GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH



Coordinating Council on School Mental Health Meeting August 27, 2018 64 New York Avenue, NE – Room 284 10:30am-12:30pm

Facilitator:

Coordinating Council Members

Name	Affiliation/Designation	Attendance	Designee	Attendance
Ms. Maureen	DC Public School	Not Present		
Akunwafor	Teacher			
Ms. Erica Barnes	Department of	Present		
	Behavioral Health			
Dr. Lee Beers	Children's National	Not Present		
	Health System			
Dr. Deitra Bryant-	District of Columbia	Present		
Mallory	Public Schools			
Ms. Alyssa Conti	District of Columbia	Not Present		
	Public Charter School			
	Teacher			
Dr. Kafui Doe	Department of Health	Present		
Ms. Denise Dunbar	Department of	Present		
	Behavioral Health			
Councilmember	DC Council-Committee	Not Present	Mr. Michael	Present
Vincent Gray	on Health		Cameron	
Ms. Sharra Greer	Children's Law Center	Not Present	Mr. Michael	Present
			Villafranca	
Councilmember	DC Council-Committee	Not Present	Ms. Katrina Forrest	Present
David Grosso	on Education			
Ms. Chalon Jones	Office of the Deputy	Present		
	Mayor of Education			
Ms. Sarah Koreishi	Child and Family	Present		
	Services			
	Administration			
Mr. Michael Lamb	Non-Core Services	Not Present		
	Agency Provider			

Mr. Mark LeVota	DC Behavioral Health	Present		
	Association			
Dr. Taiwan Lovelace	Department of	Present		
	Behavioral Health			
Mr. Nathan	Department of	Present		
Luecking	Behavioral Health			
Mr. Michael	Friends of Choice in	Present		
Musante	Urban Schools (FOCUS)			
Mr. Javon Oliver	Department of Health	Not Present		
	Care Finance			
Dr. Chioma Oruh	DC Public School	Present		
	Parent			
Ms. Michelle	Non-Core Services	Present		
Palmer	Agency			
Ms. Barbara J.	Department of	Present		
Parks	Behavioral Health			
Ms. Marisa Parrella	Core Services Agency	Present		
Mr. Scott Pearson	DC Public Charter	Not Present	Ms. Audrey	Present
	School Board	Not riesent	Williams	i i cocine
Ms. Juanita Price	Core Services Agency	Present		
Dr. Olga Acosta	Milken Institute School	Present		
Price	of Public Health, GWU	Tresent		
Ms. Shanica Raiford	Youth Representative	Not Present		
Mr. Justin Ralston	DC Public School	Present		
	Principal	rresent		
Dr. Tanya A.	Department of	Present		
Royster	Behavioral Health	FIESEIIL		
Dr. Heidi	Office of the State	Present		
Schumacher		Present		
Schumacher	Superintendent of Education			
Dr. Charneta Scott	Department of	Present		
Dr. Charneta Scott	Behavioral Health	Present		
Ms. Colleen		Not Drocont		
	Department of Health	Not Present		
Sonosky	Care Finance	Duccent		
Ms. Sakina	Office of the Deputy	Present		
Thompson	Mayor for Health and			
	Human Services			
Mr. Michael	Children's Law Center	Present		
Villafranca				
Mr. Raymond	DC Public Charter	Present		
Weeden	School Principal			
	Representative			
Ms. Molly Whalen	DC Public Charter	Present		
	School Parent			

Additional District Government or DCPCSB Staff Present

Name	Role	Office or Agency
Ms. Cemone Bynum	Staff	Department of Behavioral Health
Ms. Tia Marie D. Brumsted	OSSE	Tia.brumsted@dc.gov
Ms. Kerriann Peart (on phone)	OSSE	Kerriann.peart@dc.gov
Ms. Lanada Williams	Staff	Lanada.williams@dc.gov

Public Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Natasha St. Armand	Hillcrest Family Center		nstamand@hillcrest-
			dc.org

AGENDA

I. Welcome & Introductions

Members of council and the public introduced themselves.

II. Review of Agenda

Ms. Sakina Thompson drew attention to the agenda that includes updates and committee reports.

III. Updates

A. RFA for Provider Grant Funding

Dr. Royster announced the selected Community Based Organizations (CBOs). The organizations were notified by email this morning and many have responded with their excitement and enthusiasm for next steps.

B. Status of RFPs

Dr. Scott stated that the assigned Contract Specialists have the process moving well in the direction that we want. Ms. Thompson stated that more specifics will be obtained when the leader of the Division returns from vacation.

