



Agenda

Coordinating Council on School Behavioral Health

Monday, July 27th, 2020

10:00 am – 12:00pm

via WebEx

I. Welcome

Dr. Bazron provided the welcome and oriented participants to the agenda and documents. Dr. Bazron asked for Ms. Audrey Williams to invite the new DC Public Charter School Board's Executive Director Dr. Michelle J. Walker-Davis to attend the next Coordinating Council meeting so that the Coordinating Council is able to meet her. Ms. Williams assured Dr. Bazron that she will include Dr. Walker-Davis being introduced to the Coordinating Council as a part of her on-boarding process.

II. Updates, News, and Public Comment

III. Opportunity was given for Coordinating Council members to provide news. Opportunity was given to the members of the public to provide their comments, observations, and any questions to the Coordinating Council.

A. Co-Chair Updates

Dr. Bazron provided an update regarding the budget. The final budget numbers are not known at this time. The Council vote will occur on tomorrow July 28, 2020.

B. Coordinating Council Member News

During this portion of the meeting, the public engaged with the Coordinating Council members in dialogue in response to information shared by the Coordinating Council members.

Ms. Audrey Williams provided an update regarding reopening plans for DCPCS. The schools have until August 7th to submit plans for reopening but most schools are looking to go virtual for at least the first semester. Some schools have given parents an option of choosing a combination of virtual and in-person.

Mr. Akeem Anderson, Committee Director for the Committee on Education, provided information regarding the budget. He stated that the budget numbers are

final and the vote for July 28th is for the Budget Support Act which involves all of the laws that go along with the budget.

Ms. Laura Harding of the Office of the Deputy Mayor for Education (DME) flagged for the Council that it would be helpful if the Coordinating Council would share with the DME thoughts on the impact of virtual learning for students, in terms of their mental health. Acknowledging that we are still waiting for the Mayor to make a final decision regarding the opening of schools, Ms. Harding stated that based on feedback received during focus groups, many young people are worried about their health. They also are concerned about the lack of social interaction that they are having with their peers. Ms. Harding stated that it would be helpful for members of the Coordinating Council to share any insights on mitigating some of the issues that arise from students being in a virtual stance for over four months. She wondered about any advice for the Mayor.

In response to Dr. Bazron's invitation for comments from the members, Dr. Bryant-Mallory stated that one of the things we are doing to address recovery in general is to revise the work plan that comes as a result of the School Strengthening Tool completion. By incorporating that recovery component, schools will be able to look at their own unique student population, the needs, and potential losses, and be able to plan for those issues in a very strategic and intentional way. DCPS is also encouraging all teachers, whether virtual or in-person, to include a Social Emotional Learning (SEL) component to their lessons so that they are starting and ending their lessons with an SEL touchpoint. This will create opportunity for connection for students that allows them to express where they are in terms of their emotional health. In response to Ms. Harding's inquiry regarding how DCPS will ensure that the teachers are including the SEL component, Dr. Bryant-Mallory stated that she will have to inquire about how the monitoring will be conducted.

Ms. Molly Whalen stated that although she doesn't know the protocol, she wondered if the body could make a statement about addressing the social, emotional, and mental health needs of students. She expressed excitement about what was planned in DCPS and would love that approach to be more systematized and shared with families regarding what to expect. Ms. Whalen stated that she has been very concerned that there has been a focus on academic learning with very little focus on where our students are mentally and emotionally. The statement could include: what should be expected in every classroom if we are going virtual, thinking as a city about extending special education eligibility given the ongoing situation, and including recommendations that stem from out of the box thinking. Dr. Bazron responded that based on what Ms. Whalen and others have said, it seems that more than a statement is needed and she thinks that we should think about what this would look like and what kinds of supports would be offered to families as opposed to saying that this is going to be difficult.

Ms. Tia Brumsted shared a link for an OSSE resource and stated that OSSE has published principles for continuous education and named specifically under Pillar

of Equity and Access, whole student supports which specifically discusses the wellness, social emotional health, and mental health needs of students. There are expectations outlined for what continuing to address those needs are and also a body of resources are published on the website that are updated every two weeks. OSSE is continuing to add resources, tools, and trainings to support LEAs and schools in planning and implementation. The revised Work plan template will be in that Resource Bank and will be available to schools not currently in an expansion Cohort at this time. In addition, LEAs are also required to submit an application on how they plan on continuing to deliver education in the extended pandemic. There will be several questions to capture what the LEA will do to support the social emotional and mental health needs during the school recovery and how they will identify and provide academic intervention. All plans will be submitted and reviewed by OSSE.

