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Testimony Before the District of Columbia Council
Committee on Health
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Roundtable:
Department of Behavioral Health's Comprehensive Plan for the School-Based
Behavioral Health Program

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Introduction

Good Morning, Chairperson Henderson and members of the Committee. 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 today on the Department of Behavioral Health's Comprehensive Plan for the School-Based Behavioral Health Program (20225 Comprehensive Plan). Children's Law Center knows the importance of having a fully integrated behavioral health care system. We see firsthand the impact that a broken, chaotic, inaccessible behavioral health system has on the clients we represent across our *guardian ad litem* program and our Medical-Legal Partnership, Healthy Together.¹ Many of the children we work with – children in the foster care system and students receiving special education services – have faced multiple adverse childhood experiences resulting

in complex trauma and the need for high-quality behavioral health services in accessible settings to achieve stability.

We, like so many others in the District, want to get School-Based Behavioral Health right so that DC children and families have timely access to high-quality, consistent, affordable, and culturally responsive care that meets their needs and enables them to thrive.² Children's Law Center has long advocated for improvement of the SBBH program. We established and lead Strengthening Families Through Behavioral Health Coalition (SFC), a coalition composed of advocates, parents, educators, community-based organizations, and behavioral health providers.³ We have testified repeatedly over the years regarding concerns about DBH's implementation of SBBH programming.⁴ We greatly appreciate this Committee's attention and commitment to SBBH in the District.

The purpose of today's hearing is to review DBH's 2025 Comprehensive Plan to reform the SBBH program, as required by the Fiscal Year 2026 Budget Support Act of 2025.⁵ We believe DBH shares the same goal as us – to ensure DC students have access to behavioral health supports and services across the District. DBH has been a partner in this work and often approaches it with a collaborative spirit, continuing to keep this goal at the forefront of this work. DBH has showed up when invited to the table.

The 2025 Comprehensive Plan, unfortunately, seems to represent a change in DBH's approach. The Committee provided DBH with a chance to rise to the occasion – to create a plan that would ensure DC school communities have timely access to high-

quality, consistent, affordable, and culturally responsive care. However, in reviewing the plan, DBH has failed to meet the moment. Instead, the agency has provided a one-sided, incomplete plan that lacks sufficient data and analysis of SBBH programming, contains limited integration of feedback, and raises more questions than it answers.

We are disappointed that DBH proposes to take the District back in time, instead of moving us forward. The decision to utilize CBOs to expand SBBH services was not a random guess, but a thoughtful conclusion drawn from significant evidence and stakeholder feedback. The challenges of expansion program do not require us to revert back to the start but instead call for thoughtful innovation that recognizes the unique needs of each school, provides necessary flexibility, and leverages existing resources. While we agree with DBH that we need to step away from a one-size fit all approach to SBBH, we reject DBH's assertion that the current data support the decision to bring the program fully in-house to DBH. The agency fails to consider historical context, stakeholder feedback, and existing data when drawing their conclusions. As such, the resulting proposals cannot truly be considered a comprehensive plan.

My testimony today will discuss first the successes of our current SBBH system as well as the challenges of implementation. This historical context has been left out of the comprehensive plan but provides critical background to understand where we have been and how that informs us what is needed going forward. I will then discuss how the proposed comprehensive plan fails to consider stakeholder feedback and existing data

and neglects the budget and workforce development planning necessary to carve a path forward for the program. Lastly, I will identify potential next steps to move the District towards tangible progress to ensure that we are improving SBBH services. Ultimately, we ask the Committee not to stop at the 2025 Comprehensive Plan as submitted. Instead, the Committee should require DBH to host meaningful stakeholder engagement to develop a truly comprehensive plan for the future of DC's School Based Behavioral Health program. DBH must rebalance their efforts to bring the program fully in-house with the investments already made in the CBOs and their work with schools. The Committee on Health should keep the pressure on DBH to transparently and consistently share implementation progress of the 2025 Comprehensive Plan. Getting SBBH right is difficult, but that doesn't mean we should throw out the progress of the last seven years. DC has a terrible cycle of this – when things get hard, we throw the whole program out. Ultimately, the 2025 Comprehensive Plan won't effectively move forward if the implementation failures are not addressed – and bringing the program in house will not address those implementation barriers.

DBH Ignores the Historical Context Necessary to Understand the Current System and Plan for the Future

We recognize both the immense desire to get SBBH right as well as the knowledge that our current system is not meeting the needs of DC students and families. While the path forward may be unclear, we must try our best not to repeat the mistakes of the past.

However, DBH's plan proposes returning to past practices with no discussion of why they did not work before or how they will be different this time.

First, the plan decides to bring providers in house to DBH after noting that their previous in-house model did not meet the mandate of the South Capitol Street Memorial Act.⁶ The District made the decision more than 10 years ago to expand SBBH to include community-based organizations.⁷ The 2025 Comprehensive Plan states that this shift was made, but fails to address how DBH has addressed the original barriers that made the fully in-house program insufficient last time.

Second, the plan only superficially discusses their more recent experiences with Requests for Applications for "innovative" approaches to SBBH.⁸ These RFAs are relevant as they reflect some of the same proposals DBH puts forth today – utilizing part-time licensed clinicians, prevention specialists, a cluster model, and telehealth.⁹ DBH received significant feedback on these approaches not just from CBOs, who could apply, but from other stakeholders expressing concerns regarding the implementation realities of these approaches. DBH regurgitates the same models for their 2025 Comprehensive Plan – failing to account for any of the feedback regarding costs, meeting students' needs, and recruiting a nonclinical workforce. This plan is simply not new, not innovative and fails to make the case that this time will be different.

Additionally, the 2025 Comprehensive Plan fails to adequately account for the history that got us to the current program. Since 2000, DBH has implemented SBBH in

schools. In 2012, the DC Council adopted the South Capitol Street Memorial Act which required the Mayor to submit a plan to make behavioral health services available in every public and public charter school by SY2016-2017. DBH notes that they interpreted this new legislative mandate to require at least one clinician in each public school.¹⁰ However, the plan then skips over the years between 2012 and goes directly into the implementation of the SBBH Expansion program in 2018-2019, leaving out the critical work done to develop the SBBH Expansion program.

First, there was the Behavioral Health Working Group (BWG), a cross-section of District Government agencies and organizations, including Children's Law Center,¹¹ who were tasked with creating a comprehensive plan to expand SBBH for all public and public charter school students. In 2017, the BWG developed the District of Columbia's Comprehensive Plan to Expand SBBH services.¹² This report documented existing interagency behavioral health services, developed a process to determine need levels by school or child development center using available measures and recommend resource levels, and gained consensus on an interagency behavioral health service model.¹³ The guiding principle of the interagency behavioral health service model was to create a unified service delivery framework to maximize the available resources and minimize the disparity in resource allocation between similarly situated schools and child development centers.¹⁴ The report was a helpful landscape for what would eventually become the SBBH Expansion program.

