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Testimony Before the District of Columbia Council  
Committee on Health  
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Budget Oversight Hearing  
Department of Behavioral Health

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## **Introduction**

Good Morning, Chairperson Henderson, and members of the Committee on Health. My name is Amber Rieke, and I lead the *Path Forward* project at Children's Law Center.<sup>1</sup> 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 chairs the Strengthening Families Through Behavioral Health Coalition – 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 (CBOs). We share a commitment to improving DC's behavioral health care system so that all DC 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>2</sup> CLC also partners with the Early Childhood Innovation Network, co-chairs Under 3 DC's Family Supports Committee, and are

members of the Every Student Every Day coalition, the Ward 8 Health Council, and the Fair Budget Coalition.

Thank you for the opportunity to testify about the proposed Fiscal Year 2025 (FY25) budget. Over the last decade, the District's growing economy has supported significant, progressive investments in housing, behavioral health, child welfare prevention, and educational supports. Unfortunately, this year the District is considering cuts to the budget at a scale the city has not seen since the Great Recession.<sup>3</sup> Many fear that these impressive advancements – including the expansion of mental health support for young people – will come to a halt. However, Children's Law Center believes the District still has a choice.

In a time of economic difficulty, the DC Council can choose to take the long view; it can choose to protect important investments in our community's future health and economic development. As you consider spending to drive business and tourism, recognize that the growth and vitality we want in our city requires multi-dimensional investments inclusive of all parts of our community. We must act from the District's values, including "upholding the belief that safe and affordable housing and access to healthcare are critical building blocks on the pathway to the middle class."<sup>4</sup> Even with budget pressures, we urge this Council to not forget what residents have repeated in public hearings over the last year – that public safety, academic achievement and

economic development require sustained investment in access to housing, education, and healthcare.

While the proposed cuts may appear to balance the budget books, they will likely destabilize DC families. Children's Law Center sees firsthand how losing one service can have a cascade effect for clients – losing a trusted clinician to turnover or having to relocate housing placements due to moldy ceilings can disrupt a family's entire equilibrium. The programs on the chopping block might be *the one thing* helping a family make it work when everything else seems to be working against them. The programs that are being cut are the programs supporting the more than half of DC students who are economically disadvantaged.<sup>5</sup> We cannot achieve long-term stability without a budget that prioritizes the well-being of DC residents.

In addition to the impact on families, there will be consequences for the District's economy in the long run. Just as eviction is a short-term fix that is ultimately more costly than prevention services like rental assistance, it is ultimately better to sustain programs through a tough budget year than to try to rebuild them later. Critically, the District cannot afford to disinvest from our labor market. We are already desperate to retain and expand our education, social service, and healthcare workforces. Cutting their jobs will only worsen the existing and future crises in these fields.<sup>6</sup>

To ensure a budget that prioritizes District residents' health, I will be testifying on the proposed FY25 budget for the Department of Behavioral Health (DBH). Children's

Law Center’s clients often have significant behavioral health needs, and most access services through Medicaid or DBH – or attempt to. Despite our diligence, our clients are frequently unable to find the services they need, or the waitlist for an appointment is prohibitively long. Their greatest obstacle is the lack of behavioral health care professionals practicing in public programs. Even when our clients successfully connect with a provider, they encounter issues with quality and cultural competence, and frequent turnover.<sup>7</sup> According to the American Academy of Pediatrics, behavioral health is the largest unmet health need for children and youth in foster care nationally.<sup>8</sup>

From early childhood through high school, we believe this budget will undercut the capacity for caring professionals to deliver tailored behavioral health interventions to children and teens, at a time when public health data urges us to *increase* investment. To reinforce the significant investments the District has already made in the behavioral health system in recent years, the Council should take the following actions:

1. Fortify the School-Based Behavioral Health (SBBH) program by adequately compensating clinicians with a grant of at least \$98,465 per CBO.
2. Maintain Healthy Futures funding and program evaluation and planning.
3. Increase DBH payments to community-based behavioral health providers, who are critical to the success of public programs, to \$59 Million total.
4. Reinstate funding for 24/7 ChAMPS service to the FY 2023 level (\$1,867,000 total) and preserve dedicated non-police response to behavioral health crises calls.

Amidst conversations about school attendance and engagement, community safety, and the ongoing opioid crisis, robust behavioral health supports for youth become more essential every day. If we believe DC children deserve support through difficult moments and the opportunity to build skills for emotional well-being, we must invest in the professionals who deliver it.

