GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF BEHAVIORAL HEALTH



Coordinating Council on School Mental Health Meeting

Tuesday, May 22, 2018

64 New York Avenue, NE

DHS NOMA Training Conference Rooms A-B (659-660)

6th Floor

11:00am-1:00pm

Facilitator(s):

Coordinating Council Members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Affiliation/Designation | Attendance | Designee | Attendance |
| Ms. Maureen Akunwafor | DC Public School Teacher | Not Present |  |  |
| Ms. Erica Barnes | Department of Behavior Health | Present |  |  |
| Dr. Deitra Bryant-Mallory | District of Columbia Public Schools | Present |  |  |
| Dr. Kafui Doe | Department of Health | Present |  |  |
| Ms. Denise Dunbar | Department of Behavior Health | Present |  |  |
| Councilmember Vincent Gray | DC Council-Committee on Health | Not Present |  |  |
| Ms. Sharra Greer | Children’s Law Center | Present |  |  |
| Councilmember David Grosso | DC Council-Committee on Education | Not Present | Ms. Katrina Forrest | Present |
| Ms. Chalon Jones | Office of the Deputy Mayor of Education | 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 |  |  |

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| --- | --- | --- | --- | --- |
| Name | Affiliation/Designation | Attendance | Designee | Attendance |
| Mr. Michael Musante | Friends of Choice in Urban Schools (FOCUS) | Present |  |  |
| Mr. Javon Oliver | Department of Health Care Finance | Not Present |  |  |
| Dr. Chioma Oruh | DC Public School Parent | Present |  |  |
| Ms. Michelle Palmer | Non-Core Services Agency | Present |  |  |
| Ms. Barbara J. Parks | Department of Behavioral Health | Not Present |  |  |
| Ms. Marisa Parrella | Core Services Agency | Not Present |  |  |
| Mr. Scott Pearson | DC Public Charter School Board | Not Present | Ms. Audrey Williams | Present |
| Ms. Juanita Price | Core Services Agency | Not Present |  |  |
| Dr. Olga Acosta Price | Milken Institute School of Public Health, GWU | Present |  |  |
| Ms. Shanica Raiford | Youth Representative | Present |  |  |
| Mr. Justin Ralston | DC Public School Principal | Present |  |  |
| Dr. Tanya A. Royster | Department of Behavioral Health | Present |  |  |
| Dr. Heidi Schumacher | Office of the State Superintendent of Education | Present |  |  |
| Dr. Charneta Scott | Department of Behavioral Health | Present |  |  |
| Ms. Colleen Sonosky | Department of Health Care Finance | Present |  |  |
| Ms. Sakina Thompson | Office of the Deputy Mayor for Health and Human Services | Present |  |  |
| Ms. Molly Whalen | DC Public Charter School Principal | Not Present |  |  |
| Ms. Niya White | DC Public Charter School Principal | Not Present |  |  |

Additional District Government or DCPCSB Staff Present

|  |  |  |
| --- | --- | --- |
| Name | Role | Office or Agency |
| Ms. Cemone Bynum | Staff | Department of Behavioral Health |
| Ms. Lori Garibay | Staff | DC Health |
| Kerriann Peart | Staff | Office of the State Superintendent of Education |

Public Attendees

|  |  |  |
| --- | --- | --- |
| Name | Role | Organization |
| Ms. Anne Cornell | Manager | Foundations |
| Ms. Malaya Rucker | Educator/Artist |  |
| Mr. Michael Villafranca | Staff | Children’s Law Center |

Agenda

1. Welcome & Introduction

Members of Council and public attendees introduced themselves and stated their agency/organization/role.

1. Review of Agenda

Dr. Scott drew the attention of the members of the provided agenda.

Dr. Scott advised the Coordinating Council that a Request for Information was sent earlier in the morning with the Scopes of Work for the Community of Practice/Technical Assistance and the Evaluation document.

**Unfinished Business**

In follow-up to the response from DC Health regarding the recommendation for Children’s National System to serve on the Coordinating Council for School Mental Health, DC Health has responded. DC Health will be the entity representing school health on the Coordinating Council. Clarification was provided that this was only in reference to the Coordinating Council and not in reference to the membership on a subcommittee.

**Coming to a common understanding around the twenty-five percent of the highest needs schools**

The floor was opened for a review of the concern leveraged during the Implementation Subcommittee meeting that informed a need for coming to a common understanding regarding the list of the top twenty-five percent of highest need schools

Dr. Acosta Price provided a summary. One issue of concern leveraged by Ms. Parrella was that the indices that we are using for need determination and for choosing the top twenty-five percent of schools to start, may under represent those schools that have a high number of undocumented immigrants who wouldn’t necessarily show up in some of the indices related to SNAP or TANF and yet their mental health needs may be very significant. The concern includes the use of ELL and possibly a weighting of including ELL in the formula to see if that would elevate any of the schools to the top priority.

