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Testimony Before the District of Columbia Council
Committee on Health
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Introduction

Good morning, Chairperson Henderson, and members of the Committee on Health. My name is Leah Castelaz, and I am a Senior Policy Attorney at Children's Law Center. Children's Law Center believes every child should grow up with a strong foundation of family, health, and education and live in a world free from poverty, trauma, racism, and other forms of oppression. 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 citywide solutions that benefit hundreds of thousands more.

Thank you for the opportunity to testify today about the proposed Fiscal Year 2027 (FY27) budget for the Department of Behavioral Health (DBH). My testimony today will focus on the proposed budget for DBH's School Based Behavioral Health (SBBH) programming. My colleague, Chris Gamble, will speak to other core components of the behavioral health system including crisis response and opportunities for the DC Council to strengthen it through a 988 fee.[1] Together our testimonies illustrate the lack of investment and continued cuts made in DBH's proposed FY27 budget, which only limits children and families access to affordable, high-quality, and culturally responsive care.

Children's Law Center knows from our experiences how critical it can be for a student to be able to connect directly with behavioral health services at a school. For example, we had a client who was placed in Maryland and attending school in DC – they client was dealing with trauma and behavioral concerns. They were able to be seen during the school day which eased the stress for both the client and their foster parent. The support and services provided by the school-based clinician were invaluable to this client, who developed a relationship with this provider and was able to successfully engage in treatment services with improvement in behavior over time.

Turning to the proposed FY27 budget for SBBH – there are two key pieces to bring to the Committee's attention. First, the proposed FY27 budget for SBBH decreases funding by $6.1 million – from $24.6 million to $18.5 million.[2] The decrease to $18.5 million represents a $10 million decrease across just three fiscal years – in FY24 SBBH was funded at $28.2 million.[3] In fact every year, since FY24 the funding for SBBH has decreased, despite a growing demand for SBBH. Most recently, the DC Council Committee of the Whole heard directly from students calling for more behavioral health services in the schools.[4] DBH has also reported an increase in students experiencing suicidal ideation.[5]

Second, the FY27 proposed budget increases DBH's SBBH FTEs by 58.0 – from 69.5 to 127.5. This change makes it clear that DBH intends to move forward with its Comprehensive Plan – a plan that would shift the program fully in-house and disrupt

120 plus schools over the next two years – which is extremely alarming. DBH's Comprehensive Plan was released in October 2025 as a response to the FY2026 Budget Support Act of 2025 requirement for DBH to outline "the Department's strategy for strengthening and improving the program."[6] The Comprehensive Plan shocked SBBH stakeholders by proposing to move the full SBBH program in-house to the agency in two short school years, despite years of investment to expand the program to leverage community based organizations.

The Comprehensive Plan was met with significant criticism during the Roundtable, November 5, 2025, and then again during the DBH performance oversight hearing, February 3, 2026. The Comprehensive Plan lacks community input, has insufficient data and improper collection of information, ends existing relationships between students/teachers/staff and the school's behavioral health professional, disrupts a schools' ability to meet needs and to foster relationships within their wellness teams, and abandons the public health approach that leverages community resources to support wraparound services to students

For SBBH programming to be successful, students, parents, and school leaders and staff must have access to consistent, strong relationships. SBBH programming, much like many other school-based services, is rooted in relationships that are built over time. A SBBH clinician cannot provide effective services if they do not have the trust of the student, parent, teacher, or school leader.

Therefore, when we ask the Council to prevent DBH from moving forward with its drastic and harmful plan to bring the program fully in-house to DBH, we are not asking simply because we think this approach will fail to expand access to services in schools, we are asking because we fear how disruptive this move will be to students and school communities – leaving many students and schools without services for years to come. We can see that DBH is willing to sacrifice strong relationships across large numbers of schools to bring the program in-house – a decision that is not rooted in data or reality of wants and needs being voiced. DBH heard across the board that this plan is poorly thought out, is not inclusive of school, parent, student, or community voice, and should not move forward as is.[7]

We are saddened to see that DBH has decided to move forward without any consideration of what they have consistently heard since November. We would have welcomed the opportunity to partner with DBH to seek innovative solutions for continuing to expand, grow, and sustain SBBH, but we were never given that chance. Therefore, we are left with asking this Committee to intervene by restoring funding for SBBH to the FY26 levels ($25.4 million) and shifting FTEs back to the FY26 FTE levels (69.5).

