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Testimony Before the District of Columbia Council
Committee on Health
June 4, 2021

Public Hearing:
Budget Oversight Hearing
Department of Behavioral Health

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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 stable 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. The Strengthening Families Coalition brings together a diverse group of advocates focused on education, juvenile justice, child welfare, and health, as well as representatives of the provider community and community-based organizations who share a commitment to improving DC's behavioral health care system for children and families. Our Coalition's mission is to ensure DC has a fully integrated behavioral health care system in which all DC students, children, youth, and families have timely access to high-quality, consistent, affordable, and culturally responsive care that meets their needs and enables them to thrive.

We are very pleased that the Mayor's proposed budget includes significant investments in school-based behavioral health services, as well as an overall increase in the budget for the Department of Behavioral Health (DBH).[2] Despite these investments,

however, more is required to meet the behavioral health needs of DC's families and children. We recognize that the pandemic and DC's slow economic recovery continue to impact the District's revenues and budget. Despite constraints on this year's budget, now is not the time to cut back on investments in our children's mental and behavioral health. Rather, ensuring our children and families have access to behavioral health supports is an essential part of our response to and recovery from the pandemic crisis and must be prioritized in our budget accordingly.

My testimony identifies key programs and services where funding needs to be restored or expanded in order to support the critical mental health needs of our children and families. Specifically, we urge the Council to commit:

- An additional $841,000 to DBH's School-Based Mental Health expansion program to ensure the program is expanded to all remaining DC public schools (traditional and charter); and
- At least $4 million to restore spending on community behavioral health services to FY2020 levels.

We also ask the Council to continue investing in the early identification and treatment of children's behavioral health issues through programs such as Healthy Futures and DC MAP.

The Council Should Ensure the School-Based Mental Health Program is Expanded to All Remaining DC Public Schools

Earlier this spring, the Mayor announced that DCPS plans to bring all students back into school buildings in the fall, with in-person learning available five days a week.[3] Since that announcement, there has naturally been a great deal of focus on the logistics of fully returning to in-person learning in the fall, given the shifting public health situation. As important as it is to address issues of learning loss, enrollment and attendance, and student and teacher health and safety, we must also prioritize meeting students' behavioral health needs when they return to school buildings.

For school reopening to be successful, we must be prepared to address the toxic stress and trauma that students have experienced during the pandemic and meet their behavioral health needs.[4] We should not be surprised if some students struggle to re-integrate back into in-person classrooms, follow directions from teachers, or get along with classmates they haven't seen in over a year. To successfully re-engage students and their families back into school communities, we must understand challenging student behaviors as symptoms of behavioral health needs that haven't been met – not as "problems" that require punishment.[5] To do this, schools must have resources in place that enable them to identify and appropriately address students' behavioral health needs.

DBH's school-based mental health expansion program (SBMH) provides schools with a critical resource for identifying and addressing the behavioral health needs of

individual students and teachers, as well as across the broader school community. SBMH 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.

As we testified during DBH's Performance Oversight hearing in February, SBMH has continued to perform well through its third year of implementation, reaching over 160 schools.[6] The vast majority of schools in Cohorts 1, 2, and 3 have CBO clinicians providing services to students.[7] Even with school buildings closed, SBMH clinicians have been able to connect with students virtually and continue delivering services. Further, nearly all participating schools completed their annual School Strengthening Tool and developed a Work Plan, both of which are essential for the school staff and the CBO clinician to collaborate effectively on how best to meet the behavioral health needs of their specific students and school community.[8]

SBMH's continued strength is due, in part, to DBH's continued investments in the program, beyond the CBO grants themselves. This past year, DBH funded two full-time positions at OSSE and DCPS focused on supporting SBMH implementation. DBH also continues to build its Community of Practice (CoP), a collaborative learning environment designed to support SBMH implementation.[9] The CoP brings SBMH providers, school staff, and school leaders together to share SBMH best practices, participate in trainings and other learning activities, and take part in specialized

practice groups that deepen participants' understanding of what timely access to high-quality support looks like in certain areas of behavioral health.[10]

DBH is also investing in a thorough, multi-year evaluation of SBMH in order to gain early on-the-ground insight into how the program is working. The evaluation will focus on processes and outcomes at both the system-level and the school-level and ultimately result in a series of reports that describe how the expansion is being implemented over time, the outcomes associated with implementation, and actionable recommendations. This information will then be used to guide policy decisions regarding how to strengthen and improve the program.[11]

Given the successful implementation of Cohorts 1-3, the strength and perseverance of the program throughout the pandemic, and DBH's significant investments in program infrastructure, SBMH is gaining momentum and is perfectly positioned to continue expanding to all remaining schools.

