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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****April 26, 2018****64 New York Avenue, NE – Room 284****10:00am-12:00pm**  |
| **Facilitator:**  |
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**Coordinating Council Members**

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| **Name** | **Affiliation/Designation** | **Attendance** | **Designee** | **Attendance** |
| Ms. Erica Barnes | Department of Behavioral Health | Not Present |  |  |
| Dr. Deitra Bryant-Mallory | District of Columbia Public Schools | Not Present |  |  |
| Dr. Kafui Doe | Department of Health | Not Present | Ms. Lori Garibay | Present |
| Ms. Denise Dunbar | Department of Behavioral Health | Not Present |  |  |
| Councilmember Vincent Gray | DC Council-Committee on Health | Not Present |  |  |
| Ms. Sharra Greer | Children’s Law Center | Present |  |  |
| Councilmember David Grosso | DC Council-Committee on Education | Not Present | Ms. Jess Giles | Present |
| Ms. Chalon Jones | Office of the Deputy Mayor of Education | Present |  |  |
| Mr. Michael Lamb | Non-Core Services Agency Provider | Not 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 | Present |  |  |
| Dr. Chioma Oruh | DC Public School Parent | Not 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 | 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 |  |  |
| Dr. Tanya A. Royster | Department of Behavioral Health | Not 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. Serina Kavanaugh | Present |
| Ms. Sakina Thompson | Office of the Deputy Mayor for Health and Human Services | Present |  |  |
| Ms. Molly Whalen | DC Public Charter School Parent | Present |  |  |
| Ms. Niya White | DC Public Charter School Principal | Not Present |  |  |
| Ms. Shanica Raiford | Youth Representative | Not Present |  |  |
| Ms. Maureen Akunwafor | DC Public School Teacher | Present |  |  |

**Additional District Government or DCPCSB Staff Present**

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| **Name** | **Role** | **Office or Agency** |
| Dr. Megan JaKa | Staff | Department of Behavioral Health |
| Mr. Brent Wolfingbarger | Director  | Board of Ethics and Government Accountability |
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**Public Attendees**

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| **Name** | **Role** | **Organization** |
| Ms. Anne Cornell | Public | Foundations |
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**AGENDA**

1. **Welcome & Introductions**

Members of council and public attendees introduced themselves and stated their agency/organization/role.

1. **Review of Agenda**

Dr. Scott drew the attention of the members to the provided agenda.

1. **Guest Presenter**

The Director of Government Ethics presented to the Coordinating Council on the ethical rules that govern government employees and touched upon some of the issues that may arise in the context of the agencies, schools and behavioral health providers who are working together on implementing the Plan, particularly exploring potential conflicts of interest. (See slide deck from presentation that also includes personal recommendations of the presenter)

Additional points from the discussion included:

