



## Agenda

### Coordinating Council on School Behavioral Health

Monday, April 20, 2020

10:00 am – 11:00 am

via Webex

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#### **I. Welcome**

Dr. Bazron provided welcome and oriented participants to the agenda and documents. Opportunity was given to the members of the public to provide their comments, observations, and any questions to the Coordinating Council.

#### **II. Updates, News, and Public Comment**

##### **A. Co-Chair Updates**

Dr. Bazron reviewed the schedule for the upcoming meetings. We are maintaining our meetings on the 3<sup>rd</sup> Monday from 10am- Noon and we may need to have a touch-base on an interim because of where we are in the current emergency. Dr. Bazron stated that the Mayor has announced that we have a potential six hundred million dollar shortfall in the District's budget. That shortfall has a potential impact on all of the services and supports and operations of the District of Columbia. At this point, we do not know whether or not the expansion of school-based behavioral health will be impacted or not. At this point, it is anticipated that the Mayor will submit her budget in mid-May. In possibly around June, we will know what kind of resources with which we will be working. Then, DBH with the Coordinating Council on School Behavioral Health will determine together how to move forward to make sure that we maximize the resources for our children and families.

Dr. Bazron stated the importance that all of the school-based behavioral health clinicians are reaching out to the families within their schools. Connectivity is critical. We have been working very closely with the Deputy Mayor for Education, the DC Public Charter School Board, and the schools around this issue. Ms. Barbara Parks has been attending those meetings on behalf of DBH. We are beginning to hear about some of the stressors that families are feeling as they are being school teacher, monitor, parent, friend, and facilitating relationships among and in between their young people and others electronically; and making sure that young people have an opportunity to get out and run, play, and exercise as much as possible.

Mr. Musante updated that he is attending the meeting again as a Charter School advocate. Announcements may be distributed not only through the Public Charter School Board but also via FOCUS.

##### **B. Coordinating Council Member News**

Ms. Brumsted stated that the Deputy Mayor for Education has coordinated nine response working groups to support schools and LEAs during this public health emergency. One of those response working groups is on mental health and Ms. Brumsted serves as the facilitator. Most of the

members of the working group are also members of the Coordinating Council. There are also educators and clinicians who work in schools and often attend the Coordinating Council meetings. The goal is not to duplicate any efforts of the Coordinating Council, or the committees, or the Community of Practice. It is more to be able to hear additional concerns that are coming up for the education sector regarding mental health and wellness during the public health emergency. There is then coordination with our other existing entities to ensure that we have streamlined communication and information sharing as well as accessing and leveraging resources. There was a desire to make the Coordinating Council aware that this working group exists and that about 90% of the membership overlaps with Coordinating Council membership. The charge is more about disseminating information. One core challenge that the group has identified is ensuring access to care. Ms. Parks has joined the Charter leaders call and has provided updates on how our CBO clinicians are providing services and the way that students and families may access the DBH Hotline also was provided. Information was disseminated including guidance from DC Health and the Maryland and Virginia Health departments regarding interstate telemental health guidelines. An additional core challenge identified by the group is additional support for our educators in both their self-care and wellness and to assist in remembering the use of trauma responsive practices while providing services to students remotely. Currently, the group is developing a flyer to remind folks of the Kognito modules that are available to everyone as most have to complete their bi-annual requirement of the modules this year. This is a great time to complete the mandated trainings as well as additional self-care, and other training opportunities. This working group listens to any additional needs that come up from school leaders and the community and will coordinate across the Coordinating Council, DBH, and other agencies to ensure that information is properly disseminated.

Ms. Brumsted invited those with inquires to reach out to her directly regarding challenges that they are hearing or their clients are experiencing. She will ensure that those challenges are discussed with the other working group leads and a place is found for those challenges to be explored.

