501 3rd Street, NW · 8th Floor
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
childrenslawcenter.org

Testimony Before the District of Columbia Council
Committee on Health
March 21, 2022

Public Hearing:
Budget Oversight Hearing
Department of Behavioral Health

Tami Weerasingha-Cote
Supervising Policy Attorney
Children's Law Center

Introduction

Good morning, Chairman Gray and members of the Committee. My name is Tami Weerasingha-Cote. I am the Supervising 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. Currently in its third year of advocacy, 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.

Thank you for this opportunity to testify regarding the proposed FY2023 budget for the Department of Behavioral Health (DBH). Although the Mayor's proposed

budget includes some new investments in the school-based behavioral health expansion program, the Mayor's proposed budget also reduces the amount of the provider grants that get clinicians into schools, making it less likely that students will be able to access the behavioral health services they need.[2] Further, the Mayor's budget includes no new investments in DBH's early childhood mental health consultation program, Healthy Futures.[3]

As we discussed in our Performance Oversight testimony for DBH in January, DC's children and youth are suffering from an ongoing behavioral health emergency that we see reflected in rising rates of depression, anxiety, and suicidality.[4] To stem the tide of this expanding crisis, the District must increase access to quality behavioral health services. This requires investments in both immediate solutions – such as increasing the capacity of existing programs that connect children with behavioral health services – and longer-term structural reforms that seek to transform our behavioral health system entirely.[5]

We recognize that as we start to move away from the pandemic, the District is facing many calls to fund various aspects of pandemic recovery. The pandemic impacted every aspect of our lives, and as a result, investments in recovery and revitalization are needed across every economic sector and every Ward of the city. Investments in expanding behavioral health services must be prioritized, however, because behavioral health underlies so many aspects of pandemic recovery. If we fail to

meet the behavioral health needs of District residents, it will undermine their ability to recover from the pandemic in every way – from rebuilding their physical health, to regaining ground lost in school and work, to stabilizing their housing and their families, to reinvigorating their communities.

In addition, we are fortunate in that the District's financial recovery from the pandemic is looking much better than expected. According to the latest projections from the Office of the Chief Financial Officer (OCFO), the District will take in approximately $506 million more in revenue for FY2022 than was anticipated when the Council approved the FY2022 budget in August 2021.[6] This is in addition to the over $570 million excess surplus from FY2021.[7] Projected revenues for each year of the upcoming financial plan are also higher than previously anticipated.[8] OFCO estimates that FY2023 revenues will be 3.9 percent more than FY2022 revenues – an increase of nearly $360 million dollars.[9] Given this unanticipated additional revenue and the projected financial strength of the city, the Council is well-positioned to prioritize much-needed investments in our behavioral health system.

To this end, my testimony identifies key programs and areas where funding needs to be increased to improve access to behavioral health services for children and families. Specifically, we urge the Council to commit:

- **$300,000 in one-time local dollars for the School-Based Behavioral Health Expansion program to fund a cost study to right-size provider grants.** The

current grant amount is outdated, undermining the longevity and success of the program.

- **$2.4 million in additional recurring local dollars for the School-Based Behavioral Health Expansion program to stabilize provider grant funding at $80,000 per clinician.** For the past two years, DC has provided one-time adjustment to address the financial strains of the pandemic on providers. This rate needs to be made permanent, and the grant amount should cover inflationary cost increases over the next three years while the cost study is conducted.
- **$700,000 in additional recurring local dollars for Healthy Futures to expand capacity to additional child development centers during the next fiscal year.** This additional funding is needed to hire additional early childhood mental health professionals and continue to build the program's infrastructure to support sustained growth and services to District families.
- **$10.3 million in additional recurring local dollars to increase funding for community-based behavioral health services by adjusting for inflation.** Provider reimbursement rates were last calculated using 2016 cost data, and current reimbursement rates are not financially sustainable for critical community-based behavioral healthcare providers. Most of these

funds would be matched with federal dollars 3-to-1, resulting in an additional $24.6 million in spending on behavioral health services in the District.

