



Agenda

Coordinating Council on School Mental Health

Monday, July 15, 2019

10:00 am – 12:00 pm

@ 64 New York Avenue NE

Room 284

I. Welcome & Introductions

The members of the Coordinating Council introduced themselves.

II. Updates, News, and Public Comment

A. Co-Chair Updates

B. Coordinating Council Member News

C. Public Invitation to Share

A Woodrow Wilson High School teacher and fellow with the Public Charter School Board shared a story of her experience as a teacher on the front line and support of student mental health. Teaching 11th graders, she has experienced students dealing with a plethora of mental health issues. There are social workers and mental health clinicians available at her school but they are stretched thin and she has recognized the need is very prevalent, whether students have been identified with needing services or not. The students expressed feeling safe within the social workers office but unsafe throughout the rest of the building. The school was able to identify the need for a more informal and social space for the students and developed the Mental Health Awareness Club.

This allowed students to experience strength in their community and support of adults. The students expressed a need for an informal and social space of acceptance once a week in her classroom. Hosted Mental Health Awareness Month. Opportunities for teachers to help.

Many teachers would like to help and engage with students but do not feel comfortable or equipped with the proper skills to do so. Although teachers were required to complete an online behavioral health/discipline training last year, an in-person training for teachers would also be helpful. Teachers need incentives also; incentives and training would help people. Expectation is to make sure to refer.

III. Review of the Minutes

Minutes accepted as presented

IV. Follow-up from Last Meeting

A. Review of Fiscal Model (Dr. Bazron)

Dr. Bazron addressed issues that were raised in last month's Coordinating Council meeting regarding the financial model currently being utilized to support the School-Based Behavioral Health Program. As a result, she asked the CBOs to provide DBH with financial information

that the Coordinating Council could use to determine whether or not there may need to be adjustments to the financial model. We want to be data driven in terms of our ability to make decisions.

The Council was provided with a copy of the document. Dr. Bazron allowed for the Council to review the document and asked for input regarding additional information that needed to be changed or added. We need justification for any changes to the model. The survey is designed to obtain concrete information from the CBOs regarding their experiences thus far.

Recommendations for Additional Information to the Form:

- **How long the clinician was on-board and when the clinician started?**
If clinicians started at different times of the year, then the clinician was able to generate different amounts of revenue.
- **Non-billable services offered (crisis intervention, teacher support, etc.)**
- **How many schools are they serving currently, SY18-19?**
- **How many schools do they plan on serving moving forward?**
For future implementation, to see if they have a growth strategy/projection that could inform the financial model
- **Actual and expected clinician caseload, maximum caseload capacity per clinician**
 - **The projection of ability to serve students that informs the financial model**
- **Percentage of time spent on Tier 1 and Tier 2 services versus Tier 3**

The comments regarding the form will be incorporated into the document and will be sent out to CBOs for completion.

This is a work in progress to understanding the onboarding year. The hope is that the Cohort 1 late start is an outlier. It is a work in progress and we learn as we move forward. We will be more deliberate about collecting information as we learn what information is more helpful moving forward.

Dr. Bazron noted that it may be helpful to collect information regarding the CBO's current experience and make this an iterative process. At a later time, the Council could determine when to collect the information again. We want this expansion to be successful and there were a lot of questions about supervision and whether we had adequate supervision built into the program. It doesn't matter if we serve all of the schools if the services are not high quality - You pay for what you value and we need to think about that moving forward.

B. Committee Reports

1. Implementation Committee (Dr. Bryant-Mallory)

Dr. Bryant Mallory provided an update on behalf of the Implementation committee. The current implementation process includes outreach with the schools; and coaching principals on making their final selection on who will be their School-Based Behavioral Health Coordinator and primary provider. Dialogue has been introduced and facilitated between the CBOs and the schools to ensure swift decisions. The larger committee will be focused on developing resources and standardizing a referral process during the next phase. It will be up to the group on determining who wants to participate in the next phase. The phase of the work for those members who are interested will be related to developing tools and developing a referral process.

Dr. Bazron noted that she directed her staff to get the Request for Application (RFA) out and evaluated in a timeframe to maximize the amount of time for the matching process. Dr. Bazron inquired how the matching process is moving and what kinds of supports are needed to move it along.

Regarding the matching process, DCPS has held one Webex call with the principals to coach them on the process and what was needed from them in order to match. Due to a the low participation from the DCPS schools, another Webex call has been scheduled for July 17th. Mr. Howard provided more updates regarding DCPS and the matching process. There are 8 organizations that have submitted matching interest for particular schools and 16 schools where no CBO has expressed interest. Some DC public schools already have existing partnerships with organizations. Mr. Howard has scheduled several meetings with principals to provide more details about the expansion and services. He already initiated the next phase that involves identifying the School Behavioral Health Coordinator for the schools.

