

**Agenda**

**Coordinating Council on School Behavioral Health**

**Wednesday, January 22, 2020**

**10:00 am – 12:00 pm**

**@ Department of Behavioral Health**

**64 New York Ave, NE**

1. **Welcome & Introductions**

Dr. Scott opened meeting introductions and opportunity for Coordinating Council member news and Public comment. Ms. Parrella reported that Mary’s Center has hired that last of their Cohort 2 clinicians for the school that requested a January placement of the clinician.

No public comment provided.

1. **Review of the Minutes**

Due to lateness of members receiving minutes, any edits will be emailed to Dr. Scott.

1. **Updates, News, and Public Comment**
	1. **Public Comment Period**

This period was provided at beginning of meeting and there were no public comments.

* 1. **Co-Chair Updates**

None

* 1. **Coordinating Council Member News**

Mary’s Center last Cohort 2 hire.

1. **Follow-up from Last Meeting**
	1. Process for Corrective Action

Ms. Jackson provided recommendations regarding the possibility of having a separate policy on Corrective Action vs. utilizing the Grant Agreement. Ms. Jackson is Deputy Director for Accountability at DBH and is responsible for the team that certifies substance use and mental health providers; conducts the Medicaid claims audit; previously conducted the scorecard and Community Services reviews; and is responsible for receiving unusual incident reports and conducting major investigations. Ms. Jackson stated that she was invited to a meeting to review and discuss the proposed policy drafted for Corrective Action Plan with CBOs within School-based Behavioral Health. Her view is that it is unnecessary because there is no need to institute another process or another set of policies and rules when a process is already in place.

Ms. Jackson reviewed the CBO grant agreement. The grant agreements already lay out a process for corrective action and what DBH is supposed to do. There are timeframes. Article 7 in the reporting requirements, lays out what the CBOs are required to do- fiscal reports, narrative reports and annual data. It also outlines disbursement of funds (advancements or expenditures). Article 8, Section F, DBH reserves the right to withhold any payment if the grantee is found in non-compliance. Additionally, there is a section on performance monitoring that talks about Corrective Action Plans specifically (Article 14, section E).

Ms. Jackson stated there is no need to create something new and recommended to use what is already in place, implement that, and modify that grant agreement if needed. She is mindful of the feedback DBH receives around administrative burden and recommends not adding another set of processes on top of what exists and implement the existing processes to fidelity.

Dr. Scott provided follow-up to the question posed during the last Coordinating Council meeting - *Can the school obtain a copy of a Corrective Action Plan?* According to DBH General Counsel, that information is allowable to be shared under the Freedom of Information Act (FOIA). If there is a situation where a CBO is on a Corrective Action Plan, DBH would have to inform the CBO that we have the ability for that document to be shared. Ms. Jackson reiterated that we would talk about this in advance so that it is not a surprise. It is best to talk about this provision in advance and not when one is in the midst of the issue.

Ms. Greer questioned why DBH did not follow the process in the grant agreement if there was no need for a policy for the Corrective Action. Dr. Scott stated that we were operating from the perspective of needing a clear and transparent policy prior to taking corrective action. And, it was at the point of creating the draft policy that Ms. Frame was engaged for her review and recommendation regarding having a separate policy. Dr. Scott also stated that the Fiscal Services leadership has stated that the delineated school level corrective plan that was delineated from the Coordinating Council discussions of the drafted policy may be folded into the Corrective Action plan in the Grant Agreement.

Ms. Jackson’s recommendation moving forward- the information is in the grant agreement, if Dr. Scott or the team she works with needs technical assistance from Accountability on engaging the provider and refreshing everyone’s recollection on what the requirements are and what the penalties are for non-compliance, her office is happy to help.

B. Cohort 3 Bundle of Related Topics (Upcoming RFA; Bonus Points for Certification; Cohort 3 Schools; Tiered Approach vs Current Model; Opt out/Opt in)

 Dr. Scott engaged the members in a discussion regarding the possible use of bonus points in

scoring of the Request for Application (RFA) that is to be posted in February. There was an expressed interest in bonus points in recognition of experience or expertise in early childhood.

Mr. LeVota provided his thoughts regarding the context for the previous discussion related to the providing bonus points in the RFA. It was in terms of provider readiness and being capable of providing services; and the availability of organizations that have gone through some formal process that recognizes or reviews the organization on a regular basis. For school-based behavioral health, his sense is that the DBH certifications that are most relevant are the Mental Health Rehabilitative Services (MHRS) certification, possibly Free Standing Mental Health Clinics, and Federally Qualified Health Centers (FQHCs).

