Guide to Comprehensive School Behavioral Health

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Section A: Overview of the District's Expansion of School-based Behavioral Health

Goal of the District's Expansion

The goal of the District's Expansion of School-based Behavioral Health is to advance a comprehensive and coordinated school behavioral health system, which is 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. Within this system, school-based 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.

The vision of this system change is to provide a comprehensive approach to prevention, intervention, referral, and treatment; matching resources to student needs; and the provision of services based on those needs. This will make the most of the District's rich investments in school-based behavioral health services and robust behavioral health services in the community.

The Comprehensive School Behavioral Health Plan calls for a coordinated behavioral health system designed to create a positive school culture that promotes mental wellness and provides timely access to high-quality services for children, youth, and their families. Part of the District's initiative to expand behavioral health services in every public school ensures that each student will have access to universal behavioral health supports.

South Capitol Street Memorial Act of 2012

The South Capitol Street Memorial Amendment Act of 2012 (the Act) required the Mayor to develop and submit a comprehensive plan to the Council of the District of Columbia that establishes and expands school-based behavioral health programs and services to all public and public charter school students by the 2016-2017 school year. In addition, the Act required the Mayor to make recommendations to expand behavioral health programs and services at child development facilities and to analyze and align health education standards with the behavioral health needs of District youth. The goal is to provide interventions for all families of students with behavioral health needs; reduce aggressive and impulsive behavior; and promote social and emotional competency in all students.

A key aspect of the grant is partnering with Community Based Organizations (CBOs). The DC Department of Behavioral Health (DBH) has selected CBOs to integrate into schools to thoughtfully expand behavioral health services. Through a grant, CBOs will

be able to follow the public health model of services (prevention, early intervention, and treatment).

The Coordinating Council on School Behavioral Health

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 Behavioral Health 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 Coordinating Council on School Behavioral Health continues and moves forward the work of the Task Force on School Mental Health, and the Behavioral Health Working Group before it.

The charge and purpose of the Coordinating Council on School Behavioral Health is to hold agencies and participating stakeholders accountable for timely implementation of the expanded School-based Behavioral Health System.

The Coordinating Council meets on the 3rd Monday of the month. Participants in the School Behavioral Health Expansion as well as community members are all invited to attend the Coordinating Council's monthly meetings.

At the beginning of the monthly meetings, there is a time for public comment, where the public can comment on the Expansion, including successes and areas for improvement.

Multi-Tiered System of Supports (MTSS)

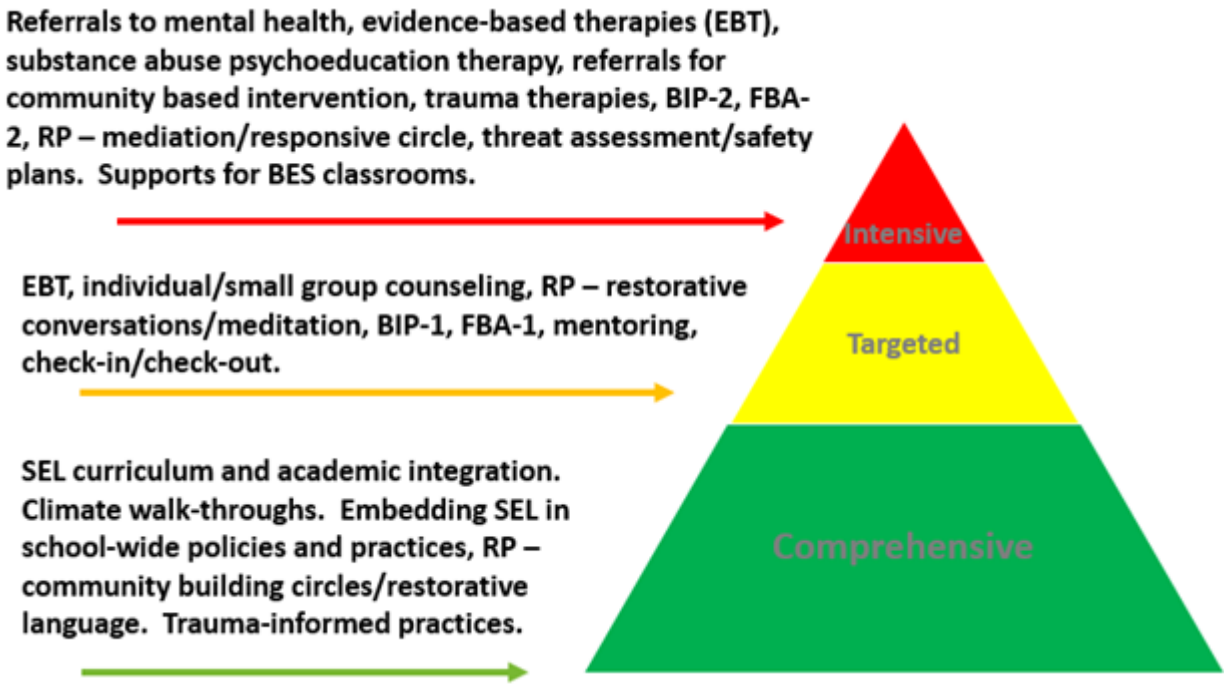
A Multi-Tiered System of Supports (MTSS) is a systemic, continuous improvement framework in which data-based problem-solving and decision making is practiced across all levels of the educational system for supporting students.

