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

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Committee on Health
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Leah Castelaz
Senior Policy Attorney
Children's Law Center

Introduction

Good afternoon, Chairperson Henderson and members of the Committee on Health. My name is Leah Castelaz. I am a Senior Policy Attorney at Children's Law Center and a resident of the District. 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.

Thank you for the opportunity to testify on the Department of Behavioral Health's performance over the last year. Children's Law Center co-chairs the Strengthening Families Through Behavioral Health Coalition which brings together a diverse group of advocates who share a commitment to improving DC's behavioral health care system for children and families.[1] Children's Law Center is deeply committed to improving behavioral health resources, services, and support for District children and families, including the many clients we serve through our guardian-ad-litem, healthy housing, and special education legal programs. We have testified extensively on the importance of creating timely, accessible, high quality, culturally

appropriate, and affordable care.[2] School-based behavioral health is one part of the continuum of care that is needed to meet the diverse behavioral health needs of DC children and families. Accordingly, my testimony today will focus on School-Based Behavioral Health (SBBH) in the District and my colleague Chris Gamble will speak to DBH's performance across several other programs and services that are integral to the continuum of care.[3] Together we will highlight the gaps in the continuum of behavioral health services and offer solutions to address these gaps.

Broadly speaking SBBH programming is executed through two avenues: (1) directly by DBH SBBH programming or (2) at the individual school level, as determined by school leadership and their own financing.[4] DBH SBBH programming is broken up further into three programs: (1) the SBBH Expansion Program; (2) DBH Clinicians; and (3) DBH Clinical Specialists.[5] The SBBH Expansion Program, funded by DBH grants, partners with CBOs in the District to match them to public and public charter schools. DBH Clinicians and DBH Clinical Specialists are hired directly by DBH.[6]

Taken all together the goal of these programs is to create a coordinated and responsive behavioral health system for all students in all public and public charter schools by ensuring students have access to the full range of behavioral health services through Multi-Tiered System of Supports model (MTSS).[7] The MTSS ranges from foundational social-emotional lessons for all students (Tier 1 and 2) to one-on-one therapy for those with the most acute needs (Tier 3).[8] Tier 1 and Tier 2 programming

looks like school-wide skill-building or group sessions on special topics like conflict resolution, emotional intelligence, bullying, suicide prevention, coping mechanisms, and self-care.[9]

While the District has and continues to face challenging times, we have seen great progress in moving forward the goal of SBBH. There, however, is more work to be done. In particular, the District must stabilize to DBH's SBBH Expansion Program to move closer to the goal of getting a MTSS in every public and public charter school in the District that is high-quality, accessible, and culturally congruent. Accordingly, my testimony today will focus on (1) how critical investments in SBBH have increased access to MTSS for all students; (2) the opportunities for improved implementation of the SBBH Expansion Program using existing resources; and (3) opportunities to support the SBBH Expansion Program by understanding the larger landscape of SBBH in the District through addressing gaps in data.

School-Based Behavioral Health is Essential to Continuing to Improve Behavioral Health Outcomes for District Students

The COVID-19 pandemic undeniably impacted childhood well-being and worsened children's behavioral health.[10] It, however, is important to remember that the pandemic is not the sole driver of these troubling trends. Mental health symptoms – including depressive symptoms and suicidal ideation – have been steadily increasing among American youth for over a decade.[11] The most recent Youth Risk Behavioral Survey (YRBS) 10-year trend analysis affirms the increase in kids declining mental

health over the last decade.[12] Specifically, the report found that the percentage of high school students who felt sad or hopeless increased between 2012-2023 and the percentage of high school students who seriously contemplated suicide increased between the same time period.[13] In middle school, students the percentage of kids who tried to kill themselves increased between 2012-2023.[14] Looking to present day, the most recent Child Trends data found that 50 percent of high school students, 52 percent of middle school students, and 44 percent of elementary school students reported having a mental/behavioral health challenge or need.[15]

The District of Columbia has been working to combat the worsening mental health of District children and youth by providing behavioral health services to children and youth in public schools and public charter schools.[16] Broadly speaking, SBBH is a critical investment for the District to address gaps in DC's behavioral health services by meeting youth where they spend most of their time – school. SBBH helps to normalize seeking support, reduces stigma, and addresses access challenges caused by barriers such as a lack of transportation and parents' ability to take time off for medical appointments.[17]