The Mayor's proposed budget allocates $5.8 million for SBMH in next year's budget.[12] While we are very pleased to see the Mayor make a significant investment in SBMH, $5.8 million is not sufficient to expand SBMH to all remaining public schools. An additional $841,000 is required to place one full-time clinician in each of the 83 DC public schools that do not yet have an SBMH clinician.[13] Given the unprecedented levels of toxic stress and trauma that our children have experienced during the pandemic, this is a relatively small investment to make in their mental and behavioral

health. It is also a critical part of any plan to bring all students back into school buildings successfully.

Investing an additional $841,000 to expand SBMH to all remaining DC public schools would achieve our initial goal of ensuring every school has at least one full-time behavioral health clinician available on-site to provide services at all three tiers.[14] Clinicians hold many essential responsibilities, including assessing the behavioral health needs of students, mapping out existing resources and gaps, and connecting students and families to services beyond school walls. Ensuring that clinicians have full-time positions helps promote a high-quality delivery of services.

We recognize, however, that one clinician may not be sufficient to meet the needs of all students in every school. We know that some schools with large student populations or student populations with high levels of need due to increased exposure to trauma will need more than one clinician to meet all the needs of their school communities.

Nevertheless, getting one clinician into every school is the critical first step because it is the only way to conduct an accurate needs assessment for behavioral health services in schools. Once every school has a clinician, the program is designed to enable the CBO clinician to work with the rest of the school behavioral health team to assess the behavioral health needs of the school community, identify existing resources, and determine whether there are gaps that need to be filled. Only then will the city

know what is required for schools to fully meet the behavioral health needs of their school communities.

We therefore urge this Committee to take a critical step towards meeting the behavioral needs of DC students by ensuring every DC public school has at least one full-time behavioral health clinician. To do this, the Committee must commit an additional $841,000 in the FY2022 budget to expand SBMH to all remaining DC public schools.

Further, we ask this Committee and the Council to allocate an additional $1.5 million in one-time federal dollars from the American Rescue Plan to cover increased costs for current SBMH providers (CBOs providing services to Cohorts 1, 2, and 3). The Mayor covered these additional costs last year by using one-time federal dollars, and we ask the Council to do so again this year. The SBMH funding model relies on CBO clinicians spending at least 50 percent of their time on Tier 3 (individual) services that are reimbursable by Medicaid. This is how DBH can fund CBO clinicians at half the cost of DBH clinicians. Tier 1 (whole school) and Tier 2 (small group) services are not reimbursable by Medicaid. With schools reopening in the fall, students, teachers, school leaders, and families will all need additional support to successfully reintegrate back into their school communities. Increasing grant amounts for CBOs by just $10,000 per school will reduce billing pressure on CBO clinicians and make it easier for them to focus on the Tier 1 and Tier 2 supports that their schools may need. To be clear – CBO

clinicians will seek to meet the needs of their schools regardless of billing pressure, even if it means operating at a loss (as many of them often do). But putting this financial pressure on CBOs may make it impossible for some of them to continue to provide services through SBMH. We therefore urge the Committee and the Council to "right-size" the grant amounts for existing CBO providers by providing an additional $1.5 million to ensure SBMH is financially feasible and sustainable in the long run.

The Council Must Restore Spending on Community-Based Behavioral Health Services to Improve Access for DC's Most Vulnerable Residents

Approximately one third of DC's population receives their healthcare through Medicaid.[15] Community-based behavioral health services are the only behavioral health services that people with Medicaid and other low-income populations (including undocumented immigrants) can access. They include the CBOs that provide clinicians for SBMH, as well as any other provider organizations that accept Medicaid and provide behavioral health care services. Community behavioral health services are a critical part of the District's behavioral healthcare system and are essential to meeting the behavioral health needs of our children and families.

In its FY2021 budget, the District cut $2 million from the budget for Behavioral Health Rehabilitation (line 6970), which funds behavioral health services for residents that are not otherwise eligible for Medicaid and certain services that are not eligible for coverage through Medicaid.[16] The District also cut $2 million from the budget for Behavioral Health Rehabilitation – Local Match (line 6980), which comprises DC's local

dollar contributions for behavioral health services covered by Medicaid.[17] These $4 million in budget cuts resulted in a $9 million reduction in spending on community-based behavioral health services because of the federal reimbursement dollars DC lost out on.[18]

As of the writing of this testimony, it is unclear whether the Mayor's proposed budget includes restored funding for community-based behavioral health services or whether it makes further cuts. We urge the Committee to seek clarity from DBH on this point during today's hearing.