Dr. Bazron stated that the school-based behavioral health teams should be actively involved in supporting the social emotional development and the mental health of the young people and their families. She also stated that given our Community of Practice resource, the team should be developing a toolkit that could be used by the school-based behavioral health clinicians. Dr. Bazron charged Dr. Scott to follow-up regarding the development of the toolkit.

Dr. Olga Acosta Price spoke to the number of things that are in development continuously in partnership with members of the Coordinating council at various levels. The work is involving not only providing information but also determining how best to help the actual implementation to occur. She noted that for some of the situations that we are in, there is no evidence based practice or best practices to use. In her opinion, there is available practice based evidence to use. In supporting systematic implementation, there is work being conducted to make sure that good student connection, good student engagement, and good family communication are embedded in all the work that we do. The Community of Practice has worked closely with School Talk D.C. this summer which is an organization that is connected to the restorative justice work within the multi-tiered approach in many of the DC schools. The collaboration this summer centered around a three-part series of extensive conversations to determine how to support Tier 1 supports and curricula that are based on strong evidence. There would then be scaffolded to Tier 2 and Tier 3 services. This work and resource will come to bear in the toolkit as they make it actionable. Dr. Acosta Price welcomed anyone who would like to be a part of the upcoming conversation with School Talk DC.

Ms. Marie Morilus-Black, from MBI, agreed with Ms. Whalen on the importance for the Coordinating Council to send a statement regarding the importance and expectations regarding mental health and to encourage participation in mental health activities. She explained that there has been an uptick in CFSA calls since school has gone virtual so it is important to support families that may have children dealing with some mental health concerns. She also identified still seeing that there

are many children of school age that do not have devices to participate in virtual mental health therapy as well as schooling. She wanted to acknowledge that there is a gap in the system to address related to this issue.

Mr. Nathan Luecking, from the School Mental Health Program, agreed that full technology is essential for getting students the mental health support during this time so that the students are able to access the platforms. He also noted that School Mental Health is so effective because clinicians are able to meet students in the classroom and in the school building. Partnering with LEAs is essential in order to have the same learning software and possibly be in the virtual classrooms with the students to do pull-outs or class-based work. He expressed the importance of integrating as much as possible so school behavioral health work doesn't have to be its own separate component in order to continue to provide mental health support and services. Mr. Luecking further stated that for those considering a hybrid of virtual and in-person, it is extremely important to take into account what it means to send students back to school in this type of environment with anxieties and uncertainty. He encouraged consideration of all that the National health experts are saying could happen and the possible greater and more impactful long-term effects on student mental health than a semester of virtual learning.

Dr. Oruh emphasized the importance of ensuring that all students have access to technology in order to participate not only in virtual schooling, but virtual mental health therapy. She stated that even if technology is available in the home, the level of need may require a hands-on approach. Dr. Oruh suggested possibly looking into an opt-in for home visiting and offering guidelines for these visits so there can be additional assistance.

Ms. Juanita Price noted that best practices and toolkits are very good. She also expressed concern about where the CBOs will fit within the academic schedule especially with everything being virtual. She is concerned because there has not been any emphasis around prioritizing clinicians in schools so they can push into classrooms and also continue to address trauma. Hillcrest plans to develop "Back to School Basics" for parents and hopes that the Community of Practice and others can provide more information to support that work. She also thinks that truancy will be an issue even in a virtual environment and welcomes resources to address truancy.

Dr. Acosta Price stated the importance of collecting the information, concerns and specific questions that everyone is receiving from families that are reaching out to the clinicians. Tracking this information will allow the Coordinating Council and Community of Practice to think of the best strategies to address each concern and question. It may be that we would be able to tailor information that already exists, nationally.

