

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF BEHAVIORAL HEALTH**



**Coordinating Council on School Mental Health Meeting  
January 23, 2019  
64 New York Avenue, NE – Training Rm 284  
10:00am-12:00pm**

**Facilitator:**

**Coordinating Council Members**

<b>Name</b>	<b>Affiliation/Designation</b>	<b>Attendance</b>	<b>Designee</b>	<b>Attendance</b>
Ms. Maureen Akunwafor	DC Public School Teacher	Not 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	Mr. Orin Howard	Present
Ms. Alyssa Conti	District of Columbia Public Charter School Teacher	Not Present		
Dr. Kafui Doe	Department of Health	Not Present	Ms. Letitia Winston	Present
Ms. Denise Dunbar	Department of Behavioral 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. Aurora Steinle	Office of the Deputy Mayor of Education	(on phone and line not opened)		
Ms. Sarah Koreishi	Child and Family Services Administration	Not Present		
Mr. Michael Lamb	Non-Core Services Agency Provider	(on phone and line not opened)		

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)	Friends of Choice in Urban Schools (FOCUS)	Present		
Mr. Javon Oliver	Department of Health Care Finance	(on phone and line not opened)		
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		
Mr. Scott Pearson	DC Public Charter School Board	Not Present	Ms. Audrey Williams	Not Present
Ms. Juanita Price	Core Services Agency	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	Not Present		
Dr. Heidi Schumacher	Office of the State Superintendent of Education	Not Present	Ms. Tia Marie Brumsted	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		
Mr. Raymond Weeden	DC Public Charter School Principal Representative	Not Present		
Ms. Molly Whalen	DC Public Charter School Parent	Present		
Mr. Jim Wotring (Co-Chair)	Department of Behavioral Health	Present		

**Additional District Government or DCPCSB Staff Present**

Name	Role	Office or Agency
Ms. Kerriann Peart		OSSE
Ms. Cemone Bynum		DBH
Ms. Moriam Animashaun		DC Health
Dr. Crystal Williams		DBH
Dr. Elizabeth Freeman		AIR –Contractor
Ms. Jennifer Allen		DBH
Dr. Tony White		DBH

**Public Attendees**

Name	Agency/Position	Phone	E-Mail
Emily Bloomfield	Monument Academy, PCS		
Dr. Korrin Saunders	Monument Academy, PCS		
Dr. Kamal W- Cunningham	Maya Angekou/SFF		
Ms. Jenise Jo Patterson	Parent Watch FRO		

**AGENDA**

**I. Welcome & Introductions**

Members of council and the public introduced themselves.

**II. Mission and Coordinating Council**

Ms. Thompson thanked Mr. Wotring for facilitating and accelerating the provider grant process and providing subject matter expertise that continuously supports the work of the Coordinating Council on an operational level. She also thanked Ms. Dunbar for her support. Ms. Thompson reviewed each item on the agenda and stated the mission of the expansion- to create a coordinated and responsive behavioral health system for all students in all public and public charter schools in the District.

Ms. Thompson expressed the need to provide an update on implementation to review where the council is in the process and to ensure everyone has the opportunity to share where things are headed.

**III. Implementation Update**

Ms. Thompson reminded Coordinating Council members that the Council’s charge is to hold agencies and our stakeholders accountable for timely implementation of the expansion of the School-based Behavioral Health System. The Coordinating Council’s attention was drawn to the recommendations of the Task Force on School Mental Health as it relates to governance. Areas to shape further discussion were noted. In review, the roles and functions of the Coordinating Council should be to:

- Guide implementation of all elements of the comprehensive plan,
- Assist in supporting provider readiness and capacity building at schools,

- Provide input to DBH regarding development of an on-going learning collaborative for providers,
- Support creation of a comprehensive inventory of behavioral health resources in schools and annually provide input to ensure accuracy - does the council still think about it like this? Should it be focused on the need determination instead of the inventory?
- Provide ongoing guidance on the annual need determination and prioritization process- what is the recommendation before finalizing?
  
