TASK FORCE ON SCHOOL MENTAL HEALTH MEETING

Friday, January 12, 2018
Department of Behavioral Health
64 New York Avenue NE – Room 284
9:00 -11:00 a.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

Welcome & Introduction

II. Review Agenda

III. Presentation and Discussion

A. Governance Framework for Proposed Plan

B. Subcommittee Reports

- Need Determination
- Provider Capacity

C. Report Recommendations

D. Report Due Date

VI. Next Steps

VII. Adjourn

Governance Structure

Coordinating Council

- Facilitated by DBH
- Role and Responsibilities:
  - Provide assistance in the review of the need/risk stratification determination and priority plan—annually or as needed using principal survey and existing data sources with input from OSSE, DCPS, DCPCS, and PCSB.
  - Additional responsibilities TBD

Governance Structure

- **Proposed Membership:**
  - Any member from the Behavioral Health Working Group (BWG) could volunteer to be on the Council.
  - Other persons recommended to be invited included:
    - 1 Parent
    - 1 Teacher (DC Public Charter School)
    - 1 Youth Peer Specialist
    - 1 Family Peer Specialist
    - 1 Adult Peer Specialist
    - 1 CBO (CSA)
    - 1 CBO (non-CSA)
  - The Target Date for Completion of Selection Process was 8/31/17

Need Determination Subcommittee

I. **Purpose of Need Determination:**

- To define the population health risk for mental health concerns in the school building
- To create baseline and use to measure progress

II. **Decisions we want to make using the Need Determination:**

- Allocation of Tier 1 support from DBH clinician
- Type and amount of Tier 2 and Tier 3 services needed to Inform CBO/School match; and
- Prioritized for Phased Roll-Out

Need Determination Subcommittee

III. **Data we want to use:**

- OSSE At-Risk School Profile
- Attendance
- 3rd Grade Proficiency
- 504 & IEPs
- DBH School Leader Survey

V. **Methodology:**

- Need change to methodology as initial models only predict highest need, not level of need in all schools

IV. **Data we recommend consider:**

- Youth Risk Behavior Survey (HS only)
- Primary Project (Elementary only)
- Early Development Instrument (EDI)
- CAFAS

Provider Capacity Subcommittee Report

1. **Community School Model: EL Haynes (Tia Brumsted)**
   - Director of Student Well-Being coordinates and oversee behavioral health services for about 1150 students across three campuses (EL, MS, HS)
   - Employs 7 full-time BH staff
   - 2 Mary's Center Clinicians
   - 1 DBH SMHP Clinician
   - Mary's Center & DBH staff participate in all clinical and school team meetings and invited to professional development
   - Clinical partners have access to school-based IT systems; parents full partners
   - Annually look at certain indicators of need, including OSSE At-Risk score, SPED, CAFAS score, modified CDC School Climate Survey
   - In addition, partners with CBOs on about 30 additional programs/services through MOUs

Provider Capacity Subcommittee Report

2. **Foundations for Home and Community (Anne Cornell)**
   - Provide full range of services in about 22 schools
   - Participate in school team meetings
   - Medical Director conducts on-site meetings with focus on medication management, parent groups, teacher support and training
   - Shift from Clinicians and Community Support Workers to only Clinicians – building team;
   - No wait lists currently, but some students referred out to other providers during transition

Provider Capacity Subcommittee Report

3. DC Behavioral Health Association (Mark LaVota)

- Provider interest is not the same as capacity – those without track record of school-based or child services need time to hire staff & understand modalities and environment.
- School capacity is equally important to success of providers
- Provider questions and concerns:
  - How can we maximize current Medicaid billing and can we plan to add other codes and service types to allow providers to meet the range of needs set out in the plan?
  - What complementary, non-Medicaid funding is available for reasonable administrative time and to provide non-billable services?
  - Is there interest in exploring option for CBOs to comprehensively provide all three tiers of service?

Report Recommendations

Recommendation on:

- Any changes to current plan
- Need determination methodology
- Healthcare provider capacity
- Implementation strategy
- Workforce development strategy
- Evaluation criteria