



## Agenda

### Coordinating Council on School Mental Health

Monday, June 17, 2019

10:00 am – 12:00 pm

@ 64 NY Avenue NE

Room 284

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#### I. Welcome & Introductions

The members of the Coordinating Council introduced themselves.

#### II. Updates, News, and Public Comment

##### A. Co-Chair Updates

Dr. Bazron stated that she wants to increase our evidence-based practice and practice-based evidence efforts with the system of care.

Dr. Bazron shared the unfortunate news of the sudden death of Mr. David Walker who had been with the Access Helpline for more than 18 years. The information regarding Mr. Walker's upcoming funeral services were provided.

Dr. Bazron updated the members on several follow-ups from the previous Coordinating Council Meeting.

- Licensed Professional Counselors (LPCs) are able to bill for services independently when connected to a clinic, hospital, or community mental health center. (edited)
- Dr. Acosta Price and her team at the Center for Health and Health Care in schools at George Washington University have been awarded the District's Community of Practice contract. As a result of her new role, she will have to resign from the Coordinating Council to avoid any conflict of interest. We will have another item on the agenda to determine if we should add to the body. Dr. Acosta Price will maintain contact with the Council and provide the Council with scheduled reports of progress made and lessons learned from the Community of Practice.

Dr. Bazron highlighted that we will revisit the allocations process that is currently being utilized to assign clinicians to schools. Dr. Bazron noted that as she listens and observes, she has concerns that we had school-based clinicians who are DBH employees at many of the schools and then we added another clinician as part of the expansion. It seems a duplication of effort. She noted that we might be able to cover more schools if we didn't do that. Dr. Bazron stated that she will discuss later in the meeting some of the feedback received and concerns that have resulted from that duality of assignments.

The Council will review the budget and Dr. Bazron looks to hear from the members regarding the activities of ramp up and adding clinicians. She stated a need for the thoughts from the members regarding the activities.

Dr. Bazron reviewed the items on the agenda.

**B. Coordinating Council Member News**

Ms. Brumsted announced that Ms. Claudia Price has officially joined the OSSE team. She is the Project AWARE State Education Agency Coordinator.

The September Coordinating Council meeting will be held at OSSE due to the lack of an available room at DBH.

C. Public Invitation to Share

**III. Reports**

**A. Timely & Effective Implementation**

**1. Cohort 1 – Follow-ups from May Meeting**

a. CBO Staff Development Plan

Dr. Scott provided an update regarding the Community Based Organization (CBO) Focus Group. The focus group was with the LGSWs and LGPCs from the CBOs in cohort 1 schools. Recognition was given that there is a need for extra support and nurturing of the LGSWs and the LGPCs, not only from the CBOs but also from DBH. Dr. Scott explained that a Staff Development Plan cannot be created without feedback from the recipients.

Before the focus group, the clinicians participated in a pre-focus group survey. The DBH Clinical Specialists and the Coordinating Council Co-chair, Mr. Michael Musante were in attendance. Clinicians expressed a desire for training topics that included crisis management, trauma focused therapy, etc. They also provided feedback on lessons learned in the past year. CBO clinicians on-boarding late in the school year affected introductory tasks such as being introduced to staff by the principal, sending out introductory letters regarding referral process and services to be provided. Some clinicians were not able to properly join and integrate into the school given the late entry in the school year. Clinicians noted a desire for training on the intake process, protocol on mandated reporting, tangible skills for working with teachers on classroom management, and conducting social skills and therapy groups.

Dr. Bazron expressed concern that the clinicians needed training on basic clinical skills and wondered about the selection criteria for hiring clinicians.

Dr. Oruh expressed a desire for members of the Coordinating Council or some representative community voice to vet the candidates who apply to work with our youth. Mr. Luecking noted a concern regarding selecting CBOs with no school-based experience.

Ms. Parks spoke of the issue of recruitment and that the pool of social workers and clinicians available in the District is limited. She stated that she is not surprised that some of these skills are coming up as challenges for new clinicians. The clinicians may have learned basic clinical skills within their curriculum but may have never

applied what they learned during their internships. The challenges described from the first year will most likely continue as more schools are added to the expansion and the CBOs continue to recruit from the same pool of people. The positions of supervisors are very critical because they are teaching the clinicians on the job how to apply these skills, which is how it works given the resources we have and the money we are paying when other systems are drawing from the same pool. There are also other agencies and organizations like CFSA and DYRS and they are hiring LICSWs and paying them more. Taking all of that into consideration, the Coordinating Council should focus on developing the workforce and providing the support to the clinicians that we have and that will be joining. The Council has to talk about how to build the workforce and support the people coming in and be realistic.