- How should we bring to the Coordinating Council, over the course of the year, cross-cutting and other partnerships with similar goals? Important to continually advise ourselves as a collective body around those additional initiatives and efforts around the city that are impacting the same environment and school based systems that serve children and impact or intersect with behavioral health?
  
- Support linkages and integrate systems that serve children with trauma; children in child welfare; children experiencing homelessness; and children involved in the justice system.
  
- Begin to think about workforce development strategies and develop a deeper understanding of how to provide services to the children.
  
- Guide development of the evaluation framework plan and implementation

A monthly meeting calendar was developed to help members plan to attend meetings. The Coordinating Council on School Mental Health meeting will be held on the third Monday of every month, 10:00am to 12:00pm. The February meeting will be held on February 20<sup>th</sup> due to the holiday, if the co-chair's schedule allows. It is also proposed that committees should have a pre-scheduled monthly meeting time to help with scheduling and participation.

**A. Community of Practice RFP**

Dr. Scott addressed concerns with deadline extensions for the Community of Practice RFP and reviewed the process for members. When applicants have questions, there is a period provided to receive a response from program, get the information back to applicants, and provide time for applicant to respond. This happened several times. The solicitation for the Community of Practice RFP closed on January 8<sup>th</sup>, 2019 and the evaluation process for the technical proposal began. The next phase will be reviewing pricing and a panel meeting will be held on January 24<sup>th</sup> and if needed on January 25<sup>th</sup>. For pricing under \$1million the time frame from the point of OCP selection is 6 weeks to receive the award; and if pricing is greater than \$1million, it is 8 weeks from the selection to receive award. The process should begin, no later than January 25<sup>th</sup>, 2019. Award should be expected no later than the first week in March.

**B. School & Provider Matching**

Ms. Thompson provided a recap of the efforts to inform the School & Provider Matching process.

The ability to have a school driven process was difficult due to beginning the process at the end of the school year. George Washington University provided resources to help the Coordinating Council complete the resource mapping process. The resource mapping was based on the premise that the Task Force looked at how to allocate provider resources based on a ratio of clinicians to student, which helped estimate the initial budget. The ratio of 1:50 was ideal for high need schools and 1:100 was a realistic ballpark to provide coverage among larger number of schools. GW provided a spreadsheet on information that reviewed the

number and different type of behavioral health clinicians at each school and who was providing that staff to schools.

During September, Kick-off meetings occurred; DBH surveyed to better understand school needs, and provider strengths and offerings. Once the process of matching began, Department of Behavioral Health, OSSE, DCPS and DC Charter School Board representatives did intensive outreach to individual schools around the needs and strengths.

From these efforts, a spreadsheet has been developed that captures data relevant to the work of the Coordinating Council. If members would like to update the spreadsheet, they should contact Ms. Thompson. The spreadsheet includes information on the following:

- Enrollment
- Partnerships in schools that impact the Council's work
- DBH School Mental Health Clinicians- full time or part time
- Schools participation in trainings with Turnaround for Children
- Leadership engagement with trainings of Turnaround for Children
- Community Schools
- Bainum Foundation support
- Restorative Justice
- Information on Mental Health Professional staffing
- Notes from surveys

It was noted to keep in mind some schools follow the community school model but are not awardees of OSSE funding.

**Discussion Points:**

- There is a need within the staffing representation on the spreadsheet to have an indication regarding who is dedicated for students with IEP's?
- We need to know how to understand gaps in need while considering the students with IEPs and 504 Plans and the staffing formula.
- Dr. Bryant-Mallory will share again the DCPS staffing formula. She noted that it is not an exact science and that anecdotal information is also used. She will share the school profiles of how DCPS arrives at the allocation that is recommended.
- There needs to be a systematic and coordinated process to collect information. We need to define what we mean so that folks know what we are asking as we ask about services provided at the prevention and early intervention level. It may work to structure for the School Mental Health Coordinator to provide the information (e.g., What is your SEL program?)
- We broke out into the 3 tiers the drafted Work Plan that the CBO clinician, School Mental Health Coordinator; and school team will develop collaboratively from their tool scores. When schools are identifying what their focus is for each year, they will identify what resources and services are already available and happening.
- Continue to map out what different staff resources we have, how they are deployed, and determine how to move forward.

