Agenda

Coordinating Council on School Behavioral Health
Monday, October 21, 2019
10:00 am – 12:00 pm
@ Department pf Behavioral Health
64 New York Ave, NE

I. Welcome & Introductions

Dr. Bazron provided welcome and the members of the Coordinating Council and the Public introduced themselves. Members were reminded that the next meetings will be held on November 18th and December 16th. Members were informed that we were to have a Public Oversight hearing on October 23rd and that hearing has been moved to November 20th. It will occur 2 days after the next Coordinating Council meeting.

II. Review of the Minutes

There were no comments and minutes were adopted as accurate. If changes are later needed, members were directed to include those in an email to Dr. Scott.

III. Updates, News, and Public Comment

A. Public Comment Period

Dr. Bazron opened the floor for Public Comment. No comments were provided by the public.

B. Co-Chair Updates

We received affirmative responses from both Chairman Gray and Councilmember Grosso regarding funding for supervision for the CBOs. We are moving forward and Dr. Scott has been working on getting the money to the CBOs. We expect that by October 31, 2019 we will have the contract modifications out to the CBOs and the funds should be received by November 15, 2019. It is a 1:6 supervisor: clinician ratio that we are supporting. The funds for supervision are in addition to the previous allotment of funds. The CBOs will be receiving communication from DBH stating that we want the CBOs to track the supervision activities. We will collect that data and present it to the Coordinating Council. Additionally, we need to speak with OSSE and DCPS regarding the funds that we need to Intra-district to them.

C. Coordinating Council Member News

No news and no comments shared.

IV. Follow-up from Last Meeting

A. It seems that this membership is really split on how we should go about CBO representation on the Coordinating Council. There is no clarity on the direction of where the members would like to go. Dr. Bazron posed to the group how would the group like to proceed in terms of adding CBOs to the group or leaving the representation as it is. We are not able to go by the poll that was completed because the responses did not yield clear direction of what the Council would like to see happen, in terms of responding to the request to have additional CBOs join the Coordinating Council. Points/ideas from the discussion included:

- Once the number of CBO representation is determined, have a rotation and time-limit to provide opportunity for different voices
- Wondering if the current CBO representation is going back to other CBOs and having conversations such that their voices are representative of the larger group. That knowledge would help members to determine if additional representation needs to be included.
- Two years is a fair term limit
- We should get feedback to the CBOs that are currently on the Coordinating Council - informing them that they need to develop a way of getting feedback from the meetings and feed-in to the meeting because they are representing that group
- We need to be more direct about communication
- Make sure that at least 1 of the CBOs on the Coordinating Council is a current provider of school-based behavioral health services
- Concern of losing institutional knowledge at this time when we are trying to get services up and running in the phased timeline of 4 years.

Takeaways from Discussion

- **We will not add any additional CBOs**
- **Communications take place during the twice a month CBO meetings**
- **If CBOs would like to be present, they are welcome to attend Coordinating Council meetings as members of the public; and we do have an opportunity for people to speak**
- **Explore during the scheduled CBO meeting the topic of when term limits begin and end**
- **Place on the CBO meeting agenda – routinely scheduled updates regarding what's happening in the Coordinating Council and make it clear that CBOs are welcome to attend as a part of the public membership. Opportunity is also provided for speaking during public comment given that we adhere to the sunshine laws.**

B. The Community of Practice team was provided by OSSE information about applying for approval for the Continuing Education Units (CEUs) through the Health Professional Licensing Administration. At this time, blanket applications for CEUs is not an option. Applications must be submitted for approval 90 days before the event.
And, we want to provide CEUs for training activities provided to support the work of the Community of Practice. Rather than going through the bureaucracy of becoming certified, Ms. Parks encouraged working through the DBH Training Institute which is already a provider for various CEUs. Dr. Scott will follow-up.

C. DCPS provided an FAQ to the CBOs that outlines the process regarding DCPS and Clearances. There are a few outliers that have not completed the required application and the list will be provided to the agencies for follow-up. Dr. Bazron noted that we want to back the application to April to make sure that we have people in schools by September.