Funding for the School-Based Behavioral Health Expansion Program Must Enable Providers to Cover Their Costs

Last spring, the Mayor and the Council made significant investments in the school-based behavioral health expansion program, with the goal of placing at least one behavioral health clinician in every DC public school (traditional and charter).[10] Both Children's Law Center and the Strengthening Families Coalition supported this goal for FY2022 – placing a behavioral health clinician in every public school is an excellent start to building a school-based behavioral health system that meets the needs of DC's children and youth.[11]

As of the date of this budget hearing, we are approximately halfway through FY2022, which is the fourth year of DBH's implementation of the school-based behavioral health expansion program. Although the majority of the 160 schools in Cohorts 1, 2, and 3 have full-time behavioral health clinicians providing services in school, less than a quarter of the 91 schools in Cohort 4 have hired clinicians.[12] There are several reasons for the slower implementation for Cohort 4 – including long-term workforce shortages and a significant delay in issuing the Request for Applications (RFA) needed to identify additional community-based organizations (CBOs) needed to staff the Cohort 4 schools.[13] More fundamentally, however, the program's struggle to

hire and retain clinicians is rooted in the fact that this program is not sufficiently or sustainably funded at the level needed to place a clinician in every school.

The school-based behavioral health expansion program funds clinicians in schools through an annual grant to CBOs, who in turn partner with schools to hire clinicians to provide full-time behavioral health services in those schools. (See Exhibit A for an overview of the school-based behavioral health expansion program). For the past few years, the grant amount allocated per clinician has been approximately $70,000.[14] This grant amount was based on estimates regarding the costs of the program and the amount of work clinicians could do that would be reimbursable by Medicaid, offsetting their costs. For the past two years, the Council supplemented these grants with one-time dollars to ensure the grants were sufficient to enable CBOs to do the work.[15] For many CBOs, these supplemental funds were necessary to make participating in this program financially feasible – and without them, DBH would have found it even more challenging to place clinicians in schools from the earlier cohorts.

To be clear – $70,000 grants are simply not sufficient to enable CBOs to place clinicians in every DC public school. This is true for several reasons:

- **Costs for providers have steadily increased** over the past few years and yet the grant amount has not changed.
- **Workforce shortages are driving increases in clinician salaries.** There is a nationwide shortage of behavioral health clinicians and mental health

professionals – the same is true here in DC. The public's overall demand for mental health treatment has increased exponentially during the pandemic.[16] Further, the demand for mental health professionals in the District has increased tremendously as more and more programs and sectors across the city are looking to mental health professionals and behavioral health supports to address social problems such as community violence.[17] CBOs cannot hire clinicians to work in schools if they cannot pay them competitive salaries.

- **The Medicaid reimbursements that the current funding model depends on are not consistent across all schools.** The current grant amount is based on a certain percentage of the clinician's time being billable to Medicaid (Tier 3 services).[18] But different schools have different needs – and some schools need their clinicians to prioritize Tier 1 and Tier 2 work.[19] Further, many aspects of Tier 3 services aren't billable when you are providing services to children (e.g., a counseling session with the child may be billable, but following up with that child's parents and teacher would not be). As a result, the billing expectation isn't achievable in all schools, which means some CBOs are operating at a loss in some schools. This is not sustainable.

Taking a step back to consider the broader context – this program is only in its beginning stages. To fully meet the behavioral health needs of all DC public school students, there is more infrastructure to build – some schools have so many students

requiring Tier 3 services that they will need multiple full-time clinicians, while other schools need more help delivering Tier 1 and Tier 2 services and may need to hire other types of non-clinical behavioral health professionals. A great deal of work is needed to increase awareness of the program amongst students, families, and teachers. The program must build communication pathways with school communities that enable accurate assessments of behavioral health needs, help families and students understand what services are available and how they can access them, and provide opportunities for families to give feedback on the program so that it can be strengthened and improved.

Before we can do any of this, however, we must build a stable foundation for this program by placing a clinician in every school and ensuring this resource is sufficiently and sustainably funded. Underfunding the grant undermines the stability of the whole program – it makes it harder to hire and retain the professionals needed, risks the financial viability of the CBOs that the program relies on to staff and supervise the program, and leaves schools uncertain whether this is a program they can rely on in the long-term and whether it's worth the time and effort needed to integrate the clinician into their community.

Although the Mayor's proposed budget appears to include $3.8 million for school-based behavioral health services, these funds have been designated for hiring additional clinicians, adding new DBH staff to support the program's infrastructure and

evaluation, and boosting DBH's workforce pipeline efforts.[20] These are all valuable new investments, but the Mayor's proposal also cuts provider grants by about $10,000 apiece (back down to $70,000 per clinician). While we certainly support expansion of the program, it should not be done at the cost of undercutting the existing core. If the Council doesn't stabilize the foundation of this program and ensure it is financially sustainable for CBOs to provide behavioral health services in schools, we risk losing ground on the progress that we've made in recent years.

We therefore urge the Council to commit $300,000 in one-time local dollars to fund a cost study to determine what it actually costs to implement the school-based behavioral health program now and in the future.[21] Consistent and adequate funding is crucial to the longevity and success of this program. Without comprehensive data and analysis, it is impossible to accurately calculate the cost of implementing the program or determine the grant amounts needed for CBO clinicians to sustainably deliver services to students. The District needs to conduct a comprehensive study to determine how the needs of individual schools, providers, and communities impact program costs and build a sustainable funding model for the program.