The framework of MTSS is a "way of doing business" which utilizes high-quality evidence-based instruction, intervention, and assessment practices to ensure that every student receives the appropriate level of support to be successful.

MTSS helps schools and districts to organize resources through alignment of academic standards and behavioral expectations, implemented with fidelity and sustained over time, in order to accelerate the performance of every student to achieve and/or exceed proficiency.

The following figure illustrates the MTSS framework, and definitions of the tiers are provided below.

Figure 1. A Multi-Tiered System of Supports (MTSS)[1]



Tier 1: Primary Prevention Services and Supports

- All students (100%) within the school community will receive these services.
- The goal of these activities will be to create a positive school climate that reinforces positive behaviors, supports resiliency and social-emotional learning among students, and reduces stigma related to mental illness.
- Emphasis is placed upon the promotion of pro-social skill development and prevention of risk behaviors among children and youth.

What Tier 1 services can look like: Some examples of Tier 1 programming are staff professional development, behavioral health/educational presentation (e.g., social skill building) for students, staff or parents/guardians and evidence-based or evidence-informed school-wide or classroom-based programs.

Tier 2: Focused Interventions/Early Intervention

- 10-15% of the school population is likely to require these services.
- These services and supports are delivered to children and youth who are at elevated risk for developing a behavioral health problem.
- These children have social/emotional challenges, behavioral symptoms and/or behavioral health needs that may not be severe enough to meet diagnostic criteria or eligibility for special education services.

[1] Figure is courtesy of our partners at DCPS.

- Mental health clinicians will provide consultation and support to teachers and school staff to develop student-specific strategies to address identified educational or behavioral concerns.

What Tier 2 services can look like: These interventions could include support groups, skill building groups such as social skill development or anger management groups, and training or consultation for families, teachers and other school personnel who work with identified children.

Tier 3: Intensive Support/Treatment

- 1-5% of the school population is likely to require individualized treatment to assist the student to improve functioning in school, at home, and in the community.
- This level of care is designed for students who have active behavioral health symptoms that meet diagnostic criteria.
- Program examples include evidence-based or evidence-informed individual, group or family treatment services and crisis intervention.
- These services may be offered on-site at the school or in the home/community at the discretion of the parents/guardian of the child.

A Community Based Organization (CBO) has the ability to provide services across the tiers of support. In any partnership, it is important to review the boundaries and expectations to ensure that the promotion of wellness and behavioral health is integrated throughout the school community, climate and culture.

Expectations of Partnering with a Community Based Organization (CBO)

- The CBO will place a clinician in your school full-time.
- The CBOs that are participating in the School-based Behavioral Health Expansion will have the capacity to provide all tiers of services.
- The CBO clinician will be a member of the school behavioral health/wellness team.
- The CBO clinician will plan/assist in school-wide behavioral health initiatives.
- The CBO clinician will assist with student-level crisis intervention (e.g., risk assessment for harm to self or others, mediation, and de-escalation).
- The CBO clinician can refer and link students and adults in their families to additional services (e.g., psychiatric, medication management, community support work).
- The CBO clinician can provide teacher consultation, professional development, and workshops.
- In collaboration with the CBO, the Local Education Agency (LEA) will develop and execute a process to provide feedback within the partnership.

Expectations of Partnering with a Local Education Agency (LEA) (DCPS, DCPCSs)

- The LEA will promote and champion the integration of the CBO clinician into their school community.
- In collaboration with the CBO, the LEA will develop and execute a process to provide feedback within the partnership.
- The LEA will identify a School Behavioral Health Coordinator (see Section D) prior to being matched to the CBO.
- The CBO clinician will assist with student-level crisis intervention (i.e., risk assessment for harm to self or others, mediation, and de-escalation).
- The CBO clinician can refer and link students and adults in their families to additional services (psychiatric, medication management, community support work).
- The CBO clinician can provide teacher consultation, professional development, and workshops.

