

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



**Coordinating Council on School Mental Health Meeting**

**April 9, 2018**

**64 New York Avenue, NE – Room 284**

**10:30am-12:30pm**

**Facilitator:**

**Coordinating Council Members**

<b>Name</b>	<b>Affiliation/Designation</b>	<b>Attendance</b>	<b>Designee</b>	<b>Attendance</b>
Ms. Erica Barnes	Department of Behavioral Health	Present		
Dr. Deitra Bryant-Mallory	District of Columbia Public Schools	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	Mr. Osazee Imadojemu	Present
Ms. Sharra Greer	Children’s Law Center	Not Present	Mr. Michael Villafranca	Present
Councilmember David Grosso	DC Council-Committee on Education	Not Present	Ms. Katrina Forrest	Present
Ms. Chalon Jones	Office of the Deputy Mayor of Education	Present		
Mr. Michael Lamb	Non-Core Services Agency Provider	Present		
Dr. Taiwan Lovelace	Department of Behavioral Health	Present		
Mr. Nathan Luecking	Department of Behavioral Health	Present		
Mr. Michael Musante	Friends of Choice in Urban Schools (FOCUS)	Not 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	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	Present		
Dr. Heidi Schumacher	Office of the State Superintendent of Education	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		
Ms. Molly Whalen	DC Public Charter School Parent	Present		
Ms. Niya White	DC Public Charter School Principal	Not Present		
Ms. Shanica Raiford	Youth Representative	Present		
Awaiting Acceptance	DC Public School Teacher	N/A		

**Additional District Government or DCPCSB Staff Present**

Name	Role	Office or Agency
Dr. Megan Jaka	Staff	Department of Behavioral Health
Ms. Teresa King	Staff	Department of Behavioral Health
Dr. Crystal Williams	Staff	Department of Behavioral Health

**Public Attendees**

Name	Role	Organization
Mr. Mark LeVota	Public	DC Behavioral Health Association
Ms. Davene White	Public	Howard University Hospital

**AGENDA**

**I. Welcome & Introductions**

Dr. Scott opened the meeting by inviting members of council and public attendees to introduce themselves and state their agency/organization/role.

Dr. Royster provided welcome and opening remarks. Acknowledged that the work will also involve working groups and subcommittees. She also invited the group to give input regarding any missing stakeholders.

## II. Review of Agenda

Dr. Scott drew the attention of the members to the provided agenda and noted that the time boundary for the meeting is 12:30pm.

## III. Coordinating Council

### A. Charter

Dr. Scott walked the members through the draft components of the template for the Charter for the Coordinating Council on School Mental Health (CC) which is designed to guide the operations of how the CC will conduct its work.

Dr. Royster emphasized that any of the parts of the draft can be changed as the Council develops the final charter. It is a rough draft and all feedback is welcomed. The components of the draft template are based on previous charters that have been developed by other interagency groups facilitated by DBH.

Dr. Scott acknowledged that members were seeing this draft template for the first time and they are welcome to email edits and suggestions for changes to the document. Sections that were taken from the final report of the Task Force on School Mental Health were noted.

The members engaged in a discussion regarding the frequency of meetings and by **vote determined that the pleasure of the group is to meet every other week for 4 months**. This is in the service of maintaining engagement in the amount of work and momentum required to prepare for Yr 1 of the expansion of school based services.

Dr. Scott and Dr. Royster stated that inquiries are still in process regarding how to address and/or develop a statement for members to sign regarding Conflict of Interest. Given an interest regarding a conversation with BEGA, Dr. Scott will explore the possibility of BEGA conducting a presentation at a scheduled CC meeting.

During the review of the current membership and an invitation for the members to take up the task of creating a process and criteria for those entities who request to join the CC, members began to note stakeholders whose perspectives are not present in the current membership.

- Dr. Bryant-Mallory noted that the perspectives of a DC Public School principal would be different from the perspective of a DC Public Charter School principal and Mr. Nathan Luecking provided a second to Dr. Bryant-Mallory's point. Dr. Bryant-Mallory stated a willingness to provide a few possible DC Public School principals to draw from for a representative.

During the focus of the discussion on a process and criteria to address when entities request to join the CC, the following suggestions were offered by members:

- Dr. Oruh noted that some entities could be invited to serve on a subcommittee rather than the larger council.
- Dr. Schumacher brought to light the possibility of voting and non-voting members

Dr. Scott provided a review that the current list of CC members was created from an invitation that was sent to former Inter-agency Behavioral Health Working Group (BWG) members, former Task Force on School Mental Health (Task Force) members, and the entities of youth, principal, and teacher that the BWG desired to include on the CC. Dr. Price provided a review of the genesis of the Task Force before its sunset. Dr. Royster noted that now that we have the combined brain-power in the room of the BWG and Task Force, the question is whether there are key stakeholders and constituencies that we have left off or forgotten about. Specifically, thinking about the category of expertise that lends itself to making sure that we stay true to our model.