**1. School Provider Matching-Handout**

Ms. Thompson reviewed the School Provider Matching handout. The chart captured 42 finalized matches of the 52 schools. 5 schools are under review for final decisions and another

5 have unique circumstances. There are now a total of 9 CBOs participating instead of 10. Community Connections will not participate this year.

**Discussion Points:**

- Democracy Prep will close at the end of 2019 and National Collegiate Prep will close at the end of 2020. The strategy is to continue to have a clinician in these schools to ensure needs are met while they are still operating.
- Dr. Scott provided explanation regarding the schools listing a DBH Clinical Specialist as their outside providers. Three schools have students predominately with IEPs. The School staff cover the treatment needs. The Mayor's investment provided funding for 4 DBH Clinical Specialists who we can use in flexible ways. The 4 schools where the DBH Clinical Specialist will be used are- St. Coletta's, River Terrace, the Children's Guild, and MLK elementary. Anacostia has 5 clinicians and closer to 300 students. All three tiers are currently being provided at Anacostia so no CBO match currently conducted. DCPS is working with Anacostia to maximize the resources that are there.

Ms. Thompson noted that many of these questions and issues can be revisited during the School Strengthening tool process to help identify school's needs. The tool will help schools drive conversations to target needs and use resources efficiently and effectively. For example, conversations about school based health centers and the resources available help start conversations on ways to maximize resources and work in a coordinated way.

**2. Grant Awards (Charneta)**

Dr. Scott provided an update on the grant process and timeline. Although matching has occurred, due to unforeseen circumstances, the process has taken longer than expected. Once the signed MOA is submitted to the fiscal department, they draft the notice of grant agreement to submit to the CBO for signature which takes about 2 business days. Then, typically within 7 to 10 business days, the CBO's should be awarded. Unfortunately this timeline was not followed with the first batch due to revisions in response to feedback from the Executive office of the Mayor and issues with purchase orders. All issues have been resolved and the remaining batches should follow the original timeline. Also, the District has moved to an e-invoice system. Beginning October 1, 2018, all vendors doing business with the District should enroll via the portal in order to submit invoices for payment.

Currently, DBH has received 6 signed MOAs and others are still under review with the local education agency attorneys or the CBO's attorney. Mr. Howard provided an update from DCPS. Eight of nine CBOs are in a signatory process with their executive branch or chancellor. 1 CBO has not submitted their MOA. Of the 6 received MOA's submitted, 1 CBO has 4 schools that already have clinicians in school. The 4 schools are: Monument, Idea, Friendship Blow Pierce, and Friendship Collegiate. This grant is providing new resources through the CBO currently in Friendship and Blow Pierce yet no additional staff. The remaining 2 signed MOAs are Somerset (Hillcrest) and SEED, PCS (One Common Unity).

Ms. Thompson committed to find a helpful way to share information of the timeline process. Mr. Wotring will continue to help provide support.

**C. School Strengthening Tool roll-out (Tia)**

Ms. Brumsted provided a brief overview and updates on the School Strengthening Tool and the roll-out. The Implementation committee has focused on providing hand-outs and tools that will support some consistency during the implementation process. The tool provides the CBO Clinician and School Mental Health coordinator with a set process that will provide consistency across all schools. The Implementation committee developed a handout that outlines 5 areas:

1. Beginning the partnership
2. Onboarding process
3. Information the school needs to provide to the CBO clinician
4. School Strengthening Tool
5. Work plan process

The Implementation Committee reviewed a number of school health self-assessment tools. For the first year, the committee will use 4 modules from the CDC School Health index. The 4 modules are:

1. School Counseling, Psychological, and Social Services
2. Social and Emotional Climate
3. Employee Wellness and Health Promotion
4. Family Engagement

The participating schools will be provided with access to the complete CDC School Health index with all modules. Schools are welcome, if they are in a place and ready, to move deeper than the 4 modules. However, for the purposes of this Yr1, these are the four modules that are considered critical.