Dr. Scott also provided update on the follow-up of Ms. Price's concern regarding the burden of prospective hires who need to have multiple clearances. Mr. La Fleur has gathered information on the process for using 1 set of fingerprints and paying $18 for each report to be generated. A written summary of that process will be provided. The Metropolitan Police Department (MPD) reports that 90% of the local background checks for the DC Public Charters are conducted by MPD. Additionally, the DC Public Charter School Board (DCPCSB) is still exploring the possibility of an MOU with DC Human Resources to support the criminal background checks for DCPCS.

D. Members discussed On-boarding Barriers. Issues discussed included:

- Limited pool of qualified and prepared clinicians for hiring
- Not having a candidate with the experience in schools and/or trauma

- Lack of communicated passion for the job
- Situation described that when CBO made the initial agreement with school and was assured of private space, then at the moment of clinician placement, there is back-tracking and a desire for the CBO to accommodate the school in a different way. It places the CBO in a very challenging situation. The CBO has committed to the school and hired and then feels that the clinician will not be able to implement the program well from the space that was provided. It is difficult when the message is not given that space is a requirement of the program.
- A school says that they will not have space until December
- Some schools require co-located space and need to team and establish schedules for use of room for sessions

Dr. Bazron asked members to think about their best recommendations for how we might address the issue and place on the agenda for a robust discussion to come up with some ideas that also protect the confidentiality of clients. Ms. Barnes emphasized the importance of a consistent, inviting, warm, and confidential therapy space.

Members also noted the importance of obtaining a list of the specific barriers and reasons that CBOs are not in each of the schools. Dr. Bazron reiterated that she is responsible for the resources and we have to make sure that we are using the resources appropriately. If not, the money has to be given back. It does not do us any good to have a match if nobody is in the school.

Ms. J. Price stated that her staff's biggest problem is identifying candidates and having enough candidates to put in front of the school teams for consideration. Workforce development strategies, graduate program to work pipeline and getting the information out regarding the opportunity to obtain free supervision may also be useful.

Dr. Scott noted the concern being expressed by some schools that the CBO caseload expectations may have implications for the partnership if the school is not able to deliver enough referrals. Dr. Bazron noted that there is a methodology to building a caseload. This may be a part of the need for supervision and support within the Community of Practice. Ms. Ellerbe stated that the Clinical Specialists are available to support in the process of building a caseload. Dr. Acosta Price also stated that she has made note of this issue for the Community of Practice.

V. Community of Practice

Dr. Acosta Price introduced Dr. Mariola Rosser as a Project Manager on the CoP team. Dr. Acosta Price also presented the description of a Comprehensive School Behavioral Health (CSBH) System. It is a consolidated definition of what we are doing. Dr. Rosser noted that a Community of Practice is a group of people that have passion and there is an ability to solve problems. Dr. Acosta Price stated that a Community of Practice is not a series of Professional Developments. It requires the time to build true Communities of Practice and that will be sustaining over time.

There is commitment to not duplicate where there is already great work happening. The task is to align and leverage what already exists. We are looking at connecting with the greater infrastructure; build on each other; and maximize learning where it is occurring formally and informally.

The master level of trainings and the TA groupings are being finalized. A Community of Practice of the TA managers is also being created to provide an opportunity to share what they are learning,

what they are hearing, and what resources are needed. There will be one overarching Community of Practice within which numerous practice groups will exist. The practice groups will be interest based and can be time-limited based on the needs. Dr. Doe inquired about where the nurses and school-based health centers fit and Dr. Price will follow-up to explore what needs the nurses have; the structure in terms of availability of the nurses and what their schedules will allow them to attend.

Within the Community of Practice, the learning is bi-directional. There will also be multiple opportunities for learning. Monthly, there will be a showcasing of best practices in school-based behavioral health. There will be other learning spaces based on more topical or content specific areas that are about what people want to continue to learn. And, there will be the Technical Assistance providers who will continue to provide their more 1:1 type of reinforcement.

