



What is your agency's primary function?

The Mission of the Department of Health is to promote and protect the health, safety and quality of life of residents, visitors and those doing business in the District of Columbia

Our responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.

 What direct and/or indirect services do you provide to students and families?

Direct health services

Health navigation and coordination

Training and Technical Assistance (TA)

Prevention programming and education

**Funding** 

**Partnerships** 



 Please describe some of your key initiatives that support students, families, and educators.

#### **Community Health Administration (CHA)**

- Children and Youth with Special Health Care Needs (CYSHCN)
- Health, violence prevention, anti-bullying and sexual health education/speakers programs
- Childhood Obesity (early education TTA)
- Oral Health Program
- School Based Health Centers
- School Health Nursing Program, Care Coordination and Navigation
- School Health Surveillance and Disease Reporting
- Immunization registry- No Shots, No School
- Early interventions ( Home Visitation, Help Me Grow)



#### HIV, AIDS, Hepatitis, STD and TB Administration (HAHSTA)

- School Based STD Screening Program
  - 9-12<sup>th</sup> grade
  - In school screening and treatment
- Condom Availability Policy and Program
- Wrap MC Training and Certification
  - School staff
  - Youth peer educators
- Youth STD Screening Program(YSSP)
  - Youth Serving CBOs
  - DYRS Youth Services Centers
- DC Keep It 100
  - Sexual health text message service for youth
- Trainings and TA
- DC Health and Wellness Center
- Peer Educator Training and Support



- How do you currently collaborate with schools?
  - Formal MOUs, contracts, grants and partnerships at the agency level
  - Partnerships at the programmatic/school level
  - Ad hoc requests( speakers, trainers, health days, etc)
- What do you see as necessary for effective partnerships?
  - Assessment and alignment of needs to resources
  - Solid points of contacts at school and agency level
  - Clear communication and expectations
  - School administration buy in and support
- Who should schools contact if they have additional questions or need resources?
  - HAHSTA- <u>Veronica.Urquilla@dc.gov</u>
  - CHA- <u>Charlissa.Quick@dc.gov</u>



#### What is your agency's primary function?

The Department of Behavioral Health is the mental health authority that oversees the quality, fidelity, and implementation of mental health and substance use prevention and recovery services.

#### DBH's Vision:

The District Of Columbia is a thriving community where prevention is possible and recovery from mental health and substance use disorders is the expectation.

