



Agenda

Coordinating Council on School Mental Health

Monday, May 20, 2019

10:00 am – 12:00 pm

@ 64 NY Avenue NE

Room 284

I. Welcome & Introductions

Dr. Bazron introduced herself to the members of the Coordinating Council. As a former building principal and City Leader, Dr. Bazron finds school-based behavioral health very important. She noted spending many years as a teacher for young people with serious emotional disturbances and working with their families. For the past 4 years Dr. Bazron served as the Deputy Secretary of Behavioral Health for the State of Maryland. Dr. Bazron is delighted to be back at DC Department of Behavioral Health and is hoping to make a difference along with the members of the Coordinating Council. Young people are the future and it is the Council's job to provide them with the support they need so they can live, work and play more successfully within their community. She is excited about the Expansion of School-Based Behavioral Health services with the plan to be in all DC Public and Public Charter Schools.

Dr. Bazron acknowledged and thanked Ms. Atiya Frame who stepped in as Co-Chair of the Coordinating Council. Ms. Frame has stepped in to wear various hats within the Administration. Dr. Bazron thanked Ms. Denise Dunbar for her services and support of her time as the Director of the Community Services Administration. DBH is working feverishly to hire and fill the current vacant positions.

The members of the Coordinating Council introduced themselves. Dr. Bazron noted the names of the 9 Community Based Organizations (CBOs) that are currently partnering within the expansion of school-based behavioral health services.

II. Updates, News, and Public Comment

- A. Co-Chair Updates
- B. Coordinating Council Member News
- C. Invitation for Public to Share (5-10 minutes)

III. Reports

A. Timely Implementation - Year 1

1. Providers in Schools Update

Dr. Scott provided updates regarding providers in schools. It has been a slow process with getting providers in the schools. Many community based organizations are still recruiting for hiring. Ms. Thompson has been keeping track of the on-boarding and getting information from DC Public and Public Charter Schools to inform and update numbers.

➤ **DC Public Schools (Cohort 1)**

Mr. Howard provided an update regarding the challenges with on-boarding for DC Public Schools. The biggest issue is timing and schools having different expectations throughout the course of the year regarding implementation. Mr. Howard meets with every CBO monthly to review any concerns or challenges they may have. He also ensures that the Program Managers are involved in the transition between the schools. At this particular point, all the MOAs are signed for DCPS and everyone has interviewed. There are currently 4 schools in the process of finalizing their interviews with CBOs. Most of the CBOs are still hiring their full-time staff. Some CBOs that had partnerships with DCPS beforehand had part-time staff that work once or twice a week in the school and that is not a part of the expansion program. Mr. Howard believes these challenges can be addressed this month.

Discussion Points:

Dr. Bazron asked to hear from the CBOs on any challenges that they may also be experiencing during this process.

- **Role/function:** Schools need a better understanding of the expansion program, the role of the CBO and the clinician. There needs to be better communication regarding the relationship of the DBH grant and the CBO role and function in the school. There is currently an effort and strategy to have Mr. Howard and the Program Managers to further explain about the expansion and the CBO clinician role/function.
- **Ensuring the administration within schools are supporting the integration and implementation of the program.**
- **Lack of Clarity:** Understanding the role of the CBO clinician within the school and identifying those to support the clinician.
- **Getting the right balance of each tier and the services.** Clearly articulate multi-tiered system and what that looks like.
- **The time of year is a challenge due to schools wrapping up initiatives.** Some schools believe it doesn't make sense to have clinicians begin so late in the school year. But the program could begin discussions with principals now to be a part of the schools planning process for the upcoming school year.
- **During the summer, hoping to better launch and conduct granular planning for August (beginning of school year).**
- **There needs to be more guidance to the Provider Network regarding the timing of hiring, planning, and placing the CBO clinician in the school.**

➤ **DC Public Charter Schools (Cohort 1)**

Ms. Brumsted provided an update for the DC Public Charter Schools.

- 8 schools have completed the School-Strengthening Tool
- 7/8 schools have submitted a work plan
- 4 outstanding work plans
- 1 school just began the partnership about a week ago

2. Provider and School Activities

➤ **School Strengthening Tool & Work plan**

We are encouraging all schools to take the time to onboard properly and do the needs assessment, especially if there is a situation of new leadership, clinicians and other staff starting within the schools. Schools have until August 30th to complete the needs assessment. They have all the information needed and just need to know the identified School Mental Health Coordinator and CBO clinician. They can take the webinars and have their accounts created and have the time to effectively plan to have a solid work plan for the beginning of the next school year. The 7 schools that have already completed their work plans for this school year will make revisions to the document so it still applies to the upcoming school year.