There were 111 people who attended the launch. The support of the city leaders was really recognized. People are excited for new relationships and new partnerships. Concerns remain and some are the same that were mentioned in today's meeting – space, caseload, and additionally the burnout of school staff. Communication came up a lot as a concern.

Next steps were highlighted by identifying what has been completed and what is to be completed next.

VI. Year 2 Planning

A. Mrs. Brumsted provided update on School Strengthening Tool and Work Plan implementation process with acknowledgements to the DBH Clinical Specialists and Project AWARE Coordinator Ms. Claudia Price and Mr. Gotel from DCPS who have supported the schools in any way possible. She reported that we have doubled in work plan completions compared to the status last month. Mrs. Brumsted drew attention to the document that provides a summary analysis of the 24 Work Plans that were received in FY19 across grade bands and across both education sectors. The summary takes a look at the plans broken down by sections. The first section on the Work Plan is where our school/CBO partners record their scores on the four modules: School Counseling, Psychological, and Social Services; Social and Emotional Climate; Employee Wellness and Health Promotion; and Family Engagement. The average score across the modules of the 24 Work Plans was 71%. The trends on the four open-ended questions outline the current needs and resources for improvements. The Work Plan outlines school goals underlying the three tiers of intervention. The report outlines general trends, strengths, areas of concern and guidance to be mindful of moving forward.

   Dr. Bazron inquired about timeline, deadlines, and interventions for addressing that there is not 100% completion of the School Strengthening Tools and Work Plans for Cohort 1. And, when can we expect 100% for Cohort 2? Dr. Bryant-Mallory stated that she recently met with the Secondary and Elementary Chiefs and discussed where DCPS is in terms of completion of the School Strengthening Tools and Work Plans. DCPS will do some messaging on the DCPS side through the Instructional Superintendents. She anticipates increased completions on the DCPS side. Dr. Bryant-Mallory noted that one risk of focusing on compliance and checking a box is that when we don't have the full team present and we don't have all of the members at the table working on it collectively, it becomes someone going in and completing the tool to say that it is completed.

   The members discussed the current process of the School Behavioral Health Coordinator and CBO clinician who are driving the process for the completion of the Needs Assessment and Work Plan and the challenges that have been encountered when either the CBO or school does

not have an identified person. There is a need to have the email addresses of the identified two people who then gain accounts to have access to record the information of the School Strengthening Tool and score the results. Then, the Work Plan is completed and typed. Dr. Bazron emphasized that this is essentially a contracted responsibility.

Ms. Whalen recommended that there is information on the Work Plan regarding who contributed to and reviewed the Work Plan. Additionally, Ms. Parks stated it would helpful to indicate the percentage of completion on the chart regarding completion of the Work Plans by Cohorts. She stated concern of the low completion because assessment and the Work Plan are to guide the work. Ms. Parks further stated that although there are a number of stakeholders that are to be included in the process and there may be turnover, you do the best you can and involve as many people as possible. You can always get input later as people want to inform.

Dr. Acosta Price added that what is challenging in establishing the Community of Practice (CoP) is that what we mean by identifying the School Behavioral Health Coordinator is more than having a name in the spreadsheet. Many of those individuals don't know that they have been assigned that role or they change. We need to step back and look at the communication. The deadlines are rolling and people don't even know and understand their role. Few School Behavioral Health Coordinators attended the launch of the CoP. Of those School Behavioral Health Coordinators who attended, they still don't understand their role. We need to think about communicating who they are; what their role is; and make sure they agree to serve in that role. Otherwise, we will continue to have expectations of their behavior that we are not going to be able to experience.

There was an acknowledgement that similar to the matching process, there is a level of on school site hand-holding that will be required for the School Strengthening Tool and Work Plan completion. Dr. Bryant-Mallory emphasized that we need to have a communication plan so that we may raise the level of awareness about this process, generally speaking. Dr. Acosta Price echoed that we need to build into our expectations the timeframe that will involve going to the schools. Ms. Brumsted noted that the DBH Clinical Specialists are in the schools every day and have helped us to have the number of completions that we currently have.