- Dr. Acosta Price offered the following general criteria for considering a new entity for CC membership:
  - a) Provides services and supports in the District of Columbia with DC residents
  - b) Already offer significant and meaningful contributions (e.g., defined and specific service provided; broad footprint/contribution) in the area of School Mental Health
  - c) The perspective is unique; no one else is representing that stakeholder/entity
- Dr. Acosta Price offered as an example an entity that is interested - Children's National Health System and their School Health entity. Representing a hospital system that works in schools.
- Mr. Imadojemi noted the possibility of including the DC Behavioral Health Association.
- Mr. Luecking noted the importance of the unique voice and Dr. Lovelace noted the voice of the community partner

Due to the time boundary, the discussion was brought to a close with the encouragement to send additional criteria to Dr. Scott and a draft of the set of criteria will be created for presentation at the next meeting for further response. It was also noted that some of the detailed implementation work will be taken up in subcommittees and that may be a better place for a representative to sit rather than on the full Council.

- Dr. Royster noted that a focus on categories rather than individuals yields a more equitable process
- Ms. Jones drew the group's attention back to the consideration of determining voting and non-voting members given that in the current membership there is overlap in affiliation. It was noted that those determinations would need to be worked out before bringing in new members. Important to determine who would still be on the Council yet would be a non-voting member.

#### **B. Relationship to Other Stakeholder Groups**

- Dr. Acosta Price brought to the attention of the group the current demonstration project and initiative of the Bainum Family Foundation that will specifically focus on building the capacity of schools in Wards 7 and 8 to better identify and manage the behavioral health needs of their students. They have identified 4 charter schools to work with and Dr. Acosta Price's Center will be the provider to provide technical assistance to those schools. Her Center will provide a Community of Practice among those schools to work on best practices shared among them. The focus will be on early elementary schools. Bainum leadership has asked to meet with this Council and an introductory meeting has been scheduled with representatives from DBH, DMHHS, Dr. Acosta Price, and the Bainum leadership to share aims, places to coordinate efforts, and to be transparent. It can also be a place to explore public-private partnerships. She stated that a second prong of the Bainum initiative is to create a broad city-wide stakeholder Learning Community that would come together to share resources, ideas, challenges city-wide, and be strategic. A lot of the members of the CC were recommended to be a part of that Learning

Community so she wanted to provide information before the invitations were sent to CC members.

#### **IV. Need Determination**

##### **A. School Data Information**

Ms. Thompson thanked Dr. Schumacher and the OSSE team for providing an updated data set in record time. And, a thank you was given to Dr. Jaka for taking the dataset and conducting all of the analyses that she was asked to perform. Ms. Thompson reviewed the core issues that the Task Force had to consider and decide on; and she walked the group through the thought process of where the Task Force was then and brought the CC members to the current thought.

##### **B. Data Set**

Schools included and excluded were provided and the rationale. Exclusions included: schools in secure facilities, adult schools, on-line school, and Pre-School Only. Pre-schools will be taken up in the next part of the expansion that focuses on early childhood. In reviewing the data elements used – OSSE At-risk, IEP, Absenteeism, and Out-of-School Suspension, Ms. Thompson and Dr. Schumacher provided the reason that 504 was not included.

##### **C. Analytical Approach**

Ms. Thompson reviewed the three approaches considered – OSSE At-Risk Alone, Average Rank, and Average Z-score; and the recommendation to use the Average Z-score which allows for nuances between scores that are very similar.

##### **D. Weight for OSSE At-Risk Formula**

Review was given that the determination of weight for each data element was a question left from the Task Force deliberations. And, acknowledgement was noted that the literature does not inform how to weight the elements. During the work of the Task Force, each element was weighted equally.

##### **E. Results & Discussion**

Ms. Thompson walked the group through the hand-outs which displayed the results for the top 25% for all schools combined and for schools by category and the top 25% of each. She provided the rationale for the recommendation to weight the OSSE At-Risk 3x given that it balances in a sense the out of school environmental factors with the school environmental factors. And, it captures the most high OSSE at-risk otherwise not included.

Ms. Parks helped the group to review the rationale for including IEP as a proxy measure when providers from the community and outside of the school will not be providing the IEP services that the Local Education Agency (LEA) is mandated to provide.

Ms. Williams informed the group that Rocketship DC and Early Childhood Academy should not be excluded because those schools go beyond Preschool to the Third Grade. And, Briya, in addition to being on the Preschool only list, should also be added to the Adult school list.

Ms. Jones helped the group to review where the decision came from of weighting the At-Risk formula as opposed to the other measures. Ms. Thompson, Dr. Royster, and Dr. Jaka reminded the group of the deliberation of the Task Force regarding the At-Risk formula and the fact that it is already a combined indicator that has multiple indicators within it. Dr. Nesbitt's observation was that the OSSE At-Risk indicator and the most variability and the suggestion was that weighting it more would allow the different variables to be considered more robustly.