Ms. Thompson offered that the Council's focus should be on how to support and develop the system with the resources that are available and defining what this should be and look like.

- What is the expectation of the CBOs with providing training, supervision, and supports to the clinicians?
- What does DBH bring to the table in terms of training and support?
- What does the Community of Practice provide?
- Develop sample core competencies and position descriptions to be on the same page around expectations (using a balance between consistency and establishing standards and allowing for differentiation)
- Look at the landscape of resources and ensure that we maximize what the resources have to offer
- There may also be a need to look at compensation.

Dr. Scott stated that she has received the job descriptions for the school-based behavioral health clinician position via the CBOs. The previous job descriptions for the DBH junior level clinicians were reviewed. Her intern was able to cross-reference similarities in the information that could eventually inform a recommended job description for clinicians moving forward.

Additional points generated from Council discussion included:

- The staff development plan is more of a network development plan and the purpose is to have a learning collaborative with the clinicians that would help set the tone, not only for the supervision, but also for incoming cohorts.
- The Coordinating Council should be setting up a successful workforce development plan to achieve the same skillset and standards across the board. LGSWs and LGPCs are hired at a lower pay grade but the expectation should be that the supervision helps guide and support the clinicians.
- A clinician feeling unsure about own ability to perform clinical tasks is not prohibitive.
- Investing in good supervision and co-shadowing helps to build a more sustainable team to retain staff
- The lift is large for clinicians who are going into the early cohorts of the highest need in already high need schools.
- An issue has been raised regarding the capacity of providers to be able to have the financial ability to provide the level of supervision needed.
- Important to have a developmental approach to the people entering the system

- The response that we should have – Do you feel underprepared for the basic function? Or, having been in these schools and leaning how important it is to perform these skills really well, is it that you want a much greater investment in your development over the next years?
- Important to have a competitive salary and not an underinvestment in our youth

Dr. Bazron summarized take-aways from the discussion with the following:

- Look at ratio of clinicians to a supervisor
- Explore the potential of pairing clinicians with mentors
- The Community of Practice should have practice skills embedded in the activities to provide support to clinicians. Opportunity to try out the techniques and strategies and receive feedback within the safe environment and talk about what they have been experiencing

A member of the public shared that there should be a conversation about the connection between the clinician and the school because school staff view the clinicians as the expert. The clinicians should be entering the school building with confidence or else staff will not ask for support and clinicians will never receive the opportunities needed to build those skills. The schools should outline the expectation of the clinicians and be engaged in the support and development of the clinician as well. It is important to make sure that the schools are invested and it is clear what the clinician is capable of doing on day 1.

Ms. Forrest noted that the Coordinating Council is in the process of planning for Year 2 implementation; and part of that planning process is being able to look back on Year 1 and assess what worked and what didn't work. The feedback that was from this Cohort of CBOs is vitally important. Ms. Forrest stated that what concerns her and what would be concerning to the Councilmember is what appears to be that we are teetering on the edges of a wholesale shift in our model. That is of concern because this body decided that the model for the expansion would be providing grants to CBOs to continue to build out their capacity. It is what the body voted on and what the Council has funded to do. So, when we talk about competency of the CBOs and the idea that maybe the work of the CBOs and the DBH clinicians is duplicative, Ms. Forrest reflected that she is starting to hear that perhaps there is consideration for possibly moving away from this model. She stressed that she does not feel we can afford a wholesale shift of our approach as we are trying to roll-out the Year 2 implementation.

Ms. Barnes reminded the members that the DBH Clinical Specialists have established a summer training schedule for the CBOs based on the feedback from the focus group and observations of the DBH Clinical Specialists. The location of the training will be confirmed then the schedule will be sent out to everyone. The DBH Clinical Specialists also started developing a video training for running an early intervention group. They are waiting for parental permission for the students that will be participating. We are creating training opportunities until the Community of Practice continues that charge.

Dr. Bazron reiterated that within the model we are saying:

- Supervision is key
- Have appropriate ratio of supervisor: clinician
- We need to provide supports and there are several resources that include: the DBH Clinical Specialists; the Community of Practice; the supports offered through DBH; and it is important to make sure there is a clear connection between the clinician and the school.
- We need to build out that plan so that those coming on board have what they need because we don't want them to fail and we don't want them to leave. We know that the resources are scarce.

**b. CBO Participation Cap Policy**

Dr. Bazron reviewed the it was decided during the last meeting to not cap the number of schools that a CBO could have for a specific cohort or within a specific cohort selection process. The overall limit of up to 25 schools over all of the cohorts of the expansion will remain in place.

There was recognition that there was a need to build infrastructure for monitoring. The investment from the Mayor will allow for additional grant monitors on both the fiscal and programmatic sides.