All schools may not be matched with a CBO due there being more schools than CBOs. 11 CBOs were selected for cohort 2 and 9 of the 11 are returning CBOs from Cohort 1. One of the organizations did not select any DCPS schools for cohort 2 and another has not been fully vetted yet.

Ms. Williams stated that DC Public Charter Schools scheduled a web call for their schools but due to low turnout there will be another one scheduled. She will conduct individual outreach to schools. In terms of the matching process, there are several DCPCS schools that have no matches with CBOs.

Dr. Bazron emphasized the importance of principals being aware that it is a priority for the Chancellor that CBO matches are completed and clinicians are in place in August when school starts.

Ms. Thompson noted the importance of the Chancellor's expectation being communicated to principals and principals determining how they organize themselves to meet that expectation to support the work. For schools where no provider has expressed an interest in developing a partnership, it will be important to review if that situation came up in Cohort 1 and what strategy was used and worked. Mr. Howard will meet with the CBOs. There is concern of the newer ones related to expanding too fast and making mistakes. It was also noted that there are more elementary schools in Cohort 2 and high schools are the prime choices.

Ms. Thompson inquired about a process for the body and DBH as the leader to understand the landscape and to be able to make decisions about how to proceed. Report from DCPS and DCPCS regarding what is taking longer and an ability to explore supports needed so that there is an interactive process.

Dr. Bryant-Mallory, Dr. Scott and Mr. Howard have scheduled bi-weekly meetings and will be able to provide updates to the group every 2 weeks.

There is a request for a status report of the implementation process.

DCPS has a new leadership team and hired a Secondary Chief of Secondary Schools. Important communication for principals comes through the instructional superintendents.

Over the coming weeks, DCPS will be able to ramp up communication. Dr. Bryant-Mallory is the point of contact to keep the Chancellor updated on the implementation so that he is able to take actions and develop a strategy to meet our deadline. Dr. Bazron stated to let her know if support is needed from her.

Action steps

- Develop concrete dates to stand-up the implementation process, identify milestones and a timeline for completion to be in a school and ready by the beginning of the school year.
- Resolution for more schools than CBOs: look to see what was done in Cohort 1 and see if there any CBOs who are willing to take on additional schools.
Possibly resurveying the 11 CBOs to see how many additional schools they might consider
- Provide guidance to new CBOs for matching process

A member noted value in having a part of the Community of Practice -how to financially model and strategically grow is important to have as a part of the COP TA from current providers. Requisite support. Key questions include: What is our theory of action in how to grow? And requisite support for resources in order for the field. What is the overall system strategy to ensure that we can cover all schools within a 4 year period of time?

Ms. Price expressed concern about the time it takes to on-board clinicians, especially if they are coming from other states and jurisdictions. Challenges are related to hiring and obtaining child abuse and neglect clearance and obtaining a DC license when coming from other jurisdictions. Maybe, Director Donald might assist with the Child Protective Services Registry timeframe. And, maybe Dr. Nesbitt might be able to assist with the timeframe of clinicians from other jurisdictions obtaining a DC license.

Mr. Howard shared that the CBOs are concerned about summer work and not having a clear summer plan. Not all schools are summer school sites and therefore they cannot be in their schools. There is currently a gap of what the CBOs should do with their staff during the summer, which has to be accounted for. He also updated the Council on meeting with partners not a part of the expansion who he encouraged to apply and they opted out. The Council should take time out to meet with those organizations to better understand why they chose not to participate.

2. School and Provider Readiness Committee (Ms. Barnes)

Mr. Kohlrieser provided an update for the School and Provider Readiness Committee on behalf of Ms. Erica Barnes. Last month, the Clinical Specialists met to conduct a webinar with OSSE for DCPS and DCPCS on the Comprehensive School-Based Behavioral Health Guide. There is a second webinar planned to go out before the end of July on teaming.

3. Family and Youth Committee (Dr. Oruh and Ms. Raiford)

Dr. Oruh provided an update for the Family and Youth Committee. The committee met and had a robust conversation regarding the level of commitment that this process makes towards actual evidence-based engagement and partnership with families and the result is that it is lacking. A recommendation was made that Dr. Bazron could meet with advocates. From a family centered

perspective, the readiness of the school needs to include its capacity to have the parents be informed and involved in the on-boarding. It is important to ensure that the services rendered actually meet the needs of the students and essential to remember that the students are not separate from the family unit. All of these components require implementation and thought out processes that don't currently exist.

