GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH

Coordinating Council on School Mental Health Meeting

November 19, 2018
64 New York Avenue, NE – Training Rm 284
10:00am-12:00pm

Facilitator:

Coordinating Council Members

Name	Affiliation/Designation	Attendance	Designee	Attendance
Ms. Maureen Akunwafor	DC Public School Teacher	Not Present		
Ms. Erica Barnes	Department of Behavioral Health	Not Present		
Dr. Lee Beers	Children's National Health System	Not Present		
Dr. Deitra Bryant-Mallory	District of Columbia Public Schools	Not Present	Mr. Orin Howard	Present
Ms. Alyssa Conti	District of Columbia Public Charter School Teacher	Not Present		
Dr. Kafui Doe	Department of Health	Present		
Ms. Denise Dunbar	Department of Behavioral Health	Not Present		
Councilmember Vincent Gray	DC Council-Committee on Health	Not Present	Mr. Malcolm Cameron	Present
Ms. Sharra Greer	Children's Law Center	Present	Mr. Michael Villafranca	Present
Councilmember David Grosso	DC Council-Committee on Education	Not Present	Mr. Akeem Anderson	Present
Ms. Aurora Steinle	Office of the Deputy Mayor of Education	Present		
Ms. Sarah Koreishi	Child and Family Services Administration	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	Present		
Mr. Nathan Luecking	Department of Behavioral Health	Not Present		
Mr. Michael Musante	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	Present		
Ms. Michelle Palmer	Non-Core Services Agency	Not Present		
Ms. Marisa Parrella	Core Services Agency	Present		
Mr. Scott Pearson	DC Public Charter School Board	Not Present	Ms. Audrey Williams	Present by Phone
Ms. Juanita Price	Core Services Agency	Present		
Dr. Olga Acosta Price	Milken Institute School of Public Health, GWU	Present		
Ms. Shanica Raiford	Youth Representative	Not 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	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	Present		
Ms. Molly Whalen	DC Public Charter School Parent	Present		

Additional District Government or DCPCSB Staff Present

Name	Role	Office or Agency
Ms. Kerriann Peart	Staff	OSSE (present by phone)
Ms. Jackie Murphy	Staff	DBH

Public Attendees

Name	Agency/Position	Phone	E-Mail
Dr. Tyish Hall Brown	Howard University		
Ms. Elizabeth Mohler	LAYC		
Ms. Megan Berkowitz	Apple Tree		
Melissa Wade	KIPP DC		
Ms. Kerry Savage	PAVE		
Ms. Dania O'Connor	PIW		
Mr. Corey Odol	PIW		
Ms. Davidra Bazemore-Blue (present by phone)	PIW		

AGENDA

I. Welcome & Introductions

Dr. Royster opened the meeting. Members of council and the public introduced themselves.

II. Review of Agenda

Ms. Thompson reminded members of the School-Based Behavioral Health Goal: To create a coordinated and responsive behavioral health system for all students in all public and public charter schools. She then presented the core issues of the agenda items for the meeting.

III. Communication Work Plan Update

Ms. Thompson reviewed that the next major communications task will be the announcement of the school mental health provider grants to the Community Based Organizations (CBOs). There was a recommendation from the Coordinating Council to have a one-pager that would go out to parents from the school-parent communication process. This is to facilitate parents to not hear about the grant allocation from the public announcement. There is recognition that previous communication has been distributed yet this is going to take multiple communications over time. Ms. Kerry Savage from PAVE shared with the Family and Youth Committee a one-pager that she was already working on through PAVE and she generously invited the committee and the Coordinating Council to use PAVE's created draft to work from.

A. Branding

Refers to how we talk about who we are and what we are doing. Ms. Thompson reviewed the various terms used to communicate a framing of the work over time across documents and in verbal communication.

B. One Pager

Amplifies a need to become consistent in our language regarding how we talk about who we are and what we are doing.

C. Healthymindsdc.com

Will be the place for individuals to go to look for more information. This website will be the place to point people to and it will be the visual representation and cue regarding what folks are learning about and will identify where to locate behavioral health resources for children and youth. Recommendation is to use Healthymindsdc branding that includes the colors and general visual landscape as the same for School Based Behavioral Health generally in the expansion.