#### **Updates:**

Ms. Thompson provided an update with onboarding and training. The Implementation Committee is in the process of developing several webinars for CBO clinicians and School Mental Health Coordinators to complete. The webinar overviews the CDC tool and the purpose of the tool. A second part to the webinar will review the council's process for the School Strengthening Tool and the subsequent work plan. Once the webinar is complete, schools will receive online access and hard copies. After the first month of partnership and completion of the tool, the clinician and coordinator will be included in conversations about goals for the remainder of the school year.

At this point in the school year, there are schools with existing support plans but this could serve as an opportunity to onboard the CBO Clinician and update them on the schools existing plans. The CBO Clinicians can provide proper support for the completion of the work plan and ensure more than one goal is accomplished per tier. The webinar is expected to go live in the beginning of February and will be accessible at an ongoing basis.

Ms. Thompson thanked Ms. Brumsted, Dr. Bryant-Mallory, and the Implementation committee for their thoughtfulness and timely work and for providing the Coordinating Council with concrete products.

Ms. Barnes provided updates on training from the School and Provider Readiness committee. The committee developed a handout describing guidelines for the School Mental Health Coordinator's responsibilities. The School Mental Health Coordinators will participate in a training to learn about their new role and how their role can improve the team's functionality. The committee will develop a chart for this data and send to the team so there is a consistent format. The second webinar, for new CBO Clinicians and supervisors, ensures proper integration into school and provides an overview of

tasks and services for all tiers. The webinars will be interactive to answer any questions from clinicians and will be available as CBO clinicians are hired. A webinar will also be provided for CBO supervisors.

**Discussion Points:**

- Support will be provided within the Community of Practice to promote involvement of school nurses in school mental health meetings
- It is important to develop an awareness of the role of the school nurse

Ms. Thompson thanked Ms. Barnes and Ms. Williams for their help on the School and Provider Readiness committee. Their work created the ability to facilitate and provide support that helped frame the relationship of the providers and schools through the agreements, the role of the School Mental Health Coordinator and the CBO and how that gets organized.

Dr. Price would like the committee to identify who or what committee should be accountable for ensuring compliance of the city wide policies and mandates (e.g., school crisis plans)

**IV. Evaluation Preview**

**A. Theory of Change**

The Coordinating Council received the opportunity to utilize resources from DC Health and the DBH evaluation team. Dr. Scott acknowledged and thanked them for their support and work. These internal resources will be used for understanding the process of the first year. The funding investment through the Mayor will be available in our budget for Yr 2 and beyond, however money allocated for the evaluation solicitation was invested into right-sizing and aligning the allocation for the CBO grant funding with the funding amount from the vision of the Task force on School Mental Health. In the work between DBH and DC Health, Dr. Williams's long-standing suggestion to identify a theory of change and use of a logic model is being worked. The Data and Evaluation committee is in the process of identifying the theory of change and will receive input from the Family and Youth committee to provide thoughts for a clear theory of change. There should be a clear and concise census on what our outcomes are to be from this coordinated and integrated system. For the first year of evaluating process, we are proposing that our teams will focus on access, teaming, and communication. The data and evaluation committee will assist with defining each term to ensure that questions are asked clearly and with fidelity for respondents to know what we are asking. Planning for the second year has to occur at the same time of planning evaluation of the current year. In follow-up to an inquiry, Dr. Scott will find out if a creation of a new evaluation solicitation is required.