Ms. Whalen noted there are some vibrant non-profit CBOs that deal specifically with family and youth involvement- Advocates for Justice in Education (parent training and information center), University Legal Services (protection advocacy agency for disabilities), Parents Amplifying Voices in Education (PAVE), Parent Watch, and Children's Law Center. She suggested bringing these groups and similar groups together and say- how can we get parents involved in this mental health work? Help parents to know what questions to ask schools to learn what's happening in the schools?

The recommendation is that Dr. Bazron meet with the different advocates to develop a process to involve the schools and CBOs to gain their commitment with involving parents and families. It is also recommended that a DBH staff member spearhead this effort to ensure everyone is at the table who needs to be there and to ensure participation and commitment to the effort.

Mr. Howard agreed that there is always room for improvement to incorporate more families into the process but is not clear how that would look universally. He will make this a point of topic during the meetings with the project managers and the schools.

Dr. Scott noted an event that was held for the school principals, parent leaders and youth to identify strategies for parent partnership. There wasn't good attendance due to the timing of the event. The committee plans to hold this type of event on a quarterly basis.

Dr. Acosta Price stated that Comprehensive School-Based Behavioral Health includes youth and family partnership principles. Youth principles are weaker and can be an area of growth. The Council should focus on ways to ensure the youth voice with the design, implementation, and evaluation of the program. The Community of Practice will build capacity regarding the youth and family voice. Best practices for School-Based Mental Health and a checklist of indicators for measurement have already been identified with specific things needed to be done regarding structure and processes to ensure family voice within school culture and climate. The Community of Practice will present expectations and try to build everyone's capacity within the schools.

Dr. Bazron stated that she is hearing the need for family and youth voice in the decision-making process at the school level and looking into how it works at the school level. Have the organizations inform DCPS and DCPCS how to leverage and involve the voices of their youth and families. Additional points include:

- Explore what investments are being made to ensure that work is being done and that it is being measured equally with the other measures. Measurement, leadership, and financial investment in promoting and integrating youth and family voice.

- Evidence-based practices for family and youth partnership need to be up and running through the community of practice.

- Need to look at what the role of families and youth representatives and leaders are in the overarching process of developing and implementing the model to a decision-making point and a clear picture of what that looks like

- Look at whether there needs to be investments in family and youth engagement teams at the school level and what that might look like from the early childhood level and beyond
- There needs to be attention to creating a matrix and a budget

C. Project AWARE Update (Ms. C. Price)

Ms. Price provided the update for Project AWARE and they have recently on-boarded a new Project Coordinator. Trainer training sessions will be available in the upcoming weeks for the schools within the cohorts and to the larger community. These trainings will include:

- CPI: verbal de-escalation training (August)
- Mental Health First Aid (September)

V. Timely & Effective Implementation

A. Cohort 1

a. CBO Training Schedule (Ms. Barnes)

Mr. Kohlrieser provided the update regarding the CBO Training Schedule. The Clinical Specialists will be providing trainings for the CBOs. The first training was on July 9th and focused on an overview of Diagnostic Assessment, Family Engagement and Home visits. The next training will be on July 23rd on Trauma.

5 CBOs were in attendance during the first training on July 9th.

Dr. Scott stated that technical assistance will be provided to the entire group of CBOs with more specifics for some that are based on recommendations from the review panel regarding their applications. This will be in addition to the support for the Licensed Graduate Clinicians and the work of the Community of Practice.

Similar to last year, there is interest in a letter being sent to parents from the DBH Director. The letter would explain the cohorts and the expanded services in schools. Ms. Thompson expressed concern about there still not being a clear strategy for communication, especially around the parents and community with the schools.

DBH should take the lead in implementing the communication plan that was developed last year and identify a resource for a dedicated communication community outreach person.

Additionally, it was noted that there is a need for a dynamic website for parents to go to find out what services are in what schools. Resources and strategies include: fact sheet provided for each school regarding the provider and services available; Parent Advisory or Parent Lead provided information; Clear calendar; messages sent often.

B. Implementation Reports

a. Cohort 1 – Provider On-Boarding Progress Reports (Dr. Scott)

b. Community of Practice Launch (Dr. Scott)

Dr. Scott provided an update on the Community of Practice. On July 22, Dr. Scott will receive the work plan from Dr. Olga Acosta Price and her team.

Dr. Price introduced her team's small business enterprise partner. Dr. Price and her team were awarded the Community of Practice on May 22nd, 2019. They have already submitted a draft work plan to ensure the work is not off target from DBH's expectations. She recognizes the work is a moving target and wants to constantly hear from the stakeholders around the activities a Community of Practice provider should be doing.

