

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

AGENCY	SPENDING
Department of Behavioral Health: SMHP	\$ 8,140,000
DC Public Schools (51,242 students): <ul style="list-style-type: none"> • 172 licensed clinical social workers • 110 school psychologists 	\$ 26,775,000
DC Public Charter Schools (40,996 students): <ul style="list-style-type: none"> • 39 Counselors • 38 Social Workers • 65 Psychologists • 7 Psychiatrists 	\$ 13,725,000
Department of Health: <ul style="list-style-type: none"> • 7 School Based Health Centers for 4500 students 	\$ 416,000
Total Approximate District Spending	\$ 49,056,000

Behavioral Health Resource Costs Per Clinician

	DBH	CBO – 20% Non-billable	CBO – 40% Non-billable
Average Salary & Fringe	\$100,000	\$18,000 (20% of \$90,00 Avg S/F)	\$36,000 (40% of \$90,00 Avg S/F)
Equipment & Materials	3,000	3,000	3,000
Training	1,000	1,000	1,000
Total per Clinician	\$104,000	\$22,000	\$40,000

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