

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH**



**Coordinating Council on School Mental Health Meeting
October 25, 2018
64 New York Avenue, NE – Health and Wellness Training Rm
9:00am-11:00am**

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	Present		
Dr. Lee Beers	Children’s National Health System	Not Present		
Dr. Deitra Bryant-Mallory	District of Columbia Public Schools	Present		
Ms. Alyssa Conti	District of Columbia Public Charter School Teacher	Present	Ms. Melissa Wade	Present
Dr. Kafui Doe	Department of Health	Not 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	Ms. Katrina Forrest	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	Not 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
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	Present		
Dr. Tanya A. Royster	Department of Behavioral Health	Present		
Dr. Heidi Schumacher	Office of the State Superintendent of Education	Not Present	Ms. Kerriann Peart	Present
Dr. Charneta Scott	Department of Behavioral Health	Present		
Ms. Colleen Sonosky	Department of Health Care Finance	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	Present		

Additional District Government or DCPCSB Staff Present

Name	Role	Office or Agency
Mr. Sean Barry	Communications Director	DMHHS
Mr. Orin Howard	Staff	DCPS
Ms. Cemone Bynum	Staff	DBH
Ms. Kamil Quander	Staff	DC Health

Public Attendees

Name	Agency/Position	Phone	E-Mail

AGENDA

I. Welcome & Introductions

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

II. Review of Agenda

Ms. Thompson thanked everyone for giving time and expertise to the work. She amplified that the level and activity of the committees and the level of overlap of membership across committees has led to a level of integration and informed intentional work. This has created a way of moving the work forward in a way that is consensus based. The work between Council meetings has been productive and has informed the Council meetings with those items that need overall decision making. Ms. Thompson further pointed out that the Council is moving from vision and planning to implementation. From our decision-making, we are going to be hearing a lot of feedback regarding the implementation. We will be moving into our provider matching and our grant allocation. We will bring in the Community of Practice which will bring a level of our work to resources and engagement on the ground. We will have our evaluator vendor coming on board and this will allow us to document our work so that we can learn from it. Ms. Thompson noted that critical feedback already received is linked to the first item on the agenda for today’s meeting – How do we message to schools and how do we support schools to message within themselves around what this expansion is and what it means? --- How do we support schools in the message to parents? --- We want to make sure that parents are obtaining the resources that they need and that they are engaged in the decision making. We want to message to the providers and help them to message in the schools to parents and to youth.

III. Communication Work Plan

A. Presentation

Mr. Sean Barry from the Deputy Mayor of Health and Human Services helped the Council to talk about the communication strategy with room created for discussion to help to move the work forward. Mr. Barry noted in his overview that there are a lot of stakeholders and constituencies in this work and the communication should reach each of those groups. It is also important to know how to speak about the

work to the broader public yet also do that in a way that does not detract from what is going on nor get ahead of the work that is happening in the schools. He also acknowledged that questions are being received because it is the time for budget planning. There are questions regarding what is the strategy and where are we going.

The presented draft document is a plan and also an inventory of what has been done, what is underway, and what we might do in the coming months. Important as a starting point is how we talk about our health strategies in the DC Public and DC Public Charter Schools in a more holistic way with both the District's School Mental Health Program and School Based Health Services Program. Mr. Barry highlighted aspects of the chart within the provided draft document. He noted that the Press Release of the Grant Awards is a next logical step within the Communication Plan as well as identifying who our partners are in this work.

The Healthy Minds DC is a good place to build out with information. Social media will be a place to amplify what agencies are doing. Mr. Musante and Mr. Barry echoed the importance of being prepared, prior to the press release, to respond to questions regarding who was involved; who was at the decision-making table; and the context and process that occurred leading up to the press release. Ms. Whalen reminded members that we have pulled together a list of parent organizations and supportive community organizations that we would want to receive the press release to share within their networks just ahead of the broader release. In terms of saturating the community with the information, Ms. Thompson noted the importance of identifying what role the education partners will play in getting the word out. As we tee-up for the next communication about the grant funding awards, it will be important to use a three-pronged effort on how we prepare the ground. Ms. Whalen emphasized the use of provided and available network lists and contacts and provide small templates to support the way to share the information with the networks. Any 1-pagers or flyers will need to be translated. Ms. Peart noted the crosswalk that is occurring at OSSE that will identify communication structures to facilitate sharing of information to parent groups and other partners. Ms. Parrella added the reminder that the nature of communication is a process over time. She also noted that principals often want to take ownership and to manage messages going home to parents. And, the approach may vary by age such that in elementary schools, the principals leverage their parent relationships and support and help with the questions and concerns of the parent over time. And, it may take a full school year to flush out the process. On the adolescent level, while there is a parent engagement piece, it is really about engaging the student. The Community of Practice can support gaining the tools for how to do the engagement over time.

