



Agenda

Coordinating Council on School Behavioral Health

Wednesday, February 12, 2020

10:00 am – 12:00 pm

@ Department of Behavioral Health

64 New York Ave, NE

I. Welcome & Introductions

Dr. Bazron opened meeting with introductions and acknowledged the group of Howard Nursing students who were present for the meeting. Dr. Bazron reviewed that this Coordinating Council is responsible for providing the oversight, leadership, and policy framework for our school-based behavioral health. It is behavioral health because we address the needs of those individuals with mental illness as well as substance use disorders. The charge is to make sure that we move forward with the high quality system for our young people.

II. Updates, News, and Public Comment

A. Co-Chair Updates

Dr. Bazron reviewed the dates of the upcoming Coordinating Council meetings. She noted that the Charter Board members are not in attendance at today's meeting because they are attending their Oversight hearing and a number of people are also attending the hearing.

Dr. Bazron also stated that she wants members to keep in mind that we do not have a definite response in terms of funding for next year regarding the next Cohort because that is a part of the budget process. We probably will not know what our funding is until May, 2020. However, we will continue in our planning process. We are getting the RFA out earlier this year because we want the CBOs to get staffed up better than we did this year. We hope for staff to be on board for the Back to School activities.

Dr. Bazron invited Dr. Scott to announce the staffing change that Mr. Chaz Kohlrieser will move into the Program Manager position effective 2/16/2020. Dr. Scott thanked Ms. Erica Barnes who has been managing the role of Branch Chief of the DBH/School Mental Health Program and also supervisor of the DBH Clinical Specialists. Dr. Scott acknowledged that Mr. Kohlrieser has been managing his role as DBH Clinical Specialist as well as serving as the Point of Contact for the Community Based Organizations. She noted that in the developing infrastructure we will have a Program Manager who will be supervising a position called a Clinical Support Manager. The Clinical Support Manager will supervise the DBH Clinical Specialists and serve as the Point of Contact for the Community Based Organizations. Also, under Mr. Kohlrieser's supervision will be two supervisors who will be responsible for the students who we hope to receive through the Social Work Affiliation Agreement with Howard U that is in progress and we hope to obtain a Social Work Affiliation Agreement with Catholic U. The DBH hired supervisors will supervise the graduate students placed in DC Public and DC Public Charter schools and we will start small. We are looking to have a well-resourced infrastructure to manage the expansion.

Dr. Bazron also reminded the group that we sought to establish staff support at our partnering agencies. One position with OSSE and one position with DCPS. The MOU with OSSE is signed, sealed, and delivered. The MOU with DCPS we hope to have executed soon. Dr. Bazron stated that this support will be helpful and noted that her charge is to drill down on quality of care.

Dr. Bazron reiterated that we are a great supporter of having family and youth voice – “nothing about us without us” is the motto often used. Dr. Bazron further stated that she will be conducting a listening session with our family and youth partnerships so that we get some better sense of their thinking regarding the school-based behavioral health system of care.

The group paused once Mr. Kohlrieser joined the room and offered him a round of applause in congratulations for his new position.

B. Coordinating Council Member News

None provided.

C. Public Comment

Ms. Simmons, Professor in the undergraduate nursing program stated that the nursing students have Clinicals that involve going into the schools. She sought input of what that might look like for the students. Members shared guidance for their experience. Dr. Schumacher shared that it is important to have an open-mind as they are seeking to interpret their clinical training within the new setting of the school. It is a rich setting for application in helping students and families to grow and thrive. Dr. Acosta Price stated that there is so much to learn about how to work effectively in schools. We want to continue to build resources that the student nurses could tap into as a part of the Community of Practice. She spoke of resources that are on the website as well as having conversations regarding tailoring resources to meet the needs of the nursing students. Dr. Bazron offered the awareness to remember that you are a visitor in the building and the principal is the leader there. It is important to remember that our overall framework is integrated care. We want to integrate the physical health with the behavioral health within that environment.

