



Agenda

Coordinating Council on School Behavioral Health

Monday, November 18, 2019

10:00 am – 12:00 pm

@ Department of Behavioral Health

64 New York Ave, NE

I. Welcome & Introductions

Dr. Bazron provided welcome and she noted the importance of celebrating the successes which include adding money to the CBOs to support supervision and getting the grants out to the CBOs earlier. We will get the money out even earlier and we are aiming for April. Additionally, we have had great support of our partner agencies. Dr. Bazron has had 1:1 meetings with both Mr. Scott Pearson and Superintendent Kang. Mr. Pearson will be retiring from the Public Charter School Board in the Spring and there is currently a national search underway for his position. Both Mr. Pearson and Superintendent Kang are really supportive of the actions that we have taken at the Coordinating Council and that is good news because it seems that we are all on the same page. They are also very realistic about some of the challenges related to implementing a citywide activity such as school-based behavioral health. Both Superintendent Kang and Mr. Pearson wanted Dr. Bazron to convey that they know how very hard everyone is working to make sure that we do the right thing for our children. Dr. Bazron announced that we anticipate the release of the solicitation for an evaluation vendor. We need an evaluator in place to track our progress from both a process and outcome evaluation framework. We need to know what we did that was right; what we need to correct; and to know our tangible outputs and outcomes. We need to move from how much, how many, to so what. There was a reminder that Dr. Price and her team have a Community of Practice meeting scheduled for Wednesday, 11/20/19 from 9-11am at the University of the District of Columbia. Registration is low so we need to make sure to get people to these meetings. Additionally, we will go back and look at representation on the Coordinating Council. Although we have discussed it several times, we have not yet made a decision yet. There has been interest related to the Office of the Attorney General being a member of the group so that is a something that we will place on the table.

Members were reminded that as they plan their calendars, the January and February meetings will occur on the Wednesday given that the Monday of the usual meeting week falls on a holiday. Dr. Bazron reminded members that DBH has an oversight meeting on Wednesday, November 20th. It will be in the community and members may contact her office for more information regarding the location. She hopes that members will attend the oversight hearing.

II. Review of the Minutes

There were no edits made to the minutes. Mr. LeVota moved to accept the minutes. Following a second to the motion, the members voted to accept the minutes as presented.

III. Updates, News, and Public Comment

A. Public Comment Period

Dr. Bazron opened the floor for Public Comment.

Ms. Megan Berkowitz, Positive Behavior Support Manager at Apple Tree Early Learning Public Charter School. She stated that she wants to be the voice for the Pre-K Only institutions that were left out of the initial algorithm. She is representing the voice for the 3 and 4 year olds in expanding school-based mental health. Dr. Bazron asked Ms. Parks to speak about the expansion of the Healthy Futures model for Early Childhood Mental Health Consultation that will expand to be in all subsidized centers. Ms. Berkowitz noted that Apple Tree is a Public Charter School and not a child development center nor a K-12. Dr. Schumacher provided clarification that in the ranking for Cohort 2, Pre-K only schools were included in the ranking. Early Learning campuses will be included in the ranking for Cohort 3. Ms. Berkowitz requested to obtain a copy of the Cohort 2 ranking and welcomed the opportunity to give feedback for behavioral health planning for the expansion of behavioral health for the Pre-K schools. Dr. Bazron encouraged Ms. Berkowitz to follow-up with individuals in the room to make sure that she gets the information that she needs.

Ms. Lovannia Dofat-Avent, Senior Director for Children's Services at Catholic Charities voiced a need for a source for advocacy or liaison to DCPS when CBOs have struggles with the school principals and us to problem-solve issues so that there is some other recourse other than pulling out of the school because we cannot get over the hurdles that we are dealing with. Dr. Bazron provided reference to a Joint Letter from the Chancellor, OSSE Superintendent, and Public Charter School Board Executive Director to building principals to encourage their participation in this activity of school behavioral health expansion. Dr. Bazron stated to let us know of problems that occur and we will conduct problem-solving. Dr. Bazron further stated that she has had lengthy discussions with the school leaders around the issue that Ms. Dofat-Avent raised so we will work to address it. As noted during Dr. Bazron's conversation with Superintendent Kang, we need to be very clear regarding the role and responsibilities of the building principals. The principals must be informed of all of the steps and it is important for there to be routine communication with the principals about what is happening because there appears to be a communication gap. The principals cannot help us if they do not know what the issues are. Dr. Bazron emphasized that we don't want people to pull out and we do want to help with problem-solving. Dr. Scott will assist in the problem-solving.