SBBH in the District is a multi-agency effort that requires coordination across DBH, OSSE, DCPS, Public Charter Schools, and Community Based Organizations (CBOs). Each agency and community partner has a role to play to meet the goal of SBBH – to ensure that every public and public charter student has access to MTSS in

their schools. As noted above, SBBH programming in the District can broadly be broken up into two avenues: (1) directly by DBH SBBH programming or (2) at the individual school level, as determined by school leadership and their own financing.

DBH SBBH programming is broken up further into three programs: (1) the SBBH Expansion Program which includes CBO Clinicians and Pilot 1B Clinicians; (2) DBH Clinicians; and (3) DBH Clinical Specialists.[18] The SBBH Expansion Program, funded by DBH grants, partners with CBOs in the District to match them to public and public charter schools.[19] After matching with a school, a CBO directly hires a clinician to be placed in the school to provide direct behavioral health services across the three tiers to all students.[20] DBH recently extended the SBBH Expansion Program to include pilot 1B Clinicians which is a program that provides DBH grant funds directly to the DC Public Charter School Local Education Agency (LEA) that was selected through a Request for Application process.[21] There are currently eight Pilot 1B schools.[22]

DBH clinicians provide the same services to students as CBO clinicians; however, they are directly hired by DBH. Finally, DBH Clinical Specialists are hired by DBH to provide CBO's and Schools with consultative services and technical assistance.[23] Additionally, Specialists can help identify gaps in services and fill those gaps.[24]

The investments in time, energy, and money across all SBBH programming have been critical and we are starting to see the investments pay off. The YRSB survey shows some improvements in more recent years. For example, the percentage of high school

students who seriously considered attempting suicide, who made a plan about how they would attempt suicide, and who actually attempted suicide all decreased in the last four years.[25] Middle schools students experienced a similar trend.[26] Moreover, well over half the middle and high school students, in more recent surveys, reported that they had at least one teacher or other adult in their school that they can talk to if they have a problem.[27] Child Trends reported that more students than not across elementary school, middle school, and elementary school would feel comfortable talking to a counselor.[28]

We want to continue to see these positive trends and to work to ensure every public and public charter students have access to MTSS in their schools. So, while, the District continues to face challenging times – there are still significant youth mental health needs compounded with the District's challenging long-term economic and fiscal outlook – we strongly encourage continued investment into SBBH including stabilizing the SBBH Expansion Program. In times of difficulty, we have encouraged and have often seen this Committee and the Council take action to protect important investments in DC residents' health, safety, and wellbeing. Going forward, we are hopeful to see these kinds of definitive actions taken to support achieving the goal of MTSS being available in every school through SBBH.

DBH Has Made Efforts to Overcome Persistent Workforce Challenges and Improve Recruitment and Retention of Behavioral Health Professionals

The implementation of the SBBH Expansion Program, including School Year 2021-2022 which launched the implementation of the Program to all 254 District schools across all four cohorts,[29] happened in the context of a global pandemic. The pandemic brought an increased in attention on behavioral health and exacerbated an already struggling behavioral health workforce.[30] Across behavioral health professionals there has been low retention rates and high turnover.[31]

Therefore, it makes sense that one area DBH has invested in is recruitment, workforce development, and retention. DBH has strengthened the SBBH Expansion Program by including (1) free supervision; (2) annual test prep classes for licensing exams; (3) $1,000 for workforce development; and (4) free training with CEUs.[32] DBH also reports that they are working on expanding capacity through the modification of existing licensure requirements.[33] Finally, through DBH internship program, DBH is affiliated with several universities to develop a pipeline of SBBH behavioral health professionals.[34]