Points from the discussion included:

- It is important for the parent community and the school community to know that this is a coordinated effort of several government agencies and community partners.
- Driving to the healthmindsdc website is key
- Important to list names/logos of the Coordinating Council membership and broad community-based partners on website
- DBH's Director of Communications has stated that there is a way to include a series of logos at the bottom of the one-pager and direction will be sought from Ms. Gossett regarding which logos to include
- In using the term "school mental health expansion," it speaks to a variety of things – clinicians; Community of Practice; technical assistance for schools; rethinking how services are delivered in a more coordinated way; and the variety of stakeholders including school staff. However, at the completion of the full roll-out, the term "school mental health expansion" will not necessarily continue to make sense. However, expanding school mental health capacity is the project right now and in the coming years.
- Using the term "School Mental Health Program" leads to confusion given that DBH has taken to calling its own program – School Mental Health Program and wondering if DBH clinicians are the only ones providing a School Mental Health Program and if services provided by others is called something else, that type of language would not be a sustainable path forward. There is a need to massage the language regarding what we call the work that we are doing.
- In terms of logos, there was a point made that there are two different sets of actors. It is great to have on the Healthymindsdc website who the members of the Coordinating Council represent. For the one-pager, the only things that are important are who the lead government contacts are and who are the Community Based Organizations that have been selected for the grants and will be providing services that the parents should be looking to for additional help. Beyond that it may become confusing what the people around the table of the Coordinating Council are delivering for the parents to be accessing.
- The decisions made for what definitions to use within the RFP for the Community of Practice are consistent with what the nationally school mental health movement is trying to convey. The language there is "Comprehensive School-Based Behavioral Health System."
- Right now we are expanding, however "expansion" should not be in the name of what we are doing because that is the action.
- In terms of the language "Comprehensive School-Based Behavioral Health System," there is some consensus nationally that it is Comprehensive – meaning that it does not belong to any one system. It's "school based" because that term is less confusing and also that the majority of the interactions and connections are being acknowledged as occurring on the school site. It is not a program. We need to get away from the term "program." It really is a system

development. The work that Dr. Acosta Price is doing with Bainum is seeking to be very consistent with what the Coordinating Council says so that the language is not confusing to the DC Public Charter schools that Bainum is working with. The term Comprehensive School-Based Behavioral Health System resonates nationally.

- A point made regarding the blue boxes of the promotion within the one-pager is that the percentages noted are relative to an ideal percentage and that is not necessarily what we are operating on. It can be a little bit misleading to say that 1-5% of the school population needs intensive support. When you are looking at the highest need schools, it can look more like 50%. The Tier 1 and Tier 2 level of services complement the Tier 3. The multi-tiers are connected. In some cases the Tier 2 services allow the clinician to move out of the clinical work to do more comprehensive school-based work of talking with the teacher about that child and the supplemental funding goes to the non-billable work.
- There was a suggestion made that the percentages are not necessary to include with the description of the multi-tiers of services for the communication effort.
- In the idea of the Comprehensiveness, it is very important that we are committed as a group to promote attending to the full continuum of supports that are necessary as well as attending to the idea that a child that may be receiving intensive support should also be receiving some Tier 2 and Tier 1 services. The services are supplemental. It needs to be communicated to folks that students are not bucketed into only a single Tier. It is important to foster the understanding that everyone gets Tier 1 services.

As the discussion was brought to a close, Ms. Thompson asked for everyone to look at the draft of the one-pager and send edits and recommendations to Ms. Thompson with a cc to Charneta by the end of the current week or early the following week.

IV. Updates

A. Project AWARE

Ms. Brumsted provided updates on Project AWARE and stated that on the infrastructure side the grants management system is on target to be with ready access for awarding grants to LEAs in the New Year. OSSE is awaiting final spend plan approval to have the State Education Agency Project Coordinator position posted by this week. And, there will be a position on the DBH side. On the programmatic side, the Kick-off meeting and campus visit occurred in October with KIPP DC. On November 15th was the first of the monthly managers' meetings. The focus of the managers' meeting was to identify what the baseline is for the participating LEAs and schools with their current referral practices – how are they tracking referrals, how are referrals offered – so that we can begin to strengthen the referral process before we add on the component of screening every student that has a mental health referral. This will be the focus from now through January. Also, thinking about the communication strategy and making sure that come the New Year, we are not introducing this to school-based staff as something new that we are doing but rather building on the excitement and the momentum of the District's expansion. OSSE will be looking at creating a one-pager and may tag off of the one-pager currently in development through the Coordinating Council.