Identified Take-Aways/Follow-ups from the Discussion:

- A statement regarding the child and family mental health issues related to being in a COVID environment with school approaching
- Development of a Toolkit that contains national resources and is tailored to our DC residents
- Obtain clarity regarding where school-based behavioral health fits within the academic calendar and schedule
- Accommodations be made so that school-based behavioral health clinicians have access to the materials and platforms that are being used virtually. And, make sure that the clinicians are able to integrate their services and supports in a virtual environment and an in-person environment.
- Ensure that the technology is available and accessible for the students to receive behavioral health services

Ms. Williams requested that she be informed of any DCPCS student who is in need of technology devices. Ms. Harding confirmed that OCTO is working with the DME to give every student access to Wi-Fi. Dr. Bazron also noted that she has heard that there is also a need for access to individual equipment for each student within a household.

C. Public Comment

No one from the public provided news or comments.

IV. Review of the Minutes

Dr. Scott will make typo corrections. Ms. Juanita Price moved to accept the minutes and Ms. Williams provided a second to the motion. Motion passed to approve the minutes with the correction of typos.

IV. Follow-up from Previous Meeting

A. Memorialized Decisions and Policy Choice from Special Meeting of Coordinating Council (Dr. Bazron)

Dr. Bazron facilitated the members in memorializing the recommendations that were made during the last meeting.

- **Should funding be added to the existing CBO contracts to address COVID-related issues (data needed)?**

The recommendation from the group is that consideration should be given to adding funding to existing grant agreement to provide more stability and address some financial issues that the CBOs are currently facing.

Clarification was made that this is separate from the funding for supervision. Following the clarification, the body concurred with the representation of the recommendation.

- **Should a family leader liaison be established to conduct outreach and linkage activities to connect families and youth to the SBBH program?**

The recommendation was to find a way to do address this with existing resources, including the family run organizations and utilizing existing resources within DBH that could be utilized to fulfill this function.

The body concurred with the representation of the recommendation.

Dr. Bazron highlighted that an issue is that some parents are reticent for their young people to receive therapeutic services. One of the roles of this function is to help with that type of issue. In response to inquiries from Dr. Oruh and Dr. Price, Dr. Bazron stated that the role may be linked and coordinated with the work of the Family and Youth committee and the Family and Youth Engagement Practice Group. Dr. Bazron asked Dr. Oruh to work with the Family and Youth committee to help us to develop a concrete plan. Dr. Oruh stated that there is currently a working group for family-facing organizations and family-run organizations and that working group would be a great space within the Family and Youth Committee to flush out the plan.

- **Should schools with more than one clinician be examined to determine whether one of the clinicians could be re-assigned to another school to support program expansion?**

The consensus was that no changes should be made at this time because it could be clinically disruptive for children and families and until we have data to make some decisions, we should hold off.

The body concurred with the representation of the recommendation.

This should be revisited at a later time given that we have an evaluator and will be able to put a data collection system in place.

- **Should the maximum number of new schools be funded with existing funds?**

We heard that the maximum number of schools to be served is desired. These services are needed more than ever given the current pandemic.

The body concurred with the representation of the recommendation.

- **How should “one-time” GEER funding be utilized?**

No true recommendation but some of the ideas presented included: possibility of adding a one-time subsidy to each CBO’s grant to help with financial viability, provide funding to develop visual or virtual platforms for service delivery, or use it for expansion.

We will pause on this pending that we will be able to obtain the funds.

B. Budget Update (Dr. Bazron)

Dr. Bazron instructed the body to disregard the Budget update slide (Slide 14) because the information is incorrect. Dr. Bazron will not provide a number until

clarity is known. Mr. Akeem Anderson provided his thoughts regarding the budget and stated that we would double check the number.

Regarding cost estimates to fully fund the program and increasing salary for each CBO clinician, everything may need to be adjusted if there is a decrease in funding. Dr. Bazron explained that the number of schools in Cohort 3 depends on how much money council approves. If there are going to be fewer dollars in the budget and the members want to add money to existing CBO contracts then less schools will be added to the expansion for cohort 3 than the original 60 planned. Dr. Bazron reiterated that she is hesitant to provide any budget number that she has not seen in writing. So, we will go offline and do the actual math and come up with a concrete plan that we will email out to members for a call maybe on Friday.

There was concern expressed regarding the members engaging in any further discussion or vote regarding number of schools or increase in grant allotment without knowing the confirmed budget number for expansion and a clear understanding of the impact on the possible recommendations for the CBO partnerships.

Ms. Price suggested using the GEER funds to add funding to the CBOs for services in Cohort 1 and Cohort 2 schools. In response, Dr. Bazron stated that any proposal for consideration for receiving the GEER funds would need to be approved by the Deputy Mayor for Education.