### **School-Based Behavioral Health Clinician Grants Must be Higher to Sustainably Support DC Students and Teachers**

If we care about helping kids attend – and thrive – in school, we must invest in School-Based Behavioral Health. While the youth mental health crisis continues to escalate locally and nationally,<sup>9</sup> children and youth face major barriers to accessing the care that they need, when they need it.<sup>10</sup> DCPS’ Chief Integrity Officer testified on December 12, 2023, that “student health, including student mental health and COVID concerns or diagnoses, is the most common barrier to regular attendance.”<sup>11</sup> Research shows that students with behavioral health challenges miss more school than their peers; more than 10% of all absences are due to behavioral health issues.<sup>12</sup>

The School-Based Behavioral Health program (SBBH) removes barriers to behavioral health services and facilitates social-emotional skill-building by embedding dedicated, skilled professionals in every DC school.<sup>13</sup> The Multi-Tier System of Supports model (MTSS)<sup>14</sup> includes classroom lessons (Tier 1), evaluation, small group work (Tier 2) and one-on-one therapy (Tier 3), administered by a licensed clinical social worker or therapist, hired by the school in partnership with a CBO.<sup>15</sup>

As of March 2024, 168 of 254 schools (66%) are staffed with a full-time CBO clinician.<sup>16</sup> Where staff are in place, and referrals are made, recent surveys of students, caregivers, school staff and Coordinators show high satisfaction with services. Most students (61%) and families (92%) reported comfort seeking help from a therapist or counselor at school.<sup>17</sup> Two-thirds of staff surveyed by DBH (66%) had referred students for SBBH services in the last school year.<sup>18</sup> School staff who referred students for behavioral health services believed the students benefited from treatment services; more than half saw increased coping skills from students, decreased behavior incidents, improved symptoms, and better connection to school.<sup>19</sup>

Clinicians are connecting with thousands of DC students. In the 2022-23 school year, DBH recorded at least 13,860 sessions of Tier-1 and Tier-2 programming (classroom lessons and skill-building) for 475,481 students, addressing important topics such as suicide and violence prevention, anger management, coping with anxiety, bullying, conflict resolution skills, empathy, executive functioning skills, grief and loss, healthy relationships and boundaries, LGBTQ+ awareness and inclusion, self-esteem, self-care and stress management, and drug use prevention, among others.<sup>20</sup> Schools without a full-time CBO clinician – due to attrition or difficulty hiring – almost all receive service coverage from a DBH clinician or Clinical Specialist, from another school’s clinician, or from CBO supervisors. In other words, nearly all DC schools are receiving some level of support through this program, including prevention, early intervention services, and

treatment or referrals. We appreciate that DBH has been working with schools to staff up to increase the reach of the program, including piloting different funding methods with interested schools.<sup>21</sup> Ultimately, the success of the program can only be sustained – and expanded – with more investment in the clinical workforce.

To this end, DC must maintain the CBO's ability to offer competitive pay, incentives, and professional support for these essential roles, especially in an extremely competitive market for these professionals.<sup>22</sup> That is not currently the case. Despite having years of higher education, extensive supervision, and being on-site and on-demand every day, SBBH clinicians make below the 10th percentile of salaries for clinical social workers in the DC market.<sup>23</sup> This is much lower than they could make working in the private market or even a DC agency. We must make these jobs more attractive and sustainable so people take the positions and become fixtures in school communities. Trust-building is essential for a therapist – especially with children and teens – but is undermined when a clinician cannot afford to stay in their position. Persistently underfunding the program's grants will result in our students losing out on services.

One reason the program has been underfunded is that the initial funding model overestimated the proportion of work that would be billable to insurance. Since the first cohort of schools were staffed with clinicians over six years ago, we have learned that the original funding model overestimated the extent to which clinicians would be able to bill for their services. In reality, the proportion of clinicians' time spent on billable services is



much lower, especially as clinicians find themselves needing to dedicate more time to Tier 1 and Tier 2 – and triaging emergent situations – which are not billable activities.<sup>24</sup> Further, several private insurance companies have refused to reimburse for school-based services.<sup>25</sup> Given these facts, the DBH grant must be higher to support the reality of the program.

As with all developing programs, we revise our thinking with experience. To support this re-assessment, the Council wisely required DBH to study the true costs of the program; a year and four months past the statutory deadline for the report to be shared with the Council, we still do not have the cost study.<sup>26</sup> We are also waiting on several years of evaluation reports from ChildTrends to be shared with the public.<sup>27</sup> In the meantime, the Strengthening Families Coalition consulted provider organizations about the cost of doing business in the SBBH program to inform our advocacy.<sup>28</sup>

We ask the Committee and the Council to maintain and expand critical investments in SBBH in FY 25 by increasing grants for community-based clinicians. Setting aside the too-low and patchwork funding they have received to-date,<sup>29</sup> CBOs require at least \$98,465 per CBO clinician – a base salary of at least \$74,033, plus fringe, overhead, and supervision costs.<sup>30</sup> This increase puts clinician compensation at the modest goal of the 10<sup>th</sup> percentile of salaries for our market, rather than below it. The total cost to do this for each of the 254 schools in the program is \$25,010,110. Unfortunately, the mayor proposes to give CBOs only \$80,819 per clinician - a full \$17,645 less than

required. It also appears the Mayor only funds 233 of 254 schools with \$18,854,523. The Council now must find \$6,155,587 to increase CBO grants for every school. Re-basing and increasing the clinician salary will allow both clinicians and CBOs more financial stability.