To the extent the Mayor's budget retains or expands the cuts made in the FY2021, we ask the Committee and the Council to restore these funds so that spending on community-based behavioral health services is at least returned to FY2020 levels. If this is not done, the most vulnerable people in our community who need these services will have an even harder time accessing those services than they already do. Lack of access to services means people will continue to suffer from unaddressed mental health problems that undermine their ability to succeed in other aspects of their lives – like maintaining stable families, succeeding at school, or securing a job and a safe place to live.

These cuts will also further strain our already fragile behavioral health care system. Community-based providers who were already operating on thin margins before the pandemic are now facing greater financial stress, making the behavioral

health system more vulnerable during the worst possible time. Continued funding cuts make it harder for providers to deliver services, thereby restricting access and disrupting consistent care for DC residents with behavioral health challenges. Further, ongoing financial strain could force provider organizations to withdraw from the District or close their businesses altogether, and low-income residents who have been shouldering an unequal amount of stress and trauma for an indefinite amount of time will have fewer places to turn for help.

Even just a handful of provider closures could further fragment DC's behavioral healthcare system, which already suffers from a shortage of providers that serve children. With the pandemic continuing to exacerbate behavioral health needs among children and youth, the inadequacies of DC's behavioral health system for children are more apparent than ever. Our system lacks both breadth and depth – not only does it not include the full spectrum of services that our children need but also for the services we do have, the capacity is insufficient to meet the need.[19]

A reduction in the number of community providers also threatens the stability of SBMH – these are the same providers that partner with DBH to place clinicians in our schools. Without these community providers, SBMH doesn't work.

Behavioral health is fundamental to people being able to cope with challenges in their lives – for example, it's critical to succeeding at school, maintaining stable employment, securing safe and stable housing, and sustaining healthy family

relationships. Considering that most mental health disorders begin in childhood,[20] the psychological issues stemming from this pandemic can have lasting health and economic impacts on the DC population if the behavioral health needs of children and families are not adequately addressed in a timely manner. Access to quality, consistent, and timely behavioral health services is an essential component to our children's ability to fully recover from this pandemic and thrive.

We therefore ask this Committee to restore spending on community-based behavioral health services to FY2020 levels. Assuming the Mayor's proposed budget for these services are the same as those approved in the FY2021 budget, this requires the Committee to allocate – at minimum – an additional $2 million to each of the budgets for Behavioral Health Rehabilitation (line 6970) and Behavioral Health Rehabilitation – Local Match (line 6980). The latter is matched by federal dollars at a rate of 3.3 to 1. As a result, the Committee allocating an additional $4 million in the budget for community-based behavioral health services provides more than double that amount – nearly $9 million – in additional services. We urge the Committee to take this important step towards meeting the critical behavioral health needs of DC's most vulnerable children and families.

DBH Must Adequately Fund its Contract with District of Columbia Mental Health Access in Pediatrics (DC MAP)

Funded by DBH since 2015, DC MAP is a program designed to improve mental health integration within pediatric primary care by:

- Providing pediatricians who have mental health-related inquiries about specific children real-time phone access to psychiatrists, psychologists, social workers, and care coordinators;[21]
- Providing education and technical assistance to pediatricians regarding how to identify and address mental health; and
- Facilitating referrals and coordination for patients who need community-based specialty services.[22]

Through these multiple mechanisms, DC MAP supports integrated mental health care within pediatric primary care settings, which research has repeatedly shown can improve service delivery and patient health outcomes and reduce costs.[23]

Over the past six years, DC MAP has received over 4,715 consultation requests regarding 4,085 unique patients.[24] A majority of DC MAP's consultation requests are for children covered by DC Medicaid – demonstrating that the program provides invaluable support to DC's most vulnerable children and their families.[25] Since the start of the pandemic, the need for DC MAP's services has become even more pronounced. Providers and care coordinators report that symptoms have been more acute and more time-sensitive, and many cases have been more complex, requiring involvement from multiple clinicians on the team. This past quarter (January-March 2021), DC MAP received 379 consult requests, its highest consult volume to date. Compared to this

same quarter last year, consult volume this quarter was up by 50%, and care coordination requests were up by 65%.[26]

With the dramatic growth in the program's utilization over the past six years and the increased need for these services due to the pandemic, DBH's continued support for DC MAP is essential.

We urge the Council to ensure DC MAP is adequately funded for FY2022 and beyond, so that this critical program continues to be a resource for pediatricians in the District and reaches more children every year.