Ms. Price added that she believes that nurses are very equipped to work in a school setting. It is in large part because their basic training is around interdisciplinary interventions. Nurses are taught to work in an interdisciplinary way. They tend to do the most work and have the smallest ego. They are there to implement and execute and make sure that everyone is working together. Those skills will be well received in the school setting.

Dr. Bazron welcomed the nursing students to return to the meetings anytime.

III. Review of the Minutes

Two corrections – Ms. Thompson was present by phone for the 1/22/2020 meeting. And, the date of the Job Fair is 4/3/2020 2-5pm at OSSE.

Dr. Schumacher moved to approve the minutes with the corrections. Following a second, the body approved the minutes with the noted corrections.

IV. Follow-up from Last Meeting

A. In compliance with the direction of the Director, we are poised to post the Notice of Funding Availability (NOFA) on 2/14/2020 and Poised to post the Request for Application (RFA) on 2/21/2020. In follow-up to the discussion regarding bonus points for the RFA, Dr. Scott sought consultation from Department of Healthcare Finance (DHCF). During that consultation, it was

noted that the ability to bill is the most appropriate use of bonus points within the scope of this specific RFA. Therefore, it has been determined that bonus points will be given for an applicant that is certified as a Mental Health Rehabilitation Services (MHRS) provider and/or a Federally Qualified Health Center (FQHC). In terms of obtaining MCO contracts, a selected CBO from the current RFA is required to obtain MCO contracts within 90 days of the award. Last year, the timeframe was 180 days. Mr. Oliver assisted Dr. Scott in explaining why Free Standing Clinics are not a consideration at this time. Mr. Oliver serves as Behavioral Health Coordinator with DHCF. Mr. Oliver stated that an MHRS provider or FQHC is able to provide services outside of their setting. Free Standing Clinics are not able to provide services outside of their 4 walls.

Under the 1115 Waiver, it will look at Other Licensed Practitioners (OLPs) which include psychologists, social workers, Licensed Professional Counselors (LPCs), and Licensed Marriage & Family Therapists (LMFTs) providing services in schools. However, the scope of these individuals has not yet clearly been defined other than allowing them to do independent practice or group practice. As clarity is achieved, it will impact the Free Standing Clinics. The clarity is not guaranteed to occur prior to the due date of the current RFA. That is outside of the realm of DBH authority. Dr. Bazron informed the group that on Fridays at 3pm there are community calls hosted by DBH and DHCF. That is the forum where a question regarding Free Standing Clinics may be placed on the agenda. Questions are to be submitted in advance and in writing to dhcf.waiverinitiative@dc.gov. Mr. Oliver stated that emails may be sent directly to Taylor.Woods2@dc.gov. The website for the 1115 waiver is dhcf.dc.gov/1115-waiver-initiative.

Dr. Bazron welcomed suggestions from the body regarding organizing for outreach to different types of providers. Getting the word out to informal networks may be a way to generate interest and awareness of the pre-application conference. Ms. Parks stated that there are child and youth providers within our current network that were not eligible to apply previously and are now eligible and interested in applying for the upcoming Cohort. Ms. Parks also stated that there are now 21 Child and Youth providers in our network that we can reach out to internally.

Mr. Lamb inquired if we knew if this was a short-term or long-term need that we don't have enough providers for the expansion. Dr. Scott stated that when we conducted the exercise to receive the projected capacity of the current CBO partners to have additional schools, the total across the CBOs was 48 schools that would be covered in terms of total capacity across the remaining cohorts. And, in using the landscape of 239 DC Public and Public Charter schools, there would be a need to have partnerships for 72 remaining schools.