**V. Looking Ahead**

**A. Budget**

Mr. Musante and Ms. Thompson provided a check-in on budget development. According to the Mayor's Office, the agencies are in the process of developing the budgets. At this moment, agency information cannot be disclosed until the Mayor makes the budget public. In December, Mr. Musante facilitated a meeting, with Dr. Royster and some of the Coordinating Council members, that provided and shared key information with DBH around the Coordinating Council's input on the budget. The Mayor is scheduled to submit the budget on March 20<sup>th</sup>, 2019. From the non-governmental perspective, there is still time to get the message out regarding a proper number related to the District's expansion of school-based behavioral health services. Mr. Musante noted that Mr. LeVota has done great work. Mr. LeVota stated that we have learned a lot and reached a general consensus on the cost of adding CBO clinicians. Mr. LeVota further stated that if we use around \$55,000 times how many clinicians we want to add into the schools, that number seems to be an acceptable



number. We should also ensure that the overall budget for services within the school supports what we think needs to happen in schools. The Mayor also provides funding through a number of other resources. The Coordinating Council can weigh in on things that need to go together. Mr. Musante reiterated the role of advocacy groups and noted that some groups are pushing for an increase to the at-risk weight. A second budget meeting will further deliberate about this year and what can be done at the Executive Branch as well as with Councilmembers who are major supporters of these types of efforts. He highlighted that Councilmember Grosso is one of those Councilmembers. Additionally, Mr. Musante stated that we need to build over the next 3-4 years on what we are accomplishing as well as look to the services becoming embedded. A second budget meeting is forthcoming.

## **B. Preparing for next year**

### **1. Updating School Priority**

There are conversations, decisions, and recommendations in which the Coordinating Council should be participating regarding the school prioritization process for next year, changing the cycle for next year and updates to the implementation model. The Data and Evaluation committee met to review the school prioritization formula and discussed if any changes are needed. The committee's recommendation is to continue to use the same data elements:

- OSSE at risk profile (weighted 3x in formula)
- IEP numbers
- Attendance
- Out of school suspension

Update the data with information for the second year and use the English language learner data to see what the impact would be, with or without. The Coordinating Council will review the results and make decisions. This process does not provide how many schools the council chooses but updates the ranking. There is still an opportunity for members of the council to provide additional input to help improve the school priority process. This is with the condition that the current top 25% of highest need schools will remain at the current rank. No re-ranking of the Yr1 cohort of schools.

Ms. Thompson stated her preference for school prioritization from the OSSE data to be completed by mid-March. She expressed the importance of identifying schools before April in order to get work done this year.

### **2. Aligning the grant/matching cycle with the school year**

Are we able to have schools in second cohort complete the school strengthening tool before the beginning of next school year?

#### **Questions to keep in mind:**

- Is this feasible?
- Could we do a matching process in the summer?
- Could we be ready to put the provider in school when the funds are available?
- Can we get the money ahead of October 1<sup>st</sup>?

### **3. Second year school implementation model**

For the second year school implementation model, do we want to keep the same approach or potentially changing the model? Could this new model provide a lead in year for schools to ready

themselves to complete the school strengthening tool; to complete the work plan; and identify needs and strengths?

Dr. Acosta Price requested clarification of what is it that Yr2 implementation means and Ms. Thompson stated that we have to hold that topic for further discussion.

### **C. Committee Work- Exercise**

For today's exercise, a first year and a second year indication will be provided to indicate what the committee should be focused on to get us thinking about the rest of this year and the beginning of next year.

Mr. Howard expressed the need to focus on better marketing as part of the implementation process. There needs to be a streamlined approach to sell the program in each school and get everyone onboard. DCPS, regardless of their needs, had issues with CBOs and the CBO process. During this process, there is a need to leverage the communications committee and identify other resources needed to assist with marketing properly. The communications strategy should also reach across all supporting committees to market and promote cohesion, trust-building, buy-in and high level messaging. Need a strong communication strategy that cuts across all of the committees and there is a need for funding for that.

Today's exercise should help identify tasks that are outstanding for the first cohort in order to complete implementation and also identify ways to prepare for the second cohort.