In Year 1, the schools will be supported in getting a system that is efficient and works within the specific school to communicate what services are available, what referrals look like, what happens after screening, strengthening out the systems to include the safety net teams and crisis intervention teams. Each school's communication will look a little different. The method is not to come in and say this is Project AWARE's plan. The point of Project AWARE is to help the school to build out their multi-tiered

levels of support. We don't have a high-level communication plan because we want this to be integrated into the expansion work that is already happening. In the January and February launch months, schools will be thinking about what are their current ways of communicating with parents; what their School Wellness Councils look like or PTOs; making sure that all of the schools are communicating about mental health services and about this intentional effort to tighten up and strengthen services coming into 2019. We want the plans to be customized based on what the LEA needs are.

B. Community of Practice and Evaluation RFPs

Dr. Scott provided a brief update regarding the RFPs. She reviewed the previous report out that information was received from OSSE to inform the modification of the Community of Practice Solicitation. The information is currently under review by the Office of Contracts and Procurement and the modification and timeline will be made public. Once the information is made public, Dr. Scott will inform the Coordinating Council. And, the hope is that the Technical Evaluation Panel for the Evaluation RFP will be convened within the last week in November.

Dr. Oruh posed a question about DC SEED and finding a way for the Coordinating Council to know about that process. Dr. Scott stated that Dr. Royster does want there to be a connecting of the dots between DC SEED and the current school mental health work. The mandate of the South Capitol Street legislation is to expand early childhood and school based behavioral health services. Dr. Scott stated that she has met with Dr. Sullivan who is the Director of the DC SEED grant which is designed to build out the early childhood mental health arm of the District's System of Care. Dr. Scott has recently met with Dr. Sullivan as well as the Program Managers for Healthy Futures and Primary Project to address the needs of such categories as AppleTree falls in where we have an early childhood population that is not in a child development center. When we met as a Task Force and later as a Coordinating Council, we stated that the unique needs of that population were to be addressed for their unique needs and not under the expanding of the school mental health side of the work. We don't want to neglect that particular population so Dr. Scott met with the DC SEED Director and the Program Managers to creatively brainstorm how to meet the needs of that particular group. Dr. Royster stated that we can include within the Coordinating Council agenda a DC SEED update on what they have been doing and to hear some of their thinking about how to connect the dots. The DC SEED group has been working on helping the community to meet the need and now are beginning to think about how to address that population in schools. There is a large number of this population that are not in schools and yet a significant number that are in schools. Dr. Scott noted that there is a possible thought of Healthy Futures helping in some initial work yet more to come regarding that possibility. Dr. Royster recommended bringing this topic to the Coordinating Council's agenda early in the year after the upcoming holidays. Ms. Sonosky noted that if the early childhood mental health piece is a part of the Coordinating Council's work that the DC SEED work has been incorporated within the work of the Zero to Three. The Zero to Three early childhood initiative is 1 of 10 states in a Learning Collaborative. Ms. Sonosky further stated that if that work needs to be brought into the Coordinating Council then we should have an off-line conversation about how best to do that.

Dr. Oruh further stated that some of the language used in school mental health is older child centric and we can miss some of the families if we do not use the language for the families that includes the early childhood population.

C. School/Provider Matching

Ms. Thompson introduced the topic of school and CBO matching with an acknowledgement of the interconnectedness and complexity of the process for matching and the allocation process. While she noted the value of the thoughtfulness and consideration, she stated that we are at the point where

