

EXECUTIVE SUMMARY

The DC Stakeholder Learning Community (SLC) – launched in 2018 by the Center for Health and Health Care in Schools (CHHCS) in partnership with the Bainum Family Foundation – brings together local school-based and child behavioral health stakeholders to strengthen the DC school behavioral health system and enhance equity.

The SLC is composed of family advocates, education and healthcare practitioners, school administrators, researchers, and policymakers. The multisector group began meeting bimonthly with the goal of improving mental health outcomes and reducing mental health disparities among students in the District.

Rooted in values of equity and justice, the SLC has taken a community-driven and participatory approach to building systems dynamics models and examining the local policy landscape to identify systems levers that could help ensure every *child* in DC schools has early access to the supports and services needed to improve their mental health and well-being.

Specifically, the SLC has engaged in three key phases of work over the last three years.

1 **SYSTEMS MAPPING** with school and behavioral health leaders, students, parents/caregivers, and teachers

A series of four community-based system dynamics (CBSD) group model building workshops were conducted with members of the SLC, high school students, parents/caregivers, and teachers. Across models from these different groups, two central features emerged: an “inner engine” of multi-tiered systems of support and racism as a fundamental cause of school behavioral health outcomes and

inequities. Around this central core – which all stakeholder groups identified – unique insights from students, caregivers, and teachers emerged. These included students’ perceptions that adults don’t care and often discipline them for “attitude” instead of understanding the root causes of their behavior; caregivers’ experiences with ineffective communication, unsuccessful attempts to get their child help at school, racist responses to behavioral challenges; and teachers’ need to be healthy, empowered, and well themselves in order to effectively promote student wellness.



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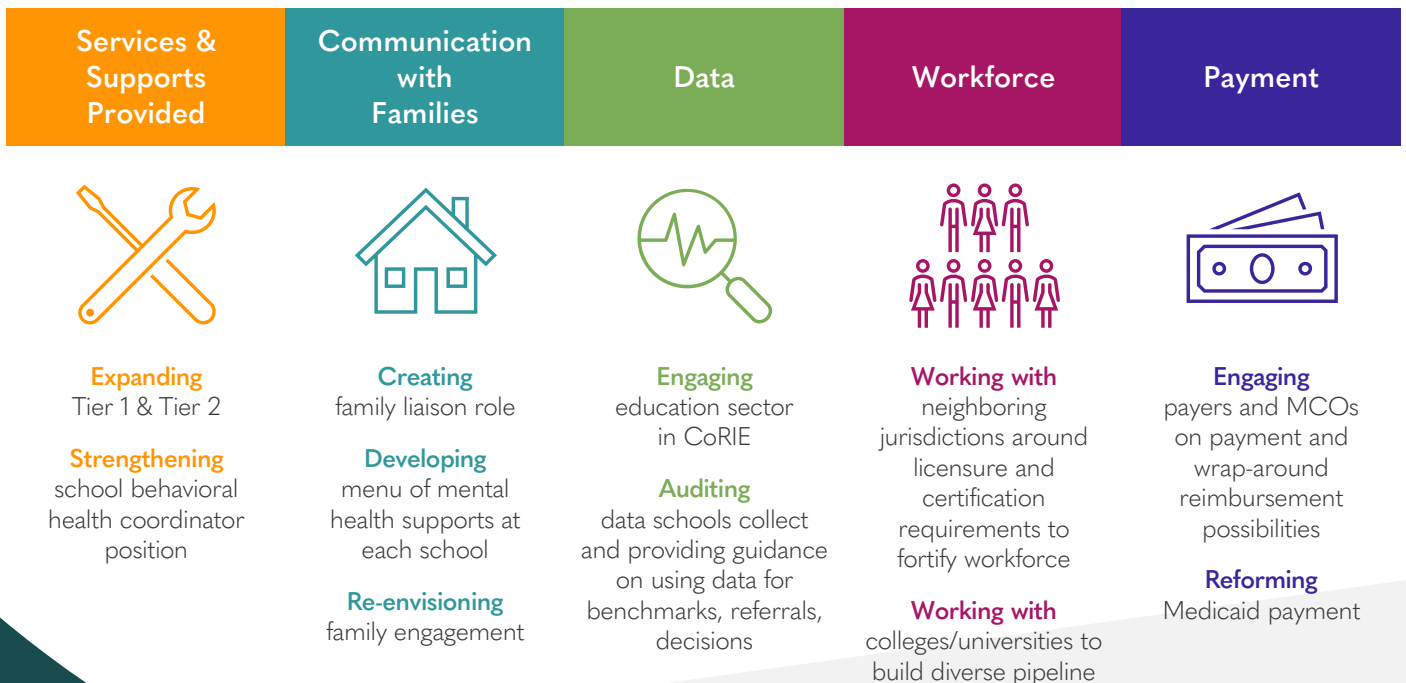
IDENTIFYING AND PRIORITIZING high leverage systems interventions through synthesis of systems model insights and a DC policy landscape analysis

