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Introduction

Good morning Chairman Gray and members of the Committee. My name is Tami Weerasingha-Cote. I am a Senior Policy Attorney at Children's Law Center[1] and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. Children's Law Center is also a Co-Chair of the Strengthening Families Through Behavioral Health Coalition. Our coalition is committed to ensuring DC's behavioral health care system for children, youth, and families provides timely access to high-quality, consistent, affordable, and culturally responsive care that meets their needs and enables them to thrive.

I appreciate this opportunity to testify regarding the performance of the Department of Behavioral Health (DBH) over this past year. My testimony today will focus entirely on DBH's school-based mental health expansion program. My colleague, Sharra Greer, is providing more comprehensive testimony detailing the scope of behavioral health needs children in DC are facing and the adequacy of DC's behavioral health system to meet these needs.[2]

Addressing the trauma our children have experienced and meeting their behavioral health needs have never been more relevant or more urgent for our city.

Children in DC are feeling the full weight of the COVID-19 pandemic and the accompanying economic crisis. In addition to losing instruction and learning time, children have lost critical social connections to friends and teachers, as well as the sense of security that the structure and routine of school provides.

Children in the Black and Latinx communities are bearing particularly heavy burdens right now. Their communities have been the hardest hit by both the COVID-19 pandemic and its economic fallout, exposing and aggravating years of structural racism and inequities. These same communities have limited access to grief counseling and other mental health supports. Ensuring these communities have access to behavioral health services so that these children and their families can cope with their disproportionately heavy burdens is essential to achieving racial justice.

Although there are many challenges to connecting children with the behavioral health services they need, the potential consequences for the children who don't receive these supports and resources are grave. Data from the 2019 Youth Risk Behavior Survey (YRBS) bear this out. According to its findings on mental and emotional health, there is a strong correlation between high school students' feelings of depression and suicidality and their lack of a school-based supportive adult.[3] Among high school students that lacked a supportive adult at school, 1 in 4 students had attempted suicide, and 1 in 3 had seriously considered attempting suicide.[4]

As we move closer to the end of the pandemic and this prolonged period of isolation for our children, there has been a great deal of focus on bringing children back into school buildings. Although this is an important goal, we must focus just as intensely on addressing the stress and trauma our children have suffered during this time.[5] DBH's school-based mental health expansion program is one important way to meet this need. This program connects students to much-needed behavioral health services where they are – in school, whether they are attending classes virtually or in person. DBH's work to build and expand this program; coordinate implementation with schools, DCPS, and OSSE; and support robust information-sharing and evaluation processes – all during an ongoing pandemic – is one of DBH's most significant and impressive accomplishments from this past year. Many of our clients have benefited from this program and may not otherwise have been able to receive much-needed behavioral health services. We commend DBH for its substantial efforts to support children and families through the school-based mental health expansion program and strongly encourage the Council to continue to invest in this vital program.

DBH's School-Based Mental Health Expansion Program Connects Children to Much Needed Behavioral Health Services

Children's Law Center strongly supports increasing access to quality, consistent, and timely behavioral health services for children and families.[6] Many of the children we work with – children in the foster care system or receiving special education services – only need our help because their behavioral health needs have gone unaddressed.

One of the easiest ways to improve access to behavioral health care for children is to provide services where they spend most of their time – school. DBH's school-based mental health expansion program takes a public health approach and partners with community-based organizations (CBOs) to bring behavioral health services to children in all public schools – both traditional and charter. Providing school-based behavioral health services throughout the District is a goal that DBH has been working toward for over a decade. DBH's comprehensive public health approach to school-based behavioral health was developed and informed by a collaborative, interagency process that included representatives from government agencies, DC Council members, mental health providers, parents, and organization leaders.[7] This diverse group of stakeholders currently comprise the Coordinating Council on School Behavioral Health, which is tasked with guiding implementation of the expansion in an effective manner.

DBH began to implement the expansion of the school-based mental health expansion program during the 2018-2019 school year. The goal of the program is for all public schools to provide a full array of behavioral health supports at three tiers:

- Tier 1 encompasses mental health promotion and prevention for all students,
- Tier 2 includes focused interventions for students at risk of developing a behavioral health problem, and

- Tier 3 is comprised of intensive support/treatment for individual students who are experiencing a behavioral health problem.