Dr. Bazron noted that in terms of the early childhood cohort, DBH is seeing an uptick in the amount of families that are making appointments at the Howard Road facility. Telehealth sessions are available. The doors are open at Howard Road and there is a team there if anyone knows of parents with young children who need services. Ms. Parks stated that there are two programs at Howard Road. One is the Parent Infant Early Childhood Enhancement (PIECE) Program for children ages 0-7. The other program in the Urgent Care Clinic is for emergency psychiatric services for children and youth up to the age of eighteen, and has a psychiatrist onsite two days a week and telehealth is conducted three days a week. Ms. Parks reiterated that DBH is seeing an increase in the volume in the clinic at Howard Rd and the team is still taking cases. She clarified that if the families have a child in the age range of the PIECE Program, the families may call directly over to Howard Rd (202) 698-1838). They don't need to go through the Access HelpLine. The Howard Road staff are able to work with families to get them enrolled. Ms. Parks noted that as a member of the Mental Health Response Working Group, the group also is discussing how to support grieving students.

In response to comments and concerns noted in the Chat Box about lower billable service hours, Dr. Bazron directed providers to the information shared to support the full array of services via telehealth. Mrs. Morilus-Black stated that services from her CBO affiliation are provided both by phone and video-conferencing. Given the limited time availability of families to stay on the line, her clinicians have conducted mini-sessions. These require more effort from the clinicians in order to arrive at the same billable service hours that her CBO needs to make the model work.

Dr. Bazron informed the group that the District of Columbia received the \$2 Million grant award that was an emergency grant award from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address the impact of COVID-19. Particularly, the grant is to address mental health and substance use disorders that are related to the pandemic. The notice of the award was received a few days ago and there is anticipation to be able to operate and utilize the money to support our community within the next couple of weeks or so. One of the requirements is that there is funding set aside to address frontline workers, including mental health workers. Some services will include addressing the needs of individuals who are providing services and support to individuals and are impacted by grief and loss themselves. Services will also support members of the community who are suffering from minor mental health and substance use disorders. The majority (80%) of the funding is for individuals who have severe, persistent mental illness and substance use disorders. The application was turned around within nine days and the services will be up and running quickly.

### C. Public Comment

Comments from Chat Box were addressed during meeting or in follow-up outreach. Some meeting posts included:

- Request to know which DME response working group will address pregnant and parenting teens.
- In light of DCPS Head Start funding no longer being available, it's critical to include preschool families since they are vulnerable.
- Are there any parents or groups that are advocates for parents part of the working group?
- During the first 3 weeks of pandemic we took a hit financially in our SBMH program. The therapists were working all day long trying to engage children and families for teletherapy services. Currently, we are seeing high fatigue in our therapists due to high contact hours but lower billable services. In addition, we are also struggling with giving time off to the therapists because their billable hours/productivity will drop and our ability to keep the program open and functioning is almost impossible.
- Thank you, Chioma. Preschool and PK only schools are represented in the group.
- from Chioma to everyone:  
Yet there's DCPS, which is not preschool only  
And a much more complex service delivery system than the preschool only schools
- from barbara parks to everyone:  
Howard Rd number is 202-698-1838
- from JaVon Oliver to everyone:  
What services were being provided that weren't billable? I'm just trying to understand to see how DHCF may support.
- from MParrella to everyone:  
I have reached out to Wendt to discuss a summary of this - hope to focus on teens too as much of the information has been focused on young children. (*Referencing Grief and Loss*)
- from barbara parks to everyone:

Yes Howard Rd is the PIECE program for children ages 0-7, but we also have an urgent care clinic for children and youth up to age 18. We have a psychiatrist who is on site as well as available for telehealth sessions.