* The Council is already poised to address the noted recommendations of the speaker
* Important to create an open forum to actively solicit input from providers
* Mandate recusal from vote in situations of conflict of interest
* Ensure that providers are compliant with DHCF’s medical necessity and billing guidelines
* Ensure that the right entity is billing and not duplicating services
1. **Charter (Unfinished Business)**
2. **Designation of Voting Structure**
* Council members were informed that Government Agencies will have 1 vote
* Transfer of vote to designated proxy is to be in writing to charneta.scott@dc.gov
* Additional point made was that there has been value to the functioning of other councils when high officials are held accountable to be present rather than designating a proxy
* Ms. Thompson noted that the current Council membership has 12 Government entities and 12 non-government entities and suggested, in response to a provider commenting that she did not need a vote, that there is value in having the providers to be full voting members with the ability to recuse themselves from voting as appropriate
* The use of an official conflict of interest statement was revisited and Mr. Musante volunteered to share an example of a conflict of interest document
* **Discussion moved into a concern regarding appropriately demonstrating transparency and actively seeking input from additional provider voices outside of council membership**
* Additional consultation is desired regarding the appropriateness of brainstorming components of the RFP within the larger council or within an affirmative outreach for an open forum to solicit input and comment from providers
* There was a description from the providers regarding not wanting to have any indication of impropriety and also wanting to be the representative voice on the council for the providers
* Transparency of the discussions and process are noted as essential
1. **Categories and Decisions for Adding Stakeholder Entities**
* Suggestions and self-referrals received for additional stakeholder entities to join the Coordinating Council were reviewed and discussed at length with the decision that it is important to have parity on the DCPS and DCPCS sides. The discussion revisited the representation on the Council of the direct service providers and an additional representation of the DC Behavioral Health Association of which all providers are not a member. The unique voice noted for the Behavioral Health Association was related to having an understanding of the providers, their billing structure, and how that knowledge would assist with the development of RFPs.
* DHCF noted the helpfulness of having a Medicaid 101 presentation for the Council on the various funding streams that go into the schools and behavioral health sector and to make sure that we are all talking about the same types of services and understand how services are paid. Ms. Kavanaugh agreed to provide that presentation for the Council and members confirmed interest in receiving that presentation.
* Ms. Whalen offered a perspective for consideration related to whether to add more people and more voices to the Coordinating Council. She noted that the experiences of DCPS and DCPCS are vastly different when it comes to staffing, resources, and services. And, when we are trying to help schools, we need to know their experience and valence.
* Following much debate, the Council voted to add to the Coordinating Council the following stakeholder entities:
	+ DCPS Principal
	+ DCPCS Teacher
	+ DC Behavioral Health Association
* The DC Health representative will take back to the leadership at Department of Health the question regarding Children’s National Health System being a member of the Coordinating Council
* The entities that remained on the list of recommendations are available for representation on subcommittees
* Members also expressed a desire to know who serves as the Chairperson of the Coordinating Council
1. **Algorithm Results of Top 25% Highest Need Schools**

Hand-out was provided with the list of the top 25% Highest Need Schools that was derived from a methodology using all schools as 1 category as our dataset and the top 25% taken for the 1st year of implementation. An additional document will be created prior to posting the list on the DBH website and it will contain an explanation of methodology and data elements. The second list provided has highlighted in red the 13 schools that were identified in the top 25% when sorted by school type yet did not show up in the top 25% when using all schools as 1 category. The Council wanted to know those 13 schools to keep an eye on them and to hold them in mind as implementation moves forward.

* Ms. Parrella noted that she realized that a lot of our indicators of need, are leaving out the undocumented community that doesn’t show up in SNAP or TANF and shows disproportionately low IEP. She further stated that many schools that might have large need are invisible to the indicators.
	+ Follow-ups include: a)     Obtaining additional information from OSSE and objectively reviewing to see how much of a gap there is; and to see if DHCF is able through a current data sharing agreement with DCPS to determine the % of DCPS children enrolled in the immigrant children’s program.
1. **Resources in Highest Need Schools**

Hand-out was provided with information pulled from a larger spreadsheet prepared and maintained by Dr. Acosta Price’s staff. It is populated by public available survey data and is a combination of sourced information that was available to be gathered about who is hired in the schools, with whom they partner, and a consolidation of lists. The spreadsheet and the hand-out are reflective of what is known so far and there may be missing data.

* In response to Ms. Whalen’s observation that many of the schools with no known external partnerships for mental health services are Special Education and self-contained, it was noted that it is possible that there are missing data.
1. **Implementation Plan**

Ms. Thompson highlighted that the tasks ahead for the Coordinating Council include discussing and determining how we describe, think, and talk about resource identification and methodology for identifying unmet need. An implementation plan with timelines and milestones and the identification of subcommittees are key tasks still to complete.

1. **Points/Comments Regarding Meetings**
* State the Chairman of the Coordinating Council on School Mental Health
* Follow Parliamentary Procedure
* It works better for groups like the Coordinating Council to have in the first hour of the agenda items that require votes and decisions and any presentations placed for the second hour of the agenda

**Meeting adjourned at 12:10pm**

Any comments regarding these meeting minutes may be sent to Charneta C. Scott at charneta.scott@dc.gov