



Agenda

Coordinating Council on School Behavioral Health
Monday, September 16, 2019
10:00 am – 12:00 pm
@ Office of the State Superintendent of Education
1050 First Street, NE

I. Welcome & Introductions

Dr. Bazron provided welcome and the members of the Coordinating Council and the Public introduced themselves.

II. Review of the Minutes

Motion to approve minutes was moved by Dr. Schumacher and seconded by Ms. Barnes. The body approved the minutes.

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

C. Coordinating Council Member News

IV. Follow-up from Last Meeting

A. Dr. Bazron provided follow-up regarding the Council's previous recommendation for funding for CBO supervisors within the school-based behavioral health efforts. The funding is to support Licensed Graduates (LGs) in particular and to provide supervision in general to support the quality of care. Dr. Bazron stated that since Council has just returned in the last couple of days there has not yet been an opportunity to sit down and talk with them. That task is at the top of Dr. Bazron's list. The goal is that we will have a 1:6 ratio of supervisor: supervisee and there was a unanimous agreement among the Council. And, that is the recommendation that Dr. Bazron is moving forward.

Additional Follow-ups Generated During Discussion

Dr. Bazron requested that Dr. Bryant-Mallory provide an update on the Criminal Background Check issue, restate the rationale, and where we are in the process. Dr. Bryant-Mallory informed the Council that she met with the Community Based Organizations (CBOs) at their DBH meeting on last week and apologized for the inconvenience of the changing of process at the start of the school year. It was reviewed that DCPS had experienced situations of sexual misconduct over the last year. And, as a result of that, DCPS wanted to be assured that every single person in their schools has been cleared. When the process began 3 weeks ago, CBOs had to report to DCPS for fingerprinting or had the opportunity to report to the Department of Behavioral Health on September 4th for a DCHR hosted event for on-site fingerprinting. There has been progress from 47 individuals who needed to be cleared to now

having, as of Friday, 3 people that are still pending their DCHR clearances and 1 person that is pending DCPS clearance. DCPS is accepting the DCHR clearances this year. However, as of next school year, everyone will be required to go through the DCPS fingerprinting process.

Dr. Bazron noted that looking forward it will be important to begin the process early and for CBOs to plan with their applicants in advance. Dr. Bryant-Mallory also clarified that the Criminal Background check is required every 2 years.

A CBO from the public noted the delay in receiving results back from the Child and Family Services Administration (CFSA) Child Protection Register clearance and asked if it was required for CBOs that are partnering with the District's school-based behavioral health services expansion. Dr. Scott noted that the DBH Director strongly recommends that the CBOs participate in the CFSA's Child Protection Register process. Dr. Scott also stated that she has a contact provided by the CFSA representative on the Coordinating Council to assist in moving the process quicker when at all possible to support the work of the District's expansion of school-based behavioral health services. Dr. Scott will provide Mr. Kohlrieser with the information to send to the CBOs regarding what CFSA will need from the CBOs to identify the application once the application has been delivered to CFSA.

Dr. Bazron further emphasized that the school-based behavioral health work is a high visibility activity and CBOs are working with our most precious jewels, our children, and with everything that is happening within the general environment, we can't be too cautious.

Ms. Price further questioned the reason that the FBI check results can be received in less time than the general 30 days for the CFSA results. Dr. Bazron stated that she will follow-up with Director Donald regarding the general length of time it takes to receive the results from a CFSA Child Protection Register application.

Ms. Price also spoke of the burden of an employee being required to have multiple FBI checks – for license, for DCPS, and for the Agency as the employer. Ms. Price noted that this practice is not coordinated and is expensive. She further noted that the FBI checks come from the same processing place in Clarksburg, West Virginia. Dr. Bazron stated that this issue will be explored as best we can.

In response to an inquiry if there is a central person tracking criminal background checks for the DC Public Charter Schools, Mrs. Williams stated that the DC Public Charter School Board has been exploring the possibility of a Memorandum of Understanding (MOU) with DCHR. It is taking longer than they would like and more is to come on that possibility. For now, the Local Education Agencies (LEAs) are handling the criminal background check requirement at the individual LEA level.