DBH is also partnered with OSSE through the Advancing the Recruitment and Retention of Our Workforce (ARROW) grant.[35] Funded through a grant from the US Department of Education, ARROW allows relevant stakeholders to collaborate on recruitment and retention activities for school behavioral health professionals to enter and remain in the workforce.[36] At the end of School Year 2023-2024, the OSSE ARROW Grant issued 646 retention bonuses ($1000 each) to DBH, DCPS, DCPCS and CBO

providers. This school year, OSSE is providing training and stipends for DBH and DCPS interns as well as facilitating the "First Year Cadre" and the broader "Learning Community" to enhance provider's skills and access to evidence-based programs. We applaud these efforts and the partnership between DBH, OSSE, and other stakeholders to recruit and retain clinicians in schools. We want DBH to continue to invest in workforce recruitment and retention. We, therefore, ask the Committee to inquire with the agency on the details of the efficacy and impact of these efforts, and to continue to support DBH's investments in workforce.

DBH Has Engaged in Crucial Innovative Thinking Regarding Financing for SBBH Expansion, But Continues to Miss the Mark

DBH has also sought to increase the number of clinicians providing services in schools through SBBH Expansion by offering innovative and flexible ways for schools to utilize the existing funding. This includes piloting different school staffing models including Pilot 1B and a Request for Application in August 2025. As described above, the Pilot 1B schools was launched by DBH for District of Columbia Public Charter Schools to hire a licensed clinician to provide school-based behavioral health services.[37] The school-hired clinician, hired directly by the school instead of by a CBO, shall be responsible for the implementation of services within the Comprehensive School Behavioral Health model.[38] The hiring for Pilot 1B has been slow to start – 2 of the 8 clinicians have been hired.[39]

Additionally, in August 2024, DBH released a Request for Application (RFA) focused on implementing innovative strategies designed to increase access to school behavioral health services.[40] This included: (1) Early Childhood Prevention with Linkage to Early Intervention and Treatment; (2) Multi-tiered Services Across 12 Campuses of 1 Local Education Agency (LEA); (3) Multi-tiered Services with Clinicians and Behavioral Health Prevention Specialist; (4) Multi-tiered Services with 2 Schools Per Clinician; (5) Multi-tiered Services in Schools within Juvenile Justice Settings.[41] Unfortunately, the RFA only had three applicants, one of which dropped out, and the other two were not selected.[42] In our own conversations with CBOs on why they did not apply, they cited that the financing of the models was not sustainable or advantageous for the CBO.

This kind of innovative thinking is what is needed to address the ongoing challenges with implementation of SBBH Expansion Program. However, the lack of engagement in the RFA due to financing concerns highlights the need to reassess the funding it takes to implement the SBBH Expansion Program especially in schools that have had difficulty matching with CBOs. Therefore, the next section of the testimony examines opportunities to build on DBH's current efforts to improve implementation of the SBBH Expansion Program while utilizing existing resources. We ask that this Committee – in partnership with DBH – continue to assess the existing innovative thinking with opportunities identified in the next section.

Despite Workforce and Budgetary Restrictions, There are Opportunities to Improve the Implementation of the SBBH Expansion Program Utilizing Existing Resources

The SBBH Expansion Program[43] envisions a licensed clinician embedded in every public school in DC. As of November 2024, 104 schools out of the District's 254 public schools are partnered with a CBO and have a CBO clinician hired and working in the school.[44] Unfortunately, this number dropped to 101 in January 2025, representing the loss of three CBO clinicians between November 2024-January 2025. Moreover, the difference between School Year 2023-2024 and School Year 2024-2025 is stark. In School Year 2023-2024, DBH reported 130 schools had a CBO partner with an active clinician.[45] Therefore, School Year 2024-2025 represents a sharp decline in the number of active CBO clinicians in the schools – approximately a 29 clinician difference between the two school years.

My testimony will explore two questions regarding the implementation of the SBBH Expansion Program: (1) why have schools never been able to get above the 50 percent threshold for partnered school;[46] and (2) what, if any, are the differences between School Year 2023-2024 and School Year 2024-2025 that would explain the sharp decline in CBO coverage?