Moreover, the report recognized there was still more work to do. Therefore, the Task Force on School Mental Health (Task Force) was established.¹⁵ The Task Force, comprising a diverse array of stakeholders, recommended bringing CBOs into schools to support the expansion of behavioral health. The Task Force's 2018 report provides helpful insights into the design of current DBH programming:

- Budget considerations for CBO expansion highlight the differences in cost between DBH clinicians and CBOs.¹⁶
- The Child and Adolescent Mobile Psychiatric Service (ChAMPS), the DCPS Crisis Teams, and the DBH/School Mental Health Program Crisis Teams are integral to the broader SBBH system.¹⁷
- Robust data including District of Columbia Public School and DC Public Charter School Workforce and Child And Adolescent Functional Assessment Scale (CAFAS) report out including a recommendation ensuring robust data to identify student behavioral health needs.¹⁸
- The need for an on-going space to share best practices, develop training, improve communications, and provide mentoring and technical assistance for SBBH.¹⁹

We were disappointed to see no reference to these past considerations in the 2025 Comprehensive Plan. Rather than learn from the lessons of the past, DBH's proposal turns back time yet promises different outcomes. Ultimately, the 2025 Comprehensive Plan leaves more questions than answers.

DBH's Plan Lacks Stakeholder Engagement, Transparent Data Analysis, and Clear Budget and Workforce Plans

In its Fiscal Year 2026 Budget Report and Recommendations, the Committee on Health provided a detailed analysis of SBBH in the District and reflected many of the issues that Children's Law Center, SFC, and other stakeholders have raised over the

years. Specifically, the Committee highlighted several areas of growth needed to strengthen the SBBH program including evaluation and revision of the financial model, better engagement to foster meaningful partnership with stakeholders, and addressing the challenges of hiring and retaining clinicians.²⁰ To address concerns with program funding, the Committee raised the minimum grant amount to \$120,000 and loosened restrictions on the use of grant funds.²¹ These changes will support community-based organizations by ensuring they can leverage the full grant amounts to hire and retain clinicians.²² Additionally, the Committee required DBH to develop a comprehensive plan to address the identified concerns and develop a new path forward.

In response, DBH's plan proposes a dramatic shift in how it provides behavioral health services in every public school. While DBH has long asserted that their mandate is to place at least one full-time clinician in every public school, their new plan proposes differentiated support based on the needs of each school community. DBH now plans to assess the needs of each school and provide services through a full-time licensed clinician, a part-time licensed clinician, a prevention specialist or a combination thereof. DBH also proposes transitioning the SBBH program to a fully in-house model, where all services are implemented by DBH staff.

Unfortunately, the plan before the Committee today is far from comprehensive. Not only does the plan fail to meet the requirements of the BSA, but it also fails to take seriously the responsibility of providing a SBBH program that works for DC children and

families. In addition to ignoring the historical context outlined above, it lacks stakeholder engagement, transparent data analysis, and clear budget and workforce planning. Without these crucial components, the Committee cannot rely on this plan when conducting oversight of or allocating budget resources for the SBBH program.

DBH's Lack of Stakeholder Engagement Highlights a Disregard for Community Feedback and Undermines the Decision to Bring the SBBH Program Fully In-House

The decision to utilize CBOs in the expansion of SBBH was based on years of thorough engagement and thoughtful partnership between DBH, other government agencies, and the community. Now, DBH has decided to completely reverse course to the model in place prior to the 2012 South Capitol Street Memorial Act, and they have done so with little to no community engagement. The lack of stakeholder engagement is a fundamental flaw of the 2025 Comprehensive Plan.

First, DBH chose to dissolve the Community of Practice in Fiscal Year (FY) 2025. The DC Community of Practice (CoP) provided a space where school personnel, behavioral health providers, and community leaders can learn from each other, collaborate towards improving the implementation of SBBH in the District. Cutting the DC CoP eliminated an essential place to collect feedback and insights to inform their 2025 Comprehensive Plan – a plan that speaks to the utility of the CoP.²³

Additionally, DBH's leadership of the Coordinating Council has created a largely ineffective environment that does not foster feedback. Notably, they have allowed years to pass without a non-governmental co-chair. As a result, Coordinating Council meetings

have felt one-sided. DBH led discussions, set agendas, and did not create space for stakeholders to take ownership of guiding the meetings. The agency also dissolved key Coordinating Council working groups including the data subcommittee. This has resulted in a Coordinating Council that feels more like a performative checkbox than a robust oversight body whose mission was to hold DBH accountable for timely implementation of the expanded School-based Behavioral Health system.

While we recognize that DBH is undergoing a revamp of the Coordinating Council – it feels a little too late. The Coordinating Council was not restructured before the 2025 Comprehensive Plan, but instead simultaneously alongside the development of the Plan. This means that first the Coordinating Council was not in a position to inform the 2025 Comprehensive Plan as it had been so significantly weakened in its oversight capacity. Second, the decisions on how to revamp the Coordinating Council lacked a full picture of the future of SBBH as it did not include any considerations for the 2025 Comprehensive Plan. The Coordinating Council may have undertaken different considerations if it had known where DBH was planning to go with SBBH programming.

Children’s Law Center has tried to engage DBH in several ways over the years. More recently, in September 2024, Children’s Law Center held a workshop with DBH, the Committee on Health, CBOs, school representation, and other SBBH community stakeholders. After the workshop, Children’s Law Center sent DBH detailed notes and asked to follow-up to support next steps – we did not meet again with the agency until

January 2025. The agency incorporated no feedback from the Workshop into their report. In our January 2025 meeting with DBH, the agency agreed on the need for an Environmental Scan. In support of that effort, we drafted and shared proposed questions for schools regarding their behavioral health staffing. We received no further follow-up from DBH regarding the Environmental Scan – except a brief update that it was moving forward through the DBH Clinical Specialists.

At the August 2025 Coordinating Council meeting, DBH announced they would hold two stakeholder meetings to discuss the 2025 Comprehensive Plan.²⁴ The feedback sessions were held virtually. DBH controlled participants' ability to turn their cameras on and come off mute. Much like Coordinating Council, DBH guided the conversation and limited stakeholder engagement. Importantly, DBH did not discuss the possibility that they were considering bringing the program in-house. In fact, the feedback sessions did not provide opportunities to reflect on DBH's considerations for the 2025 Comprehensive Plan. A more effective feedback session would have shared the specific ideas under consideration.

It has been stressed to this Committee over the years that DBH's lack of ability to foster relationships in the SBBH Program has been a hinderance to implementation. As CBOs have testified, they only learned about DBH's decision to bring the program in-house through the 2025 Comprehensive Plan. This illustrates the broken trust between the agency and the community. A completely in-house model undermines the

community buy-in crucial to the public health approach. We will feel the broken trust for years to come. This opaque process has created apprehension which will hinder how this plan moves forward. DBH must work to regain trust through transparency and meaningful engagement with the school leaders, students, teachers, parents and those who work closely with them.

The Report Fails to Landscape SBBH Accurately and Lacks Transparent Data to Make an Informed Decision on How Best to Improve SBBH in the District

During the September 2025 stakeholder feedback session, Dr. Bazron stated that “every piece of data and information we have, we will be including because all of it is valuable and will help us develop our strategic plan moving forward.”²⁵ However, in our review of the Comprehensive Plan, DBH did just the opposite. The agency failed to incorporate key data into their analysis. Furthermore, the agency cites the need to bring in an expert in school based behavioral health “to complete a case study evaluation that will identify effective practices in high achieving CBOs.”²⁶ It is unclear why DBH would make such an investment when they chose to phase out CBOs by SY27-28. This contradiction exemplifies a key concern with the plan. Despite acknowledging that they need to learn more about what makes SBBH successful, DBH has decided to move forward with a definitive, prescriptive plan.

