# COORDINATING COUNCIL ON SCHOOL MENTAL HEALTH

Monday, November 19, 2018 10:00 am - 12:00 pm

Department of Behavioral Health 64 New York Avenue NE Room 284e 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 & Introductions

#### II. Review Agenda

#### III. Communications Work Plan

- A. Branding
  - Visual
  - Framing
- B. One-Pager
- C. Healthymindsdc.com
- D. Workflow-creating content and setting direction

#### IV. Updates

- A. Project AWARE
- B. Community of Practice RFP
- C. Evaluation RFP
- D. School/Provider Matching
  - School/Provider match process
  - Provider Grant Allocation Options

#### v. Budget Discussion

#### VI. Committee Updates

- A. School & Provider Readiness
- B. Implementation Committee
- C. Family & Youth

# Communications Branding – Visual

- Healthymindsdc.com: DC's Resource for Children's Behavioral Health
- Purpose To create a home for information on and connection to children's behavioral health in the District

<u>Recommendation</u>: Align the Expansion with Healthymindsdc.com using the colors and visual cues (e.g., green hand)

- Healthymindsdc.com has a fresh, attractive, and pleasing appearance.
- Reduces confusion, duplication, and builds on DBH investment.
- Provides a foundation that the Expansion can build on as not yet a lot of content.

# Communications

### Framing

### How do we talk about what we are doing?

How do we promote what we are doing?

# **Communications - Framing**

Comprehensive Plan to Expand School-Based Behavioral Health Services (District's Plan)

> DBH's School Mental Health Program

"hold agencies and participating stakeholders accountable for timely implementation of the expanded School-based Behavioral Health System" (Task Force Report)

National School Mental Health Community Coordinating Council on School Mental Health

OSSE Health & Well-Being

School Behavioral Health System (Provider RFA)



### Project AWARE

# Community of Practice RFP

### Evaluation RFP

# School & Provider Matching

### DCPS – Update

 DC Public Charter Schools – Update

# **Provider Grants**

#### Task Force Report Recommendation-Recap

- 1. <u>Model</u>:
  - CBOs place clinical staff in schools to provide Tier 3 clinical treatment that is insurance billable, and
  - > Grant supports non-billable portion of clinician's time (20-50%) to support:
    - Effective treatment
    - School to identify needs and deliver Tier 1 and Tier 2 programming and services

#### 2. <u>Budget proposal</u>:

- CBO clinician cost \$90,000
- Budget estimated used 33 clinicians at 50% (\$45,000/each), with following caveats that allow the funding to support up to about 48 clinicians:
  - > Some schools would use the clinician primarily for Tier 3 (needing about 20-30% subsidy)
  - Some schools would use the clinician for some Tier 3, but also to help school identify students needing Tier 3 and help develop Tier 1 and Tier 2 programming (needing up to 50% subsidy)
- Supervisors were funded at \$400,000 allowing CBOs to allocate a small portion of supervisor to their grant if necessary.

# Provider Grants – Options

### **Enrollment-Based Variations**

(Estimate only, based on self-reported enrollment between 135-831)

- 1. Enrollment Only (Original)
- 2. \$10,000 Base + Enrollment
- 3. \$15,000 Base + Enrollment

Grant Amount	Enrollment ONLY	\$10,000 base + Enrollment	\$15,000 + Enrollment
	\$12,000 - 77,000	\$20,000 - 65,000	\$22,000 - 60,000
< 20,000	5	0	0
20,000-30,000	17	19	15
30,000-40,000	13	19	23
40,000-50,000	5	5	7
50,000-60,000	4	4	7
60,000-70,000	3	5	0
70,000-80,000	4	0	0

# Provider Grants – Options

### School-Based Variations Factors

- Small Schools Fewer students need Tier 3 (billable) services, but share certain baseline costs with larger school; possibly fewer school resources
- Medium & Larger Schools More students need Tier 3 (billable), but larger student body means more resources needed to support Tier 1 and Tier 2; possibly more school resources
- DCPS v. Public Charter Schools DCPS Central Office Resources may provide greater support than smaller charter LEAs

# Provider Grants – Options

### **School-Based Variations**

(assumes 47 schools)

- 1. Equal Amount per School \$39,604
- 2. By Size of Enrollment
  - □ Small \$30,000/school x 8 = \$240,000
    - # Students < 250
    - About 8-10 schools
  - □ Medium \$40,000/school x 27 = \$1,080,000
    - # Students 251 500
    - About 27-30 schools
  - □ Large \$50,000/school x 12 = 600,000
    - # Students > 501 1000
    - About 13-14

Total = \$1,920,000

# **Budget Framing**

- Goal: To develop and sustain a coordinated and responsive multi-tiered behavioral health system in our schools.
  - Where does, can, or should the programming and service mix come from to achieve this goal?
  - Among the partners at this table, and beyond, what currently exists in our schools, and where are additional resources to meet the need?

> Update Comprehensive Plan Investments across Core Agencies:

Section 2. Current (FY16) Behavioral Health Services in Schools and Child Development Centers

AGENCY	APPROXIMATE SPENDING
DEPARTMENT OF BEHAVIORAL HEALTH	\$ 8,140,000
DC PUBLIC SCHOOLS	\$ 26,775,000
DC PUBLIC CHARTER SCHOOLS	\$ 13,725,000
<u>DEPARTMENT OF HEALTH</u>	<u>\$ 416,000</u>
TOTAL APPROXIMATE DISTRICT SPENDING	\$ 49,056,000

Identify additional funding, e.g., Project AWARE, social/emotional learning, anti-bullying, school climate, Fair Access to Schools, school grants, communities in schools, school partnerships

# School & Provider Readiness

School Provider Agreement Update



# Implementation Committee

### School Strengthening Tool "pilot" update

### Next Work Session

## Family & Youth Committee

>One-pager & website development

### Family Feedback in Evaluation Process

Next Meeting

# Next Steps

### New Business:

- Coordinating Council Calendar
- Committee Assignments
  - Resource Mapping Long-Term
  - Workforce Development
  - Next year planning
    - Need determination
    - Other?