It was noted that normal accreditation processes- CARF, Joint commission- are different from specializations where we would be looking for recognition of expertise or experience. Mr. LeVota’s sense is that it is more about clearing the floor and making sure that organizations have some external validation that they are capable of doing the work. He noted that some of the concerns that have arisen in implementation have been around those baseline capabilities.

Ms. Whalen leveraged the point that the issue is more than just a body or professional in the school. The focus is about really seeing an improvement in the students and not just anecdotal. Ms. Whalen wonders if we need to think about what success looks like and what do providers do. What do providers need to do to work well in a school? May need to ask- What does a provider need to operate well in a school so that we are seeing a change? That is a part of the evaluation process. Obviously, the baseline needs to be that these people are professionals and have professional certification.

Mr. LeVota added that as we learn more about what it means to do well in this setting, in particular, we ought to be able to find ways to incorporate that into how we select an organization that does the work. He noted that we have seen that some organizations are not capable of getting in the door and that was Mr. LeVota’s sense of the motivation for consideration for an organization to receive a bonus for baseline certification.

On a practical level, one of the key pieces that has been previously discussed is the organization billing insurance and being paneled for billing Medicaid. That is critical in order to have a structured business model for the School-based behavioral health grant program and it requires the ability to bill. Organizations that don’t have that experience or that capability are really not well positioned to participate in the current Cohort.

Principal Ralston has seen the benefit of the school-based expansion services. The challenge that he has is that Roosevelt has almost 800 students and funding is the exact same way as a school of 200. His school has over 300 English Language Learner students and over 50 students who are new to the country as well. Roosevelt is a community school with a variety of community partners and there is significant need. Every single community partner is maxed out for their services.

Posed question/points for consideration - Equity of 800 high need students, does getting 1 clinician make sense? Does a school of 800 with high need, high ELL, Hi-risk receive more than 1 clinician?

Dr. Bryant- Mallory sought clarification- Is it a volume of support issue at Roosevelt? Or, is it about the quality of the support that is there? Mr. Ralston stated that they have incredibly effective clinicians in the building providing services- both DCPS and partners, are effective but are maxed out.

List of Cohort 3 Schools was provided to members. There was a recommendation to pause discussion about a part-time of full-time approach until we after the input of Cohort 3 school leaders. If we make a decision without the input of school leaders and remove the opportunity for them to have a say gives pause.

The first question is whether the body wants to consider changing and conducting a hybrid approach.

Ms. Greer stated that she is opposed to changing the model 2 weeks before we are to send out an RFA. She emphasized that this is a fairly big conversation and we need to get input from the schools. Ms. Price agreed with not making a change at this particular time.

Ms. Greer added that we should prioritize looking at the model and conducting further analysis about it. She does not think that we should make a change right at this time. It is important to have the conversation and look at how the model is working and where are the gaps. If we are going to look at possibly having 2 clinicians in all of the cohort 1 schools, we need to take time and look at that. Have this discussion at a later date.

Ms. Brumsted stated that knowing that we are not in a place yet to talk about outcomes and we still don’t have clinicians in every building, she believes that this is a great opportunity to utilize the evaluator. Mr. Ralston added that whatever decision is made, it is important that it does not involve a school losing resources as a result of another school gaining resources.

Dr. Schumacher stated that if we were to signal explicitly or through the grapevine that we were leaning towards Cohort 4 having an option of a hybrid model, we may need to think about the implications for the Cohort 3 schools who may not need or want a full-time clinician.

Mr. LeVota recommended using a different term than “tiered approach” given that we are seeking to build a multi-tiered system of support. None of us wants to abandon a tiered approach to care. Whatever vocabulary you use- “tiered” doesn’t work when referencing a hybrid model.

Additional points/questions offered during the discussion of members included: What happens if Cohort 3 schools express a desire to opt out, how would you engage those schools? Some schools may not need a full-time clinician or need more Tier 1 services. Having a full-time clinician might not be the best fit for a school. We have discussed that as we move through the Cohorts, we may need more flexibility.

Dr. Scott noted that we do not have a sense that schools have the option to opt out. The only school that did not participate at all is closing at the end of the current school year. Others chose to receive services from a DBH Clinical specialist or paused the school’s participation. Ms. Williams noted that she always asks those schools what mental health services are in place.

Ms. Parrella noted the importance of alignment of DBH and DCPS reporting so that tracking of activities is in the same category to prevent administrative burden to the CBOs.