timeliness has us wanting to support getting to the finish line. Dr. Scott stated that DCPS has been working with the CBOs to finalize their Memorandum of Agreements (MOAs). The CBOs have the MOA template for the incorporation of the information regarding their services. That process is moving and will continue on its track while we are determining the CBO/school matching. Once the final version of the MOA with a CBO is completed, the document goes to DCPS' legal department and a signature will be obtained within 2 weeks. Once the matching is determined, the schools will be added as an addendum to the MOA. DCPS is continuing to match through holding the full landscape in mind and while seeking to make the best match for the school. In some cases, where multiple CBOs are in consideration for a school, there is some level of interviewing at the school level that may need to take place. Mr. Howard added to the DCPS update by stating that out of the 10 CBOs, half already had partnerships with DCPS. DCPS' General Counsel asked those CBOs to redo their MOAs. DCPS took the opportunity to include the expansion project into the agreement. Mr. Howard has met with all of the CBOs and there are some schools where multiple CBOs want to be there. He has initiated contact and has received some feedback from the principals. Some principals want to decide or set-up a process whereby they may interview to determine which of the CBOs they want to come into the school. Mr. Howard stated that the CBOs have been very candid with him regarding their challenges related to the budgeting piece and their ability to meet the need in the schools designated. Mr. Howard stated that we are close in completing the matching. It is a matter of their money and their ability to partner once the principals commit to the CBO to partner with in their school. There are some schools within the top 25% of highest need for which no CBOs have expressed interest and that we need to get filled with a partnership. Mr. Howard will filter the CBOs to those places and have CBOs conduct discussions with the principals. Those discussions will begin next week. The hope is that by next Friday there will be some clarity on the CBOs and their specific matches.

Points and clarifications within the discussion included:

- A significant number of the DCPS elementary schools within the top 25% of highest need schools do not have a CBO expressing initial interest. A number of CBOs, however, have stated that they are open
- Acknowledgement stated of the possible role that parents could play if they knew that the school was not attractive to a CBO
- Method matters; there are people who are impacted and yet are not in the decision making process; How does the family voice get into the CBO/School matching process?
- In the second year, voice from the family and youth will be leveraged to inform how did the partnership work for them
- It's important for there to be compatibility; that the school feels that the provider is someone they can work with; the providers feel that the school is one that they can provide value to and work with within the school's environment; that DBH and by proxy the Coordinating Council feel that there is some equity and distribution across the schools. We have to take under consideration all of those factors so that we end up in a place that maximizes are success
- There is a gap in parent inclusion in the matching process
- In some cases there is a situation of under enrollment and multiple school hired clinicians and community partners are already within the school
- There continues to be concern whether principals are making unilateral decisions regarding CBO matching and absent pertinent information; who is facilitating the matching process?
- Mr. Howard is managing the matchmaking on the DCPS side

- Dr. Scott has shared with the DCPS, OSSE, and DCPCSB partners all of the information that she has which includes the GW Comprehensive spreadsheet; the CBO surveys; the principal surveys; and for the partners in the DCPCS recommendations, the DCPCS top 3 CBO preferences and rationales
- DBH, OSSE, and DCPCSB had an initial meeting regarding the top 3 CBO preferences of the DCPCS school leaders and their mental health teams. On Wednesday, there will be a deeper dive in reviewing the top CBO preference, reported needs of the school, what we know about the school, and the services of the CBO. Recommendations will be made in a looping back to the principals/designees for all schools including where there are established relationships and/or MOAs.
- We were aware that this year would be a bit of improvisation and that the School Health Index process that we want the schools to go through this year is a structured way to have them to think about the needs determination process so that we will have a structured way and more of an established process for assessing need.

Provider Grant Allocation Options

Dr. Royster framed that today's discussion regarding grant allocation options is just for a refinement of what the Coordinating Council already decided and now includes the feedback from the CBOs. Ms. Thompson provided a recap that there is a tension between two different ideas regarding what this model is. The model is to put clinical staff in the schools to provide Tier 3 clinical treatment that is billable. And, the grants are there to support some of the non-billable activities that allow that clinician to provide effective treatment and also allow the clinician to support the school in the delivery of Tier 1 and Tier 2 services as needed by the school. She stated that there has always been a bit of tension in our discussions that we want the clinicians to be billing and supporting their position to the extent that they can and that we want to build a multi-tiered model where there is a lot of Tier 1 and Tier 2 that needs to be done as well.

Ms. Thompson provided a re-cap of the recommendation of the Task Force on School Mental Health. She also described school-based variation factors. There were 2 ways that were explored in thinking about refining the budget proposal. The first was to explore the notion of having a base amount and then adding a figure of enrollment as a way to make sure that there is less variability.

Dr. Royster provided context for how the figures were determined for the $3 million ask of the Mayor to support the expansion. And, Dr. Royster clarified in what manner the figures were not related to how we would move forward at the point of implementation.

Ms. Thompson stated that we do not want to disadvantage the smaller schools or the elementary schools by having a grant distribution formula that makes it difficult for providers to be in those schools. Dr. Scott also informed the Coordinating Council that a question that was posed by the CBOs was whether a clinician could be split between 2 schools when serving small schools. Mr. Howard stated that if a CBO will be coming in half-time rather than full-time, that will delay the MOA.