The Matching Process

- Schools will be provided a list of CBOs that are participating in the School-based Behavioral Health Expansion (SBHE) and that are eligible to receive grant funding through DBH.
- No student-level data (i.e., prospective list of students or the type of insurance students have) will need to be shared prior to a CBO clinician being placed in your school.
- Schools will have the opportunity to interview CBOs to decide which CBO best meets the needs of the school.
- Schools and CBOs are both encouraged to ask questions that elevate needs specific to the school community and CBO capacity.

Section B: Supporting Roles and Responsibilities

Role of the School Behavioral Health Coordinator

The role of the School Behavioral Health Coordinator (SBHC) is seen as an integral part of any school behavioral health/wellness team. This role should be assigned prior to a school identifying a CBO partner. The School Behavioral Health Coordinator role would be assigned to a current staff member by the Principal or head of school. This is not a full-time position but should be held by someone who would naturally be a member of these team meetings and can take a leadership role. Ideally, this person would have a solid understanding of the MTSS framework and best practices in comprehensive school behavioral health.

The School Behavioral Health Coordinator is responsible for:

- Serving as a member of the administrative team.
- Serving as the standing leading member of the school behavioral health/wellness team and actively participating in multi- and inter-disciplinary student support team meetings.
- Knowing who is responsible for the confidential tracking and storage of behavioral health referrals and data.
- Facilitating the completion of the School Strengthening Tool and the development of the Work Plan.
- Coordinating referrals or services provided by outside partners that provide services to students and families at their school.
- Collaborating with the school behavioral health/wellness team to identify school-wide or classroom trends in social, emotional, and behavioral health needs and to develop student programming based on those trends.
- Ensuring access to school-level data (e.g., homelessness, IEP, attendance, grades, behavior, etc.)

Note: DCPS schools should check with their schools' program manager who may be acting as the SBHC.

Role of the DBH Clinical Specialist

The DBH Clinical Specialist is here to provide additional support for the SBHE. Specifically, the Clinical Specialist provides technical assistance (TA) and consultation to the school's assigned School Behavioral Health Coordinator (SBHC). The Clinical Specialist is not a grant monitor, but a champion of the SBHE and integration of skills and services between the SBHC and the full behavioral health team of providers at each school. As experts in school behavioral health, the DBH Clinical Specialists can help identify gaps in services and support the filling in of those gaps.

Examples of the role of the DBH Clinical Specialist:

- Provide technical support to the School Behavioral Health Coordinator.
- Provide technical support for the integration of the CBO clinician into the school.
- Support and promote alignment of services, specifically in Tiers 1 and 2.
- Aid in teaming practices and the alignment of school-based teams.
- Aid in the completion of the School Strengthening Tool and in the development of the Work Plan.
- Support the implementation of the Work Plan and conduct progress check-ins.
- Provide classroom presentations as needed.
- Assist in training and workshop development for school staff as well as families.

How could this collaboration support the Expansion?

1. The school social worker(s) and CBO clinician are having trouble getting families to engage in programming. They reach out to the DBH Clinical Specialist or TA Manager for additional ideas and guidance around family engagement
2. The school is struggling with having a functioning RTI/MTSS team. The DBH Clinical Specialist or TA Manager can make recommendations for strategies for team development and functioning. Additionally, and by the invitation of the SBHC, Clinical Specialists can attend a limited number of meetings to help the SBHC run an efficient and effective meeting.

Role of the Technical Assistance (TA) Manager

The Technical Assistance (TA) Manager position is closely aligned to the role of the DBH Clinical Specialist. Similar to Clinical Specialists, the TA Manager is not a grant monitor, but a champion of the SBHE and integration of skills and services between the SBHC and CBO team. As subject matter experts in comprehensive school behavioral Health, they can help school teams implement best practices, in turn improving the availability and quality of social-emotional and behavioral health services and supports offered to students and their families. TA Managers provide TA and consultation to the SBHC, but do not provide direct services to students, families, or school staff.

TA Managers are contracted through CRP, Incorporated (CRP, Inc.) and work closely with the Center for Health and Health Care in Schools on a part-time basis. They are not employees of DBH. Currently, TA Managers are assigned to schools in Cohort 1.

Role of the Community-Based Organization (CBO) Supervisor

The CBO supervisor is a crucial part of the Expansion. Through clinical and administrative supervision, the supervisor builds capacity for their clinicians to provide school-based services. DBH has supported this role by providing funding to facilitate the supervisors having a 1:6 supervisor-to-clinician ratio.

CBO supervisors perform all the typical duties of a clinical supervisor. They are charged with providing one on one supervision of each clinician once per week. Each clinician is to receive two hours of individual supervision and 2 hours of monthly supervision.

CBO supervisors also aid in the integration of their clinician(s) into a school. They should be in regular communication with the SBHC and the administrative team. If challenges or questions arise, the CBO supervisor should be made aware so that they can troubleshoot with the school.