Other missing data include the impact of FY26 higher grant amounts on performance, examination of DBH’s own billing numbers, the implementation of the Child Behavioral Health Dashboard legislation, or key reports including the Child Trends

program evaluation, the Rate Study, or the DC Auditor's recent report on student suicide risk assessment. Each provides important data that should have informed DBH's plan.

In response to the Committee's work to increase SBBH grant amounts in FY26, CBOs have noted that they finally feel well-funded and were looking forward to assessing how these higher grant amounts would allow them to navigate the program, especially Tiers 1 and 2, more effectively. Moreover, it seems that the agency did not even use their own data to inform their decision. The plan does not include any discussions about schools that DBH choose to leave, how DBH chooses the schools their clinicians directly work with, or their own billing revenue.²⁷ DBH's unwillingness to transparently share their own data is alarming as it does not allow for a full and accurate picture of their own implementation of SBBH.

The 2025 Comprehensive Plan also lacks any discussion of the Children's Behavioral Health Dashboard Act of 2024 which requires DC Health to consult with DBH to establish an online dashboard through LinkU to include behavioral health resources available through DBH's SBBH program in the directory. This legislation responded to feedback from students and caregivers, who have long struggled to access information on SBBH services. For DBH's plan to have been truly comprehensive it should have at least acknowledged how their proposal works alongside or in tension with current requirements of the District's SBBH system.

Recognizing the DBH had a limited time to develop a comprehensive proposal to revamp DC's SBBH program, we were surprised to see that they did not include program analyses already available to them. For example, Child Trends was contracted to conduct a 5-year evaluation of DBH's efforts to expand access to behavioral health support in schools via promotion of partnerships between schools and community-based providers.²⁸ According to the Child Trends website, "throughout the project, Child Trends has submitted annual reports to DBH that describe implementation and outcomes, including system-level and school-level recommendations. More than 400 reports were developed over the project period."²⁹ They also note that between March 2024 – March 2025, they would produce a final report, including longitudinal analyses which were to provide "DBH and its partners with information about the relationship between program implementation and student outcomes to inform their efforts to sustain and improve the delivery of behavioral health supports in schools."³⁰ However, the 2025 Comprehensive Plan does not reference these reports.

In 2023, Child Trends recommended that DBH explore the potential benefits of a dedicated School Behavioral Health Coordinator (SBBH Coordinator) position in each school. This recommendation was repeated in the DBH School-Based Behavioral Health Program Implementation and Funding Analysis (Rate Study) and the DC Auditors Report "Review of District Strategies to Address Student Suicide Risk."³¹ Both these reports also identify the need for better, more consistent data collection on SBBH in the

District.³² Both delineated that there should be clear reporting requirements to collect, document and maintain an understanding of existing school-provided resources within all DCPS and PCS schools. The Rate Study refers to this as a plan for data infrastructure.³³

While the plan does not address either of these reports directly, DBH has begun to bolster their data infrastructure by moving forward the Environmental Scan in May 2025. The process involved one-on-one interviews with SBBH Coordinators to landscape the current behavioral health resources in schools and to hear directly from school leaders about their most pressing issues.³⁴ As this Committee heard, the Environmental Scan was flawed, and DBH needs to develop data infrastructure practices to ensure a clear, defined process for SBBH data collection and analysis.

SBBH in the District is a multi-agency effort that requires coordination across DBH, OSSE, DCPS, Public Charter Schools, and CBOs. Each agency and community partner plays a role in ensuring that every public and public charter student has access to Multi-Tier System of Supports (MTSS) in their schools.³⁵ SBBH programming in the District can broadly be broken up into two avenues: (1) that provided directly by DBH SBBH and (2) programming by the individual school level, as determined by school leadership and at 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.

The Environmental Scan was meant to address how the District schools navigate this complicated system and the degree to which these various programming options were meeting the needs of DC students. Instead, the 2025 Comprehensive Plan presented opaque data that did not delineate the specifics for each school. DBH received significant feedback on the concerns with the Environmental Scan during the September Coordinating Council meeting. DBH has repeatedly been asked to release the methodology including the questions, who were interviewed at each school, and how interview notes were translated into quantitative metrics used to categorize schools by level of need.

We uplift the concerns shared by several witnesses during the November 5th Roundtable and welcome the opportunity to work with DBH on this critical data collection and analysis.³⁶ We are concerned that DBH is heavily relying on the Environmental Scan to make their decision to bring the program in-house and categorize schools' levels of need. Ensuring a robust and transparent Environmental Scan for SY25-26 is critical to support DBH's planned changes over the next two school years.

We recognize that there is a need for the Environmental Scan – however, we also recognize this puts another reporting requirement on overburdened agencies and schools. We welcome the opportunity to work with DBH, DC Health, OSSE, and school leaders to identify how to continue to move the Environmental Scan forward to ensure it provides robust information on the behavioral health services and supports available in

each school. There are potential opportunities to utilize the Dashboard Act or leverage OSSE's data collection pursuant to the Healthy Schools Act to support future Environmental Scans. As DBH plans to significantly overhaul the SBBH program, it will be essential that they have consistent, timely data regarding schools' needs to inform resource allocation.

DBH should also consider how the School Strengthening Tool and Work Plan can support the Environmental Scan or further inform this work. The School Strengthening Tool assesses the mental health needs of students and whether they are being met; how school leadership would define improvement in the school environment; mental health topics for staff/teachers; and resources most helpful to families.³⁷ After completing the School Strengthening Tool, the School Strengthening Work Plan is developed to set goals and actions items across all three tiers of intervention. In years past, we have recommended that these assessments be released as they would provide helpful insight into the individual needs of the school. We understand that schools may be concerned about the data being identifiable, but we are confident that DBH and OSSE have sufficient experience reporting school-wide data without compromising student privacy.

DBH should also incorporate the school readiness assessments. When the expansion was first implemented, the Task Force and, subsequently, the Coordinating Council discussed the need to ensure schools were ready to receive SBBH services and supports. This meant ensuring there was commitment, active participation, and the right

support across all key stakeholders, including administrators, teachers, staff, students, and parents. It is not clear whether there was a formal assessment to determine if a school was ready. Therefore, we ask that DBH share whether and how school readiness has been factored into the 2025 Comprehensive Plan. Over the years, it has become clear that a successful SBBH program is not just about having services available. School leaders and staff must be bought into the program in order to fulfill their role in connecting and encouraging students to participate, as well as participating themselves. A school's willingness and communication around SBBH is a critical component and ought to have been discussed in the 2025 Comprehensive Plan.

Ultimately, DBH missed the incorporation of key, existing data in their 2025 Comprehensive Plan, which raises concerns going forward. It is unfortunate that DBH rushed an ill-informed decision that has broken community trust instead of being transparent and laying out options and how they would assess the options.

