



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

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Amber Rieke
Project Lead, Path Forward
Children's Law Center

Introduction

Good afternoon, Chairperson Henderson and members of the Committee on Health. My name is Amber Rieke and I am testifying today on behalf of Children's Law Center. Children's Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Children's Law Center co-authored a 2021 report called [*A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*](#),¹ which detailed 94 recommendations to better meet the needs of DC children and families. As the Project Lead for *A Path Forward*, my work is focused on driving forward the recommendations contained in our report.

Children's Law Center is also a Co-Chair of the Strengthening Families Through Behavioral Health Coalition, which 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.² My organization is also a proud member of the Fair Budget Coalition.

Thank you for this opportunity to testify regarding the proposed FY2024 budget for the Department of Behavioral Health (DBH). Today's testimony asks the Committee to support District-wide efforts to address the youth mental health crisis by:

1. Increasing funding for School-Based Behavioral Health Expansion (SBBH) by \$5.7 million, to sustain compensation for clinicians; and
2. Restoring the apparent \$655,000 cut to Healthy Futures.

Symptoms of poor mental health, including depressive symptoms and suicidal ideation, have been steadily increasing among American youth for over a decade.³ The disruption, isolation, and health impacts of the COVID-19 pandemic only exacerbated this growing crisis.⁴ The results of a 2021 survey revealed that a stunning 28% of DC middle school students have seriously thought about killing themselves (18.3% for high schoolers).⁵ As the U.S. Surgeon General said in 2021: "It would be a tragedy if we beat back one public health crisis only to allow another to grow in its place. Mental health

challenges in children, adolescents, and young adults are real, and they are widespread. But most importantly, they are treatable and often preventable.”⁶

Unfortunately, there are also acute challenges to connecting to these treatments. At Children’s Law Center, the children we work with – including those in the foster care system, receiving special education services, or dealing with unhealthy housing conditions – often have significant behavioral health needs. Their greatest obstacle to services is the lack of behavioral health care professionals practicing in the District. Our clients consistently report that they are unable to find providers offering the services they need – or if they manage to find a provider, the waitlist for an appointment is prohibitively long.

We, therefore, evaluate the Mayor’s proposed DBH budget for the next fiscal year asking: how does it support youth mental health? We are pleased to see that the proposed budget includes a significant increase for behavioral health provider payments. This increase will help build an adequate network of professionals willing to participate in Medicaid and other public programs. Unfortunately, we also see reductions in essential prevention and treatment work for youth, including SBBH and Healthy Futures, as well as Child and Adolescent Mobile Psychiatric Service (ChAMPS) and substance use disorder (SUD) prevention.

We fear that reductions in SBBH, Healthy Futures and other youth-serving programs will undercut the capacity for caring professionals to deliver tailored

interventions to children and teens, at a time when public health data urges us to do the opposite.

The School-Based Behavioral Health Expansion Program Offers DC Students a Lifeline in a Time of Immense Need

The SBBH program embeds timely, high-quality, consistent, and culturally responsive behavioral health care where children spend most of their time: school. SBBH partners with Community-Based Organizations to staff skilled clinicians in every DC traditional and charter public school. Through this embedded professional, schools have a whole new avenue for improving well-being, from building skills in emotional regulation across the school population to individual therapeutic services.

Along with measures of poor mental health noted above, the YRBS revealed that not enough DC middle and high schoolers have adults in their lives to discuss their issues. Only 31.1% of middle schoolers and 21.3% of high schoolers said they would most likely talk with their parent or another adult family member about their feelings. And less than two-thirds of students said there is at least one teacher or other adult in their school that they can talk to if they have a problem (62.4% of middle schoolers and 63.3% of high schoolers.)⁷

DBH's program is among the first to break ground amid a growing nationwide movement to address mental health concerns; the pandemic was a key catalyst for efforts to expand service access in schools. During the 2021-22 school year, 67% of U.S.