Dr. Acosta Price took up the point about quality and that we may need to look at CBOs that are beyond thinking that they are ready to actually being ready and have in place all that it entails with being ready. And, maybe look at organizations that are interested and willing to do an organizational internship where they shadow existing CBOs and allow the organization to really feel ready. That would likely reduce tensions, lower performance, and problems that occur when the matches happen and expectations are not met. Dr. Scott stated that she has been approached by 1 CBO that wanted an organizational internship.

Dr. Bazron reviewed/summarized that she is hearing that the group wants to address the capacity issue. The strategies include:

- Look at a pre-application conference that the Coordinating Council would participate in
- Working our informal connections
- Place on the table a possible organizational internship to get our pipeline ready as we move forward

Mr. Lamb also wondered if the group is also lifting up the need to identify what is the support necessary for these providers to be able to provide services to these remaining schools that have been more disconnected from the expansion. Think of all of the needed supports. An internship might be a start. Yet, there would seem to need to be a lot of buffering along the way. Dr. Bazron stated that's why we have the Community of Practice and why we added supervision to the model. Mr. Lamb noted the important skill for laying down the beginning of a partnership; and how to launch a partnership in a space of a school setting where that work is not familiar.

In response to concerns about timeline and bandwidth of providers new to the work, Dr. Bazron stated clarity that the time line remains for August yet experienced CBOs may be an option to join in relationship with a newer CBO to assist with the heavy lift.

When looking at preparing schools, Mr. Lamb noted the work that can be done and how DCPS is preparing schools for Multi-Tiered Systems of Support (MTSS). Dr. Bazron noted that OSSE is in a position to help with infusing in the Charter schools what is needed to prepare DCPCS to be ready for CBO partnerships.

- B. The Evaluation award is not yet executed.
- C. Mr. Kohlrieser provided the status of CBO clinicians in Cohort 1 and Cohort 2 Placements. He provided background regarding the source of the data. The CBOs are asked to send each week on Friday who they have hired and who is waiting to be hired. Mr. Kohlrieser noted that there are times that a person may have accepted a position or have been placed in their school, however it is not known until the CBO report is received.

Mr. Kohlrieser informed the group that in Cohort 1, 87% of the CBO clinicians are in their school placements and 95% of our Cohort 1 schools have completed their School Strengthening Tools and Work Plans. These are their blueprints of how their partnerships are going to look at the school. In Cohort 2, 80% of the CBO clinicians are in their school placements and 78% of the Cohort 2 schools have completed both their School Strengthening Tool and Work Plan.

Dr. Acosta Price inquired about more plans developed than percentage of clinicians. Mr. Kohlrieser provided context that when there has not been a CBO clinician placed in the school, the supervisor has sometimes stepped in from the CBO to work with the school team to get the work plans and School Strengthening Tool completed.

Mr. Kohlrieser provided further context for the report and shared that across both Cohorts, we have about 18 vacancies. And, the trends that we are starting to see tend to fall in 3 buckets. There is a Workforce Pipeline bucket, a School-based Factors bucket, and an Exam & Licensure bucket.

Mr. Kohlrieser stated that the majority of the CBOs have someone in the pipeline for the schools that are vacant. There is a lot of active, aggressive, and assertive recruitment going on targeting different schools, and looking outside of the tri-state area to staff the positions. Mr. Kohlrieser states that he is hearing a lot of CBOs making an offer to a clinician and the clinician may decline that offer. Applicants may also accept the offer with a start date scheduled for a few weeks and later the person may decline the position. Also, within the Workforce Pipeline bucket, the person has to go through the organization's orientation and the agency's training. So, although hired today, there may be a couple of weeks lag because their agency has to get them ready to go into the school. Within the Workforce Pipeline bucket includes scheduling interviews, resignations,

recruiting quality candidates, recruiting bilingual candidates, and recruiting candidates with school experience and it can be challenging and add to the timeline.

