Strengthening the DC School Behavioral Health System & Enhancing Equity
The DC School Behavioral Health Stakeholder Learning Community (SLC’s) Community-Driven Approach
What We’ll Cover Today

How did we do this work?
The SLC and its process
Student, caregiver, and teacher experiences

What did we learn?
Information we gathered: systems models, policy analysis, stakeholder interviews
Operationalizing what we learned: priorities and potential next steps

Where do we fit? What’s next?
How this work fits within the broader landscape
The SLC’s unique role and impact
Next steps and what you can do

#SLCReport #SBBHTeam #SchoolMentalHealth
The DC School Behavioral Health Stakeholder Learning Community (SLC)

How do we make sure every child in DC schools has early access to the supports and services needed to improve their mental health and well-being?
Multi-sector group of local school-based behavioral health stakeholders:

- Family advocates
- Education & healthcare practitioners
- School administrators
- Policy experts & researchers
- Funders
The SLC

Key Aims

- Develop a shared language
- Integrate diverse perspectives and voices
- Build capacity
- Identify high impact systems and policy levers
- Enact and advocate for policy and program changes

2017
- Bainum & CHHCS landscape analysis

2018
- SLC launched

2019
- Partnered with Social System Dynamics Lab; Modeling workshop with SLC

2020
- Model building workshops with students, caregivers, educators; DC policy analysis; stakeholder interviews

2021
- Collective information gathering to operationalize prioritized action items
The SLC’s Process: Equity Focused, Community Driven, Coordinated, Systems Level

- Rooted in the values of equity and justice
- Community-driven and participatory
- Coordinated across stakeholders
- Focused at the systems level

SLC | Students | Caregivers | Teachers
Stakeholder Workshops Conducted in Early 2020

**Students**
- 41 Participants
- Wards 1, 4, 5, 6, 7, 8
- 50% 9th-11th Grade, 50% 12th Grade
- DCPS and PCS Students

**Caregivers**
- 7 Participants
- Mix of grade levels, years teaching in District, Wards, DCPS and PCS

**Teachers**
- 38 Participants
- 50% Wards 7 & 8
- 40% have child with mental health diagnosis
- 44% have interacted with School BH System (10% don’t know)

- 7 Participants
- Mix of grade levels, years teaching in District, Wards, DCPS and PCS
“Working with youth from the different schools and different backgrounds was really eye-opening.... A lot of the students basically said that their counselor was either super busy or they never had time, or the resources just weren’t adequate enough or they didn’t feel comfortable.” - Dayja Burton, 2020 McKinley Tech graduate and current sophomore at Temple Univ
“So many caregivers, and parents, and guardians were really pouring out their hearts, so the spirit of community was also really alive.”
- Chioma Oruh, PhD (Founder, Chi BornFree, Inc.)
“The negative things came from policymakers not understanding teacher wellness by putting unreasonable and un-resourced demands.”

“No one spoke about how law enforcement plays a role in children’s behavioral health. We tell students how to interact with police in schools. Police can traumatize children...One time when a chair was thrown, police were called, and police were talking to child before a parent was present.”
Causal Loop Diagrams

Information We Gathered: Systems Mapping
A Systems Map of School Behavioral Health in DC
highlighting unique insights from students, caregivers, and teachers
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- Negative Student & Family Experiences
  - Seeking Help
  - no safe spaces, no caring adults

- Trust

- Communicating Need

- Identification of Need

- Social Emotional Well-Being

- Referral and Appropriate Behavioral Health Support
  - Informal Support

- Exclusionary Discipline
  - attitude vs. root causes

- Perceived Classroom Disruption

- + vs. -

Information We Gathered: Systems Mapping
A Systems Map of School Behavioral Health in DC
highlighting unique insights from students, caregivers, and teachers

- Poor School/Family Communication
- Negative Student & Family Experiences
  - Seeking Help
  - No safe spaces, no caring adults
- Communication challenges
- Trust

Racial Bias
- Experience of racism
- Perceived Classroom Disruption
- Exclusionary Discipline
- Social Emotional Well-Being
  - Attitudes vs. root causes
  - Referral and appropriate behavioral health support
  - Informal support

Identification of Need
- Communicating
- Need
A Systems Map of School Behavioral Health in DC
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Information We Gathered: Systems Mapping