C. Status of Initial Resource Mapping

We receive an update weekly from our GWU partner. Thank you was given to the DBH clinicians, Dr. Bryant-Mallory, and Ms. Irene Holtzman for assisting with getting more principals on board for updating with the resource mapping.

IV. Committee Reports

A. School and Provider Readiness

Ms. Parks thanked committee members for energy and robust discussions and noted that the committee has spent a lot of time talking about entry documents and agreement documents. The committee is close

to finalizing the template for the principal agreement document and a "willingness to participate" section is being considered to be located on the last page with the demographics.

a) Status of DCPS and DCPCS Kick-off

The committee had discussion regarding the kick-off events and while there is a desire to move the process forward and get it going, there was a discussion related to the value of having a kick-off with the school leadership if they didn't know who their specific partners were going to be. Ms. Holtzman was vocal during the committee meeting in presenting the DC Public Charter school side. The committee discussion resulted in a recommendation of the committee to delay the kick-off event on the Charter side until the beginning of October when including the meet with providers would be present along with the agenda items that include What Is School Mental Health. Ms. Parks stated that Ms. Williams endorsed and sent out notification of the postponing of the event until the beginning of October. It was noted that on the DCPS side, there was more discussion about the benefits, recognition that DCPS has a different structure and leadership, and a familiarity with waiting for the identification of partners. It was further stated that at the end of last Tuesday, Ms. Bradley-Williams was concurring with waiting to hold the kick-off until partners are identified and matched with schools. Dr. Bryant-Mallory stated that DCPS is still wanting to be aligned with the recommendation that is coming out of the School and Provider Readiness committee. Additionally, she noted that we run the risk of losing a little bit of credibility when we flip flop around because it looks like we are not together and coordinated, and that is sometimes frustrating for principals and for us as we try to mobilize people to get excited about it – that is the only drawback to pushing the DCPS date back. DCPS will make a decision within the next 2 business days. It is perhaps a possibility to move forward after now seeing the list of selected CBOs and many of them are the same partners that are already working within the District. Mr. Luecking noted that the thought process behind delaying the event was related to the chance of losing credibility when we are without having all of our ducks in a row or only providing information that we could provide in an email or a PowerPoint. Ms. Parrella offered the approach of setting a date and explaining to schools that it is a process and schools will not have a provider come October 1. Dr. Lovelace noted the importance of having the right balance. Prior to pausing the conversation to hear form the Implementation committee and their recommended School Strengthening Tool, Ms. Thompson noted that it is a process and matching expectations with schools as an active participant – not that having our ducks in a row means that we have already decided who is going to work with whom and we tell schools what's going on.

B. Implementation

Ms. Brumsted stated that in July, the committee began reviewing top tools from all of the members. In August, the committee voted to use the School Health Index Needs Assessment tool. At the August 13th meeting, the tool was renamed for our purposes – The School Strengthening Tool. The name was coined by Ms. Peart from OSSE. Ms. Brunsted stated that the committee spent 3 productive hours going through the tool and selecting the top modules deemed important for Year 1 and making adjustments to meet the needs for our use. For Year 1, there were 4 modules selected – School Counseling, Psychological and Social Services; Social and Emotional Climate; Employee Wellness and Health Promotion; and Family Engagement. And, there is an offering of the Community Module as a supplemental module if the schools are at the place where they feel that they are ready to begin that work.

There is flexibility within this tool to ask the questions we want to ask. The committee went through the questions to find any needed questions to supplement. Questions that were outside of the scope of the mental health clinician were removed. A drafted paper version of the desired questions were provided to Dr. Lovelace and Mr. Luecking so that they will each do a dry run in their schools over the next couple of weeks and that will give us the elementary, middle, and high school perspective. The elementary level will test out the on-line tool and the middle and high will use the paper format. This will give us feedback on how user-friendly it was, how we think it is going to work in our schools, how easy it is to get the recommended parties in the room to do a team meeting rather than individual interviews. The hope is to have those recommendations at the early September meeting. Dr. Bryant-Mallory drew attention to the hand-out that provides additional information on the tools considered. She noted that the chosen tool looks at the student holistically and is aligned with the Whole School, Whole Community, Whole Child framework. There is a score card for each module and schools will be asked to provide a copy of the score cards. The score card will inform a work plan where the school team and school coordinator build out the goals based on where the school is and is not an evaluation of performance.

Ms. Dunbar stated that the next step of the committee is to write-up a brief protocol of how we will use the School Strengthening Tool, who is going to complete it, and describe how it is going to be utilized. Mr. Luecking noted that he and Dr. Lovelace will have information to inform that after completing the process in their schools.

