

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

A BILL
22-232

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To establish the School Health Innovations Grant program to award grants to operators of health care clinics that partner with District of Columbia Public Schools and District of Columbia Public Charter Schools to give students, and the communities that surround the schools, opportunities to access behavioral health care services.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, that this act may be cited as the “School Health Innovations Grant Program Act of 2017”.

Sec. 2. Definitions.

For the purposes of this act, the term:

(1) “Health care provider” means a physician, clinic, hospital, or neighborhood health center, licensed by the District of Columbia, that provides services that address a person’s overall social, emotional, and psychological well-being and development.

(2) “Department” means the Department of Health Care Finance.

(3) “Social services provider” means an organization that provides assistance with accessing services available to individuals to address social determinants of health, including employment, education, nutrition assistance, or other needs.

Sec. 3. School Health Innovations Grant Program.

(a) There is established the School Health Innovations Grant Program (“Program”) to expand access to comprehensive behavioral health care services by providing grants to health

29 care providers that partner with District of Columbia Public Schools and District of Columbia
30 Public Charter Schools (“D.C. Schools”) to give students and the communities that surround the
31 D.C. Schools opportunities to access behavioral health care services, including through the
32 incorporation of remote computer access.

33 (b) The Department shall administer the Program and shall award innovation grants of up
34 to \$400,000 each to up to 8 health care providers that participate in the Program.

35 (c) Each health care provider that participates in the Program shall partner with a D.C.
36 School and establish a school-based health care clinic within the D.C. School that offers the
37 following:

38 (1) Screenings for behavioral health and social determinants of health needs;

39 (2) Referrals to health care and social services providers;

40 (3) Community health care navigation services; and

41 (4) On-demand access to health care provider services via real time computer
42 access.

43 (d) The school-based clinic shall coordinate student care with the students’ parents and
44 the students’ primary care providers regarding follow-up care, including care plans and plans for
45 continued care made by the participating health care provider and for in-person appointments
46 with social service providers.

47 (e) A health care provider that receives a grant under the Program and the partnering D.C.
48 School may agree to extend the services of the school-based clinic to include a community-based
49 clinic that provides services to D.C. School employees, family members of the students, and the

50 local neighborhood community that surrounds the D.C. School. If the grant recipient and the
51 partnering D.C. School elect to establish a community-based clinic, the clinic shall be available
52 to the residents of the surrounding community only after regular school hours of the D.C. School
53 and shall be staffed with health professionals capable of providing patient centered primary
54 health care.

55 Sec. 4. Application process.

56 A health care provider that desires to participate in the Program shall file an application
57 with the Department on a form prepared by the Department. The application prepared by the
58 Department shall require the following information:

59 (1) A memorandum of understanding executed between the health care provider
60 and the principal of the participating D.C. School;

61 (2) The health care provider's plans to:

62 (A) Operate the school-based clinic, including clinical staff and other
63 health services to be offered;

64 (B) Promote health literacy;

65 (C) Coordinate care with parents and the students' primary care providers
66 regarding any follow-up care including, treatment plans, plans for continued care made by the
67 health care provider, or for in-person appointments with social services providers;

68 (D) Obtain consent from parents to allow student participation;

69 (E) Engage parents to ensure utilization of the school-based clinic;

70 (F) Engage school administrators in integrating existing health-related

71 services offered by the school;

72 (G) Obtain reimbursement for the health care services provided; and

73 (J) Engage the surrounding community.

74 (3) Funds needed to implement the health care provider's plans listed in paragraph
75 (2) of this section;

76 (4) Projected number of schools to which the health care provider could extend
77 the proposed model and the incremental cost estimates for each additional school, if applicable;

78 and

79 (5) Other information as determined by the Department.

80 Sec. 5. Evaluation of health care clinic operations.

81 Health care providers participating in the Program shall, on a semi-annual basis,
82 electronically track and submit to the Department the following information for the purposes of
83 evaluation of the health care clinic and determining the scalability of the health care clinic's
84 model:

85 (1) Number of student referrals made to health care providers and social services
86 providers;

87 (2) Number of student screenings completed for behavioral health and social
88 services needs;

89 (3) Number of students connected to behavioral health services and social
90 services;

91 (4) Gross revenue received from health insurance plans, Medicaid, and other

92 reimbursements;

93 (5) An evaluation of the most efficient manner to run the school-based clinic, and
94 community-based clinic, if appropriate, including alternative staff composition; and

95 (6) The identification of other schools to which the school-based clinic model
96 could be expanded, including the incremental and total cost of the expansion.

97 Sec. 6. Ownership of health records.

98 The health care provider shall own all the medical records associated with the operation
99 of a school-based clinic, and community-based clinic, if applicable, and shall maintain the
100 medical records in accordance with District and federal law.

101 Sec. 7. Applicability.

102 (a) This act shall apply upon the date of inclusion of its fiscal effect in an approved
103 budget and financial plan.

104 (b) The Chief Financial Officer shall certify the date of the inclusion of the fiscal effect in
105 an approved budget and financial plan, and provide notice to the Budget Director of the Council
106 of the certification.

107 (c)(1) The Budget Director shall cause the notice of the certification to be published in
108 the District of Columbia Register.

109 (2) The date of publication of the notice of the certification shall not affect the
110 applicability of this act.

111 Sec. 8. Fiscal impact statement.

112 The Council adopts the fiscal impact statement in the committee report as the fiscal

ENGROSSED ORIGINAL

113 impact statement required by section 4a of the General Legislative Procedures Act of 1975,
114 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

115 Sec. 9. Effective date.

116 This act shall take effect following approval by the Mayor (or in the event of veto by the
117 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
118 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
119 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
120 Columbia Register.