Office of the Deputy Mayor for Health and Human Services

Task Force on School Mental Health Meeting

DATE: Monday, March 12, 2018
LOCATION: Department of Behavioral Health
64 New York Avenue NE – Room 284
TIME: 3:30 – 5:00 pm

Task Force Members

Appointee	Task Force Seat Designation	Attendance	Designee	Attendance
Deitra Bryant-Mallory	District of Columbia Public Schools	Present		
Councilmember Vincent Gray	DC Council - Committee on Health	Not Present	Osazee Imadojemu	Present
Councilmember David Grosso	DC Council - Committee on Education	Not Present	Katrina Forrest	Present
Michael Lamb	Non-Core Service Agency Provider Representative	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	Present		
Chioma Oruh	DCPS Parent Member	Present		
Michelle Palmer	Non-Core Service Agency Provider Representative	Present		
Marisa Parrella	Core Service Agency Provider Representative	Present		
Scott Pearson	Public Charter School Board	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	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	Present		

Additional District Government or DCPCSB Staff Present

Name	Role	Office or Agency
Jay Melder	Facilitator	Office of the Deputy Mayor for Health & Human Services
Charneta Scott	Staff	Department of Behavioral Health
Erica Barnes	Staff	Department of Behavioral Health
Denise Dunbar	Staff	Department of Behavioral Health
Sakina Thompson	Staff	Office of the Deputy Mayor for Health & Human Services
Barbara Parks	Staff	Department of Behavioral Health
Carrie Grundmayer	Staff	Department of Behavioral Health
Monica Hammock	Staff	Department of Behavioral Health
Meghan JaKa	Staff	DBH Manager, Applied Research & Evaluation
Irina Beyder-Kamjou,	Staff	DBH Chief Operating Officer for Budget Questions
Tamisha Smith	Staff	Department of Behavioral Health
J'wan Griffin	Staff	Department of Behavioral Health
Crystal Williams	Staff	Department of Behavioral Health
Lanada Williams	Staff	Department of Behavioral Health
Dr. Kafui Doe	Staff	Department of Health
Aurora Steinle		Office of the Deputy Mayor for Education

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Public Attendees

Name	Role	Organization
Michael Villafranca	Public	Children's Law Center
Mark LeVota	Public	DC Behavioral Health Association
Jodi Kwarciany	Public	DC Fiscal Policy Institute
Jamii PremDas	Public	Foundations for Home and Community
Anne Cornell	Public	Foundations for Home and Community

AGENDA

I. **Welcome & Introduction (5 minutes)**

Facilitator, Jay Melder, opened the meeting and gave a special thank you to Dr. Meghan Jaka, DBH Director of Applied Research, Heidi Schumacher, Assistant Superintendent for Health & Wellness at the Office of the State Superintendent of Education (OSSE), Dr. Charneta Scott (DBH), Co-Chair Dr. Olga Price, and Sakina Thompson (DMHHS) for their hard work over the last 10 days to update the data and conduct initial data analyses to inform today's meeting on a budget recommendation. Jay also gave a special thanks to Dr. Irina Beyder-Kamjou, Chief Operating Officer for DBH, who is attending today as the agency's budget expert as requested by the Task Force.

Jay invited Dr. Olga Acosta Price to say opening words. Dr. Price thanked the Task Force members for their continuing commitment throughout and for attending this extra meeting.

Jay asked Sakina Thompson to guide the Task Force through the Agenda and PowerPoint.

II. **Agenda**

Sakina walked the Task Force through the Agenda, noting Dr. JaKa would present the needs identification materials, she would present the resources information, after which the Task Force would discuss the main topic of considering ideas for a budget recommendation.

III. **Need Identification- Presentation by Dr. Meghan Jaka**, Manager, Applied Research & Evaluation Data & Performance Management (See PowerPoint Attachment)

A. Considerations
B. Analytic approaches

C. Need identification results

Discussion

Dr. Nesbitt asked Task Force members if the top 25% of schools by these data analyses looked like the right schools to them. She noted that when she looked at the data over the weekend, she noticed that giving each data element the same weight may not be the right approach. The most variation in the school data for those not falling in the top 25% looks like it is in the OSSE At-Risk Formula data. She noted that this tells her we may want to give more weight to the OSSE data when we combine with the other indicators. In her experience the data element with the highest variation should be given more weight.

Task Force members were interested in stratifying the schools by Elementary, Middle, and High School, and clarifying those Educational Campuses by whether ES/MS or MS/HS. Others noted that they needed to see the resources compared to the need to better understand what the need identification is telling us, and, that we need to add the School-Based Health Center behavioral health staff.

