

**Overview of Responsibilities:**

The Special Education Reform Team within OSSE (“The Team”), led by Tameria Lewis, is focused on greatly improving service delivery to children and young people with disabilities through State Education Agency (“SEA”) leadership. The Team has harnessed the obligations of the present Blackman/Jones and Petties federal lawsuits to initiate a process of fundamental reform. On December 10 2007, the District entered into a non-binding agreement with Blackman class counsel to the effect that the District would roll out a series of program reforms in 2008, whereby District children would be better served in their local public or charter schools. It is the Special Education Reform Team’s primary responsibility at this time to own and lead that effort at the state level.

As part of this reform, the Team is focused on improving the delivery of mental health services to students within the District’s public schools. The purpose of this contract is to obtain an understanding of the strengths, weaknesses, opportunities, and challenges to developing a coordinated school-based mental health service system within the District’s public schools. The District’s public schools are defined as both charter schools and District of Columbia Public Schools (“DCPS”).

To facilitate the development of improved mental health service delivery in local schools the OSSE seeks to contract with Knute Rotto, herein known as the Contractor, an expert in the field of mental health systems reform. The Contractor was the clinical manager from 1990-95 for one of the eight Robert Wood Johnson Foundation Children’s Mental Health Demonstration Projects in Madison, Wisconsin and now serves as the chief executive officer of Choice, Inc. Choices is a nonprofit organization that provides an integrated care system that individualizes the needs of the clients, reorganizes the funding structures to maximize tax dollars and builds accountability.

The Contractor shall work to identify and evaluate the universe of mental health services available and the quality of services, including evaluations and related services, presently provided in and through the District’s public schools. The Contractor shall make recommendations, based on best practices, for improving the quality and availability of mental health service delivery in schools. The Contractor shall also evaluate the District’s use of Medicaid to finance these services and recommend strategies for increasing Medicaid reimbursements.

This evaluation will be conducted by (1) reviewing relevant reports on the District’s public school system and (2) through a series of stakeholder interviews. This information will be used to identify the strengths of the service delivery system, as well as gaps and needs. The Contractor’s finding from reports and interviews shall be consolidated into a written report that addresses agreed upon topics of inquiry along with recommendations for improved and efficient mental health service delivery.

**Scope of Work (SOW)**

The Contractor's scheduled work shall begin on or around January 14, 2008, and conclude April 30, 2008. The written report shall be completed by March 3, 2008. The Contractor agrees to provide the following services to the OSSE:

1. Undertake a series of conference calls and meetings with key individuals from OSSE, DCPS, Blackman Jones Evaluation Team, Blackman/Jones Plaintiffs' Counsel, Petties Special Master, Petties Plaintiffs' Counsel, and other relevant Contractors.
2. Read and become familiar with relevant written materials concerning the District of Columbia's public schools mental health and related service delivery and the mental health services otherwise available to students within the District of Columbia for the purposes of identifying gaps, needs, barriers, and strengths in the current system. {e.g. court reports }
3. Meet with relevant stakeholders and provide timely oral updates as well a written report on findings. Stakeholders include, but are not limited to the following:
  - a. Families
  - b. Charter and DCPS Teachers
  - c. Charter and DCPS Principals
  - d. Related Service Providers (e.g. psychologist, social workers, etc)
  - e. School Nurses
  - f. School Counselors
  - g. Special Education Coordinators
  - h. Identified Community Service Providers
  - i. Representatives of other District child serving agencies (DME, DMH, CFSA, DYRS) as identified by OSSE
  - j. OSSE staff
  - k. DCPS central administration
    - i. Chief Financial Officers
    - ii. Non-Public billing unit
    - iii. Medicaid billing unit
  - l. Blackman/Jones Plaintiffs
  - m. Blackman/Jones Evaluation Team members
  - n. Blackman/Jones Monitor
  - o. Petties Special Master
  - p. Petties Plaintiffs' Counsel
  - q. Children's Law Center representatives
  - r. Other Blackman/Jones Contractors
4. Findings from the documentary review and stakeholder interviews shall be consolidated into a final written report and provided to the OSSE by March 3, 2008. The final report shall address, but is not limited to the sets of questions provided below and shall provide recommendations, based on best practices, for state-level (OSSE) interventions and LEA-level (e.g. DCPS) interventions.

When relevant, the final report should address when access to mental health services and/or policies for care differ for students based on classifications such as general education or special education. Topics of inquiry for the final report include, but are not limited to the following:

- Quality and Scope of Mental Health Services Currently Available
  - Student and Family Access to Mental Health Services in the Local School
  - Barriers to Service Provision in the Local Schools and the Community
  - Coordination of Mental Health Services with other Health or Related Services
  - Coordination of Mental Health Services with Classroom Instruction
  - Training and Supports for Mental Health Services
  - Information Management
  - Training and Supports for Mental Health Services
  - Financial Management of Mental Health Services
5. Once the final report is submitted, the Contractor shall make at least two presentations of finding to identified stakeholders and be available to provide consultation until the conclusion of this contract, April 30<sup>th</sup>, 2008.