Mr. Mark LeVota helped with some of the math regarding how many schools that he calculated can be supported in Cohort 3. Based on his math, 42 CBO clinicians to cohort 3.

Dr. Bazron stated that we will get information to the group by Friday regarding number of schools and funding distribution.

V. Year 3 Planning

A. Explore questions regarding School-Based Clinicians Returning to school and toolkit support

Ms. Barbara Parks provided context for this agenda item by stating that it is regarding questions that we have heard from the field regarding school-based clinicians returning to the actual school building. If we were to return in a hybrid status, some questions that were fielded to Ms. Parks were:

- Would students be able to participate in mental health sessions given that there's a feeling that students are falling behind academically?
- Recognizing social distancing and at the same time recognizing that the physical spaces are limited. Concern about ensuring that if a clinician is in the school that the school is able to adhere to the social distancing requirements.

Ms. Parks noted that we wanted to hear from our other providers and see if they have had other questions and concerns. And, there will also potentially be guidance as well from the Community of Practice regarding return to school.

Ms. Price added that clinicians and CBOs are not aware and feel like clinicians are an afterthought regarding what it would look like for them when the school year begins. CBOs want to be able to give their clinicians choice and to hear their concerns regarding returning to a physical space. CBOs need more information regarding what it would look like. In the best of circumstances, clinicians were working in spaces that were not ideal. And, those were during a time that was without concerns about air control, air handling, air purification, distancing, and Personal Protection Equipment. Ms. Price stated that CBOs have been left in the dark regarding those issues as it relates to the schools and that is a major concern because CBOs have to have conversations with staff to prepare them for a return to that environment.

Dr. Bazron suggested that there should be a separate meeting offline with CBO leadership to have a targeted discussion about schools opening and to plan what it looks like. She also suggested Ms. Brumsted, Dr. Bryant-Mallory and Ms. Williams meet to dedicate time to come up with information.

Dr. Bryant Mallory agreed to the meeting and added that she is also developing some questions to take back to her operations team regarding access and partners.

Nathan Luecking added that the clinicians within school social work who are represented by the Social Work Union are standing with the decision that the Washington Teachers Union makes. He stated they know the schools and facilities the best, they know their families and students and the safety conditions. He stated that whatever the union negotiates with the schools or DCPS, that is the plan the clinicians will stand with as well.

Mr. Raymond Weeden, from Thurgood Marshall, PCS, stated that each school principal or leader should bring the CBO partner into any school, community and parent conversations that are going on regarding reopening, not just at city level but school level as well.

Dr. Lovelace added that schools are reconfiguring their spaces to make them into learning spaces with proper social distancing. So, some of the offices and buildings may be utilized as learning spaces rather than offices, which may impact clinicians.

Dr. Bazron reiterated that the Council needs to address and think about how to incorporate school-based behavioral health within the whole process of schools reopening.

Dr. Oruh added that a focus should be on preparing the schools for behavioral health supports first and then academics. She added that if schools can function to some

capacity for tier 1 and 2 activities, that would be important. She suggested bringing students in while social distancing and giving clinicians center stage to use the building for prevention and early intervention because that would be a better position overall for the city. She reiterated taking this time to actualize the triage system that could support this process.

Dr. Lovelace inquired about the Federal government and possibility to advocate for continued loosening of the telehealth guidelines as we move through the pandemic. Dr. Bazron stated that in speaking with other Commissioners in other states and with Government Officials, there is a big push within Congress to maintain the relaxed requirements for telehealth including audio only. Audio only is outside of our purview. The national emergency has been extended beyond July 25th. Therefore, this will remain in place for several months. During this time, we need to get clarity on how this is going to work and the final decision will be made at the Congressional level.

Mr. Musante added that if members wanted to put together a message to submit on the issue and deliver it to the Department of Education to see what else can be done from the executive branch agency point of view, that can be done. He stated that through his work with the Department of Education and other relationships, he would be able to pass it along. Dr. Bazron responded that the School-based behavioral health program is a function of DC government and any messages like that would go first through the Mayor's official approval process beforehand and it would ultimately be up to her office to make the decision about the communication. Dr. Bazron would not be sending nor would she support sending something outside of that process in terms of this group. If the body would like to proceed with the process, then the Mayor would decide whether or not the communication went to Congress. We would not send anything directly.