- from Lovannia.Dofat-Avent to everyone:  
During one week we conducted 203 outreach contacts and none were billable.
- from Lovannia.Dofat-Avent to everyone:  
The fatigue also comes from additional tier 3 services because the school's families that are not receiving therapy now need supportive, crisis or referral services because they are not connected. The therapists are reporting that DBH therapists are not doing teletherapy at this time and they are only doing phone safety checks. This adds to the fatigue of our therapists.
- from Deitra Bryant-Mallory to everyone:  
Marie, please get in touch and let us know what schools your folks are saying haven't heard from their school-based clinicians. That shouldn't be the case, our stats show that students are being seen. Thanks!
- from Chioma to everyone:  
I'm very concerned at the current status of Trained staff that can work with families of very young children - can you speak to that
- from Molly Whalen to everyone:  
Many charter schools are continuing distance learning through June end-of school year dates. They are not all following DCPS's lead with the May 29th date.
- from Marie Morilus Black to everyone:
- Also one of the challenges from providing school based is for the families who do not have access to computers and doing telehealth by phone only is more challenging with the students as per our school based team
- from MParrella to everyone:
- There is a working group addressing digital divide with DME.
- Hello everyone. This is Dr. Lovelace with DBH School Mental Health. We are providing all three tiers of services through teletherapy (HIPPA approved platform), videos/programs for prevention/early intervention, and phone contacts We have ensured continued of care as a program for our staff, students, and families as it is of critical importance, especially at this time.
- from lueckingn to everyone:  
Second Dr. Lovelace, I have been in consistent contact with all consumers and their families, both at a DBH clinician and as part of an outreach team at Anacostia HS. I am also in contact will all other clinicians who are reporting the same level of activity
- from Lovannia.Dofat-Avent to everyone:  
some of our children/schools have not been able to receive the equipment to conduct therapy sessions. Often times, there are just one phone the entire family is utilizing. Is this going to change?
- from Chioma to everyone:  
Are there any CBOs giving out devices for families? If so, I'd be curious how they are finding this? And are schools getting devices communicating with CBOs so they know who needs devices for more than academic reasons?
- from MParrella to everyone:

Mary's Center is fundraising and got 50 laptops and are hoping to get 200 more. There is funding out there!

- from Audrey Williams to everyone:  
Many charter schools have been distributing devices to families. If you have names of schools that students are enrolled in, please let me know so I can research and see where things stand.  
Audrey Williams [awilliams@dcpcsb.org](mailto:awilliams@dcpcsb.org)
- Yes, this is an important time to invest in family facing organizations.
- Part of keeping aware of the fast changing needs in the communities is to expand communication channels to ensure that we actually know what's happening so as to inform the clinical staff and education administrators. It is essential at this time. And needed in all 8 wards.
- For the workforce portal, how do CBO point of contacts follow up if we have not received an update?
- Echoing Dr. Bazron's remarks. God bless all of you and stay healthy.
- The CoP developed a self-care infographic ...please check it out
- Thank you all for your commitment to families and youth!

### **III. Review of the Minutes**

No comments given to minutes. Members are able to send any corrections following the meeting.

Dr. Bazron responded to a concern raised in the meeting's chat that was regarding the status of trained staff that can work with families of very young children. Dr. Bazron stated that within the Department of Behavioral Health's Howard Road staff, we do have people with expertise in working with families of young children. We also have staff who are providing consultation and support to families within the child development centers. Ms. Parks added that she wasn't sure if the Community of Practice is building up across expertise in early childhood. Ms. Parks stated that DBH would be happy to add any expertise to that group. She echoed that DBH has several qualified staff in early childhood, mental health consultation, as well as in therapy.

### **IV. Follow-up from Last Meeting**

- A. In regards to the status of Cohort 3 CBO selection from the RFA, Dr. Bazron stated that members are aware that the RFA was released. The responses were due on March 23<sup>rd</sup> and the panel reviews have concluded. We are poised to make awards, however one issue that we face is that there is shortfall. We don't know what the impact of that is going to be at this point. We cannot make awards if we don't have funds to support a contract. So, at this point we are in a holding pattern until we have more information to be able to move forward in the contracting process. Based on the Mayor's report, DC Public schools will close on May 29<sup>th</sup> and the DC Public Charter Schools may be on or about the same. As soon as we know more, we will make the awards and begin the matching process. We will have less time to support the matching process and get selections made to get clinicians prepared to be in schools at the beginning of the next school year. We will be happy to share information once we have it. Dr. Bazron stated that information in the meeting chat stated that many of the DC Public Charter schools are continuing distance learning through June.
- B. Dr. Scott reported that we have a fully executed contract for the evaluation and we are scheduled to have our kick-off meeting on April 28<sup>th</sup> and our sister Agency OSSE will attend. The contract was awarded to Child Trends. The team will be communicating and getting feedback and thoughts

about moving forward from different stakeholders including members of the Coordinating Council as we move forward.

