Office of the Deputy Mayor for Health and Human Services

Task Force on School Mental Health Meeting
Subcommittee on Provider Capacity

DATE: Monday, January 22, 2018
LOCATION: Department of Behavioral Health
64 New York Avenue NE – Room 284
TIME: 11:00 am – 12:30 pm

Task Force Members

Appointee	Task Force Seat Designation	Attendance	Designee	Attendance
Deitra Bryant-Mallory	District of Columbia Public Schools	Not Present	Rachel Bradley Williams	Present
Councilmember Vincent Gray	DC Council - Committee on Health	Not Present		
Councilmember David Grosso	DC Council - Committee on Education	Not Present	Katrina Forrest	Present
Michael Lamb	Non-Core Service Agency Provider Representative	Not Present		
Nathan Luecking	Department of Behavioral Health School Mental Health Program (SMHP) Clinician	Present		
Taiwan Lovelace	Department of Behavioral Health Mental Health Program Clinician	Present		
Dr. LaQuandra Nesbitt	Deputy Mayor for Health and Human Services Designee	Not Present		
Chioma Oruh	DCPS Parent Member	Not Present		
Michelle Palmer	Non-Core Service Agency Provider Representative	Not Present		
Marisa Parrella	Core Service Agency Provider Representative	Present		
Scott Pearson	Public Charter School Board	Not Present	Audrey Williams	Present
Juanita Price	Core Service Agency Provider Representative	Present		
Dr. Olga Price	School Mental Health Expert	Present		

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Appointee	Task Force Seat Designation	Attendance	Designee	Attendance
Dr. Tanya Royster	Department of Behavioral Health	Not Present		
Dr. Heidi Schumacher	Office of the State Superintendent of Schools	Present		
Chalon Jones	Deputy Mayor for Education (DME) Designee	Present		
Molly Whalen	Public Charter School Parent Member	Not Present		

Additional District Government or DCPCSB Staff Present

Name	Role	Office or Agency
Sakina Thompson	Facilitator	Office of the Deputy Mayor for Health & Human Services
Barbara Parks	Staff	Department of Behavioral Health
Charneta Scott	Staff	Department of Behavioral Health
Carrie Grundmayer	Staff	Department of Behavioral Health
Kafui Doe	EDI Presenter	Office of the State Superintendent of Education
Omotunde Sowole West	Staff	Office of the State Superintendent of Education
Jocelyn Route	Staff	Department of Behavioral Health

Public Attendees

Name	Role	Organization
Rachel Sadlon	Public	GWU - Center for Health and Health Care in Schools
Mark LeVota	Public	DC Behavioral Health Association
Michael Long	Public	GWU - Milken Institute School of Public Health

Office of the Deputy Mayor for Health and Human Services

AGENDA

I. Welcome & Introduction

II. **Goals for Today's Meeting**

The question of provider capacity and our task in answering it relies on a shared understanding of what a provider is being asked to do, do they have the capacity to do what? To do this we will revisit the proposed plan's model and strategy for realizing the plan's vision, to see where we are in agreement and where the members have questions or recommended changes.

III. Recap Plan's Proposed School-Based BH Model & Strategy

- Proposed Model- Slides 6, 7 (Nov. 6 PPT)
- Proposed Strategy - Slide 12 (Nov. 6 PPT)
- Discuss any major recommended changes to model and/or strategy

Discussion on Plan's Proposed Model: The subcommittee expressed agreement with the public health model described in the Plan, recognizing that the percent of students needing Tier 2 and Tier 3 services may vary based on the degree of adversity and support students experience. Felt the question is what is the baseline capacity for all three Tiers that we want all schools to have? Should it be a minimum/floor or should we designate the goal as a robust set of all three tiers in order to say a school has an effective SMHP? How do we know whether a school meets the desired baseline capacity?

Discussion on Plan's Proposed Strategy:

Marisa Parrella: On the question of "who provides" this capacity, feels DBH doesn't own Tier 1; rather we need them to provide Tier 2 and Tier 3 services, and to play the role of informed coordinator in the schools.

Mary's Center's current model is similar to the DBH model, as they use an integrated model. Their ability to maximize reimbursement is highest in schools with strong leadership and team support, and an array of resources. Even in the best case scenario, it is not feasible (financially or in reality) for a provider to only provide Tier 3 services.

