

**Agenda**

**Coordinating Council on School Mental Health**

**Monday, March 18, 2019 10:00 am – 12:00 pm**

**@ 64 NY Avenue NE**

**Room 284**

1. **Welcome & Introductions**

Members of the Coordinating Council and the public introduced themselves.

1. **Mission**

Ms. Thompson began the meeting by reviewing the goal of School-Based Behavioral Health and the charge of the Coordinating Council:

* + 1. **School-Based Behavioral Health Goal-** To create a coordinated and responsive behavioral health system for all students in all public and public charter schools.
    2. **Coordinating Council Charge-** To hold agencies and participating stakeholders accountable for timely implementation of the expanded school-based behavioral health system.

She also gave a brief overview of topics on the agenda for this month’s meeting and reminded members that meetings will be held monthly and calendar invites will be sent for the remainder of the year.

1. **News, Updates, and Public Comment**
   1. **New agenda format**

The new agenda format is to help frame the work of the Coordinating Council based on the Task Force on School Mental Health recommendations. The work of the council falls under these 5 areas:

* Timely implementation
* Elements of implementation
* Comprehensive resource inventory
* Cross-system linkages and coordination
* Workforce development-if there is no workforce the work cannot be completed

Ms. Thompson explained that the format will help frame the agendas for the meetings and assist with identifying and framing the work of the Coordinating Council, and the work of the committees to identify and understand priorities.

A member of the Council inquired about the Coordinating Council’s potential role and possible connect to its charge when it comes to the elements of implementation and adaptations of best practices. Ms. Thompson offered that the Coordinating Council meetings are a great space to talk about how and where adaptation of best practices fits in the Council’s role. Possibly it is a part of the Provider and School Readiness committee’s role to think about provider capacity. There should be time provided to each committee to begin to think about how work should be organized and map out all of the things we want to do and include in our work.

A member of the Council also reiterated the importance of understanding that the Comprehensive Behavioral Health System is not a fixed model yet there are best practices. We may look at how those best practices get implemented within a context.

* 1. **Introduction - DBH Director of Prevention & Early Intervention**

Dr. Scott provided an introduction of Ms. Sharon Dietsche, the new Director of Prevention and Early Intervention within the DBH Community Services Administration. Ms. Dietsche is a Licensed Independent Clinical Social Worker who has experience in school-based mental health, early childhood programs, child welfare, and residential and day treatment centers in both direct services and leadership roles. She most recently served as lead expert for practice areas of school social work and behavioral health, offering practice standards, policy standards and workforce development articles and trainings with the National Association of Social Workers.

Ms. Dietsche expressed her excitement to be at the Department of Behavioral Health and see the great work done within the community through the Coordinating Council.

* 1. **DBH School Mental Health Program Update**

Dr. Scott provided the update on the DBH/School Mental Health Program (SMHP). She acknowledged and confirmed that there are no current plans nor conversations to change the role of the DBH/SMHP clinicians. Some questions came up during the recent DBH oversight hearing regarding whether or not schools would lose their DBH clinicians. There will be no change to the DBH/SMHP nor clinician roles for Fiscal Year 2020 or School Year 2019-2020.

Dr. Scott further confirmed that there will be no change to Primary Project. It will remain the same and there will be no expansion. Ms. Dunbar provided a brief overview on the Primary Project. Primary Project is an early intervention program that is run in schools where DBH clinicians are present and the program serves Prek4 -3rd grade students.

A member also inquired if there are plans to see how the DBH/School Mental Health Program aligns with the new program if they were to intersect in one location. Dr. Scott noted that there is a history of both programs being co-located and the Community of Practice will be a place where we can explore how things are going so that service delivery efforts are not duplicated but complimented. Dr. Scott also noted this is the first time the CBOs are collaborating to provide prevention and early intervention services and this collaborative process will assist in identifying the best way to maximize the use of the resources.

A member also noted the confusion that has been reported regarding messaging of services and what CBO clinicians call themselves. Some have reportedly referred to themselves as a DBH clinician and there is still a need to assist in the messaging around name, role and services. Mr. Musante also noted the need to assist CBOs in structuring language and identification when CBOs have had previous relationships with the LEAs. Mr. Howard noted that in DCPS the goal is to get everyone at the table and to plan for services collaboratively.

* 1. **Co-Chair Updates**

The DBH hearing is on March 29th, and Mr. Musante would like to speak with anyone actively involved in the budget lobby to coordinate testimonies to facilitate being on a similar accord. He will send an email to members who would like to testify.

