



Agenda

Coordinating Council on School Mental Health

Monday, August 19, 2019

10:00 am – 12:00 pm

@ 64 New York Avenue NE

Room 284

I. Welcome & Introductions

Dr. Bazron provided welcome and the members of the Coordinating Council introduced themselves.

II. Updates, News, and Public Comment

A. Co-Chair Updates

B. Coordinating Council Member News

Ms. Sharon Dietsche, Director, Prevention and Early Intervention Division shared that the DBH Substance Use Disorder Prevention and Treatment teams are co-hosting a *Youth Summit* called “U Good? Let’s Talk.” It is a Summit for bringing 200 youth aged 14-19 from around the District to talk about resiliency; to build awareness; and to help them identify resources within their community. The Summit will be on September 21, 2019 from 9am-3pm at Washington Marriott Hotel at Metro Center. It will be a fun and high energy day with speakers, activity labs, a youth-led listening session, and entertainment with Little Bacon Bear from WKYS who will be MCing the whole day. Breakfast and lunch are included. Members were encouraged to have any youth who might be interested to have the youth to register. There are flyers and a sign-up sheet at the table as members leave today’s meeting. A flyer is available to receive electronically. Additional information is available through contacting Ms. Dietsche or anyone on the Prevention team.

C. Public Invitation to Share

Dr. Scott provided a public comment that was received via email. The comment notes the importance of having an understanding of the different roles of the Community Based Organization clinician, the DBH clinician, and the school-hired clinician. The writer thinks that it would be helpful for Administrators, parents, and school-based providers to know the expectations of the unique roles of clinicians in schools and who is in what lane. This information is needed by those in the building and also needed by parents to understand how the different roles intersect and collaborate.

III. Review of the Minutes

Motion to approve minutes as corrected was moved by Mr. LeVota and seconded by Mr. Musante. The body approved the minutes as corrected.

IV. Follow-up from Last Meeting

Dr. Bazron addressed the follow-up regarding the Child Protection Register (CPR) clearance. Dr. Scott read the information obtained from the Child and Family Services website that - *As a business or agency that serves children, you can require prospective or current employees who work directly*

with children to get a CPR background check by using the general CPR Check Application. Dr. Bazron noted that the indicated operative word is “can” and not “shall.” If a Community Based Organization (CBO) is interested in applying, the CBO completes an application. If the CBO runs into any problems, let us know and we will try to see if there is any way that we can work with the Agency Director to move that along. Dr. Bazron’s view is that anyone who is working with children needs to have a Child Welfare clearance. Given that it is “can” and not “shall,” Dr. Bazron thinks that the CBOs need to look at this from their own unique perspective. In most states, it is a “shall.” So, use your best judgment.

In terms of temporary licensure, Dr. Bazron did call and spoke with Dr. Nesbitt. Dr. Nesbitt stated that essentially the reason why the licensure is held up is that the documents that are required are not submitted or the application is not completed accurately. Otherwise, they do move the process fairly quickly. If all of those conditions are met, then a call from Dr. Bazron will result in Dr. Nesbitt helping us to move the process along.

A. Review of Fiscal Model (Dr. Scott)

Dr. Scott stated that the review and discussion of the Fiscal Model today is informing the following:

1. Does the Council recommend providing funding to the CBOs to provide supervision of School-based Mental Health clinicians?
2. Does the Council recommend providing additional funding to DCPS and OSSE to support service coordination and the quality of care?

Dr. Scott reviewed findings from the fiscal survey of the CBOs. A written summary was provided. There was a 100% response rate. The Nine CBOs from Cohort 1 provided their experiences. The newest CBOs provided insights in terms of their supervisor: supervisee ratio. Dr. Scott noted that as the data is reviewed it is important to remember that the clinicians had a late start entering the schools in SY18-19 and we do not have information reflective of a full school year. Lessons learned and limitations of the data were also provided. It was further explained that we do not have sufficient data at this point to make any recommendations regarding the percentage of billable services of a clinician. We did not have a long enough period of time so that is not something that can be placed on the table of discussion at this time.