DBH must also maintain investments in program evaluation and data collection (which appears to be funded in FY25) as well as the Community of Practice (which is cut). The Community of Practice was essential to workforce sustainability, as it brought together providers, staff, and school leaders in a collaborative learning environment to share best practices, support and participate in learning activities. We are surprised and disappointed that the budget abruptly cut the entire contract.<sup>31</sup> In addition to making the CBO grants whole, we hope the Committee can restore the funding to the FY24 level (\$593,780) for this contract.<sup>32</sup>

In a letter to the Mayor in December 2023, SFC also advocated for two additional system improvements to expand the program's effectiveness and reach: (1) compensation and guidance for the SBBH Coordinator role, so that every school's Coordinator is equipped to effectively connect staff, students, and families with school behavioral health resources, and (2) a pilot adding non-clinical staff positions to SBBH teams to expand social-emotional learning and skill-building components.<sup>33</sup> With dedicated staff for the implementation of Tier 1 and 2 services, the entire school community can benefit from the health promotion and prevention activities that are core to the SBBH model.

Unfortunately, we do not see these items in the budget. While these workforce investments are still needed, we understand they may not be possible in the current budget context. Clinician compensation is the most fundamental need and a higher priority for program success. We will continue to work with DBH and partners to find avenues to enact these projects and other ongoing improvements in the constrained financial environment.

### **Healthy Futures Funding Must be Maintained at FY2024 levels to Allow Expansion of the Program to Continue**

Healthy Futures is a DBH program that provides early childhood mental health consultation (ECMHC) in District's child development centers (CDC) and home providers. The goal of ECMHC programs is to minimize the use of exclusionary discipline in childcare centers and preschools by providing resources and supports to teachers.<sup>34</sup> The Birth-to-Three for All Amendment Act of 2018 (Birth-to-Three) requires Healthy Futures to be in every eligible CDC and home provider.<sup>35</sup> The current funding levels allows Healthy Futures to fully expand to 182 sites – over half of all eligible CDCs and home providers.<sup>36</sup> Currently there are 111 Healthy Future sites.<sup>37</sup>

We are glad that the Mayor's FY25 proposed budget maintains the FY24 funding levels.<sup>38</sup> The existing Healthy Futures sites continue to provide significant support to CDC and home provider teachers and directors. In FY23, the early childhood mental health specialists served 3,025 children across 111 centers, provided 203 staff workshops, 2,531 teacher consultations and 1,795 director consultations.<sup>39</sup> We, therefore, ask this

Committee to ensure no cuts to the FY2025 proposed funding for the Healthy Futures.<sup>40</sup>

Additionally, we ask this Committee to work with DBH to clarify any funding needs for the pilot Healthy Futures treatment program.<sup>41</sup> Healthy Futures, over the past two years, has piloted the use of early childhood clinicians to provide evidence-based treatments and programs directly to children and families at eight existing Healthy Future sites.<sup>42</sup> The funding for this pilot program came from the American Rescue Plan Act (ARPA) which expire at the end of FY24.<sup>43</sup> DBH has yet to share the future plans for this program.

It is critical to understand the full scope of Healthy Futures in the District, including the treatment pilot program, to be able to identify what the expansion of Healthy Futures will look like in the coming years. We ask this Committee to ensure any funding for the pilot treatment program does not take away from the existing funding for Healthy Futures consultation. It is critical to maintain funding for existing and future Healthy Futures sites expansion to ensure stability and that the current work of the program continues. Finally, we look forward to working with DBH to appropriately utilize the results of the evaluation to determine the future of expansion Healthy Futures in the District.<sup>44</sup>

### **The District Must Enhance Rates for Community-Based Behavioral Health Service Providers to Maintain Access in Public Programs**

If the District hopes to provide residents with meaningful access to public behavioral health services and programs, it must address its behavioral health workforce

crisis. As noted above, there is high demand for services and a limited pool to provide them. Our clients wait far too long for services due to constrained availability. It is critical that the District recognize this market reality and sufficiently pay professionals to offer services in public programs like Medicaid and DBH Core Service Agencies. 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. Mayor Bowser's own Healthcare Workforce Task Force recommended in 2023 to "address current supply and demand challenges in the healthcare workforce" by, among other strategies, increasing provider compensation.<sup>45</sup>

We join the members of the Fair Budget Coalition in asking for, at least, \$59 million in DBH's budget for community-based provider payments.<sup>46</sup> Some rates have been increased through DHCF's recent rate study and adjustments, but further increases are needed across therapies. Unfortunately, rather than bolster this important investment to meet the providers' needs and patient demand, DBH's Director Barbara Bazron told the Committee that only \$53.9 million in local funds for community-based services.<sup>47</sup> This leaves a \$5.1 million gap for provider rates that we ask the Committee to fill.