The answers to these two questions are imbedded in persistent challenges in the SBBH Expansion Program including low partnered schools, decline in CBO coverage, and funding concerns. Therefore, this section of the testimony will explore the impacts these challenges have had on the SBBH Expansion Program. The testimony will then

identify solutions including reassessing the funding model for the SBBH Expansion Program to properly meet the needs of DC students. Finally, it is important to stabilize the SBBH Expansion Program while undertaking some of the necessary reassessments, therefore, the final portion of this section asserts that it would be immensely helpful to raise the minimum grant amount to support existing SBBH Expansion Program CBO and school

Inconsistent Funding for SBBH Expansion is a Hinderance on Program Growth

To understand the differences between School Year 2023-2024 and School Year 2024-2025 and the sharp decline in CBO coverage – from 130 clinicians (SY 23-24) to 101 clinicians (SY 24-25) – it is helpful to understand funding shifts and CBO engagement between the two years. Specifically, School Year 2024-2025 represents the first year without American Rescue Plan Act (ARPA) dollars that were used to increase grant amounts for CBOs. DBH also patchworked together other funding opportunities including vacancy savings to increase grant amounts for CBOs. At times, the grant amounts were as high as $99,371.[47] However, for School Year 2024-2025, the grant amount fell back to a base of $80,819. The lowered grant amount, in part, explains the sharp decline between the number of hired CBO clinicians between School Year 2023-2024 and School Year 2024-2025. Some CBOs noted that they decreased their school partnerships based on internal financial analysis indicating they were losing money participating in the SBBH Expansion Program. Additionally, in School Year 2024-2025 a

CBO that was matched with 17 schools and had active clinicians in 5 of those 17 schools chose to drop participation in the SBBH Expansion Program. This represents a drop – albeit not significant – in schools matched with a CBO between the school years. Ultimately, the differences between the two school years (SY 23-24 and SY 24-25) helps to illustrate the challenge of ensuring sufficient funding for the SBBH Expansion Program. Inconsistent funding has caused CBOs to shift out of the SBBH Expansion Program, either partly or completely.

DBH Must Reassess the Funding Model for the SBBH Expansion Program

The financial model for SBBH Expansion Program is a persistent barrier to CBOs engaging and/or remaining in the Program. Currently the SBBH Expansion relies on two primary sources of funding: (1) a direct DBH grant to the CBOs who hire and supervise the clinician, and (2) insurance claims (mostly Medicaid) for the billable services (only Tier 3 activities). The current model relies on CBO clinicians spending at least 50 percent of their time on Tier 3 (individual) services that are reimbursable by Medicaid. However, the billing expectation has not been achievable in all schools and most CBOs report their SBBH Expansion programs are operating at a loss. Different schools have different needs; some need their clinicians to prioritize Tier 1 (whole school) and Tier 2 (small group) services, which are not reimbursable by Medicaid. Insured families may not know of the opportunity for billable treatment in their school. Lastly, many aspects

associated with Tier 3 services are not billable (for example, following up with parents and teachers).

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. For example, in recent discussions with CBOs they explained their clinicians often provide services through hundreds of "drop-in" visits from students – which are critical but not billable. Additionally, DBH reported that clinicians spent over 9,000 hours on Tier 1 and Tier 2 services for School Year 2023-2024 and over 2,800 for School Year 2024-2025 through December 2024 – also non-billable hours.[48] Finally, even when providing billable services, several private insurance companies have refused to reimburse for school-based services.[49]

As with all developing programs, we revise our thinking with experience. When this grant program launched, the hope was that these two sources of revenue would be sufficient to cover the cost of operating SBBH. Over the past five years, we have seen that in some schools, they are not sufficient, and CBOs have had to rely on other sources of funding to support SBBH or operate at a loss. Given the reality, and to support the re-assessment of the funding model, the Council wisely required DBH to study the true costs of the program.[50] However, it is over two years past the statutory deadline for the

report to be shared with the Council, and we still do not have the cost study.[51] Unfortunately, the cost study is now likely outdated.

However, the most pertinent information from the cost study – the billing information – can still be released. Currently, DBH is unable to provide the percentage of total CBO clinician services, broken down by type of service, that have been able to be billed to Medicaid, private insurance, or other sources in FY 2024 nor FY 2025 to date.[52]

DBH is currently collaborating with DHCF to determine the best strategies for pulling the data for CBOs. One strategy DBH has deployed to support these efforts includes requiring certified providers to obtain their own NPI number.[53] DBH will work with each CBO to identify each SBBH clinician's NPI number. Once all NPI numbers are collected, DBH and DHCF will collaborate to begin pulling accurate billing data for treatment services.