Mr. Barry reiterated the importance of determining who the stakeholders are that the Coordinating Council wants to inform prior to the broad release. Important to build out a timeline that we believe touches the right people and recognize that communication is a process. Ms. Thompson stated the plan will involve a very active involvement of the Coordinating Council members around the table. Yet to be determined is if the communication workgroup is an additional committee or where the communication workgroup lives.

IV. Updates

A. Project AWARE

Ms. Thompson provided the Project AWARE update on behalf of OSSE. Intense work is occurring to build out the infrastructure for the grant to get the money out and to support the grant roll out. The monthly management meetings are being created in ways in which to ensure that the schools are engaged and

communicated with. There is also work to hire up for the positions. At the next Coordinating Council Meeting, Dr. Schumacher and Ms. Brumsted expect to have a substantial amount of updates to provide.

B. Community of Practice and Evaluation

Dr. Scott provided a brief update regarding the process as it relates to the addition and integration of the Project AWARE funding to support a deepening of the investment for the Community of Practice and the evaluation. Ms. Thompson reiterated that we will be incorporating Project AWARE into the work of the Coordinating Council as appropriate because the scope of the grant is included within the District's expansion of school behavioral health services. There will be timely integration and alignment with a standing agenda item for relative topics.

C. School/Provider Matching

Ms. Thompson providing a background review before Dr. Scott reported on the school/provider matching and grant funding topic. Ms. Thompson also noted that the Data, Evaluation, Unmet Need, Resource committee also met and discussed the recommendation for determining the grant funding allocation that is being brought forth in today's meeting. Dr. Scott provided a snapshot of the data that is available from the larger spreadsheet created by our partners at George Washington University (GW) and the additional gathered data to inform the matching. The strengths of the Community Based Organization (CBO) and the needs of the school as best known are captured for exploration and facilitation of the matching. Additionally, schools have been given the opportunity to provide input on preference for the CBOs. Clarification was provided regarding which schools in the top 25% of highest need are Project AWARE schools.

Dr. Scott reported that DCPS has completed their CBO vetting process which is comprised of an application and panel interview. Dr. Scott is scheduled to meet with a representative from DCPS Central Office on 10/26/18 and then there will be a follow-up meeting to glean a sense of the CBO/School matching. DCPS is approaching the task by looking at the full landscape, what providers are already in the school and what they are doing, and the readiness of the school is also being considered. DCPS Central Office wants to structure for success. All of these are being factored in as DCPS looks toward the final matching. Information shared with Dr. Scott regarding mutual interests between the CBO and Schools has been shared with DCPS. DCPS is also looking at equity as the matching process is conducted. And, there is a desire that when the full landscape of schools and needs are considered, that the right CBO is placed at the schools.

On the DC Public Charter School side, there was a recognition that some of the school administrators don't really have a sense of what to expect from a Community Based Organization. The School and Provider Readiness committee communicated concern and wanted those principals to have the benefit of having more support around the decision of matching. There has been one DCPCS leader who has communicated that they have completed and signed an MOA. However, the DCPCS principals have been asked to send their top 3 CBO preferences and the partners at OSSE and DC Public Charter School Board will join with DBH to look at the whole landscape and inform the matching process with a looping back to the principals with the recommendation for the final matching.

Dr. Scott acknowledged that there is a desire to get the grants allocated and get the business started. However, there was a need to step back and make decisions in a thoughtful way. Dr. Acosta Price drew attention of members back to 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 offered that we may need to have that goal front and center for all discussions; have it on the agenda so that members may use the goal as a guidepost towards which all decisions should be taking the Coordinating

Council. She further stated that the one concern that she has regarding the matching process is that it is hard to know what you don't know. So, as a school leader, you know some things very deeply but you may not know so much about what this public mental health process is or how this Coordinating Council wants to build their capacity to strengthen their ability to do or provide for something. So, for the school leader to have already identified their partners without maybe that deeper understanding is problematic, potentially. Dr. Acosta Price further noted that documents used so far in the implementation have done a beautiful job of framing what is a guidepost nationally for what school mental health should look like – the gold standard of school mental health. Dr. Acosta Price does not want us to lose that vision and focus in the approach to the work as we continue with the action steps of the implementation. Dr. Scott joined Dr. Acosta Price's feedback in the acknowledgement that there is a lot of knowledge bringing together that has to occur for both the schools and the Community Based Organizations.