schools reported increasing the type or amount of mental health services provided, 46% reported creating or expanding programs for students' social/emotional/mental well-being, and 41% reported hiring new staff to focus on student mental health and well-being.⁸ Only 68% of public schools have a school- or district-employed mental health professional on staff, and even fewer (51%) employ an external mental health provider as the District does.⁹

The public health approach of co-locating mental health services with schools removes many burdens and barriers to treatment, and the use of community-based organizations creates the potential for lasting care relationships beyond the school setting. The clinicians facilitate mental health support across three tiers, such as general social-emotional lessons (Tier 1), small support groups (Tier 2), or individual therapy sessions (Tier 3).¹⁰ In the District, CBO grants from DBH are meant to cover a part of the compensation and supervision costs for clinicians. The initial funding model and grant amount was based on early estimates regarding the costs of the program, and projections that CBO clinicians would spend at least 50% of their time on Tier 3 services reimbursable by Medicaid.¹¹ Since the original map was drawn, several circumstances and challenges have hampered the roll-out – not least of which was the changed educational landscape during the COVID-19 pandemic.

Despite these obstacles, the program now funds a clinician in every school and is meeting critical needs. However, as we testified during Performance Oversight, a

critical shortage of behavioral health care professionals in the District – and across the country – has been a barrier to full implementation.¹² The program is still developing, each school community is charting its needed course, and evaluation and cost studies are underway. Schools are also still building their systems for referrals; though the numbers are increasing, many clinicians reportedly haven't reached their service capacity yet.¹³ In this time of hard-won growth, the District should continue to invest – not withdraw – in fully staffing SBBH.

The District Must Sustain Current Levels of Compensation for SBBH Clinicians in Fiscal Year 2024

DBH leadership has been responsive to hiring difficulties by increasing CBO grants to allow for salary increases and/or hiring and retention bonuses for clinicians.¹⁴ In December 2022, DBH granted CBOs \$99,371 per clinician for compensation and supervision. CBOs were relieved to be able to offer incentives beyond the \$80,000 approved in the FY23 budget to retain and attract highly educated – and highly sought-after – licensed clinical social workers. The Strengthening Families Coalition, along with Fair Budget Coalition, are requesting the Council ensure that this compensation is stable in FY 2024, with an inflationary increase: of about \$103,000 per clinician for all 253 schools. This totals \$26,059,000 for CBO grants.

As the line item which contains SBBH has not significantly increased, we assume that funding has remained flat from FY23. In other words, we see a reversion to levels

before this winter's enhancements – a functional cut. We, therefore, need an additional \$5.7 million to keep clinician compensation stable. We also support maintaining the investments in program evaluation and data collection, as well as the Community of Practice which brings together providers, staff and school leaders in a collaborative learning environment to share best practices, support and participate in learning activities. Continued investment in the CoP is essential to building provider capacity and maintaining consistent quality of services across the program. As we struggle to hire clinicians in the face of an unprecedented shortage of professionals, we must maintain the CBO's ability to offer competitive pay, incentives, and professional support for these essential roles. Reverting to the old grant amount will result in losing clinicians and puts the whole program at risk.

The Committee Must Restore Healthy Futures Funding to Meet the Needs of DC's Earliest Learners and Their Caregivers

Healthy Futures similarly seeks to provide access to a behavioral health professional in spaces where children already are: child development centers and home childcare. Healthy Futures serves children ages zero to five and utilizes an early childhood mental health consultant (ECMHC) model to create a collaborative relationship between a professional consultant with early childhood mental health expertise and one or more caregivers, typically the early education provider and/or family member.¹⁵ The collaborative relationship of consultant and caregiver aims to

build the capacity of staff, families, and programs and support children's healthy development, social emotional health, and school readiness.¹⁶

As we discussed in performance oversight, despite numerous challenges, the number of child development centers and home childcare providers that Healthy Futures operates in has consistently grown over the past three years.¹⁷ In FY2022 alone, the early childhood mental health specialists served 7,571 children across 102 centers, provided 65 parent workshops, 384 parent consultations and 1,354 director consultations.¹⁸

