



Charter DRAFT TEMPLATE

Name of Group

Current: Coordinating Council on School Mental Health (CC)

Background Information

The Comprehensive Plan to Expand Early Childhood and School-Based Behavioral Health Services developed by the former Interagency Behavioral Health Working Group established a coordinating council to guide implementation of the plan. The Coordinating Council on School Mental Health (CC) includes and is not limited to members of the former Interagency Behavioral Health Working Group and the former Task Force on School Mental Health. The CC will continue and move forward the work of the Task Force on School Mental Health, and the Behavioral Health Working Group before it.

Mission

The mission of the CC is to hold agencies and participating stakeholders accountable for timely implementation of the expanded School-based Behavioral Health System.

Vision Statement

The District of Columbia has a coordinated and responsive behavioral health system for all students in all public and public charter schools.

Guiding Principles

- All students deserve quality, sustainable behavioral health supports that allow them to come to school ready to learn.
- All students benefit from a school environment that promotes and supports mental wellness and resiliency.
- A supportive school environment results from all parts of the school community understanding how they can contribute to and work together toward the shared goal of student wellness.
- School-wide mental health promotion, universal screening for student mental wellness, and early intervention for children at risk of developing mental health issues can often have a substantial preventive effect.
- Student well-being is the responsibility of and affected by all support systems that interact with children and families, including private and public health care systems, human service agencies, and education systems.
- The District can maximize its ability to support the emotional well-being of all City youth by leveraging the District's rich investments in school-based behavioral health care and the robust behavioral health services in the community, and delivering interventions through an integrated and collaborative public health framework.
- Student need informs and is the basis for allocating resources among schools. Not all students and schools start from the same place or have the same needs.
- Schools need to have the flexibility to individualize the array of resources and the roles and responsibilities of each partner within their school in accordance with the unique needs of its students.

Framework

- ❖ A multi-tiered system of supports, as described by the Public Health model set out in the Comprehensive Plan, is the best organizing framework for the District's Comprehensive School-Based Behavioral Health System.
- ❖ The distribution of need for any given level of tiered support may vary by school from what is described in this public health model, especially in schools with the highest needs.
- ❖ Student need should inform and drive the allocation of resources and should be determined across all schools through an agreed upon methodology.
- ❖ All three tiers of supports need to be available in all public and public charter schools, with specific resources matched to the identified needs of the students in each school.
- ❖ There is currently significant public investment in school behavioral health through DC Public Schools (DCPS) and DC Public Charter Schools (PCS), the Department of Behavioral Health (DBH), the Department of Health (DC Health), among others.
- ❖ There are currently a number of community-based providers who partner with schools and that deliver a variety of Tier I, Tier 2, and Tier 3 supports.
- ❖ Maximizing these public and private resources and developing additional community-based capacity needed to meet student need is key to the long-term success of a new Comprehensive School-Based Behavioral Health System.
- ❖ School and provider readiness and capacity to partner in delivering a multi-tiered, school-based behavioral health system are essential to the success of this model.
- ❖ Schools and community-based providers need to work collaboratively to deliver interventions and supports that are integrated and coordinated. Developing strong school-based teams with clearly identified roles and responsibilities is critical to

operationalizing this framework.

Role and Functions of the Coordinating Council

- Guide implementation of all elements of the Comprehensive Plan, including engagement with stakeholders, including families and school leaders, while ensuring coordination of resources among key district agencies (DBH, DCPS, OSSE, DC Health).
- Assist in identifying criteria and metrics that support provider readiness and capacity-building efforts (training, mentorships, etc.), including providing recommendations for standards of care for school-behavioral health and a shared understanding of school-based behavioral health staff roles and responsibility across position descriptions.
- Provide input to DBH regarding development of an on-going learning collaborative for providers ("Community of Practice") that will help ensure quality of services and support providers to expand and/or improve performance.
- Support creation of a comprehensive inventory of behavioral health resources in schools and annually provide input to and help ensure accuracy of the school-based inventory in partnership with key stakeholders (schools, providers, district agencies, etc.). Identify resource gaps and provide input to guide resource development and/or more effective utilization of those resources.
- Review and provide on-going guidance on the task of the annual need determination and prioritization process.
- Advise on how cross-agency and public-private agreements reflect the established standards for the Comprehensive School-Based Behavioral Health system.
- Help support linkages and coordination between the School-Based Behavioral Health System and:
 - Providers serving youth through other child serving agencies, including CFSA, DYRS, DPR, DHS, and others;
 - DC child/youth initiatives (i.e., school climate initiative; truancy prevention,

school-based health centers, Out-of-School Time providers, etc.); and

- Policy activities and requirements at the intersection of school health and education (i.e., South Capitol Street Memorial Act, Youth Suicide Prevention and School Climate Survey Act, Student Fair Access bill, etc.)
- Help coordinate broader health and education activities, such as education leadership development or Medicaid reform efforts. In addition, assist with the coordination and delivery of relevant training to key audiences and dissemination of evidence-based programs and practices. This may include attention to methods for institutionalizing best practices for long-term benefit.
- Explore workforce development strategies, including agreements with local university or training sites to increase the school mental health workforce.
- Guide development of evaluation framework, plan, and implementation.