Dr. Bazron also spoke of follow-up on the group's question about service delivery requirements for students with IEPs and 504 Plans. OSSE is working on developing a more public-facing guidance for CBOs and LEAs to navigate the process and to support an understanding of the implications. OSSE is working with their K-12 Division, Special Education staff, and the Medicaid staff to create the guidance document. Dr. Oruh also highlighted that as the guidance document is created it is an important opportunity to collaborate with parents who have young or older children with IEPs. Ms. Greer stated that she hopes that this guidance or another clarification would clear up an ongoing problem we have with students who have IEPs having the ability to access services that are not on their IEP. And, the students being told repeatedly that because the student has an IEP, the student is not able to access other services. During the topic discussion, it was stated that it would be helpful for a document to clarify that just because a student has an IEP, it does not mean that the student cannot receive other behavioral health/mental health services. The IEP should not be limiting. It

should be one component of a broader array of available services for the student. Ms. Greer added that it would be great to have clear guidance that would address that the student does not have to lose, at the point of obtaining an IEP, the services that were in place for the student prior to the establishment of the student's IEP just because the previous services are not on the IEP.

Dr. Bryant-Mallory stated that given the context of DCPS not long ago coming out of the Blackman-Jones lawsuit, special education and other legally mandated services hold a requirement of DCPS reporting in a number of areas. Additionally, she noted the importance of keeping in mind the need of those students in the general education population having the ability to access services. She also acknowledged the ability to co-treat students for a period of time and to have supported transitions from one service provider to another with clear guidance and clarification.

In additional follow-up, Dr. Bazron provided update on the status of the clinicians in the schools. We still have quite a ways to go and we need to hear about the barriers so that we may seek to address the barriers. We still have a big problem with Year 1 placements and that is not acceptable at this point. We have to get people into the schools. If CBOs cannot hire-up, it is best to not apply to take on more responsibility because we want to make sure that we can fully function within this particular program on behalf of our youth.

Dr. Bazron has asked Charneta to call the CBOs and to be in on-going communication with the CBOs to find out what the CBOs are doing; where the barriers are; and what we need to do because we must get the services into the schools. We cannot change and help students and families if we are not there and that defeats the purpose. We will continue to look very closely and consistently at the status of the number of clinicians in the schools.

- B. The effort to obtain responses from Coordinating Council members via email regarding CBO representation on the Council yielded only 5 responses. And, that number of responses is not a sufficient number upon which to make a determination. Dr. Bazron asked members to respond and weigh in. The survey link will be sent back out today. We do not have a representative sample and we need better participation in order to make a determination and to bring something back to this group for the group to determine ultimately how we move forward.
- C. Dr. Bazron engaged the body regarding any objections to changing the name of the Coordinating Council to reflect *behavioral health* rather than *mental health*. No concerns were stated. The body is now the Coordinating Council on School Behavioral Health.

Invitation for News/Comments from CBOs

Ms. Parrella from Mary's Center offered her thoughts about the expansion and stated that she appreciates the tracking of how many schools are matched and how many clinicians are hired. However, she is concerned that the ticking of the boxes may be used as some measure of success and the quality may be lost in the process of compliance. It takes a good amount of time for any organization to hire, train, and build capacity in leadership. Ms. Parrella does not want to contribute to the notion that if every organization is matched with a school that we have achieved some level of success. It is important to remember that schools are also involved. There have been some challenges in how schools really want to commit to the process with the School Strengthening Tool and developing the Work Plans. The CBOs get tracked in the ticking yet it is not just the CBO because it is the CBO and the school together completing the tasks.

Dr. Bazron responded that the goal is that if we don't have anybody in the school and at the table, then we don't get the services provided. However, quality of care is very important. The reason that we are calling CBOs is so that we may learn what the challenges are that we need to address to make sure that we can do this right. This is really a pilot and we are learning. The lessons learned from this cohort will inform what we need to go through in the final process.

Ms. Parrella noted the importance of the school understanding the role of the DBH Clinical Specialist; the work plans being informed by resource mapping and alignment with the school's strategic plan; and the DBH Clinician's plan connecting to the work plan. It was noted by Dr. Bazron that the Community of Practice (CoP) is also able to support what Ms. Parrella described.

Ms. White from Howard University stated that it is very important to take into consideration the prevention activities that the CBOs are conducting in the schools. Although we may not have a clinician in the school, we are very involved in the school. It is important to acknowledge the prevention activities that are being provided in the schools.