DBH identifies CBOs that, through funding from DBH, have the capacity to provide all tiers of services. DBH works with DCPS, OSSE, and the Public Charter School Board (PCSB) to match CBOs with individual schools. Once a school has been successfully matched with a CBO, a full-time CBO clinician is placed in the school to provide full-time behavioral health services.

Once the clinician is in place, they work with the school's leadership, administration, and other behavioral health personnel (such as the school social worker or psychologist) to complete the School Strengthening Tool and Work Plan. These documents guide the development and implementation of integrated and comprehensive behavioral health services, designed specifically for that school community.[8] The School Strengthening Tool prioritizes the following four domains: school counseling, psychological, and social services; employee wellness and health promotion; family engagement; and social and emotional climate. The Work Plan outlines school goals underlying the three tiers of support and identifies general trends, strengths, areas of concern, and guidance to be mindful of going forward.

DBH Successfully Expanded the School-Based Mental Health Expansion Program to Reach Over 160 Schools in FY2021

DBH is currently in the third year of implementing the expansion of the school-based mental health expansion program. Despite the pandemic and delays in the

District's process for determining the FY2021 budget, the program has continued to improve and remains strong in its third year. As of January 22, 2021, there are 161 Cohort schools participating in the expansion program, and over 90% have CBO clinicians and DBH clinical specialists providing services to students as part of the school-based mental health expansion program.[9] This is a significant improvement from last year, wherein CBO and DBH clinicians had been placed in 79% of schools from Cohorts 1 and 2 by January,[10] but there are still several schools that do not have a clinician providing behavioral health services to their students.

Further, 83% of the schools currently participating in the expansion have completed both the School Strengthening Tool and Work Plan.[11] While we are glad to see that a vast majority of schools have already completed this vital process, it is clear there is still work to be done to reach full compliance. We urge DBH, DCPS, OSSE, and PCSB to identify the obstacles or barriers preventing schools from completing the School Strengthening Tool and Work Plan and provide the support necessary to ensure full and consistent implementation of this part of the program.

The School-Based Mental Health Expansion Program Provided Behavioral Health Services to Students Throughout the Pandemic, Despite School Building Closures

Despite school closures and the transition to distance learning as a result of the pandemic, school is still one of the best ways to connect with children throughout the District and meet their behavioral health needs. As schools consider returning to in-person instruction and transitioning to hybrid learning models, school is likely to be a

very different experience for kids (e.g., staggered schedules, socially distanced classrooms, small cohorts of students), which only underscores the urgency of supporting the expansion of the school-based mental health program.

This past year, CBO clinicians not only worked to help children overcome the stress and trauma associated with the pandemic, these clinicians also played an important role in keeping vulnerable and at-risk children connected to their school communities by simply reaching out to children and families that have otherwise had no contact with the school. Despite school closures, clinicians have continued to offer virtual counseling services to students and their families. They are also working closely with school leaders to identify additional students in need of such services, as well as ways to promote the social and emotional health of students in a virtual setting. These clinicians are a critical tool for keeping students engaged and school communities connected as we continue through the uncertainty of the pandemic and distance learning.

We are very pleased that school-based clinicians have successfully transitioned to providing services virtually during the pandemic. Because of this, our clients who are participating in this program have been able to continue receiving their behavioral health services uninterrupted throughout the pandemic. We commend DBH and CBOs for enabling clinicians to pivot quickly to telehealth formats and continue providing supports and services to students.

As children and families have learned to navigate distance learning in response to COVID-19, CBO partners have continued to collaborate with schools, DCPS, and OSSE to provide effective prevention and early intervention services in the context of remote learning. OSSE is continuing to add resources, tools, and trainings to guide LEAs and schools in implementing supports that address the social emotional and mental health needs of students in a virtual setting.[12] The Coordinating Council is also working to identify strategies for more effectively engaging with school communities about the school-based mental health expansion program. Raising awareness and improving engagement is essential to continuing the ongoing success of the school-based mental health expansion program and addressing the unmet behavioral health needs of children and families furthest from opportunity.