An accurate billing number would allow DBH, CBOs, and this Committee to have an accurate conversation on the true cost of the program and how much billing can be brought in to offset that cost. Therefore, we are glad that DBH has stated that they will use the cost study and accurate billing data will help to inform any necessary shifts or revisions to the funding structure within the SBBH Expansion Program.[54] DBH has shared that they will "incorporate these findings to determine the future financial model in collaboration with the Department of Health Care Finance and the provider

community."[55] Finally, DBH in their pre-hearing responses appears to be committed to working in partnership with CBO partners, Coordinating Council members, and fiscal services to explore possible revisions to the funding model and process for funding distribution.[56]

We, therefore, ask that this Committee support DBH in their ongoing efforts to reassess the funding model. We want DBH to continue to be supported in this work, but we also ask that the agency move expeditiously and with transparency. We appreciate their continued partnership and ask that it continues so we can establish an accurate, fair, and sustainable funding model for the SBBH Expansion Program. Improving the funding for SBBH Expansion Program will hopefully support the recruitment and retention of clinicians. Strengthening the workforce will have a positive impact on the students they seek to serve by not only ensuring all three tiers are available but also that clinicians remain in the school for years to help establish and foster relationships, build trust, and grow with the school community.

While Reassessing the Funding Model, a Minimum Grant Amount Should be Established

The lack of billing information makes it difficult to determine what level of funding is needed to stabilize the SBBH Expansion Program. However, given the difference in funding between School Year 2023-2024 and School Year 2024-2025 and the impact that had on retaining CBO clinicians we know that something must be done. Therefore, based on the information we have available, we believe that establishing a

minimum grant amount will help to ensure that the CBOs participating in the SBBH Expansion Program are able to continue providing services to students. Specifically, the current grant of $80,819 should be raised to $92,075.32 or higher. We believe that setting the grant minimum to $92,075 will more adequately cover program costs and allow participating CBOs to continue their partnership with DBH and school communities.

Raising the minimum grant amount does not require DBH to raise the funding level for the SBBH Expansion Program. Currently, the Program is funded at $18,854,522.76.[57] First and foremost, this amount is only covering 233 schools, not all 254 schools.[58] However, given the current budget environment and also the current status of implementation of the program, we know we are unlikely to raise the amount of funding to cover all 254 schools. Therefore, we encourage DBH to use the available funding to support the higher grant amount. While this means that SBBH Expansion Program will not, at this time, be able to place a clinician in every school, 204 schools ($18,854,522.76 / $92,075.32) could be funded with the same total grant budget that is available in FY 25. This would sustain services in the 101 schools with current CBO clinician placements and leave funds available to serve up to 103 additional schools. DBH must stabilize the SBBH Expansion Program before doing the tough work of reassessing the funding model to ensure the SBBH Expansion Program is not at jeopardy of loosing more clinicians and/or CBO and school partnerships.

Addressing the Gaps in Data is Needed to Ensure All Public and Public Charter Schools Have Access to a Multi-Tiered System of Support for Their Community

There are opportunities to support the SBBH Expansion Program by understanding the larger landscape of SBBH in the District.

As noted above, in addition to the SBBH Expansion Program, including both CBO clinicians and Pilot 1B Clinicians, DBH also places their own clinicians (DBH Clinicians), and clinical specialists (DBH Clinical Specialists). When looking at the totality of how SBBH is doing it is important to factor in all aspects DBH is moving forward. Based on November 2024 data from DBH's Coordinating Council, the percentage of schools with a provider (DBH clinician, DBH Clinical Specialist, CBO provider, or Pilot 1B provider) is 148/254 schools or 59 percent. As of January 2025, the number has dropped – of the 254 public and public charter schools in the District, 146 schools or 57 percent, have at least one CBO and/or DBH provider (clinician or clinical specialist), or a school hired provider funded through the Pilot 1B to provide some type of DBH SBBH coverage to help support a MTSS for students in DCPS and DCPCS.[59]

