


Government of the District of Columbia
Office of the Chief Financial Officer



Jeffrey S. DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeffrey S. DeWitt
Chief Financial Officer 

DATE: November 1, 2017

SUBJECT: Fiscal Impact Statement – School Health Innovations Grant Act of 2017

REFERENCE: Bill 22-232, Committee Print as shared with the Office of Revenue
Analysis on October 23, 2017

Conclusion

Funds are not sufficient in the fiscal year 2018 through 2021 budget and financial plan to implement the bill. The bill is estimated to cost \$3.3 million in fiscal year 2018 and \$3.7 million over the four-year financial plan.

Background

The bill establishes a new School Health Innovations Grant program that awards eight separate \$400,000 grants to school health clinic operators for behavioral health care service innovation.¹ The purpose of the grant awards is to expand access to:

- screenings for behavioral health and social determinants of health needs using the Community Resource Center;²
- referrals to social services providers;
- community health care navigation services; and,
- on-demand access to behavioral health providers via real time tele-video.

¹ There are currently eight health centers in DCPS high schools. They are operated by three different operators - MedStar Health operates the health centers at Anacostia SHS and Roosevelt SHS, Children's National Medical Center operates health centers at Ballou SHS, Coolidge SHS, and Dunbar SHS, and Unity Health Care, operates centers at Cardozo EC, HD Woodson SHS, and Eastern HS.

² The Community Resource Center (MyCR CDC) is a web-based social services data tool connecting healthcare providers, individuals and families to community-based social services providers. The legislation states that the purpose of the tool is to address the social determinants of health such as food insecurity, transportation, employment and housing instability that adversely impact individual's health and healthcare outcomes.

Clinic operators must submit an application to the Department of Behavioral Health (DBH) in order to be considered for a School Health Innovations Grant. The application must include:

- a memorandum of understanding with the principal of a District of Columbia Public or Public Charter School;
- plans to obtain National Committee on Quality Assurance (NCQA)³ recognition within 12 months of selection;
- plans for community outreach;
- plans to promote health literacy;
- plans to coordinate care with parents and the primary care provider if outside of the clinic;
- detailed plans on operation of the school-based clinic including clinical staff and other health services to be offered;
- plans to obtain consent from parents;
- plans to engage parents to ensure utilization of clinic;
- funds needed to implement plan;
- projected maximum number of schools in which operator could implement proposed model and incremental cost estimate for each additional school;
- plans to obtain reimbursement for health care services provided;
- plans to engage school administrators in integrating existing behavioral health-related services offered by the school; and,
- other features as determined by DBH.

Selected clinic operators are required to electronically track, and submit data to DBH. The agency will use this information to evaluate outcomes and determine the scalability of the operator's model. Specifically, operators must report:

- the number of referrals made;
- the number of referrals completed;
- student academic performance;
- student absences;
- teacher and school counselor satisfaction;
- the numbers of children screened for behavioral health and social service needs;
- the numbers of children connected to mental health services and social services;
- the number of behavior-related disciplinary actions involving students;
- the number of emergency room visits;
- gross revenue from health plan, Medicaid or other reimbursements;
- the most efficient manner to run the clinic including alternate staff composition; and
- the number of schools that the model can be expanded to including incremental and total cost.

³ The NCQA operates the Patient Centered Medical Home (PCMH) program for clinical practices that provide first contact, continuous, comprehensive, whole person care for patients across the practice. Practices that earn NCQA PCMH Recognition demonstrate an ongoing commitment to patient-centered care and quality improvement.

The Honorable Phil Mendelson

FIS: Bill 22-232, "School Health Innovations Grant Act of 2017," Committee Print as shared with the Office of Revenue Analysis on October 23, 2017.

Financial Plan Impact

Funds are not sufficient in the fiscal year 2018 through 2021 budget and financial plan to implement the bill. The bill is estimated to cost \$3.3 million in fiscal year 2018 and \$3.7 million over the four-year financial plan. DBH requires an additional \$3.2 million in fiscal year 2018 to award eight, one-time \$400,000 grants to school health clinics. DBH also needs one full-time program coordinator to review and approve grant applications and to monitor ongoing program outcomes.

Bill 22-232- School Health Innovations Grant Act of 2017					
Total Fiscal Impact					
	FY 2018 ^(c)	FY 2019	FY 2020	FY 2021	Total
Salary ^(a)	\$71,203	\$97,785	\$100,719	\$103,740	\$397,181
Fringe ^(b)	\$17,729	\$24,348	\$25,079	\$25,831	\$98,898
Grant Awards	\$3,200,000	\$0	\$0	\$0	\$3,200,000
Total	\$3,288,932	\$122,134	\$125,798	\$129,572	\$3,696,079

Table notes

- (a) Includes one Grade-13, Step-5 Social Worker.
- (b) Assumes a 24.9 percent fringe benefit rate.
- (c) Assumes employee start date of January 2, 2018.