Insights from the systems dynamics models were integrated with a policy landscape analysis, which included a landscape analysis of DC policies (with policies identified in the areas of schools, family and community, healthcare, and other key government programs and services) and key informant interviews (with local leaders, experts, and advocates). Key themes that emerged from the interviews included the need to:

- Build buy in across all stakeholders;
- Explicitly acknowledge the role of racism in the current system and take action to address disparities and promote equity at the levels of policies, schools, and families;
- Coordinate and integrate both horizontally (across DC agencies, within schools, between schools and other sectors, and between healthcare and other sectors) and vertically (from government to schools; within schools from administrators to teachers/staff, and from schools to families; and within healthcare, from payers to providers);

- Provide sufficient infrastructure and resources, financial incentives, accountability, and information and data sharing; more effective governing structures and political processes; and the flexibility and autonomy needed for on-the-ground application and tailoring of approaches;
- Share ownership (with widespread representation and meaningful involvement in decision making) and define ownership (with clarity regarding who owns what and who should be doing what in a way that aligns roles with expertise); and
- Provide strong leadership, including prioritizing and committing to comprehensive school behavioral health and related efforts.

This information was then integrated with systems dynamics insights, culminating in the identification of five key “clusters”: multi-tiered systems of supports, student engagement, family engagement, teacher and school leader workforce, and behavioral health services and workforce. The SLC divided into working groups to further discuss systems models and policy insights within each cluster and to generate a list of specific ideas around systems-level improvements. Ultimately, the SLC chose to prioritize 11 key systems-level improvements across five topical categories.



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OPERATIONALIZING high leverage systems interventions through a collective information gathering effort

The SLC dived more deeply into the five priority items within the *services and supports provided* and *communication with families* categories, using a series of small group working meetings to engage in collective information gathering with respect to what activities related to the priority

are already happening in DC, what organizations/ groups/entities are engaged in those activities, what the key gaps or obstacles are in making progress on this priority, and what further information or data might be needed to act on the priority. Each small group developed a list of potential next steps the SLC could engage in to further understand or act on the priority. A sample of these next steps is provided below.

Priority Item	Potential Next Step
Expanding Tier 1 & Tier 2 Services	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.
Strengthening School Behavioral Coordinator Position	Determine which specific schools are most struggling with effectively filling and executing this role so school-specific solutions can be crafted.
Creating Family Liaison Role	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).
Developing Menu of Mental Health Supports	Create a "day in the life" 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.
Reenvisioning Family Engagement	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.

Through this work, the SLC has carved a unique niche for itself within the landscape of school behavioral health efforts in DC, pursuing community-driven systems level change and coordination. Moving forward, the SLC will continue its efforts, including operationalizing and implementing the prioritized action items; quantifying elements of the system dynamics models to inform programmatic and policy decisions; and continually engaging those most directly impacted by the system in the SLC's processes and actions. By continuing its work in collaboration with fellow school behavioral health stakeholders and community members, the SLC is taking strides towards its **ultimate aim:**

Ensuring every child in DC schools has early access to the supports and services needed to improve their mental health and well-being.