Role of the Community-Based Organization (CBO) Clinician

CBO clinicians offer prevention, early intervention, and clinical services to youth and their families in the school setting. The structure of the SBHE grant allows for the CBO to place one full-time clinician at each school they are assigned to.

The CBO clinician is an active member with the SBHC. The CBO clinician and SBHC work collaboratively with the full school behavioral health team of providers in the school to complete the School Strengthening Tool and School Strengthening Work Plan. Throughout the year, they team to ensure the plan is being implemented and adjusted if need be. The CBO clinician may also be able to provide additional services from their home agency to a school community.

Role of the DBH School Mental Health Program (SMHP) Clinician

DBH School Mental Health Program (SMHP) clinicians offer prevention, early intervention, and clinical services to youth and their families in the school setting. DBH SMHP clinicians complement services already offered to students and families at their schools. The clinicians work within existing support services in the schools to help create a safer and more supportive school climate. DBH SMHP clinicians also provide supportive services for school teachers and staff. Such services include professional development on a variety of behavioral health topics, classroom management techniques, and case management.

The DBH SMHP clinician is an active partner in schools where the School Behavioral Health Expansion is present. The SMHP clinicians should be involved in the development of the School Strengthening Tool and School Strengthening Work Plan. The DBH SMHP clinician has an assessment that is different from the School Strengthening Tool and School Strengthening Work Plan. School teams can use the School Strengthening Work Plan to ensure services are not duplicated.

Section C: Logistical Considerations for the District's Expansion of School-based Behavioral Health

Program Structure of the School-based Behavioral Health Expansion (SBHE) within DBH

There are many partners working within the Expansion. To help you navigate within the structure of DBH, we have listed who you should go to within DBH. To aid in the collaborative communication process please find the feedback structure for DBH attached to this guide.

The SBHE and the CBO Business Model

CBOs are, with the support of their partnered school, charged with integrating into schools to thoughtfully expand behavioral health services. Through the grant, CBOs are able to apply a public health model of services (prevention, early intervention, and treatment) and provide services on these levels to the school they are assigned to support.

In some cases, the CBO may have a business model where they rely on billable hours to make up for gaps the SBHE grant does not cover. Referrals for Tier 3 (clinical treatment) services is one way a CBO may get the billable hours. It will be important for the school and CBO team to collaboratively and thoughtfully craft a clear referral pathway process.

DBH holds the expectation that a CBO will still provide all three tiers of services to the school they are assigned to. DBH holds the expectation that the CBOs business model is not a burden for their school partner to resolve nor should that business model halt services or communication between partners.

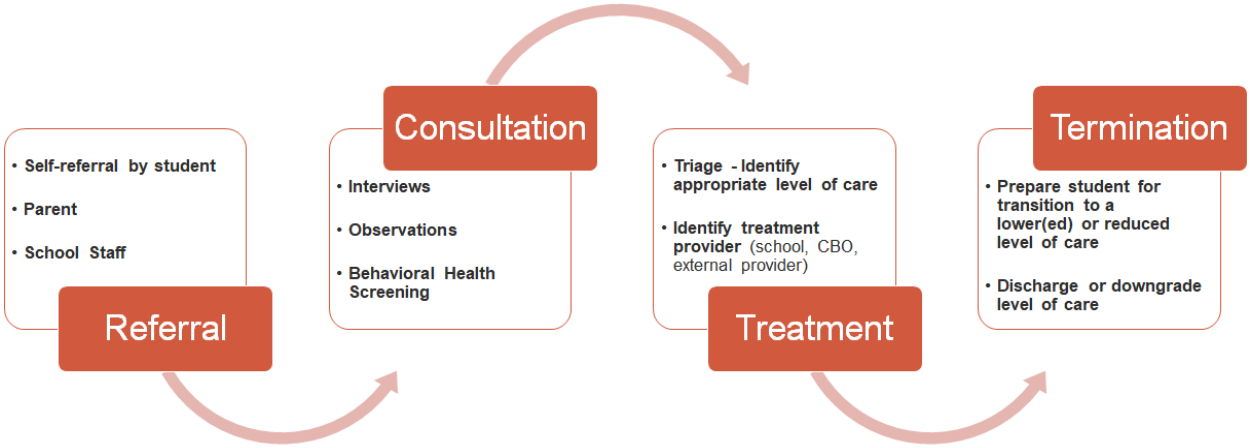
DBH holds the expectation the CBO clinician will assist caregivers or students in gaining or regaining access to insurance, when appropriate.

The Referral Pathway

The route that a student follows from the first contact with the School Behavioral Health Expansion (SBHE) through referral to the completion of treatment is a critical part of expanding behavioral health services in schools. The pathway also covers the period from entry into treatment (Diagnostic Assessment (DA) completed and Treatment Plan (TP) developed) until discharge from treatment.

