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VIA EMAIL: [dbh.policy@dc.gov](mailto:dbh.policy@dc.gov)

October 17, 2025  
Mia Olsen  
Interim Deputy Director, Data, Quality and Compliance  
Department of Behavioral Health  
64 New York Ave NE  
Washington, DC 20002

**Re: Comments on Community Support Notice of Emergency and Proposed Rulemaking**

Dear Mia Olsen:

Thank you for the opportunity to comment on the Proposed Rulemaking for Community Support services authorization limits. I write to submit these comments on behalf of Children's Law Center (CLC), which fights so every DC child can grow up with a stable family, good health, and a quality education. Our clients include children who are in foster care, students with special education needs or health conditions, and caregivers who need legal support. Our team of guardians ad litem (GAL) represent over half the kids in DC's foster care system. Over a quarter of the children represented by our GAL team last year were diagnosed with behavioral health conditions.<sup>1</sup> The submitted comments challenge that limiting daily units of Community Support will result in increased utilization of clinical services, especially given the current capacity and availability of those services.

**Daily Cap on Community Support**

While the intent of this rulemaking is to address overutilization of Community Support and increase utilization of clinical services, the daily cap of six units (90 minutes) per day is too limiting. Clinical and non-clinical services can co-exist and meet different needs of consumers. Limiting one to increase the use of another is counterintuitive to a person-centered approach that addresses a person's needs in a holistic manner and recognizes that the person also has choice in what they will engage in. Putting a cap on a non-clinical service may not incentivize use of a clinical service without additional measures.

When it comes to overuse of particular services in a health system, there are measures like educating patients on available services, offering training to clinicians to improve triaging decisions, and encouraging collaborative decision-making about care between clinician and consumer that can be implemented to address the issue.<sup>2</sup> We recommend using these types of bottom-up initiatives that aim to ensure people get the right care without limiting their options.

**Community Support for Children and Youth**

The language of this rulemaking focuses on the adult population, referencing adult functional assessments and services, leaving out how children and youth will be affected by the limits placed on Community Support. The children’s behavioral health continuum of care already suffers from a lack of capacity across all evidence-based practices, like CBI and TF-CBT, so even when a youth’s needs indicate those forms of clinical care, they often have to wait to access them.<sup>3</sup> Introducing a cap on Community Support can put youth in a situation where they can’t even access that service to the extent necessary while they wait to receive the clinical service best fit for them. We agree that Community Support should not function as a stand-in for clinical services, but this rulemaking doesn’t improve access. Without expanding the capacity of clinical services for youth, this rulemaking only further limits the resources available to them in the District.

## **Conclusion**

Thank you for the opportunity to provide comments on this Proposed Rulemaking. The District’s behavioral health system needs harmony between clinical and non-clinical services instead of placing limits on services that provide help. If you have any questions or would like to discuss anything further, please feel free to reach out to me at [cgamble@childrenslawcenter.org](mailto:cgamble@childrenslawcenter.org).

Sincerely,

**Chris Gamble**

Behavioral Health Policy Analyst  
Children’s Law Center

[cgamble@childrenslawcenter.org](mailto:cgamble@childrenslawcenter.org)

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<sup>1</sup> Internal Children’s Law Center Data Collection, “GAL Deep Dive,” January 2024 through December 2024.

<sup>2</sup> Moriah E. Ellen, et al., *Addresssing overuse of health services in health systems: a critical interpretive synthesis*, Health Research Policy and Systems, (2018), available at: <https://link.springer.com/content/pdf/10.1186/s12961-018-0325-x.pdf>.

<sup>3</sup> Chris Gamble, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 3, 2025), available at: <https://childrenslawcenter.org/wp-content/uploads/2025/02/DBH-Performance-Oversight-2025-Childrens-Law-Center-Written-Testimony-2.3.25.pdf>.