The FY27 Proposed Budget for School Based Behavioral Health Includes Drastic Cuts and Begins to Move the Program In-house to DBH, Decisions the Council Should Reverse

School based behavioral health (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.[8]

While schools may use their own funding to support SBBH resources, such as those required by students' IEPs or 504 Plans, many schools rely on DBH funding to hire mental health professionals who are available to any student who needs support as well as student families and the broader school community including teachers and school leaders. This DBH funding is administered through the agency's SBBH program.

DBH has administered SBBH services for over two decades. In 2018, DBH expanded its delivery model to include a grant program through which DC funds Community-Based Organizations (CBOs) to provide behavioral health services in schools.[9] This model operates alongside DBH-hired clinicians who continue to provide services directly in some schools.[10] By leveraging organizations already embedded in their communities, the CBO model enables clinicians to provide wraparound services that address the broader social and environmental factors that affect student well-being.

Together, DBH hired clinicians and CBOs ensure students in all public and public charter schools have access to the full range of behavioral health services through Multi-Tiered System of Supports model (MTSS).[11]

However, as this Committee knows well, implementation has been difficult.[12] Barriers to implementation have included: the funding model for CBO grants; financial stability due to inconsistent funding level; creating a workforce pipeline including the recruitment and retention of SBBH professionals; and building relationships and trust amongst DBH, CBOs, and schools. The original goal of a clinician in every District of Columbia Public School and Public Charter School (DCPS, DCPCS) felt far out of reach. SBBH needed a refresh to try to rejuvenate the program and continue to connect schools with DBH funded SBBH resources.

We, therefore, are extremely thankful to this Committee for the introduction of Subtitle R. School-Based Behavioral Health Strengthening in last year's Budget Support Act (Subtitle R).[13] Subtitle R, (1) increased the CBO grant amounts from $80K to $120K to cover the true cost of implementing SBBH; (2) reduced restrictions to grant requirements to allow CBOs more flexibility to in how grants were spent; and (3) required DBH to submit a comprehensive plan by October 15, 2025. The outcome of Subtitle R resulted in the highest percentage of schools with a hired, in-school provider since the beginning of the program – with CBOs largely citing the change in the grant amounts and flexibility as part of their success in recruiting and retaining clinicians.

And while Subtitle R's requirement for a Comprehensive Plan gave DBH a chance to rethink SBBH and build on this momentum – what actually resulted was a plan that maximized disruption and minimized care to students by eliminating existing relationships to move the program fully in-house.

The Increased CBO Grant Amounts Have Had a Significant Impact in Less Than a Year on SBBH Implementation

Subtitle R's first two requirements that the grants provided to CBOs and Pilot 1B schools be increased and more flexible are informed by data and stakeholder engagement.[14] Extensive work was done to identify that the grants provided to CBOs were insufficient to allow these organizations to sustain operations in the SBBH expansion and were not in line with the funding models provided for DBH clinicians. Research that was backed up by DBH's SBBH Implementation and Funding Analysis report.[15] A report that was finished in 2022 but not released until June 4, 2025. DBH sat on critical information that would have supported improved implementation of SBBH for 3 years.

We know this because the increased grant amounts for CBOs have been working. To date, SBBH has 154 frontline SBBH clinicians providing services at 180 schools. 110 of those clinicians are employed by CBOs at 121 schools. In School Year 2026-2027, we have seen the highest number of schools with a placed clinician and the lowest number of clinician vacancies since the beginning of the SBBH expansion.[16] These are exciting improvements that should be maintained to continue to forward momentum of SBBH.

The Comprehensive Plan Fails District Schools and Their Students in Ensuring Access to Critical SBBH Supports

Subtitle R's requirement that DBH submit a Comprehensive Plan on SBBH implementation has had the opposite of a positive impact on SBBH. The Comprehensive Plan was released by DBH in October 2025 and proposes moving the entire SBBH program in house to DBH and phasing out partnership with CBOs. DBH would deploy four models with DBH-hired clinicians: (a) Model 1: One full-time clinician for a single school; (b) Model 2: One clinician to cover two schools; (c) Model 3: 'Cluster' model that assigns a team including a clinician and some number of prevention specialists, who are unlicensed; and (d) Model 4: Clinicians cover multiple schools to deliver Tier 3 clinical services through telehealth (This model does not deliver Multi-Tiered Systems of Support). These last two models are based on previous "innovations" from DBH that were met with significant criticism when DBH released them.