B. Community of Practice (Hand-out)

Dr. Acosta Price provided an update on the Community of Practice and reviewed the handout for members of the Coordinating Council. She stated that the participation was strong through the end of the school year. Members of the Community of Practice attended weekly sessions as opposed to monthly meetings and the team tried to build up other learning spaces. Materials that were developed covered what others were doing for problem solving, activities, teaming and engagement. These materials are available on the revised Community of Practice website and available by date and topic.

Dr. Acosta Price also added that since the beginning of June, the Community of Practice has been engaged in planning. She thanked everyone who participated in the retreat that allowed reflection on virtual engagements and focused more on preparing people for outreach and partnering virtually. She explained that the retreat helped to problem solve and find ways to engage families. She acknowledged there are many resources and within the District but explained there's a lot of structural, organizational and cultural barriers regarding

implementation of best practices in school-based mental health. Dr. Acosta Price stated that the COP has to first address those barriers so teams can work effectively together virtually and consistently outreach using trauma informed and restorative practices. She encouraged anyone who wants to be involved in planning to join the work.

The team is seeking to be responsive to what people need rather than engaging in guess work. She stated that there is a detailed comprehensive report of the first year's work and learning that she will be happy to share once it has been vetted and approved. Dr. Acosta Price stated that she is happy to involve anyone in the ongoing planning. There is a Core Team of District and other partners. And, there is a Planning Team that designs our Learning Spaces and keeps us informed of the schools, clinicians, and families. It is an intentional process and many areas where we can improve on again. Dr. Acosta Price thanked everyone from the Coordinating Council for their support, innovation, and ideas and everyone who participated in the Community of Practice.

Dr. Bazron asked if Dr. Acosta Price could pull out some of the tools so that we have guidance for CBOs as they move forward. Something that is very directive to virtual learning and perhaps a hybrid model that we can put on the DBH website so they are able to go and get it. It can be targeted and structured to respond to some of the questions that have come up in today's meeting. Dr. Acosta Price expressed willingness to follow-up with Dr. Bazron and the DBH team to make sure she is being responsive and she is understanding what is needed.

C. Quarter 1 Evaluation Activities Summary

Prior to Dr. Stratford providing his update, Dr. Bazron reiterated the we are very concerned about outcomes as well as having data that will help us to decide how many clinicians do we really need to have in a school.

Dr. Stafford provided an update regarding quarter 1 evaluation. He thanked everyone who participated in the data collection activities for the first quarter. He explained that he will provide a review of a roadmap of what the first year looks like which is in the summary of the first quarter. Dr. Stafford explained the first year is the planning year for the larger evaluation and the actual assessment of crisis services, which some people have already provided feedback on.

The first quarter was information gathering which included the focus group discussions. There were a total of 10 focus groups conducted and is still working to set up the family and youth focus groups. They participated in the Delphi Survey that helped some of the potential survey questions.

He explained quarter 1 & 2 will focus on setting priorities to determine and draft a logic model based on what is heard from the Coordinating Council to help guide the evaluation and will include outcomes too. Phase 3 will include to draft the evaluation plan collaboratively. He explained there will be advisory group

developed with clinicians, family and youth member to help guide quarter 3 process. Quarter 4 is focused on piloting of the evaluation plan. Some of the activities will be executed in order to test them out and see if they're working the way they were intended.

The logic model should be completed at the end of August for members to respond to.

D. Status of CBO Clinicians Placement and Telehealth

Mr. Kohlrieser provided an update regarding the CBOs. He highlighted their prep time for telehealth sessions and preparing for walk-ins and summer camps. They are doing 2500 hours of prep time. He expressed this is important for the members to know because it is the work the clinicians are putting into preparing to provide services and outreaching/contacting families to remind them of appointments and talking to families about why they should attend the virtual sessions and maintain continuity of care.

Follow-up Tasks from Dr. Bazron for Dr. Scott, Evaluator, and Data Committee:

- What is the minimum set of information that DBH should be collecting on service delivery within the virtual environment?
- DBH needs a quick data framework that can be used and distributed quickly so that data and information may be captured to support that students, families, and school staff are getting what they need, or to identify where the holes are in service delivery. DBH does not currently have this information and DBH needs to have this information quickly.