To bridge the gap while this cost study is conducted, we ask the Council to reverse the Mayor's cuts to provider grants and restore CBO grants to the financially sustainable level of $80,000 per clinician (for a total investment of $2.4 million in additional recurring local dollars in the FY2023 budget).[22] Since it will take several

years for the cost study to completed, we also ask the Council to ensure grant amounts are appropriately adjusted for inflation each year during this time. By doing this, the Council will both preserve the progress we've already made and pave the way for the continued expansion of the school-based behavioral health program DC students need and deserve.

Continued Investment in Healthy Futures is Needed

DBH's Early Childhood Mental Health Consultation program, Healthy Futures, provides critical support to child development centers (CDCs) and home care providers, as well as direct services to children ages birth to five and their families.[23] Through Healthy Futures, early childhood mental health consultants help teachers and caregivers understand and build their own capacity to better interact and support children's social, emotional, and relational health, with the goal of reducing challenging behaviors and promoting positive social-emotional development in infants and toddlers.[24]

Healthy Futures has been responsive and adaptive to the needs of caregivers and teachers during the ongoing pandemic.[25] Moreover, the program has continued to expand during the pandemic – despite the operational and financial challenges faced by child development centers and workforce shortages. Healthy Futures is currently in the process of hiring three more early childhood consultants. When fully staffed the

program will have a total of 23 early childhood consultants with a capacity to serve 138 child development facilities in FY2022.[26]

In light of the pandemic-related increase in children's behavioral health issues that caregivers and educators are encountering now, Healthy Futures is an even more essential tool for meeting the behavioral health needs of children and families in the District.[27] Continuing to expand the capacity of this program is essential to achieving the underlying goal laid out in the Birth-to-Three for All Act of 2018, which is for Healthy Futures to reach all subsidy-participating CDCs and home providers in the District.[28] To this end, we ask the Council to commit $700,000 in additional recurring local dollars for Healthy Futures in the FY2023 budget. This will allow DBH to continue to expand the program by 25 to 35 additional child development centers and home providers in FY2023.[29] This investment is on track with the expansion of Healthy Futures consultation services in FY21 and to date in FY22.[30] Continued strong investment in Healthy Futures is critical to the continued success of this program and we look forward to seeing Healthy Futures grow in its reach to District children, caregivers, and educators.

Community-Based Behavioral Healthcare Provider Reimbursement Rates Must Be Adjusted for Inflation

The current reimbursement rates for DBH-certified providers were set in 2016 and have never been adjusted for inflation.[31] Although we recognize that DC is currently undergoing a behavioral health reimbursement rate study to improve

reimbursement rates and rate-setting methodologies, the results of this study will not be available in time to inform the FY2023 budget.[32] More immediate action is needed in the interim. At minimum, provider reimbursement rates should be adjusted for inflation.[33]

At the current reimbursement rates, behavioral health providers in the public system cannot be adequately paid for their services, often meaning they seek employment with private institutions or outside the District.[34] It is a basic requirement for a functioning public behavioral health system that reimbursement rates be sufficient to make it financially feasible for providers to offer the full range of behavioral health services needed in our community.[35] Behavioral health reimbursement rates should also be on par with reimbursement for physical health conditions – and must be adequate for assessment and diagnosis.[36]

As we explained in our performance oversight testimony in January, DC's behavioral health system for children lacks an adequate supply and range of behavioral health supports.[37] Services are often fragmented and inaccessible due to the scarcity of a particular service or provider, treatment location, inadequate transportation, long wait times, and insufficient care coordination. The current behavioral health workforce is already insufficient to meet the growing needs of District families and their children.[38] At the District's current rates the provider network will continue to shrink, and DC's

behavioral health system will continue to fail to meet the needs of children and their families.[39]

We therefore urge the Council to adjust provider reimbursement rates for inflation by increasing Medicaid billable services through Behavioral Health Rehabilitative Services (BHRS) Local Match (line 6980) by $8.2 million and increasing non-Medicaid billable services through BHRS (line 6970) by $2.1 million, for a total of $10.3 million in additional recurring local dollars.[40] The $8.2 million for Behavioral Health Rehabilitative Services (BHRS) Local Match would be matched with federal dollars 3-to-1, resulting in an additional $24.6 million in spending on behavioral health services in the District.

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] Mayor's Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Behavioral Health [RM0], p. E-34.