It is a timeline on which every event relating to treatment can be entered, including consultations, diagnosis, treatment, assessment, teaching, and preparing for termination or a transfer.

Figure 2. The Referral Pathway[2]



The referral pathway provides an outline of the events likely to happen on the student's journey and can be used both to inform the student, their family, and the school team on the current status of services.

Partnering to integrate the CBO clinician into the referral pathway process or developing one with the CBO clinician will be vital to appropriately connect students to the wealth of resources the expansion provides.

The DBH Clinical Specialists and TA Managers can provide technical assistance and consultation on developing, implementing, and supporting a referral pathway process for your school.

Please note, DCPS has developed a universal referral process to aid this process with their schools participating in the expansion. The DBH Clinical Specialists and TA Managers can also provide technical assistance and consultation around this process.

LEA Guidance: IEP Behavioral Related Service Provision by SBHE CBO Provider

The section below outlines guidance and considerations for local education agencies (LEAs) hiring contractors or CBOs to provide counseling and behavioral health services as part of a student's individualized education program (IEP).

This guidance was received from the District of Columbia Office of the State Superintendent of Education (OSSE) and the Department of Health Care Finance regarding IEP Behavioral Related Services Provision by CBO clinicians within the

[2] Figure is courtesy of our partners at OSSE.

School Behavioral Health Expansion. Our partners at OSSE created a document with this guidance, which is available upon request.

Once a CBO and school partnership, as well as the CBO and school's attorneys, have reviewed the guidance and engaged in discussion; and if the school and the CBO would like to move forward with the CBO provider providing the related service, they are to reach out to Dr. Charneta Scott (charneta.scott@dc.gov) and DBH to discuss next steps.

DCPS has dedicated staff for the provision of IEP behavioral support services and will not refer students to external partners.

General Obligations for Determining Service Providers

Services prescribed on a student's individualized education program (IEP) must be provided by qualified personnel, as required by the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400 et seq. and its implementing regulations at 34 CFR Part 300, and OSSE's Related Services Policy.

Counseling/behavioral support services include supportive therapeutic services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel to improve a child's social-emotional, interpersonal, and academic functioning.[3]

Social work/behavioral support services in schools include: (a) preparing a social or developmental history on a child with a disability; (b) group and individual counseling with the child and family; (c) working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; (d) mobilizing school and community resources to enable the child to learn as effectively as possible in his or her educational program; and (e) assisting in developing positive behavioral intervention strategies.[4]

Any further staffing decisions regarding service provision by appropriate staff or contractors shall be decided by the LEA. Decisions regarding services at the child level shall be made by the child's IEP team.

Considerations

LEAs and OSSE are responsible for ensuring access to the scope of school-based health services (SBHS) listed in the District's Medicaid State Plan. The scope of SBHS includes behavioral supports (including counseling) provided by social workers, psychologists, guidance counselors or other licensed providers and services/screenings

[3] 34 CFR 300.34(c)(2); OSSE Related Services Policy, p. 3.
[4] 34 CFR 300.34(c)(14); OSSE Related Services Policy, p. 5.

for psychological evaluations. Access to these services are facilitated by the LEAs or OSSE and billed under SBHS methodology.[5]

Please note that CBOs will not be reimbursed by DC Health Care Finance (DHCF) for IEP-related services. DCPS and charter schools are the only provider types that can be reimbursed for SBHS that are listed in a student's IEP. The codes and rates that are provider-specific for SBHS are not available to community organizations to bill for such services. If a CBO Medicaid provider delivers services outside of the SBHS scope and meets all other State Plan requirements, reimbursement for services provided in a school setting may be available.

When engaging contractors or CBOs to provide IEP services, LEAs must ensure providers are appropriately qualified, including confirming that the provider holds required licensing when appropriate. Failure of LEAs to ensure qualified personnel are providing services could result in non-compliance with IDEA requirements, denial of Free Appropriate Public Education (FAPE) to students requiring makeup services or compensatory education.

Contractors or professionals employed by CBOs who provide IEP-prescribed behavioral health services in schools should consider the operational requirements that accompany IEP service provision. Additional responsibilities include, but are not limited to, training in related service delivery and in Special Education Data System (SEDS) documentation, participation in IEP team meetings, progress monitoring documentation requirements, and annual IEP review and revision.

Recommendations

If an LEA decides that CBO service provider under the School Behavioral Health Expansion Initiative will provide an IEP related service, OSSE recommends the Department of Behavioral Health (DBH) require additional assurances from both the LEA and the grantee CBO organization in the form of a memorandum of agreement addendum.

Please direct any questions regarding the content of this guidance and considerations to OSSE.DSEPolicy@dc.gov.