DBH's Comprehensive Plan Lacks Budget Analysis, a Critical Element to Understanding Feasibility of the Plan

DBH asserts, without evidence, that they can move forward with the 2025 Comprehensive Plan with the current \$25.4 million budget for SBBH.³⁸ Further budget analysis is needed to assess the feasibility of the timeline proposed in the plan. We urge the Committee to ensure that DBH shares a precise breakdown staffing costs for clinicians, prevention specialists, supervisors, and additional DBH program managers needed for SY25-26, SY26-27, and SY27-28. In response to questions from the Committee

at the November 5th Roundtable, DBH estimated that a Prevention Specialist would cost \$80,000 with fringe and a clinician would be \$120,000 with fringe.³⁹ But it is hard to know the impact of these salaries without additional context.

For example, there are likely to be administrative costs saved by bringing the program in house. Conversely, the costs of DBH-employed clinicians will grow year-to-year with experience and cost of living adjustments. Notably the CBO grants did not include annual increases in inflation. As the Committee considers the future funding needs of the program, it will be necessary to account for the impact of increased billing revenues to be brought in by the agency as they take over more and more of SBBH. Both DBH and CBO clinicians can bill for their services. However, DBH does not bill private insurance while CBO clinicians can and do.⁴⁰ It is our understanding that the Prevention Specialists will be non-clinical staff, meaning they will not be able to bill for their services. It will be crucial that DBH project the impact of the shift to prevention specialists on the sustainability of SBBH's funding. Ultimately, greater budget transparency is needed to understand how DBH will stretch the current \$25.4 million budget to ensure coverage for all 251 schools in the District.

The Workforce Needed to Implement the 2025 Comprehensive Plan is Not Adequately Discussed

The 2025 Comprehensive Plan also fails to analyze the workforce challenges that they acknowledge exist in SBBH. The behavioral health workforce has been experiencing a significant shortage – and SBBH is no exception.⁴¹ We acknowledge the investments

DBH has made in strengthening recruitment, workforce development, and retention.⁴² However, this Committee has repeatedly heard that one of the most difficult implementation challenges for expanding to all 251 schools has been recruiting and retaining clinicians for these positions.

The 2025 Comprehensive Plan seems to rely on DBH's 25 years of hiring experience, their retention rates (unsupported by data), the ability to foster a supportive work environment (again with insufficient data, aside from anecdotal testimony from one hearing), and that they could recruit SBBH clinicians from the CBOs after their grants end (per the Comprehensive Plan). The 2025 Comprehensive Plan does not lay out the feasibility of shifting the current funding to bring on 113 DBH FTEs. The agency as of November is still working to bring on the 15 new clinicians and 4 prevention specialists that were added to the FY26 budget – they have yet to even post the jobs. This raises doubts that DBH will be able to hire more and more clinicians each year, especially given the fiscal year starts months after the school year and the restrictions and processes required to add additional agency FTEs.

Moreover, the 2025 Comprehensive Plan does not address the difference in hiring criteria between CBOs and DBH. Currently, DBH focuses a majority of their recruitment on licensed independent clinical social workers (LICSWs), who already are at the top of their licensure and, thus, require less supervision. CBOs, on the other hand, hire and train licensed graduate social workers (LGSWs) to create a pipeline of SBBH clinicians. The

lack of acknowledgement of the critical role CBOs play in the SBBH workforce pipeline is alarming. We urge the Committee to seek greater clarity from DBH regarding how it plans to hire a large number of LICSWs or whether it plans to shift their hiring model to preserve the workforce pipeline that CBOs have created over the last 10 years.

DBH also fails to identify the qualifications of a Prevention Specialist and how they will recruit for these positions. We appreciated the discussion during the November 5th Roundtable regarding qualifications – in particular the Committee’s pushback on a bachelor’s degree requirements.⁴³ Children’s Law Center has engaged in significant work around the non-clinical workforce concerns in the home visiting, doula, and community health worker spaces. We also work closely with Georgetown University Certificate in Infant & Early Childhood Mental Health Family Leadership – which is a course that trains its students to become community mental health workers.⁴⁴ We understand the critical role that non-clinical staff play in the delivery of health care services, particularly mental health support. Further, we agree that rigid educational requirements are not always conducive for these roles – skills and experience beyond formal education should be also recognized.⁴⁵

DBH must put forward a more comprehensive landscape of the SBBH workforce needed to implement its proposal, including a detailed plan for recruitment and retention of both clinical and non-clinical positions, training and supervision for LGWSs and prevention specialists, and the budget considerations for these efforts. The Council,

minimally, should require DBH to come up with sound estimates of what the cost would be for DBH and for CBOs to deliver the full-time, part-time, prevention specialist, cluster, and telehealth models being proposed exclusively for delivery by DBH.

The Comprehensive Plan Also Fails to Discuss the Crisis Response, Early Childhood, SBBH Coordinators, CBO Contributions, and DBH's Own Accountability in Implementation

Crisis Response

There are a few more glaring gaps in the 2025 Comprehensive Plan. First and foremost, there is no discussion of the utilization of crisis response for SBBH. The original plan put forth by the BWG and the Task Force discussed ensuring crisis response also be available to all schools.⁴⁶ The BWG specifically cited using Child and Adolescent Mobile Psychiatric Service (ChAMPS) to meet this need.⁴⁷ However, in the FY2026 budget, DBH cut the ChAMPS contract from \$1.37 million to \$690,000 while maintaining the Monday through Friday, 8am-8pm hours of operation.⁴⁸ This Committee heard from many stakeholders about their concerns on this decision. One specific area of concern was the utilization of ChAMPS at schools and the impact these cuts would have on school communities.⁴⁹ DBH has repeatedly held that the most frequent source of calls and deployments for ChAMPS are schools, and because DBH contends that schools can handle these crises on their own, ChAMPS' services are "duplicative." However, this Committee heard the exact opposite from those who were actually working in schools. Clinicians showed up to share how crisis can derail school-based clinicians and take them away from fulfilling their other duties. Additionally, crisis response is a specific

intervention – even the training licensed clinicians may have in crisis management has limits and they could use specialized help. This reality is supported by the already existing OSSE protocol for responding to school crises, which shows that schools should reach out to ChAMPS only after they have intervened to try to resolve the crisis themselves.⁵⁰

One particular sticky area is what DBH considers crisis response. DBH often discusses their crisis response efforts which primarily appear to focus on coming into school after a traumatic event has happened in that community. This is an extremely important function, and we appreciate DBH providing this support. We, however, must point out that this is significantly different than supporting an active mental health crisis which requires immediate intervention. It is our understanding that DBH is not currently equipped to provide that level of crisis intervention.

During the November 5th Roundtable, DBH stated they were building additional crisis services, like an in-house ChAMPS – which again leaves us with numerous questions. Where is DBH getting the funds to support this? Who will deliver the crisis response? What does DBH consider to be crisis response (immediate or after the fact response)? What does this mean for the future of ChAMPS? The 2025 Comprehensive Plan does not illustrate how DBH plans to cohesively bring both SBBH and ChAMPS functions in-house and minimize the negative impact on school communities who rely on both programs to support their students and staff.