[3] Mayor's Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Behavioral Health [RM0], p. E-19 through E-35.

[4] Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (January 24, 2022), *available at*: https://childrenslawcenter.org/wp-content/uploads/2022/01/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Jan.-24-2022-DBH-Oversight-Hearing_FINAL-1.pdf. Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (January 24, 2022), *available at*:

https://childrenslawcenter.org/wp-content/uploads/2022/01/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Jan.-24-2022-DBH-Oversight-Hearing_FINAL-1.pdf. "In October 2021, The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association – together representing more than 77,000 physicians and more than 200 children's hospitals – declared a national state of emergency in child and adolescent mental health." *AAP, AACAP, CHA declaration of a national emergency in children's mental health. American Academy of Pediatrics,* October 19, 2021, *available at:* https://publications.aap.org/aapnews/news/17718/AAP-AACAP-CHA-declare-national-emergency-in. In December 2021, the U.S. Surgeon General issued an advisory highlighting the urgent need to address the nation's youth mental health crisis. *U.S. Surgeon General Issues Advisory on Youth mental Health Crisis Further Exposed by COVID-19 Pandemic,* HHS.gov, December 7, 2021, *available at:* https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html. Representing the unified voices of national experts and thousands of medical practitioners working with children across the country, both of these public statements recognize that the pandemic has accelerated trends in worsening mental health for children and youth, creating a deepening crisis that requires urgent action by policymakers to improve access to and quality of behavioral health care for children and youth. Over the past decade, mental health symptoms – including depressive symptoms and suicidal ideation – have been steadily increasing among youth. U.S. Surgeon General's Advisory, *Protecting Youth Mental Health,* p. 8, 2021, *available at:* https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf. Between 2009 and 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%; the share seriously considering attempting suicide increased by 36%; and the share creating a suicide plan increased by 46%. *Id.* Between 2007 and 2018, suicide rates for youth aged 10 to 24 years old increased 57% and became the second leading cause of death for youth in this age group. U.S. Surgeon General's Advisory, *Protecting Youth Mental Health,* p. 8, 2021, *available at:* https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf; *AAP, AACAP, CHA declaration of a national emergency in children's mental health. American Academy of Pediatrics,* October 19, 2021, *available at:* https://publications.aap.org/aapnews/news/17718/AAP-AACAP-CHA-declare-national-emergency-in. DC has not been immune to these national trends – in the District's most recent Youth Risk Behavior Survey, approximately a third of DC's high school students (over 6,000 youth) reported depressive symptoms, and 14% of middle school students and 15% of high school students (cumulatively representing over 5,000 children) attempted suicide in the past year. Office of the State Superintendent of Education. "2019 DC High School Sample Statistics," 2019 DC Youth Risk Behavior Survey, p. 3-4, *available at*: https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/2019DCBH%20Sample%20Statistics.pdf; "2019 DC Middle School Summary Graphs", 2019 DC Youth Risk Behavior Survey, slide 1, *available at*: https://osse.dc.gov/page/2019-dc-yrbs-data-files. *See also* Office of the State Superintendent of Education, 2018-2019 School Year Enrollment Audit Report and Data, *available* at: https://osse.dc.gov/page/2018-19-school-year-enrollment-audit-report-and-data. The pandemic has only worsened these disturbing trends. The pandemic has upended social connections in every aspect of children's lives – undermining their sense of safety, security, and belonging. Medical practitioners report "soaring rates of depression, anxiety, trauma, loneliness and suicidality" in children that will have a long-lasting impact on their lives. *AAP, AACAP, CHA declare national emergency in children's mental health. American Academy of Pediatrics,* October 19, 2021, *available at:* https://publications.aap.org/aapnews/news/17718/AAP-AACAP- CHA-declare-national-emergency-in. Since the start of the pandemic, more than 140,000 children have experienced a pandemic-related death of a caregiver, and emergency department visits for children with mental health emergencies have risen sharply. *Id.* In early 2021, emergency department visits for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys

compared to the same time period in early 2019." U.S. Surgeon General's Advisory, *Protecting Youth Mental Health,* p. 9, 2021, *available at:* https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf.

[5] Over the past few years, several local organizations, including the Children's Law Center, Children's National Hospital, the District of Columbia Behavioral Health Association, Health Alliance Network, Early Childhood Innovation Network, MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry, Parent Watch, and Total Family Care Coalition, have worked together to develop a plan of action to ensure DC children and families have the behavioral health supports and services they need to thrive. The resulting report, *A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia,* was just released in December 2021 and provides a blueprint for creating a successful public behavioral health system. *A Path Forward* identifies gaps and offers concrete, actionable recommendations in the six domains that the World Health Organization identifies as necessary to a functioning public health system: leadership and governance, financing, workforce, service delivery, information and communications, and technology. These recommendations are informed by best practices around the country, feedback and input from expert stakeholders across the District, and focus groups conducted with District youth and caregivers. *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District,* December 2021, *available at:* https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf. [hereinafter "*A Path Forward*].