This, however, leaves 108 schools without any coverage by DBH. These schools are either not participating in DBH SBBH programing; have a CBO matched but the position is vacant; DBH clinician role vacant; not matched; pending new partnership; or vacant Pilot 1B clinician role. However, and very importantly, these 108 schools *may* have coverage outside of DBH. In the School Year 2023-2024 OSSE Healthy Schools Profiles[60] found that all DCPS and DCPCS schools, except two schools, provided access to behavioral health services to all enrolled students.[61]

With existing data, we can understand the "who" of providing behavioral health services, meaning we can understand which type of provider, by licensure, and which service provider, by organization, are in each school. We, however, do not have any systematic way to track the "what" in each school, meaning we do not know what services each provider or service provider is providing. There is no tool right now that tracks what tier/tiers are being provided by each behavioral health provider in the school. To ensure MTSS in every school, we must know that each tier is available. Each schools' needs will vary but it is critical that they are able to access Tier 1, Tier 2, and Tier 3 services to meet the needs of their students.

We suggest that tracking the tiers could be incorporated into existing resources including the Healthy Schools Profiles. OSSE is already asking schools to track "How many of the following clinical staff are currently employed, work as a contractor, or volunteer at your school?" This question could be expanded to indicate which tiers each clinical staff employs. Better understanding the landscape of tiers will help to inform where gaps are across schools. We have been previously focused on gaps in DBH's coverage but better understanding the landscape of all SBBH programming across DBH and schools will allow us to identify true gaps in service delivery. This can be paired with the School Strengthening Tool and Workplan to help inform what is needed broadly for SBBH in the District. Therefore, we ask DBH in partnership with education

agencies and this Committee to find a way to systematically track the landscape of SBBH in the District to inform ongoing implementation in the District.

We are glad that in the meantime, DBH is engaging in an environmental scan to understand how all three tiers are currently being implemented in each school. This is a step in the right direction to better understand the full SBBH landscape in the District and make informed decisions going forward for SBBH programming. We hope the experiences of this one-time environmental scan will inform the necessary systematic tracking of implementation of tiers across the three tiers and other behavioral health services. We ask this Committee to work with DBH and support these short term efforts as well as the long term efforts to track how behavioral health services are implemented in the 254 schools across the District.

School-Based Behavioral Health Coordinators Have a Critical Role to Play in SBBH Including Data Collection and Supporting SBBH Staff

The delivery of services is the visible work, but it is supported by layers of bedrock under the surface – interagency coordination, complex funding systems, school activities, and staffing. To effectively navigate their unique ecosystems, clinicians rely on other staff in the school building for referrals, coordination, and communication. As discussed above, the SBBH Coordinator is tasked with taking the lead on coordinating the work of the clinician and other members of the school's behavioral health team, which includes overseeing the School Strengthening Tool (SST) and Work Plan to identify each school's unique needs and guide its behavioral health services, resources,

and programs.[62] As of January 2025, 93 percent of schools have identified a SBBH Coordinator.[63]

Given their role, SBBH Coordinators is able to more easily landscape the available behavioral health programming at their school. For example, if the Healthy Schools Profiles were expanded to include the services being provided by each provider in the school, the SBBH Coordinator could fill out that portion of the survey. The SBBH Coordinator would be able to identify who the behavioral professionals, who employes them, how are they paid for, and what services they provide (Tier 1, Tier 2, Tier 3, IEP, etc.).

Additionally, the SBBH Coordinator role may be able to support DBH's requirements under DC Act A25-0645 – Child Behavioral Health Services Dashboard Act of 2024 ("Dashboard Act"). Per the Dashboard Act, DBH shall create a publicly accessible and searchable online directory of available behavioral health services in the District.[64] The directory shall be regularly updated to include behavioral health resources available through DBH's school-based behavioral health programs.[65] The SBBH Coordinator would be an excellent resource for DBH to ensure implementation of the Dashboard Act by ensuring the directory initially reports accurate information and is regularly updated. In fact, SBBH Coordinators could potentially be the updaters of the directory for their individual school.