- C. Ms. Brumsted provided brief overview of the hand-out regarding the document that is about IEP behavioral health related service provision by a community based provider as part of the expansion initiative. The document is joint guidance from both the OSSE IDEA teams and the Medicaid State Plan team at DHCF. The guidance document outlines the general obligations for determining service providers that are left up to the schools and that schools may determine that a contractor or a CBO provide the service. And, the second page identifies considerations that are important if a school and a CBO wanted to have the clinician provide IEP related services. These considerations include in the first two paragraphs guidance directly from DHCF that the CBO will not be able to bill nor seek reimbursement for the related service because only DCPS or DC Public Charter School have codes for those types of services. The remainder of the considerations include thoughts from OSSE and an outline of the level of responsibility that comes with providing related services. This level of responsibility includes additional training, additional documentation, participation in meetings, and progress monitoring. Once a CBO and school partnership as well as the CBO and school's attorneys have reviewed the OSSE document 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. Scott and DBH to discuss next steps.
- D. Mr. Kohlrieser provided a report of CBO services during the period of distance learning. He thanked our CBO partners for the great work that they've provided making connections for our families and connecting with the schools to allow for a continuum of services during the response to COVID-19. During late March, there was an opportunity to collaborate with DC Public Schools and DC Public Charter Schools, with the support of the CBO partners, to begin capturing data during the distance learning period. Mr. Kohlrieser provided information regarding ranges within the data. He noted that so far the number of telehealth session show a range of 751 to 959 sessions completed by our CBO partners. Mr. Kohlrieser shared an example of one contribution to the climb in the data as evidenced by a CBO that had 0 telehealth sessions when the reporting began in March and that CBO has consistently increased the number each week to now completing over 100 telehealth sessions.

Mr. Kohlrieser further reported that the CBO partners continue to think outside of the box and are collaborating with schools to continue to provide prevention and early intervention services. The current report captures that information and indicates a range of 791 to 934 activities completed. On the ground, those activities include such examples as teaming with DC Public and Public Charter Schools to utilize existing social media accounts for outreach and marketing of programming. Additionally, many of the CBOs are reporting using Instagram to post flyers, mental health tips, and resources. The CBOs are using what the schools already have in place on social media and working with that school to tailor responses to families and make sure that families know that the CBOs are available and what services they provide. The platforms are used for drop-ins for teachers, parents, and for students.

Mr. Kohlrieser noted that he has been encouraged to hear how CBOs are trying to make it easier for parents to access these services by offering some of the drop-in supports after hours, outside of 9am-5pm. One CBO is working to provide a group support for parents with simultaneous support for the children. This is designed to support the focused participation of the parents while their children are engaged in activities.

Some CBOs report accepting invitations and joining as members of their school teams and assisting in asking questions when the teams conduct check-ins with families of students. CBOs with bilingual staff are intentionally offering these same services to families where English is the second language. And, CBOs are continuing to use the Community of Practice to build capacity in delivering telehealth with diverse populations.

Mr. Kohlrieser reviewed his observation of the challenges provided in the CBO reports. Mr. Kohlrieser observed that the challenges tend to lie in two buckets with one bucket being ***Hierarchy of Needs & Stigma***. Some families are opting out because they indicate “this just isn’t on the top of their list.” This is a challenge that is also noted by the School Behavioral Health Coordinators. Families are opting out because they don’t have capacity or they are just opting out. Some families are reporting feeling uncomfortable with telehealth services – some are displaced and do not want those caring for their child to know their child is receiving behavioral health services.

The second bucket is ***Displaced or Disconnected***. In response to COVID-19, some families have made other arrangements for their children, and they may not be at the address or phone number the school or CBO has for them. Additionally, some families are not connected to the Internet, do not have laptops or smartphones to access services; and some students do not have their own smartphones to access services.

Additionally, it is a challenge to schedule sessions and find a time with parents who are also teleworking or working – especially, in situations of finding a time for the younger children who are receiving services.

- E. The CBOs are continuing to hire and conduct interviews. We have learned that DCPS is in the process of establishing the contract and process by which new employee candidates and employee partners are able to be electronically processed for screening and background checks. DCPS anticipates securing a contract for this in May. This is in follow-up to the recognition that CBO candidates and employees are not currently able to physically go to DCPS to complete the screening and background check process.