Research by the National Bureau of Economic Research reveals that more competitive Medicaid reimbursement rates are tied to better access to care and outcomes for children.<sup>48</sup> Members of DC's behavioral health workforce have long identified financing deficiencies as a major issue for longevity – people will not stay in a profession

with such high emotional burden if they have to take two jobs to make ends meet or cannot count on a grant to be renewed year to year.<sup>49</sup> If we expect to attract and retain providers in the public network, DBH and other public players must improve payment for providers so that children and families can access timely services, and the provider network is supported through adequate, reliable, and up-to-date financing.

**The Committee Should Reinstate Funding for 24/7 ChAMPS Service and Preserve Dedicated Non-Police Response to Answer Behavioral Health Crises Calls**

The Child and Adolescent Mobile Psychiatric Service (ChAMPS) is one of the few crisis response options in DC, specifically for youth. This on-call unit is uniquely equipped to respond to behavioral health crisis calls for young people. It is often dialed by families and schools who need immediate response, de-escalation, or transport to a hospital. ChAMPS, contracted through Catholic Charities, used to be available to callers 24 hours a day, seven days a week, which is the national best practice for a child and adolescent crisis system to.<sup>50</sup> Funding for this vital service was reduced from FY23 to FY24, resulting in services being cut to exclude nights and weekends. In its place, DBH tasked the Crisis Response Team (CRT) to cover these hours for youth.<sup>51</sup> The Mayor's proposed budget entrenches these service cuts (\$1,366,544) for the contract - it does not restore funding for ChAMPS to its previous level (\$1,867,000).

We remain unsatisfied with the reliance on CRT to respond to youth calls. As we decried during the FY23 performance oversight hearing, CRT is overstretched in its work to respond to adult crises; the agency's oversight responses showed that call volume for

CRT has increased 37% from last year, with only 60% of CRT positions staffed.<sup>52</sup> Disturbingly, the average time from 911 call to CRT arrival is 91 minutes versus the average ChAMPS response time of 38 minutes.<sup>53</sup> This data show that CRT is *not* a reasonable substitute or supplement for ChAMPS. Our clients are seeing real impacts from the reduction in ChAMPS, with police often responding to their calls, which is often inappropriate and detrimental. We ask the Committee to restore ChAMPS remains funding to FY23 level (at least \$1,867,000), about \$500,000 more than proposed, so that youth crisis calls remain distinct from adult calls 24-hours a day, seven days a week.

Second, we ask DBH and the Committee strive to preserve youth services. We note that DBH reorganizes the ChAMPS line item to a new cost center, bringing it under other Crisis Services.<sup>54</sup> While we do see potential benefits for the ChAMPS team to be overseen alongside – and better coordinated with – other crisis response services, we are concerned that represents a further slide to inappropriately merging youth and adult services. We hope that DBH’s plan to create a new position directing Children’s Crisis and Community Trauma Response means that DBH recognizes that youth in crisis need specialized and dedicated response.

Also of note, it appears the Access Helpline line item is losing four FTEs and \$357,000.<sup>55</sup> However, the DBH budget narrative reports “the proposed Local increase of \$4,968,169 and 48.0 FTEs across multiple divisions is to fund the Community Response Team and Access HelpLine staff that support Crisis Services initiatives, including the

Behavioral Health 911 Diversion program.”<sup>56</sup> In light of recent complaints about the service quality and scope of the HelpLine, it is critical to understand the dedicated number of FTEs being gained or lost by Access Helpline. We are very concerned that capacity is being reduced to refer patients to CSAs and other services. The Committee must act as a backstop to ensure DBH is appropriately and robustly serving residents in crisis or seeking support. ChAMPS and Access HelpLine are literal lifelines; their functionality, staffing and funding must be preserved.

## **Conclusion**

In a year of tough choices, we urge you to continue to prioritize mental health supports for young people and to double down on your work to build accessible, impactful, well-coordinated care across the full spectrum of services for the diverse and pressing issues young people face in DC.

Effective behavioral health services provide opportunities for children, teens, families, and school communities to thrive. Please take action to stabilize the service providers who the District increasingly depends on and reject these cuts. We ask the Committee on Health to increase funding for SBBH clinicians, maintain Healthy Futures, pay behavioral health providers sufficiently, and maintain programs that prevent and respond to residents in crisis. During a mental health crisis and a critical moment for the provider network, behavioral health care is an investment in the District’s current and future well-being.