Another concern was around what do we do in the top 25% schools if some are determined by the Coordinating Council or by the sub-committee to have for now some sufficient level of resources within the school. And, where they may still benefit from some of the city-wide training and other things, but in terms of provider resources, maybe they don’t need that. What would that mean about other schools being elevated into the top twenty-five percent - this was another issue in terms of the rankings.

Ms. Thompson noted that the underlying question was whether we go back to the drawing board and that there definitely was questioning whether we had arrived at our school list for the coming year. An option for consideration is affirming that we have our list of schools and let’s see if there are any outliers and if there are, how do we work that in.

Recognition was noted that varying levels of unmet need exist and that we have not framed the identifications and the prioritization as a two-step process. It was not that we identified those with highest level on the indicators and then we were to determine which ones have unmet need and then get our list. Ambitiously, we want to support all schools as we are moving forward with some priority to the 53 highest need schools yet not absolute. Ms. Thompson further offered that if we find a large number of schools that by some measure meet the minimum framework and we have lots of resources leftover and we find a situation of thinking about where to put them, we can then have that conversation. The low likelihood of getting to that place was noted due to the self-discovery and self-assessment of the schools in determining the school’s strengths and where the schools determine they have need for other supports and capacity building. And, subsequently, likely resulting in the 53 schools within the top 25% highest need schools remaining in that group.

The discussion also yielded clarification of the concern that as it relates to the 1.9M, which was estimated to support upwards of 33 clinicians, and if we get to a place of having resources available for additional provider and clinician support, we might need to think about a decision tree or someway to decide how to move down the list of schools.

An additional reminder was given that when the Coordinating Council went through the different methodology, the Coordinating Council decided to use our dataset of all schools together as opposed to schools separated by category and we recognized that there were 13 schools that ended up in the top twenty-five percent in their category when we captured by school type that weren’t captured when we did it by all schools together. We kept those schools on our list highlighted in red to keep an eye on those schools in case of additional funding or for any arising behavioral health need that is not currently showing.

Dr. Oruh noted the importance of how families are included as part of the process whether it’s related to the needs or any part of the implementation process. A further point offered was for a recommended format that schools form committees that include families and possibly other community stakeholders that are not necessarily the providers to help with the implementation process. Recognizing that there may be a disconnect between what an administrator thinks is necessary for the school and what a family may think is best for the school. The importance was noted regarding having a place where DBH has access to the various perspectives to facilitate constantly monitoring and accessing, implementing or re-implementing or adjusting how this program develops in Year 1 to hopefully improve in Year 2.

Recommendation around process for schools and communication to the schools:

Questions posed: Are we envisioning or have we envisioned a process for the top 53 schools and how that resource allocation will be offered? Will the schools be applying to somebody for one of the available clinicians?

Discussion Points

* We talked about it as part of principal engagement process and school readiness process and I think that we can present the things based on our information about the schools. This is what we imagine the resources to be and allow the conversation to be guided from there and concretize.
* Guest from the public stated her attendance primarily to make sure the seed is planted for the incorporation of arts implementation, arts integration, arts education because often time’s behavioral concerns can be addressed directly through artistic activity and/or some other creative aspect and using the arts to address some of these issues.
* Another part of the process for the schools equation is what is available and what is happening in the schools. Are we deciding that we are going to match schools or have providers do that part of the work as part of their engagement with the schools and doing a needs assessment....as we start to identify providers and what they will be doing…will we be tackling some basic understanding that there are minimum requirements for schools? For example, if you want the provider to provide tertiary services, those services are not allowed to be provided in a cubicle. There are things that are going to be minimal requirements of schools. Dr. Price further asked is that something that her Center could be tasked with gathering that minimal information. As we are developing scope of work, it is important to start flushing out what the provider will be expected to do as it relates to the minimal requirements of schools and/or the more flushed out needs assessment.
* There different levels of readiness and there are also different services that can be provided to a school related to the school’s readiness
* Should we be using very expensive resources and specialized resources to gather some of that background work that maybe we can gather in a different way and we don’t need providers to do? Are we placing the background gathering of minimal resources within the provider’s scope of work because we are including that within engagement? Or, is there another way to gather that background information systematically?
* Ms. Palmer noted the availability of the application for Resilient Scholars that she is happy to share
* Ms. Dunbar noted that we are also able to make available the Needs Assessment document from the DBH/School Mental Health Program
* Dr. Royster elevated Dr. Oruh’s earlier point regarding making sure to include parent voice as one of the criteria that the principal must consider in considering the acceptance of available resources. While we can’t make the principal take resources that they don’t want to use, if we say you should have some inclusion of parent voice when you are deciding what the best resources are, that’s the best way to make sure that the parent voice gets integrated.