B. Co-Chair Updates

Provided during the Welcome portion of the meeting.

C. Coordinating Council Member News

Clarification requested by Ms. Whalen regarding who is able to attend the Community of Practice sessions. Dr. Acosta Price stated that the communication is targeted to Cohort 1 and 2. Further clarification provided that if folks outside of the current Cohorts want to attend, they are able to attend because this is about quality of care for all of our schools.

IV. Follow-up from Last Meeting

A. In discussing the status of CBO clinicians in Cohort 1 and Cohort 2 schools, CBO leaders provided experiences and perspectives.

Mrs. Marie Morilus-Black, CEO of MBI shared the following:

- For Cohort 1, MBI is fully staffed.
- Initial challenge was recruiting the right clinician for the specific school. For example some schools wanted a male clinician; a bi-lingual clinician; and have a commitment to school-based mental health.
- Turnover of clinicians has been an issue in two schools.

- MBI is half-way through staffing in the Cohort 2 schools and is confident of completed staffing by the end of December.
- MBI is in fifteen schools.
- Successfully secured a bi-lingual clinician for Miner ES.
- Experienced that it is easier to integrate the clinician into the school when the clinician is full-time in the school.
- Using interview process to decrease choosing clinicians who turnover and increase continuity of care.
- In the schools, clinicians are receiving referrals for 3 and 4 year olds and are using DBH and Access Helpline to secure services for them.
- MBI requires that clinicians have to be present in the morning to greet the students and a challenge was when the school wanted the clinician to be present at 5pm. MBI was able to negotiate that on Tuesdays when the clinician has in-service, the clinician would stay and provide that extra time.
- Ms. Wilson, MBI Program Manager stated that on the day that clinician comes into the office for ½ day, the clinician uses the remainder of the day to visit the family. Additionally, staff are required to conduct home visits once a month.
- The Community Support Worker works in partnership with the clinician to also do weekly homevisits.
- Each MBI team has a full-time clinician in the school and a full-time Community Support Worker who works with the clinician to bridge the gap between the school and the home. The Community Support Worker can have up to 20 cases. They share space with the clinician and help with the skill building activities. The Community Support Worker is in the school 3 days a week and in the clients home 2 days a week.
- MBI is interested in exploring if some of the Community Support Workers can be trained in implementing Primary Project to provide that work when placed in schools that have the young population.
- Ms. Mumford, Dr. Scott, and the team were excellent in the grant making process and answering fiscal questions.

Ms. Dofat-Avent, Senior Director for Children's Services at Catholic Charities shared the following:

- Fully staffed for Cohort 1 and three staff away from filling up Cohort 2.
- In Cohort 1, staff has not yet started in 1 school.
- In two of the schools, the clinicians are almost with a full caseload. And, in 1 school, there is a struggle to get an increased caseload because of the referral process in the school. Catholic Charities is trying to work with the principal. The school requires the teachers to attend a meeting to discuss the referrals and the teachers are bogged down with other things and this negatively impacts the teachers' willingness to move forward referrals. In addressing this issue, Catholic Charities is trying to encourage the teachers and work on the relationship with the principal. Encouraging clinicians to continue building rapport and help staff and leadership to see the benefit of the partnership and how Catholic Charities can support the school. Ms. Watson, Program Manager stated that even when parents have identified a desire for their child to receive services, there has been a choking up in terms of following the school's process. Catholic Charities is continuing to work things through and to try to meet in the middle of recognizing the need for the process and getting the services where they need to be.
- In response to Dr. Bazron's inquiry of what will be done when the clinician reaches the maximum caseload that the clinician can handle. Ms. Dofat-Avent spoke of conversations

that are occurring regarding the review of client progress and possibility of shifting frequency of sessions and also having a wait list and prioritize.

