%	12%	20%	13%	3%	40%
Peninsula	2%	2%	13%	20%	14%	0%	49%
Richmond	0%	9%	1%	7%	44%	0%	40%
Rieke	0%	3%	4%	10%	11%	<1%	73%
Rigler	0%	1%	4%	64%	2%	0%	29%
Rosa Parks	0%	3%	36%	38%	7%	3%	12%
Sabin	1%	1%	13%	9%	13%	<1%	62%
Scott	1%	3%	11%	37%	10%	2%	37%
Sitton	1%	3%	11%	45%	10%	1%	30%
Skyline	0%	4%	2%	12%	15%	<1%	67%
Stephenson	0%	3%	2%	9%	16%	<1%	70%
Vernon	1%	1%	16%	11%	17%	<1%	54%
Vestal	<1%	7%	11%	19%	14%	1%	47%
Whitman	2%	10%	12%	25%	14%	5%	33%
Woodlawn	<1%	1%	24%	24%	14%	<1%	37%
Woodmere	1%	12%	10%	25%	18%	<1%	33%
Woodstock	0%	23%	2%	8%	21%	1%	45%
Other Schools							
Bridger Creative Science	1%	7%	3.%	9%	10%	2%	69%
Cesar Chavez K-8	<1%	2%	10%	64%	6%	2%	16%
Dr. MLK Jr School	0%	4%	31%	21%	19%	<1%	25%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

Student race/ethnicity							
District / School	**AI/AN**	**Asian**	**Black**	**Latino**	**Multiracial**	**NH/PI**	**White**
Other PPS Schools Cont.							
Emerson School	0%	1%	4%	17%	19%	0%	60%
Harrison Park School	1%	23%	14%	14%	12%	4%	32%
Kairos PDX	<1%	1%	61%	10%	20%	1%	6%
Le Monde French Immersion	<1%	2%	3%	6%	12%	0%	77%
Metro Learning Center	0%	2%	1%	12%	12%	0%	74%
Portland Arthur Academy	1%	28%	12%	9%	6%	0%	44%
Portland Village	<1%	2%	2%	13%	10%	0%	71%
Rose City Park	0%	31%	3%	7%	13%	0%	46%
Roseway Heights	1%	12%	9%	26%	11%	1%	41%
Sunnyside Environmental School	0%	2%	2%	11%	14%	<1%	71%
Winterhaven School	<1%	5%	2%	8%	13%	0%	72%
Reynolds	**1%**	**8%**	**11%**	**45%**	**7%**	**3%**	**26%**
High Schools							
Reynolds	1%	10%	9%	49%	5%	3%	24%
Middle Schools							
Hauton B Lee	1%	12%	18%	43%	6%	6%	14%
Reynolds	<1%	5%	8%	55%	7%	5%	20%
Walt Morey	<1%	5%	6%	42%	9%	1%	38%
Elementary Schools							
Alder	1%	11%	12%	59%	4%	2%	10%
Davis	<1%	6%	12%	54%	6%	5%	17%
Fairview	1%	3%	9%	37%	8%	3%	39%
Glenfair	2%	15%	21%	39%	7%	4%	13%
Hartley	0%	6%	7%	60%	9%	2%	17%
Margaret Scott	1%	12%	22%	27%	11%	9%	19%
Salish Ponds	1%	3%	6%	53%	4%	7%	26%
Sweetbriar	<1%	5%	5%	28%	11%	<1%	50%
Troutdale	1%	4%	5%	26%	6%	2%	57%
Wilkes	0%	12%	18%	42%	7%	7%	15%
Woodland	1%	3%	5%	52%	10%	2%	26%

B. Belonging: Who are we serving

Student Characteristics, 2024-25 School Year

Data Source: ODE Profiles

Student race/ethnicity							
District / School	**AI/AN**	**Asian**	**Black**	**Latino**	**Multiracial**	**NH/PI**	**White**
Other Schools							
HOLLA School	3%	0%	47%	28%	22%	0%	0%
Multisensory Learning Academy	1%	6%	5%	30%	12%	1%	46%
Reynolds Arthur Academy	0%	10%	2%	24%	9%	0%	55%
Reynolds Learning Academy	1%	0%	10%	59%	8%	3%	20%
Rockwood Preparatory Academy	1%	4%	18%	54%	4%	1%	19%