IV. Resources (See PowerPoint)

A. Minimum Needed – Provider and School Readiness Criteria drafts

B. Quantifying Resources & Unmet need – Spreadsheet includes Providers in schools but hard to quantify in a quick analysis.

C. Cost Drivers – Menu – Sakina noted that the slide indicates an increase in the average cost of the CBO provider clinician from subcommittee discussions, from $70,000 to $90,000 including salary and fringe. Michelle Palmer from the Wendt Center noted that their budget gap is $32,000 for their 4 clinicians; Juanita Price of Hillcrest Children and Family noted their budget gap per clinician is about $36,000. Mary's Center noted they can bill for about 62% of the cost of their clinicians. If they are asked to provide Tier 1 services, the billable portion will go down.

Members discussed the relative requirements for and merits of having LICSWs in schools as compared to professionals not licensed to practice independently. Juanita Price asked about LGWs, and said she was not aware of a school requirement that there only be LICSW level clinicians. Deitra Bryant-Mallory noted that for several years now there is a process for bringing on new providers that providers already in schools don't necessarily have to go through. There was some discussion that it may not be necessary to have

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LICSW level staff deliver Tier 1 services; others noted that through delivering Tier 1 services the staff learn about student needs, are integrated in the referral process, develop an understanding of the school, and build relationships with teachers, school leaders and other staff.

Discussion:

Jay recommended started the discussion by identifying several key factors to consider, including the clinician/student ratio, support for non-billable services, and ensuring support for all schools even while focusing on the Year 1 cohort. Key funding priorities would be support for CBO providers non-billable services and activities needed to support a school-based practice and provide technical assistance to providers and schools. Regarding the ratio of clinicians to students that makes sense, Jay noted the Task Force has looked at the ratio recommended by the National Association of Social Workers for school social work services, which is 1:250 for an average school and 1:500 for a lower need school. The Task Force also looked at EL Haynes, which has about 1:100 ratio to serve a high percent of at-risk students, and which the Task Force looks at as well-resourced.

So if we look at the top 56 schools from the average Z score split, which has about 23,000 students, apply the 1:100 clinician/student ratio as a starting point we would need 230 clinicians. If we then look at the resources currently in those schools (not counting providers currently in the schools because knowing what that means in each school is more variable) there are 31 DBH clinicians and 166 School-Hired behavioral health staff, resulting in a gap of about 33 clinicians. At our (high end) per unit costs of a CBO provider salary/fringe of $90,000, looking at an average local match for CBO clinicians of 50% it would cost us a bit under $1.5M for the first year implementation ($45,000 x 33 = $1,485,000).

The Task Force discussed the question of whether focusing on the schools with the highest 25% of student need would mean taking resources away from other schools. Dr. Nesbitt noted that whether some have a lot and others have nothing and that is not equitable. Dr. Oruh expressed concerns as a parent at the thought that students currently receiving services, such as one-on-one counseling and other supports and who have developed relationships with those clinicians could have that yanked away from them. After discussion back and forth, the Task Force expressed as a priority value/goal that all schools need continued support and that a wholesale redistribution of resources is not what is envisioned by moving forward with implementation of the new model.

The Task Force also discussed whether it would make sense to think of a different service allocation for Elementary, Middle, and High Schools, as Elementary Schools

typically would need/benefit more from Tier 1, and High Schools will have a greater need for Tier 3.

Nathan Luecking recommended as an alternative approach to funding CBO providers that the gap of 33 clinicians be filled by expanding the DBH School Mental Health program by that number of clinicians. At an average cost of $104,000, the cost he estimated for this option would be about $3.4M ($104,000 x 33 = $3,432,000).

The Task Force also discussed the need for technical assistance and evaluation. Jay suggested $250,000 – Dr. Price noted that for a university or Child Trends wouldn't be interested at that rate if it were for both. Jay noted that we could maybe engage the Lab at DC, which just hired two dedicated human service data scientists. To cover TA and evaluation, Jay suggests adding $250,000 and $100,000 respectively to the recommendation. There was also a question/suggestion that some of the TA funds could go to DBH and that the current DBH SMH Clinicians were uniquely qualified to provide TA to providers starting up in a school-based practice.

V. Next Steps

DMHHS will revise the Final Plan to include the budget recommendations and send to the Task Force for their review and approval.

VI. Adjourn

Having completed its discussion, the Task Force adjourned.

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

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