* 1. **Public Invitation to Share (5-10 minutes)**

Given limited sharing of public during the invitation to share, Council members continued discussion and noted:

There needs to be a better understanding between partnerships that existed within schools before the grant funding and current expansion work. Members stated the importance of a coordination plan with guidelines. Dr. Scott noted that the ultimate goal is to develop a comprehensive process and collaborate with everyone at the table and have 1 work plan that includes the planned work of all providers in the school building. The Council is keeping in mind how the school-hired clinicians, CBO clinician and School Mental Health Coordinator, can involve all necessary individuals including the DBH clinician when tasked with mapping and developing the work plan for the school. There needs to be coordination and alignment for the development of each school’s work plan.

Ms. Thompson explained that ultimately the Coordinating Council expects there will be multiple resources in schools and partnerships influenced by the needs and school functions. Acknowledging there is a learning curve, she hopes that through providers completing the School Strengthening Tool and the work plan that everyone will start to think holistically and integrate resources and work together. She reiterated that the goal of the Council is not to create rigid boundaries yet appropriate boundaries related to important operational pieces; and look at the strengths and resources they all bring to the common goal, which is to provide students with a supportive, healthy atmosphere to help them learn and grow.

It is recognized that in previous practice, schools may be using preexisting tools. The Council’s charge is not to change preexisting plans, although consistency is needed. Some schools are using tools similar to the School Strengthening Tool and it has worked well for them. System change has a lot of challenges and part of the challenge is to have some flexibility to allow for variety within a level of quality and consistency that makes sense.

**Status of Community of Practice Procurement**

Mr. Giles, Chief Contracting Officer for Health and Human Service Cluster, provided an update on the procurement for the Community of Practice. Given that it is an open procurement, there is limited information that can be provided. The process began in September and closed in January and recently concluded the review and evaluation phase of offerors. The process can possibly be completed by the first week of April, if there are no other competing priorities. Earlier in the process, there were 11 amendments which delayed the process of procurement.

1. **Coordinating Council Business**
   1. **Timely Implementation and Year 1 Implementation**

Dr. Scott provided a review of process to date.

* 4/52 schools are to receive services through the DBH Clinical Specialist.
* 34/52 school are DCPS and 18/52 are DCPCS.

A slide was provided that reflects MOA and grant funding status for CBOs in the DC public and public charter schools. Some CBOs have previously established partnerships in schools via MOA yet not for the expanded work of prevention and early intervention school-based services. There are currently 15 signed MOAs yet grant funds have not been released to CBOs for all of those 15 schools. The DBH Fiscal office is currently working with CBOs to provide an estimate of what would be spent from the date of the signed grant award through September 30th, 2019.

**DCPS has a total of 34 schools and a total of 28 matched**:

* 2/34- DBH Clinical Specialists
* 5 providers in the school as of today (4 are Hillcrest, 1 Common Unity).
* 4/34- not matched
* 3 clinician placements expected in late March(Hillcrest), 8 clinician placements in April, 2 clinician placements in May (Howard), 7 MBI schools (have clinicians in school under previous MOA and awaiting new MOA that includes the expanded work of prevention and early intervention)
* 1/34- Catholic Charities, no expected date provided
* 1/34- SMILE school, no expected date provided

As a provider is working under a previous MOA and awaiting the new MOA that includes the expansion work, the following questions/perspectives were noted during discussion -- Are the clinicians actually providing prevention and intervention services without the grant funding resources and are they working full-time compared to their original part-time hours? If they had an MOA last year and are not providing different services this school year compared to last, then there work cannot be counted as a part of the work of the expansion.

**DCPCS has a total of 18 schools, 2 are slated for services by DBH Clinical Specialists, and 16 schools are matched:**

* 7/16- have providers in schools
* Expected clinicians- 3 in March, 3 in April, 1 in May (Howard), 3 TBD
* 1 non-responsive to outreach efforts

Mr. Musante suggested updating numbers at every monthly meeting but Ms. Thompson preferred updating the Council weekly.

Mr. Luecking informed the members on the success of the 2018 hiring of clinicians for vacancies within the DBH/School Mental Health Program.

Ms. Dunbar provided input regarding the many agencies looking to hire Licensed Social Workers. DBH/SMHP, DCPS, DCPCS, CFSA, and CBOs are all competing from the same pool of licensed clinicians within the District and this can be problematic. It has not been an easy process to fill positions due to this limited pool. Additionally, CBOs have a harder time hiring clinicians due to clinicians being interested in government jobs that provide higher pay and benefits.