Early Childhood Behavioral Health Supports

DBH's SBBH program existing self-prescribed mandate requires them to provide services for students' Pre-K 3 through grade 12. However, historically the SBBH program has focused on K-12 – leaving out a critical population and prime prevention opportunities. The original BWG report discusses DBH's Healthy Future's program – an early childhood mental health consultation (ECMHC) program that improves the ability for staff and families to navigate social, emotional, or other mental health problems of children. The BWG report discusses how Healthy Futures plays a role in SBBH.⁵¹ Last year, this Committee heard about the great success of Healthy Futures in childcare development centers and home providers.⁵² Early childhood mental health consultation can also be utilized in the Pre-K 3 and 4 setting.⁵³

However, currently DBH does not utilize local dollars to support that ECMHC in Pre-K 3 and 4 settings. In fact, DBH has decimated the Healthy Futures budget over the years. At one point, DBH had sufficient funding to expand Healthy Futures to the Pre-K 3 and 4 setting to provide consultation but chose to sweep those dollars instead.⁵⁴

We are disappointed to see no mention of Healthy Futures or ECMHC in the 2025 Comprehensive Plan. The utilization of a consultation model could be very appropriate for some schools, and we urge DBH to further discuss how it may leverage consultation to support adult well-being in schools. There are other models outside of ECMHC that use consultation to support behavioral health in the school setting – like MedStar Wise

and TeacherWise. Adult mental health and behavioral patterns directly influence a child's behavioral health. As such, it is crucial that DC's SBBH program not only addresses children and youth behavioral health, but also that of adults in schools.⁵⁵ DBH could work to identify where consultation could be more appropriate than a clinician or in addition to a clinician – depending on the need. Unfortunately, there is no mention of these options in the 2025 Comprehensive Plan.

SBBH Coordinators

The 2025 Comprehensive Plan also fails to discuss the role of the School-Based Behavioral Health Coordinator. This role is intended to ensure students, teachers, parents, and staff are aware of and connected to behavioral health services in their schools. 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 DBH plans to make major changes to the SBBH program, they must actively involve the school-based staff best positioned to coordinate implementation.

The SBBH Coordinator is tasked with 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, engage in school readiness assessments, and guide its behavioral health services,

resources, and programs. As of January 2025, 93 percent of schools have identified a SBBH Coordinator.⁵⁶

Given their role, SBBH Coordinators can more easily landscape the available behavioral health programming at their schools. The SBBH Coordinator may be able to support DBH's requirements under the Dashboard Act. However, for SBBH Coordinators to support data collection, the directory, and their other responsibilities, this role must be compensated and provided with the necessary guidance and technical support. Currently, SBBH Coordinator is an unpaid position; duties are layered on top of the designee'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.

Moreover, the Rate Study recommended that the SBBH Coordinator role should be a dedicated role in every school.⁵⁷ This is a significant investment but could be immensely worthwhile to support the expansion and efficacy of SBBH. We, therefore, were disappointed to see no discussion of the role of the SBBH Coordinator in the 2025 Comprehensive Plan.

The Role of the CBOs

The 2025 Comprehensive Plan fails to acknowledge the work of the CBOs over the past 10 years. As discussed extensively above, the plan fails to acknowledge all the reasons that CBOs were first brought in. This history is crucial to understanding the unique role of a CBO, the challenges for integration of the CBO, and the many successes of the CBOs to build relationships, provide services, and extend supports beyond the school setting. The Task Force report explicitly states “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.”

Unfortunately, the 2025 Comprehensive Plan conflates DBH SBBH and the CBO Expansion – seemingly concluding that the programs were on equal footing or meant to operate exactly the same. DBH’s Plan fails to account for the differences in budget, billing requirements, staff credentials, the strains of building relationships. CBOs deserve significantly more credit than is illustrated in the 2025 Comprehensive Plan.

The Committee heard this sentiment from several public witnesses during the November 5th Roundtable, and it is further exemplified in written testimonies submitted. CBOs can extend into their own vast tapestry of support and services beyond the school

setting to meet the needs of children and families.⁵⁸ CBOs have hired and retained their own interns. CBOs have worked internally to extend their own dollars to be able to provide these services – operating at a loss for years.⁵⁹

As witnesses testified, DBH shares erroneous information including the implementation of evidence-based practices and the reporting of CAFAS data. DBH also shares information from four focus groups representing eleven DBH-hired clinicians but only seven CBO clinicians representing five different CBOs. While there are only 49 DBH clinicians, there are 101 CBO clinicians. The focus groups comprised almost a quarter of all DBH clinicians but only seven percent of all CBO clinicians. The findings of these focus groups should not be taken as comprehensive, especially without discussion of the Child Trends data regarding school and family satisfaction with the CBOs.⁶⁰

The debate over the future of SBBH should not be a story of DBH verses CBOs but rather about finding the right fit for every school to ensure students and the school community are well supported. We do not support DBH's one-sided framing of this report and would ask for a more thorough analysis of CBOs and DBHs strengths and weakness in implementing SBBH in the District.

DBH Accountability

The 2025 Comprehensive Plan is highly critical of CBOs but offers no reflections on DBH's own shortcomings. As the implementing agency, DBH has significant control over key elements of the SBBH program. Over the years, DBH has set the requirements

by which CBOs qualify for SBBH through the RFA process. While DBH notes the limitations of their pilot efforts, the Plan provides no analysis of how process concerns undermined RFA responses and impacted which CBOs can join the program.

CBOs testified that they would have liked to expand to more schools but have faced numerous barriers including DBH's refusal to update data to include many of the services provided by CBOs like crisis management, mental health consultation, and walk-in supports. These services comprise much of the CBOs work, particularly in elementary schools where parent engagement in formal counseling can be difficult and slow. CBOs also noted that DBH provides outdated curricula that does not meet the needs of the school or the students. Further, the agency requires clinicians to be in schools during the summer, even when nobody else is in the building. None of these barriers to implementation and expansion are found in the 2025 Comprehensive Plan.

DBH fails to take accountability for their deliberate decisions in the implementation of this program. DBH also fails to account for decisions or actions that may be out of their hands but hinder successful implementation. For a plan to be truly comprehensive there must be reflection of the good and the bad from all angles.

From the beginning, the Task Force was guided by certain principles, including – “(1) The District can maximize its ability to support the emotional well-being of all City youth by leveraging the District's rich investments in school-based behavioral health care and the robust behavioral health services in the community, and delivering interventions

through an integrated and collaborative public health framework; (2) school need informs and is the basis for allocating resources among schools. Not all students and schools start from the same place or have the same needs; and (3) schools need to have the flexibility to individualize the array of resources and the roles and responsibilities of each partner within their school in accordance with the unique needs of its students.”⁶¹

DBH was always supposed to adopt flexibility. DBH was always supposed to respond to individual school needs. DBH was always supposed to be innovative in its approach. DBH failed to keep these guiding principles at the forefront of their implementation. What they have proposed today in the 2025 Comprehensive Plan fails to take any accountability for their own failures to move the program forward.

The Plan is Prescriptive, One-Sided, and Restricts the Necessary Flexibility for SBBH, Therefore, This Plan Must Be Viewed as the Starting Point, Not the End Point

While we appreciate DBH recognizing that the SBBH program cannot be a one-size-fits-all approach, we are left confused by the prescriptive approach outlined in the 2025 Comprehensive Plan. We believed the Environmental Scan, school readiness assessments, and the School Strengthening Tool and Work Plan could be used to help the District understand which schools have unmet needs and which schools have sufficient staffing through other sources of funding. But instead, DBH has decided that they alone must cover all 251 schools.