[6] On September 30, 2021, the Office of the Chief Financial Office (OCFO) released the September 2021 Revenue Estimates Letter, which reported that for the May 2021 Revenue Estimate used for the FY2022 Budget was adjusted to $8,580.1 Billion. On February 28, 2022, the OCFO reported the February 2022 revenue estimate for FY2022 was reported as $9,086.7 Billion. Therefore, the revenue used to set the FY2022 budget as compared to the current revenue estimate is a difference of $506.6 Million ($9,086.7-$8,580.1 = $506.6). *See* Government of the District of Columbia, Office of the Chief Financial Officer, *Re: September 2021 Revenue Estimates,* September 30, 2021, *available at*: https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/Sept_2021%20Revenue%20Estimate%20Letter.pdf. Government of the District of Columbia, Office of the Chief Financial Officer, *Re: February 2022 Revenue Estimates,* February 28, 2022, *available at*: https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/February%202022%20Revised%20Revenue%20Estimates%20for%20FY%202022%20-%202026.pdf.)

[7] Government of the District of Columbia, Office of the Chief Financial Officer, *Re: February 2022 Revenue Estimates,* February 28, 2022, *available at*: https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/February%202022%20Revised%20Revenue%20Estimates%20for%20FY%202022%20-%202026.pdf.)

[8] *Id.*)

[9] *Id.*

[10] Mayor Bowser Presents Fair Shot Budget Proposal, Thursday, May 27, 2021, *available at*: https://mayor.dc.gov/release/mayor-bowser-presents-fair-shot-budget-proposal; Report and Recommendations of the Committee of the Whole on the Fiscal Year 2022 Budget and Corresponding Budget Support Act, July 1, 2021, *available at*: https://static1.squarespace.com/static/5bbd09f3d74562c7f0e4bb10/t/60de31f31217463998caf97e/1625174516309/DRAFT+COW+FY2022+Budget+Recommendations.pdf.

[11] Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (June 4, 2021), *available at*: https://childrenslawcenter.org/resources/budget-testimony-dbh-0/; Children's Law Center, *DC Kids and Families Need Access to Behavioral Health, Strengthening Families Coalition, available at*: https://childrenslawcenter.org/dc-kids-and-families-need-access-behavioral-health/; Strengthening Families Coalition, 2021 Joint Letter: DC Leaders Must Invest Further to Ensure the Long-Term Stability of the School-Based Behavioral Health Program, December 10,

2021, *available at*: https://childrenslawcenter.org/resources/2021-joint-letter-dc-leaders-must-invest-further-to-ensure-the-long-term-stability-of-the-school-based-behavioral-health-program/.

[12] Department of Behavioral Health, UPDATED CBO and DBH Clinicians_MASTERLIST 1.21.2022, *available* at: https://dbh.dc.gov/node/1500291; Cohort 1 School/Provider Status - As of 3.9.2022 ; Cohort 2 School/Provider Status - As of 3.9.2022; Cohort 3 School/Provider Status - As of 3.9.2022; and Cohort 4 School/Provider Status - As of 3.9.2022. All School/Provider Status reports are on file at the Children's Law Center.

[13] Updates provided at Coordinating Council on January 19, 2022 at the monthly Coordinating Council meeting, on file with the Children's Law Center; Updates provided at Coordinating Council on February 23, 2022 at the monthly Coordinating Council meeting, on file with the Children's Law Center.; Department of Behavioral Health, Request for Applications, School-Based Behavioral Health Services Comprehensive Expansion (Cohort 4), January 21, 2022, *available at*: https://dbh.dc.gov/page/request-applications-01.

[14] Department of Behavioral Health, November 2021 Coordinating Council on School Behavioral Health Slides, on file with Children's Law Center.

[15] District of Columbia FY2021 Department of Behavioral Health Budget, RM0, p. E-48; District of Columbia FY2022 Department of Behavioral Health Budget, RM0, p. E-48.

[16] KKF, *Mental Health in the District of Columbia*, December 13, 2021, *available* at: https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/; American Psychological Association, *Demand for mental health treatment continues to increase, says psychologists,* October 19, 2021, *available at*: https://www.apa.org/news/press/releases/2021/10/mental-health-treatment-demand; District of Columbia Department of Health, *COVID-19 Pandemic Health and Healthcare Recovery Report,* May 2021, *available at*: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/Pandemic-Recovery-Report_May-2021.pdf. .