Ms. Thompson noted interest in developing a committee focused on workforce development. Early on in the process, CBOs expressed that they will need the ability to project finances, and time to move into the new role. She acknowledged that the Council is not where they predicated they’d be at the start of the year and understands the timeline the Council sought out was extremely ambitious and aggressive. There was no way to predict all of the steps needed and how to navigate in order to adequately project an accurate timeline. However, providers did let the Council know it would be a longer process than what the Council anticipated.

Regarding the numbers for Year 1 implementation, members of the Council believe it would be helpful to have a more in depth look for better understanding. The resource inventory is an attempt to address the system in its entirety. The spreadsheet takes you through behavioral health resources for every school- DBH clinicians, school-hired clinicians, providers through the expansion, and other partnerships.

Dr. Scott also acknowledged that the Council needs to be aware of initiatives that are happening within the District so there is an understanding of how the Council’s work fits in with the larger landscape. She has begun to think about adding information sessions to the agenda from people in the community and in schools. The information will be a part of the resource mapping spreadsheet. For next steps, the Council should develop a list of initiatives and identify, in the course of the year, how presentations can be added to the monthly meeting schedule.

Dr. Acosta Price noted that the Council should keep in mind that there are other investors who are interested regarding where their investments can support the work. The Bainum Family Foundation is supporting a pilot in 4 schools (Wards 7 & 8). They have pulled together a group of private investors in DC, who in their own ways, funded some element of school-based behavioral health and want to coordinate their own efforts and resources to support public investment, possibly with workforce development. Moving forward, the Council should document gaps and challenges that are identified so it can be shared with potential investors. Dr. Acosta Price is able to facilitate further exploration.

In reviewing the MOA process, a member noted that it is good to standardize processes for both DCPS and DCPCS but wonders if there is one common space for CBOs to do business. There seem to be several elements informing how clinicians get into schools and it is unclear whether all barriers are being addressed to improve the process. It’s important to know and work from a fact based space. If the Council continues to pour more resources into this program and more people are interested in delivering services, it is important to know specifically about the delays and challenges within the process.

Ms. Thompson agreed that it is critical that there is documentation for the entire time period and possibly developing a provider capacity committee with membership from DBH, the schools and the CBO’s to clearly think out the different steps. It’s going to take time outside of the meetings to think about that process of what happened, what was learned that is now an efficiency, what will continue to be an insufficiency and what are some solutions. The implementation committee can possibly document, analyze and identify solutions.

Ms. Thompson thanked members for vocalizing what the Council has been feeling during this process/first year.

Dr. Acosta Price noted that in the beginning, many anticipated these same challenges would come to fruition. The Council should reflect, assess and evaluate on the implementation process. There should be no responsibility of the Community of Practice provider for input on the first year implementation due to being this far into the school year.

In regards to the Council reviewing the first year of the expansion, DCPS tracked correspondence relating to receiving documents from CBOs; forwarding documents to DCPS for routing; and tracking how long the document stayed with OGC; and when signature from the Chancellor was received. They are willing to provide this information at next month’s meeting.

Ms. Thompson will take the lead in organizing this information but will need assistance from DBH, DCPS, and provider groups to combine and organize the analysis to the Coordinating Council.

Mr. Howard noted anecdotal information that could be potentially missing from the process and should also be taken into consideration—DCPS had to increase principal buy-in with bringing CBOs to schools and identify what specialty areas the clinician has to match the needs of the school.

If the matching process was not done, it could have potentially shortened the initial implementation process but would have resulted in more issues due to failure to communicate and approach thoughtfully. For Year 2, the Council has learned what is necessary and what is realistic. The matching process, that involved many different moving parts, was very thoughtful and necessary and done with a sense of urgency. This is an important process because if it is not done well it could cause disruption to placement.

It is also important to recognize that there were no dedicated staff resources budgeted for DBH, DCPS, or OSSE to implement the expansion. The Coordinating Council needs to realistically adjust what to expect when trying to rollout an extensive project. A new investment should have a timeline based on a real process.

* 1. **Year 2 Planning**

If the Coordinating Council wants providers in the schools by Fall, how is that done and what is the best option?

The timeline for the Cohort 2 Request for Application (RFA) would be posted in April and providers would be selected no later than May.

Ms. Brumsted and Dr. Scott provided an overview of the projected Cohort 2 Onboarding Timeline. The timeline was developed with the goal to have everything functioning come Fall. For the school readiness timeline, the implementation committee wanted to ensure mapping out plans for the release of the RFA as well as supporting CBOs, principals and all other logistics that were not discussed in depth last year.