However, in order for SBBH Coordinators to support data collection, the directory, and their other responsibilities this role must be compensated and provided the necessary guidance and technical support. Currently, SBBH Coordinator is an unpaid position; duties are layered on top of the designated staff person's primary job. Coordinators may be social workers, behavioral technicians, heads of special education, or deans of wellness, among other titles.

We have heard directly from education agencies and CBOs that those schools with functioning behavioral teaming have the most success serving students. SBBH Coordinators play an essential role in that teaming. Coordination is essential to the expansion and efficacy of SBBH, therefore, SBBH Coordinators should receive compensation for their assigned duties.[66]

Additionally, SBBH Coordinators should receive adequate guidance and other needed supports to be successful in their role. Recent reporting by Child Trends, found that 20 percent of SBBH were using 5 or more hours a week to meet their responsibilities.[67] While more SBBH Coordinators reported using less time in their role, the survey did not as what their specific role responsibilities were. These discrepancies in how time is used can be explained in how the role varies by school. The flexibility of the role is necessary. However, the lack of standardization especially in guidance and technical assistance leaves it unclear whether Coordinators have the resources, bandwidth, training, or guidance needed to do their job properly. This ultimately

means students, families and teachers may struggle to access the services that the District is funding. Therefore, we also encourage the education agencies in partnership with DBH to strengthen the supports for the Coordinator role.

Finally, we ask that this Committee support DBH in the implementation of the Dashboard Act to ensure information is readily available and accessible regarding SBBH programming. More accurately collecting SBBH information in a directory may also support landscaping efforts by better detailing who and what is happening in each individual school. Overall, we are encouraged by DBH's efforts to move towards greater transparency and continued engagement with partners. There are many opportunities over the next months and years to ensure the success of SBBH programming in the District by making strategic, informed investments.

Conclusion

Ensuring the SBBH Expansion Program and SBBH in general is strong and sustainable will help us build on the positive impact MTSS has already had in the District. As with all successful interventions, this will require sufficient investments, adequate compensation, actionable evaluation, focused oversight, and effective communication with stakeholders. Moving forward with transparency and partnership across all stakeholders – DBH, CBOs, school agencies and LEAs, and community partners – will be critical for success of SBBH. There are identifiable opportunities to do outlined in this testimony including reporting on billing data and collecting tiers of

service per school. We ask DBH work with relevant stakeholders to move these opportunities forward to identify next steps for SBBH in the District. We ask this Committee to provide the necessary oversight to see that SBBH continues to be implemented with fidelity in the District. Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

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[1] The Strengthening Families Through Behavioral Health Coalition's vision is to ensure DC has a fully integrated behavioral health care system in which all 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. Our coalition is composed of advocates, parents, educators, community-based organizations, and behavioral health providers. Learn more at: https://www.strengtheningfamiliesdc.org/.

[2] Kim Daulton, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (October 28, 2024), *available at*: https://childrenslawcenter.org/resources/testimony-public-roundtable-on-in-patient-psychiatric-facilities-and-the-continuum-of-behavioral-health-care/; Leah Castelaz, Testimony Before the District of Columbia Council Committee on Health, (July 11, 2024), *available at*: https://childrenslawcenter.org/resources/testimony-child-behavioral-health-services-dashboard-act-of-2024/; Amber Rieke, Testimony Before the District of Columbia Council Committee on Health, (April 10, 2024), *available at*: https://childrenslawcenter.org/resources/fy25-budget-testimony-department-of-behavioral-health/; Amber Rieke, Testimony Before the District of Columbia Council Committee on Health, (January 29, 2024), *available at*: https://childrenslawcenter.org/resources/2023-24-oversight-testimony-department-of-behavioral-health/; Amber Rieke, Testimony before the District of Columbia Council Committees on Health, Judiciary and Public Safety, and Recreation, Libraries and Youth Affairs, (December 13, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/12/Amber-Rieke-CLC_Public-Safety-BHRoundtable-Testimony_Dec-13-2023.pdf; 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/wpcontent/uploads/2023/12/Megan-Conway-Testimony-for-Dec-6-2023-Hearing-on-Bill-B25-0500-andFoster-Youth-Bheavioral-Health_FINAL.pdf; 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/wpcontent/uploads/2023/12/Wil-Cox-Testimony-for-Dec-6-2023-Hearing-on-Bill-B25-0500-and-Foster-YouthBheavioral-Health_FINAL.pdf; Rachel Ungar, Children's Law Center, Testimony before the District of Columbia Council Committees on Facilities and Family Services and