[17] Elliot C. Williams, *D.C. extends program to dispatch more 911 mental health calls to social workers,* NPR WAMU 88.5, November 15, 2021, *available at*: https://www.npr.org/local/305/2021/11/15/1055789888/d-c-extends-program-to-dispatch-more-911-mental-health-calls-to-social-workers#:~:text=D.C.%20is%20extending%20a%20pilot%20program%20that%20calls%20on%20the,news%20of%20the%20program's%20extension; Sam P.K. Collins, *D.C. Students Voice Demands for More Mental Health Services,* The Washington Informer, February 2, 2022, *available* at: https://www.washingtoninformer.com/d-c-students-voice-demands-for-more-mental-health-services/. Melissa Millar and Amber Rieke, *Re-Routing Behavioral Health Crisis Calls from Law Enforcement to the Health System,* DC Health Matters Collaborative, May 2021, *available at*: https://www.dchealthmatters.org/content/sites/washingtondc/ReRouting_Crisis_Response_white_paper_May_2021.pdf.

[18] DBH FY2020 Performance Oversight Response, response to Q27, *available at*: https://dccouncil.us/wp-content/uploads/2021/06/dbh.pdf.

[19] 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. *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.

[20] Mayor's Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Behavioral Health [RM0], p. E-32; Mayor Bowser Presents Fiscal Year 2023 Budget Proposal, Wednesday March 16, 2022, *available at:* https://mayor.dc.gov/release/mayor-bowser-presents-fiscal-year-2023-budget-proposal.

[21] This number is an estimate based on the cost of prior rate studies the District has commissioned. Ultimately, our request is for adequate funding to conduct a comprehensive and informative cost study of the program.

[22] According to DBH, the FY2022 grant amount per school is $77,515. See DBH, November 2021 Coordinating Council on School Behavioral Health Slides, on file with Children's Law Center. Of the $77,515, only $70,344 is funded with recurring dollars; $7,171 is covered by one-time funding from the Council. Adjusting for inflation (using Congressional Budget Office projected inflation and Consumer Price Index for All Urban Consumers monthly data), to keep funding levels consistent in FY2023, the grant amount per school should be $79,254. We are rounding up to $80,000 per school for ease of reference/calculation: $80,000 - $70,344 = $9,656 x 251 schools = $2,423,656 ($2.4 million) increase in FY2023.

[23] DBH FY2021 Performance Oversight Responses, response to Q45, *available at*: https://dccouncil.us/wp-content/uploads/2022/01/dbh.pdf.

[24] *Id.*

[25] DBH FY2021 Performance Oversight Responses, response to Q45, *available at*: https://dccouncil.us/wp-content/uploads/2022/01/dbh.pdf.

[26] *Id.*

[27] AAP, AACAP, CHA, Declaration and U.S. Surgeon General's Advisory, *supra* note 4; The White House, *FACT SHEET: Improving Access and Care for Youth Mental Health and Substance Use Conditions*, October 19, 2021, *available at*: https://www.whitehouse.gov/briefing-room/statements-releases/2021/10/19/fact-sheet-improving-access-and-care-for-youth-mental-health-and-substance-use-conditions/; *COVID-19 and Children's Behavioral Health in the District: The Pandemic's Impact on Child Behavioral Health Outcomes and the Behavioral Health Care System*, Children's National Hospital, June 2021, *available at:* https://childrensnational.org/-/media/cnhs-site/files/advocacy-and-outreach/child-health-advocacy-institute/covid19-and-childrens-behavioral-health-in-dc.pdf?la=en.

[28] DC Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.

[29] Ensuring funding of $700,000 can be used to hire three to five new consultants and more supervisors, with additional funds to cover overhead costs associated with additional professionals and implementation of the program. DC Action, *Under 3 DC FY23 Letter to Mayor Bowser*, February 4, 2022, *available at*: https://www.wearedcaction.org/blog/under-3-dc-fy23-letter-mayor-bowser.

[30] In FY21, Healthy Futures expanded to 29 CDCs. In FY22, Healthy Futures is finalizing agreements to expand to an additional 17 centers and is hiring to be staffed up to serve 138 centers by the end of FY22. *See* Department of Behavioral FY20 Health Performance Oversight Responses, response to Q54, attachment 1 of 3,*available at*: https://dccouncil.us/wp-content/uploads/2021/06/dbh.pdf; Department of Behavioral Health FY21 Performance Oversight Responses, response to Q45, *available at*: https://dccouncil.us/wp-content/uploads/2022/01/dbh.pdf.

