TASK FORCE ON
SCHOOL MENTAL HEALTH
MEETING

Monday, March 12, 2018
Department of Behavioral Health
64 New York Avenue NE – Room 284
3:30 -5:00 p.m.
School-Based Behavioral Health Goal

To create a coordinated and responsive behavioral health system for all students in all public and public charter schools.
Agenda

I. Welcome & Introduction
II. Review Agenda
III. Need Identification
   A. Considerations
   B. Analytic approaches
   C. Need identification results
   D. Discussion
IV. Resources
   A. Minimum Needed
   B. Quantifying Resources & Unmet need
   C. Cost Drivers – Menu
V. Budget Recommendations
Identifying Behavioral Health Needs in Schools

- Which schools are in the top of each chosen methodology compared to others?
- Are there differences by school type – education campus, elementary, middle, and high school?
- Identify a target of schools to go into for SY18-19
- In some cases, may need to enhance services where partnerships currently exist
- What number is reasonable for next year given the provider capacity?
- Over 3-5 years, hope to see a robust presence of prevention, early intervention, and treatment services in all schools.
Data & Methodology

- **OSSE At-Risk Formula**
  - Eligibility for TANF and/or SNAP
  - Students experiencing homelessness
  - Students in foster care
  - High School students 1 year older than expected grade
- **Individualized Education Plans (IEPs)**
- **In-seat attendance (based on monthly rates)**
- **Out-of-school suspension**
Three Analytic Approaches

• OSSE At-Risk:
  • Shows actual % At-Risk and Ranking

• Average Z – Score:
  • Adds the Z-Score for each indicator, then divides it by 4, getting the average Z-Score.
  • The Z-Score approach allows us to distinguish between schools otherwise very similarly situated, thus giving us a bit more nuance than a straight average of the rankings.

• Average Rank:
  • Adds rank for each indicator and divides it by 4.
Need Identification Results

Presentation
&
Discussion
Provider Readiness - Baseline (Draft)

- Financially sound
- Solid supervision structure
- Qualified licensed clinicians with child and youth experience
- Understanding of school-based practice and ability to participate as part of collaborative multi-system student support team
- Operational experience and/or capacity to provide treatment & billing in school setting
- Paneled with & capacity to bill Managed Care Organizations
School Readiness - Baseline (Draft)

- School-hired Behavioral Health Staff of 1:250 students
- Functional Mental Health Team/s (e.g., established operations, membership, and consistently meets)
- Ability to enter into MOA with CBO to include such elements as:
  - Referral Process
  - Mandated Reporting
  - Confidentiality
  - Consistent confidential space for treatment services
  - Access to students
  - Wi-Fi
  - Supervision structure
  - Evaluation
## Total (SY 16-17) District Investments in School-Based Behavioral Health

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>SPENDING</th>
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<tbody>
<tr>
<td>Department of Behavioral Health: SMHP</td>
<td>$ 8,140,000</td>
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<tr>
<td>DC Public Schools (51,242 students):</td>
<td>$ 26,775,000</td>
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<tr>
<td>• 172 licensed clinical social workers</td>
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<td>• 110 school psychologists</td>
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<td>DC Public Charter Schools (40,996 students):</td>
<td>$ 13,725,000</td>
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<tr>
<td>• 39 Counselors</td>
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<td>• 38 Social Workers</td>
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<tr>
<td>• 65 Psychologists</td>
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<tr>
<td>• 7 Psychiatrists</td>
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<tr>
<td>Department of Health:</td>
<td>$ 416,000</td>
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<tr>
<td>• 7 School Based Health Centers for 4500 students</td>
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<tr>
<td>Total Approximate District Spending</td>
<td>$ 49,056,000</td>
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## Behavioral Health Resource Costs Per Clinician

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<thead>
<tr>
<th></th>
<th>DBH</th>
<th>CBO – 20% Non-billable</th>
<th>CBO – 40% Non-billable</th>
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<tbody>
<tr>
<td><strong>Average Salary &amp; Fringe</strong></td>
<td>$100,000</td>
<td>$18,000 (20% of $90,00 Avg S/F)</td>
<td>$36,000 (40% of $90,00 Avg S/F)</td>
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<tr>
<td><strong>Equipment &amp; Materials</strong></td>
<td>3,000</td>
<td>3,000</td>
<td>3,000</td>
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<tr>
<td><strong>Training</strong></td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
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<tr>
<td><strong>Total per Clinician</strong></td>
<td>$104,000</td>
<td>$22,000</td>
<td>$40,000</td>
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Implementation Timeline

• Current and new providers will identify the number of additional schools they can serve in the Spring for the following School Year. New providers will demonstrate readiness to provide school-based services.

• Schools and providers agree to participate in training, as determined appropriate.

• Schools, agencies, and providers participate in collaborative needs assessment and identify technical assistance needs of schools and providers.

Year 1 - SY 18-19 target:

• ____/200 public schools offering multi-tiered SMH supports provided by a DCPS, PCS, OSSE, DBH, DOH, and community-based providers, as tailored to the needs of each school.

Year 2 – SY 19-20 target:

• ____/200 public schools offering multi-tiered SMH supports.

• Year 3 – SY 20-21 target:

• ____/200 public schools offering multi-tiered SMH supports.
Budget Recommendation

Discussion & Decision