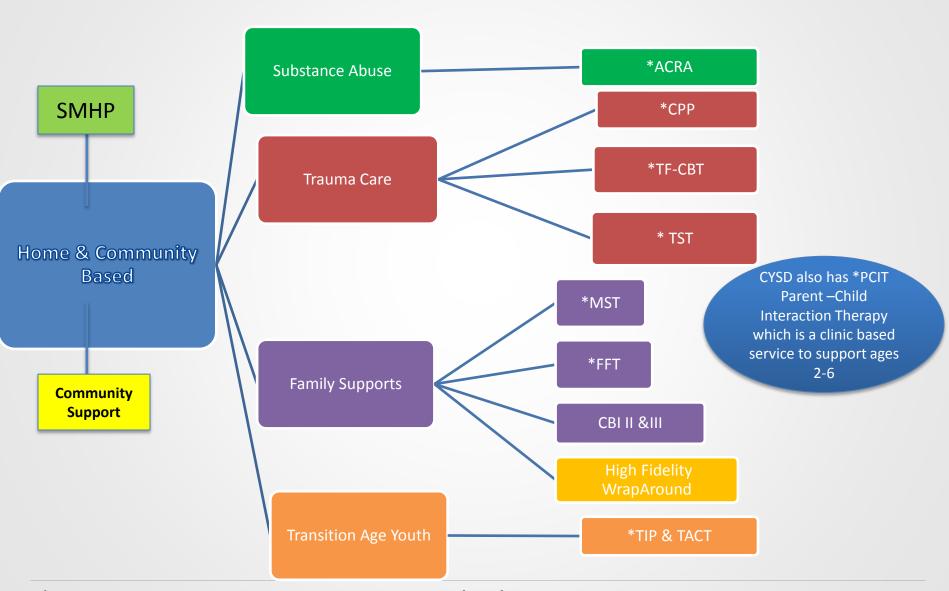


#### What direct and/or indirect services do you provide to students and families?

- DBH School Based Mental Health Services are located at 68 DC Public and DC Public Charter Schools combined to provide prevention, early intervention, and treatment services.
- Children and Adolescent Mobile Psychiatric Services (CHAMPS) is the District's 24 hours/7 days a week, crisis team for youth ages 6-21 that provides crisis stabilization, crisis safety assessment, and safety planning.
- DBH offers a range of home and community based services including: Community Support, Therapy and Intensive Home and Community Based Treatment (CBI).
- DBH System of Care is the home of 9 Evidence Based Practices to support children, youth, young adults and their families which are centered around:
  - Substance Use
  - Trauma Care
  - Family Supports
  - Transition Age Youth
  - Early Childhood



## Department of Behavioral Health CYSD Services



<sup>\*</sup>These programs are Evidence Based Programs (EBP)



Please describe some of your key initiatives that support students, families, and educators.

System Of Care Expansion Implementation Grant which assisted in implementing:

- Family and Youth Peer Specialists
- Child-Adolescent Functional Assessment Scale (CAFAS)/Pre-School and Early Childhood Functional
  Assessment Scale (PECFAS)- used across agencies as a tool to rate a youth's emotional and behavioral
  functioning
- Social Marketing- Increasing Mental Health Awareness <a href="www.LetHelpIn.Com">www.LetHelpIn.Com</a> website for access to mental health and substance use services and increase awareness

DC Social, Emotional, and Early Development Project (DCSEED) SOC Grant- focusing on the unmet behavioral health needs of young children (birth-6) who are at high risk for or diagnosed with serious emotional disturbance (SED) and their families

NITT SOC Grant – Now Is The Time: Healthy Transitions- ages 16-25

Improving Access- Children's Roundtable- government and non-profit agencies collaborate on plan to improve access to mental health services

Trauma Informed Plus – Trauma Care Initiative which focuses on providing training to non-mental health and mental health professionals on the definition of trauma and recognizing signs of childhood trauma

Ombudsman- Partnership with DCPS Ombudsman

Web-Based Behavioral Health Training – <u>www.supportdcyouth.com</u>

**Bridging LEAs to Resources for Enhanced Student Outcomes | #DCITAC** 



#### How do you currently collaborate with schools?

- School Based Mental Health Program is located within 68 DC Public and Public Charter Schools to provide prevention, early intervention, and treatment services.
- DCPS and OSSE representation at the table for Children's Roundtable to discuss access concerns and solutions
- Family Team Meetings to join with the family on techniques to address concerns in the school and in the home
- CAFAS/PECFAS Pilot program within selected DCPS schools to use the CAFAS scale and how it is impacting treatment for youth.
- Specialized Mental Health training for SRO's this year in conjunction/addition to standard CIO training.



#### What do you see as necessary for effective partnerships?

- Consistent communication
- Clarity on each agency's role
- Willingness to come to the table with solutions
- Work diligently to implement changes on each end

#### What ideas do you have for future collaboration?

- Clear consensus on the differentiation of crisis management vs ongoing behavior management
- Clear consensus on each team member's role, when this role should be shared, and how this role will be shared
- Shared protocol on teaming and unified planning for youth and family
- DCPS and DBH have joint events to bring awareness to resources within DCPS/OSSE and resources within DBH
- Blended and dedicated funding to support:
- Wrap Around
- Training Days built into Summer Trainings
- Crisis Training Online



# Who should schools contact if they have additional questions or need resources?

- Erica Barnes, School-Based Mental Health Program Manager, 202-698-2391, erica.barnes@dc.gov
- Amina Smith, CBI Coordinator, 202-673-7758, amina.smith@dc.gov
- Lisa Albury, Behavioral Health Program Manager, 202-671-4083, <u>lisa.albury@dc.gov</u>
- Patricia C. Thompson-Embark, Ombudsman Program Officer, 202-698-2329, patricia.thompson@dc.gov
- Charneta C. Scott, Project Manager, 202-654-6175, charneta.schott@dc.gov
- Access Helpline- 1(888)7WE-HELP or 1-888-793-4357



DHS' primary function is to empower every District Resident to reach their full potential by providing meaningful connections to work opportunities, economic assistance and supportive services