Highlights from the Meeting Chat include the following:

From Marie Morilus--Black to everyone:

I think it's a good idea for the council to provide a statement on recommendation for school mental health and guidance for expectations during this pandemic. Also, each school based child in the family should have a device to facilitate virtual learning

From Maria Gomez to everyone:

In addition to the technology access for students is the growing number of families that can no longer afford Wi-Fi or access school-provided hot spots for distance learning.

From Lovelacet to everyone:

I would also like to add that DBH SMHP clinicians have been facilitating webinars for the professional developments for DPR (Mayor's Summer Youth Employment Program). We have interactive webinars on a number of topics including Mindfulness, Stress, Trauma, Self-Care and the impact of COVID-19 on their lives. We also continue to work with our school teams to provide professional developments and support for staff, students, and parents.

From MParrella to everyone:

Excellent point Juanita - we will need to be highly intentional in collaboration with school staff to provide warm hand offs virtually and push ins

From DME Policy to everyone:

I would suggest a robust monitoring process to ensure that the families and students are receiving services.

From Chioma Oruh to everyone:

Can you repeat schools again? I have King, Wheatley, Key, Mundo Verde. Missing one.

From barnese to everyone:

Kramer, Roosevelt and Center City Capitol Hill.

From Mark LeVota - DCBHA Exec to everyone:

I want to come back to the same proposal I made last time, updated. At \$80,250 per CBO clinician ($\$63,583 + \$100,000/6$), we could add 42 CBO clinicians to Cohort 3; this moves the billing expectation from 50% to 40% for SY '21. This would leave \$750,000 available for the CoP, without counting the Project Aware funding. This does not include the 5 DBH clinicians that might or might not be referred. It also does not address (or use) the GEER funds.

From Sharra E Greer to everyone:

I want to add my support to Mark's proposal. Then I think we can have a conversation about how to use the other funds which might need to be used for the extraordinary circumstances we are starting the year with.

From Hillcrest to everyone:

I like Marks math. 42 new schools is respectable. Plus the unspent funds in cohort 1 and 2.

From Audrey Williams to everyone:

<https://dcpcsb.org/public-charter-schools-reopening-update> here is a link showing charter school reopening updates.

From Tia.Brumsted to everyone:

OSSE is happy to make this a deep dive topic at one of the weekly health/safety reopening guidance calls, as incorporation of CBO clinicians will be aligned to the DC Health guidance. At this point, LEAs are still making determinations as to how schools will operate.

From Heidi Schumacher to everyone:

OSSE's guidance includes specifics around health and safety when providing 1:1 and small group therapy. Our deep dive in today's 1pm health and safety TA call is around serving students with disabilities -- welcome all to join!

From Heidi Schumacher to everyone:

OSSE is point with DC Health on health and safety guidance in schools, including for those providing services. Will f/u with Dr. Bazron and team.

From Tia.Brumsted to everyone:

Health + Safety Reopening Guidance:

https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/Health%20and%20Safety%20Guidance%20for%20Schools%2007.06.20.pdf

From Heidi Schumacher to everyone:

RSVP for OSSE's Mon 1pm health and safety calls for schools here:

<https://attendee.gotowebinar.com/register/3921550465566073358>

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		
Dr. Kafui Doe	Department of Health	Present		

Councilmember Vincent Gray	DC Council- Committee on Health	Not Present	Malcolm Cameron	Not Present
Ms. Sharra Greer	Children’s Law Center	Present	Tami Weerasingha- Cote	Not Present
Councilmember David Grosso	DC Council- Committee on Education	Not Present	Akeem Anderson	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	Not 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. Paulson	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	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	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		
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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		
Ms. Tiffany Wise	DC Health		

Public Attendees

Name	Agency/Position	Phone	E-Mail
Ms. Jenise Patterson	Parent Watch		
Ms. Renee Palmer	CRP./CoP		
Dr. Olga Acosta Price	CHHCS/GW/CoP		
Dr. Mariola Rosser	GW/CoP		
Dr. Brandon Stratford	Child Trends		

Ms. Michelle Swinson	AprilMay		
Ms. Lovannia Dofat-Avent	Catholic Charities		
Ms. Maria Gomez	One Common Unity		
Ms. Kasahawna Watson	Catholic Charities		
Ms. Chrisi Venable	SMILE Therapy		
Ms. Angelia Baker	MBI		
Ms. Marie Morilus-Black	MBI		