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| **GOVERNMENT OF THE DISTRICT OF COLUMBIA**  **DEPARTMENT OF BEHAVIORAL HEALTH**  DBH AGENCY LOGO- email (2) |
| **Coordinating Council on School Mental Health Meeting**  **June 05, 2018**  **64 New York Avenue, NE – Room 284**  **11:00AM – 1:00PM** |
| **Facilitator:** |
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**Coordinating Council Members**

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| **Name** | **Affiliation/Designation** | **Attendance** | **Designee** | **Attendance** |
| Ms. Maureen Akunwafor | DC Public School Teacher | Present |  |  |
| Ms. Erica Barnes | Department of Behavioral Health | Present |  |  |
| Dr. Deitra Bryant-Mallory | District of Columbia Public Schools | Present |  |  |
| Ms. Alyssa Conti | District of Columbia Public Charter School Teacher | Present |  |  |
| Dr. Kafui Doe | Department of Health | 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 | Not Present | Michael Villafranca | Present |
| Councilmember David Grosso | DC Council-Committee on Education | Not Present |  |  |
| Ms. Chalon Jones | Office of the Deputy Mayor of Education | Not Present |  |  |
| Mr. Michael Lamb | Non-Core Services Agency Provider | Not Present |  |  |
| Mr. Mark LeVota | DC Behavioral Health Association | Present |  |  |
| Dr. Taiwan Lovelace | Department of Behavioral Health | Not Present |  |  |
| Mr. Nathan Luecking | Department of Behavioral Health | Present |  |  |
| Mr. Michael Musante | Friends of Choice in Urban Schools (FOCUS) | 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 |  |  |
| Ms. Barbara J. Parks | Department of Behavioral Health | Present |  |  |
| Ms. Marisa Parrella | Core Services Agency | Not Present |  |  |
| Mr. Scott Pearson | DC Public Charter School Board | Not Present | Audrey Williams | Present |
| Ms. Juanita Price | Core Services Agency | Not Present |  |  |
| Dr. Olga Acosta Price | Milken Institute School of Public Health, GWU | Present |  |  |
| Ms. Shanica Raiford | Youth Representative | Present |  |  |
| Mr. Justin Ralston | DC Public School Principal | Present |  |  |
| Dr. Tanya A. Royster | Department of Behavioral Health | Present |  |  |
| Dr. Heidi Schumacher | Office of the State Superintendent of Education | Present (via conference line) |  |  |
| Dr. Charneta Scott | Department of Behavioral Health | Present |  |  |
| Ms. Colleen Sonosky | Department of Health Care Finance | Not Present | Serina Kavanaugh | 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 | Present |  |  |

**Additional District Government or DCPCSB Staff Present**

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| **Name** | **Role** | **Office or Agency** |
| Ms. Cemone Bynum | Staff | Department of Behavioral Health |
| Ms. Rachel Bradley-Williams | Interim Director of School Mental Health | DC Public Schools |
| Ms. Lanada Williams | Staff | Department of Behavioral Health |

**Public Attendees**

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| **Name** | **Role** | **Organization** |
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**AGENDA**

1. Welcome & Introductions

Dr. Royster opened meeting with a welcoming of voices and invitation for introductions with contributions/perspectives that members bring to the group.

1. Review of Agenda

Dr. Royster introduced the agenda, the manner in which it would be followed, and an exploration of any additional big items that the body would like to hear about today.

1. Council Organization Updates

Chair

Dr. Royster serving as Chairperson; Designee Chairperson in Chairperson’s absence – Ms. Denise Dunbar.

Voting

Dr. Royster indicated that her goal as the leader is to try to operate by consensus because we are bringing the voices and we value the voices. There will be times when we need to have a vote and the drafts that you have seen previously start to delineate who some of the pockets or categories are. That is still being finalized and Dr. Scott indicated that she did send out the most recent draft so that you will have it and see. We will continue to finalize that and hopefully bring that back for a last look so we can move on from that at the next meeting. The goal will be to operate in consensus because we need everyone’s buy-in to have a successful product. We don’t want to move forward in any way that is contentious and does not have the vast majority of those who need to be moved along. When we have a need for an official vote, we will have a process for that as well.

Facilitator and Support

We will continue to be facilitated by Ms. Sakina Thompson from Deputy Mayor of Health and Human Services and Dr. Charneta Scott as back-up and support.

Subcommittees

As we move forward expeditiously, we will rely very heavily on our subcommittees. The function of the larger body of the Coordinating Council is to deliberate high level content direction and give the work back to the subcommittees to break it down. The subcommittees may need to break down further into ad-hoc groups for specific area of expertise to focus on the work and then bring that work back to the larger group. The hope is that between meetings lots of work will occur.

The subcommittees will get the work started and may need to break down smaller into ad-hoc groups and may need to bring in specific expertise for a specific task.

The Family and Youth subcommittee will spearhead and ensure that youth and family voice is incorporated in every aspect of what we are doing. The Family and Youth Subcommittee will decide how they would like to infuse within all of the work and to make sure that they are speaking with one voice.