On the provider readiness side, Cohort 2 schools would be selected during the month of April and the first notification would alert the provider of the selection and provide them with a finalized draft of what to expect between April through October. There will be a revised RFA to DBH leadership for review to be ready for the Notice of Funding Availability (NOFA) to go out on April 5th. The RFA process will include a 2 track system. Cohort 1 funding is available in DBH’s budget which allows it to continue into the second year. The award period is 12 months from the date that the agreement is signed. Renewal is based on the current grant agreement which provides performing standards.

Ms. Dunbar clarified that in the beginning it was a one year RFA but moving forward it is now a multi-year grant award for which existing and new providers will have the opportunity to apply.

Ms. Thompson stated that the goal is to make it as easy as possible for the schools that already have an established relationship with their CBO to have a successful school year.

There is a concern about money not being available in the budget last year for multi-year grants and not knowing what money will be appropriated to school-based behavioral health until after the hearing --- Will there be enough money to keep the CBOs in Cohort 1 schools and to expand?

Mr. Luecking expressed that the need for clinicians in schools is at an all-time high due to 13 children alone being murdered. There is a great amount of trauma to deal with and the process seems like another onboarding process that has so many opportunities for delays and stagnation. He thinks the Council can provide resources to the most high need schools by next year and in a more direct way.

An additional point of stated reflection from Year 1 is that outside of the initial kick-off and matching process, there was not a lot of opportunity for principals. Ms. Brumsted stated that with the assistance of an offered principal webinar, as they are planning for the school year, principals will be able to take into consideration the expectations for teaming, collaboration, and logistics. Principals will be able to be supported in their efforts to build cohesion and to try to keep students safe and healthy. The webinar will provide an overview of the expansion, the history, and the things to come that will be available in May.

From June to September, if the CBO timeline stays on track, that allows DCPS the month of June to vet new CBOs- which was something that was not accounted for in Cohort 1.

The matching process will entail the speed dating kick-off**,** individual ongoing conversations between the schools and CBOs and final participation for decisions to be made. We know this process takes time and are hoping the timeline helps principals prioritize and engage critically in these conversations. In June, the principal webinar will focus on partnership logistics, thinking of staff well-being, incorporating end of the year, beginning of the year planning and engaging and providing overview for new principals.

DBH is currently trying to explore options on how to provide funding to CBO’s of Cohort 2 in the summer. This is a recommendation from the implementation committee. Currently, DBH is committed to identify the funding and mechanism of meeting this recommendation.

Mr. Musante acknowledged that he understands the disappointment of the process yet he reminds everyone, for as long as this has taken, to continue to put everything in context. He reviewed where the status was in the city when the first group dismantled and when Councilmember Grosso and Councilmember Gray stepped in. He also noted that for the number of agencies, outside organizations, LEAs that remain involved--- To get where the Coordinating Council is currently has worked better than some have imagined. It is a positive that there are lessons learned and a roadmap for Year 2 implementation.

Councilmember Grosso also provided his experience and insights regarding what to consider in planning at least a year ahead to bridge funding over different fiscal years.

In reviewing the proposed updated timeline, there was a noted appreciation yet a question posed from Mr. Lamb regarding if this updated timeline is the ideal timeline. If not, what version of the timeline and rollout process would be ideal so we know what we’re working towards for the next cycle, next year, and the next cohort? Do school leaders and LEAs have a voice?

Ms. Thompson confirmed for everyone that there is room to learn more and provide input. The revised timeline is based on when the schools begin planning for the next school year, which is in the Spring. As this timeline progresses, the timeframe could possibly be adjusted to begin planning for the next school year as early as October to February. Ms. Thompson asked members to submit suggestions and feedback to the Implementation Committee.

Comparing the projected timeline to Year 1 would be helpful to inform the challenges faced in Year 1. If the RFA will be out in April, this could be compared to when it was done last year and how much time was originally allotted for completion. From the CBO perspective, Ms. Price stated that CBOs need to know what schools they are assigned to, how many schools and assurance that they will get paid for the work. The clinician should be hired no later than July 15. If the clinician is not selected by this date, they will not make the beginning of the school year. The Council needs to take into consideration that this process can take up to 30 days. No one receives Child Protection Registry clearance sooner than 30 days and credentialing can take 3 weeks. Anything outside of the July 15-July 30 window will not work.

July to August is the time period when schools are assembling their school mental health team for the new school year. During this process, schools will be able to understand the partnership incorporated into the school, finalizing plans, and there will be a principal webinar that focuses on the roles of the Community Based Organizations as well as school hired staff, teaming and tiered interventions.

October will include full implementation, expected Community of Practice sessions for Cohort 2 and continuation with principal webinars which serve as an opportunity to let us know what information would help inform the investments.

