

# TASK FORCE ON SCHOOL MENTAL HEALTH MEETING

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Friday, February 9, 2018  
Department of Behavioral Health  
64 New York Avenue NE – Room 284  
3:00 -5:00 p.m.

# School-Based Behavioral Health Goals

- Provide 100% of students in all DC Public and Public Charter Schools with Primary/Universal prevention supports (Tier 1)
- Ensure that all students who need early intervention services (Tier 2) and all students who need clinical treatment (Tier 3) are connected to and receive quality services and supports.

# Agenda

- I. Welcome & Introduction
- II. Review Agenda
- III. Review Draft Report & Outstanding Decisions
  - A. Program Design
  - B. Timeline & Provider Development
  - C. Governance
- VI. Next Steps
- VII. Adjourn

# DRAFT REPORT

**Section I** Values and Guiding Principles

**Section II** Goal and Framework for Comprehensive School-Based Behavioral Health System

**Section III** Partners, Roles, Provider Funding, Need Identification, Evaluation and Quality Assurance.

**Section IV** Timeline & Provider Development

**Section V** Governance

# Report Discussion & Decisions

## **Section I**

### Values and Guiding Principles

# Report Discussion & Decisions

## **Section II**

### Goal and Framework

# Report Discussion & Decisions

## **Section III**

### Program Design

# Program Design

## Roles and Coordination

### Current Plan

- In Year 1, DBH SMHP Clinician role changes to (Tier 1) and providing technical assistance/support to the principal in schools to which they are assigned.
- DBH SMHP Clinicians will be assigned full-time or part-time to every DCPS and PCS school, depending on level of need, in their new role.
- The DBH SMHP Clinician will work with School Team to identify and help coordinate Tier 2 and Tier 3 services and transition to the CBO Tier 2 and Tier 3 services previously provided by the DBH Clinician.

### Subcommittee Alternative

- At least in Year 1, the DBH SMHP Clinician role retains flexibility to provide Tier 1, Tier 2, and/or Tier 3.
- In Year 1, focus on highest need schools.
- Each school will designate a “Coordinator” – can be the DBH SMHP Clinician, a qualified school-hired MH staff person, or a CBO qualified MH staff person.
- The DBH SMHP Clinician or school-designated Coordinator will work with the Principal and School Team to identify and help coordinate Tier 2 and Tier 3 services.

# Program Design

## Provider Funding

### Current Plan

- Insurance reimbursement (through Medicaid and private insurance) supports provider delivery of Tier 2 and Tier 3 services.
- DBH anticipates additional provider billing for Medicaid reimbursable services in SY 18-19, including:
  - diagnosis/assessment,
  - medication somatic,
  - counseling, and
  - community support

### Subcommittee Alternative

- Insurance reimbursement (through Medicaid and private insurance) is necessary but not sufficient for provider delivery of Tier 2 and Tier 3 services.
- School-based service delivery requires case coordination, crisis management, teacher consultation, team meetings, relationship building, and administrative tasks currently not reimbursable.
- Additional funding is needed to develop sustainable, dependable, high-quality school-based behavioral health services by community-based providers.
- Recommend exploring additional Medicaid and non-Medicaid funding.

# Program Design

## Need Identification – Purpose

### **Options**

1. Prioritize order in which schools are phased-in
2. Distribute DBH SMHP resources
3. Inform school and community-based provider and resource partnerships.

# Program Design

## Need Identification - Approach

### Options

- 1. Population and Student level data**
  - OSSE At-Risk Formula
  - Students with IEPs
  - Chronic Absenteeism
  - School suspension data
  - Additional student-level data available in future years
- 2. School Classification Data**
  - Elementary and Secondary Education Act (ESEA) Classification
  - DC Public Charter School Board (DCPCSB) Releases School Quality Ratings
- 3. Community-wide data**
  - Early Development Instrument (EDI) data
  - DC Youth Risk Behavior Survey (YRBS) data

# Report Discussion & Decisions

## **Section IV**

### Timeline & Provider Development

# Report Discussion & Decisions

## **Section V** Governance

# Governance

## Current Plan

- The Interagency Behavioral Health Working Group (BWG), expanded as recommended by the Task Force on School Mental Health, will guide implementation of the Comprehensive Plan, facilitated and led by the Department of Behavioral Health.
- All partner agencies represented have the authority, and responsibility, to deploy their resources in accordance with the Comprehensive Plan adopted by the District.
- DBH currently has the responsibility and authority to oversee community-based behavioral health providers, and will continue in this role.

## Subcommittee Alternative

- Given the cross-sector nature of the SMH approach (involving numerous LEAs, behavioral health agency and community-based organizations, universities, other non-profit agencies, etc.), putting the responsibility of the implementation of this plan solely within one district agency could be problematic.
- Creating an entity within the Deputy Mayors for HHS and Education would communicate the importance of this initiative and provide sufficient authority over key agencies.

# Report Discussion & Decisions

## Next Steps