- It was also noted that the clinicians are also doing a lot of crisis intervention work. In a situation where a clinician's full day was involving a crisis, the clinician was not able to bill for other services. Dr. Bazron reminded that the 1115 waiver was approved by the Centers for Medicare and Medicaid (CMS) so we will be able to bill for crisis services beginning on January 1, 2020.
- In regards to the grant making process, Catholic Charities stated that they experienced the results of the hard work.
- Ms. Dofat-Avent stated that having Points of Contact for specific issues would help her in functioning more independently. It is not fair to have a clinician hired and not being able to get the clinician placed in the school for 5 weeks. In some cases the long lag is related to identifying space for the clinician.
- There have been instances of the schools not wanting the Treatment services and don't understand that the CBO clinician is present to provide all three tiers of service.
- Space issue where clinician is using the same room where clothes are stored for student needs and there is a smell from the clothes. The relationship with the principal was negatively impacted by voicing the concern regarding the space. It is not a space that the clinician can own and bring supplies and laptop to secure through a locked door.

Ms. S. Michele Swinson, Director of AprilMay Company, Inc. shared the following:

- AprilMay had clinicians hired to be placed in schools on September 2nd and school emailed that clinicians needed to shift to beginning in the school on September, 25th. From September 25th to now, the clinicians have not seen any students for therapy services because there is a need to follow the Student Support Team (SST) process. AprilMay offered to help with the SST process and to train the teachers on the process. The school was concerned about over identifying students for services. However, Ms. Swinson noted that her clinicians are inundated with supporting students in crisis throughout the entire day. Going forward, there needs to be a training of the schools regarding what is a crisis.
- Ms. Swinson noted her prior experience is that schools tend to not know their crisis plan if one exists
- Her partnership schools really want the Tier 1 and Tier 2 services and not the Tier 3 billable services. Dr. Bazron noted that we may need to do some work around helping the leadership and the staff with the assessment and identification of services needed by the students. Principal and staff can be helped to understand the clinical process. Dr. Bazron also noted that clinicians use their skills in all 3 tiers. The skills are used differently than used in the 1:1 treatment sessions.

When asked to respond to the concern about the space issue noted in today's discussion, Dr. Bryant-Mallory stated that we really need to talk about this issue with the caveat in mind that many schools are stretched and space is an issue. If we want to have mental health clinics in schools then we need to think about what that looks like if it is not going to really look like a clinic. For schools that are going through the modernization process, we have had the conversations on the front-end. For older schools, space issues are not uncommon and Dr. Bryant-Mallory does not think that it is an issue that is easily resolved. Dr. Bazron stated that we will likely need help from the school's Administrative arm to help to facilitate the scheduling of space for therapy sessions in schools where space is a challenge. Dr. Bryant-Mallory stated that Dr. Kenya Coleman (Kenya.Coleman@k12.dc.gov) is the Point of Contact to facilitate the problem-solving conversations with the building principals.

Additional Feedback and Points of Clarification from Members

Ms. Barnes spoke of the barrier of the criminal background check that DBH/School Mental Health Program is experiencing when background checks conducted by DC Human Resources are not accepted for clinician placement in DCPS. Dr. Bryant-Mallory stated that new hires should have gone to DCPS for background checks. Dr. Bazron directed for the DCPS Frequently Asked Question document that describes the DCPS clearance process to be distributed again.

Ms. Greer sought clarification regarding discrepancy between what a CBO reported during today's meeting and what was indicated on the Cohort School/Provider status chart. CBOs were asked to send any corrected information as soon as possible to Dr. Scott.

Dr. Lovelace stated that there needs to be continued conversations regarding the relationship between Tier 1, Tier 2, and Tier 3 services. There is a need for continued education of principals, stakeholders, and mental health staff because she finds that some agencies are not comfortable providing Tier 1 services and more comfortable providing Tier 3 and vice versa. We want to see more students in the Tier 1 and Tier 2 services. If we continue to educate on this then there will be a bigger buy-in.

Ms. Parrella leveraged the point of the need for consistent space to provide the deeper and intensive level clinical work with the child. Dr. Bazron noted the importance of consistently configuring a space and not bouncing the child around to different spaces. Ideally we should have a separate office and if the facility cannot accommodate that, then we may have to do something that is less than ideal.