Additional Discussion Points:

- Consider readiness of schools to use information from School Strengthening Tool to translate into a work plan
- Important to obtain recommendations for the expertise and knowledge base to get School Coordinators on the same page
- School and Provider Readiness committee is poised to guide us on where to communicate the information regarding the School Coordinator
- Dr. Royster suggested a Cheat Sheet to guide the principal in making a meaningful selection of the School Coordinator – "These are the things that a good coordinator would be able to do for you"
- A mini job description was suggested
- Ms. Parks noted that the sheet related to the School Coordinator is within the School Readiness scope. She further noted that how the tool translates into a plan is a process that the DBH/School Mental Health Program is familiar with and implements. It will be important to train the CBOs who are not familiar with that process. The DBH/School Mental Health Program can instruct and inform on that process before the Community of Practice is initiated. Mr. Luecking and Dr. Lovelace will help to inform next steps after using the tool in their schools.

Providing services to students who are undocumented and are without insurance

 Mr. Ralston stated that based on past experience with some CBOs, the issues of health insurance and legal status were a huge concern in his school and created inequity in how services were provided. He further stated the importance of being strategic in matching providers who have extensive background in serving immigrant communities and the use of bilingual providers. Response to Mr. Ralston's inquiry affirmed that health insurance and legal status should not be a barrier for students receiving services through the implementation of the expansion and CBOs will be supported in how to bill. Ms. Parrella stated that given that the reimbursement rates are lower, if the majority of the CBO's clients are undocumented, it will cost that CBO more money to deliver the services. And, as a committee we are going to need to discuss how that will be managed.

CBOs and Needs of the 52 Schools

• Dr. Oruh posed a question regarding whether the 10 selected CBOs are sufficient to meet the needs of the 52 schools and when will it be known who is in what school.

- Ms. Thompson stated that this expansion is not about a promise and a guarantee that we will address 100% of the need in the first year schools and she cautions about using that as our benchmark.
- Dr. Royster noted that it is important to not get ahead of the process match providers with schools so they can begin to identify the need, begin to serve the need, begin to provide all three levels of services (independently or partnered with another CBO who specializes in a specific tier). The CBOs need to get in their population, determine the needs of their population, and make a plan with their population to meet the need. Dr. Royster further noted that as a part of the application, the CBOs had to talk about the infrastructure to provide the three tiers of services.
- Dr. Scott posed a question to Dr. Bryant-Mallory that resulted in the clarification that DCPS will continue with their vetting process regarding the selected CBOs that have not yet received the DCPS vetting. In response to an inquiry from Dr. Royster, Dr. Bryant-Mallory confirmed that there are no red flags that she notes from the CBOs on the list of selection.

Matching

- Kick-off and engagement sessions are some places to begin the school and CBO discussions
- Explore where partnerships already exist
- The selection of the CBOs moved those CBOs forward to the matching phase. Not every selected CBO has to be utilized. These are options.

Additional Discussion

- Funding of CBOs will be at different levels
- A certain amount of services is a reimbursable amount and it is important to help CBO partners to understand how they get paid for their services and if they have barriers, what we can do to make sure they know how they can receive funds to support their services.
- In response to a question regarding orientation of CBOs, Ms. Parks noted the trainings that the School and Provider Readiness committee will collaborate with others at the table to provide the CBOs prior to the Community of Practice getting up and running. Provider TA will be important – the bringing up of issues that we can problem-solve.
- Ms. Barnes stated that the funded temporary DBH clinicians will help with supporting CBOs with services and problem-solving

C. Family and Youth Committee

- Dr. Oruh stated that the Parent letter from Dr. Royster has been revised.
- There is a Communications Workgroup that has parent representation and the Communication Plan will include feedback provided by the Family and Youth committee
- Expert feedback has been obtained to help with the questions and responses to be posted on the Healthy Minds DC website
- Ms. Kerry Savage of PAVE has developed a 1-pager of best practices for partnering with parents and the document will receive feedback at the committee's upcoming meeting on this Friday
- DCPS Family Engagement Team and the OSSE Family Engagement Team are needed to be a part of the family engagement and outreach efforts related to School Mental Health
- In September, OSSE will hold a Parent and Family Engagement Summit
- On September 8th, there will be a Town Hall for the State Advisory Panel for Special Ed

V. Follow-up:

Ms. Koreishi shared the list of where children in care attend school. Important to think about partnering and not duplicating. Partnering in the development of treatment plans.

VI. Next steps:

Please respond to the Doodle Poll regarding the scheduling of the next Coordinating Council meeting.