Interagency Coordination Is Essential to the Successful Implementation of the School-Based Mental Health Expansion Program

In addition to placing CBO clinicians in schools, significant interagency work has been done to build additional supports for the program and ensure its success. At the individual school level, each school identifies a current member of the school administrative team to serve as its School Behavioral Health Coordinator (SBHC). The SBHC is responsible for coordinating all of the behavioral health services offered at the school. The SBHC also collaborates with the school mental health team to identify school-wide or classroom trends in social, emotional, and behavioral health needs and develop student programming based on those trends. Each SBHC is supported by DBH

clinical specialists, who provide schools and CBOs with consultative services and technical assistance. Additionally, the DBH clinical specialists can help to identify and fill gaps in services.

This past year, DBH also began funding two full-time positions at OSSE and DCPS last year to support implementation of the school-based mental health expansion program. OSSE's School Behavioral Health Outreach Specialist focuses primarily on charter schools and supports the full integration of the expansion in accordance with individual school goals and plans. DCPS's School Mental Health Expansion Manager is responsible for vetting CBOs and matching them with schools, supporting SBHCs, and developing monthly reports on the expansion for DCPS leadership. Establishing these roles at OSSE and DCPS has already benefited the program and resulted in a much faster implementation process for Cohort 3 schools.

DBH's Investment in the DC School Behavioral Health Community of Practice Supported the Success of the School-Based Mental Health Expansion Through the Pandemic

The DC School Behavioral Health Community of Practice (CoP) continues to be a valuable component of the school-based mental health expansion program. The CoP was launched in September 2019 to facilitate strategic collaboration between school personnel, community leaders, and CBO clinicians. The CoP is an important addition to the program in terms of offering support, training, and technical assistance to school-based providers.

As a collaborative learning environment, the CoP has helped to increase school and provider capacity and solve persistent problems across schools. In addition to monthly meetings, wherein the best practices in school-based behavioral health are showcased, the CoP hosts additional learning activities (e.g., webinars, trainings, etc.) focused on more topical or content-specific areas. There are also numerous practice groups within the CoP that help deepen participants' understanding of what timely access to high-quality, reliable support looks like in certain areas of behavioral health. The practice groups also recommend ways to mobilize resources, ensure equitable access, align services, and promote culturally responsive interventions within schools across the District.

Based on data provided by the CoP, attendance has generally been steadily increasing at each monthly meeting.[13] It is worth noting that there are usually a significant number of attendees at each monthly meeting who are new to the CoP, which suggests that members are continuing to draw more people in. Over time, each CoP activity has also started to see increased interest, registration, and participation.[14] This is largely due to the fact that CoP members have consistently conducted a great deal of outreach (e.g., emails, newsletters, posts online) in order to engage school communities and behavioral health providers.

Though the CoP is relatively young, it has already established a history of collaborating with various partner organizations and aligning itself with other city-

wide initiatives. The various practice groups have also developed and disseminated many useful materials for students and parents, such as infographics, tip sheets, and resource guides. Many participants have already benefited greatly from the knowledge and learning strategies that have been shared through the CoP,[15] but a true community of practice requires time and investment to be effective and sustainable. We applaud DBH for establishing and supporting the CoP as a critical part of the infrastructure of the school-based mental health expansion program, and we urge DBH to continue investing in the CoP so that it can continue to increase the efficacy of the program.

DBH is Committed to a Through Evaluation Process to Support Improvements to the School-Based Mental Health Expansion Program

DBH announced last September that it is partnering with Child Trends, a nonprofit research organization, to evaluate the expansion of the school-based mental health expansion program. The evaluation will focus on processes and outcomes at both the system-level and the school-level. Ultimately, the evaluation will result in a series of brief reports that describe how the expansion is being implemented over time, the outcomes associated with implementation, and actionable recommendations. This information can be used to guide policy decisions regarding how to strengthen and improve the program.[16]

We are currently in the Base Year of the formal evaluation process. The Base Year is largely a planning and piloting year, but primary data collection will span Year 1, beginning in March 2021 and ending in Spring 2022. As part of its initial evaluation

process, Child Trends conducted a pilot survey with a sample of DBH and CBO clinicians from October to December 2020. The survey was developed to ask clinicians about their experience working in schools; the activities they conducted with students, families, and staff; their preparation for supporting behavioral health; their perceptions of the engagement in and outcomes of the activities they conducted; and partnership and coordination within their school.