Dr. Bazron reviewed the information from the meeting’s chat box that related to the need for student and family access to equipment. Dr. Bazron noted that the Chancellor and the Mayor have recognized the issue. She shared that it has been reported in the chat posting that Mary’s Center is fundraising and secured 50 laptops and hopes to secure 200 more. Dr. Bazron expressed gratitude for the community coming together during this time. We will try to gather as much information as possible regarding access to equipment to support telehealth.

## V. **Community of Practice Update**

Dr. Acosta Price thanked Dr. Mariola Rosser, the Center for Health and Health Care in Schools (CHHCS) team and all of the partners who have really pulled together and really accelerated our work together. Dr. Acosta Price noted that we pivoted from a process where we were organizing and collecting information about the community’s needs and conducting face to face Community of Practice monthly meetings. She noted that those meetings were receiving great evaluation reports and people were engaged as the practices that we need to be effective in school behavioral health were

being encouraged. Then, along with everybody else, the CoP team had to pivot and look to see how they could move all of that technical assistance and support online.

Dr. Acosta Price oriented members to the various CoP documents emailed with the meeting documents. The monthly progress report notes that there has been an increased number of engagements that have been facilitated. Additionally, there has been an increased capacity and willingness for community members to share and showcase their own expertise and talents. It is part of one of our goals to allow folks to come together and share their practices and to support one another in the kinds of strategies and problem-solving that we need to do in this very challenging time where there are fast moving needs and limited resources. We have moved from a monthly to a weekly engagement. Early on, the focus was on self-care. Dr. Acosta Price acknowledged that similar to what has been posted in today's chat box there is a common experience of feeling very fatigued and very stressed related to trying to meet a number of different needs and to operate differently than has been routine. Dr. Acosta Price stated that the CoP has focused quite a bit on making sure, as they are such critical conduits to our children and families, that the well-being of the CBO and school team members is something that continues to be prioritized.

During the peak of the call on best practices in telehealth, there were 134 participants. One of the more recent follow-ups was on teleplay therapy and Dr. Acosta Price thanked Mary's Center whose clinician demonstrated the kinds of practices that they are using regularly and the CoP was able to engage in a deep and meaningful conversation. The CoP team has been surveying and asking the Community to continually tell the team what their needs are because the needs change week to week and the CoP team is trying to be responsive. It means that planning is occurring as quickly as possible to provide the kind of information, strategies and innovations that people are doing, gathering that information, and then sending it back out to the Community. In one of the provided documents is the consolidation of a lot of those questions that come right from community and the kinds of answers and strategies and ideas that emanate from our Community and some experts in other places.

The schedule of CoP topics through May, 2020 was provided.

Dr. Bazron oriented members to the Chat box to be aware that Ms. Audrey Williams shared that a lot of the DC Public Charter Schools are also distributing devices to families and Ms. Williams placed her email address in the chat box as a resource.

## **VI. Year 2 Planning**

### **A. Implementation Committee**

Ms. Brumsted reviewed that the Implementation committee with the support of the Community of Practice is focusing on reviewing the work plans that have been submitted for Cohorts 1 and 2 so far. There are four major goals of reviewing all of these work plans. Ms. Brumsted provided huge gratitude to all of the Implementation committee members, the CoP members and the supporters of the CoP who are all taking time to review up to four different work plans and information using a tool that was developed by our GW intern. The four goals of these reviews include: 1) identify trends with training and technical assistance that might be needed to help inform school and CBO team work plan development moving forward; 2) identify areas within the current work plan template and the webinar, that we provide providers and coordinators, where we can enhance those resources to ensure a more robust and detailed work plan process; 3) develop an exemplar work plan from various plans so that we can have an

example as schools and CBOs are building out work plans in the future; and 4) incorporating into the work plan goals or plans and resources with increased focus on grief and loss, mental wellness, and basic trauma responsive practices, even for school teams that believed that they were doing really well in those areas. We will be returning to a different normal and we want to ensure there are additional guidance and resources for school teams as they are building work plans for next year that are related to responding from the public health crisis.