Ms. Vann from Building Capacity, LLC spoke of strategy for supporting the students in generalizing the skills through adaptability and flexibility in different zones of the school after the treatment work has reached an appropriate clinical point.

Takeaways from Discussion on the Building Space Issue

- **We need to be really clear upfront with the building principal as we are talking about going into the school to see what's available. Do the negotiation upfront.**
- **Understand that we may need to be flexible. Our ideal is to have a separate office with separate resources. In some schools, that is possible and in others, it is not possible. If we need support, then we need to go to the various Administrative Leads to help us to work it out.**

Dr. Scott expressed gratitude for Ms. Mumford and her team for the work of getting the grant funds out to the CBOs to support their work. She also informed the Council of what happens when there are problems with a CBO's compliance with the grant agreement in getting services out to the students. There are consequences. A Corrective Action Plan can be implemented and the CBO has 30 days to show progress. If after that 30 day period, there is not sufficient or adequate progress, then the grant agreement is terminated and a cure has to happen and the funds are returned. There are checks and balances around the grant agreements. This week we will begin scheduling site visits.

- B. Dr. Scott reported that with the assistance of the OSSE partners, we updated the solicitation that was used last year when we were not able proceed with awarding the evaluation contract due to the need for additional funds for the CBO grants. The belief is that the Solicitation will be placed on the street on Wednesday.

- C. The drafts of the DBH MOUs for the OSSE and DCPS manager positions are with the General Counsel under review.

Ms. Greer noted deep concern regarding the status report which shows that one of the CBOs – Howard that does not show any clinicians in any of the schools for Cohort 1 nor Cohort 2.

Dr. Bazron engaged the membership in exploring thoughts about process for addressing a CBO's non-compliance. The framing for the discussion and generated ideas included:

- If we have a CBO and the CBO is on a Corrective Action plan and they do not have a clinician hired in X period of time, what action should we take?
 - Rescind their grant and give it to somebody else?
 - What are your Thoughts regarding the time period?
 - At what point do we pull the plug?

Feedback from Coordinating Council members:

- Look at what the issues are that are hindering the CBO from being able to fulfill their mandates from the grant agreement. (e.g., space, background checks process, issues with schools)
- If it is solely related to the CBO's ability to fulfill their mandate (i.e., hire appropriate people) then the CBO has a 30 day corrective action plan and you are able to give another 30 days extension to improve; and no more than 90 days maximum extension.
- Look at the technical assistance that is being provided to give the CBO as much support as possible to be able to come into compliance
- Get feedback from the school
- If full-time staff is not on board, identify what services have been and are being provided – include that as a consideration
- Explore what relationship the CBO has tried to build with the school prior to having the full-time clinician hired and placed in the school. (There is value in the CBO working with the school; having the supervisor to work with the school. Providing Tier 1 and Tier 2 services and beginning to develop a partnership). One member noted that in those cases where that is occurring, the member would be hesitant to take some significant action against the CBO if the CBO was trying to pave the way to establish a relationship.
- We need to be fair and consistent in all of the practices of the CBOs.

Dr. Bazron wants an established policy and practice on paper that everyone knows about and then we move forward with implementing it. We need mapped out policies and procedures. We need to bring back some kind of document that says if a CBO is under Corrective Action because of these reasons, this is the process --- so that it is fair for everybody. Come to some agreement as to how we are going to manage it. Follow-up with something in writing on this so that we are all on the same page.

Framework for Corrective Action Process

- How long are CBOs given to hire before corrective action initiated?
- What are the various types of reasons for a corrective action
- What is the timeframe for each type of reason before corrective action is taken and what is the specific process for each of those reasons?

Dr. Bazron also stated that in her discussions with the Superintendent of OSSE, the Executive Director of the DC Public Charter Board and others the topic has come up regarding whether we should consider Tiered services and particularly for Cohorts 3 and 4. Dr. Bazron wants to be a part of that discussion so we will pick it up next meeting. It is recognized that in some instances, there are clinicians already in the school and the school may be resistant to having another full-time clinician in the school. The principal may feel that what is needed is someone there part-time because of the nature of the population and what their needs happen to be. Dr. Bazron wants the membership to think that through and if Tiered services is something we may want to consider.