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<sup>1</sup> *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, (December 2021), available at: [www.pathforwarddc.org](http://www.pathforwarddc.org). In 2021, Children’s Law Center co-authored a report with numerous community experts, including 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. This report is a blueprint for creating a successful public behavioral health system, one that supports children and families and, in doing so, strengthens our entire community.

<sup>2</sup> The mission of the Strengthening Families Through Behavioral Health Coalition is to bring 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. Learn more at: <https://www.strengtheningfamiliesdc.org/mission-vision>.

<sup>3</sup> Yesim Sayin, *In Fiscal Year 2025, the District of Columbia is Facing Tough Choices. Without Making Difficult Decisions now, Future Years Will Only get Harder*, (April 2, 2024) available at: <https://www.dcpolicycenter.org/publications/fiscal-year-2025-dc-facing-tough-choices/>.

<sup>4</sup> Mayor Muriel Bowser, #DC Value Playbook, available at: <https://mayor.dc.gov/sites/default/files/dc/sites/mayormb/publication/attachments/DC%20Values%20Playbook.pdf>.

<sup>5</sup> Economically disadvantaged, which is defined by the Office of the State Superintendent (OSSE) as students who qualify for Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), have been identified as homeless during the academic year and/or who under the care of the Child and Family Services Agency (CFSA or “foster care”). See: DC School Report Card, available at: <https://schoolreportcard.dc.gov/home>; Office of the State Superintendent, Data and Reports, Quick Stats: Public Schools in the District of Columbia, available at: <https://osse.dc.gov/page/data-and-reports-0>.

<sup>6</sup> Makeda Vanderpuije, *No Aide in Sight: Workforce Shortage Cripples District’s Long-Term Care System*, (February 6, 2024), available at: <https://www.leadingagedc.org/2024/02/06/no-aide-in-sight-workforce-shortage-cripples-districts-long-term-care-system/>. See also: Lauren Lumpkin, *D.C. Teachers are Leaving Their Classrooms. Here’s Why*, the Washington Post, (December 1, 2023), available at: [https://www.washingtonpost.com/education/2023/11/30/dc-teachers-turnover-public-charter-schools/#:~:text=Across%20the%20nation's%20capital%2C%20more%20than%201%20in%204%20teachers,teachers%20remained%20at%20their%20schools](https://www.washingtonpost.com/education/2023/11/30/dc-teachers-turnover-public-charter-schools/#:~:text=Across%20the%20nation's%20capital%2C%20more%20than%201%20in%204%20teachers,teachers%20remained%20at%20their%20schools;); See also: Petula Dvorak, *Want to Fix the Social Worker Shortage? Start With the Licensing Exam*, the Washington Post, (March 18, 2024), available at: <https://www.washingtonpost.com/dc-md-va/2024/03/18/social-work-licensure-flawed/#:~:text=In%20the%20past%20four%20years,social%20workers%20who%20understand%20them.>

<sup>7</sup> Megan Conway, *Testimony before the District of Columbia Council Committees on Facilities and Family Services and Health*, (December 6, 2023), available at: [https://childrenslawcenter.org/wp-content/uploads/2023/12/Megan-Conway-Testimony-for-Dec-6-2023-Hearing-on-Bill-B25-0500-and-Foster-Youth-Bheavioral-Health\\_FINAL.pdf](https://childrenslawcenter.org/wp-content/uploads/2023/12/Megan-Conway-Testimony-for-Dec-6-2023-Hearing-on-Bill-B25-0500-and-Foster-Youth-Bheavioral-Health_FINAL.pdf); See also: William Cox, Children’s Law Center, *Testimony before the District of Columbia Council Committees on Facilities and Family Services and Health*, (December 6, 2023), available at: [https://childrenslawcenter.org/wp-content/uploads/2023/12/Wil-Cox-Testimony-for-Dec-6-2023-Hearing-on-Bill-B25-0500-and-Foster-Youth-Bheavioral-Health\\_FINAL.pdf](https://childrenslawcenter.org/wp-content/uploads/2023/12/Wil-Cox-Testimony-for-Dec-6-2023-Hearing-on-Bill-B25-0500-and-Foster-Youth-Bheavioral-Health_FINAL.pdf); See also: Rachel Ungar, Children’s Law Center, *Testimony before the District of Columbia Council Committees on Facilities and*

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*Family Services and Health*, (December 6, 2023), available at: [https://childrenslawcenter.org/wp-content/uploads/2023/12/RU-Draft-Testimony-EM-updated-narrative\\_final.pdf](https://childrenslawcenter.org/wp-content/uploads/2023/12/RU-Draft-Testimony-EM-updated-narrative_final.pdf).