Last year, the Council added \$700,000 to the Healthy Futures budget to support continued expansion.¹⁹ The funding added last year in the FY2023 budget by the Committee on Health increased capacity for Healthy Futures to support 26 early childhood clinical specialists, 3 supervisors, and a Program Manager.²⁰ Once fully staffed at the FY2023 funding level, Healthy Futures can serve up to 182 child development centers and home childcare providers.²¹ This would bring us over halfway to the original goal of having Healthy Futures in 300 child development centers and home providers as envisioned in the Birth-to-Three for All Act of 2018.²²

The Mayor's proposed budget appears to include a \$655,000 cut to Healthy Futures.²³ To the best of our understanding, we believe this money was cut because it appeared the agency did not utilize it. As explained during performance oversight,

however, this was due to a programming error and not for a lack of need or demand for these services.²⁴

Restoring this funding will allow Healthy Futures to continue to hire and expand into the projected 182 child development centers and home childcare providers. We, therefore, ask the Committee to ensure the \$655,000 remains in the Healthy Futures budget.

DBH Must Maintain a Framework of Support for Youth, including Crisis Response and Substance Use Disorder Prevention

Alongside the program cuts detailed above, Children's Law Center is concerned by cuts to other important services. The proposed DBH budget includes a reduction of \$2,677,036 and 4.7 FTEs across divisions that include funding for mobile crisis services, for the general population through the Community Response Team (CRT) as well as for children and youth through ChAMPS,²⁵ in addition to cutting the budget for SUD prevention services in half.²⁶ Further, the budget notes it swept funding from crisis stabilization beds, pharmaceutical costs, and contracted services. We ask the Committee to clarify with the agency how these funding decreases will impact services for youth and to make changes as needed to ensure service levels are not diminished, particularly in the context of the concurrent crises of poor mental health and service shortages.

Increased Provider Payment Rates for Behavioral Health Services Will Better Support a Broad, Diverse Provider Network

The consistent theme of the work to improve mental health is the imperative to create more places and professionals to do behavioral health care. This is done, in part, through sufficient pay for providers in public programs. Just as SBBH and Healthy Futures need sufficient grant funds, providers must be sufficiently paid for services in hospitals, health centers, primary care, and private practice offices, if they are to participate in Medicaid.

Over the past few years, DHCF has initiated several major changes to the District's behavioral health system that will expand what care Medicaid will cover as it also moves toward a fully managed Medicaid program by 2024.²⁷ Beginning October 1, 2023, behavioral health services will be integrated into the District's managed care contracts.²⁸ DBH and DHCF share the responsibility to ensure there are enough providers in MCO networks to meet the needs of beneficiaries, as is required by Medicaid rules. Yet through last year's budget, DBH's reimbursement rates for behavioral health care for people enrolled in Medicaid (Behavioral Health Rehabilitation Services) and for those disqualified from Medicaid (Mental Health Rehabilitation Services) had not been adjusted beyond 2016 rates. The effect is that providers are being paid 17.5% less than if rates had increased with the Medicare Economic Index, minus 6.2%, DBH and DHCF added over 2022.

Therefore, we are heartened to see significant increases in some of the lines for provider payments in both agencies' budgets. Specifically, DBH increased the line for Behavioral Health Rehabilitation Services (Local Match) by \$17,760,000 from FY23 for a total of \$61 million. We need an increase of at least \$7.5 million in the reimbursement levels to achieve the 17.5% inflationary increase, and we hope that this is included in the enhancement. We want to better understand the line, and whether the additional \$10 million reflects further increases to rates (i.e. higher payments) and/or an anticipated increase in volume of services (i.e. more patients). In light of this enhancement, it is unclear why the line in the budget for Mental Health Rehabilitation Services (Local Only) – services for people ineligible for Medicaid – has not increased a single dollar. We believe providers for these services should also have an increase to payments of 17.5%, or about \$1.9 million enhancement.