The Coordinating Council will continue to accept recommendations to refine the timeline and process.

Dr. Scott thanked the implementation committee for being responsive to providing feedback to the timeline. She also acknowledged the responsiveness and support of Dr. Doe and Ms. Animashaun from DC Health regarding the evaluation need that arose as a result of no evaluation vendor subsequent to shifting the funds to increase the CBO grant amounts. Dr. Scott stated that the data and evaluation committee and DC Health team have been poised and waiting for her follow-up regarding operational definitions to inform a survey tool. Dr. Doe provided an update that DC Health moved forward from their internal research and will be sharing the draft of the survey and operational definitions with DBH in the coming days.

Dr. Scott thanked Councilmember Grosso for his presence and the opportunity to have his thoughts during the meeting as we began the exploration of addressing the issue of timing of awards and funding across fiscal years.

1. **Next Steps**

* Develop a list of District initiatives and identify a schedule for presentations to be added to the monthly meeting agenda throughout the year
* Document gaps and challenges that may be shared with potential investors to inform needed resources
* Conduct an analysis of the proposed timeline and what occurred during Year 1 -- noting the delays and challenges; what was learned that is now an efficiency; what will continue to be an insufficiency and what are some solutions.

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| **Name** | **Affiliation/Designation** | **Attendance** | **Designee** | **Attendance** |
| Ms. Maureen Akunwafor | DC Public School Teacher | Not Present |  |  |
| Ms. Erica Barnes | Department of Behavioral Health | Present |  |  |
| Dr. Lee Beers | Children’s National Health System | Present |  |  |
| Dr. Deitra Bryant-Mallory | District of Columbia Public Schools | Present | Mr. Orin Howard | Present |
| Ms. Alyssa Conti | District of Columbia Public Charter School Teacher | Not Present |  |  |
| Ms. Sharon Dietsche | Department of Behavioral Health | Present |  |  |
| Dr. Kafui Doe | Department of Health | Present |  |  |
| Ms. Denise Dunbar | Department of Behavioral Health | Present |  |  |
| Councilmember Vincent Gray | DC Council-Committee on Health | Not Present |  |  |
| Ms. Sharra Greer | Children’s Law Center | Present |  |  |
| Councilmember David Grosso | DC Council-Committee on Education | Present | Ms. Katrina Forrest | Present |
| Ms. Aurora Steinle | Office of the Deputy Mayor of Education | Present |  |  |
| Ms. Sarah Koreishi | Child and Family Services Administration | Not Present |  |  |
| Mr. Michael Lamb | Non-Core Services Agency Provider | Present |  |  |
| Mr. Mark LeVota | DC Behavioral Health Association | Present |  |  |
| Dr. Taiwan Lovelace | Department of Behavioral Health | Present |  |  |
| Mr. Nathan Luecking | Department of Behavioral Health | Present |  |  |
| Mr. Michael Musante (Co-Chair) | Friends of Choice in Urban Schools (FOCUS) | Present |  |  |
| Mr. Javon Oliver | Department of Health Care Finance | Not Present |  |  |
| Dr. Chioma Oruh | DC Public School Parent | Present |  |  |
| Ms. Michelle Palmer | Non-Core Services Agency | Not Present | Rebecca Roesch | Present |
| Ms. Marisa Parrella | Core Services Agency | Present |  |  |
| Mr. Scott Pearson | DC Public Charter School Board | Not Present | Ms. Audrey Williams | Not Present |
| Ms. Juanita Price | Core Services Agency | Present |  |  |
| Dr. Olga Acosta Price | Milken Institute School of Public Health, GWU | Present |  |  |
| Ms. Shanica Raiford | Youth Representative | Not Present |  |  |
| Mr. Justin Ralston | DC Public School Principal | Not Present |  |  |
| Dr. Heidi Schumacher | Office of the State Superintendent of Education | Present | Ms. Tia Marie Brumsted | Present |
| Dr. Charneta Scott | Department of Behavioral Health | Present |  |  |
| Ms. Colleen Sonosky | Department of Health Care Finance | Not Present |  |  |
| Ms. Sakina Thompson | Office of the Deputy Mayor for Health and Human Services | Present |  |  |
| Mr. Raymond Weeden | DC Public Charter School Principal Representative | (On Phone-Present) |  |  |
| Ms. Molly Whalen | DC Public Charter School Parent | Present |  |  |
| Mr. Jim Wotring (Co-Chair) | Department of Behavioral Health | Present |  |  |

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| **Name** | **Agency/Position** | **Phone** | **E-Mail** |
| Ms. Veronica Watkins | Catholic Charities |  |  |
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