Communication and Meeting Structure

The CC will hold frequency agreed upon facilitated face to face meetings with a structured standard agenda.

Minutes will be taken. Emails will be the designated way of communicating meeting dates, times, locations, changes, etc. Meetings will typically occur on the ?? of every month? from 10-12? at DBH, however meeting times may vary due to special occasions and/or circumstances. Sub and/or ad hoc committees can be formed as needed and/or requested and participation will be on a volunteer based.

Membership Structure and Conflict of Interest

The CC has not yet recommended a process and criteria for responding to requests to join the CC. Inquiries are currently being conducted with other Interagency Councils to glean a statement for CC members to sign related to conflicts of interest.

Membership

<u>Name</u>	<u>Affiliation/Designation</u>
Ms. Erica Barnes	Department of Behavioral Health
Dr. Deitra Bryant-Mallory	District of Columbia Public Schools
Dr. Kafui Doe	DC Health (Department of Health)
Ms. Denise Dunbar	Department of Behavioral Health
Councilmember Vincent Gray/Mr. Eric Goulet	DC Council – Committee on Health
Ms. Sharra Greer/Mr. Michael Villafranca	Children’s Law Center
Councilmember David Grosso/Ms. Katrina Forrest	DC Council – Committee on Education
Ms. Chalon Jones	Office of the Deputy Mayor on Education
Mr. Michael Lamb	Non-Core Services Agency Provider
Dr. Taiwan Lovelace	Department of Behavioral Health
Mr. Nathan Luecking	Department of Behavioral Health
Mr. Michael Musante	Friends of Choice in Urban Schools (FOCUS)
Mr. Javon Oliver	Department of Health Care Finance
Dr. Chioma Oruh	DC Public School Parent

Ms. Michelle Palmer	Non-Core Services Agency Provider
Ms. Barbara Parks	Department of Behavioral Health
Ms. Marisa Parrella	Core Services Agency Provider
Mr. Scott Pearson/Ms. Audrey Williams	Public Charter School Board
Ms. Juanita Price	Core Services Agency Provider
Dr. Olga Acosta Price	Milken Institute School of Public Health, GWU
Dr. Tanya A. Royster	Department of Behavioral Health
Dr. Heidi Schumacher	Office of the State Superintendent of Education
Dr. Charneta Scott	Department of Behavioral Health
Ms. Colleen Sonosky	Department of Health Care Finance
Ms. Sakina Thompson	Office of the Deputy Mayor of Health and Human Services
Ms. Molly Whalen	DC Public Charter School Parent
Ms. Niya White	DC Public Charter School Principal
Awaiting Acceptance	DC Public School Teacher
Awaiting Acceptance	Youth Representative

Implementation of Task Force Recommendations (Still in draft development by CC)

<u>Title/ Recommendation</u>	<u>Tasks/Owner</u>	<u>Timetable</u>
<p>Need Identification</p> <p>Determine student behavioral health needs for all District public and public charter schools</p>		
<p>Phased Implementation and Year 1</p> <p>Prioritize implementation in Year #1 (SY 2018-19) in the top 25% of schools identified by behavioral health need from highest to lowest</p>		
<p>Role of the DBH School Mental Health Clinicians</p> <p>In Year 1, keep the role of the DBH SMHP Clinician as currently defined, with the flexibility to provide Tier 1, Tier 2, and/or Tier 3 supports in their assigned schools.</p>		
<p>Support Providers and Schools to Expand</p> <p>To support successful expansion of school-based behavioral health, the District</p>		

<p>should develop a Community of Practice and provide technical assistance to help providers and schools to increase their readiness and capacity to implement the new model.</p>		
<p>Budget Recommendations</p> <p>Provide \$3,000,000 in additional funding in the FY 2019 budget for year 1 implementation through increased partnerships with Community Based Organizations and a short-term expansion of the DBH School Mental Health Program</p>		
<p>Governance</p> <p>Create an effective governance body and/or structure that holds agencies and participating stakeholders accountable for timely implementation of the expanded School-based Behavioral Health System.</p>		