Dr. Price wants to layout the annual plan for the Community of Practice sessions but would first want to get input from the School Coordinators, the Coordinating Council and key stakeholders to ensure they know what has already happened and what would be needed next. She wants to ensure they are building on work that has already been done, not duplicating work. It is proposed to have the first launch meeting in September and would like it to be responsive to some of the concerns brought up in today's meeting:

- Communication- (ex: defining language used/common used terms; articulate the goals; train the trainer model)
- Consistency in Communication
- Communication of Commitment among high-level leadership for this work
- Use the launch as a celebration of the community-driven initiative and establish the inclusive community

Community of Practice meetings are intended to build capacity in the areas the Coordinating Council has identified. The school's readiness to receive and implement a comprehensive multi-tiered system of support. Each meeting will be mapped out and targets for a specific area and those staff related directly to the area are expected to attend meetings and trainings.

Take away tasks from today's meeting:

- Audrey will conduct 1:1 with the LEAs to see if we can move along the matching process
- Dr. Bryant-Mallory will follow-up with the Chancellor on seeing if she can get some movement and direction along with Mr. Howard's assistance on the DC Public Schools
- Charneta will coordinate with DCPS and DCPCS to give us a status report in 2 weeks and we will circulate via email
- DBH will internally map out timelines that make sense for the implementation
- There will be follow-up with Director Donald about the Child Protection Registry clearance to see what may be done regarding the timeframe because that came up as a barrier
- Explore the process that might address the licensure barrier when seeking to on board clinicians who are licensed in another jurisdiction. Mr. Oliver will provide a write-up on the process.
- Explore what type of staff support we can provide to move along the work of family and youth engagement and evidence-based practices will be incorporated into the Community of Practice
- Revise the letter introducing the District's expansion to parents and get that distributed.
- Implement the Communications Plan and have a dedicated person for the implementation
- Revise the form for the CBOs, send it back out to the CBOs, and revise the due date

VI. Adjourn

Coordinating Council Members

Name	Affiliation/Designation	Attendance	Designee	Attendance
Dr. Barbara J. Bazron (Co-Chair)	Department of Behavioral Health	Present		
Ms. Maureen Akunwafor	DC Public School Teacher	Not Present		
Dr. Courtney Allen	Office of the Deputy Mayor of Education	Present	Ms. Aurora Steinle	Present
Ms. Erica Barnes	Department of Behavioral Health	Not Present		
Dr. Lee Beers	Children's National Health System	Not Present	Dr. Danielle Dooley	Present
Dr. Deitra Bryant-Mallory	District of Columbia Public Schools	Present		
Ms. Alyssa Conti	District of Columbia Public Charter School Teacher	Not Present		
Ms. Sharon Dietsche	Department of Behavioral Health	Not Present		
Dr. Kafui Doe	Department of Health	Present		
Ms. Atiya Frame	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. Katrina Forrest	Not Present
Mr. Orin Howard	District of Columbia Public Schools	Present		
Ms. Sarah Koreishi	Child and Family Services Administration	Not Present		
Mr. Michael Lamb	Non-Core Services Agency Provider	Present		
Mr. Mark LeVota	DC Behavioral Health Association	Present		
Dr. Taiwan Lovelace	Department of Behavioral Health	Present		
Mr. Nathan Luecking	Department of Behavioral Health	Present		
Mr. Michael Musante	Co-Chair	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	Not Present	Rebecca Roesch	Not Present
Ms. Marisa Parrella	Core Services Agency	Not Present		
Ms. Barbara J. Parks	Department of Behavioral Health	Not Present		
Mr. Scott Pearson	DC Public Charter School Board	Not Present	Ms. Audrey Williams	Present
Ms. Juanita Price	Core Services Agency	Present		
Ms. Shanica Raiford	Youth Representative	Present		
Mr. Justin Ralston	DC Public School Principal	Not Present		
Dr. Heidi Schumacher	Office of the State Superintendent of Education	Not Present	Ms. Claudia Price	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		

Government Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Cemone Bynum	Department of Behavioral Health		
Dr. Crystal Williams	By Phone		
Ms. Deanna DiPietro	Department of Behavioral Health -Intern		
Mr. Chaz Kohlireser	Department of Behavioral Health		
Ms. Khadijah Muhamad	Department of Behavioral Health		
Ms. Ina Slaughter	DC Public Schools		
Mr. Andre Edwards	Department of Behavioral Health		

Public Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Carolyn Rudd	CRP, Inc./CoP		
Ms. Kimberly Rudd	Intern at CRP		
Dr. Olga Acosta Price	GW/CHHCS		
Ms. Natalie Zuravleff	PCSB/Summer Fellow		
Ms. Sarah Haley	Children's National		