

# DC Community of Practice for School Behavioral Health

Coordinating Committee

October 21, 2019

# Comprehensive School Behavioral Health (CSBH) System

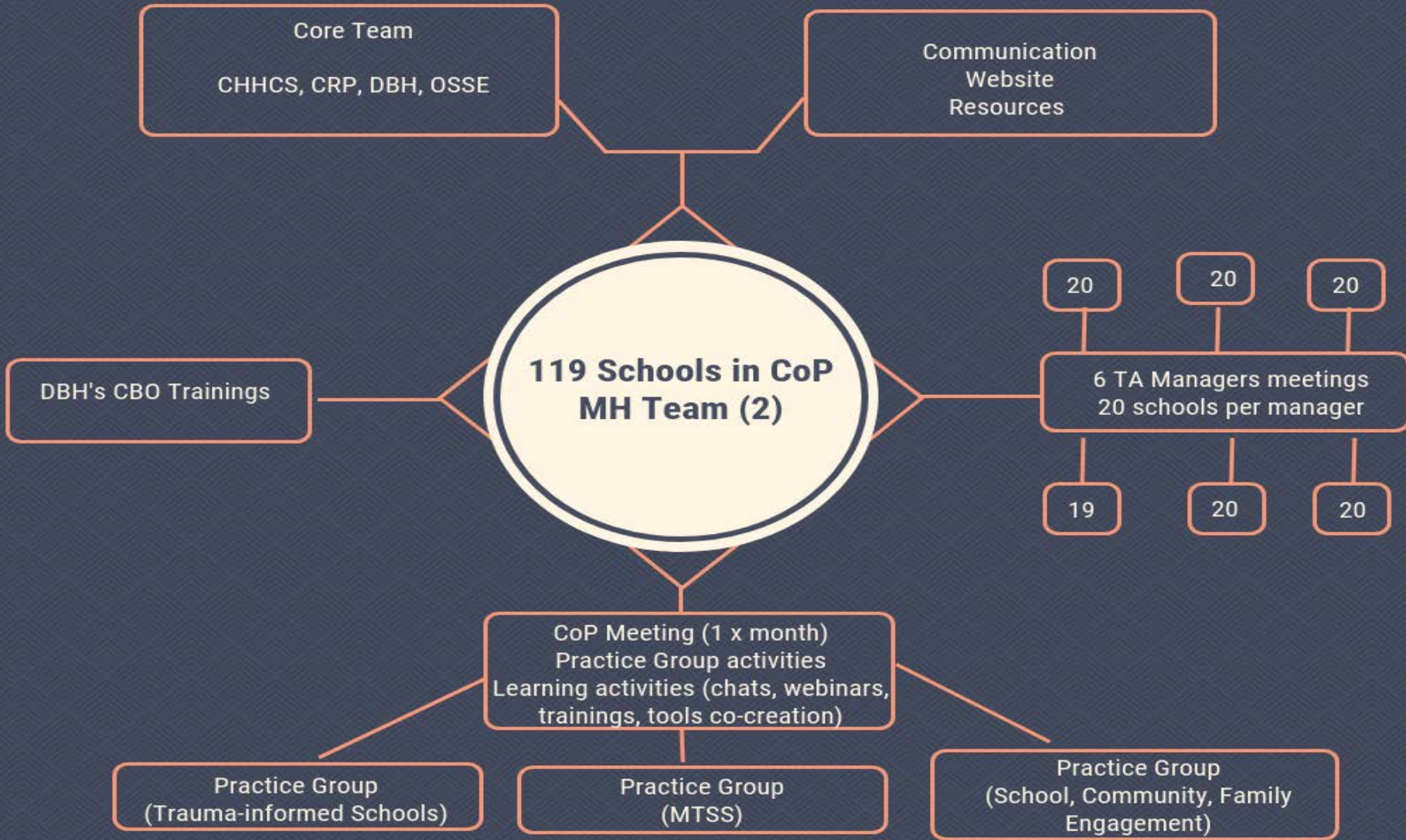
*a **strategic collaboration** between school personnel, community mental health providers, students and families to create a **positive school culture** that provides timely access to high-quality, reliable supports for children, youth, and their families. Teams offer a full array of **trauma-informed, culturally-responsive, evidence-based tiered interventions** to promote wellness, identify challenges early, and offer treatment services when necessary so that **all children and youth succeed and thrive.***

# Community of Practice (CoP)



*“groups of people who share expertise and passion about a topic and interact on an ongoing basis to further their learning .... members typically solve problems, discuss insights and share information .... develop tools and frameworks ... and over time, these mutual interactions and relationships build up a shared body of knowledge and a sense of identity.”*

(Wenger, McDermott, & Snyder, 2002)



# DC CoP Launch Meeting

## September 30, 2019



# Participants were excited about...

- **Building Community of Practice**
  - Our city is trying something new!
  - Building relationships
  - Website, resources, trainings
  - Learning from and with each other
- **New Partnerships & Collaborations**
  - Meeting other SMH leaders
  - Developing shared vision
  - Creating solutions together
- **Leadership & Supports**
  - High level of support for expansion
  - Funding
  - Increasing clinicians in schools
  - Elevating needs of children
- **Services**
  - Focus on tier 1 & Tier 2
  - Increased Tier 3 interventions
  - Alignment of the mental health team
  - Building on trauma work
- **Family & Youth Focus**
  - DC's commitment to youth
  - Possibility to make a difference
  - Hearing about student experience
  - Creating community wide initiatives that will benefit all students and families
- **Professional Development**
  - Trainings for trauma informed care
  - Increased PD for teachers and staff
  - Joined training

# Participants were concerned about ...

- **Services**
  - Meeting students needs
  - Having time for Tier 1 & Tier 2
  - High suicide rates in DC schools
  - Coordination of care/tx planning
- **School readiness and capacity**
  - buy-in from school leaders, teachers and other staff
  - Role of DBH in schools
- **Workforce, shortages & turnover**
  - Clinicians shortages (e.g., bilingual, bicultural)
  - CBO expertise, experience, capacity
  - Leadership turnover
- **Burnout**
  - High level of stress
  - Not enough focus on staff wellness
- **Communication**
  - Lack of communication between school leadership and support teams
  - Lack of awareness of general public
- **Collaboration & Coordination**
  - Sharing responsibilities
  - Realistic action plans
- **Supports**
  - More funding still needed
  - CBOs need to be train in EBPs
- **Family & Youth Engagement**
  - Students voices having a platform in the process
  - How parents are included in initiative
  - Intentionality to include parents, youth and advocates

# Next Steps

## We did

- Hired 2 TA Managers and Program Coordinator
- Linked with DBH Specialists
- Surveyed DBH & CBO clinicians, CBO execs, School BH coordinators
- Successful Kick-off Meeting
- Conducted MTSS training on 10/11

## We will

- Create roadmap of CoP trainings and practice groups for remainder of year
- Conduct next practice meeting on 11/12
- Facilitate first TA Manager CoP meeting (2x/month)
- Align trainings and CoPs



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