- Poor School/Family Communication
- Negative Student & Family Experiences Seeking Help
- Trust
- Identification of Need
- Referral and Appropriate Behavioral Health Support
- Informal Support
- Social Emotional Well-Being
  - Perceived Classroom Disruption
  - Social Emotional vs. root causes
- Teacher Wellness
  - empowered and healthy educators
  - no safe spaces, no caring adults
  - communication challenges
- Racial Bias
- experience of racism
- Exclusionary Discipline
  - attitude vs. root causes
- Effective Trauma/Crisis Response
  - clear plans for crisis response

- Communicating Need
Information We Gathered: Stakeholder Interviews

**HOW**

- Buy In
- Coordination & Integration
- Equity & Inclusion
- Implementation Factors

**WHAT**

- Place-Based Supports
- Violence Prevention
- Resiliency
- Early Childhood Mental Health
- Crisis Services
- High Needs Youth

**WHO**

- Shared & Defined Ownership
- Strong & Committed Leadership
Operationalizing What We Learned

Integrating policy and interview insights with systems dynamics insights

- Multi-tiered Systems of Supports
- Student Engagement
- Family Engagement
- Teacher & School Leader Workforce
- Behavioral Health Services & Workforce
Operationalizing What We Learned: Priorities

**Services & Supports Provided**
- Expanding Tier 1 & Tier 2
- Strengthening school behavioral health coordinator position

**Communication with Families**
- Creating family liaison role
- Developing menu of mental health supports at each school
- Re-envisioning family engagement

**Data**
- Engaging education sector in CoRIE
- Auditing data school collect and providing guidance on using data for benchmarks, referrals, decisions

**Workforce**
- Working with neighboring jurisdictions around licensure and certification requirements to fortify workforce
- Working with colleges/universities to build diverse pipeline

**Payment**
- Engaging payers and MCOs on payment and wrap-around reimbursement possibilities
- Reforming Medicaid payment
Operationalizing What We Learned: Priorities

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Most caregivers do not feel heard or supported, especially in crisis management situations.

Caregivers want to see more opportunities for two-way communication between families and schools, both on an individual level with respect to their child and on a systems level with respect to policy development and program selection that impacts what's happening in schools.

Families have an important role in this process as co-creators so that services can be responsive and supportive.

Caregivers in particular identified racism as a fundamental cause undergirding school behavioral health outcomes and inequities.

There needs to be better communication about services and available supports and resources.
### Priority Item

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<th>Potential Next Step</th>
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<td>Expanding Tier 1 &amp; Tier 2 Services</td>
<td>Synthesize/collect data, including data from OSSE School Health Profiles and DC Community of Practice Surveys, Tier 2 referral rates, and data on mental health awareness.</td>
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<td>Strengthening School Behavioral Coordinator Position</td>
<td>Determine which specific schools are most struggling with effectively filling and executing this role so school-specific solutions can be crafted.</td>
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<td>Creating Family Liaison Role</td>
<td>Poll a small group of DC principals to get their insight into these processes (i.e., current roles with similar descriptions; desire to incorporate a liaison in their school environment).</td>
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<td>Developing Menu of Mental Health Supports</td>
<td>Create a &quot;day in the life&quot; map of the specific moments and places in a child's day within a particular school where the importance of behavioral health “shows up” and where they do or could receive various supports.</td>
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<td>Reenvisioning Family Engagement</td>
<td>Collect information directly from parents/caregivers about what’s effective family engagement consists of on-the-ground and capture them in “learning journey” stories or case studies.</td>
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The SLC’s Next Steps

- Targeted dissemination & specific asks
- Continued engagement of those impacted most
- Quantification of models & moving towards action
What You Can Do

Call to Action

Share this report and webinar recording with your networks #SLCReport #SBBHTeam #SchoolMentalHealth

• Create your own study group to go through the report and use your own hashtag and let us know about it
• Invite us to join your study group if you want or need us to present
• Engage in dialogue with your city council members or their staff on social media or in person about recommendations
• If you are having an event focusing on promoting SBH, let us know how we can support your advocacy
Why Do This Work?
Questions and Discussion

• What are your questions about this report, the content or the process we utilized? What would you like to know more about?

• How do you feel about the areas that were prioritized? Should other issues or challenges be highlighted and addressed?
Thank You

Let’s ensure *every child* in DC schools has early access to the supports and services needed to improve their mental health and well-being

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