Ms. Price thanked Dr. Bazron for the transparent discussion of difficult topics in today's meeting.

School Strengthening Tool and Work Plan Updates

Explanations were provided by Ms. Brumsted and Dr. Scott regarding the methodology used and current status of the School Strengthening Tool, Work Plan, and Provider status percentages. Ms. Barnes stated that the DBH Clinical Specialists were given a directive over the last 4 weeks to get the Cohort 1 Strengthening tool and Work Plans completed and that is the reason that the numbers look much better. The DBH Clinical Specialists went to schools, identified the School Behavioral Health Coordinators, and scheduled meetings to complete the tasks. They will continue to do that until the Cohort 1 is completed and will do the same for Cohort 2 over the next 4 weeks. Gratitude given to the DBH Clinical Specialists and Project AWARE staff.

Dr. Bryant-Mallory confirmed that she has the signature of the Chancellor on the Joint Memo to principals and we will now get the letter distributed.

Dr. Schumacher stated that Superintendent Kang has a monthly breakfast with Charter leaders and at the recent breakfast she reinforced the letter and took questions. Some of the folks in the room were newer school leadership and did not know that they were in Cohort 1 or Cohort 2.

Ms. Brumsted elevated that we have not yet developed a concrete plan for how we align all of the intersecting initiatives and use multiple opportunities to recognize this work and how it connects with other school initiatives. She confirmed that work is happening to push the message of the connection of the city-wide expansion to the various initiatives such as public health and school climate.

Ms. Parrella stated the importance of coordinating the CBO reporting that is required for DCPS and DBH.

The CoP registration is ready to receive registrations and the venue is corrected on the link.

In response to an inquiry, Dr. Doe stated that in order to protect the privacy of the students and the records, Health Suite staff space may not be shared with any other program staff members for other services.

Mrs. Morilus-Black emphasized the importance of private space for therapy services to get the student to stable state. She also elevated that the District's model for the expansion requires the CBO to provide Tier 3 services or we will lose our shirt. DBH does not fully fund us. The grant does not pay the salary of the clinicians. We are running a deficit program if we do not earn those dollars. We have to make sure that the schools partner with us so that the model works.

Next Meeting date and place: December 16, 2019 10am-Noon Department of 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	Not 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)		
Ms. Atiya Frame	Department of Behavioral Health	Not Present		
Councilmember Vincent Gray	DC Council-Committee on Health	Not Present	Osa Imadojema Malcolm Cameron	Present 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 (by Phone)		
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	Not Present		
Mr. Javon Oliver	Department of Health Care Finance	Not Present		
Dr. Chioma Oruh	DC Public School Parent	Not Present		
Ms. Michelle Palmer	Non-Core Services Agency	Not Present	Rebecca Roesch	Present
Ms. Marisa Parrella	Core Services Agency	Present		
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	Not Present		
Dr. Olivia Soutullo	Children's National Health System	Present		
Ms. Sakina Thompson	Office of the Deputy Mayor for Health and Human Services	Present		
Mr. Raymond Weeden	DC Public Charter School Principal Representative	Present (by phone)		
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	Department of Behavioral Health		
Ms. Naa Ammah-Tagoe	Ed Forward DC		
Dr. Erica McClaskey	DC Health		

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		
Dr. Kenya Coleman	DCPS		
Mr. Ronald La Fleur	Department of Behavioral Health		

Public Attendees

Name	Agency/Position	Phone	E-Mail
Ms. S. Michele Swinson	AprilMay		
Dr. Olga Acosta Price	GW/CHHCS		
Ms. Marie Morilus-Black	MBI		
Ms. Megan Berkowitz	Apple Tree		
Ms. Davene White	Howard University		
Ms. Jeanine Wilson	MBI		
Ms. Tammy Fenton	April/May		
Ms. Kashawna Watson	Catholic Charities		
Ms. Lovannia Dofat	Catholic Charities		
Ms. Alex Vann	Building Capacity, LLC		