This is not a question of equality – a DBH employee or DBH grantee – but a question of equity – what schools are struggling the most to meet the needs and where

should DBH fill in. We need to have a comprehensive understanding of need, of total existing support, and all available funding. DBH is not the only entity moving SBBH forward – schools and DC Health school-based health centers are leveraging funding to ensure supports and services for their school communities. DBH continues to hold on to a regimented view that they are the sole provider of SBBH in the District rather than just one element in a broader system. There is an opportunity here to pull together resources to ensure an equitable distribution across all 251 schools – but DBH does not need to take this task on alone. DCPS, charter schools, OSSE, and DC Health can also be leveraged to ensure students’ needs are being met.

We understand DBH was under a time constraint and had to balance meeting a deadline while developing a comprehensive plan. But what we cannot understand is how the significant gaps and time pressure led the agency to create such a definitive plan to move the entire program in-house to DBH. We would have welcomed a plan that laid that out as an option, along with other options, and offered questions that needed to be answered with a clear plan for stakeholder engagement to find a true path forward. Unfortunately, that is not what we received. We are ultimately left feeling frustrated that DBH appears to have made a definitive decision rather than proposal open to feedback and flexibility. We want to get SBBH right but to do that we cannot go back 10 years.

The Plan before us today is necessary, but it should not be considered final. If the Committee allows this plan to move forward it would create deference to agency

decisions without the appropriate stakeholder buy-in. This work does not end with the release of the 2025 Comprehensive Plan. The work requires significantly more data, staffing budget projections, and stakeholder engagement. The decision to move the program in-house is an option, but it is not the only option. We, therefore, urge DBH to: (1) release the raw data from the Environmental Scan, all relevant Child Trend documents; and the School Strengthening Tool and Workplans (deidentified, if necessary), and any other relevant documents to inform the full landscape of SBBH in the District; (2) submit updates that addresses the gaps identified by witnesses at today's hearing; (3) articulate how they will leverage the Coordinating Council or host consistent stakeholder engagement to address gaps, improve information sharing, and move the Comprehensive Plan forward.

Specifically, DBH highlighted the revamp of the Coordinating Council as an opportunity to engage further on the Comprehensive Plan. We were heavily involved in the revamp of the Coordinating Council – however, there is still more work to be done to ensure the Coordinating Council is an effective body. A few outstanding questions are (1) when will the co-chair for Coordinating Council be brought onboard; (2) will DBH form Coordinating Council subcommittee, if yes, how will they be chosen and led; (3) how DBH will ensure the Comprehensive Plan is a standing item with Coordinating Council.

Given the lack of stakeholder feedback in the 2025 Comprehensive Plan, DBH must ensure there is a mechanism for engagement going forward. Importantly, such stakeholder engagement should be led by a non-governmental entity. As Dr. Price shared, there are concerns with DBH being the sole implementer of SBBH – funder, provide oversight, ensure compliance, and deliver services.⁶² We share this concern and therefore want to ensure there is independence in moving the next steps of the Comprehensive Plan forward particularly to help restore trust in the community.

We are at another turning point, much like we were 10 years ago. At the November 5th Roundtable, there was general consensus that we need to do something different. Unfortunately, choosing to move the program fully in-house is not different, but in fact takes us back 10 years. For us, it is not just about doing something different but instead about figuring out how to move forward.

SBBH is one of the most critical investments we have made as a city. We appreciate the extensive investment of both time and money that has got us where we are. We simply cannot turn back now. There is a path forward, but it must be built in true partnership upon a foundation of trust. May the 2025 Comprehensive Plan be a starting point and not the end point so we may see 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.

¹ We help over 4,000 children and families tackle seemingly insurmountable problems each year. When we bump up against the limits of insufficient laws and policies, we advocate for systemic changes to help all DC kids. See Children’s Law Center, Our Impact, available at: <https://childrenslawcenter.org/ourimpact/>.

² Strengthening Families Coalition, Vision, available at: <https://www.strengtheningfamiliesdc.org/mission-vision>.

³ Strengthening Families Coalition, Coalition Members, available at: <https://www.strengtheningfamiliesdc.org/coalition-members>.

⁴ Sharra E. Greer, Children’s Law Center Testimony before the DC Council Committee on Health and Human Services, (February 4, 2016), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/CLC-Testimony-Department-of-Behavioral-Health-2016-Oversight.pdf>; Judith Sandalow, Children’s Law Center Testimony before the DC Council Committee on Education, (February 17, 2016), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/CLC-Testimony-Office-of-the-State-Superintendent-of-Education-2016-Oversight.pdf>; Sharra E. Greer, Testimony before the DC Council Committee on Health and Human Services, (April 6, 2016), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/CLC-Testimony-Department-of-Behavioral-Health-FY17-Budget.pdf>; Sharra E. Greer, Testimony before the DC Council Committee on Health, (February 23, 2017), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/CLC-Testimony-Department-of-Behavioral-Health-2017-Oversight.pdf>; Judith Sandalow, Testimony before the DC Council Committee on Health & Committee on Education, (June 5, 2017), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/CLC-Testimony-DBH-Proposed-School-Based-Behavioral-Health-Comprehensive-Plan.pdf>; Sharra E. Greer, Children’s Law Center Testimony before the DC Council Committee on Health, (February 12, 2019), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/CLC-DBH-Testimony-Oversight-Final.pdf>; Tami Weerasingha-Cote, Children’s Law Center Testimony before the DC Council Committee on Health, (November 20, 2019), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/FINAL-Childrens-Law-Center-Testimony-for-Nov.-20-2019-DBH-Oversight-Hearing.pdf>; Tami Weerasingha-Cote, Children’s Law Center Testimony before the DC Council Committee on Health, (January 31, 2020), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/FINAL-Childrens-Law-Center-2020-Performance-Oversight-Testimony-for-DBH-TWC.pdf>; Judith Sandalow, Children’s Law Center Testimony before the DC Council Committee on Health, (June 10, 2020), available at: <https://childrenslawcenter.org/wp-content/uploads/2021/07/CLC-Testimony-for-Health-Comm.-Budget-Oversight-Hearing.pdf>; Tami Weerasingha-Cote, Children’s Law Center Testimony before the DC Council Committee on Health, (October 22, 2020), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/Childrens-Law-Center-Testimony-for-Oct.-22-2020-DBH-Oversight-Hearing_FINAL.pdf; Tami Weerasingha-Cote, Children’s Law Center Testimony before the DC Council Committee on Health, (February 12, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/TWeerasingha-Cote_CLCTestimony_DBHOversightHearing_FINAL.pdf; Tami Weerasingha-Cote, Children’s Law Center Testimony before the DC Council Committee on Health, (June 4, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/07/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-June-4-2021-DBH-Budget-Oversight-Hearing_FINAL.pdf; Strengthening Families Through Behavioral Health, 2021 Joint Letter: DC Leaders Must Invest Further to Ensure the Long-Term Stability of the School-Based Behavioral Health Program, (December 10, 2021),