<sup>8</sup> American Academy of Pediatrics, *Mental and Behavioral Health Needs of Children in Foster Care*, (2021), available at: <https://www.aap.org/en/patient-care/foster-care/mental-and-behavioral-health-needs-of-children-in-foster-care/>; see also: Children’s Law Center, Testimony before DC Council Committee on Health and Committee on Facilities and Family Services, (December 6, 2023), available at: <https://childrenslawcenter.org/resources/testimony-behavioral-health-for-children-and-youth-in-foster-care/>.

<sup>9</sup> Symptoms of poor mental health, including depression and suicidal ideation, have been steadily increasing among American youth for over a decade. The results of the 2021 Youth Risk Behavioral Survey (YRBS) revealed a wide range of behavioral health concerns: a stunning 28% of DC middle school students and 18.3% of high schoolers have seriously thought about killing themselves. About 12% of middle and high school students had taken prescription pain medicine without a doctor’s prescription. One-fifth (20%) of high school students went without eating for 24 hours or more to lose weight or to keep from gaining weight. 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). Nearly half (47%) of DC’s children have had adverse childhood experiences (ACEs), such as being exposed to violence or abuse. See: 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>; OSSE, 2021 DC Youth Risk Behavior Survey (YRBS) Data Files (2021), available at: <https://osse.dc.gov/node/1635216>; See also: *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, (December 2021), p. 10, available at: [www.pathforwarddc.org](http://www.pathforwarddc.org).

<sup>10</sup> *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, (December 2021), p. 10, available at: [www.pathforwarddc.org](http://www.pathforwarddc.org).

<sup>11</sup> *Public Hearing on Chronic Absenteeism and truancy in the District of Columbia: Testimony of Cinthia Ruiz, Chief Integrity Officer, District of Columbia Public Schools*, Before the Committee of the Whole, (December 12, 2023), available at:

[https://dcps.dc.gov/sites/default/files/dc/sites/dcps/release\\_content/attachments/23.12.12%20-%20DCPS%20Public%20Hearing%20Testimony%20on%20Chronic%20Absenteeism%20and%20Truancy.pdf](https://dcps.dc.gov/sites/default/files/dc/sites/dcps/release_content/attachments/23.12.12%20-%20DCPS%20Public%20Hearing%20Testimony%20on%20Chronic%20Absenteeism%20and%20Truancy.pdf).

<sup>12</sup> Christopher A Kearney, et al., *School Attendance Problems and Absenteeism as Early Warning Signals: Review and Implications for Health-Based Protocols and School-Based Practices*, 8 *Frontiers in Educ.*, at 4 (Aug. 30, 2023), available at: <https://www.frontiersin.org/articles/10.3389/educ.2023.1253595/full>; See also: David Lawrence, et al., *Impact of Mental Disorders on Attendance at School*, 63.1 *Austl. J. of Educ.* 5 (Mar. 14, 2019), available at: <https://journals.sagepub.com/doi/full/10.1177/0004944118823576>.

<sup>13</sup> Strengthening Families Coalition Factsheet: DC’s School-Based Behavioral Health Expansion Program Bridges Gap Between Students and Vital Services, available at: [http://bit.ly/SFC\\_SBBH\\_factsheet](http://bit.ly/SFC_SBBH_factsheet).

<sup>14</sup> SBBH is intended to enable DC 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*, pages 2-4, available at:

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[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>15</sup> More specifically, DBH contracts with CBOs that have the capacity to provide all tiers of services. DBH then works with DCPS, OSSE, and the Public Charter School Board (PCSB) to match CBOs with individual schools. Once a school has been successfully matched with a CBO, a full-time CBO clinician is placed in the school to provide full-time behavioral health services. Once the clinician is in place, they work with the school's leadership, administration, and other behavioral health personnel (such as the school-based behavioral health coordinator, school social worker, or psychologist) to complete the School Strengthening Tool and Work Plan. These documents guide the development and implementation of integrated and comprehensive behavioral health services, designed specifically for that school community. *See*: Department of Behavioral Health, Guide to Comprehensive Behavioral Health, pages 5-6, *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>16</sup> Video Recording: Coordinating Council on School Behavioral Health, held by the Department of Behavioral Health of the District of Columbia, timestamped at 13:01: (March 18, 2024),

<https://dcnet.webex.com/recordingservice/sites/dcnet/recording/3d891c6ac75d103c92df005056811ad1/playback>

<sup>17</sup> DBH Coordinating Council on School Behavioral Health slides, presented May 15, 2023, on file with the Children's Law Center.

<sup>18</sup> *Id.*

<sup>19</sup> DBH Coordinating Council on School Behavioral Health slides, presented May 15, 2023, on file with the Children's Law Center.