Similarly, the Comprehensive Plan was also met with significant criticism at the November 5th Roundtable and again during the February Performance Oversight hearing for DBH.[17] Ultimately, what was submitted was not a comprehensive plan — it was an agency quickly folding on years of investment, time, and energy to take the easy path forward. A path that they knew would disrupt schools, constrain an already fragile workforce, and leave students without services simply because they didn't know what else to do.

A true comprehensive plan would have recognized the current landscape of behavioral health, looked at the changes that have already been made, where it is working, and where it continues to need to be strengthened. A plan would have shown strong engagement across school leaders, CBOs, and other stakeholders — discussing what could be done to maintain existing strong relationships and shift those that were not working. It would have looked at the 74 schools[18] without a DBH funded resource and asked why those schools are without a resource – what is unique about those schools and what solutions could be identified to ensure they are matched with an appropriate resource. A comprehensive plan would have researched what other jurisdictions were doing for SBBH programming and used data informed decision-making pulling in data across platforms.

And while we are thoroughly disappointed with the plan that the agency put forward, we even more are deeply concerned by the agency's decision to go full steam ahead with the plan despite almost unanimous calls not to.

In a Time of Increasing Need, Funding and Services for SBBH Must Not Be Cut

Decreasing funding with increasing need (since prior to COVID) simply does not make sense. The $6.1 million dollar decrease proposed in FY27 is almost $3 million more than what DBH proposed in their post-hearing responses during performance oversight in February 2026.[19] In those documents DBH proposed a $3.4 million reduction to SBBH. A reduction due to "savings" from eliminating the Pilot 1B program

despite the fact that the Pilot 1B funding was already shifted into CBO grants for FY26 and therefore were actively being utilized.[20] The budget line for FY26 for Pilot 1B was only $360,000. In the same documents, DBH also indicates that the FY26 funding was $25.4 million while the FY2027 budget books indicate that FY26 funding was $24.6 million.[21]

As the public, we are left with deep confusion about the funding levels for SBBH in the District. We, therefore, ask this Committee to clarify the funding levels for SBBH. We also ask the Committee to restore the funding levels minimally to the FY26 $25.4 million funding level as reported in performance oversight responses by DBH. We recognize this is an extremely tight budget season, but cuts from SBBH programming are inappropriate during a time when students, parents, and schools are asking for increased support.

If the Committee is unable to restore the funding levels to $25.4 million – we will see an even greater decrease in services as DBH moves forward the Comprehensive Plan. Using the DC Behavioral Health Associations published memos on reconsideration of the SBBH models and financing and the scalability and resource allocation[22] – published December 2025 and February 2026, respectively – we are able to analyze the stark reality that any decreased funding would have on ensuring schools are able to access the proposed models.[23] Particularly, decreasing funding would mean that the District would have to heavily rely on Model 3, the cluster model, and Model 4,

telehealth – two untested models. Moreover, we would have to significantly cut down the workforce that we worked diligently to build up and retain – decreased funding will likely require DBH to reduce their long-standing, well-established, independently licensed clinicians as those clinicians are significantly more costly – a cost the District will not be able to absorb without restored funding.

Increasing DBH FTEs Means Decreasing Total Number of SBBH Clinicians – Hindering an Already Fragile Workforce

Next, we are asking the Committee to eliminate the additional 58 FTEs that have been added to DBH and move that money back to the non-personnel budget. This is the clear indication that DBH is moving forward with the Comprehensive Plan that will only maximize disruption and minimize care. First, we ask this Committee to clarify the number of FTEs – DBH has repeatedly reported hiring 59 FTEs for FY27, but the budget states only 58. Therefore, throughout the testimony I will refer to 59 FTEs – however noting it may be less based on the proposed FY27 budget.

Turning back to DBH's proposal – the agency plans to hire 59 FTEs, while eliminating 90 CBO positions.[24] Currently CBOs and Pilot 1B serve 121 schools – based on estimates done by Strengthening Families Coalition the elimination of the 90 CBO clinicians will disrupt approximately 88 of the 121 schools in School Year 2026-2027.[25] Majority of the schools served by CBOs and Pilot 1B are in Ward 4, 7, and 8 with schools in Ward 5 right behind.[26] While DBH serves 64 schools with a majority of the schools being in Ward 5 and Ward 7 and 8 trailing behind.[27] As DBH moves forward

with the Comprehensive Plan, the agency will disrupt a significant number of schools in Wards 4, 7, and 8 – often schools that are already experiencing gaps in services and funding.[28]

Majority of the schools served by CBOs and Pilot 1B in Wards 4, 7, and 8 have one full-time clinician – 107 schools, in fact. However, under DBH's plan, as illustrated below, those schools, over the next two years, will likely lose that full-time support and receive some type of part-time support through the cluster model, telehealth, or two-to-one school to clinician ratio. Therefore, not only will the agency disrupt those schools, but they will also fail to restaff those schools with just one clinician.