1. **Year 2 Planning**
	1. Implementation Committee

The Implementation committee reviewed the focus for FY20 as previously presented. Ms. Brumsted highlighted the 2 major objectives for FY20. The current focus is to create and promote one District narrative of the implementation process and coordination of other major mental health + social and emotional learning initiatives. This expansion is well coordinated with other investments in the District. As we move into Cohort 3, we are seeking to mitigate knowledge and language gaps that may have resulted in distrust.

The implementation committee has identified milestones and activities for this year. An update was provided for the quarter with details provided in the slide deck.

* 1. School Strengthening Tool + Work Plan Tracker

Mr. Kohlrieser noted that the DBH Clinical Specialists are working on the areas highlighted in the Implementation committee’s report. In Cohort 1, we have come a long way with our school strengthening tools and work plans. The DBH Clinical Specialists are working within the school culture and exploring how teaming looks in each school building. Mr. Kohlrieser provided updates on the percentage of Cohort 1 schools and Cohort 2 schools that are staffed. He helped members to understand the nuances that sometimes occur related to School Strengthening Tools being completed by CBO supervisors and School Behavior Health Coordinators prior to placement of the CBO clinician. Community of Practice TA managers and DBH Clinical Specialists also assist in school teams reviewing and revisiting their work plans.

Dr. Scott reiterated Dr. Bazron’s guidance to make sure to have conversations to explore how the students are benefiting from services and activities of the work plan. It was also clarified that new School Strengthening Tools and Work plans are completed across Cohort 1, 2 and 3 schools. Dr. Bryant-Mallory noted that we will have more resources than we had in Cohort 1. Dr. Scott noted that the MOU with DCPS is being vetted at DCPS and DBH has a fully executed MOU with OSSE for the funded manager position.

* 1. Workforce Pipeline

Ms. Brumsted reported for Ms. Price and Mr. La Fleur. Within Workforce Development, we are looking to see how we attract Licensed Graduate level clinicians and Independently Licensed clinicians who are well suited for providing school-based behavioral health; and creating a pipeline of graduate students in various disciplines to be interested in school-based behavioral health as a career pathway. The small group working on this is developing the workforce pipeline portal where licensed clinicians and graduate students who are working towards professional licensure can submit their demographic information and professional information to a portal where CBOs will have access to reviewing a collection of individuals who they may choose to outreach to offer an interview. CBOs choose to have access to the portal. Completed action items were reviewed. The job fair is scheduled for 4/3/2020 from 2-5pm at OSSE. The goal is to have the portal live at the job fair. Guidance will need to be given to the CBOs and the students or clinicians participating. The date for the job fair was the result of feedback from the universities. The portal will also remain open after the job fair.

* 1. Evaluation Solicitation

Responses to the evaluation solicitation received on 1/6/2020 are currently under panel review.

* 1. Community of Practice

Ms. Palmer from the Community of Practice (CoP) team provided report on behalf of Dr. Price given that members of the Core Team are conducting a CoP session. Ms. Palmer provided a hand-out that provided a summary regarding CoP updates and activities. Outreach has been conducted as much as possible to get CBOs and schools excited and engaged. Email blasts, newsletters, webposts have been used to broadcast activities. Ms. Palmer presented the information of the hand-out. The CoP session that is being conducted today has at least 74 participants. As we have moved through the process, every activity has an observed increase of interest, registration, and participation. CoP session and topics have been outlines through the end of June, 2020. The 5 Practice Groups were reviewed. The groups were formed to encourage the exchange of ideas, resources, and tools across different topic areas. The hand-out provided information regarding activities that the Practice Groups are engaged in. A communication plan is being developed by the Core Team. Also, in development is the Phase 1 of the CoP website to be launched by the end of January.

Mr. Kohlrieser noted that on yesterday members of the Practice Group on School-based Clinical Supervision were emailed and others are able to join to help identify training needs. Ms. Palmer confirmed that Practice Groups are able to meet during break-outs within the larger CoP sessions and also outside of the CoP sessions.

* 1. Family and Youth Committee

Dr. Oruh presented the Family and Youth committee’s draft mission statement that was also provided in the slide deck. Dr. Oruh welcomed feedback form members following her presentation. The committee has expanded by 6 new members and is revising the one-page flyer that was previously developed. The next steps include developing a viable CoP Practice Group to support the work of the Family and Youth Committee. Ms. Raiford has resigned from the Coordinating Council and the Family and Youth Committee. A new youth will be recruited.