The School-based Factors bucket includes the reality that School Administrators have a say in who is entering their schools and how the organization is partnering and integrating into that school. Some of the schools are collaborating with the CBOs on hiring. The CBO asks the School Administrator what is being looked for in a clinician and applicants are presented for consideration; and interviews are conducted together to determine if candidate is a good fit. Adequate space for therapy falls within the School-based Factors bucket. Some schools are looking for a specific level of license held by the clinician; a specific level of experience; or a bilingual clinician. School readiness falls in this bucket and involves whether the school is ready for a partner and ready to integrate a partner into the school.

In the Exam & Licensure bucket, some CBOs are supporting their clinician in preparing for that test, studying for the test, and then the test has to be passed. Then, the results have to be sent to the licensing board and it all takes time.

All of these are some of the factors that contribute to why we have some of the vacancies as well as delays in the completion of the School Strengthening Tools and Work Plans. In follow-up to a question from Ms. Parks, Mr. Kohlrieser stated that the last bucket also includes those clinicians who come from out of state and have to take the licensing exam because there is no reciprocity in the District. During the discussion, it was acknowledged that there will be a fine and denial of license if the clinician did similar work in the field without a license. It is crucial to stay clear of crossing lines in roles of Community Support Worker and Social Worker. A person with a license pending is not to serve as a Community Support Worker. The Board of Social Work has strict criteria for what it means to be a social worker.

Dr. Bazron reiterated that she has spoken to Dr. Nesbitt and if there is a license pending, Dr. Nesbitt will provide assistance under the conditions that the person filed the right paperwork; the person filed the paperwork correctly; and the paperwork is just sitting waiting to be processed. Dr. Bazron will assist in obtaining Dr. Nesbitt's assistance.

Ms. Thompson stated a desire that we look at turnover rate. Recognizing that turnover rates can strain a partnership. By examining the rate and causes of turnover, it will allow us to know what is happening and be ahead of the curve to develop strategies to address what is happening.

Ms. Parks noted that turnover based on resignation would be one area of tracking and turnover because the school does not want the clinician is a different area for tracking.

It is important to track both for each CBO and include within the evaluation of strengths and areas of challenge for each CBO.

V. Community of Practice Update

Dr. Acosta Price, Dr. Rosser, and Ms. Palmer provided updates and hand-outs that included a summary sheet on the CoP work. Successes are that the team is seeing a lot of wonderful energy around the attendance to the CoP meetings. Exceptional evaluations were received regarding the utility of the Consultancy Protocol. The goal is to build capacity among our partners through exposing and practicing together so that folks can feel confident that they can go back to their schools and try with their own teams. The next CoP is on February 26th at St. Francis Hall. For this session a Fish Bowl will be used for the topic of Family and Youth Engagement. It will be about learning a set of skills around how one can problem-solve as you hear from your stakeholder, and how to take in information.

It was confirmed for Dr. Bazron that there will be collaboration and integration of the work from Dr. Bazron's listening session and the parent engagement work of the CoP, and the Family and Youth committee.

At Dr. Bazron's inquiry, Dr. Rosser described the Consultancy Protocol. It is a very structured process and encourages collaborative problem-solving regarding a challenge that has been experienced in a school and brought to the group. It builds expertise of the group and various approaches for problem-solving.

All of the tips and scripts and resources are available on the CoP website that launched on 1/28/2020 on the DBH website. In an effort to build infrastructure and touchpoints to deepen the learning from the CoP session, there will be open virtual calls to reinforce and problem-solve what was learned and practiced from the previous CoP meeting. The calls will allow for more of a conversation and deepening of understanding, use of all of the expertise, and create practice change.

The CoP and learning spaces are not formal trainings. These are more an exchange of information, knowledge, ideas, and problem-solving. There is, however, room and need for training at times when we want knowledge building. The CoP team is collecting the OSSE, DBH, and other community trainings to make that information available.