According to the survey, nearly all the clinicians reported conducting Tier 3 activities, over two-thirds reported conducting Tier 1 activities, approximately half reported conducting Tier 2 activities, and about one-third reported doing all three.[17] A number of clinicians noted that they have found small groups to be particularly difficult to run in a virtual setting, thereby making it harder to conduct Tier 2 activities. Based on this insight, we encourage DBH to provide clinicians with additional resources and technical assistance related to facilitating Tier 2 interventions in remote formats. This early survey data also suggests that schools where clinicians have been unable to conduct Tier 1 activities may need greater investments and additional resources in order to provide behavioral health supports across all three tiers.

The survey's findings demonstrate the heightened need for behavioral health services among students, but they also show that most clinicians were able to see over 90% of the students on their caseload at least once during the month of December, which was already shortened due to the holidays.[18] In their responses, several clinicians

talked about flexibility and creativity being key to their success in connecting with students and caregivers.

Finally, the survey suggests that significant work must be done to allow clinicians to feel more supported by school leadership and school staff. About one in every four clinicians reported that they did not feel supported by school leadership or other school staff, including classroom teachers. Notably, the clinicians who reported having smaller caseloads or who reported conducting fewer Tier 1 or Tier 2 activities tended to be the same clinicians who also reported less support.[19] For school-based mental health expansion to work, clinicians must be well-integrated and there must be meaningful engagement between the individual school administration, the school wellness team, the school community, and the CBO clinician.

We applaud DBH for its work to gain early on-the-ground insight into how the school-based mental health expansion program is working. We urge DBH and the Coordinating Council to fully understand and address the implications of this pilot survey, and we look forward to further insight into the school-based mental health expansion program from this robust evaluation process.

Conclusion

Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

[1] Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With more than 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

[2] Sharra Greer, Children's Law Center, Testimony Before the District of Columbia Council Committee on Behavioral Health, (February 12, 2021).

[3] Office of the State Superintendent of Education. *"District of Columbia, Youth Risk Behavior Survey 2019,"* 2019 DC Youth Risk Behavior Survey, 27, *retrieved from:* https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf.

[4] *Id.* Among middle school students, over 29% reported that they had seriously considered suicide, while over 14% reported having actually attempted suicide. *See also* Office of the State Superintendent of Education. "*2019 DC Middle School Summary Graphs*", 2019 DC Youth Risk Behavior Survey, slides 9-14, *Available at:* https://osse.dc.gov/page/2019-dc-yrbs-data-files.

[5] *See* Perry Stein (May 10, 2020), "Low Attendance and Covid-19 Have Ravaged D.C.'s Poorest Schools – Fall Will Be About Reconnecting," Washington Post, ("And when students do finally return to the classrooms, [DCPS Chancellor] Ferebee said the immediate focus will be on students' mental health, addressing the trauma that many students have experienced during the health emergency… 'It's traumatic…Students have experienced trauma and stress,' Ferebee said in an interview."), *retrieved from:* https://www.washingtonpost.com/local/education/in-dc-schools-spring-was-ravaged-by-covid-and-disconnection-fall-will-be-about-catching-up/2020/05/10/60ad1774-8b3f-11ea-8ac1-bfb250876b7a_story.html.

[6] *See* Sharra Greer, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health (January 31, 2020), *available at*: https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/Children%27s%20Law%20Center%202020%20Performance%20Oversight%20Testimony%20for%20DBH%20-%20SG%20testimony%20v2.pdf; Judith Sandalow, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health (June 10, 2020), *available at*: https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/CLC%20Testimony%20for%20Health%20Comm.%20Budget%20Oversight%20Hearing.pdf; Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health (October 22, 2020), *available at*: https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/Children%27s%20Law%20Center%20Testimony%20for%20Oct.%2022%2C%202020%20DBH%20Oversight%20Hearing_FINAL.pdf; Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health (October 28, 2020), *available at*: https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/Testimony%20for%20Oversight%20Hearing%20on%20the%20Public%20Health%20Element%20of%20DC%27s%20COVID19%20Response.pdf.