Ms. Thompson offered observation that the really big challenge in front of use is trying to map out what we are going to be doing over the next four months to get this launched and how do we consider all these different great ideas and thoughts. The Implementation team will be meeting intensely over the next four months…DBH and the District through a small group need to development something to bring to the Implementation Committee to really start hashing out…we need to be thinking about what’s possible and how do we tee up the components. There is also a logistical issue that we are not going to have providers brought in until October, 2018

We will share the Blueprint Needs Assessment, Wendt Center application, and the DBH Needs Assessment for review and to consider the approach that the Coordinating Council wants to take. Keeping in mind that Dr. Bryant-Mallory noted that the Blueprint Needs Assessment requires a good amount of time and administrative support to enter and analyze the data generated from the document.

**Request for Decision Regarding Pleasure of the Coordinating Council Regarding Re-doing the Need Determination for the 25% Highest Need Schools Given Concerns Leveraged Regarding Newly Arrived and Immigrant Children**

Dr. Schumacher reported that she spoke with the OSSE data team and OSSE does now collect a data element about newly arrived families. However, there are deep reservations about that data being shared. Dr. Schumacher has asked exploring how that data element maps to English Language Learners. Also there is a hope to in the future incorporate Youth Risk Behavior Survey (YRBS) and other data elements that have other potential and that would reflect sizable immigrant and other subpopulations. Also caution was offered from redoing the needs determination for a number of operational reasons least of which that it will take some time for any data to be available to incorporate. There is also a concern regarding the data sharing infrastructure needed to bump Department of Health Care Finance (DHCF) data against school enrollment files.

 *School Readiness added to the Discussion*

Mr. LeVota reiterated a previous point that we are talking about the Two different types of school readiness – one being school need and global need assessment and one being preparation to work with a provider during the upcoming school year. And, to the extent those are different, we are talking about two different types of school readiness. He noted having separate strategies as to how to address what we are investing in the schools. Yet, he does not see any reason to change the global need determination process that we engaged in. And, recognizing that there are other data elements that others might recommend for future end users as well as comparisons to address the English Language Learner concern. Mr. LeVota further stated that we need a separate plan to identify very rapidly which schools are actually going to be ready to receive Community Based Organization deployment. An additional point offered was regarding an urgency of identifying what might be disqualified schools and back-up schools so that providers might know the pool of schools before developing their proposals for the RFA.

Dr. Bryant-Mallory noted that we have principles who are developing their comprehensive school plans now and if we don’t involve our Chancellor and our charter principals and letting them know the plan for this work and engage with them now, we are about to miss a critical window of opportunity. Recommended for a small group of 5 to meet and get the Implementation Plan completed.

Complaints that school leaders have is that we don’t give them enough information of what it is that we do…they want to know how to engage with us and how to use the clinicians

Mr. Musante stated that the Implementation subcommittee meeting did little to nothing to move things forward and that we have a number of people who have expressed their desire and strong willingness to help move the work forward in any way possible and the only thing that we found was to attend more meetings and that’s not going to work.

**Proposed Strategy Regarding Implementation Plan – Supported by Various Speakers**

Assemble 5 key folks who understand the system and knock out a draft that people can respond to and fine tune. Provide explanation of what we are going to do now versus what we will provide later.

Dr. Schumacher encouraged members to leave the needs determination as it is and explore YRBS and other data elements in the background. Ms. Forest echoed Dr. Schumacher’s point.

**Call for Formal Leadership within the Coordinating Council**

Ms. Greer voiced being unclear how this body makes decisions and emphasized that the same topic has taken up a lot of time in the last 3 meetings. She echoed the points of Mr. Musante and Dr. Bryant-Mallory regarding that we are running out of time. There is a need for formal leadership to say that we have called the question, we are done now, and move on – Vote, Execute, and Move Forward

Mr. LeVota also called for a Chair or we are not going to get the work done because the conversations are very circular.

**Question Regarding What will Services Look Like at the Ground Level**

Principal Ralston stated that for a number of years he has tried to get a Community Based Organization in his school and has not been successful. He noted spending over $600,000 to create his in-house team. He asked what services will look like at the ground level and noted that due to a lot of bureaucratic challenges that have arisen in his school, he has yet to see a successful community partnership. He asked how the partnership supplements and supports what the school is already doing.

Dr. Royster provided feedback that the technical assistance contractor will support the community based partner in providing what the schools need providing. It’s a process that is developing as we go – Here are the resources that are available given your population. What’s the best fit for the Community Based Organization to make it work for your students? It’s not to supplant the resources that the schools have in place. It is to augment what the school hired clinicians do not have the capacity to do. Not prescribe but to say that these are the suite of services that you may want your students to have access to from a menu of options and what is the best fit.