#### B. Workforce Portal and Process

Mr. La Fleur stated that the Workforce portal is up and active. We have had two people respond so far. Ms. Price will be giving weekly updates to the CBO Point of Contact about the Workforce Portal and the number of submissions that have been entered for that week.

#### VII. Year 3 Planning

Dr. Bazron noted again that the information is currently limited regarding the process and details regarding the resources available for standing up Cohort 3. Dr. Bazron will push out information to the Coordinating Council once it is known to her.

Dr. Bazron closed the meeting by saying thank you to everyone for their work and she reminded everyone that we all have to mind our own mental health because we are also impacted by the virus. We have many friends, neighbors, and family members who have been affected. And so, as we are really charting this new course and moving to a new normal, Dr. Bazron wants all of us to make sure that we are using the health practices ---getting out and exercising, keeping a regular schedule of activities with the beginning and end to our day, segregating our work life from our home life, and we call on the strength of whatever we use when we are facing difficult circumstances – be that our religion, be that our friends, our family, etc. And, most of all, it is important that we stay connected while being apart, and all of us move to a new and better normal. With that, Dr. Bazron thanked us all and wished for us to stay healthy.

**Next Meeting date and place: May 18, 2020 10am-Noon Department of Behavioral Health WebEx**

## 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		
Ms. Laura Harding	Office of the Deputy Mayor of Education	Present		
Ms. Erica Barnes	Department of Behavioral Health	Present		
Dr. Deitra Bryant-Mallory	District of Columbia Public Schools	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		
Councilmember Vincent Gray	DC Council-Committee on Health	Not Present	Mr. Osazee Imadojema	Not Present
			Malcolm Cameron	Present
Ms. Sharra Greer	Children's Law Center	Present	Tami Weerasingha-Cote	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. Sarah Koreishi	Child and Family Services Administration	Not Present		
Ms. Heidi Reed	Non-Core Services Agency Provider	Not Present		
Mr. Mark LeVota	DC Behavioral Health Association	Present		
Dr. Taiwan Lovelace	Department of Behavioral Health	Present		
Mr. Nathan Luecking	Department of Behavioral Health	Present		

Mr. Michael Musante	Friends of Choice in Urban Schools (FOCUS)	Present		
Mr. Javon Oliver	Department of Health Care Finance	Present		
Dr. Chioma Oruh	DC Public School Parent	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	Present
Ms. Juanita Price	Core Services Agency	Difficulty Logging-in		
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	Present		
Dr. Olivia Soutullo	Children's National Health System	Present		
Ms. Sakina Thompson	Office of the Deputy Mayor for Health and Human Services	Present		
Mr. Raymond Weeden	DC Public Charter School Principal Representative	Present		
Ms. Molly Whalen	DC Public Charter School Parent	Present		

### Government Attendees

Name	Agency/Position	Phone	E-Mail
Mr. Chaz Kohlrieser	Department of Behavioral Health		
Mr. Ron La Fleur	Department of Behavioral Health		
Ms. Nielah Tucker	Department of Behavioral Health		

Ms. Crystal Williams	Department of Behavioral Health		
Ms. Claudia Price	Office of the State Superintendent of Education		
Dr. Kenya Coleman	DC Public Schools		

### Public Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Renee Palmer	CRP./CoP		
Dr. Olga Acosta Price	CHHCS/GW/CoP		
Dr. Mariola Rosser	GW/CoP		
Ms. Megan Berkowitz	Apple Tree		
Mrs. Maria Del Rosario Gomez	One Common Unity		
Ms. Michelle Swinson	AprilMay		
Ms. Tammy Fenton	AprilMay		
Ms. Marie Morilus-Black	MBI Health Services		
Ms. Angelia Baker	MBI Health Services		
Ms. Devene White	Howard University		
Ms. Lovannia Dofat-Avent	Catholic Charities		
Ms. Kashawna Watson	Catholic Charities		
Mr. Chappelle Marshall	SMILE Therapy		
Ms. Kerry Savage	PAVE		
Ms. Nancy Meakem	KIPP DC		
Ms. Jenise Patterson	Parentwatch		