[5] Department of Health Care Finance. District of Columbia Medicaid State Plan. Available at: https://dhcf.dc.gov/page/medicaid-state-plan

Section D: The School Strengthening Tool and School Strengthening Work Plan – Foundations of the Expansion

The School Strengthening Tool

The online School Strengthening Tool is adapted from the Centers for Disease Control and Prevention's (CDC's) School Health Index (SHI), based on the Whole School, Whole Community, Whole Child (WSCC) model. This is a process that requires dedicated time and resources for the School Behavioral Health Coordinator (SBHC). We encourage schools to consider ways they can support the SBHC as they drive this vital process for your school.

The SHI is a self-assessment and planning guide that enables school teams to:

- Identify the strengths and weaknesses of the school's policies and programs for promoting health and safety,
- Develop an action plan for improving student health and safety, and
- Involve teachers, parents, students, and the community in improving school policies, programs, and services.

Schools should focus on four selected WSCC modules for the School Strengthening Tool. The four modules are:

1. School Counseling, Psychological, and Social Services,
2. Social and Emotional Climate,
3. Employee Wellness and Health Promotion, and
4. Family Engagement

The School Strengthening Work Plan

The School Strengthening Work Plan should be developed after your team has completed the School Strengthening Tool (completion of the four online SHI modules and the open-ended questions). Teams should include data, goals, and action items from plans already in progress (e.g., MTSS, school behavioral health, etc.) into their School Strengthening Tool and Work Plan.

Goals and action items should be developed across all tiers of intervention and as a team, for example:

- **Tier 1 goals** should focus on mental health promotion and prevention for all students;
- **Tier 2 goals** should focus on group and individual interventions for students at-risk of behavioral health challenges; and
- **Tier 3 goals** should focus on intensive support and interventions for individual students (via individual, group, or family treatment; crisis intervention).

All schools participating in the School Behavioral Health Expansion are expected to complete a new School Strengthening Tool each school year.

Overview of this Process

STEP 1 (20 minutes): The SBHC and CBO clinician view the CDC's SHI YouTube videos to learn about the process and required self-assessment modules.

STEP 2 (20 minutes): SBHC and CBO clinician watch the Coordinating Council's archived webinar on the School Strengthening Tool and Work Plan process.

STEP 3: SBHC will schedule a meeting for the school team to include the principal, CBO clinician, parent representative, other key staff, and other partners that are providing behavioral health in the school, to complete the online tool within the next 30 school days, or within the first 30 days of the partnership. The SBHC and the CBO clinician will receive an email with instructions for accessing the online tool and how to add additional team members.

STEP 4 (60 minutes): Complete the online modules using the reference number provided. Respond to the four modules (listed below) and open-ended questions.

- M6: School Counseling, Psychological, and Social Services
- M7: Social and Emotional Climate
- M9: Employee Wellness and Health Promotion
- M10: Family Engagement

STEP 5 (60 minutes): Complete the Work Plan.

- Record the names and position titles of participants developing the plan
- Record the four-module scores from the self-assessment.
- Discuss and respond to the open-ended questions.
- Identify at least one annual goal at each tier of intervention, and include details about existing resources, responsibilities, and additional resources needed to support goal achievement.
- The SBHC and CBO clinician will ensure the work plan is completed and submitted to Mr. Chaz Kohlrieser, DBH Program Manager, via email at Chaz.Kohlrieser@dc.gov.

STEP 6 (ongoing and routine throughout the school year): Accountability

- SBHC identifies where this plan "lives" and how the goals will be shared with members of the school community and discusses the next steps for acquiring the additional resources identified.

The full School Strengthening Tool checklist and School Strengthening Tool Work Plan, as well as resources to support your school team during the School Strengthening process, can be found on the DC School Behavioral Health Community of Practice (DC CoP) resource page.

All schools participating in the SBHE are expected to complete a new School Strengthening Work Plan each school year.

School behavioral health is intended to promote wellness for the whole school community. Everyone has a role to play to ensure that a coordinated and comprehensive response to the behavioral health and wellness needs of the school community are met.

Section E: Teaming for Action – Best Practices to Expand Resources for Your School

Now that you have a basic understanding of the model for comprehensive school behavioral health and the roles that can support its integration and expansion, let's talk about teaming. Here we will explore the value of a school behavioral health team and its potential to stabilize and maintain the expansion of behavioral health services in your school.

A benefit of having a CBO in your school is that behavioral health services can be expanded without exhausting resources and are vital to the promotion of services to students. In addition to providing individual therapy services, they can also provide community support worker services and other behavioral health related services.

The School Behavioral Health Team (SBHT) or School Wellness Team

A school behavioral health team is defined as a team of school and community stakeholders at a school or district level that meets regularly use data-based decision making and relies on action planning to support student behavioral health.