The point was further made by Dr. Acosta Price that it is okay that there is a need for a lot of additional knowledge because there is the use of an implementation plan and available technical assistance. The key is that it is important to make decisions with that context in mind – that we are not making some decisions ahead of the readiness. Dr. Scott also noted that she and Mrs. Audrey Williams are talking about bringing all of the DCPCS principals together to talk through the matching.

Ms. Parrella highlighted a process she recently experienced following the award of a Community in Schools Grant where she and the school's leadership team sat down and looked at data, goals, parent work, prevention...had a beautiful conversation to outline the grant. She noted that her reflections regarding that process yielded thoughts that such work is what needs to happen in every single school. It requires a lot of prep; looking at the hard data; seeing who is really overlapping duties and services; and who doesn't need to be doing that. She found the process to be valuable and she noted that she cannot imagine setting up an individualized program without something that in depth happening – the process is not easy and it is time-consuming.

Dr. Royster stressed that the matching process is the beginning and not the end. Even if schools come into the process with the wrong idea, the Community of Practice can shape and guide them over the years. We want the relationship of the school along with the school's Community partner to grow. Dr. Royster noted that a lot of what Ms. Parrella described would be a part of the Needs Assessment and the timing, as designed by the Coordinating Council, occurs after the matching process. We have to allow the space for this process that also holds within the realm of possibility that a match does not work out.

Ms. Thompson noted there is an honoring of the richness and the practical in the process that is being taken on by both the DCPS and DCPCS sides. Ms. Raiford noted how big and epic this work is when you bring mental health and school together because each come with its own set of issues and its about making an investment.

Ms. Price is concerned that we might make the perfect the enemy of the good and it will be January before the ramp-up. From the CBO standpoint, Ms. Price stated that there is an expectation that once the decision is made, the CBO is ready to go and there are wonderful people to jump right in and do the work. She is concerned that the good people that she lined up for the work will no longer be available and then she will have to seek to line up some more good people to do the work. She noted that she doesn't think that caution is a bad thing. However, we have to do this in such a way that we can do the work. Ms. Price asked the members to err on the side of making the work happen.

Ms. Whalen pointed out that she wants members to be thoughtful in the process of how the data is being looked at. And, she noted the importance of looking at the intersection of Special Education in our schools. The beauty of this program is to provide services to students beyond those identified with a disability. It is important to include that context when reporting how many mental health providers are in a school. Ms. Whalen wanted to make sure that the data point on special ed is captured for the richness of what's going on. Dr. Scott noted the importance of knowing what the mental health providers are doing in the building regarding services. Dr. Scott further stated that the school is responsible for providing the services identified on a 504 Plan or an IEP. The Community Based partners will not be providing services identified on a 504 Plan or an IEP. It is important that we support the CBOs to continue to know those boundaries.

Dr. Lovelace expressed appreciation for Dr. Royster's analogy of "dating" when it comes to the CBO/School matches because it recognizes it as a process. And, to the points of Dr. Acosta Price and Ms. Parrella, Dr. Lovelace stressed that some CBOs have given schools start dates on the DCPS and the DCPCS sides. Additionally, she wants us to make sure that we are matching based on need and tier. Some school personnel don't know how to ask for what they need and our goal is to protect children. Dr. Lovelace reminded the members that children are a vulnerable population.

Dr. Bryant-Mallory noted the importance of not going in and making the decision for the school. It is important to help the mental health team to get to the table to provide their level of input to the principal. Principals making the decisions without the input of the team is a recipe for disaster.

Dr. Acosta Price joined Ms. Price around the point of being about action. She stated that we don't need to go to the extremes. There is a lot riding on this work and we owe it to our families and kids to do our best. Make the best decisions we can make based on the information we have now. She noted the importance of having part of the communication being that this is a process. In this process, *will* we allow for the CBO leaving mid-year when you realize that you want trauma-based services and the partner that you have doesn't have the qualifications for those services or can't bill for those services because they are not paneled with providers so they cannot keep sustaining those services. Those are critical pieces because we are looking at a sustained approach moving forward. Dr. Acosta Price stated that she is about moving forward with using the best information that we have.

When asked about the DCPS timeframe, Mr. Howard stated that it is a soft timeframe because some of the CBOs need time to get ready. Some say that they are ready in December and some in November. It has to be a soft timeframe and flexible to the readiness of the school.