available at: <https://childrenslawcenter.org/wp-content/uploads/2022/01/Strengthening-Families-Coalition-Letter-to-Mayor-December-10-2021.pdf>; Tami Weerasingha-Cote, Children’s Law Center Testimony before the DC Council Committee on Health, (January 24, 2022), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2022/06/T-Weerasingha-Cote-DBH-Performance-Oversight-Testimony-1.24.22-updated-5.24.22.pdf>; Tami Weerasingha-Cote, Children’s Law Center Testimony before the DC Council Committee on Health, (March 21, 2022), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2022/06/T-Weerasingha-Cote-DBH-Budget-Oversight-Testimony-3.21.22-updated-5.24.22.pdf>; Amber Rieke, Children’s Law Center Testimony before the DC 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>; Amber Rieke, Children’s Law Center Testimony before the DC 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>; Amber Rieke, Children’s Law Center Testimony before the DC Council Committee on Health, (January 29, 2024), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2024/01/Amber-Rieke-CLC-Performance-Oversight-Testimony-DBH-Jan-29-2024.pdf>; Amber Rieke, Children’s Law Center Testimony before the DC Council Committee on Health, (April 10, 2024), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2024/04/A-Rieke-Committee-on-Health-DBH-FY25-Budget-Testimony-FINAL.pdf>; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (February 3, 2025), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2025/02/L.-Castelaz-Childrens-Law-Center-FY24-Performance-Oversight-Hearing-for-DBH-2.3.25-final.pdf>; Chris Gamble, Children’s Law Center Testimony before the DC Council Committee on Health, (May 30, 2025), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2025/06/C.-Gamble-DBH-FY26-Budget-Childrens-Law-Center-Written-Testimony-5.30.25.pdf>.

⁵ Fiscal Year 2026 Budget Support Act of 2025. SUBTITLE R. SCHOOL-BASED BEHAVIORAL HEALTH STRENGTHENING.

⁶ Department of Behavioral Health Fiscal Year 2026 School Behavioral Health Program Comprehensive Plan, p. 6, (October 29, 2025), *available at*: <https://lms.dccouncil.gov/downloads/LIMS/60600/Introduction/RC26-0118-Introduction.pdf?Id=225926>.

⁷ Early Childhood and School-Based Behavioral Health Services, *available at*: <https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/publication/attachments/District%20Comprehensive%20Plan%20for%20Early%20Childhood%20and%20School-Based%20Mental%20Health%20Services.PDF>; 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.

⁸ Department of Behavioral Health, Request of Application – School – Behavioral Health Services Comprehensive Expansion, No. RM0 SBH080924, (August 9, 2024), *available at*: <https://dbh.dc.gov/publication/dbh%E2%80%99s-closed-list-request-application>.

⁹ Department of Behavioral Health Fiscal Year 2026 School Behavioral Health Program Comprehensive Plan, p. 16-17, (October 29, 2025), *available at*: <https://lms.dccouncil.gov/downloads/LIMS/60600/Introduction/RC26-0118-Introduction.pdf?Id=225926>.

¹⁰ Department of Behavioral Health Fiscal Year 2026 School Behavioral Health Program Comprehensive Plan, p. 6, (October 29, 2025), *available at*: <https://lms.dccouncil.gov/downloads/LIMS/60600/Introduction/RC26-0118-Introduction.pdf?Id=225926>.

¹¹ Membership list can be found on pages 4-5 of the Comprehensive Plan. See Department of Behavioral Health Deputy Mayor for Health and Human Services and Deputy Mayor for Education, *Early Childhood and School-Based Behavioral Health Services*, available at: <https://dmhhs.dc.gov/node/1239241>.

¹² Department of Behavioral Health Deputy Mayor for Health and Human Services and Deputy Mayor for Education, *Early Childhood and School-Based Behavioral Health Services*, available at: <https://dmhhs.dc.gov/node/1239241>.

¹³ *Id.*

¹⁴ Department of Behavioral Health Deputy Mayor for Health and Human Services and Deputy Mayor for Education, *Early Childhood and School-Based Behavioral Health Services*, available at: <https://dmhhs.dc.gov/node/1239241>.

¹⁵ School-Based Behavioral Health Comprehensive Plan Amendment Act of 2017 (Fiscal Year 2018 Budget Support Act of 2017).

¹⁶ Report of the Task Force on School Mental Health, (March 26, 2018), available at: https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page_content/attachments/Task%20Force%20on%20School%20Mental%20Health%20Report%20%28Final%20Submitted%29%203%2026%2018.pdf.

¹⁷ *Id.*

¹⁸ Department of Behavioral Health, Task Force on School Mental Health, PPT, (December 11, 2017), available at: https://dmhhs.dc.gov/sites/default/files/u23/PPT_Task%20Force%20on%20School%20Mental%20HealthMtg%20Date%2012%2011%202017.pdf.

¹⁹ Report of the Task Force on School Mental Health, (March 26, 2018), available at: https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page_content/attachments/Task%20Force%20on%20School%20Mental%20Health%20Report%20%28Final%20Submitted%29%203%2026%2018.pdf.

²⁰ Underfunded grants; rigid supervision set-aside; billing burdens and low reimbursement; clinician workload and burnout; vacancies and delayed hiring; and uncompensated SBBH Coordinators. See Report and Recommendations of the Committee on Health on the Fiscal Year 2026 Budget for Agencies Under Its Purview, Councilmember Christina Henderson, p. 47, (June 23, 2025), available at: https://static1.squarespace.com/static/5bbd09f3d74562c7f0e4bb10/t/6858519ed3c7487ab15a385e/1750618528038/Health_FY26+Budget+Recommendations+and+Report+%28Revised+Draft+1%29.pdf.

²¹ Fiscal Year 2026 Budget Support Act of 2025. SUBTITLE R. SCHOOL-BASED BEHAVIORAL HEALTH STRENGTHENING.

²² *Id.*

²³ Department of Behavioral Health, Fiscal Year 2026 School Behavioral Health Program Comprehensive Plan, (October 2025), available at: <https://lims.dccouncil.gov/downloads/LIMS/60600/Introduction/RC26-0118-Introduction.pdf?Id=225926>.

²⁴ Coordinating Council on School Behavioral Health, August 2025, on file with Children's Law Center.

²⁵ Department of Behavioral Health, Stakeholder Engagement Ahead of Comprehensive Plan, September 4, 2025, notes on file with Children's Law Center.

²⁶ Department of Behavioral Health Fiscal Year 2026 School Behavioral Health Program Comprehensive Plan, p. 11, (October 29, 2025), available at: <https://lims.dccouncil.gov/downloads/LIMS/60600/Introduction/RC26-0118-Introduction.pdf?Id=225926>.