The maximum reimbursement is from 25 Medicaid reimbursable encounters each week for 52 weeks. At $200/encounter (and not all are reimbursable at this rate – group and some other activities can be significantly less), Mary's Center still has a 20% funding gap. But it goes beyond the financial structure as well, as the school-

based environment has too many variables that can disrupt the payment targets. For example, when a child has a crisis, it can take most of the day to complete all the tasks related to ensuring the child receives the emergency care they need, including all the ancillary tasks, often requiring cancelling all other appointments, which they then can't bill for. In addition, the school calendar includes days with no students, ramp up time in August and September before referrals are sufficient to fund the staff.

If we want something like the DBH model in every school, we need to fund agencies who can flexibly provide Tiers 2 and 3 of the Public Health Model in the same way DBH funds the DBH clinicians to deliver the model. And, we need to provide training and fidelity to this Model, increasing provider capacity each year (adding EBPs).

Juanita Price: In the community she came from, the public agency provided services for those with medical necessity. All other community partners had to come together to provide Tier 1 and 2 services. Not necessarily advocating for that model.

In DC, DBH has highly credentialed and trained persons and because of that, her feedback to the original plan is that focusing them on Prevention and Coordination would not make use of the value they bring, and would deprive schools and students of Tier 2 and Tier 3 services they need.

From my first time around, when the District had only one CSA, I wish I had the foresight then to say let's not move the program to DBH. Rather we should develop an entity that can continue to develop and sustain the school-based model that can build a sustainable model for providers. Our best chance for a sustainable system is to move forward with a hybrid, as long as we develop a funding strategy that reflects the role we need them to play.

Hillcrest's reimbursement rate is about half of what Mary's Center, as an FQHC, can receive. Instead of the $200 reimbursement rate, Hillcrest gets $110 at most, and less, somewhere around $88, for some services, such as group. Staff is not located full-time at schools, so travel time of upwards of 1.5 hours per 45 minute session goes unbilled and unfunded. Supervision is essential, but hard to bill for. CBOs can't compete and can't provide the same quality of care as DBH under this funding structure. Tier 3 alone doesn't work, and even if it did, current reimbursement isn't sufficient to fund that.

I would like to see the SMHP budget, how much of it is covered by reimbursements.

Nathan Luecking: There are many CBOs that receive grants and come into schools to provide Social Emotional Learning (SEL). What schools don't have is Tier 2 and

Tier 3. What DBH Clinicians provide is integration of Tier 1 into the school as informed by understanding the needs of that school. Even with a DBH Clinician in a school, there is substantial unmet need today. If you take DBH Clinician away from Tier 2 and Tier 3, you would have even less of those services available for students who need them.

We need a full-time DBH Clinician in each school to provide all 3 Tiers, help integrate other CBO providers of Tier 2 and 3, and support the school in their on-going and shifting needs.

The community and schools will need time to repair their relationships and gain trust of the CBO's before they can feel confident trusting the mental health care of their kids to entities who have been historically unreliable. Even for quality providers, their ability to provide a level of reliability and service equivalent to the current DBH SMHP is highly challenged by the current funding model, and they will not be able to meet the expectations of schools or communities unless providers have a funding stream to provide the non-billable services that make school-based services work. Regardless of which CBO's come and go, there needs to be a baseline government safety net providing all 3 tiers to the highest (high and middle) needs schools.

Taiwan Lovelace: If a DBH Clinician has 3-4 schools to serve, what happens if there is a crisis in a school on a day when they are not present? How can a DBH clinician under the proposed Plan be readily available to address the complexity of concerns/crises in multiple schools given the realities community providers face in providing support beyond reimbursable services?

We need to look carefully at allocating resources too thin, especially in high need schools. We need to strengthen the overall capacity (i.e. funding, infrastructure, quality, quantity, availability of clinicians) of community providers in DC to ensure continuity of care for consumers and avoid creating or perpetuating a crisis model for service delivery (i.e. concerns escalate or are escalated to receive clinical care).

Dr. Olga Price: We need to build the capacity of the provider community for sustainability. I support a hybrid version.

Mark LaVota: Providers and the National Association of Social Workers (NASW) developed national standards for school social workers can provide some insight into appropriate School Social Worker/Student ratios.

1:500 – under the best conditions
1:250 – under average conditions
1:50 – when providing services to students with intensive needs

IV. Provider Capacity Dependencies

School Readiness and available school resources are dependencies for determining school need and matching with best provider. Do we want to utilize a school readiness scale based on both school leadership and culture and available resources?

V. Recommendations Discussion and Next Steps

Possible recommendations are embedded in the discussion notes. Subcommittee will respond to specific questions to further refine areas of discussion for next Task Force meeting.

Any comments regarding these meeting minutes may be sent to Sakina B. Thompson at sakina.thompson@dc.gov.