➤ **Webinars**

Since the principals and school staff are not always available to attend the Coordinating Council Meetings and receive the same information as the CBOs, there will be principal webinars available with information. Also, Ms. Brumsted and Ms. Barnes are working on outlines for a number of principal webinars that will be provided to include an overview of programmatic and logistical information and will be available monthly starting June through October. These webinars will outline what is important for principals to know and how the program is going to look within the building, what is meant by mental health multi-tiered systems and support and setting up school teaming and crisis management. The implementation committee and the provider and school readiness committee will continue to review the drafts for the webinars and once they are ready they will be available on the DBH website.

Discussion Points Reviewed:

In addressing some of the onboarding challenges, timing is an issue. Forward thinking is needed regarding the onboarding process and how to make sure we complete process for July and August when folks are back and thinking about the next school year.

In addressing role confusion and function, there is a need to clarify with all levels of leadership - DBH, school and CBO. Building principals will want to know what is this going to look like in their building and how the integrated model will look. Important to clearly articulate what we mean by multi-tiered support and structure and for all of us to have a clear message regarding what that means.

- Mr. Howard provided context for the unanticipated challenge of identifying a School Mental Health Coordinator in each of the DCPS Cohort 1 Schools. He noted that DCPS recently had hiring and budget implication adjustments leading to some schools losing a significant amount of staff and now they have to redefine roles within the school. Many principals are taking on the School Mental Health Coordinator position and Mr. Howard doesn't think that is feasible. He is now planning to meet with each of the Cohort 1 schools to get clarification on their thoughts of how they perceived the expansion program would work. Many of the schools believed DBH was directly allocating money to them to hire their own team of clinicians for their schools. Some schools are further along in the process and have completed a Tool through their partnership with Turnaround for Children and have an infrastructure already in place. While other schools only have an agreement in place. The process is on a continuum due to each school and school culture being different.
- Mr. Howard and the program managers will be meeting with the schools to talk about planning for the upcoming year and they plan to include the CBOs in that discussion as they meet with principals. Currently schools are focused on PARCC testing. There were some principals that did not want anyone new onboarding in their schools during testing.
- Ms. Barnes updated that the DBH Clinician Specialists have developed a guide on comprehensive school-based behavioral health. A draft of the guide has been presented to the School and Provider Readiness Committee for feedback. The guide is for principals to know more about the expansion on school-based behavioral health, what's expected of the CBOs and information on the multi-tiered services. Once feedback and final edits are made to the guide, it will then be presented to the Coordinating Council. The contents of the guide will be discussed in the webinar and will be available for use during meetings with principals.
- Ms. Price provided some insight on some funding challenges that CBOs could potentially run into to. A part of the package is to support tier 3 services that will supplement the grant but if there is not a sufficient number of tier 3 clients and the clinician is in a phase where it is difficult to engage in tier 3 services, the CBO will burn through a significant amount of the grant funding. The funding only supports a portion of the therapist's time.

Ms. Williams shared that National Collegiate is going through a 2 year closure process and they have expressed not wanting to participate in the program due to the closure and

wanting to focus on other priorities. Dr. Scott stated that she will still reach out later to explore what available supports National Collegiate may consider.

3. Community of Practice procurement update

Dr. Scott provided an update on the Community of Practice procurement process. As of 4pm Friday, May 17, 2019, the contract award is to be completed by the close of business Monday, May 20th, 2019. The vendor signed the contract and the unsuccessful vendor has been notified. The partner agency is completing the award package for submittal to the vendor on May 20th, 2019.

Dr. Bazron stated that we will narrow down the next steps for the Community of Practice.

B. Timely Implementation - Year 2

1. Final Cohort 2 selection & official school prioritization data rationale

One of the members of the Coordinating Council made a formal request for a better justification regarding using the English Language Learner (ELL) in the ranking factors for the school prioritization. The data and evaluation committee developed a document in response to that request.

The document memorializes not only the English Language Learner and a variety of rationale behind that decision but also the process and other decisions made by the Data and Evaluation committee regarding ranking and determining the schools for cohort 2. The document reviews the 4 elements that were carried forward from last year, specifically percentages for at-risk students, students with disabilities, in-seat attendance rate, out-of-school suspension rate and English language learner.

