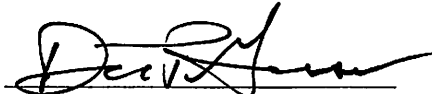
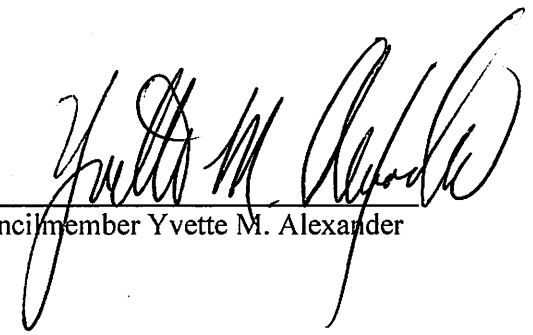


1 
2 Councilmember David Grosso


Councilmember Yvette M. Alexander

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5 A BILL
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9 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
10

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13
14 To establish the School Based Behavioral Health Improvement Pilot Program in school years
15 2017-2018 and 2018-2019 for students in eligible District of Columbia Public Schools
16 and to align the District with the Centers for Medicare and Medicaid Service's
17 Accountable Health Community Model.
18

19 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
20 act may be cited as the "School Based Behavioral Health Improvement Act of 2016".

21 Sec. 2. Definitions.

22 For the purposes of this act, the term:

23 (1) "Behavioral Health Care Coordination System" means the combination of staff and
24 software capable of facilitating care coordination and secure communication between the school-
25 based clinical designee, behavioral health providers, the primary health care network, and
26 community based social service organizations. The Behavioral Health Care Coordination
27 System will also have the capability to track referrals and possess a database of healthcare
28 providers, community based organizations, social service organizations, and government
29 services.

30 (2) "Behavioral Health Provider" means behavioral health providers licensed to practice
31 in the District.

32 (3) "Behavioral Health and Social Services Screening tool" means software capable of
33 screening for the psychiatric disorders including depression, anxiety, substance misuse, traumatic
34 stress, and eating disorders as well as the ability to screen for problems related to the social
35 determinants of health including availability of resources, access to health care services,
36 community safety issues, and familial issues.

37 (4) "Behavioral Healthcare toolkit" means the combination of software tools deployed by
38 the Facilitator to facilitate the care of students.

39 (5) "Bi-Directional tele-video service tools" means software capable of real time, secure,
40 contemporaneous video and audio communication.

41 (6) "Communications Portal" means a HIPPA secure, encrypted web based data center
42 that allows for communication and documentation between clinical entities (behavioral health
43 providers, primary care providers, school based clinical designee, care coordination specialists)
44 and students and parents (or legal guardian) in the pilot program for purposes of consultations
45 and tracking clinical and referral data.

46 (7) "Pilot Program" means the school based behavioral health program described in
47 Section 3.

48 (8) "Social Services Organization" means an organization that provides assistance with
49 accessing services that address health-related social needs including employment, education,
50 nutrition assistance, or other essential health-related social needs.

51 (9) "Student" means a child over the age of 10 who attends an eligible District of
52 Columbia Public School that has either already been identified as having behavioral health issues
53 that require monitoring or has presented to the school clinic or school administrators with
54 problems that require diagnosis and care.

55 (10) "Workflow" means the processes and procedures employed to support the pilot
56 program.

57 (11) "School-based Clinical Designee" means the school-based personnel designated and
58 trained to administer the Behavioral Health and Social Services Screening tool, interact with the
59 parent, and facilitate referrals to approved behavioral health and social service organizations
60 including licensed medical assistants, nurses, or community health workers.

61 Sec. 3. School based behavioral health improvement pilot program

62 (a) The Department of Behavioral Health shall administer a School Based Behavioral
63 Health Pilot Program in eligible schools during the 2017-2018 and 2018-2019 school years.

64 (b) Students at eligible schools will complete a behavioral health and social services
65 screening at the school clinical site.

66 (c) If a behavioral health or social services referral is warranted after screening, the
67 School-based Clinical Designee will contact the parent(s), and with their permission, connect
68 with the Behavioral Health Care Coordination System.

69 (d) The Behavioral Health Care Coordination system will connect the student to the
70 appropriate available behavioral health provider and/or social service agency for a real time, bi-
71 directional consultation by way of tele-video.

72 (e) The Behavioral Health Care Coordination system will inform the clinical designee,
73 the parents or legal guardian, and the primary care provider of recommendations for follow up
74 care including any treatment plan and plans for continued care made by the behavioral health
75 provider, or for an in-person appointment with the social service agency or organization.

76 Sec. 4. Facilitator

77 (a) Department of Behavioral Health shall select a Facilitator organization who shall be

78 responsible for:

79 (1) Designing the workflow of pilot program;

80 (2) Providing Department of Behavioral Health with the Behavioral Healthcare
81 Toolkit pursuant to Section 5 and providing Department of Behavioral Health with the
82 maintenance and support of that healthcare toolkit;

83 (3) Providing the Behavioral Health Care Coordination System; and

84 (4) Community outreach including convening relevant stakeholders including
85 community-based organizations, faith based organizations, and behavioral health providers, to
86 ensure community input and support.

87 Sec. 5. Health technology

88 (a) The Behavioral Healthcare Toolkit used in the Pilot Program shall include the
89 following features:

90 (1) A Behavioral Health and Social Services Screening Tool;

91 (2) A Communications Portal;

92 (3) Data collection and data analysis; and

93 (4) Bi-directional tele-video service tools.

94 (b) Additional health technology features may be added at the discretion of Department
95 of Behavioral Health.

96 Sec. 6. School eligibility

97 The Department of Behavioral Health shall select a total of 4 schools located in Ward 7
98 or Ward 8 for eligibility in the Pilot Program.

99 Sec. 7. Evaluation

100 (a) Department of Behavioral Health shall track the following for the purposes of

101 evaluation of the pilot program:

102 (1) Number of referrals made;

103 (2) Number of referrals completed;

104 (3) Numbers of children screened for behavioral health and social service needs;

105 (4) Numbers of children connected to mental health services and social services;

106 and

107 (5) Number of behavior related disciplinary actions involving students.

108 Sec. 8. Ownership of health records

109 (a) The Facilitator and the consulting behavioral health provider shall co-own the
110 student's medical records for up to 7 years with the consulting behavioral health provider
111 maintaining responsibility for security of the health records.

112 Sec. 9. Parity.

113 Services provided under this act shall be reimbursed as if that service was provided in a
114 physician's office.

115 Sec. 10. Fiscal impact statement.

116 The Council adopts the fiscal impact statement in the committee report as the fiscal
117 impact statement required by section 4a of the General Legislative Procedures Act of 1975,
118 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

119 Sec. 11. Effective date.

120 This act shall take effect following approval by the Mayor, (or in the event of veto by the
121 Mayor, action by the Council of the District of Columbia to override the veto), a 30-day period
122 of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule
123 Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and

124 publication in the District of Columbia Register.

125