C. Capacity: What we have to work with

Staff/student ratio by type of school, by district

Number of schools and students, & student to SBMH staff ratio (School year 2024-25)					
District	**# total schools**	**# students enrolled**	**# of SUN schools**	**SBMH MHC (FTE)**	**MHC/ Student Ratio by # students enrolled**
Centennial	**9**	**5352**	**7**	**2.8**	**1:1911**
High schools	1	1612	1	.8	na
Middle schools	2	1321	1	1.1	na
Elementary schools	6	1907	5	.9	na
Other schools (e.g., K-8 or K-12)	0	0	0	0	na
Corbett	**1**	**1067**	**0**	**0**	**na**
Other schools	1	1067	0	0	na
David Douglas	**14**	**8686**	**13**	**2.8**	**1:3102**
High schools	1	2644	1	1.3	na
Middle schools	3	2050	3	.5	na
Elementary schools	9	3823	9	1	na
Other schools	1	150	0	0	na
Gresham Barlow	**21**	**11370**	**7**	**2.5**	**1:3952**
High schools	3	3301	1	0	na
Middle schools	4	2092	3	1.5	na
Elementary schools	9	4006	2	1	na
Other schools	5	1882	1	0	na
Parkrose	**6**	**2711**	**4**	**1.6**	**1:1738**
High schools	1	963	1	.8	na
Middle schools	1	618	1	0	na
Elementary schools	4	1111	2	.8	na
Other schools	0	na	na	na	na

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

C. Capacity: What we have to work with

SBMH staff/student ratio by type of school, by district (cont.)

Number of schools and students, & student to SBMH staff ratio (School year 2024-25)					
District	**# total schools**	**# students enrolled**	**# of SUN schools**	**SBMH MHC (FTE)**	**MHC/ Student Ratio by # students enrolled**
Portland Public	**91**	**42,785**	**38**	**7**	**1:6089**
High schools	10	16,075	4	4.8	na
Middle schools	13	6,359	6	1	na
Elementary schools	50	17,560	9	.4	na
Other schools (e.g., K-8 or K-12)	16	5,713	19	.8	na
Reynolds	**20**	**9656**	**11**	**2.8**	**1:3453**
High schools	1	2,278	1	1.8	na
Middle schools	3	1938	2	1	na
Elementary schools	11	3978	8	0	na
Other schools	5	1940	0	0	na

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

How you can use the student to SBMH staff ratio data

The data provided about number of students enrolled and student to staff ratio can help when thinking about mental health consultant placement.

C. Capacity: What we have to work with

Complementary Resources, by district

Number of complementary resources/partners, by School District (School year 2024-2025)							
School District (# of students)	Counselors	Psychologists	Social Workers	SBHCs	Nurses	SBHC ICS BH Consultant	Outpatient treatment programs
Number of staff and [staff -to-student ratio]							
Centennial (5,352)	15 [1:357]	6 [1:892]	0	1	5	1	Trillium + 4 other providers so can have 2 per school
Corbett (1,056)	2 [1:528]	1 [1:1056]	2	0	1	0	4 SBMH providers through a grant awarded (2023-27)
David Douglas (8,686)	25 [1:347]	4 [1:2172]	3	1	7	1	Trillium; REAP
Gresham-Barlow (11,370)	40 [1:284]	6 [1:1895]	1	1	8	0	Trillium; Life Stance; Care Solace; Stronger OR; Eastside Family Therapy
Parkrose (2,711)	8 [1:339]	2 [1:1356]	0	1	2	1	Trillium; Stronger OR; and Latino Network for cm services
PPS (42,785)	155 [1:276]	65 [1:658]	19	5	43	3	Trillium; Sankofa; LifeWorks; and other contracted providers
Reynolds (9,656)	36 [1:268]	9 [1:1073]	14	1	10	1	Trillium; Stronger Oregon; Northwest Family; Sankofa

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