What was included specifically around the English Language Learner is to try to identify students that would be at high risk for stress with trauma; and knowing these students could not only benefit from tier 3 services if they developed serious mental health symptoms, but also the multi-tiered supports. A variety of data elements for English Language Learners were included and 90% of immigrant students within the District are identified as ELL.

Discussion Points:

- What percentage of immigrants are coming into DC with trauma? Right now, there isn't a systematic way to capture that data but 79% of the ELL are Spanish speaking, many from Central and South America.
- If we cannot measure around immigrant status, is there a measure for offering cultural and linguistic competency training? Regardless of the status, the issue is how to engage with the child's family given the diversity and background. This could possibly capture some of the other elements not being captured right at this moment. There is a need to be better informed culturally and linguistically when providing services.

2. Forecast Timeline for Year 2

Dr. Scott provided an overview of the Request for Application (RFA) and year 2. Dr. Bryant-Mallory and Ms. Williams provided Dr. Scott with the projected numbers for the schools in SY19-20. There will be a total of 243 schools, combined with DCPS and DCPCS.

Discussion Points:

- Dr. Nesbitt and Dr. Bazron noticed there should be a safeguard to ensure one CBO doesn't take on the majority of partnerships with schools over another. Due to this issue it was suggested to do an amendment to the RFA. Currently, the RFA identifies that a CBO will have no more than 25 schools in their portfolio for the entirety of the grant. There will be language included to clarify the 25 school limit is for the entirety of the implementation. Also, there will be a limit added for schools in each cohort- "a limit less than or equal to 10 schools in each cohort."
- Dr. Bazron provided rationale for this proposed amendment. There were some CBOs that fully qualified but due to the number of schools being on-boarded there weren't enough schools per CBO. So some could get most of the schools and another gets no opportunity to partner at all. Subsequently, a CBO asked is there was a way to give those CBOs a chance with partnerships with schools. A complaint was made that a certain CBO received many schools while another received none and they want to find the best way to balance this discrepancy.
- Members noted an understanding that it wasn't about the number of sites a CBO can do but the qualifications of the CBO being ready or having the capacity to provide services within schools. There are a lot of providers who have not been school-based and the work that would be needed to prepare them to serve in schools is different when the CBO is only coming from a delivery of outpatient services.
- Limiting the extent of what already participating providers can add until other participating providers receive school partnerships may be a strategy to consider. This can be a little different than putting a cap on a particular cohort. We do want to include a diverse mix of providers and organizations participating. A worry is that an artificial limit within a cohort could result in us not getting to the total count that is desired. Also, a conversation or question that should happen with the individual CBOs is whether or not the CBO would be more successful at a larger scale or more successful growing slowly. Some CBOs may gauge based on economy of scale. Some may factor in their capacity for the supervisor: supervisee ratio. It is important to support getting a CBO at the right volume so they have a financially and operationally sustainable model.
- There is more of a concern regarding infrastructure/capacity to be able to render services within schools. The CBOs with the infrastructure have the ability to ramp up faster compared to those CBOs that are smaller or new. Would not want to de-incentivize those CBOs that are ready to ramp up. There was also noted skepticism around the process used for the matching process, although the spirit

was to provide the schools with a say on what providers they wanted to partner with. Limiting who may be qualified for the schools, may result in the best qualified for the particular school based on the ward and/or not knowing the needs of the students in the specific school. Limiting schools for a specific cohort also begins to call into question if the schools really are given a choice or say in who they want to be partnered with.

- The School and Provider Readiness committee discussed a concern regarding how to support CBOs to be successful. Providers are struggling with hires. There are CBOs that don't have experience in schools and don't have a workforce with experience in schools. It is important to help make sure the CBOs and their clinicians have the supports that are helpful. There is a concern that we do not have enough providers with the capacity to provide school-based behavioral health services.
- Councilmember Grosso is concerned because the way to build capacity and the way to understand if there are enough providers is by knowing how the quality is. There is a need for evaluation because it can be hard to say how many schools an organization/provider should receive without understanding their capacity as an individual provider. The evaluation tool should tell whether or not the provider can handle the amount of schools they are in partnership with. Dr. Bazron wants to have a more in depth conversation about evaluation. Her concern is not only about the overall evaluation metrics for the effort, process and outcome metrics, but also what the qualifications are for the people going into the schools.
- Ms. Thompson believes this discussion will flesh out the nuisances of what the considerations have been, what some of the priorities are and uncovering what the process was for Cohort 1 provider matching. The Coordinating Council should be careful with thinking about doing a wholesale change based on 1 particular feedback. Also, there was a deliberative process and there were a lot of lessons learned from the cohort 1 provider matching process on how to manage the early stages of the process. There are many improvements and refinements to apply to year 2 and have conversations regarding the matching process.
- The Coordinating Council needs to continue to think about what is the expectation of a school-based mental health program. The Council should also keep in mind that principals are looking for providers that are ready to go and sometimes make decisions based on availability and commitment of the organization. There are some organizations that are willing to commit faster but there also CBOs that overcommit and do not deliver. All of these lessons learned from year 1 need to be incorporated into the planning of year 2.