Grant Allocation Recommendation

Ms. Thompson reviewed how we approached the grant allocation. We wanted to address the unmet need in the school. We wanted to make sure that every school got something because the school is in the top 25% of highest need. We looked at school readiness and understanding its process. Dr. Scott reviewed that during the forum and pre-application conference, she informed the CBOs that they were applying to be a partner in filling the unmet need gap within schools. Yet, when we tried to gather that unmet need gap information and when we tried to quantify that, we could not. Ms. Thompson reframed that statement provided by Dr. Scott and shared the efforts made which included – GW finding out what providers were in the school and what they were doing in terms of services; number of students reported in that school; explored that ratio of provider:student; recognized the special ed component; and DBH developed a quick survey to facilitate some information sharing on services, needs, and characteristics

pre- and post Kick-off and Forum events. There wasn't a data point algorithm for unmet need yet we recognize that in the top 25% of highest need schools, there is unmet need. And, we know that the School Strengthening Tool will be completed after the CBO placement in the school.

Dr. Scott continued to describe the efforts and deliberations that led to the decision that using enrollment as the criteria for the grant funding allocation was the most fair and equitable way to have each student covered by the \$1, 901,000. When the Data, Evaluation, Unmet Need, Resource Committee met, the recognition was that certified attendance data for SY18-19 would not be available until December or January so the committee recommendation is to use the certified attendance for SY17-18. If we find for a specific school a large shift between the years, that could be potentially factored in. What we are proposing is that the funding for the Community Based Organization is based on total enrollment for all of the schools that fall within the top 25% of highest need schools where the CBO is matched. The rate would be based on the \$1,901,000 divided by the total number of students enrolled in the total number of schools that fall in the top 25% of highest need.

Dr. Royster reiterated that we are starting with the premise that all schools have some need and the providers through the matching receive the number of schools that they can handle. Enrollment was always going to be used. When using ratio, it is rougher and when it is at the student level, it is more refined and much more definitive.

Dr. Acosta Price reminded the members that not every need is the same and that not every need requires a clinician. We are talking about a tiered system. It's not a situation of "need or no need." There is a gradation of need and variability within that need. Example given – *it is important to know that there are 10 clinicians in a school with 500 students. What are those clinicians doing and is the school maximizing that very important set of resources?* Subsequently, maybe the answer is not another clinician. Dr. Acosta Price agrees with the use of enrollment. She stated that she has always said that just because a student is a developing kid, they are in need. Ms. Parrella offered the review that in the first year of the expansion, the baseline requirement of CBOs is to have the ability to bill as the CBO's School Mental Health Program clinicians.

Ms. Whalen offered a quick follow-up that the Coordinating Council needs to think about how the Coordinating Council reports the work of the expansion a year or 3 years from now. We are not going to be able to give hard level data. However, we can provide descriptions of what's happening in schools and a richer environment. It will be important to report on how schools look differently and capture the stories. It is essential to make sure that the providers and teams are aware that we are going to have to report what is working and lessons learned. Ms. Barnes reminded the members that the 4 funded DBH Clinical Specialists have roles that are flexible and very broad to be used as most appropriate and meaningful. Mr. LeVota leveraged the point that the evaluator is going to have to be very aware of what the mix is in the school environment. It is important to have a scaling plan and to know what a successful team structure looks like. In determining what does the FY20 and FY21 budget look like and determining the next cohort, Dr. Royster offered that the Coordinating Council could structure time to focus on coming to a consensus on that topic.

Ms. Thompson summarized that it is a work in progress to understand what it means to have a target ratio for the general population. She reiterated the point that not all need requires a clinician. In looking at the multi-tiered approach, we are seeking to obtain an understanding of targets for resources needed within a school and how is the need expressed.

Dr. Bryant-Mallory offered a perspective for inside and outside strategies. She noted that the crisis response infrastructure needs some help. There is a need for contingency planning in the event of a crisis. And, there is a need to create a pipeline of interns and practicum students to go into our schools. She encouraged revisiting funding for internships as the Coordinating Council is building school level capacity and CBOs more broadly.

Mr. Musante sought consensus of the members and asked if there was any general hesitation of the body in using certified enrollment – Recommendation to use certified enrollment data from SY17-18 to determine grant funding amounts. This is based on the total enrollment of the number of schools that are within the top 25% of highest need schools.

The members of the Coordinating Council indicated no hesitation to proceeding with the use of the enrollment in the grant funding determination.

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