We recognize that DBH and DHCF are basing future provider payment rates on the ongoing behavioral health reimbursement rate study, which is intended to improve rates and rate-setting methodologies. We noted at oversight hearings that it is important that this rate study prioritizes reimbursement of children's behavioral health services. We expect the forthcoming rate study to reflect the realities of the workforce landscape, such as adjustments for high turnover and retention costs, and national salary data.²⁹ In the meantime, we wish to better understand the changes that have been made, and how they will work to improve the service network in FY 24.

Conclusion

In a year of tough choices, the District is challenged to weigh the most pressing issues and the wisest investments. We urge you to continue to prioritize the youth mental health crisis. To ensure investments lead to strong, sustainable and well-utilized programs, the District must not retract its funding or staff capacity for behavioral health programs and services. We ask the Committee on Health to maintain funding for SBBH clinicians, reverse cuts to Healthy Futures, maintain capacity for programs that prevent and respond to crises, and pay behavioral health providers sufficiently. If the District stays steadfast in its commitments, it can create systemic change, improve well-being for kids and families, and advance health equity for now and in the generations to come.

¹ *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. This report is released by 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.

² Strengthening Families DC, Strengthening Families Through Behavioral Health, available at: <https://www.strengtheningfamiliesdc.org/>.

³ U.S. Office of the Surgeon General (OSG), *U.S. Surgeon General Advisory: Protecting Youth Mental Health*, p. 8 (December 7, 2021), available at: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>.

⁴ In addition to increased suicidality, the 2021 DC Youth Risk Behavior Survey (YRBS) revealed that about 12% of middle and high school students had taken prescription pain medicine without a prescription. Over 19% of middle school students and over 25% of high schoolers reported that their mental health was not good most of the time, or always (including stress, anxiety, and depression). One-fifth (20%) of high school students went without eating for 24 hours or more to lose weight or to keep from gaining weight. In the general population, only 20% of children with a behavioral health disorder will ever receive care from a specialized provider. The unmet need is worse for children of color. See OSSE, 2021 DC YRBS Middle School Trend Analysis Report, QN29, p. 8, QN62, p. 17, available at:

https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/2021DCBM%20Trend%20Report.pdf; OSSE, 2021 DC YRBS High School Trend Analysis Report, QN49, p. 14, QN106, p. 32, available at:

https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/2021DCBH%20Trend%20Report.pdf; 2021 American Academy of Child and Adolescent Psychiatry, *Best Principles for Integration of Child Psychiatry into the Pediatric Health Home* (June 2012), available at:

https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf; Vikki Wachino, et al., *The Kids Are Not All Right: The Urgent Need to Expand Effective Behavioral Health Services for Children and Youth*, USC-Brookings Schaeffer on Health Policy (December 22, 2021), available at:

<https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2021/12/22/the-kids-are-not-all-right-the-urgent-need-to-expand-effective-behavioral-health-services-for-children-and-youth/>.

⁵ OSSE, 2021 DC YRBS Middle School Trend Analysis Report, QN14, p. 2, available at:

https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/2021DCBM%20Trend%20Report.pdf; OSSE, 2021 DC YRBS High School Trend Analysis Report, QN26, p. 6, available at:

https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/2021DCBH%20Trend%20Report.pdf.

⁶ OSG, *U.S. Surgeon General Advisory: Protecting Youth Mental Health*, p. 4 (December 7, 2021), available at: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

⁷ OSSE, 2021 DC Youth Risk Behavior Survey (YRBS) Data Files, available at:

<https://osse.dc.gov/node/1635216>; OSSE, 2021 DC YRS Middle School Trend Analysis Report, QN69, p. 19, available at:

https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/2021DCBM%20Trend%20Report.pdf; OSSE, 2021 DC YRBS High School Trend Analysis Report, QN118, p. 35, available at:

https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/2021DCBH%20Trend%20Report.pdf.

⁸ Nirmita Panchal, Cynthia Cox, & Robin Rudowitz, *The Landscape of School-Based Mental Health Services*, Kaiser Family Foundation (September 6, 2022), available at: <https://www.kff.org/other/issue-brief/the-landscape-of-school-based-mental-health-services/>.

