

**Priority:** Education  
**Program Offer Type:** Existing Operating  
**Related Programs:** 25073, 25145A, 25147A, 25156, 40024A  
**Program Characteristics:** Measure 5 Education  
**Lead Agency:** County Human Services  
**Program Contact:** Godwin Nwerem

**Executive Summary**

313 children and teens with emotional and behavioral problems received services to stay safe and overcome barriers to completing school. 4.2 FTE School Based Mental Health professionals provide culturally competent, family-focused, evidence based treatment in six school districts across the County to children and families who would not otherwise receive this needed help. 5,161 contacts for consultation, information, coordination and referral were valued by school and School Health Clinic staff in over 25 schools. Children and adolescents improved their school behavior and attendance, leading to greater school success.

**Program Description**

One in five school aged children and teens experience a significant mental health problem such as Depression or Anxiety. The School Based Mental Health Program gives children and families access to evidence based mental health services in six underserved school districts of Multnomah County. Suicide is the number two cause of death among young people in Oregon. Mental Health clinicians provide crisis services in schools for children and teens at risk of suicide or harm to others. Outreach is provided for additional students and families. Consultation is provided to School Health Clinic, Touchstone and SUN School staff, School District staff and community providers. On average, 60% of children served have experienced abuse in their lives. More than a third of the children referred also need help coping with parental substance abuse. Many have parents who have been incarcerated. Mental Health Consultants help families enroll in services such as the Oregon Health Plan. Of the children served last year, 39% of the children had no insurance and 35% had Oregon Health Plan. Children and families receive family focused, culturally competent services. Of students served last year, 14% were Latino, 17% were African American, 6% were Asian/Pacific Islanders and 3% were Native Americans. This program has demonstrated that when provided direct mental health services, 62% of students also improved in academics.

**Program Justification**

The School Based Mental Health Program meets the Education Priority by preparing school age children to learn by meeting their basic need for mental health and by filling gaps and overcoming barriers affecting children's success at school. It helps implement the School Age Policy Framework and the Child & Family System of Care Children's Mental Health Redesign. Students with mental health needs are identified and receive earlier intervention. Access is provided for children and youth who are not otherwise able to receive mental health services. Because it is County-wide, this program is able to serve families who have high mobility between school districts. Both the stigma of using mental health services and transportation barriers are reduced by seeing students and families in schools. Services are provided in a seamless, integrated manner to youth seen in School Health Clinics. With school based mental health services, children are more likely to complete school and avoid poverty by becoming healthy, self sufficient adults with full employment.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output	Total Unduplicated Children Receiving Direct Mental Health Services	313	360	288	315
Outcome	Percent of Children Receiving Direct Services with Improved School Behavior	77.0%	95.0%	79.0%	80.0%
Outcome	Percent of Children Receiving Direct Services with Improved School Attendance	71.0%	90.0%	74.0%	75.0%
Output	Total Number of Additional Consultation, Support and Outreach	5,161	3,960	3,960	3,960

**Performance Measure - Description**

"Current Year Purchased" outcome targets were based on only available data from 2001. Now less staff serve higher need students in twice the number of school districts than in 2001, impacting outcomes. "Previous Year Actual" is based on 2005-06 data. Program focus has shifted to direct services rather than consultation.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2007	2007	2008	2008
<b>Program Expenses</b>				
Personnel	\$0	\$0	\$250,653	\$112,636
Contracts	\$0	\$0	\$3,494	\$1,549
Materials & Supplies	\$0	\$0	\$4,674	\$2,073
Internal Services	\$0	\$0	\$38,680	\$17,550
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$297,501</b>	<b>\$133,808</b>
Administration	\$0	\$0	\$18,862	\$4,627
Program Support	\$0	\$0	\$45,300	\$2,844
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$64,162</b>	<b>\$7,471</b>
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$361,663</b>	<b>\$141,279</b>
Program Total:	<b>\$0</b>		<b>\$502,942</b>	
Program FTE	0.00	0.00	2.67	1.20
<b>Program Revenues</b>				
Indirect for dep't Admin	\$0	\$0	\$81	\$0
Intergovernmental	\$0	\$0	\$0	\$133,808
Program Revenue for Admin	\$0	\$0	\$0	\$7,471
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$81</b>	<b>\$141,279</b>

## Explanation of Revenues

\$44,463 in estimated FQHC billings. \$89,345 of insurance fee for service payments based on the number of OHP eligible claims and the balance in County General Fund.

## Significant Program Changes

**Last year this program was:** #25076A, County Operated School Based Mental Health Services

The output number projections were based on the current fiscal year program model of serving the entire six school districts. Next fiscal year actuals may vary depending on the school districts served by the program. See "base" program offer of 25076A for FY 07 history.