Examples of SBHTs: School climate team, student support teams, and school wellness teams

The value of creating and supporting the school behavioral health team
Imagine having a group with the experience and/or licensure specifically for the population at your school or campus.

1. Expanding school behavioral health services and related activities has many moving parts in a system that is already layered and nuanced. School behavioral health teams serve to coordinate communication, collaboration, and mutual support among individual team members who might otherwise operate in isolation.
2. With a school behavioral health team, you can develop a common vision and priorities for improvement to ensure that the school behavioral health system is meeting the needs of all students and the larger community.
3. School behavioral health teams can explore how to maximize limited resources to address the behavioral health needs of students and their families in a systematic and strategic way.

Possible team members for a SBHT: School health and behavioral health staff, teachers, school administrators, parents/caregivers, students, school-based community health, and behavioral health providers.

Building or Strengthening a High Functioning Team:

1. Creating opportunities and spaces for the CBO clinician to provide programming, meet staff and students, prior to providing Tier 3 services.
2. Establishing communication mechanisms (e.g., email communications, team meetings, conference calls) to ensure effective and ongoing communication between staff/leadership and community partners.
3. Using agreements or memoranda of understanding to detail the terms of the partnership.
4. Ensuring the full continuum of care within a multi-tiered system of supports is addressed by school and community partners working together and maximizing their access to knowledge and resources.
5. Using data sharing and data sharing agreements to allow for sharing and tracking data to inform needed services and supports and the impact of partnership activities.

Your SBHC and DBH Clinical Specialist and TA Manager can play a supportive, consultative role in this process.

Best Practices for Schools and CBOs Participating in the SBHE

School behavioral health teams are groups of school and community stakeholders within a school that are invested in the social, emotional, and educational wellbeing of each student. By using data-driven decision making, consistent team collaboration, and action planning, the school behavioral health team builds the foundation to support student behavioral health and wellness. School behavioral health teams should use the following best practices for effective teaming:

Multidisciplinary Teams

- Representatives of different groups regularly attend and have an active voice in team meetings (e.g., administrators special education teachers, content area experts, instructional support staff, student support personnel, community providers, school nurse, etc.)

Youth and Family Partnerships

- Involve students and families in all aspects of prevention, intervention, and health promotion design, implementation and evaluation; students and families can provide insight on school strengths and areas of need, program selection, implementation considerations, and on-going quality assessment and progress monitoring.
- Involve multiple students and families on teams; provide guidance and foundational information prior to each meeting so that they can have a meaningful role.
- Gather additional information from students and families using surveys, interviews, and focus groups.

- Identify existing youth and family behavioral health advocacy and navigation organizations in your community.

Community Partnerships

- Establish communication mechanisms (e.g., team meetings, email communications, conference calls) to ensure ongoing and effective communication between school leadership/staff and community partners.
- Use memorandums of agreement to detail the terms of the partnership (e.g., by whom, what, when, where, and how will services/supports be provided).
- Support a full continuum of care within a multi-tiered system of support by school and community partners working together and maximizing their respective knowledge and resources.
- Use data sharing agreements to allow for accessing and sharing data to inform needed services and support and the impact of partnership activities.

Address All Tiers

- Establish a team or teams to effectively address Tier 1, Tier 2 and Tier 3.
- Establish a clear description of purpose, goals, activities, and processes of each team.
- Establish a clear process and logic for moving from one Tier to a higher or lower Tier.
- Establish effective communication between teams addressing Tier 1, Tier 2 and/or Tier 3.

Avoid Duplication and Promote Efficiency

- Establish well-defined and unique goals for distinct teams with structures in place to avoid duplication of team efforts.
- Practice consistent communication and coordination among various teams.
- Address any confidentiality barriers to facilitate regular information sharing across and within teams.
- Have a system to evaluate existing team structures, with existing team continuation and new establishment

Meeting Structure and Process

- Track attendance and troubleshoot as needed to ensure consistent attendance.
- Establish a routine scheduling process.
- Create and use an agenda.
- Focus on making actionable decisions.
- Use meeting time to follow up on the status of action items.

Delineated Roles and Responsibilities

- Clarify roles and responsibilities for both school-employed and community partnered school behavioral health staff
- Ensure roles and responsibilities reflect the skills, training, knowledge and areas of expertise of each type of staff member

- When there are multiple individuals with the responsibility of a given role and/or responsibility, have a clear plan for who will address the issue first and how responsibilities will be assigned

Effective Referral Processes to School Services

- Use an up-to-date school behavioral health team resource map or guide (name of team member, description of their role/responsibilities/services, school location including days and hours, eligibility requirements or students they work with, how to refer students).
- Provide clear information for students and families to self-refer and connect directly to behavioral health services.
- Promote direct contact to, from, and among school-based providers to confirm referral, service availability, and facilitate a seamless entry into services and supports.