⁹ *Id.*

¹⁰ DBH, 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.

¹¹ Tami Weerasingha-Cote, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, p. 7 (June 2, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-June-4-2021-DBH-Budget-Oversight-Hearing_FINAL.pdf.

¹² Amber Rieke, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health (February 1, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke_CLC_Performance-Oversight-Testimony_DBH_February-1-2023_SBBH_final-1.pdf.

¹³ ChildTrends data on referrals and caseloads presented at DBH Coordinating Council on School Behavioral Health on March 20, 2023.

¹⁴ DBH Coordinating Council on School Behavioral Health slide deck shared via email on December 19, 2022.

¹⁵ Under 3 DC Coalition, Healthy Futures Factsheet (2020), available at: <https://under3dc.org/wp-content/uploads/2020/04/U3DC-Factsheet-Healthy-Futures.pdf>; DBH, FY2022 Performance Oversight Responses, response to Q41, p. 38–39, available at:

https://www.dropbox.com/sh/z6g48dc4tq8528u/AAA0mmhCy-4vOYWjouWtnc2Da/COH%20Performance%20Oversight/DBH/Agency%20Responses%20and%20Testimony?dl=0&preview=FY+22+DBH+Oversight+Questions+and+Responses_One+Doc.pdf&subfolder_nav_tracking=1.

¹⁶ Mary Mackrain, *A Day in the Life of an Early Childhood Mental Consultant*, Center for Early Childhood Mental Health Consultation, p. 3 (December 2021), available at:

https://www.iecmhc.org/documents/Day_in_the_Life_MH_Consultant.pdf; DBH, FY2022 Performance Oversight Responses, response to Q41, p. 38–39, available at:

https://www.dropbox.com/sh/z6g48dc4tq8528u/AAA0mmhCy-4vOYWjouWtnc2Da/COH%20Performance%20Oversight/DBH/Agency%20Responses%20and%20Testimony?dl=0&preview=FY+22+DBH+Oversight+Questions+and+Responses_One+Doc.pdf&subfolder_nav_tracking=1.

¹⁷ Sharra E. Greer, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health (February 1, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/02/Sharra-Greer_CLC_Performance-Oversight_DBH_General_February-1-2023_final-1.pdf.

On average, Healthy Futures has grown by 22 sites between FY20 and FY22 (FY21 (87 cites) - FY20 (58 cites) = increase of 29 sites between 1 year. FY22 (102 cites) - FY21 (87 cites) = increase of 15 cites between 1 year. Average = 29+15 divided by 2 = 22 sites increase on average over two years). In FY2020, Healthy Futures was working with 58 child development centers and home providers, and in FY2021, the number of child development centers and home providers grew to 87. In FY2022, Healthy Futures was working in at 102 child development centers and home providers. Additionally, Healthy Futures is expanding its programmatic reach by implementing a pilot program to expand Healthy Future services by providing beyond consultation to include on-site mental health services, including direct

clinical support to children. This pilot program is being implemented at eight child development centers that already employ the early childhood mental health consultation model piece of Healthy Futures. These additional services will help connect children with early intervention services that will serve them in the long term. Finally, as noted in performance oversight, Healthy Futures will be evaluated by Georgetown University Center for Child and Human Development (GUCCHD). This evaluation will help provide analysis of the program's successes and gaps as well as next steps to support the program's needs. See DBH, FY2020 Performance Oversight Responses, responses to Q54, available at: <https://dccouncil.gov/wp-content/uploads/2021/06/dbh.pdf>; DBH, FY2021 Performance Oversight Responses, responses to Q45, available at: ; DBH, FY2022 Performance Oversight Responses, responses to Q41 and Q43, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAA0mmhCy-4vOYWjouWtnc2Da/COH%20Performance%20Oversight/DBH/Agency%20Responses%20and%20Testimony?dl=0&preview=FY+22+DBH+Oversight+Questions+and+Responses_One+Doc.pdf&subfolder_nav_tracking=1.