The supervisor to clinician range was from 1:2 to 1:10. A review of the “best practices” in the literature suggests that a ratio of 1:6 is acceptable. The projected and proposed framework of activities for a full-time supervisor were also presented.

Dr. Bazron engaged the council members in providing their thoughts regarding if the proposal sounds reasonable in the manner in which a supervisor would work with their various clinicians. She reminded the members that we want to make sure that the Licensed Graduate (LG) clinicians have good supervision. And, we know that the majority of the new clinicians coming onboard are LGs. Dr. Bazron sees this framework as two-fold:

- 1) A way of increasing our pipeline
- 2) Ensuring clinical quality

Dr. Bazron emphasized that we need to think about how we best utilize our resources to ensure quality. She engaged feedback from the body and noted that the framework is very liberal.

Points from discussion included:

- Important to average in professional development for the supervisors and support the supervisors being up to speed on Evidence-based practices; growth needs for the supervisor; research and professional developments as the supervisor seeks to address the growth needs of the supervisee. Training and professional development and identification of best practices for case consultation, and for the professional growth of the clinician and/or the supervisor.
- It is a very ambitious and tight schedule of activities for the supervisor. In order to manage from a fiscal perspective what is being proposed, the CBOs would have to produce an increased amount of billable hours in order to make it break even.
- This framework is across the board regardless of independently licensed or graduate licensed clinician.
- Provides room for some supervisors to provide some Tier 1 and Tier 2 services
- Based on an interest to increase investment in this area, this is giving us the best chance to get the outcome that we are looking for. This is setting a standard for decision-making.
- Given that the body has endorsed the need for more supervision, it is important to recognize that it is not cost neutral.
- This is based on best practice and it does incorporate fluidity.
- Regardless of the clinician's level of licensure, it is critical for the first year of a clinician in the clinician's school placement to receive weekly supervision; and for the supervisor to have presence and meetings with the school to ensure solid partnership.
- Appreciate the thoughtfulness in developing the framework
- It will be important for principals to know that supervision time is mandatory
- It is important norming that supervisors prepare for supervision time so that it is the best use of the clinician's time in terms of the clinician's development.
- As we promote teaming across the teams, it is important to incorporate into practice that other members of the team who are not at graduate level can benefit and should be included.
- Staff meetings and group supervision tend to be outside of the building and it is important to prepare principals for that.
- We need to be careful regarding what we are considering as mandatory because all of the weeks do not look the same. There will still be administrative activities; need to travel across city; figuring out how to incorporate psychiatry; and other aspects of the framework that may need more attention.
- This is a work in progress that we will hone and refine.

Dr. Bazron called for the vote of the body.

Action: The body voted unanimously in support of the proposed framework of projected activities and recommendation to fund the CBOs to support a 1: 6 supervisor: clinician ratio.

Dr. Bazron walked the group through additional data from the survey which included a review of the reported salaries of the supervisors and clinicians. Additionally, the information was presented regarding how the CBOs will build the resource within their organizations. One limitation of the data is that it's self-report. Also, there is a need to revise how the question is structured and worded for gathering information on the CBO's rate of projected expansion of the resource within the CBO's business model.

Clarification was provided that the number of years for the implementation of the phased expansion is recognized now as being 4 years. One member also notes that the amount of need for billable services in schools will tend to decrease as we move into the latter cohorts of schools. There will be a need to revisit the service model.

Dr. Bazron reviewed with the group the process regarding how the proposed amount of funding for the supervisors was determined. There was a review of the resources that we have. The investment would be: \$78,000 (salary); \$19,500 fringe (25%); \$2,500 (equipment/supplies).

Total cost per supervisor = \$100,000/6 clinicians (prorated if less than 6 schools)

Total cost to the program = \$1,916,667

Therefore, the recommendation that we would be making, based upon that all of us agree with the investment in supervisors, is to use the majority of the additional \$3 Million that was allocated from Council to pay for the investment in supervisors. And, we would have to be very careful because we would have to think about what we would do in upcoming years.