Invitation for News/Comments from Coordinating Council Members

Ms. Whalen encouraged the Coordinating Council to not lose track of what Ms. Parrella stated about the quality. Ms. Whalen noted her experience at times within the scope of special education work when there was a focus on monitoring and compliance and the focus on the quality gets lost. Ms. Whalen would like to see when the time is right that the Coordinating Council determine how to judge how well this is working. Recognizing that what works in some schools does not work in other schools and there is a cultural and environmental side of that. The hope is that the Community of Practice will be able to assist in identifying lessons learned. These are the things that are valuable and not always easy to measure. It would be important to research and evaluate these students 5 years from now and see how well they are doing – see what differences the services, culture, and environment made.

Dr. Bazron noted that there is a process evaluation piece and there is an outcome evaluation piece. We have to deal with both. Right now we are dealing with process – What does it take to get this thing up and running? Another piece is – What have we done to make a positive difference in the lives of the students and their families?

Review of Points as we are building and flying, simultaneously:

- **We need to follow-up on a focus on quality**
- **Look at quality indicators**
- **Gather Lessons Learned**

Dr. Acosta Price affirmed that the Community of Practice is focusing on establishing a process that is sound, replicable, sustainable, and has longevity. She and her team have and will identify the best practices that are within the domains that define quality school mental health. Those will be codified. The School Health Index (School Strengthening Tool) is not to be minimized because those are best practices. We are asking schools to assess themselves against those indicators. That is an important benchmark as a measure of quality. If the school team is assessing every year, that is one way to be able to establish movement and change. It can serve as a Quality Improvement measure and the team establishes the year's priority. The Technical Assistance Team will have access to that information to assist in where to focus the TA support within each school and its team.

Ms. Whalen noted the importance of looking at who is participating in the accessing and ensuring that there are involved the full range of stakeholder perspectives and voices.

Dr. Acosta Price emphasized that the Community of Practice is not evaluating itself. It is not the evaluator. The Community of Practice is focused on quality indicators and implementation of practices. The evaluator will focus on how effective the implemented practices are and the measuring of that.

Dr. Bazron also instructed the body to recognize that this is not a “one and done” process. The manner in which this effort is supposed to run is that we are building into the infrastructure. It will be ongoing as opposed to a “one and done.” We need to keep that in front of us. We are hoping for continuity over time.

Dr. Schumacher noted that the awarding of the Data and Evaluation contract will assist in building the infrastructure.

Recap:

- **Minutes reviewed**
- **No objection to changing name from mental health to behavioral health**
- **We are not positioned to make a determination on the membership of the Coordinating Council. We need more feedback.**

V. Project AWARE Updates

A. Staffing (Dr. Scott)

State Mental Health Authority Project AWARE Co-Coordinator has been selected. Administrative tasks must be completed which include criminal background check and drug screening. Tentative start date is 9/30/19.

B. Training (Ms. C. Price)

In partnership with the Department of Behavioral Health and OSSE, there are upcoming CPI Non-violent Crisis Intervention trainings that will be offered to the greater public. Those trainings will be offered on 10/1/19, 11/15/19, and 1/7/20. The 10/1/19 is sold out. The registration for the 11/15/19 and 1/7/20 training sessions will be live soon. There will also be Mental Health First Aid training offered soon and that will be in partnership with the Mayor’s office.

Dr. Bazron inquired if CEUs were available for the trainings. And, is it possible for the schedule to be sent out to everyone so that people know when the trainings are occurring? There are not CEUs for the CPI training. Individuals may obtain Professional Learning Units. The CPI and Mental Health First Aid Trainings will be sent to the OSSE Professional Development Calendar (OSSE’s Professional Calendar may be viewed at osse.dc.gov/events) to support awareness and planning. OSSE is exploring the ability for CEUs to be available within the CoP activities. Dr. Bazron encouraged obtaining CEUs for as many licenses as possible and also encouraged folks to visit the DBH website for training opportunities through the DBH Training Institute.

VI. Year 2 Planning

A. On-boarding and readiness issues discussed in the initial part of today's meeting.

B. School Strengthening Tool and Work Plan Updates (Ms. Brumsted)

Acknowledgement given to the DBH Clinical Specialists and Ms. C. Price for their work and support with school teams to complete the tools and workplans. Ms. Brumsted informed members that OSSE is looking into using funds in the last few weeks of their Data and Evaluation contract to see if they are able to obtain support for an early trend analysis of the work plans that were received thus far. It was also noted that this year will be heavily focused on process outcomes. – Is there evidence that there was implementation of Tier 1 goals? Is there evidence that there was implementation 1 or 2 of the identified Tier 2 goals? How have the partnerships sustained in the areas that we thought the existing supports would support this initiative? How we can work with the schools and their CBO clinicians this year to focus on process?