Dr. Schumacher joined Dr. Bryant-Mallory's point and stated that it might be worth having a message from the Senior Leadership at DBH, OSSE DCPS, and DCPCSB that says here is where we are in the process; we know that some of you were able to join us for the kick-off; and here are action items for which we expect movement from your team with a timeline.

Dr. Oruh emphasized the importance of a team and process at the school level for completion of the tool and work plan. And, assistance understanding how to complete the tasks rather than shaming. Assist in completing the tasks in a timely and democratic fashion and recognizing that some may need instructions from the top. Mrs. Williams committed to going to the schools that are not responding, take the sheet that describes the roles and responsibilities of the School Behavioral Health Coordinator, and find out what challenges are the school leaders having so that the tasks can get completed and we get the services to their students. Dr. Bazron noted that a created Memorandum could be what Mrs. Williams hands to the school leaders when she meets with them so that everybody can be on the same page.

Mr. LeVota added that we may need to think about that it is a job to be the School Behavioral Health Coordinator. It may not be an individual's entire job, and for the portion of the job that the School Behavioral Health is, it may be helpful for there to be a providing of how it fits into

the pay structure; and maybe there needs to be a budget to support that to make sure that people take the role and responsibilities seriously.

Ms. Whalen offered that we will continue to have a communications problem until we can help principals to care about this. Additionally, Ms. Thompson noted the importance of understanding the relative roles of the TA folks, the School Behavioral Health Coordinators, and the CBO. Ms. Thompson hopes that, along with Dr. Oruh's suggestion, we begin to get a sense of how the school organizes around the implementation that transcends people leaving/coming/going. The hope is that through the CoP, we will come to understand each school's structure and the support from on the ground information. At the principal level, there is still not an understanding of how prioritizing the identification of the School Behavioral Health Coordinator and the teaming with the CBO clinician to interview key partners in completing the School Strengthening Tool, and Work Plan, will drive the results that principals need.

Additionally, there continues to be a need to include parents and Parent Teacher Organizations into a communication plan.

Takeaways

- **We need to look at the school's accountability structure and the consistency across schools**
- **Include parent involvement and information that the District's expansion of school-based behavioral health services exists and can support their children**
- **How do we make sure that the School Behavioral Health Coordinator knows that he or she is the School Behavioral Health Coordinator and the tasks to complete?**
- **Create a memorandum from key leadership that may be distributed**
- **At the minimum, the School Behavioral Health Coordinator and the CBO clinician are to complete the School Strengthening Tool and Work Plan and do their best to have input from key partners. There is recognition that school teams won't always have everyone at the table.**

B. The Implementation Committee has been working over the past several months and is guided by the 4 A's – Awareness, Access, Alignment, and Accountability. The goal is that there is a single narrative about what the implementation process is and how all of the different investments work together. We want to make sure that everything is integrated in a way that makes sense for schools, families, and community. In September and October, the committee took a deep dive in identifying what our gaps are and how we will address those in FY20. In November, we will be identifying milestones and activities to address those gaps in keeping with the 4 A's described. We thank OSSE for using some of their funds to create informational short briefs. In addition to the Strengthening Tool and Work Plan brief, there will be a brief in November that will identify the 4 A's, gaps, and milestones and how the integration is to occur in a very clear, crisp, and concise way.

VII. Year 3 Planning

A. Dr. Scott will follow-up for confirmation that there were new schools that were not included in the proxy measure data that informed Cohort 2. Her recommendation is to run a new data analysis before identifying Cohort 3.