¹⁸ DBH, FY2022 Performance Oversight Responses, response to Q41, p. 39, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAA0mmhCy-4vOYWjouWtnc2Da/COH%20Performance%20Oversight/DBH/Agency%20Responses%20and%20Testimony?dl=0&preview=FY+22+DBH+Oversight+Questions+and+Responses_One+Doc.pdf&subfolder_nav_tracking=1.

¹⁹ District of Columbia Council Committee on Health, Report and Recommendation on the FY2023 Budget and Financial Plan for Agencies Under Its Purview (April 29, 2022), available at: https://lms.dccouncil.gov/downloads/LIMS/49081/Committee_Report/B24-0716-Committee_Report5.pdf; FY2023 Approved Budget and Financial Plan, FY2023 DBH Budget, Table RM0-4, p. E-28 (August 1, 2022), available at: <https://app.box.com/s/ujt3jp6ygb2o3wnf625fhjgwrruhxlm4>.

²⁰ DBH, FY2022 Performance Oversight Responses, response to Q41, p. 38, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAA0mmhCy-4vOYWjouWtnc2Da/COH%20Performance%20Oversight/DBH/Agency%20Responses%20and%20Testimony?dl=0&preview=FY+22+DBH+Oversight+Questions+and+Responses_One+Doc.pdf&subfolder_nav_tracking=1.

²¹ *Id.* at p. 39.

²² *Id.*

²³ Specifically, the Early Childhood Services, Line 6635, is described as, “provides in home and center-based early childhood mental health supports and child and family-centered consultation to child development center staff and families to build their skills and capacity to promote social/emotional development and to prevent, identify, and respond to mental health issues among children in their care” and has a \$655,000 decrease between FY2023 and FY2024. See Mayor’s Proposed FY 2024 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Behavioral Health, p. E-24, E-31 (March 22, 2023), available at: <https://app.box.com/s/kabhvjznbplwq1tkwd2gv66187aw37ii/file/1170978161849>.

²⁴ According to DBH performance oversight responses, nearly \$700,000 was placed in an incorrect category (i.e., non - personnel categories - maintenance of persons and subsidies) and must be reprogrammed into the personnel category in order to be utilized by the agency. This amount appears to correspond with the \$655,000 that is cut from the Early Childhood Services line in DBH’s proposed budget. See Mayor’s Proposed FY 2024 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Behavioral Health, line 6635, p. E-24 (March 22, 2023), available at: <https://app.box.com/s/kabhvjznbplwq1tkwd2gv66187aw37ii/file/1170978161849>; DBH, FY2022 Performance Oversight Responses, response to Q41, p. 38, available at:

https://www.dropbox.com/sh/z6g48dc4tq8528u/AAA0mmhCy-4vOYWjouWtnc2Da/COH%20Performance%20Oversight/DBH/Agency%20Responses%20and%20Testimony?dl=0&preview=FY+22+DBH+Oversight+Questions+and+Responses_One+Doc.pdf&subfolder_nav_tracking=1.

²⁵ Mayor's Proposed FY 2024 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Behavioral Health (March 22, 2023), *available at*:

<https://app.box.com/s/kabhvjznbplwq1tkwd2gv66187aw37ii/file/1170978161849>.

²⁶ *Id.* at line 6615, p. E-24.

²⁷ DHCF, DHCF Announce Medicaid Program Reforms and Intent to Re-Procure Managed Care Contracts (September 11, 2019), *available at*: <https://dhcf.dc.gov/release/dhcf-announces-medicaid-program-reforms-and-intent-re-procure-managed-care-contracts>.

²⁸ DHCF Office of the Senior Deputy Director/State Medicaid Director, Letter RE: Behavioral Health Transformation: Updated Timeline, Office of the Senior Deputy Director/State Medicaid Director, p. 2 (December 2, 2021), *available at*:

https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/MDL_21-06_BH_Transformation_Update_Timeline_20211202-signed.pdf.

²⁹ Presentation shared during the DHCF Public Forum on Integrated Care meeting on November 30, 2022.