The subcommittees that were generated by this body are to get us started and to get the momentum going. Dr. Royster stated that she would like to see co-chairs for each of the subcommittees with at least 1 of the co-chairs being a member of the Coordinating Council so that we have fluid exchange of information. The other co-chair if you like can be from the community because there are not enough of us to do all of the work. We have been gathering based on Coordinating Council member recommendations members for the subcommittees yet we do expect the format to be that you bring on further experts within your subcommittee to get the task completed. It can be a fluid process where you have a set subcommittee membership and you bring in an expert for 1 or 2 meetings as you need to discuss topics within the subcommittee. It is up to the subcommittee how they bring on and utilize additional experts. The Coordinating Council will focus on the product needed from the work.

Membership Update and Discussion Regarding Co-Chair for Coordinating Council

Ms. Thompson provided a membership update and reviewed the previous discussion related to what characteristics we would want a new member to bring given our current large membership. The recommendation of Children’s National Health System received input from DC Health related to agency’s role. Given Children’s National Health System being a provider and having multiple roles within health services throughout the District, that information was taken back and there was an agreement that Children’s Health System would be a useful voice at the table. Dr. Scott has reached out to Dr. Danielle Dooley and Children’s to find out who will be the best representative from Children’s National Health System to serve on the Coordinating Council. DC Health will be voice as it relates to the School Nurses Program.

Dr. Price inquired about a follow-up to discussion regarding the possibility of a co-chair for the Coordinating Council. Ms. Thompson acknowledged that the topic has been taken up and noted some of the thoughts. She noted the question about time investment and where best to have that time investment within the entire process.

Discussion points posed to the Coordinating Council related to if a co-chair is needed, what would be the benefit to have a co-chair; the consideration that if someone would serve as the co-chair might that person otherwise invest their time in other ways and what would be the pros and cons of that investment; and in thinking about that within the committee structure where a lot of the work will be done, that is a very valuable place to have the voice in co-chairs. The topic was opened for discussion.

Dr. Price noted that at the Coordinating Council level it is about overseeing coordination. In differentiating coordination, implementation, and execution, Dr. Price offered her view that DBH has in many ways a lead role in execution yet not a sole role. Given that the process includes DBH and its investments and yet is broader than that and includes other related sources of investments, it is important to facilitate the Council being viewed as an inclusive and broadly led coalition as the Task Force was and that there are checks and balances. There would be another leadership voice.

Dr. Schumacher added to the importance of the integration of perspectives within the work across the board and that if the SAMHSA grant (Project AWARE) is received that will afford some additional structure and formality around the work. There was noted the possibility of the education sector being represented as a co-chair and the question of that person possibly being Superintendent Kang.

Mr. Musante posed to the group the question of having someone possibly outside of government serving as the co-chair. From the standpoint of perception, buy-in, a plan that has elements that are non-governmental, and a healthy balance of governmental and non-governmental in the leadership structure, it might be helpful to have a non-governmental entity representative in the role of co-chair as an equalizing voice from that side of the Coordinating Council.

The question was posed whether there was a quorum of the membership if there was a desire to take a vote. Ms. Thompson reiterated Dr. Royster’s previous description that we have more of a methodology drafted in terms of a vote by sector yet we have not yet clearly defined it completely.

Dr. Royster also stated that there is no problem with co-chairs. It is more about given that there is so much work to do that it is thinking about how people invest their time and we want to get the work done. She further stated that an individual cannot be the co-chair if there is going to be any conflict of interest. Given various complicated factors, it leaves one looking at the value other than perception for having a co-chair structure. If perception is high enough for the group to create a co-chair position, then that is absolutely fine. If we are all agreeing that we are all equal partners; we are all valued; and we are all committed to carrying out this work, then it doesn’t fall to the chair or co-chair to be the voice or the vision. It falls to the whole group to consistently relay that message and that is how we want the group to function. Taking all of those factors under consideration, we can have a co-chair. It will be important to make sure whether the person by virtue of role potentially in the process would not be eligible due to conflict of interest.

Ms. Thompson noted the likely existence of various models of public-private partnerships coordinating across inter-agencies and partnerships with government co-chairs, government and non-government co-chairs, and possible use of an executive committee to also leverage school and community perspectives within the leadership role. Mr. Luecking offered his position that if there is equal vote within the council that has richly diverse representation of voices then it doesn’t matter who is chair. Ms. Whalen provided observation of the body getting lost in the weeds of administrative focus and highlighted that the current richness of diversity in the membership may yield the desired transparency and not having one agency leading the goals of the work.

In yielding to the current chairperson for a way to bring the discussion to an appropriate point today to move on with the agenda, the discussion was tabled to the end of the meeting because the representatives from the Office of Contracts and Procurement are present to take up that part of the agenda and we want to be respectful of their time.

