Office of the Deputy Mayor for Health and Human Services

Task Force on School Mental Health Meeting

DATE: Monday, November 6, 2017
LOCATION: Department of Behavioral Health
64 New York Avenue NE – Room 284
TIME: 3:00 pm – 5:00pm

Task Force Members

Appointee	Task Force Seat Designation	Attendance	Designee	Attendance
Deitra Bryant-Mallory	District of Columbia Public Schools	Present		
Councilmember Vincent Gray	DC Council - Committee on Health	Not Present	Osazee Imadojemu	Present
Councilmember David Grosso	DC Council - Committee on Education	Present		
Michael Lamb	Non-Core Service Agency Provider Representative	Present		
Nathan Luecking	Department of Behavioral Health School Mental Health Program (SMHP) Clinician	Present		
Taiwan Lovelace	Department of Behavioral Health Mental Health Program Clinician	Present		
Dr. LaQuandra Nesbitt	Deputy Mayor for Health and Human Services Designee	Present		
Chioma Oruh	DCPS Parent Member	Present		
Michelle Palmer	Non-Core Service Agency Provider Representative	Present		
Marisa Parrella	Core Service Agency Provider Representative	Present		
Scott Pearson	Public Charter School Board	Present		
Juanita Price	Core Service Agency Provider Representative	Present		
Dr. Olga Price	School Mental Health Expert	Present		

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Appointee	Task Force Seat Designation	Attendance	Designee	Attendance
Dr. Tanya Royster	Department of Behavioral Health	Present/First Hour	Denise Dunbar	Present
Dr. Kafui Doe	Office of the State Superintendent of Schools	Present	Yair Inspektor	Present
Chalon Jones	Deputy Mayor for Education (DME) Designee	Present		
Molly Whalen	Public Charter School Parent Member	Present		

Additional Staff Present

Name	Role	Office or Agency
Jay Melder	Facilitator	Office of the Deputy Mayor for Health & Human Services
Barbara Parks	Staff	Department of Behavioral Health
Charneta Scott	Staff	Department of Behavioral Health
Erica Barnes	Staff	Department of Behavioral Health
Audrey Williams	Staff	DC Public Charter School Board
Lenora Robinson Mills	Staff	DC Public Charter School Board
Aurora Steinle	Staff	Office of the Deputy Mayor for Education
Sakina Thompson	Staff	Office of the Deputy Mayor for Health & Human Services
Amelia Whitman	Staff	Office of the Deputy Mayor for Health & Human Services

Public Attendees

Name	Role	Organization
Michael Musante	Public	FOCUS
Sharra Greer	Public	Children's Law Center

Office of the Deputy Mayor for Health and Human Services

AGENDA

I. Welcome and Introductions (10 minutes)

Facilitator, Jay Melder, opened the meeting, and began by asking Task Force members to introduce themselves. Task Force members introduced themselves.

II. Task Force Purpose (5 minutes)

Jay Melder, referring to Slide #4, noted the Task Force Purpose and Deliverables. Jay asked if there were any comments and there were none.

III. DBH Presentation – Overview (25 minutes)

Dr. Tanya Royster, Director of the DC Department of Behavioral Health (DBH), provided an overview of:

- The current School Mental Health Program (SMHP), and
- The proposed Comprehensive Plan to Expand School-Based Behavioral Health Services

Dr. Royster walked the Task Force through Slides #6-19, with the following additional comments or discussion:

Slide #8: She added that the program also has a school crisis team, in addition to the school-based clinicians. When there is a significant event that affects the school community, such as a death, the school crisis team provides assessment and short term intervention, for up to three weeks. The SMHP crisis teams are comprised of the SMHP clinicians.

Slide #9: This data is provided as required by the legislation establishing the Task Force, and will be produced with greater frequency going forward.

The "SMHP initiated psychiatric hospitalizations/evaluations data" measures only those students referred by the School Mental Health (SMHP) Clinicians. DBH doesn't have data on student psychiatric hospitalizations not initiated by the SMHP Clinician.

Slide #12: The current program does not provide for periodic behavioral health screenings. Other developmental issues, such as hearing and vision screenings, are conducted at different points in a child's development.

Slide #13: Primary prevention is critical to identifying students in need of early intervention services. And, coordination across the Tiers is a critical part of what is missing today.

Tier 1 activities and services provide support to teachers, parents, and students. Tier 2 and Tier 3 services are more student-focused.

Slide #16: Parents always have the option to opt out – to seek services outside of the school, to use their private insurance. This proposed expansion does not disrupt that ability. This expansion allows those parents who have not yet connected to services to better understand their child's needs and get the support they need, when they need it.

Question - Scott Pearson: I recall from the Plan when I read it before that the proposal called for Tier 2 and Tier 3 services to be provided by Core Service Agencies.