***Next Meeting date and place:*** February 19, 2020 10am-Noon **Department pf Behavioral Health, Training Rm 284, 64 New York Ave, NE, Washington, DC 20002**

**Coordinating Council Members**

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| --- | --- | --- | --- | --- |
| **Name** | **Affiliation/Designation** | **Attendance** | **Designee** | **Attendance** |
| Dr. Barbara J. Bazron (Co-Chair) | Department of Behavioral Health |  Present |  |  |
| Ms. Maureen Akunwafor | DC Public School Teacher | Not Present |  |  |
| Dr. Courtney Allen | Office of the Deputy Mayor of Education |  Present |  Ms. Laura Harding | Present |
| Ms. Erica Barnes | Department of Behavioral Health | Present |  |  |
| Dr. Deitra Bryant-Mallory | District of Columbia Public Schools | 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 (by phone)  |  |  |
| Councilmember Vincent Gray | DC Council-Committee on Health | Not Present | Mr. Osazee ImadojemaMalcolm Cameron | PresentPresent |
| Ms. Sharra Greer | Children’s Law Center |  Present | Tami Weerasingha-Cote | Present |
| Councilmember David Grosso | DC Council-Committee on Education | Not Present | Akeem Andereson | Present |
| Ms. Anne Herr | Friends of Choice in Urban Schools (FOCUS) | Not Present |  |  |
| Ms. Atiya Jackson | Department of Behavioral Health | Present |  |  |
| Ms. Sarah Koreishi | Child and Family Services Administration | Not Present |  |  |
| Mr. Michael Lamb | Non-Core Services Agency Provider | Not Present |  |  |
| Mr. Mark LeVota | DC Behavioral Health Association | Present |  |  |
| Dr. Taiwan Lovelace | Department of Behavioral Health | Present (by phone\_ |  |  |
| Mr. Nathan Luecking | Department of Behavioral Health | Not Present |  |  |
| Mr. Michael Musante  | Co-Chair |  Not Present  |  |  |
| Mr. Javon Oliver | Department of Health Care Finance | Present |  |  |
| Dr. Chioma Oruh | DC Public School Parent |  Present  |  |  |
| Ms. Michelle Palmer | Non-Core Services Agency | Not Present | Rebecca Roesch | Not Present |
| Ms. Marisa Parrella | Core Services Agency | Present |  |  |
| Ms. Barbara J. Parks | Department of Behavioral Health |  Not Present |  |  |
| Mr. Scott Pearson | DC Public Charter School Board | Not Present | Ms. Audrey Williams | Present |
| Ms. Juanita Price | Core Services Agency |  Present (on phone) |  |  |
| Vacant | Youth Representative |   |  |  |
| Mr. Justin Ralston | DC Public School Principal | Present |  |  |
| Dr. Heidi Schumacher | Office of the State Superintendent of Education | Present | Ms. Tia Brumsted | Present |
| Dr. Charneta Scott | Department of Behavioral Health | Present |  |  |
| Ms. Colleen Sonosky | Department of Health Care Finance | Not Present  |  |  |
| Dr. Olivia Soutullo | Children’s National Health System |  Not Present |  |  |
| Ms. Sakina Thompson | Office of the Deputy Mayor for Health and Human Services | Present (on phone) |  |  |
| Mr. Raymond Weeden | DC Public Charter School Principal Representative | Not Present |  |  |
| Ms. Molly Whalen | DC Public Charter School Parent | Present |  |  |

**Government Attendees**

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| --- | --- | --- | --- |
| **Name** | **Agency/Position** | **Phone** | **E-Mail** |
| Ms. Nielah Tucker | Department of Behavioral Health |  |  |
| Ms. Philippa Stuart | Department of Behavioral Health |  |  |
| Mr. John Davie | Office of the Attorney General |  |  |
| Mr. Chaz Kohlrieser | Department of Behavioral Health |  |  |

**Public Attendees**

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| --- | --- | --- | --- |
| **Name** | **Agency/Position** | **Phone** | **E-Mail** |
| Ms. Renee Palmer | CRP./CoP |  |  |
| Mr. Subin Hona | CRP/CoP |  |  |
| Ms. Brianna Bell | Children’s Law Center |  |  |
| Ms. Quibilah Huddleston | DC Fiscal Policy Institute |  |  |
| Ms. Kerry Savage | PAVE (on phone) |  |  |
| Ms. Nancy Meekem | KIPP DC (on phone) |  |  |
| Michelle Swinson | AprilMay (on phone) |  |  |
| Tami Fenton | AprilMay |  |  |