The Multi-tiered System of Supports (MTSS) is where the CoP team will be offering foundational training around how we map interventions using this multi-tiered framework and those have been conducted a number of times with Project AWARE schools and others. The goal is to make sure that every CoP member has participated in this foundational training so that we may build on it. If we don't understand why an intervention is a Tier 1 or Tier 2, it will be harder to strengthen our processes. This foundational training will be offered multiple times.

Mr. Lamb also stated that Turn-Around for Children is working with DCPS to launch the MTSS framework on social emotional skill-building and academics. So there will be a universal frame for multi-tiered system of supports for DCPS schools that are part of the CoP. There is a focus on systems and practices and not just interventions.

Dr. Bazron emphasized that as we talk about school-based behavioral health, it is important that we not forget to talk about the addictions piece and not just focus on mental health. We are finding that there is a dearth of support for young people who are addicted to substances or alcohol. From the City Examiner, we had 50 deaths in the ages of 20-29 due to overdose and that was through October. Dr. Bazron wants us to get ahead of the curve.

Mr. Lamb provided 4 primary take-aways of how folks should be thinking about MTSS.

1. Integration – this has to be social-emotional and academic all integrated together. Look at whole child in the conversation not just looking at behavioral data.
2. This is about systems and practices that adults can control in the context around the Learner. Not just the gap in the Learner's development on certain things.
3. This has to be about collaboration and teaming. There is not just 1 Lead for MTSS in a school. Everyone is contributing to MTSS.
4. The impact of trauma and adversity and connects to rationale of why there needs to be the level of consistency of supports.

Dr. Acosta Price will work to keep the CoP language reflective and aligned with the roll-out of the framework with DCPS. She also stated that she and her team will look at the CoP and other resources to provide the foundational work and get some of that exposure to the Charter schools. Ms. Brumsted also stated that Dr. Bryant-Mallory and Dr. Kenya Coleman continue to bring updates on the MTSS launch to the Implementation Committee. Ms. Brumsted also highlighted that once this is launched that it will be important to highlight for the principals that the CBO clinicians and School Social Workers are MTSS champions in their buildings.

Dr. Schumacher noted that Dr. Acosta Price and Dr. Rosser are explicitly incorporating what's happening at DCPS into the CoP and wondered is there a way to explicitly elevate the District's School-Based Behavioral Health expansion into the Instructional Superintendent Cluster meetings. This would be a way to get at the fact that many school leaders don't understand the expansion or have not bought-in. The idea is to use the MTSS meetings to elevate awareness and get knowledge out about the school-based behavioral health expansion.

Mr. Lamb stated that there is a second MTSS training in March for principals and a 3/28th training for Program Managers and SEL specialists. Dr. Acosta Price will share information with Mr. Lamb to help to bridge the expansion CoP work with the MTSS training roll-out.

Dr. Schumacher clarified that she is highlighting the need for communication of the nuts and bolts of the District's school-based behavioral health expansion. A description of what it means to be matched is needed. Dr. Acosta Price stated that a Communication Plan is being developed around communication in general and we will drill down on the scope and responsibilities.

VI. Year 2 Planning

A. Implementation Committee

Ms. Brumsted noted that her updates are based on a collaboration of the DBH Clinical Specialists, the CoP, and the Family and Youth Committee. Each month the committee will provide updates on activities for the specific month. The first activity was to compile resources from the Centers for Disease Control that will help reduce fears of punitive actions if the school strengthening goals are not achieved. The higher action longer term outcome and inputs is about providing additional resources that help schools implement their work plans, evaluate their work plans in a comfortable way considering that this is not an evaluative tool but rather a self-assessment. We want school teams to be very concrete and real about how they are assessing their progress. And, feel comfortable self-assessing and possibly giving a low score without fear of being in trouble with DBH or OSSE. Resources were gathered by Dr. Doe at DC Health and from OSSE to pass on to the DBH Clinical Specialists for their engagement.