Dr. Royster: Core Service Agencies (CSAs) are Community-Based Organizations (CBOs). All providers are CBOs, but not all providers are CSAs. For example, the Wendt Center, is a CBO but not a CSA.

Question – Scott Pearson: What are the DOH Clinicians you have here?

Dr. Royster: Seven DCPS high schools have a School Health Center on site. Behavioral health clinicians are a part of the health centers.

Slide #18 and #19: Some Q & A around the CAFAS (the Child and Adolescent Functional Assessment Scale, resulting in clarifying that whether the CAFAS is performed by DBH Clinicians or CBOs, it is administered consistent with an established protocol and shared training. DBH explained that the CAFAS is completed at enrollment, every 90-days, whenever there is a clinical change (e.g. inpatient hospitalization) and at discharge. DBH provided CAFAS training by the same trainer for both SMHP clinicians and its Core Service Agency (CSA) providers; therefore the administration protocol is this same.

Marisa Parrella: Mary's Center noted that a very small percentage of the kids they serve are enrolled in the DBH school program, so therefore DBH would not have access to all their completed CAFAS assessments referred by schools so they are curious about the data that is being referred to in these two slides. DBH explained that they are the "Super User" and all CAFAS assessments are entered into the same IT system to which DBH has access, and they are not disaggregated by those in the school-based program.

Several members requested the underlying provider level CAFAS data to better understand these slides.

IV. Discussion:

Osazee Imadojemu (CM Gray designee): The Committee on Health had intended to include a Chair for the Task Force in the legislation and had intended to nominate Dr. Olga Price to be the Chair. They intend to amend the legislation to make that change at the Legislative Meeting on Tuesday, November 7, 2017 (tomorrow).

Jay Melder: Thank you for that update. We are proceeding right now with the Task Force as configured by the legislation that passed and is in effect right now. We will make any necessary adjustments pending any legislative change.

Discussion: The discussion identified the current states and the future desired state of the following:

1. From confusion about funding, staffing levels, and roles of school behavioral health staff to clarity about their roles in schools and honesty about who is actually there, how often, what they do, their roles, and the gaps.
    a. Discussion focused on whether a gap existed between described staffing and roles and what school-based staff and parents experience tells them.

2. From partial Tier 1 services to 100% Tier 1 access.

3. From assumptions about the behavioral health needs of our students to clear data on the need.

4. From the ideal public health model presented to an understanding of what this pyramid actually looks like in our schools. (See slide #13)

5. From siloed programs and services to shared resources and communication across programs, including processes for data, teaming, and training, in a way that supports families and lessens the effort currently required by parents to navigate multiple programs.

6. From confusion about the cost to providers and workforce needed to an understanding the actual cost in order to provide incentives for providers to partner with schools.

Additional Points of Discussion

- Should we include other partners in Task Force discussions (e.g. DDS, DHCF, non-public Special Ed Schools and School leaders)?
- What is the capacity in the District both internal and external to schools?
    - What are all the resources available/deployed for school-based mental health?
    - What are the resource inequities among schools?
    - How will the system allow students to flow between service tiers, based on individual needs?
    - What processes will be in place to identify and understand signs and symptoms?
        - DBH noted that they make Kognito Training available to all teachers and school personnel.
    - How can we incentivize the provider network to serve students in and out of school (e.g. Hennepin County, MN uses blended funding that supplements Medicaid funding to support the other work needed for school-based behavioral health supports).
- Is universal screening a primary prevention service, and when and how should it be implemented for all students?

  - If the "ideal" public health approach does not reflect urban core, how do we adapt best practice to best serve District students?
- How can we adapt existing approaches and models, like DDS's No Wrong Door person-centered approach for children with special needs or a Community Schools model, to better address school-based mental health?
- How do we best grow the understanding and practice that the responsibility for the behavioral health of students rests on all school staff, administrators and leadership? Consideration should be given to school climate education of teachers on social emotional learning/development and overall school personnel understanding of brain development.
  - ➢ DCPS is currently infusing social emotional learning approach throughout its school practice.
- What grant opportunities exist (or should exist) to support provider networks?

V. Next Steps

The Task Force wants to see the following at the next meeting:

1. DBH will share the implementation details of how proposed plan would work.
2. DBH will provide more information on the CAFAS and the data underlying Slide #19.
3. DBH will provide a "roles" matrix, showing the role of each staff position, e.g., Social Worker, School Psychologist, Counselor, Clinician, etc.
4. The Task Force will discuss further the implementation of universal screening.
5. The Task Force will discuss a person-centered approach.
6. The Task Force will discuss the ideal program (i.e. "Blue Sky") we would like to see.
7. The Task Force will discuss the importance of Tier 3 school-based mental health services in the District.

VI. Adjourn

Having completed the agenda, the Task Force adjourned.

Any comments regarding these meeting minutes may be sent to Sakina B. Thompson at sakina.thompson@dc.gov.