[31] *A Path Forward,* Chapter 4, Section 4.3, p. 56.

[32] *A Path Forward,* Chapter 5, Section 5.2, p. 82.

[33] *See A Path Forward,* Chapter 4, Section 4.4, Recommendation 7, p. 64.

[34] Emily Becker-Haimer, David Mandell, and Rebecca Stewart, *It's time to pay for mental health care in America,* The Hill, October 29, 2021, *available at*: https://thehill.com/opinion/healthcare/578794-its-time-to-pay-for-mental-health-care-in-america; Institute of Medicine (US) Committee on Quality Assurance and Accreditation Guidelines for Managed Behavioral Health Care; Edmunds M, Frank R, Hogan M, et al., editors. Managing Managed Care: Quality Improvement in Behavioral Health. Washington (DC):

National Academies Press (US); 1997. 3, *Challenges in Delivery of Behavioral Health Care*. *Available at*: https://www.ncbi.nlm.nih.gov/books/NBK233224/.

[35] *See A Path Forward,* Chapter 4, Section 4.3 & 4.4, Gap 6 & Recommendation 7, p. 57, 64.

[36] *See A Path Forward,* Chapter 4, Section 4.4, Recommendation 7, p. 64.

[37] Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (January 24, 2022), *available at*: https://childrenslawcenter.org/wp-content/uploads/2022/01/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Jan.-24-2022-DBH-Oversight-Hearing_FINAL-1.pdf.

[38] Leah Castelaz, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 23, 2022), *available at*: https://childrenslawcenter.org/resources/fy22-oversight-testimony-dc-health/.

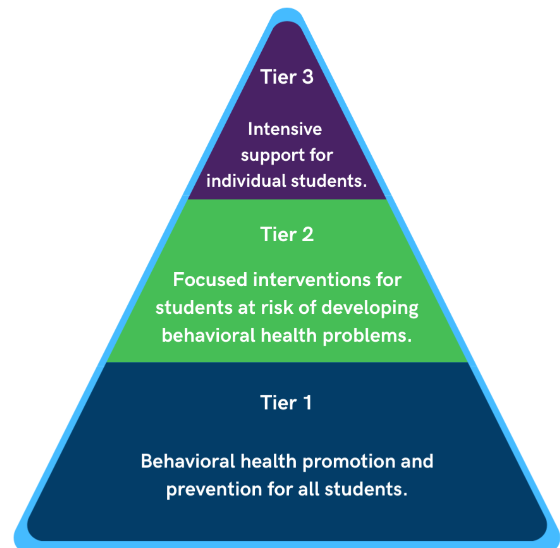
[39] Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (January 24, 2022), *available at*: https://childrenslawcenter.org/wp-content/uploads/2022/01/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Jan.-24-2022-DBH-Oversight-Hearing_FINAL-1.pdf.

[40] These are calculated using the Center for Medicare and Medicaid Services Medicare Economic Index change (16.1%) from 2016 Q4 provider costs that are the basis of current rates to Medicare Economic Index forecast 2023 Q1 costs. DHCF uses Medicare Economic Index data for healthcare providers instead of the Bureau of Labor Statistics Consumer Price Index. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData

T. Weerasingha-Cote Testimony
Exhibit A

DC's School-Based Behavioral Health Expansion Program Bridges Gap Between Students and Vital Services

What is the School-Based Behavioral Health Expansion Program?