Updates:

Dr. Schumacher stated that Project AWARE is a grant opportunity through SAMHSA. It is seeking applications Through the State Education Agency with close partnerships with schools and the State Mental Health Authority. OSSE, with close partnership with DBH and 3 LEAs, will be applying for the grant. It’s a 5-year grant that aligns with a lot of the work that this Coordinating Council has already engaged in with multi-tiered systems of support, layering family engagement, layering trauma and response preparation, response to trauma crisis, training for school staff, data collection, and strong evaluation framework. We would utilize braided funding for some of the cross-cutting work and supports at the LEA level. Work led by Ms. Peart in collaboration with some folks in the room. The application is due in a few weeks and awards will be made at the end of this fiscal year FY18.

Communication with schools:

Ms. Thompson stated that one of the charges was to complete an updating and check-in regarding the initial resource mapping of the schools and what that brought up for us was that we had not communicated with the schools beyond the Task Force Report.

The proposal is to send a joint memorandum to our Local Education Agencies (LEAs) and we are going to aim for the end of this week or early next week – a joint memorandum from the Deputy Mayor of Education and the Deputy Mayor of Health and Human Services just updating LEAs on the task force report and follow-up. We are working on it this week to get drafts and finalize it. This is the high level.

Second level of communication to school leaders that will come probably from the Chancellor for DCPS and the charter schools thought the Deputy Mayor of Education was a good author for them. In this one, it would be more like: what does this mean to you? It would be telling everyone that there will be opportunities for more resources for everyone city-wide. Trying to get the right language, it’s not that you are in or you are out; letting the schools in the first 53 know what that means for them and setting the right tone. The importance of the parent and family voice.

Third level of communication is the provider community and some other stakeholders, partners, advocates, parent groups, and professional organizations. Dr. Price also recommended professional associations (i.e., DC Chapter of School Psychologists) messaging early on that this expansion is not about taking their jobs.

Proposed Upcoming Deadlines and Important Dates Document

Dr. Scott provided update that was shared previously during the Implementation Sub-Committee meeting. In follow-up conversation with Mr. Giles, Chief Contract Officer, Dr. Scott learned that in order for Dr. Scott to obtain input from the Coordinating Council members around the scope of work, a Request for Information needed to be sent. Feedback is to then be sent back to Dr. Scott. If you have multiple representatives of a particular agency, only 1 response is to be sent by May 31st.

The preference is that recommendations for feedback on the draft scope of work from outside individuals should be forwarded directly to Dr. Scott.

Response for Application – we have a provider forum scheduled for May 31st from 1:00 PM to 2:30PM in DBH Training Rm 242. You are invited to come and provide input and feedback in that arena.

The target date for the use of Dr. Price’s resources to assist with the resource mapping updating calls will be revisited.

Pairing down during remainder of meeting for members of the following groups:

**Family & Youth**

Dr. Chioma Oruh – Chair

Shanica Raiford – Co-Chair

Michael Villafranca

Nana Malaya

* Give guidance around school implementation and provider readiness
* Engagement of all levels (advocacy organizations, PTA’s, PTO’s, Special Interest)
* Leadership Development
* Social Marketing to Families/Youth

-Communication

-Culturally competent

-Peer Plus Family to Family

-Teams

**Assessment/Resource/Unmet Need/ Evaluation/Data Committee**

Comparison

OSSE – Dr. Schumacher

DMHHS – Sakina Thompson

Michael Long

Mark LeVota

Lori Garibay

Barbara Parks

Megan McCormick-GT

Michael Musante, FOCUS

Colleen Sonosky

Sharra Greer

**Provider & School Readiness**

Separate Readiness Regarding School

School-based staff

Principals and Teachers

Social Worker/Counselor

Able to Partner w/CBO

Communication to the Principals

Letitia Winston –

TurnAround DC

Michelle Palmer – Wendt

Mary’s Center

Men Can Stop Rape

Nana Malya

Nubian Arts Institute

Lisa Collins, Children’s

Aaron Rakow, GT

Lisa Jaycox-Rand

Tia Marie Brumstead (El. Haynes)

**Implementation subcommittee**

Decision Tree?

Process for school matching

Look at the assessment tools used in needs assessment process

Make a recommendation on the assessment tool

Make sure parent/guardian voice is leveraged in the Needs Assessment

Group of subject matter experts to work with Dr. Royster in focused meeting on Implementation Plan:

Dr. D. Bryant-Mallory

Dr. Schumacher

Dr. Charneta Scott

Barbara Parks

DMHHS

Dr. Price

Ms. Parrella

Action Item:

Obtain and distribute for review the Blueprint Needs Assessment, Wendt Center Resilient Scholars Application, and DBH/School Mental Health Program Needs Assessment.