#### DHS direct and/or indirect services to youth and families:

- Shelter & Housing Support
- Benefits and Medical Assistance
- Work Readiness and EmploymentSupport
- Adult Protective Services

- Early Intervention Support
   Services for youth committing status offenses
  - Diversion Services for youth at risk of becoming system-involved



#### Key DHS Initiatives that support youth and families:

- Reduce the number of Court-involved youths by creating a sustainable diversion system, and offering comprehensive early intervention/prevention programs for youths committing status offenses
- Reengage youths in school, improve youths' functioning at home and in the community, and help build stronger, safer neighborhoods
- Connect youth and their families with additional community and government supports and services, and reduce risk of truancy due to homelessness
- Support teen parents to pursue an educational program (either GED or high school) to comply with their TANF work requirements and move toward self-sufficiency
- Ensure TANF families with children ages birth to five are enrolled in high quality child development centers; and
- TANF customers receiving services from a 2 generational approach and with a family focused perspective.



#### **Current DHS-Schools collaboration outlets:**

- The School's Homeless Liaison Office (families facing homelessness getting housing support);
- The Office of Early Childhood Education (TANF parents getting employment support)
- Attendance Counselors & Other Key Stakeholders (i.e. social worker, SPED coordinator) (youth experiencing truancy, or in need of Individualized Educational Plan, etc.)
- DCPS Youth Engagement Division (YED) (for troubleshooting attendance issues)



#### Opportunities to further build the DHS-schools partnership:

- Joint collaboration on early-intervention programs to prevent youth to be exposed to the juvenile justice system
- Data sharing around youth at risk of becoming homeless and support programs for pregnant and/or parenting youth
- Memorandums of understanding to secure access to realtime attendance data for public and charter schools

#### For more information about DHS Youth Services Division contact:

Hilary Cairns,

Deputy Administrator Youth Services Division

Email: Hilary.cairns@dc.gov

Phone: (202) 698-4334

# Department of Health Care Finance

The Department of Health Care Finance (DHCF) administers DC Medicaid, DC Health Care Alliance, and the Immigrant Children's program.

**Division of Children's Health Services** is responsible for the development, implementation, and monitoring of policies, benefits and practices for children's health care services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit, the Children's Health Insurance Program (CHIP), and the Immigrant Children's Program.



## Department of Health Care Finance

# EPSDT is the pediatric component of the Medicaid Program and has 3 major components:

 Access: Inform families of the EPSDT benefit and services their children are entitled to and provide assistance so that children can receive the services they need

#### Screenings and Education

- Assessments (and documentation) of physical, developmental and behavioral health in pediatric primary care visits (regular and as-needed)
- Health education and counseling to parents
- Assistance in understanding developmental phases of child's life
- Information about benefits of health lifestyles and practices

#### Diagnosis and Treatment

- When screenings/visits uncover health concerns, EPSDT requires coverage of services needed to diagnose and treat the concerns
- Medically necessary services must be covered as long as they fall in the federal categories of Medicaid services, and regardless of whether they are in the individual State's Medicaid Plan



## DHCF Division of Children's Health Services

# Primary functions to support students & families enrolled in Medicaid

- Inform families of the EPSDT benefit and services their children are entitled to and provide assistance so that children can receive the services they need
- Process TEFRA/Katie Beckett application and renewals
- Medicaid beneficiary travel authorizations and assistance
- Liaison with Ombudsman on access/coverage issues
- Process interpreter requests



## DHCF Division of Children's Health Services

#### **Current collaborations with schools:**

- School Health Requirements Interagency Committee
  - Representation by OSSE, DCPS, DOH & DHCF
  - MOA between DOH, DCPS & DHCF to coordinate and share data to identify disparities in the utilization of EPSDT services, including preventive dental services, well-child visits and associated screenings for children attending DCPS
  - Meets quarterly to discuss how to how each agency is using the data to drive programmatic and policy change as well as discuss how we can better collaborate to ensure children are accessing the care they need
- Free Care Rule Working Group
  - Representation by OSEE, Charter Schools, DCPS, DBH, DOH, DME & DHCF
  - Purpose: to define the current landscape of health care service delivery in schools, and help operationalize the policies needed across the District's health and education agencies in order to implement the expansion of Medicaid reimbursement for school-based services



# For questions about the LEA Institute Series, please contact: OSSE.TTA@dc.gov