Mr. Howard and his DCPS team meets with the CBOs. The CBOs regulate themselves to the point that there could possibly not be enough CBOs to support all of the schools. In terms of the type of competition, many CBOs to be assigned to high schools over elementary schools and that is from a financial standpoint for the CBOs.

DCPS is recommending a tiered approach to help with rejection of new CBOs. The new CBO's could potentially be a part of a process and receive some coaching to help with on-boarding. DCPS is rejecting CBOs if they do not have the proper staff or a practice model in place.

Mr. Lamb presented a question of whether the criteria for a CBO wanting to expand is different from the criteria for a provider to enter the market. He noted that he would think there would be different criteria for judging the CBO. He wondered if there was a consideration for a criteria to be deemed eligible to have any school. And, a deeper criteria with different numbers of schools and no cap. Then, the incentive is to effectively deliver services at whatever number the CBO has and the bar continues to get higher and more targeted to the portfolio.

Ms. Parks emphasized the use of performance of incoming and continuing CBOs. DBH has to work alongside the Coordinating Council members to determine the performance criteria. We can learn from the DBH/School Mental Health Program (SMHP) regarding how that program grew.

Dr. Bazron inquired if there is a motion on the floor for the Coordinating Council to explore what the criteria should be for increasing the number of schools by a CBO and whether or not a cap should be put on or not. Or, is there a consensus regarding exploring criteria procedure within the model. The School and Provider Readiness committee will explore a criteria for CBOs entering the market and a criteria for expanding.

Mr. Luecking recommended to focus on quality and performance first. It is important to address bumps in the road and make adjustments. Learn how to pivot and make adjustments.

**c. Guide to the School Behavioral Health Expansion**

Dr. Scott reviewed the Guide to the School Behavioral Health Expansion that the DBH Clinical Specialists developed with feedback from the School and Provider Readiness committee.

The DBH Clinical Specialists will launch this guide through a 30-minute principal webinar that is scheduled for June 26<sup>th</sup>, 2019.

If there are any edits that need to be made to the document, members are to submit them to Erica Barnes no later than Wednesday, June 19<sup>th</sup>, 2019.

Ms. Brumsted explained how imperative this webinar is for the principals and how it will address some of the confusion from last year regarding communication over the summer months. She also explained the webinar will provide clarity to new principals and staff who are nervous about their new role and how to navigate.

**2. Year 2 – Planning Discussions**

**a. DBH & CBO Resource Allocation**

Dr. Scott reviewed the DBH/SMHP Clinician list. The document shows the overlap for Cohort 1 and Cohort 2.

Within some of the schools, the DBH Clinician works part-time in a school and in others, the DBH clinician is full-time in the school. Also, some schools had a pre-existing partnership with a CBO before the expansion. Also, in some schools before the expansion, the CBO was already in the school with a DBH clinician.

It was noted that both DBH and CBOs trying to build caseloads may be a factor to consider.

Ms. Williams described the scope of the conversations that have been conducted with Ms. Barnes regarding schools where both a DBH clinician and a CBO clinician work in the same school. The considerations and review of schools with both a DBH Clinician and a CBO Clinician include whether or not they are both being used effectively. In some schools principals identify a need for both clinicians while other schools may need to remove a clinician but it depends on the school and its needs. There will be meetings with principals to have conversations about keeping both clinicians within certain schools.

Ms. Parks further explained that the DBH/SMHP has had a practice of meeting with DCPS and DCPCS at the end of the school year to have a discussion about the different clinicians within the school and decide if it is a need of the school to keep specific clinicians.

Communications resources regarding the expansion that include Myths vs Facts and guiding questions are being provided to principals and CBOs to support the CBO/School conversations.

For the need in buildings, conversations with principals will determine what their need is regarding the DBH and CBO partnerships. As it relates to receiving feedback from schools regarding Cohort 1, Principal Ralston recommended conducting some focus groups with the mental health teams within the schools to inform an assessment and input regarding lessons learned.

Dr. Scott also reminded members that many clinicians in Cohort 1 on-boarded late in the school year.

**b. Year 2 Budget**

The panel consensus meeting regarding the CBO applications is Tuesday, June 26th, 2019. Recommendations should be submitted to Dr. Bazron on Friday, June 21st, 2019.

Dr. Bazron stated that the Chancellor is clear that clinicians must be in place when the teacher's return for the school year.

The week of June 24<sup>th</sup> is when the matching process will begin. DCPS and DCPCS endorsed guidelines regarding the matching process and there will also be webinars available to facilitate the process.