Continued Support for Healthy Futures Will Help Children and Families Recover from the Pandemic

DBH's Early Childhood Mental Health Consultation project, Healthy Futures, provides consultation services to child development centers and home childcare providers, as well as direct services to children and families. This program follows a nationally recognized model in which mental health professionals work with early care and education providers and family members to promote social-emotional development, prevent the escalation of challenging behaviors, and provide appropriate referrals and services. Program data has consistently shown positive results, including expulsion rates lower than the national average and improved self-regulation in children with challenging behaviors.

Over the past year, Healthy Futures expanded to include nearly 135 child development centers, providing services to staff and directors on a weekly basis.[27]

During the pandemic, the program successfully transitioned to providing consultations virtually. Healthy Futures has also been responsive to the stress the pandemic is causing parents and childcare providers by shifting focus to provide support in more practical ways, such as offering workshops on self-care for parents and staff.

Although the Mayor's proposed budget for DBH includes some additional funding for Healthy Futures, this funding comes out of federal relief dollars – not recurring local dollars.[28] Further, based on discussions with DBH staff, it's our understanding that some of these funds will be used to fund a pilot program focused on providing direct services to families, which is distinct from expanding Healthy Futures itself. Although DBH staff have indicated that DBH intends to continue to expand Healthy Futures to all remaining child development centers in FY2022, we do not know how many centers this will include, nor can we determine from the budget books whether adequate funds have been allocated for this purpose. We urge the Committee to seek clarity on these points from DBH during today's hearing. We further ask the Committee to ensure DBH's budget includes sufficient funds to expand Healthy Futures to up to all remaining child development centers in FY2022.

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 stable 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] DBH Budget Chapter

[3]Jonathan Franklin, *DC Public Schools will fully reopen by this fall, mayor says,* WUSA9, (April 8, 2021), *available at:* https://www.wusa9.com/article/news/education/bowser-expects-dc-schools-fully-reopen-fall-2021/65-033ad701-8c4e-47a8-9613-00ee57afd539.

[4] *See* Perry Stein, *Low Attendance and Covid Have Ravaged D.C.'s Poorest Schools – Fall Will Be About Reconnecting*, Washington Post, (May 10, 2020), ("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."), *available at:* 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. *See also,* Patrick, Stephan, et al., *Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey*, Pediatrics, (October 2020), *available at:* https://doi.org/10.1542/peds.2020-016824.

[5] Adrian Johnson, *A 4-Year-Old Child is Not a Problem. And Expulsion Is Not a Solution,* NY Times, (April 25, 2021), *available at:* https://www.nytimes.com/2021/04/25/opinion/preschool-children-mental-health.html.

[6] Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 12, 2021), *available at*: https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/TWeerasingha-Cote_CLCTestimony_DBHOversightHearing_FINAL.pdf.

[7] As of February 11, 2021, CBO clinicians had been placed in 149 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, 159 (93%) have clinicians providing services, and there are 12 vacancies. Data provided to the Coordinating Council on School Mental Health on February 17, 2021, on file with Children's Law Center.

[8] The School Strengthening Tool & 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. Based off the information from the School Strengthening Tool, the School Behavioral Health Coordinator develops and then uses that assessment to create the work plan for the school to address its unique needs. According to data provided to the Coordinating Council on School Mental Health, 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, 143 (89%) have completed both the School Strengthening Tool and Work Plan. Data provided to the Coordinating Council on School Mental Health on February 17, 2021, on file with Children's Law Center.

[9] Based on data provided by the CoP, attendance has generally been steadily increasing at each monthly meeting, *available at:* Attendance data from the monthly meetings of the DC CoP Monthly Meeting Reports presented to the Coordinating Council from November 2019 to March 2021. Over time, each CoP activity has also seen increased interest, registration, and participation, *available at:* DBH, FY2020

Performance Oversight Responses, response to Q29, on file with Children's Law Center. This is largely due to the fact that CoP members have consistently conducted a great deal of outreach (e.g., newsletters, emails, posts online) to engage school communities and behavioral health providers. The various practice groups have also developed and disseminated many useful materials for students and parents, such as infographics and resource guides. Many participants have already benefited from the knowledge and learning strategies shared through the CoP. DC CoP, *Celebrating Our Learnings: Reflections*, (July 5, 2020), *available*: http://linoit.com/users/mrosser/canvases/DC%20CoP.

[10] Department of Behavioral Health, DC School Behavioral Health Community of Practice, *About the CoP, available at:* http://cop.aehinst.org/about-the-cop.