Dr. Bazron reviewed that we will leave the RFA as is in terms of 25 schools per CBO for the entire implementation of the expansion. We will not go forward with a Cohort limit with the understanding that the provider will self-limit. We don't want to de-incentivize anyone. We will revisit this if we find that people are getting pushed out. We want to

look at the matching process and take a deep dive into lessons learned. And, talk about evaluation.

- In evaluation, families must be a part of the process. Determine what families and youth expect from the expansion process.
- Important to also know what is happening in the schools around evaluation. What does the process evaluation look like in terms of what is working and what is not working and why? And, what are the outcomes on the lives of students and their families?

Dr. Scott stated a revision that will be made to the Competition #2 of the RFA. Additionally, she will work on scheduling focus groups with schools in addition to the DC Health surveys. The surveys are being translated to Spanish and all other needed languages. Dr. Scott receives weekly reports on the number of families/students that have given feedback so far and will get those numbers out the Coordinating Council. She also asked for the principals to send the survey out to families as well as CBOs.

IV. Organizational

A. Top School Behavioral Health Related Initiatives to Highlight

Ms. Thompson provided updates on the Top School Behavioral Health Related initiatives. One of the coordinating council's jobs is to understand what is happening within schools and what responsibilities are being put onto schools through different initiatives, legislation and resources and how they are all related to each other.

The conducted survey was an effort to see what initiatives the Coordinating Council would like to become more informed about and to consider what the Council's role should be to support the those initiatives. Many of the initiatives are a part of the Council's core work.

- Evidence based treatment
- Crisis response
- Family resources and family supports

Ms. Thompson reviewed the document that provided an overview of the top 10 School Behavioral Health Related Initiatives. She believes the first step to better understanding the initiatives is to spend 15-20 minutes at each monthly meeting to have a presentation to identify the key elements around the initiative, how it relates and open up for discussion. She is hoping the discussion around these initiatives will produce something concrete.

As schools are developing a Work Plan, it is important that we incorporate how to take into account the roles and initiatives in a systematic and a helpful way rather than creating a silo in saying that we are school-based mental health rather than saying that we are school-based behavioral health which is a wider umbrella. We can support the conversations and use the website to build out the information.

Discussion Points:

- **What is the relationship between the school health clinic/school nurse and behavioral health?**

Dr. Doe with DC Health works with the school-based health centers and the school health services program. Within the school-based health centers, there are 3 operators in

7 different DC Public Schools with nurses and providers in each. The school-based health centers and health services programs do provide screenings and referrals for mental health and any socioemotional support. DC Health wants to ensure that the health providers within each center/program are up-to-date on the expansion efforts for consistent messaging being provided to the students. Her team is working with Dr. Scott to ensure the information they have is the most up-to-date to provide to student and families. Ms. Sonosky responded to Dr. Bazron's inquiry regarding the use of the Screening, Brief Intervention and Referral to Treatment (SBIRT) by the Student Health Center staff. By Ms. Sonosky's report, the Student Health Clinics do not use the SBIRT.

- Over the last 2 years, there has been an integration of the school-based health centers into the school mental health team meetings. School nurses should now be attending those meetings regularly as well. It doesn't happen in every school but there is an enormous opportunity for it to be happening in every school.
- Whole School, Whole Community, Whole Child approach- what does this look like in real time?
- Mr. Howard noted that Connected Schools have procedures related to referrals that the Coordinating Council needs to be aware of.
- High quality technical assistance will be important in supporting the understanding the scope and relation of the initiatives
- Councilmember Grosso appreciates the survey results but wonders how to turn it into the needs assessment that is needed from the beginning. What are the needs of every school in the city to help with a better rollout? There needs to be money put into a real assessment and recurring dollars to be able to do it every year. The survey is good but which school is doing what initiative?
- Dr. Bazron noted the importance of knowing--What already exists; what are the needs of the population of young people and a match between the two; what else is needed; and how can we match to the CBO coming into the schools.
- Dr. Acosta Price note that there is an extensive resource spreadsheet and it is a moving target due to continuously updating the information. It only tells quantity and outputs not quality. Next step is to find a way that the tool has utility to decision making.

