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Testimony Before the District of Columbia Council  
Committee of the Whole  
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Public Hearing:  
Budget Oversight Hearing  
Bill 25-203, Fiscal Year 2024 Local Budget Act of 2023

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## **Introduction**

Good afternoon, Chairman Mendelson, and members of the Committee of the Whole. My name is Judith Sandalow. I am the Executive Director 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.

Children's Law Center is the Co-Chair of the Strengthening Families Through Behavioral Health Coalition, working 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.<sup>1</sup> We are also members of the Fair Budget Coalition.

Thank you for the opportunity to testify today regarding the Fiscal Year (FY) 2024 proposed budget. Children's Law Center has presented testimony to many committees throughout the budget season related to housing, education, child welfare, and health issues that impact our clients. Today we are coming before the Committee of the Whole with an earnest call to action to reverse cuts in the Department of Behavioral Health (DBH) proposed budget so that we don't lose clinicians who are the heart of the School-Based Behavioral Health Expansion Program (SBBH). The Council will need to enhance the proposed FY24 budget by \$3.45 million if it wants to maintain stable and

sufficient grant funding for Community-Based Organizations (CBOs) to deliver these critical services in schools.

### **The Twin Crises of Poor Youth Mental Health and Service Shortage Demand Unified Intervention**

Symptoms of poor mental health have been mounting among American youth for over a decade.<sup>2</sup> The disruption and isolation of the COVID-19 pandemic only exacerbated this growing crisis.<sup>3</sup> The recent results of the 2021 Youth Risk Behavioral Survey (YRBS) are evidence that young people in DC need support. A stunning 28% of middle school students have seriously thought about killing themselves (18.3% for high schoolers). About 12% of middle and high school students had taken prescription pain medicine, without a doctor's 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.<sup>4</sup>

Unfortunately, there are acute challenges to connecting to treatment. The greatest obstacle to services is the shortage of behavioral health care professionals practicing in the District, especially with Medicaid. Our clients consistently report being 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.<sup>5</sup> This is why we continue to ask the Council to sustain high quality school-based behavioral health care services.

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

SBBH embeds timely, high-quality, consistent, and culturally responsive behavioral health care where children spend most of their time: school. SBBH partners with CBOs to staff skilled clinicians in every DC traditional and charter public school to facilitate a full array of behavioral health supports tailored to meet the needs of individual schools:

- Tier 1 encompasses mental health promotion and prevention for all students,
- Tier 2 includes focused interventions for students at risk of developing a behavioral health problem, and
- Tier 3 is comprised of intensive supports and treatment for individual students who are experiencing a behavioral health problem.<sup>6</sup>

Along with the 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 other 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.)<sup>7</sup>

The program now funds a clinician in every school and is meeting critical needs. However, a critical shortage of behavioral health care professionals in the District – and across the country – has been a barrier to full implementation. Schools are also still building their systems for referrals with staff, as well as outreach with families, and many clinicians reportedly haven't reached their service capacity yet.<sup>8</sup> Further, the initial funding model was a hypothesis about cost and volume of services. As the premise has been tested, it may need to be recalculated; evaluation and cost studies are underway. In this time of hard-won growth, and as we await concrete data, the District should continue to invest in – not withdraw from – fully staffing SBBH.

**We urge the Council to Invest \$3.45 Million More in SBBH to Ensure Stable and Sufficient Compensation for CBOs in Fiscal Year 2024**

Stable and sufficient grant funding is essential for SBBH clinician positions to remain competitive for the highly-educated – and highly sought after – licensed clinical social workers. In our earlier testimony, we thanked DBH taking the initiative to respond to hiring difficulties and increasing CBO grants to \$99,371.<sup>9</sup> This move incentivized hiring and retaining clinicians at a time when many are experiencing burnout and receiving competitive offers elsewhere.<sup>10</sup>

To this FY23 baseline – \$99,371 per clinician – we added an inflationary increase of 5.8% based on the Medicare Economic Index, for a total of \$103,000 per clinician needed in FY24.<sup>11</sup> We joined SFC members and the Fair Budget Coalition at the March 30 Committee on Health hearing to request \$5.7 million more in the budget to maintain

grant amounts. We based this enhancement ask on an incorrect assumption about the amount DBH was allocating per clinician. However, DBH budget documents provided after the hearing show the amount per clinician in the proposed FY24 budget is \$89,366.<sup>12</sup> While this is more than we originally guessed, it still represents a \$10,005 per clinician *cut* from current FY23 funding and provides no inflationary increase.