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

[12] FY2022 Department of Behavioral Health Budget, RM0-5, p. E-40. According to administration officials, an additional $2.2 million of federal relief dollars will be allocated to OSSE to support SBMH. These funds, however, will not be used to fund expansion of SBMH into new schools. These funds will be used to support capacity building in schools, provide additional technical assistance to school leaders, and fund other program infrastructure, such as the Community of Practice. While we applaud this additional investment in SBMH and believe it is important to fund these other aspects of the program, we must note that because none of the funds going to OSSE will be used to fund expansion of SBMH to new schools, additional funding is still required ($841,000 to expand to all remaining public schools).

[13] We previously estimated it would cost approximately $6.4 million to expand SBMH to 80 additional schools. Since then, three new charter schools have been approved. $6.4 million - $5.8 million (in Mayor's budget) + $241K (cost for three additional schools) = $841K. This is the difference we need the Council to fund.

[14] 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: (1) Tier 1 encompasses mental health promotion and prevention for all students; (2)Tier 2 includes focused interventions for students at risk of developing a behavioral health problem; and (3) 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 service. *See* Department of Behavioral Health, *Guide to Comprehensive Behavioral Health,* p. 2-4, *available at:* https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/PRIMARY%20GUIDE_SCHOOL%20BEHAVIORAL%20HEALTH_JUNE%202019.pdf.

[15] Louise Norris, *DC's Medicaid eligibility guidelines are among the most generous in the U.S.,* Health Insurance & Health Reform Authority, (October 20, 2020), *available at:* https://www.healthinsurance.org/medicaid/dc/#:~:text=Medicaid%20eligibility%20levels%20in%20DC,residents%20is%20covered%20by%20Medicaid.

[16] FY2021 Department of Behavioral Health Budget, Table RM0-4, p. E-34.

[17] *Id.*

[18] The federal government reimburses DC for more than 70 percent of its spending on Medicaid-eligible behavioral health services. As a result, every dollar of local funds spent on Medicaid-eligible behavioral health services actually equals more than three dollars of total spending (federal + local dollars combined) on services. Because of this, the District's $2 million budget cut resulted in a decrease in spending of $6.6 million (federal + local dollars combined). In total, the effect of reducing these two budget line items was an astounding $9 million dollar reduction in spending on behavioral health services for DC residents.

[19] As we have detailed in several published reports and papers, as well as in numerous testimonies over the years, children in DC with behavioral health conditions often struggle to access the quality public behavioral health services they need in a timely manner. Further, there is a scarcity of behavioral health care providers that are able to provide services for children and youth in DC, particularly for very young children (under 5 years), families whose first language is not English, and children with Autism Spectrum Disorder or developmental delays. Providers for children and youth require specific evidence-based training and experience in order to serve this specific population. Currently, the shortage of child-serving providers in DC results in long wait times for initial appointments and significant delays in obtaining treatment for urgent conditions. For more details, please see our recent DBH Performance Oversight testimony. Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 12, 2021), *available at*: https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/TWeerasingha-Cote_CLCTestimony_DBHOversightHearing_FINAL.pdf.

[20] Golberstein, Ezra, et al., *Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents,* JAMA Pediatrics, (April 14, 2020), *retrieved from:* https://jamanetwork.com/journals/jamapediatrics/fullarticle/2764730.

[21] DC MAP: Mental Health Access in Pediatrics Homepage. Available at: https://dcmap.org/.

[22] DBH, FY2020 Performance Oversight Responses, response to Q54, on file with Children's Law Center.

[23] Godoy, Leandra, et al., *Behavioral Health Integration in Health Care Settings: Lessons Learned from a Pediatric Hospital Primary Care System*, Journal of Clinical Psychology in Medical Settings 24, no. 3, 245–58, (September 19, 2017), *retrieved from:* https://doi.org/10.1007/s10880-017-9509-8.

[24] Data provided by DC MAP, as of May 2021.

[25] DBH, FY2020 Performance Oversight Responses, response to Q54, on file with Children's Law Center.

[26] Data provided by DC MAP, as of May 2021.

[27] In FY2019, there were 61 reported development centers and home providers. DBH, FY2020 Performance Oversight Responses, response to Q64, *available at:* https://dccouncil.us/wp-content/uploads/2020/02/dbh.pdf. In FY2020, the Healthy Futures program expanded by an additional 75 child development centers. DBH, FY2020 Performance Oversight Responses, response to Q54, on file with Children's Law Center.

[28] FY2022 Department of Behavioral Health Budget, p. E-44.