[7] The District of Columbia's Comprehensive Plan to Expand School-Based Behavioral Health Services was submitted on May 9, 2017 by the Deputy Mayor for Health and Human Services to the Committee on Health and the Committee on Education. Early Childhood and School-Based Behavioral Health Services, Comprehensive Plan, *retrieved from:* https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/publication/attachments/District%20Comprehensive%20Plan%20for%20Early%20Childhood%20and%20School-Based%20Mental%20Health%20Services.PDF. There were many questions around the plan and how it would be implemented, so through the School-Based Behavioral Health Comprehensive Plan Amendment Act of 2017, passed as part of the FY 2018 Budget Support Act of 2017, the Task Force on School Mental Health was created. School-Based Behavioral Health Comprehensive Plan Amendment

Act of 2017, passed as part of the Fiscal Year 2018 Budget Support Act of 2017, Law L22-0033 Effective from Dec 13, 2017. The Task Force reviewed the plan, recommended changes to the plan, and proposed a timeline for implementation in a report delivered to the Council on March 26, 2018. Report of the Task Force on School Mental Health, March 26, 2018, *retrieved from*: https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page_content/attachments/Task%20Force%20on%20School%20Mental%20Health%20Report%20%28Final%20Submitted%29%203%2026%2018.pdf. Shortly after the report from the Task Force was released, the Coordinating Council on School Mental Health was formed to guide the implementation of the expansion. Children's Law Center is a member of the Coordinating Council.

[8] The School Strengthening Tool and Work Plan were adapted from the Center for Disease Control's (CDC) School Health Index and embrace the Whole School, Whole Community, Whole Child (WSCC) framework. The WSCC framework is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices. Guide to Comprehensive School Behavioral Health, June 12, 2019, *retrieved from*: https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/PRIMARY%20GUIDE_SCHOOL%20BEHAVIORAL%20HEALTH_JUNE%202019.pdf.

[9] Data provided by the Coordinating Council. CBO clinicians have been placed in 147 of the 161 Cohort schools. Ten additional schools that are not yet part of an expansion Cohort have received clinicians through DBH (though, this number is subject to change based on partnerships with DBH for a clinician placement). Of these 171 schools, 157 have clinicians providing services, and there are 14 vacancies.

[10] Data provided by the Coordinating Council. 119 schools were initially identified to be included in Cohorts 1 and 2 of the school-based mental health expansion program expansion. Of these, five schools did not participate, and six schools received clinicians through DBH. For the remaining 108 schools, 106 had matched with a CBO, and CBO clinicians had been placed in 85 of these 106 schools as of January 24, 2020.

[11] Data provided by the Coordinating Council. 1 of the 161 participating Cohort schools has declined expansion resources. A draft policy is under review in regard to addressing this type of situation. Of the remaining 160 Cohort schools, 132 have completed both the School Strengthening Tool and Work Plan.

[12] Minutes of the Coordinating Council on School Mental Health from July 27, 2020, *retrieved from*: https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/Coordinating%20Council%20on%20School%20Behavioral%20Health%20Minutes_7.27.2020.pdf.

[13] Attendance data from the monthly meetings of the DC CoP Monthly Meeting Reports presented to the Coordinating Council from November 2019 to January 2021.

[14] DBH, FY2019 Performance Oversight Responses, response to Q32. *Available at*: https://dccouncil.us/wp-content/uploads/2020/02/dbh.pdf.

[15] DC CoP (July 5, 2020), *Celebrating Our Learnings: Reflections*, *retrieved from*: http://linoit.com/users/mrosser/canvases/DC%20CoP.

[16] Memo Describing Draft Process and Outcome Evaluation Plan, September 18, 2020, on file with Children's Law Center.

[17] Child Trends Evaluation Slides for January 2021, presented at the Coordinating Council on School Mental Health meeting on January 25, 2021, on file with Children's Law Center.

[18] *Id.*

[19] *Id.*