Our request that the Council ensure that CBO compensation is stable and sufficient in FY24, at a funding level of \$103,000 per clinician remains the same. With updated information from DBH, we know that to do this requires an enhancement of **\$3,449,402** to make up the difference in 253 schools.

### **Conclusion**

In a year of tough choices, we urge you to continue to prioritize addressing the youth mental health crisis.<sup>13</sup> Unless there is sufficient funding to allow CBO's to continue to offer competitive pay, incentives, and professional support to clinicians, the entire program is at risk. If the District stays steadfast in its commitments, it can improve the well-being of kids, families and neighborhoods.

Thank you for the opportunity to testify.

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<sup>1</sup>Strengthening Families Coalition Through Behavioral Health, *available at:*

<https://www.strengtheningfamiliesdc.org/>

<sup>2</sup> About 23% of DC children had one or more emotional, behavioral, or developmental conditions in 2019-2020 (an increase from 21% in 2018-2019).

The Annie E. Casey Foundation, *Children who have one or more emotional, behavioral, or developmental conditions in the United States, 2017-2018, 2018-2019, 2019-2020*, Kids Count Data Center, *available at:* <https://datacenter.kidscount.org/data/tables/10668-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=1&loct=2#detailed/2/2-52/false/1769,1696,1648/any/20457,20456>.

<sup>3</sup> In late 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. Their report warned of “soaring rates of depression, anxiety, trauma, loneliness and suicidality” in children that will have a long-lasting impact on their lives.

*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>

<sup>4</sup> OSSE, *2021 DC Youth Risk Behavior Survey (YRBS) Data Files* (2021), *available at:*

<https://osse.dc.gov/node/1635216>

<sup>5</sup> 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](https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke_CLC_Performance-Oversight-Testimony_DBH_February-1-2023_SBBH_final-1.pdf)

<sup>6</sup> 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](https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/PRIMARY%20GUIDE_SCHOOL%20BEHAVIORAL%20HEALTH_JUNE%202019.pdf)

<sup>7</sup> Office of the State Superintendent of Education, *DC Youth Risk Behavior Survey* (2021), *available at:*

<https://osse.dc.gov/service/dc-youth-risk-behavior-survey-yrbs>

<sup>8</sup> ChildTrends data on referrals and caseloads presented at DBH Coordinating Council on School Behavioral Health (March 20, 2023).

<sup>9</sup> *Coordinating Council on School Based Behavioral Health*, February Meeting, on file with the Children’s Law Center.

<sup>10</sup> Amber Rieke, Children’s Law Center, *Testimony Before the District of Columbia Council Committee on Health*, (March 30, 2023), *available at:* [https://childrenslawcenter.org/wp-content/uploads/2023/03/Amber-Rieke\\_CLC\\_DBH-FY24-Budget-Testimony\\_3.30.23.pdf](https://childrenslawcenter.org/wp-content/uploads/2023/03/Amber-Rieke_CLC_DBH-FY24-Budget-Testimony_3.30.23.pdf).

<sup>11</sup> Amber Rieke, Children’s Law Center, *Testimony Before the District of Columbia Council Committee on Health*, (March 30, 2023), *available at:* [https://childrenslawcenter.org/wp-content/uploads/2023/03/Amber-Rieke\\_CLC\\_DBH-FY24-Budget-Testimony\\_3.30.23.pdf](https://childrenslawcenter.org/wp-content/uploads/2023/03/Amber-Rieke_CLC_DBH-FY24-Budget-Testimony_3.30.23.pdf).

<sup>12</sup> FY2024 DBH Budget Oversight Pre-Hearing Responses, response to Q20, *available at:*

[https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAGUOnsdH57hHf7WvWf4D55a/FY%202024%20Budget/DBH/Agency%20Responses/FY%2024%20Budget%20Questions.%20DBH%20Response?dl=0&preview=FY+24+Budget+Question+20.docx&subfolder\\_nav\\_tracking=1](https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAGUOnsdH57hHf7WvWf4D55a/FY%202024%20Budget/DBH/Agency%20Responses/FY%2024%20Budget%20Questions.%20DBH%20Response?dl=0&preview=FY+24+Budget+Question+20.docx&subfolder_nav_tracking=1).

<sup>13</sup> 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>