²⁷ DBH performance oversight responses indicated that DBH clinicians billed a total of \$496,453, of which only \$292,311 had been paid. See Department of Behavioral Health Performance Oversight Responses, response to Q83(d), available at: <https://dccouncil.gov/wp-content/uploads/2025/02/FY-24-Oversight-Index-of-Questions-FINAL.pdf>. While DBH had budget authority for additional staff positions, DBH reported having 39 clinicians placed during the same period. Meaning DBH clinician average billing was

\$12,730 per school, with \$7,495 collected per school. Comparison of those billing averages to the billing revenue collected per school by CBO, as reported in the table in Appendix E of the comprehensive plan, does not appear to be materially better or worse, despite DBH clinicians being better experienced, higher licensed, in better established schools, and allegedly all carrying full caseloads. *See* Department of Behavioral Health Fiscal Year 2026 School Behavioral Health Program Comprehensive Plan, p. 41, (October 29, 2025), *available at*: <https://lims.dccouncil.gov/downloads/LIMS/60600/Introduction/RC26-0118-Introduction.pdf?Id=225926>. CBO low billing is not the performance failure that the comprehensive plan would have the Council believe, even though it has a serious material impact on the financial sustainability of school behavioral health services for CBOs, particularly when grants are substantially underfunded, as they have been every year except the one we currently are in. *See* Mark LeVota, Testimony before the DC Council Committee on Health, (November 5, 2025).

²⁸ Child Trends, Evaluating the Expansion of School-Based Behavioral Health Supports in DC Schools, (March 27, 2025), *available at*: <https://www.childtrends.org/project/evaluating-the-expansion-of-school-based-behavioral-health-supports-in-dc-schools>.

²⁹ *Id.*

³⁰ *Id.*

³¹ Office of the District of Columbia Auditor, (July 21, 2025), *available at*: <https://dcauditor.wpenginepowered.com/wp-content/uploads/2025/07/DCPS.Suicide.Prevention.7.21.25.pdf>; Department of Behavioral Health (DBH) School-Based Behavioral Health Program Implementation and Funding Analysis Report, (June 4, 2025), *available at*: <https://lims.dccouncil.gov/Legislation/RC26-0063>. While the DC Auditor Report does not explicitly recommend the SBBH Coordinator Role there are clear recommendations that a SBBH Coordinator could support. For example, the DC Auditor Report highlights that the District is unable to ask fundamental questions across LEAs such as “How many current students have attempted suicide? How many current students have documented instances of suicidal ideation? and Where do they go to school?” The SBBH Coordinator would be able to support the data collection of this question to ensure the District is able to track information in a uniform and consistent manner.

³² DC Auditor recommended: “As part of the District’s annual School Health Profile reporting requirement, collect, document and maintain an understanding of existing school-provided resources within all DCPS and PCS schools.” And also recommended The Rate Study identifies “Identifies the need for more consistent data collection “Schools vary across the city with respect to the grades they serve, school sector (i.e., DCPS vs. DCPCS), risk and protective factors that students, families, and staff experience, and their current staffing. These differences are likely to influence the needs and resources within a school.” *See* Office of the District of Columbia Auditor, (July 21, 2025), *available at*:

<https://dcauditor.wpenginepowered.com/wp-content/uploads/2025/07/DCPS.Suicide.Prevention.7.21.25.pdf>; Department of Behavioral Health (DBH) School-Based Behavioral Health Program Implementation and Funding Analysis Report, (June 4, 2025), *available at*: <https://lims.dccouncil.gov/Legislation/RC26-0063>.

³³ Department of Behavioral Health (DBH) School-Based Behavioral Health Program Implementation and Funding Analysis Report, (June 4, 2025), *available at*: <https://lims.dccouncil.gov/Legislation/RC26-0063>.

³⁴ Coordinating Council slides, November 2024, on file with Children’s Law Center.

³⁵ DC School Behavioral Health Community of Practice, MTSS Training, *available at*: <https://dccop.publichealth.gwu.edu/mtss-training>.

³⁶ Nicole Travers, Testimony before the DC Council Committee on Health, (November 5, 2025); Olga Acosta Price, Testimony before the DC Council Committee on Health, (November 5, 2025), Kristin Ewing,

Testimony before the DC Council Committee on Health, (November 5, 2025); Mark LeVota, Testimony before the DC Council Committee on Health, (November 5, 2025).

³⁷ School Strengthening Tool Checklist, *available at*:

https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/Checklist.School%20Strengthening%20Tool%20%28002%29_0.docx; School Strengthening Work Plan, *available at*:

https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/School%20Strengthening%20Work%20Plan%20%28002%29_0.docx. 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; The Center for Health and Health Care in

Schools, *Strengthening the DC School Behavioral Health System and Enhancing Equity*, (2022), *available at*:

<https://healthinschools.gwu.edu/sites/g/files/zaxdzs6156/files/2023-08/slc-report-2022-1.pdf>; DC

Community of Practice, *The Importance of the School Strengthening Work Plan*, *available at*:

<https://dccop.publichealth.gwu.edu/sites/g/files/zaxdzs6356/files/2023-10/sswp-september-2021-1.pdf>. DC

Community of Practice, *Working Together for Successful School Strengthening Work Plans*, (October 20,

2021), *available at*: <https://dccop.publichealth.gwu.edu/dc-cop-mtg-october-20-2021>; DC Community of

Practice, *School Behavioral Health Expansion*, *available at*: <https://dccop.publichealth.gwu.edu/school-behavioral-health-expansion>.

³⁸ Department of Behavioral Health Fiscal Year 2026 School Behavioral Health Program Comprehensive Plan, p. 37, (October 29, 2025), *available at*:

<https://lims.dccouncil.gov/downloads/LIMS/60600/Introduction/RC26-0118-Introduction.pdf?Id=225926>;

Roundtable on DBH's Comprehensive Plan for the School-Based Behavioral Health Program, (November

5, 2025), *available at*: <https://www.youtube.com/watch?v=ME4Gc0Mx5Og&t=4166s>.

³⁹ Roundtable on DBH's Comprehensive Plan for the School-Based Behavioral Health Program,

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- ⁵⁵ School-based behavioral health efforts must therefore prioritize adult well-being alongside child support, ensuring that educators and students receive comprehensive resources and capacity to sustain developmental care. According to the U.S. Department of Education “Educator wellness is a critical component of a healthy school climate and is linked to greater workplace satisfaction, lower absenteeism, and improved child well-being.” See U.S. Department of Education. (2021). *Supporting child and student social, emotional, behavioral, and mental health needs*. U.S. Department of Education. <https://www.ed.gov/sites/ed/files/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>.
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⁵⁸ Clinician sharing their experience supporting a student with wraparound services. Roundtable on DBH's Comprehensive Plan for the School-Based Behavioral Health Program, 2:12:30, (November 5, 2025), *available at*: <https://www.youtube.com/watch?v=ME4Gc0Mx5Og&t=4166s>.

⁵⁹ Report and Recommendations of the Committee on Health on the Fiscal Year 2026 Budget for Agencies Under Its Purview, Councilmember Christina Henderson, p. 46-47, (June 23, 2025), *available at*: https://static1.squarespace.com/static/5bbd09f3d74562c7f0e4bb10/t/6858519ed3c7487ab15a385e/1750618528038/Health_FY26+Budget+Recommendations+and+Report+%28Revised+Draft+1%29.pdf; Department of Behavioral Health Fiscal Year 2026 School Behavioral Health Program Comprehensive Plan, p. 18, (October 29, 2025), *available at*: <https://lims.dccouncil.gov/downloads/LIMS/60600/Introduction/RC26-0118-Introduction.pdf?Id=225926>.

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