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[34] *Id.*
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[42] Shared orally at a fall Coordinating Council meeting.
[43] The SBBH Expansion Program which is administered by DBH who along with school partners (DCPS, DCPCS, and OSSE) matches community-based organizations (CBO) licensed clinicians with individual public and public charter schools across the District. One of the strengths of SBBH is the partnership with CBOs that have the capacity to provide all tiers of service. Most participating CBOs offer a broader range of health services through the District and are well-positioned to create effective and lasting care relationships with whole families. SBBH clinicians also serve an essential and distinct purpose within the school ecosystem, focused on the behavioral health of all staff and students. Once integrated, clinician can work with the other members of the school team (social workers, learning specialists, psychologists, leadership, etc.) to assess the needs of the school community, identify existing resources, and determine whether there are gaps that need to be filled. Through the SBBH Expansion Program, once a school has been successfully matched with a CBO, they work together to hire a licensed clinician to provide full-time behavioral health services at the school. CBOs receive grants from DBH to cover a part of the compensation and supervision costs for these highly skilled clinicians. The grant amount was based on early estimates regarding the costs of the program, as well as the projected amount of Tier 3 treatment work that would be reimbursable to the CBOs by Medicaid and other insurance. *See* Department of Behavioral Health, Guide to Comprehensive School Behavioral Health, (June 2019), *available* at: https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/PRIMARY%20GUIDE_SCHOOL%20BEHAVIORAL%20HEALTH_JUNE%202019.pdf.
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[50] D.C. Law 24-167. Fiscal Year 2023 Budget Support Act of 2022. Sec. 5122. Analysis of School Behavioral Health Program and costs
[51] *Id.*

[52] Department of Behavioral Health FY2024 Performance Oversight Responses, response to Q83, *available at*: https://lims.dccouncil.gov/Hearings/hearings/637.
[53] *Id.*
[54] *Id.*
[55] Department of Behavioral Health FY2024 Performance Oversight Responses, response to Q83, *available at*: https://lims.dccouncil.gov/Hearings/hearings/637.
[56] *Id.*
[57] FY2025, Department of Behavioral Health Budget, RM0-4, E-23.
[58] If DBH wanted to cover all 254 schools the funding level would minimally need to be raised to $20,551,721.80 ($80,819 x 21 remaining schools + $18 million of current funding). To cover all 254 schools with a higher grant amount of $92,075.32 would mean raising the total funding for SBBH Expansion Program to $23,387,131.
[59] Department of Behavioral Health FY2024 Performance Oversight Responses, response to Q80, *available at*: https://lims.dccouncil.gov/Hearings/hearings/637.
[60] Under Section 602 of the Healthy Schools Act (HSA) of 2010, each public and public charter school within the District of Columbia is required to complete and submit the School Health Profile (SHP) to OSSE. *See* Office of the State Superintendent of Education, About Healthy Schools Act School Health Profile, *available at*: https://osse.dc.gov/node/722242.
[61] Although it would seem the other two schools do based on their responses. *See* Office of the State Superintendent of Education, 2024 Healthy Schools Act School Health Profiles, All Date, *available at*: https://osse.dc.gov/sites/default/files/dc/sites/osse/service_content/attachments/SY%2023-24%20SHP%20Data_final.xlsx.
[62] Department of Behavioral Health, Guide to Comprehensive School Behavioral Health, (June 2019), *available* at: https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/PRIMARY%20GUIDE_SCHOOL%20BEHAVIORAL%20HEALTH_JUNE%202019.pdf.
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[64] DC Act A25-0645 – Child Behavioral Health Services Dashboard Act of 2024.
[65] *Id.*
[66] Strengthening Families Coalition, FY2026 Budget Letter, (December 16, 2024), *available at*: https://www.strengtheningfamiliesdc.org/budget-advocacy.
[67] DBH Coordinating Council on School Behavioral Health slides, presented November 18, 2024, on file with the Children's Law Center.