Effective Community Service Referrals

Develop a clear, consistent referral process to community providers to promote successful linkage including:

- Referral consultation meeting with student and family to review needs, options and complete any releases of information
- Direct contact with community provider to confirm referral, service availability, and facilitate a “warm hand-off”
- Clear referral instructions for student and family with up-to-date contact information
- Discussion of potential barriers to following through with referral and how to overcome them
- Referral follow-up meeting with student and family to confirm linkage and address any remaining barriers
- Follow-up with community provider to facilitate ongoing coordination and information sharing

Data-Based Decisions for Student Interventions

- Use multiple data sources to match behavioral health interventions with student need
- Use validated screening/assessment/survey tool(s) appropriate to your student population
- Use a consistent and systematic process of using screening and assessment data to match students with appropriate levels of support

Data Sharing

- Align data definitions
- Use data systems that allow for easy data entry and retrieval for review and sharing
- Protocols are in place to allow for valid, reliable data collection and address confidentiality considerations (with respect to where data is maintained and who can access it)

Section F: The DC School Behavioral Health Community of Practice (DC CoP)

The DC School Behavioral Health Community of Practice (CoP) was launched in September, 2019 to support the District's phased expansion of school-based behavioral health services in the District's public and public charter schools. The DC CoP provides a learning community for the school professionals, community leaders, and clinicians from CBOs who jointly conduct school-based activities and services designed to promote healthy development and wellbeing for all students and their families.

The DC CoP convenes regular meetings to build knowledge, support implementation of best practices in school behavioral health, and solve problems of practice. Additional learning activities (e.g., webinars, trainings) around topics selected by the community members are also offered.

In addition, the community has developed Practice Groups that focus on a specific area of interest, such as Family and Youth Engagement, Positive School Climate and Social and Emotional Learning Implementation, Crisis Response and Intervention, Trauma-Informed Practices in Schools, and School-Based Clinical Supervision and Leadership. The Practice Groups help to deepen understanding in a given area and share that learning with the rest of the community. The DC CoP is open to all school personnel, CBOs, and clinicians who are part of the Expansion.

The goal of the DC CoP is to advance a comprehensive school behavioral health 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. Within this system, school-based 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.

The DC CoP shared vision was developed by members of the DC CoP beginning in November 2019 and finalized in May 2020. Thank you to the DC CoP members who contributed to the development of our shared vision.

"We are a diverse community of people who share expertise and passion for the wellbeing of students, families and school communities. Together, we model collaboration and build capacity to support school-based teams in engaging partners to create safe and supportive school environments, and implementing interdisciplinary practices that improve mental health and wellbeing. As we move toward a thriving school community, we mobilize resources, ensure equitable access, align services, and promote culturally-responsive interventions within schools and across DC. We know we are having an impact when participating DCPS and DC Public Charter Schools

demonstrate improvement on agreed upon outcomes (e.g., positive school climate; social emotional wellbeing; student, family and community engagement; and eliminating achievement gaps).”

The DC CoP is supported by the Department of Behavioral Health (DBH), the Center for Health and Health Care in Schools (CHHCS) at the Milken Institute School of Public Health at the George Washington University, the District of Columbia Public Schools, the District of Columbia Public Charter Schools, the Office of the State Superintendent of Education, and CRP, Inc.

To learn more about the DC CoP, please visit our website. Past DC CoP meeting recordings, slides, and materials can be accessed via the meeting archives. For more information about the DC CoP or to sign up for the email listserv, please email dccop@crpcorp.com.

Section G: Glossary of Commonly Used Terms

Comprehensive school behavioral health 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. Within this system, school-based 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.

Cultural competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable the system, agency, or professionals to work effectively in cross-cultural situations (Source: Cross et al., 1989)

Evidence-based programs and practices: Specific techniques and intervention models that have shown to have positive effects on outcomes through rigorous evaluations (Source: Substance Abuse and Mental Health Services Administration).

Multi-tiered system of supports: A framework that includes evidence-based practices implemented across a system to meet the needs of all students but matched to student need and organized along a continuum of supports across three tiers.

School climate: The quality and character of school life. School climate is based on patterns of students', parents', and school personnel's experience of school life and reflects norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures (Source: National School Climate Center).

Social-emotional learning (SEL): The process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (Source: Collaborative for Academic, Social, and Emotional Learning, CASEL).

Trauma-informed approaches in schools: A school-wide approach in which all parties involved recognize and respond to the impact of traumatic stress on everyone in the school by integrating and sustaining trauma awareness, knowledge, and skills into the school's culture, practices, and policies.