B. Change from Cohort 1/Status of Cohort 2 Matching (Dr. Scott)

Dr. Scott reviewed the context for 4 of the 52 Cohort 1 schools being matched with a DBH Clinical Specialist and the budgeting for CBO grant funding for 48 schools in Cohort 1. Mr. Howard shared the change in resources and need for CBO partnership at Martin Luther King Elementary. Given that a Cohort 1 school has closed, Dr. Scott sought an endorsement of the Council to change from the current match of a DBH Clinical Specialist to seeking a Cohort 1 CBO partnership match for Martin Luther King Elementary.

Action: The members voiced no objection to matching Martin Luther King Elementary with a CBO for partnership.

Dr. Scott reviewed the Cohort 2 matching and the status of clinician placement in schools. There is one Cohort 2 DC Public Charter School that prefers to delay joining the Cohort until all of the campuses of the Local Education Agency have become a part of a cohort. One school leader is not able to accommodate any space for a CBO partnership and is therefore matched with a DBH Clinical Specialist. Additionally, DBH Clinical Specialists are matched to serve in the gap where the CBO and school are still finalizing the partnership.

Additional Funding Issue

Dr. Bazron directed the members back to the second part of the funding discussion. The Council was informed that in speaking with DCPS and OSSE, both said that they really need a staff person to help manage the school-based behavioral health work. The staff would support training, the quality metric, and support of principals. The OSSE position would support the DC Public Charter schools and also landscape-wide. Would help school leaders and staff understand the intersection of mental health and academic achievement. Help school leaders to use available OSSE data to inform data-driven decision-making. Work with the evaluation team and Community of Practice through complimenting and not duplicating.

Mr. Musante spoke in favor of the positions while cautioning regarding the creation of a bureaucracy. Dr. Bazron noted the importance of sustainability and the recognition that the money will not be available forever. Dr. Bazron stated that we cannot commit beyond this year. She noted that money could be provided for a year, a sustainability plan is built by the agency, and the agency is able to make its own case for more money as a part of its own budget. One member noted a desire for funding at least through the last year of the expansion in 2021-2022.

Mr. LeVota expressed his support and noted that he hopes to see the positions in the OSSE budget and DCPS budget next year. And, as a related flag to that, he encouraged the group to think about where else the \$3 Million might be needed to make sure that we can get the third cohort on-line by August 1st and not October 1st. We don't want there to be a gap when school starts.

Ms. Greer drew attention to previous points made regarding capacity building. The expansion slide is important because we know how many schools we will have. When reviewing the slide of the CBOs' projected expansion, there is not enough capacity to cover all of the schools. If we know from this group of CBOs what they feel their full capacity is then we will have a sense of what the gap is. This is important for us to think about as we move into Cohorts 3 and 4.

Ms. Greer also posed the question regarding when would be the time to place back on the list an analysis of the service model at the clinician level. Dr. Bazron would like that to be a part of the evaluation. She would also like to see the evaluator come to the Coordinating Council and we help to formulate the evaluation questions for the evaluation plan.

There remains concern regarding financial viability and if there is enough flexibility to conduct the non-billable services that are necessary in the schools as well. Ms. Parrella noted consideration for looking at the DBH/School Mental Health Program and learning what worked and didn't work. She doesn't want to lose sight of the existing program that we have invested in and continue to invest in.

C. Consideration of Additional CBO Representative on Coordinating Council (Dr. Bazron)

In reviewing previous Coordinating Council process for determining additional members on the Coordinating Council, Ms. Thompson wondered what the group's thinking is about the number of providers we want versus the number of other representatives. The distinction that was made in the past Coordinating Council discussions was deciding if the new entity sitting on the Council brings something new and different. The discussion was tabled in the interest of time and we will poll members. Dr. Bazron also acknowledged that this is a public meeting.

The Community of Practice presentation was moved up on the agenda and the other agenda items will be taken up next meeting.