The next area is providing resources for schools and teams to build out their Tier 1 approach. Develop a standard presentation for CBO clinicians when they get to the schools. One of the 5 steps of implementation is to provide a presentation to the school about the services and the expansion. Mary's Center, Hillcrest, DBH, and OSSE are collaborating on the creation of the slide deck with talking points. It will be used as a foundation and each CBO is able to personalize it. There is an effort to have foundational talking points so that schools receive the

same information moving forward. That slide deck will be shared with the CoP team for the website.

Additionally the Implementation committee joined a Family and Youth committee and had family members to build out a legitimate mission with the language of choice. There is a new 2-page about the work and the expansion that is in the approval process for DBH and then will go to the committee for final approval.

The GW intern is finishing the development of a rubric for the Implementation Committee members and DBH Clinical Specialists to use to review Work Plans to identify trends and additional support needs.

Ms. Brumsted reported that DCPS, OSSE, and the CoP team are taking the lead on a white paper around utilization. There is a target end date of May for the paper. Currently, there is DCPS data being gathered to review and a digital survey is being developed this week that mimics what DCPS clinicians do and uses the SHAPE tool to get at utilization – how social workers, counselors, and other mental health providers are using their time in the buildings. The survey will also be distributed to our larger Charter LEAs that have mental health teams so that we have similar data on the DCPCS side that we have on the DCPS side. Ms. Brumsted shared that there has been much talk in our professional organizations and in DCPS regarding how mental health professionals are utilized within their clinical duty work; and how they are balancing the clinical MTSS work with the other duties of being a staff member in the building. This information is to try to help school leaders see how they are using these professionals and if there is opportunity for improvement in how we think about using those professionals.

Dr. Bazron asked who gave the charge to do this white paper around utilization and Ms. Brumsted stated that the development and sense of the importance of this work came from the Implementation committee. In response to Dr. Bazron's follow-up query regarding if the Chancellor and the Head of the Charter School Board endorsed it, Ms. Brumsted stated that the Chancellor has already endorsed it. This data collection process already happens within Accelify in DCPS. Ms. Brumsted was not sure for how long this data has been collecting yet thought that DCPS was in their 2nd or 3rd year. She noted that this work has not yet been floated by the Charter School Board but noted that the discussion would occur.

Dr. Bazron noted that comparability of data has already been noted in Coordinating Council discussions and would be interesting to see. Ms. Thompson added that we have wanted to know what the need is and noted the situation of having behavioral specialists in the school and not really knowing their focus, bandwidth, as well as the needs of students with IEPs and students in the general ed population. Ms. Brumsted noted that the most immediate goal is to capture information that we have not had on the DCPCS side.

B. DBH/OSSE MOU

There is a fully executed MOU as of 1/14/2020 and funds have been transferred. The position has not yet been hired. The Position is:

- School Behavioral Health Outreach Manager's role:
- Help and support school leaders in understanding the intersection of behavioral health and academic achievement
 - Support how best to utilize the CBO support that has been added to the school
 - Identify opportunities for school leaders to understand the expansion in the context of the other work being conducted in the school
 - Provide support heavily to DCPCS given that DCPS has a central office and opportunity for centralized roll-out that we don't have for all DCPCS
 - Help with collaborating on data and leveraging CBOs' expertise to support students and families

C. DBH/DCPS MOU

Dr. Scott stated that it is with the Chancellor for review.