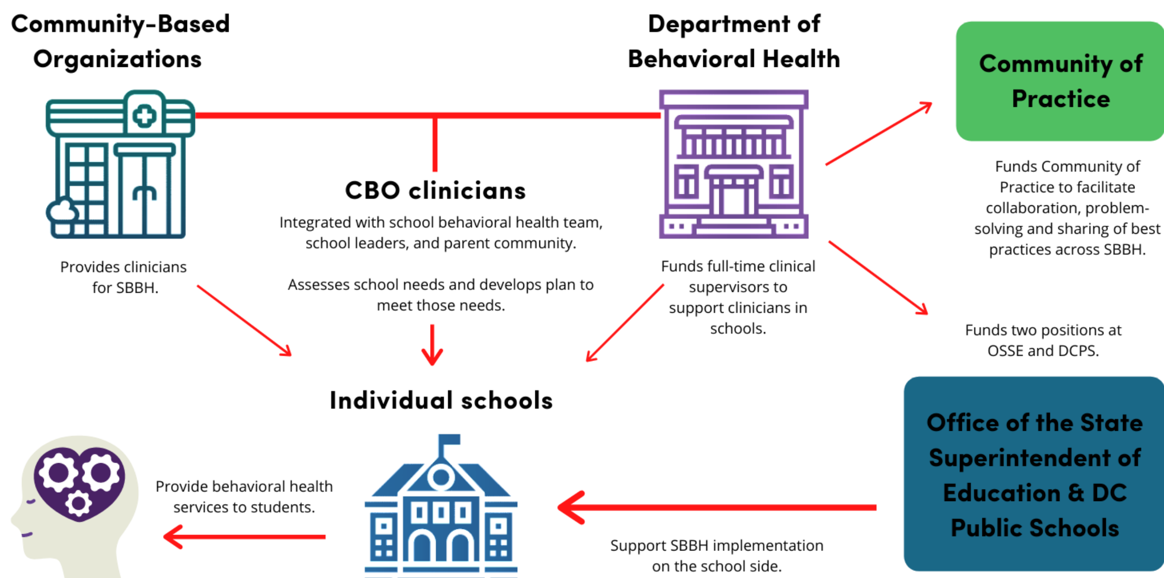


The School-Based Behavioral Health Expansion Program (SBBH) takes a public health approach to addressing children's mental and behavioral health. DC's Department of Behavioral Health (DBH) partners with community-based organizations (CBOs) to place at least one full-time clinician in every DC Public School (DCPS) and public charter school. The goal of SBBH is to provide an array of behavioral health services at three different tiers of support that address school-wide, targeted, and intensive student behavioral health needs.

Thanks to the DC Council's leadership and historic investment in children's behavioral health in the District's Fiscal Year 2022 budget, the SBBH expansion program now includes all 251 DCPS and public charter schools – **and thousands more kids can access the critical services they need.**

How Does SBBH Work?

SBBH relies on collaboration between key DC public health and education agencies, CBOs, and local schools. Through this interconnected system, SBBH clinicians can provide critical behavioral health services to all students in DC public schools – year-round and regardless of whether a student is learning remotely or in-person.



Why Do We Need SBBH?

This fall, thousands of child behavioral health professionals and children's hospitals across the nation declared a national state of emergency in child and adolescent mental health amid skyrocketing rates of negative behavioral health outcomes – such as depression, anxiety, and grief – induced by the physical, mental, social, and emotional toll of the pandemic. Black and brown children and children from low-income families, who already had far worse behavioral health outcomes prior to the pandemic, are especially vulnerable – as are their families and broader communities. Given that students spend most of their time in school, SBBH is one of DC's best tools for improving student access to behavioral health care.

Access to SBBH Has Led to Better Student Outcomes

As SBBH is fully expanded to all DC public schools this fiscal year, we value the positive feedback provided by clinicians so far – as well as their demonstrated impact on the well-being of District children and families:

- **From Victoria Isola, Simon Elementary School (Ward 8)**
  I started working with a student in January 2020. He had a hard time expressing what was bothering him and would shut down and start crying. We have been working on learning emotions, self-regulation, coping skills, using 'I' statements, brainstorming solutions and picking the best solution for conflicts. He has made great improvement in our sessions, in school, and at home. His mom reported that he is able to tell her what is bothering him without shutting down and crying. We had our last session on October 28th, and he expressed that he was excited and proud of himself!
- **From Molly Zinkgraf, Jefferson Middle School Academy (Ward 6)**
  A student was referred to me during the pandemic due to lack of engagement in school, sleeping most of the day, and reports of anger toward family members in response to his father's incarceration. I supported the student in developing coping tools to help with difficult emotions during the pandemic. He was discharged in October due to his progress and meeting his treatment goals. Today, the student is a member of the football team, receives multiple positive referrals from teachers, and is on track for the honor roll. He reports feeling excited about applying to high school and continuing to play football.
- **From Ta-Tanisha Hawkins, Patterson Elementary School (Ward 8)**
  Patterson successfully started off this new in-person learning with a bang. The behavioral health team conducted our first in-parent meeting of the 2021-22 school year. Due to new school safety protocols, we improvised outside and had ten parents and school staff members in attendance. The focus was to engage parents to provide them support in adjusting to this new normal of staying connected with the school and their student's teacher. September was also suicide prevention month, and parents were provided psychoeducation on how to identify signs and symptoms of distress, anxiety, and sadness in their children, as well as how to talk to their kids about managing their strong emotions and how to and who to seek out for help.

We urge the Mayor and the Council to continue providing the essential funding needed to fully realize SBBH's benefits – and to ensure that critical behavioral health services are accessible to thousands of DC children and families now and in the years to come.

For more information, contact Qubilah Huddleston at qhuddleston@dcfpi.org or Tami Weerasingha-Cote at tweerasi@childrenslawcenter.org.