In terms of a formal evaluation, it will come out through the RFP in the new fiscal year. For the current period of time, resources from DC Health and DBH are being utilized to get an assessment of how the services are integrated between student health and mental health and awareness of the processes within the schools. This will serve as a baseline assessment.

DC Health developed 3 surveys. They researched different instruments and looked into some of the programs within the District. The survey is to look into the scope of work being done. Knowing if families know what services are provided and how to get referred to services. The CBOs are able to tell how they are integrated within the schools around communication, coordination and teaming. The next stage is to do direct outreach to get better response rate. The 3 surveys are for the following:

1. Community based organization currently in the schools
2. Families and caregivers
3. School staff

The RFP will happen during the new fiscal year and Dr. Scott will begin working with OCP to have everything up and running as soon as the money is loaded.

B. Lessons Learned from Year 1 to Inform Cohort 2 – Clinician Selection Criteria

- The School and Provider Readiness committee recently discussed that right now there is a junior level of expertise of clinicians within the schools. Many of the clinicians are straight out of school with no other experience nor skill set needed to work within school-based programs. And, many schools would prefer more experienced clinicians.
- Some schools are not equipped to provide the comprehensive referral information that a CBO may need to understand the needs of their clients. And, the CBO clinician may not yet have the skills to conduct follow-up inquiry.
- There is a challenge to find clinicians who are ready to provide school-based behavioral health services; tight supervision is required for supervisors to build out the capacity of the LGSW and LGPC to do the school-based behavioral health work.
- Need to address the turnover rate of LGSWs
- Concrete steps in next 60 days to inform workforce development and clinician pipeline - mapping graduate programs - social work and counseling, utilizing non-grantee CBOs internship programs; gathering resumes; and visiting graduate programs to present on school-based behavioral health
- Look at the Pool in the building and how the Pool is working together
- Build up the Community of Practice and allow for more training and support. We have to build the expertise within the workforce.
- Evaluate who we are putting in the school and who are already in the school
- Standards for school-based behavioral health practice and how to operationalize those will inform assessing provider quality

C. Committee Review

V. Next Steps

- **We will await to see what happens with Councilmember Nadeau’s proposal for additional investments of \$3 million to support school-based behavioral health**
- **Develop a plan to address the identified impressions and needs of CBO clinicians**
 - ✓ The students have complex needs and complex trauma that clinicians must have the skills to assess and address
 - ✓ Build the clinician capacity to work independently
 - ✓ Build clinician capacity to accurately assess the student needs
 - ✓ Focus on how we team together for high quality service
 - ✓ Build up the Community of Practice
 - ✓ Develop Standards for School-based Behavioral Health Services
 - ✓ Make sure that the model that we are using is the appropriate model

VI. Adjourn

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		
Ms. Erica Barnes	Department of Behavioral Health	Present		
Dr. Lee Beers	Children's National Health System	By Phone		
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		
Ms. Sharon Dietsche	Department of Behavioral Health	Present		
Dr. Kafui Doe	Department of Health	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	Present	Ms. Katrina Forrest	Present
Mr. Orin Howard	District of Columbia Public Schools	Present		
Ms. Sarah Koreishi	Child and Family Services Administration	Not Present		
Mr. Michael Lamb	Non-Core Services Agency Provider	Present		
Mr. Mark LeVota	DC Behavioral Health Association	Present		
Dr. Taiwan Lovelace	Department of Behavioral Health	By Phone		
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	Not Present		
Dr. Chioma Oruh	DC Public School Parent	By Phone		
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	Present	Ms. Tia Marie Brumsted	Present
Dr. Charneta Scott	Department of Behavioral Health	Present		
Ms. Colleen Sonosky	Department of Health Care Finance	By Phone		
Ms. Aurora Steinle	Office of the Deputy Mayor of Education	Not 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		
Ms. Molly Whalen	DC Public Charter School Parent	Not Present		

Government Agency Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Nielah Tucker	Department of Behavioral Health		
Mr. Chaz Kohlreiser	Department of Behavioral Health		
Dr. Crystal Williams	Department of Behavioral Health		
Mr. Andre Edwards	Department of Behavioral Health		
Mrs. Jennifer Allen	Department of Behavioral Health		

