

Task Force on School Mental Health Meeting

DATE:Friday, February 9, 2018LOCATION:Department of Behavioral Health
64 New York Avenue NE – Room 284TIME:3:00 – 5:00 pm

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	Malcolm Cameron	Present
Councilmember David Grosso	DC Council - Committee on Education	Present		
Michael Lamb	Non-Core Service Agency Provider Representative	Not Present		
Nathan Luecking	Department of Behavioral Health School Mental Health Program (SMHP) Clinician	Present		
Taiwan Lovelace	Department of Behavioral Health Mental Health Program Clinician	Not 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	Not 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		



Appointee	Task Force Seat Designation	Attendance	Designee	Attendance
Dr. Tanya Royster	Department of Behavioral Health	Present		
Dr. Heidi Schumacher	Office of the State Superintendent of Schools	Not Present	Yair Inspektor	Present
Chalon Jones	Deputy Mayor for Education (DME) Designee	Present		
Molly Whalen	Public Charter School Parent Member	Not Present		

Additional District Government or DCPCSB Staff Present

Name	Role	Office or Agency
Jay Melder	Facilitator	Office of the Deputy Mayor for Health & Human Services
Charneta Scott	Staff	Department of Behavioral Health
Erica Barnes	Staff	Department of Behavioral Health
Katrina Forrest		Councilmember David Grosso
Sakina Thompson	Staff	Office of the Deputy Mayor for Health & Human Services
Jiselle O-Neal	Staff	DC Public Charter School Board

Public Attendees

Name	Role	Organization
Julia Lipton	Public	Polinger Foundation
Sharra Greer	Public	Children's Law Center
Mark LeVota	Public	DC Behavioral Health Association
Emily Bloomfield	Public	Monument Academy



AGENDA

I. Welcome & Introduction (10 minutes)

Facilitator, Jay Melder, opened the meeting by asking the Co-Chairs for opening remarks. Dr. Olga Acosta Price thanked everyone for their continued commitment and work on the Task Force. Dr. LaQuandra Nesbitt agreed and launched into the agenda. Jay then had Task Force members introduce themselves.

II. Review Agenda (5 minutes)

III. Review Draft Report and Outstanding Decisions – Points of Consensus & Discussion

A. Program Design

1. Role of DBH Clinician

Consensus is to not change the role of the DBH Clinician in Year 1. Future years would be considered with input from the Coordinating Council or other Governance Structure.

What is the long-term reimagining of the role of the DBH clinician? How will we otherwise bring Tier 1 to all students in all schools?

2. Identifying Student BH Needs

After consideration of the Subcommittee on Need Determinations deliberations, the Task Force recommends using available population data including:

- OSSE At Risk Formula
- Students with IEPs
- Attendance
- In and Out of School Suspension

And, consider using YRBS in the future years, Strong Start, and Early Stages.

Further, develop a methodology that shows level of need across all schools. Don't want to see otherwise high need schools that implement restorative justice and other behavioral health supports and see positive improvements, "punished" by having resources cut.



B. Timeline & Provider Development

The Task Force endorses the recommendation of prioritizing the highest need schools in year 1. School readiness is also a factor that needs to be considered. Are resources sufficient to reach all high need schools?

The Task Force recognizes that there will need to be some increase in resources in order to meet the goals agreed upon here. One of those strategies needs to include an insurance reimbursement strategy that matches the expectations we have of providers and what is necessary to deliver high quality school-based services. The long-term sustainability of the program is building the capacity of the community to meet the need.

We need to better understand who the providers are who can expand into the schools. We need incentives to increase the pool.

C. Governance

Juanita Price: Who owns the baby? Who is the champion? Who is accountable? I believe DBH is the right entity to lead the expansion.

Dr. Olga Price: School Mental Health is not simply a program. It is a multifaceted partnership between education, health, and community-based providers at a minimum—it is a broader approach to how you support children's well-being, not just a children's mental health delivery model. It is an initiative, or a framework that one agency, i.e., DBH, doesn't have authority over. DBH doesn't have the authority to compel action by the other agencies. Nor does accountability rest only with DBH. I believe we should have accountability at the Deputy Mayor level.

Dr. Nesbitt: I want to honor your frustration, as someone who has built the school mental health program and is interested in the future of this program. But what you are describing is more of a Board or Commission. That level of governance is atypical of a program embedded in an agency, even one with many interagency connections. I agree we need an interagency group that includes non-government actors that help us make better decision. But I am not in support of giving non-public entities authority over agencies.

Dr. Royster & Dr. Nesbitt: The point you make about School Mental Health being more than a program is a conversation and challenge we have been fighting now for some time. How to make the service delivery model reflect



the inherent interconnections between the different systems that support families. We want to reflect this broader context in the Report. And, how does the governance structure influence the outcome. We need to elevate the dialogue to increase cultural understanding and advance what we are trying to do for our children. The broader mission is to understand and maximize community resource toward the same end.

VI. Adjourn

Having completed the agenda, the Task Force adjourned.

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