#### **Discussion points:**

- Dr. Acosta Price emphasized for members to recognize and be very mindful that for Yr1, we did not accomplish much implementation
- For the evaluation part, it would not be fair to expect outcomes from Yr1 given that we don't have a Community of Practice provider and we don't have clinicians operating in most schools yet.
- Cohort 1 and Cohort 2 language works better as we recognize that we are months away from the end of the school year
- We need to be cognizant of the public perception of where we are in the process and it seems very very slow.
- Are there other resources members can call on to help with getting work done at a faster pace and meet deadlines?
- DBH has brought on a second Communications person who is a resource
- Content creation is an area that we have moved the ball forward

Mr. LeVota suggested to begin thinking in terms of stabilizing Cohort 1 and putting in place Cohort 2. There are things to be done before the end of the school year. There is a grant period that lasts 12 months that doesn't align neatly with either school year. There is a potential that all of those need to be re-competed and we don't know which of those CBOs will be in or out. When it comes to trust in the community, if the first cohort falls apart at the end of that process, there is going to be a lot of trust lost.

It is recommended to begin to think ahead at year 2 while drafting the work plan.

**Discussion Points:**

- What does the end of the year wrap-up and preliminary work plan for next school year look like?
- What does the beginning of the school year look like, due to CBO and school leadership turnover?
- How do we map out what processes need to be in place? And how do we ensure our processes tie in with the school year?
- Use resources, like community practice, as opportunities for grant participants to be included in the work. We have to remember for those who provide direct services, finding the time to think ahead critically can seem impossible. We need to use the resources to provide opportunities to everyone.
- We should continue to think about long-term planning, outsourcing, and multi-year agreements to assist with functional stability for organizations.
- Continue to think about who will work with schools in terms of readiness and information gathering so they are able to start work in September.
- Factor in the planning that it can take months to onboard clinicians.

Ms. Thompson encouraged Coordinating Council members to be optimistic and revolutionary and think of ways to get 4 to 5 months ahead of the work to be prepared for the second cohort of schools in Year 2.

Ms. Brumsted mentioned ways to provide Dr. Scott with support for technical assistance during the next 90 days until we have the Community of Practice vendor. We should identify subject matter experts and various paces of onboarding that can support technical assistance during the onboarding process and as partnerships are beginning. This will ensure that the process is smooth and allow us to collect any anecdotal data to help identify issues and correct missteps for year 2 in an effort to build trust and buy-in.

For implementation purposes, there should be coordinated support for school outreach and a clear communication strategy for providing schools with technical assistance. It is important to not provide schools with conflicting information regarding the program.

Ms. Parrella noted using Dr. Scott's twice a month meetings with the CBOs as a pre-Community of Practice resource.

Dr. Scott reviewed the process for identifying the School Mental Health Coordinators in each school. An Agreement to Proceed document was developed and is a place where the School Mental Health Coordinator can be identified by the school. This document has worked well for the DC Charter Schools but not for the DCPS LEA General Counsel.

Ms. Dunbar wants to make sure that the information from the Agreement to Proceed is included into the DCPS Memorandum of Agreement since DCPS General Counsel is directing to no longer use the Agreement to Proceed for the DCPS LEA.

## VI. Next Steps

### Yr 1 and Yr2 Related Tasks/Recommendations Needed from Committees:

#### School and Provider Readiness Committee:

- Yr 2 Recommendation regarding Multi-year CBO Grant Agreement
- Activities for Stabilizing Cohort 1
- Activities for Putting in Place Cohort 2

#### Data and Evaluation Committee:

- Expectations for Partial Year of Yr1
- Yr 2 Recommendation regarding Multi-year CBO Grant Agreement

#### Implementation Committee:

- On-boarding TA-Intensive 90 day Push
- Use of DBH Provider Mtgs and Community of Practice
- Activities for Stabilizing Cohort 1 (e.g., work plans including summer and Yr 2)
- Activities for Putting in Place Cohort 2

#### Communication Workgroup:

- Marketing
- Resources
- Content Creation
- Yr 1 Cohort Communication regarding 2<sup>nd</sup> Year
- Yr 2 Selection Model

**Next meeting scheduled for 2/20/19 10am-Noon**