Work Tasks from Today's meeting

- **Create a Joint Memorandum from DBH, OSSE, DCPS, and DCPCSB for Cohort 1 and Cohort 2 School Leaders**
- **At the minimum, the School Behavioral Health Coordinator and the CBO clinician are to complete the School Strengthening Tool and Work Plan and do their best to have input from key partners. There is recognition that school teams won't always have everyone at the table.**
- **Explore during the scheduled CBO meeting the topic of when term limits begin and end**
- **Place on the CBO meeting agenda – routinely scheduled updates regarding what's happening in the Coordinating Council and make it clear that CBOs are welcome to attend as a part of the public membership.**
- **Dr. Scott is to follow-up with linking Dr. Acosta Price to Mr. Shapiro, Learning & Development Director to work through the DBH Training Institute that is already a provider of CEUs and explore CEUs for trainings.**
- **Create a list of the specific barriers and reasons that the CBOs are not in each of the schools.**
- **Include the methodology for caseload development within the scope of the Community of Practice topics of discussion.**
- **Dr. Acosta Price will follow-up with Dr. Doe regarding the needs of the nurses and School-based Health Centers and what the schedules of the nurses will allow them to attend.**
- **DCPS will conduct messaging through the Instructional Superintendents regarding school teams completing the School Strengthening Tool and Work Plans.**
- **Mrs. Williams will visit DCPCS School Leaders who have not been responsive, provide a copy of the Joint Memo, and address any support needs and concerns of the School Leader.**
- **Add to the Work Plan template space for identifying who contributed to and reviewed the Work Plan**
- **Include in the chart updates for Coordinating Council members the percentage of completion of Work Plans for each Cohort.**

Next Meeting date and place: November 18, 2019 10am-Noon **Department pf Behavioral Health, Training Rm 284, 64 New York Ave, NE, Washington, DC 20002**

Coordinating Council Members

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	Prsent
Ms. Erica Barnes	Department of Behavioral Health	Present		
Dr. Lee Beers	Children's National Health System	Not 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	Not Present		
Dr. Kafui Doe	Department of Health	Present		
Ms. Atiya Frame	Department of Behavioral Health	Not Present		
Councilmember Vincent Gray	DC Council-Committee on Health	Not Present		
Ms. Sharra Greer	Children's Law Center	Present	Tami Weerasingha-Cote	Present
Councilmember David Grosso	DC Council-Committee on Education	Not Present		
Ms. Anne Herr	Friends of Choice in Urban Schools (FOCUS)	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		
Mr. Nathan Luecking	Department of Behavioral Health	Not Present		
Mr. Michael Musante	Co-Chair	Present (by phone)		

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	Present
Ms. Marisa Parrella	Core Services Agency	Present (by phone)		
Ms. Barbara J. Parks	Department of Behavioral Health	Present		
Mr. Scott Pearson	DC Public Charter School Board	Not Present	Ms. Audrey Williams	Present
Ms. Juanita Price	Core Services Agency	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. Claudia Price Ms. Tia Brumsted	Present Present
Dr. Charneta Scott	Department of Behavioral Health	Present		
Ms. Colleen Sonosky	Department of Health Care Finance	Present (by phone)		
Ms. Sakina Thompson	Office of the Deputy Mayor for Health and Human Services	Present		
Mr. Raymond Weeden	DC Public Charter School Principal Representative	Present		
Ms. Molly Whalen	DC Public Charter School Parent	Present		

Government Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Nielah Tucker	Department of Behavioral Health		
Dr. Crystal Williams (By phone)	Department of Behavioral Health		
Ms. Patrice Wedderburn	Office of the Attorney General		
Ms. Laura Harding	Deputy Mayor of Education		
Mr. Andre Edwards	Department of Behavioral Health		

Ms. Taleisha Ellerbe	Department of Behavioral Health		
Mr. Chaz Kohlrieser	Department of Behavioral Health		
Ms. Keiona Carr	Department of Behavioral Health		
Ms. Amina Smith	Department of Behavioral Health		
Ms. Leandra Andrade	Department of Behavioral Health		
Mr. Ronald La Fleur	Department of Behavioral Health		

Public Attendees

Name	Agency/Position	Phone	E-Mail
Dr. Mariola Rosser	GW./CoP		
Dr. Olga Acosta Price	GW/CHHCS		
Ms. Elizabeth Reddick	Parent		
Ms. Megan Berkowitz	Apple Tree		
Ms. Davene White	Howard University		
Ms. Kerry Savage	PAVE		