1. RFA and RFP Updates

Dr. Scott provided an update on the process for the Response for Application by stating that on May 31, 2018 a Provider Forum was conducted that was open for Coordinating Council members to attend. The providers were given the opportunity to give feedback on what the providers felt would be important for the scope of work to include. There was recognition given that no decisions were being made during the forum yet it was an opportunity for feedback. A slide-deck was created that incorporated standards that Dr. Scott gathered from a bit of research and that aligns with the practice of the School Mental Health Program. That slide deck is available on the DBH website for those who were not able to attend the forum. The goal is to help to get the information out regarding what the framework of School Mental Health is and what the standards are. There will be a need for DBH’s office of the General Counsel to mirror on the grants side an adaptation of the Non-disclosure and Non-compete paperwork that will be discussed today by the Office of Contracts and Procurement. This is all in the service of maintaining the integrity of the process.

Ms. Margaret T. Desper, Supervisory Contracting Specialist and Contracting Officer and Mr. Wil Giles, Chief Contract Officer, and Dr. Royster engaged Council members in discussing the context and implications for the forms presented to members to sign that included non-compete, non-disclosure, and organizational conflict of interest (OCI). Points made during the discussion included:

* Protection of fair competition
* There is an understanding that market research is needed in the scope of work development and there are a lot of stakeholders and input to be received and evaluated
* We want to make sure that come time for the opportunity that the process is fair and open
* Safeguarding against and prevent perception or an interpretation of unfair competition through an unfair advantage
* There is no problem with using the expert knowledge, the issue is when we are designing the evaluation criteria to make the determination of the award
* We want to make sure that the selection process has not been compromised
* Within the Request for Information, best practices are often what is obtained from individuals. When an individual provided information that is a best practice that makes it into the Scope of Work or evaluation criteria, it does not mean that the individual cannot compete for the award.
* There is appreciation of disclosure of a conflict upfront. A conflict does not necessarily mean that it prevents the ability to compete for the award.
* The completion of the paperwork does not prevent the signer for competing, it is about disclosing and the Office of Contracts and Procurement (OCP) will follow-up to facilitate the vendor in staying out of trouble.
* OCP wants to see if anyone is providing information that is so specific or unique that it is narrowing the pool of vendors.

1. Communication Update

Ms. Thompson provided an update on communication with LEAs, school leaders, parents, and other stakeholders. It takes time to get the right language. The scope of the letters and the current status of the drafts were stated. Dr. Bryant-Mallory, FOCUS, Ms. Williams, and Dr. Schumacher will be sought for assistance with letter distribution as appropriate. Deputy Mayors Smith and Chung provided Ms. Thompson with a strategy for parent communications. Ms. Whalen encouraged leveraging the assistance of Community Based Organizations that work with parents to inform the organizations and request a distribution to their networks.

Dr. Royster stated that there will be a high level letter that will go to everyone. We will need to help families who received the more specific letter as a member of the schools in the top 25% of highest need and have sense left that school.

1. Implementation Plan

Dr. Royster introduced the work that was conducted in follow-up to what was proposed during the last meeting of the Coordinating Council. A small number of subject matter experts met with Dr. Royster and chunked out a very large implementation plan overview. This work will facilitate giving small pieces of the work back to subcommittees to break into actionable steps. A rough Gantt chart was distributed as a guide and to facilitate note-taking as Ms. Thompson walked through each step. During the presentation, Dr. Royster asked members to hold in mind: 1) Did we miss any big implementation steps? 2) Are there steps in the wrong order?

**Discussion Points:**

* Community of Practice/TA vendor selected is misplaced when it indicates August because that is an OCP process
* Family and Youth communication to span the summer and utilize the Children’s Behavioral Health Awareness Campaign to support the summer communication
* Share information with parents in both June and August
* Coordinate personal touch with principals around MOA discussion during the Summer Leadership Institute
* Differentiate Provider readiness to be matched vs. interest. There needs to be an assessment of the CBO’s capability and a bit of training to say how the clinic based work can be translated into the work in schools
* Within provider and school readiness, flush out TA, training on minimum standards, training around evidenced based practices, deep dive into best practices, promising practices, and emerging practices for engaging youth
* Given the level of work, may need to separate provider and school readiness subcommittee

1. Next Steps

Action Items

* Send email to Ms. Desper with cc to Dr. Scott any questions regarding the non-compete, non-disclosure, and organizational conflict of interest forms.
* Provide an electronic version of the forms
* Find out if subcommittee members are required to complete the forms
* Obtain a list from Ms. Whalen and Dr. Oruh of Community Based Organizations that do great communications with parents
* Provide feedback to our Co-chair of Coordinating Council discussion

1. Indicate if you are offering to volunteer to serve as Co-chair
2. Indicate your recommendation of a Council member to serve as Co-chair

* We will generate a list of who could not be a Co-chair due to potential conflict and use all of the information gathered to make a final decision regarding the value of having a Co-chair of the Coordinating Council
* Present final version of Charter that includes voting structure and requirement for quorum
* Respond to Doodle Poll regarding scheduling of next meetings

Reminders from Chairperson:

* When emails are sent for feedback and you have no feedback, please send email response stating “no feedback”
* Everyone is to be an ambassador and to recruit ambassadors to keep the work moving forward

**Meeting adjourned at 1:00PM**

Any comments regarding these meeting minutes may be sent to Charneta C. Scott at [charneta.scott@dc.gov](mailto:charneta.scott@dc.gov)