C. Work force Pipeline (Ms. C. Price)

This work is driven by the question - How do we promote getting information out regarding pathways for positions for employment with the CBOs? Ms. Price explored the landscape for mental health professionals through the universities and colleges and began to build relationships. The goal is to determine a way to make sure that our CBOs are staffed to meet the needs as we think about the expansion. Ms. Price described her work on a graduate program database for DC, Maryland, and Virginia where the graduate programs have counseling-based, social work-based, psychology-based, and school mental health-based programming. She shared that some of the content on the database include:

- **Degrees and programming**
- **Is there a practicum or internship that is directly related to school-based behavioral health?**
- **Is there an interest in a partnership?**
- **Is there an interest in a presentation about what school-based behavioral health looks like in the District?**
- **How do they track their data with their students when they leave? Employment statistics.**
- **Are the students remaining in the area?**

There were 17 colleges or universities with relevant programs. And, there has been enthusiasm for partnerships

Inquiry on Follow-up to how much CBOs are willing to expand

Dr. Scott reported that effort was made to rework the tool to promote clarity on the needed information from the CBOs and the survey was conducted by phone interview. From the responses of our 11 CBO partners, we have a current capacity for 48 additional schools. There are 6 of the current 11 CBOs that are willing to take the maximum of 25 schools. The reported universe of DC Public and Public Charter schools is 239 (116 DCPS and 123 DCPCS).

Ms. Greer noted that a future agenda item soon should address that we need to recruit more CBOs for the remainder of the phased expansion because we need CBO partners for more than 48 additional schools.

D. Brainstorming Method to Maximize Exposure to CoP Launch Information to Promote Good Registration Response and Attendance

Dr. Acosta Price and Ms. Palmer distributed flyers for the Community of Practice Launch event which is scheduled for 9/30/19 2:30-5:00pm at the National Press Club. This gathering will take an opportunity to communicate to the city the investment and work that has gone on and to support that communication. The last hour will be the Community of Practice work in teams. Dr. Acosta Price noted that the Community of Practice by definition is a learning environment that is bi-directional. We need the information from the participants and the participants need information from us. These conversations will be facilitated. Surveys to key stakeholder groups and key members of the team have been sent in an effort for feedback to shape what the first meeting will look like. CRP, Incorporated will be administering the surveys. The target is for 400 participants. Cohorts 1 and 2 are being emphasized and all schools are invited. The first hour will be recorded.

Dr. Bazron inquired what will support parents and families to be involved. Ms. Whalen noted a strategy used by the Family and Youth Committee where we requested that the schools bring a parent. OSSE will help with communication regarding the event and encouraged the use of specific language to peak interest of the recipient of the communication. The parent advocacy groups will also be looped in to share information with parents.

Follow-up Items from Today's meeting

- **Get some tracking information regarding the clearance process for the DC Public Charter Schools**
- **Find out how to get parent voice into the 504 Plan and IEP guidance**
- **Need to look at quality of the process for getting the initiative up and running**
- **Need to look at the quality of the services that are being delivered**
- **Both Process and Outcome evaluation will be weaved into the evaluation contract and we will bring that data to the Coordinating Council so that we have some discussion and benefit from the lessons learned as we move forward**

Next Meeting date and place: October 21, 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	Present		
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	Dr. Kenya Coleman	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		
Ms. Sharra Greer	Children's Law Center	Present		
Councilmember David Grosso	DC Council-Committee on Education	Not Present		
Ms. Anne Herr	Friends of Choice in Urban Schools (FOCUS)	Not Present	Ms. Queen Nwafor	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	Not Present		
Dr. Taiwan Lovelace	Department of Behavioral Health	Present		
Mr. Nathan Luecking	Department of Behavioral Health	Present		
Mr. Michael Musante	Co-Chair	Present (by phone)		

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	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		
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 (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 (By phone)	Department of Behavioral Health		
Ms. Christina Jones	Office of the Attorney General		
Ms. Laura Harding	Deputy Mayor of Education		
Andre Edwards	Department of Behavioral Health		

Taleisha Ellerbe	Department of Behavioral Health		
Chaz Kohlrieser	Department of Behavioral Health		

Public Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Renee Palmer	CRP, Inc./CoP		
Dr. Olga Acosta Price	GW/CHHCS		
Ms. Elizabeth Mohler	LAYC		
Ms. Andrea Jones	Parent		
Ms. Davene White	Howard University		
Ms. Kerry Savage	PAVE		