## **Questions of Inquiry**

### **Quality and Scope of Mental Health Services Currently Available**

1. What is the quality and nature of the screenings performed? Who conducts the initial screenings and do they use a standardized instrument?
2. What is the quality and nature of the evaluations performed? Who conducts the evaluations and do they use a standardized instrument?
3. Do the schools currently have the resources and expertise to provide the needed services to students diagnosed with severe emotional disturbance? What is the current method for allocating mental health resources to schools? Who informs this process?
4. How long does it take for a student to begin receiving services once referred? How many students are on the “waiting list”?
5. Who are the current mental health service providers serving? (Only students with a DSM-IV diagnosis, student with identified ED, students who disrupt the classroom, any child that request services, or all of the above?)
6. What types of mental health services are available to students during the school day?
7. What types of mental health services are available to students after-school? Are these services easily accessed? What is the quality? Are families informed and/or involved of this option?
8. Do you feel the current treatment techniques are age appropriate and follow current standards? Are individual and/or group services offered?
9. Did you get the feeling families are encouraged to participate?

### **Student and Family Access to Mental Health Services in the Local School**

1. What does the current referral process look like?
2. Who in the school works with the mental health professional to identify, assess, plan, and deliver services to a student in a coordinated manner?
3. How informed are teachers about the current mental health services available in the local school? How informed are the parents? How informed are the students?

4. What do students gain or lose by being labeled “a special education student” in relation to mental health services?
5. What do you believe the common “opinion” held by our students is concerning mental health services? Do they view it as a type of punishment or reward? Do you believe they trust the mental health professionals in their local school?

### **Barriers to Service Provision in the Local Schools and the Community**

1. What are the barriers, including physical, financial, and social, to providing appropriate and quality mental health care services to students in their local school?
2. What are the barriers, including physical, financial, and social, to providing appropriate and quality mental health care services to students in their community?

### **Coordination of Mental Health Services with other Health or Related Services**

1. On average how often do the mental health professionals attend SST, MDT, and IEP meetings? If they attend, what is their level of participation? What, if any, contractual obligation to they have to attend? If full-time staff, who is responsible for inviting them to these meetings? Is the attendance record of staff mental health professionals better than that of contractors?
2. How often do mental health service providers interact with special education coordinators (SECs), principals, teachers, and other related service providers? How is information shared among these key stakeholders?
3. Who is currently responsible for making linkages to community-based mental health services (mental health provider, special education coordinator) Who is responsible for ensuring those who qualify for Medicaid apply?

### **Coordination of Mental Health Services with Classroom Instruction**

1. Who is responsible for coordinating mental health services with other health services or educational/related services?

2. What efforts are made to coordinate students' mental health service plans and classroom instruction?

### **Training and Supports for Mental Health Services**

1. What supports are currently available in the school to support the efforts of mental health professionals?
2. When was the last time teachers received specific instruction on teaching students with an emotional or behavior disturbance diagnosis?
3. Who if anyone provides training to families and school staff? If training is provided, please provide information on content and quality?

### **Information Management**

1. How is student information shared among mental health professional and/or among other service providers? How is the information recorded and/or stored? Is the information entered into Encore, the cumulative folder, the special education folder, or in a different folder altogether? How often is the information checked for accuracy?
2. Who has access to the students' mental health records? What FERPA protection policies exist?
3. What happens to the mental health information of a student when they go from being a general education student to a special education student? How is the information transferred to minimize service disruptions?
4. What is the policy for service provision and information sharing when a student transfers to another school, be it another DCPS LEA or charter?
5. What, if any, type of self-help materials are available to parents, teachers, and students?

### **Vitals on Mental Health Professionals in the Schools**

1. What types of qualifications are accepted/required by the District in order for someone to provide mental health services to students?

2. Are the mental health providers' employees of the District or contractors? If District employees, are they unionized? If contractors, are they independent providers or agency provided?
3. What is the scope of training and backgrounds of our school mental health professionals? (e.g. bachelors, masters, psychologist, social workers, prior teachers)
4. What is the current student to mental health provider ratio? What is their average caseload?
5. What is the average rate of turnover in the schools? What is the average number of years a provider serves in the same school? Why do they leave or stay?
6. How many hours a day are they physically in the schools?
7. What does a typical session/intervention look like?
8. Are there enough mental health professionals or support staff available?
9. Do the mental health providers feel supported and connected to the school? If not, why?
10. Do they have the resources needed to do their jobs effectively? (e.g. assessment tools, screening kits, access to student files, software, or the internet)

### **Financial Management of Mental Health Services**

1. How are mental health services currently being funded or billed for in the local school?
2. Who is responsible for reconciling billed services and actual service provision?
3. What efforts are made to recover Medicaid reimbursements? What are the barriers?
4. Are there any positive or negative consequences for the school concerning whether Medicaid reimbursement is sought and/or received?