**In terms of the Mayor's \$6 million budget:**

- Graduate internship program- to assist in beginning to build the pipeline for the expansion.
- Oversight of school-based expansion: including grant monitors
- Funds for contracts

We have to see if the 50% billing requirement holds true because we want the CBOs to be viable. We may have to review because we don't want to lose people. If 50% is not reasonable based on the track record, we may need to be nimble and adjust.

Mr. Lamb emphasized that adding 67 new schools for Year 2 of the expansion is rather dramatic. He further noted that it wouldn't be serving the long-term need if the Council isn't rigorously looking into the criteria that a provider should be demonstrating in order to expand by a few, let alone 8 or 15 given what they are serving this year.

This Year 2 expansion is a huge opportunity to serve the District's schools but also a huge risk if it is not done well. Especially given what was learned about providers growing and not being able to serve then completely dissolving. We need to be responsibly expanding.

Dr. Bazron stated that from an organizational development perspective, we know that rapid expansion without the proper protocols and clear understanding of the functions in place can be a liability. Process mapping will be important in determining what resources are needed to support this rapid growth. We may need to take some funds and use the funds differently. May need conversations with the Chancellor to see what that partnership needs to look like within the big sea change.

The implementation plan should clearly articulate how the providers are going to support the expansion and what the plan is in terms of recruitment, on-boarding, supervision and evaluating progress. This would need to be clearly articulated in the provider's application and if they cannot do that then they should not be provided the award. Have the criteria in the Request for Application (RFA).

Dr. Bazron again inquired regarding what was the desire of the body given the continued conversation regarding the topic of criteria.

Mr. Luecking expressed his belief that the expansion could move towards a model that provides quality. The expansion has been funded enough money to hire more SMHP clinicians to partner with the higher need schools to have a baseline cover. This can potentially eliminate the questions about experience, quality and licensure and already be built into the program. This could also provide room in the budget to provide support to CBOs so they can hire supervisors and Community Support Workers.

Dr. Doe highlighted our available investments to support a graduate internship program and to invest in the CBOs to have support developing their expertise to accommodate more schools in the future. Dr. Oruh stated that there are key under-investments in key areas around family partnership that will impact long-term outcome. She expressed concern about ensuring that the families and community are involved in the expansion. It is important to foster parents/families potentially gaining and providing insight on how they see and can support their child's mental health and academics. The insights into the components and influences for the adaptive shifts and mental model shifts that parents and families make to support their children are needed feedback loops in order for the expansion program to succeed.

Dr. Scott is concerned that due to difficulty with the caseload development and not having revenue that the clinicians may become 10-month, which was never the vision because the original idea was for the clinicians to work year around. There may be a need around compensation if the CBOs cannot afford to have clinicians working during the summer.

Dr. Bazron reviewed issues raised from the body.

- Many clinicians were not able to establish caseloads to sustain treatment interventions during the summer months
- Explore the compensation
- Review the Supervision Model
- Address Family Partnership Outreach

#### **IV. Next Steps**

Dr. Bazron explored with the body the possibility of meeting before the scheduled July 15<sup>th</sup> meeting. There is a need to explore the budget.

Next meeting will be held Monday, July 15<sup>th</sup>, 2019.

#### **V. Adjourn**



## 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		
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		
Ms. Sharon Dietsche	Department of Behavioral Health	Not Present		
Dr. Kafui Doe	Department of Health	Present		
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	Not Present		
Councilmember David Grosso	DC Council-Committee on Education	Not 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	Not Present		
Dr. Taiwan Lovelace	Department of Behavioral Health	Not Present		
Mr. Nathan Luecking	Department of Behavioral Health	Present		
Mr. Michael Musante (Co-Chair)	Friends of Choice in Urban Schools (FOCUS)	Not Present		
Mr. Javon Oliver	Department of Health Care Finance	Present		
Dr. Chioma Oruh	DC Public School Parent	Present		
Ms. Michelle Palmer	Non-Core Services Agency	Not Present	Rebecca Roesch	Present
Ms. Marisa Parrella	Core Services Agency	Not Present	Rachel Osborn	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	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	By Phone		
Ms. Aurora Steinle	Office of the Deputy Mayor of Education	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		
Ms. Molly Whalen	DC Public Charter School Parent	Not Present		

**Government Attendees**

Name	Agency/Position	Phone	E-Mail
Ms. Nielah Tucker	Department of Behavioral Health		
Dr. Crystal Williams	By Phone		

**Public Attendees**

Name	Agency/Position	Phone	E-Mail
Ms. Megan Berkowitz	AppleTree		
Ms. MaKayla Williams	Intern at FOCUS		
Ms. Tara Boggaran	DC PAVE		
Dr. Olga Acosta Price	GW/CHHCS		