Dr. Royster emphasized that we cannot give the CBOs the money until we get to a formula that everybody can have consensus on. So, as important as feedback and input is, it is beginning to be a problem for our providers because we have to get a formula to be able to calculate and disseminate the dollars as soon as the matching is completed.

Ms. Parrella noted that billing in a school is so variable. The funding that is being given to the CBOs really relies on the school environment and the school's capacity to incorporate the clinician is a big part of the investment. Some schools are high on that level and the school has given Ms. Parrella 50 students who are ready to go and her clinician gets into the school and sees students right away while becoming integrated along the way. Other schools can barely provide that. She noted that the coordination is going to drive the budget model. A CBO will get wonky on the funding and how to support themselves when there is little infrastructure to provide support. And, when one clinician is in 2 schools, that is really hard to support.

Dr. Royster emphasized that one of the key features of the model is the coordination and enhancement development of the behavioral health team across all of the components. No one is going to be perfect on day 1.

Ms. Thompson noted that we are trying to be mindful of provider viability and it is very important that CBOs are able to succeed financially – able to pay their staff. In terms of the process that has been a bit of improvising this year and also has sought to pull information through various means regarding existing services in schools, resources, and needs, Ms. Thompson also reviewed that we have identified, through a thoughtful review of tools, a needs assessment tool that schools will start completing. We did not have the capacity to do that type of work this summer.

Dr. Oruh reiterated the need for a deeper conversation at some point around providers and how they move differently among the elementary schools. She reiterated the use of DC SEED because if there is another pool of money that can be attractive to another type of provider to meet the needs of the elementary school, then we should look at that as a supplement to what doesn't happen through the Coordinating Council funding. Mr. Musante also noted that the goal of the funding and the work is not to become a Tier 3 supplement. At the end of the day, the money was there to allow the schools with the most need to supplement and for all of the work and services to become systemic and be embedded in the school in a way that it has not been before. Now, we are getting everyone involved around the same table to start to discuss how do we make these things more permanent in these schools --- the money, the relationships with the CBOs, the way a school reviews what it needs --- all of these things have to become far more embedded and systemic than they have been in the past.

Following a robust discussion regarding the refined funding options and the understanding that the recommendation is for this Year 1 and will be revisited, the equal amount per school option was brought to the floor with the recognition that it is an equal investment per organization. The discussion noted that there may be different impacts at different schools yet the cost for the CBO will be the same. In contrasting the equal amount per school option, Ms. Parrella described a process of hiring a really good licensed clinician to be full-time in a school with an amount of $22,000. She noted that to do that would force the CBO to increase the billing. And, that would require the CBO to push the school to gather the parents and help with consents. She further stated that is not how we like to go into a school. The amount available for a CBO under the option of the "equal amount per school" would be off-setting the money that the CBO obtains and would allow the CBO to have more build-up time and relationship building; technical assistance; resource mapping; and looking at the staffing and roles.

Ms. Whalen offered a motion that, based on the 2 CBOs in the room and the discussion, the Coordinating Council go with equal amount per school. Dr. Royster stated that she can check with the DBH Fiscal

department to see if money can be awarded as MOAs are signed and have a rolling process for getting the funds out to CBOs.

There were no votes against the motion. The motion passed.

Mr. Musante made a suggestion regarding the budget framing and discussion. As co-chair, he will reach out to a few people and draft a one-pager of legislative talking points that will then be brought back to the Coordinating Council.

Ms. Thompson provided thoughts to consider in the budget framing:

What does it take to achieve the School-Based Behavioral Health Goal – to create a coordinated and responsive behavioral health system for all students in all public and public charter schools?

What does it mean to fund this Comprehensive School-Based Behavioral Health System? What do we need to consider as part of what is funding that system?

We have to think about the enhancement that we received last year and what does that mean?

Think macro and micro and that there are additional models, resources, partnerships, and funding beyond what was known as investments years ago.
How do we advocate for funding and to whom? Who is under this umbrella?

Ms. Thompson proposed a standing monthly meeting to create a calendar for meetings of the Coordinating Council for the remainder of the year.

Next Steps include:

- Committee Assignments to plan for next year
- Resource Mapping Long-Term
- Workforce Development