<sup>20</sup> DBH, FY2023 Oversight Performance Oversight Responses, response to Q67, *available at*:

<https://lims.dccouncil.gov/Hearings/hearings/247>

<sup>21</sup> Video Recording: Coordinating Council on School Behavioral Health, held by the Department of Behavioral Health of the District of Columbia, timestamped at 13:44: (March 18, 2024),

<https://dcnet.webex.com/recordingservice/sites/dcnet/recording/3d891c6ac75d103c92df005056811ad1/playback>. *See also* DBH, FY2023 Performance Oversight Responses, response to Q70, *available at*:

<https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>22</sup> Theresa Vargas, *The Kids Are Not Okay, And D.C. Schools Stand to Lose Crucial Therapists*, Washington Post, (April 19, 2023), *available at*: <https://www.washingtonpost.com/dc-md-va/2023/04/19/schools-therapists-dc-budget/>.

<sup>23</sup> Data from Salary.com (accessed January 2024).

<sup>24</sup> DBH, FY2023 Performance Oversight Responses, response to Q70, *available at*:

<https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>25</sup> *Id.*

<sup>26</sup> D.C. Law 24-167. Fiscal Year 2023 Budget Support Act of 2022. Sec. 5122. Analysis of School Behavioral Health Program and costs.

<sup>27</sup> DBH, FY2023 Performance Oversight Responses, response to Q70, *available at*:

<https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>28</sup> Strengthening Families Coalition, *Letter to Mayor Muriel Bowser regarding School-Based Behavioral Health Budget for Fiscal Year 2025*, (December 1, 2023), *available at*:

<https://static1.squarespace.com/static/61fc198478b173509177a060/t/659eb6ec4f60b73a019c67db/1704900332399/SFC+FY25+Letter+to+Mayor+Bowser+Dec+2023.pdf>.

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<sup>29</sup> In past fiscal years, the CBO grant amount was a patchwork of vacancy savings, American Rescue Plan ACT (ARPA) funds, and a persistently low base salary for clinicians, totaling \$99,371. *See*: Coordinating Council on School Based Behavioral Health slides, presented February 2023, on file with Children’s Law Center.

<sup>30</sup> Base salary for clinicians of \$74,033 is based on the bottom 10th percentile of salaries in DC (data from Salary.com as of November 13, 2023). Fringe and overhead calculated at 25% (\$18,508 for each). Supervision cost is calculated based on a supervisor’s salary of \$80,766 (bottom 25<sup>th</sup> percentile of salaries in DC from Salary.com as of November 13, 2023) plus 25% each fringe and overhead, shared between six clinicians. An estimated average of insurance billing revenue for each clinician is about \$37,016. An inflationary adjustment of 4.5% for SY 2024 is based on the most recent 2023Q2 Medicare Economic Index (Forecast, Productivity Adjusted).

<sup>31</sup> Mayor’s Proposed FY 2025 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Human Support Services, Operations and Infrastructure, Financing and Other, and Enterprise and Other, p. E-35

<sup>32</sup> FY 2024 Department of Behavioral Health, RM0, Attachment I - Contracts & Grants, *available at*: [https://dccouncil.gov/wp-content/uploads/2023/03/RM0\\_FY24\\_Attachment-I.pdf](https://dccouncil.gov/wp-content/uploads/2023/03/RM0_FY24_Attachment-I.pdf).

<sup>33</sup> Strengthening Families Coalition, Letter to Mayor Muriel Bowser, December 1, 2023, *available at*: <https://static1.squarespace.com/static/61fc198478b173509177a060/t/659eb6ec4f60b73a019c67db/170490032399/SFC+FY25+Letter+to+Mayor+Bowser+Dec+2023.pdf>.

<sup>34</sup> In FY 2023 there were three expulsions of the 3,025 children served from child development facilities where the Healthy Futures Program was implemented; no children have been expelled from a child development center in FY 2024 to date. *See* DBH, FY2023 Oversight Responses, response to Q52, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/247>. ECMHC use early childhood clinical specialists (referred to as consultants) to provide in-classroom support to teachers to identify when their students might be at risk of or is displaying signs and symptoms of social, emotional, or other mental health problems. Project LAUNCH, Washington D.C. Project LAUNCH -Healthy Futures Program, *available at*: [https://healthysafechildren.org/sites/default/files/WDC\\_Healthy\\_Futures\\_Program\\_Brief.pdf](https://healthysafechildren.org/sites/default/files/WDC_Healthy_Futures_Program_Brief.pdf). The consultants work with teachers to help understand students who are exhibiting difficult behaviors and provide tools that allow students to thrive in the classroom.

<sup>35</sup> D.C. Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.

<sup>36</sup> Office of the State Superintendent of Education, Child Development Facilities Listing, February 2024, *available at*: <https://osse.dc.gov/publication/child-development-facilities-listing>.

<sup>37</sup> DBH, FY 2023 Performance Oversight Responses, response to Q52, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>38</sup> Mayor’s Proposed FY 2025 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Human Support Services, Operations and Infrastructure, Financing and Other, and Enterprise and Other, p. E-23.