VII. Year 3 Planning

No CBO member expressed questions regarding timeframe for paneling clinicians with MCOs

Next Meeting date and place: April 20, 2020 10am-Noon **Department of Behavioral Health, Training Rm 284, 64 New York Ave, NE, Washington, DC 20002**

Coordinating Council Members

Name	Affiliation/Designation	Attendance	Designee	Attendance
Dr. Barbara J. Bazron (Co-Chair)	Department of Behavioral Health	Present		
Ms. Maureen Akunwafor	DC Public School Teacher	Not Present		
Dr. Courtney Allen	Office of the Deputy Mayor of Education	Not Present	Ms. Laura Harding	Present
Ms. Erica Barnes	Department of Behavioral Health	Not Present		
Dr. Deitra Bryant-Mallory	District of Columbia Public Schools	Not Present		
Ms. Alyssa Conti	District of Columbia Public Charter School Teacher	Not Present		
Ms. Sharon Dietsche	Department of Behavioral Health	Present		
Dr. Kafui Doe	Department of Health	Present (by phone)		
Councilmember Vincent Gray	DC Council-Committee on Health	Not Present	Mr. Osazee Imadojema Malcolm Cameron	Present Present
Ms. Sharra Greer	Children's Law Center	Not Present	Elizabeth Oguendo	Present
Councilmember David Grosso	DC Council-Committee on Education	Not Present	Akeem Andereson	Present
Ms. Anne Herr	Friends of Choice in Urban Schools (FOCUS)	Not Present		
Ms. Atiya Jackson	Department of Behavioral Health	Not Present		
Ms. Sarah Koreishi	Child and Family Services Administration	Not Present		
Mr. Michael Lamb	Non-Core Services Agency Provider	Present	Ms. Heidi Reed	Present
Mr. Mark LeVota	DC Behavioral Health Association	Not Present		
Dr. Taiwan Lovelace	Department of Behavioral Health	Not Present		
Mr. Nathan Luecking	Department of Behavioral Health	Not Present		
Mr. Michael Musante	Co-Chair	Not Present		

Mr. Javon Oliver	Department of Health Care Finance	Present		
Dr. Chioma Oruh	DC Public School Parent	Not Present		
Ms. Michelle Palmer	Non-Core Services Agency	Not Present	Rebecca Roesch	Not Present
Ms. Marisa Parrella	Core Services Agency	Present		
Ms. Barbara J. Parks	Department of Behavioral Health	Present		
Mr. Scott Pearson	DC Public Charter School Board	Not Present	Ms. Audrey Williams	Not Present
Ms. Juanita Price	Core Services Agency	Present		
Vacant	Youth Representative			
Mr. Justin Ralston	DC Public School Principal	Not Present		
Dr. Heidi Schumacher	Office of the State Superintendent of Education	Present	Ms. Tia Brumsted	Present
Dr. Charneta Scott	Department of Behavioral Health	Present		
Ms. Colleen Sonosky	Department of Health Care Finance	Not Present		
Dr. Olivia Soutullo	Children's National Health System	Not Present		
Ms. Sakina Thompson	Office of the Deputy Mayor for Health and Human Services	Present		
Mr. Raymond Weeden	DC Public Charter School Principal Representative	Not Present		
Ms. Molly Whalen	DC Public Charter School Parent	Not Present		

Government Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Nielah Tucker	Department of Behavioral Health		
Ms. Philippa Stuart	Department of Behavioral Health		
Mr. John Davie	Office of the Attorney General		
Mr. Chaz Kohlrieser	Department of Behavioral Health		
Ms. Keona Carr	Department of Behavioral Health		

Mr. Andre Edwards	Department of Behavioral Health		
Ms. Christina Jones	Office of the Attorney General		

Public Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Renee Palmer	CRP./CoP		
Dr. Olga Acosta Price	CHHCS/GW		
Dr. Mariola Rosser	GW/CoP		
Ms. Ciar Malcolm	Howard Nursing		
Ms. Anaya Davis	Howard Nursing		
Ms. Eden Kasaye	Howard Nursing		
Ms. Rene Barton	Howard Nursing		
Ms. Nancy Alexis	Howard Nursing		
Ms. Alicia Calixte	Howard Nursing		
Ms. Tiffany Simmons	Howard Nursing		
Ms. Melissa Wade	KIPP DC		
Ms. Maria Gomez	One Common Unity (on phone)		
Ms. Tammy Fenton	AprilMay		