V. Implementation Plan for the Community of Practice

A. Community of Practice Presentation: Purpose, Scope, Approach, and Next Steps (Dr.

Acosta Price)

Points from presentation included:

- a. We are building this as we go and there is commitment is to keep the Coordinating Council abreast of the team's thinking and soliciting Council's input and feedback regarding the use of the resource.
- b. Acknowledged prerequisite steps that occurred prior to the awarding of the contract and that were needed before the building out of the Community of Practice activity
- c. The Community of Practice is bringing together professionals who already have a body of knowledge and experience
- d. A facilitated framework and space are provided for the learning; social learning environments occur
- e. The meat resides in the unique perspectives that the members bring to the Community of Practice
- f. School & Provider Readiness is the capacity to implement best practices in school mental health and deliver a multi-tiered system of supports

- g. Align the work with other District Health-Promotion Initiatives and Coordinate across Child-Serving Agencies
- h. There will be a use of a School-based Team Consultation strategy; using a Train the Trainer approach
- i. At least 2 sessions per month (1 – clinically focused and 1 – administratively focused)
- j. Currently the team is building out a website; identified templates and tools; will have the capacity to continue to be responsive to any requests that come up from the Community of Practice learning sessions – they may be reflective of trends that have come up and/or gaps in knowledge.
- k. Will create a Community of Practice of the TA Providers to systematize and do some level-setting around how we are providing technical assistance.
- l. The launch event for the Community of Practice is in the planning process and is to occur in late September. Save the date information will be provided.

Recommendation During Presentation:

Dr. Bazron recommended Trauma-informed practices to be within the optics as the *First Tier*. Within Health Promotion and Universal Prevention, it is important to think about what are the trauma-focused services that help to build resiliency and allow young people to feel the safety and security within the environment that has been gone.

VI. Adjourn

Next Meeting date and place: September 16, 2019 10am-Noon **Office of the State Superintendent of Education (OSSE) Eleanor Holmes Norton III, on the 1st floor of 1050 First Street NE.**

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. Erica Barnes	Department of Behavioral Health	Present		
Dr. Lee Beers	Children's National Health System	Present		
Dr. Deitra Bryant-Mallory	District of Columbia Public Schools	Present	Mr. Orin Howard	Present
Ms. Alyssa Conti	District of Columbia Public Charter School Teacher	Not Present		
Ms. Sharon Dietsche	Department of Behavioral Health	Present		
Dr. Kafui Doe	Department of Health	Present (by phone)		
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. Ann Herr	Friends of Choice in Urban Schools (FOCUS)	Present	Ms. Queen Nafari	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	Not Present		

Mr. Michael Musante	Co-Chair	Present		
Mr. Javon Oliver	Department of Health Care Finance	Present		
Dr. Chioma Oruh	DC Public School Parent	Present (by phone)		
Ms. Michelle Palmer	Non-Core Services Agency	Not Present	Rebecca Roesch	Present
Ms. Marisa Parrella	Core Services Agency	Present		
Ms. Barbara J. Parks	Department of Behavioral Health	Present		
Mr. Scott Pearson	DC Public Charter School Board	Not Present	Ms. Audrey Williams	Not Present
Ms. Juanita Price	Core Services Agency	Not Present		
Ms. Shanica Raiford	Youth Representative	Not Present		
Mr. Justin Ralston	DC Public School Principal	Not Present		
Dr. Heidi Schumacher	Office of the State Superintendent of Education	Present	Ms. Claudia Price Ms. Tia Brumsted	Present 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 (by phone)		
Ms. Molly Whalen	DC Public Charter School Parent	Not Present		

Government Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Nielah Tucker	Department of Behavioral Health		
Dr. Crystal Williams (By phone)	Department of Behavioral Health		
Mr. John Davie (By phone)	Office of the Attorney General for the District of Columbia		

Public Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Marie Morilus-Black	MBI		
Ms. Renee Palmer	CRP, Inc./CoP		
Ms. Arnetta Legree	VOA		
Dr. Olga Acosta Price	GW/CHHCS		
Ms. Elizabeth Mohler	LAYC		
Ms. Sivan Ben-Maimon	CRP, Inc./CoP		
Ms. Michelle Swinson	AprilMay		
Ms. Angelia Baker	MBI		
Ms. Davene White	Howard University		
Ms. Syerita Morris	Hillcrest		