<sup>39</sup> DBH, FY 2023 Performance Oversight Responses, responses to Q53, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>40</sup> The goals of the program are: (1) building professional skills and capacity of caregivers to promote social emotional development and prevent escalation of challenging behaviors (2) reducing the number of early childhood expulsions and (3) increasing appropriate referrals for additional assessments and services to support child and family functioning. *See* DBH, FY 2023 Performance Oversight Responses, response to Q52, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/247>.

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<sup>41</sup> The budget includes no mention of either of these items. Mayor’s Proposed FY 2025 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Human Support Services, Operations and Infrastructure, Financing and Other, and Enterprise and Other, p. E-23.

<sup>42</sup> DBH, FY 2023 Performance Oversight Responses, responses to Q57, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>43</sup> DBH, FY 2023 Performance Oversight Responses, responses to Q57, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>44</sup> DBH is moving forward with an evaluation of Healthy Futures. In Fall 2022, DBH awarded the evaluation contract to Georgetown University Center for Child and Human Development (GUCCHD) to conduct the evaluation for a period of two years. GUCCHD evaluated Health Futures between 2011 and 2015. Department of Behavioral Health (formerly “Department of Mental Health”), Healthy Futures Year One Evaluation of Early Childhood Mental Health Consultation, September 30, 2011, *available at*:

<https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Children%20Youth%20and%20Family%20Services%20Healthy%20Futures%20Year%20One%20Report.pdf>; Department of Behavioral Health, Healthy Futures Year Two Evaluation of Early Childhood Mental Health Consultation, September 30, 2012, *available at*:

<https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Children%20Youth%20and%20Family%20Services%20Healthy%20Futures%20Year%20two%20report.pdf>; Department of Behavioral Health, Healthy Futures Year Three Evaluation of Early Childhood Mental Health Consultation, September 30, 2013, *available at*:

<https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/HealthyFuturesThreeYearEvaluationReport.pdf>; Department of Behavioral Health, Healthy Futures Year Four Evaluation of Early Childhood Mental Health Consultation, September 30, 2014, *available at*: [https://www.iecmhc.org/wp-content/uploads/2020/12/DC-Healthy-Futures\\_Year4Report-executive-summary.pdf](https://www.iecmhc.org/wp-content/uploads/2020/12/DC-Healthy-Futures_Year4Report-executive-summary.pdf); and Department of Behavioral Health, Healthy Futures Year Five Evaluation of Early Childhood Mental Health Consultation, September 30, 2015, *available at*: <https://www.iecmhc.org/wp-content/uploads/2020/12/DC-Healthy-Futures-Year-5.pdf>.

Over the last year GUCCHD has diligently moved the evaluation forward, including interviews with the consultants, educators, and parents. Given how much has changed since the last evaluation in 2015, not only do we believe this will be an invaluable tool to understand the challenges the program faces and what it needs to move forward and be successful.

<sup>45</sup> DC Health, *Report and Recommendations of the Mayor’s Healthcare Workforce Task Force* (September 2023), *available at*: <https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2023-09-Healthcare-Workforce-Report-web.pdf>.

<sup>46</sup> *Safety is Investing in the Community*, Fair Budget Coalition FY2025 Budget Platform, *available at*: <https://fairbudget.org/wp-content/uploads/2024/03/Desktop-View.pdf>.

<sup>47</sup> *Public Hearing on Proposed FY25 Budget for DC Department of Behavioral Health: Testimony of Barbara Bazron, Director*, Before the DC Council Committee on Health, (April 11, 2024).

<sup>48</sup> McKnight R., *Increased Medicaid Reimbursement Rates Expand Access to Care*, National Bureau of Economic Research, National Bureau of Economic Research, October 2019, *available at*: <https://www.nber.org/bh/increased-medicaid-reimbursement-rates-expand-access-care>.

<sup>49</sup> *Id.*

<sup>50</sup> DBH, FY 2023 Performance Oversight Responses, responses to Q44, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>51</sup> DBH, FY 2023 Performance Oversight Responses, responses to Q44, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>52</sup> *Id.*

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<sup>53</sup> DBH, FY 2023 Performance Oversight Responses, responses to Q44, *available at*:

<https://lims.dccouncil.gov/Hearings/hearings/247>.

<sup>54</sup> Mayor’s Proposed FY 2025 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Human Support Services, Operations and Infrastructure, Financing and Other, and Enterprise and Other, p. E-23 and E-24.

<sup>55</sup> Mayor’s Proposed FY 2025 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Human Support Services, Operations and Infrastructure, Financing and Other, and Enterprise and Other, p. E-24.

<sup>56</sup> Mayor’s Proposed FY 2025 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Human Support Services, Operations and Infrastructure, Financing and Other, and Enterprise and Other, p. E-35.