Dr. Acosta Price helped the group to review what is included in the OSSE At-risk formula: a) homeless; b) in the District's foster care system; c) qualifies for the Temporary Assistance for Needy Families program or the Supplemental Nutrition Assistance Program; or d) a high school student that is one year older, or more than the expected age for the grade in which the student is enrolled.

Additionally, Dr. Acosta Price noted that we are not excluding schools that don't make it to the highest need list. The schools would be addressed in another year. Ms. Whalen helped clarification to be given that the Year 1 evaluation will inform the CC's recommendation to make changes to the algorithm. Ms. Whalen and Mr. Villafranca noted that the legislation regarding out of school suspension could have an effect on the algorithm.

Dr. Oruh helped the group to review the question regarding schools not on the highest need list that currently have a DBH clinician. Ms. Thompson reviewed where the Task Force landed on that question and reminded the group that Dr. Royster has stated that all schools will be receiving information about existing resources and how to maximize existing resources. All schools have some level of behavioral health supports and we don't want schools to stop and wait. We want them to continue to access resources. Schools that have resources are to continue to have resources. Focusing on the schools that fall in the top 25% does not mean shifting resources. And, schools that don't fall in the top 25% may have the same need in terms of the OSSE At-Risk formula and may not be in the top 25% because of the resources that they have. Generally, the thought is not to shift resources, build everyone's resources, yet with a focus on the top 25%. DBH and the School Mental Health Program will retain the authority to make decisions about its program. And, Ms. Parks added that it would be in collaboration with DCPS and DCPCS.

Ms. Thompson walked the group through the results when using "all schools combined" versus "schools by category" and taking the top 25%.

- Dr. Royster posed – For the schools that are out, where do they fall? Were they 32% and very close or were they at 50% and popping up because they were in a smaller category? In a small category, you might have low and medium schools in the group.
- Mr. Imadojemu and Ms. Parrella posed the question of the factor of school population size and/or the recommended clinician:student ratio. Dr. Schumacher added to consider the concept of service delivery because of identified need and how does that balance with the need for a representative sample to inform the evaluation that then informs scale. If we think that we need a representative sample to inform the longer term, then that would need to be factored in with categories of schools.
- Dr. Bryant-Mallory noted that 10-12% of a student population needs more focused services
- Mr. Luecking suggested weighting suspension higher for elementary, then middle, and then high school
- Dr. Royster encouraged the group to get to the best approximation of the approach so that we do not stall based on anxiety that some schools will not be in the group. This will help the group to move to implementation.
- Ms. Parrella stated that it would be helpful to look at the next 25% and compare it to what we get in the first 25%.

- Dr. Acosta Price reminded the group that some schools are not going to be ready to accept the resource and do we want to have the next 25 schools identified
- Ms. Thompson stated that the focus for the identified schools for Year 1 is to partner to determine unmet needs and to begin to address the unmet need
- Ms. Raiford suggested that the remaining schools could be offered assistance in the better use of their existing resources. She noted the importance of supporting schools so that students don't fall through the cracks. Help as many children as possible. Dr. Acosta Price joined Ms. Raiford in making sure that we note that technical assistance and training will be made available for all schools.
- Dr. Oruh noted the importance of documenting any partnership refusals.
- Dr. Bryant-Mallory noted the engagement of the principal and using the school's data as a beginning point in the engagement process
- Dr. JaKa shared the total number of students enrolled across the 53 schools identified as high need in the "overall" (N=22,508 students) and the 54 schools identifies as high need in the "by category" (N=22,984 students). (Note: this was based on the enrollment numbers in the data set from OSSE)
- that if "all schools combined" was used as the data set for the need determination, the number of students captured would be 22,500 and with "category" used as the data set
- Ms. Williams noted that some of the KIPP DC are really Middle schools instead of Education Campuses
- Ms. Whalen and Ms. Price facilitated perspective and process to move the group more towards readiness to vote on "all schools combined" versus "category" and move toward implementation.
- Dr. Schumacher recommended that the group think about how we still capture the challenges and evaluation components so that we make sure that we roll-up into Years 2 and 3 that we have sufficient perspectives from the elementary schools to inform that roll-up.
- Dr. Oruh and Ms. Raiford noted the importance of early intervention across the grade levels
- Need to cross-reference the categories with the PCSB's internal records to facilitate cleaning of the data
- Obtain a baseline for what resources are in the highest needs schools, the 13 schools that did not show in the "All Schools," and ultimately obtain a baseline for resources across all schools

**Majority vote of group determined that "all schools combined" will be the data set to use for the Need Determination.**

**19 Yes**

**4 No**

**1 Abstention**

**V. Reached time boundary of meeting before reaching the agenda topic of Implementation Plan**

**Meeting adjourned at 12:30pm**

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

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