This reality is due not only to the fact that DBH is only replacing 90 CBO clinicians with 59 DBH clinicians but also that the proposed FY27 budget is under the proposed FTEs needed to execute the Comprehensive Plan as shared by DBH. In the Comprehensive Plan, DBH shared that 59 FTEs would be hired on top of the 24 additional FTEs they were supposed to hire in FY26. However, according to the FY27 budget DBH increased FTEs from FY2025 to FY2026 by 11.7 and in FY2027 by 58. To begin the Comprehensive Plan in School Year 2026-2027, DBH is supposed to have an additional 83 FTEs (59 FTEs (FY27) and 24 FTEs (FY26)). However, the FY27 budget falls short with only an additional 69.7 FTEs to support the Comprehensive Plan in School Year 2026-2027. The reduction of 90 CBO clinicians only being replaced by 59 DBH clinicians was already alarming since it was only a little over half the same

number of clinicians providing services. But it's even more alarming knowing that they have less clinicians from FY26 then they were supposed to in order to move the plan forward. 83 verses 69.7 FTEs is a significant difference. We, therefore, ask the Committee to explore how DBH will continue to move this plan forward with less FTEs than originally planned.

Regardless, if it is 83 or 69.7 FTEs, the reality is there are schools that will go from full-time to part-time support. DBH at the time of this writing has still not released which CBOs and thus which schools will lose a CBO clinician. DBH reports they have hired an evaluator for the CBOs, but the agency has shared no further information or timeline. DBH has also not released which schools will fit into the four proposed models in the Comprehensive Plan. Therefore, both CBOs and schools have spent School Year 2025-2026 in a state of uncertainty.

Moreover, we remain very skeptical that DBH will hire quickly enough to ensure no to minimal gaps in SBBH supports in School Year 2026-2027. Based on reporting from CBOs, while CBO grants don't expire until Sept 30th, if the clinicians know their role is being cut, we can expect that many clinicians will leave at the end of School Year 2025-2026 for a more permanent role. And while DBH expects to hire from this pool of newly unemployed clinicians, this is not guaranteed especially given the timeline described below – ultimately, DBH would need to hope CBO clinicians would be willing to be unemployed for a time being. DBH per their own reporting cannot start

hiring for their new positions until October 1, 2026. However, using the current timeline for hiring in Fiscal Year 2026, it is clear that many schools will be without SBBH supports for majority of School Year 2026-2027.

In Fiscal Year 2026, DBH has had funding to bring on 24 FTEs – 15 licensed clinicians, 6 prevention specialists, and 3 program managers. DBH could start hiring for those on October 1, 2025, however, as of February 2026, DBH has hired only 2 clinicians and 1 supervisor. DBH at that time also had two current vacancies at matched schools. Therefore, as of February 2026, DBH has netted no real progress on hiring the 24 FTEs it reported it could hire this year.

Given recruitment and hiring timelines, it will likely take months to onboard 59 new clinicians and connect them to schools. As a result, many schools will spend much, if not all, of the next school year without DBH-funded behavioral health services. DBH does not account for the fragility of the SBBH provider workforce. The District spent years developing the current cohort of 154 frontline providers. To destabilize an already fragile workforce could set the program back years.

Moreover, the plan does not account for the loss of relationships – providing high-quality, consistent, affordable, and culturally responsive care is not an easy task. The 59 new FTEs (or any new hires) will need to build relationships not only with students but teachers, school staff and leadership, parents, and other community members. These relationships are already well established in many schools and losing

them will be majorly disruptive. Even if DBH brought in FTEs close to the beginning of the school year, it will still likely take the rest of the school year, or longer, to build the necessary trust and relationships for SBBH to be successful. Many CBOs have been partnered with the same schools since School Year 2021-2022.[29] Maintaining organizational-level relationships can support consistency, which can be extremely helpful for school leaders and staff to know who to turn to for SBBH support.

Ultimately, DBH is choosing to disrupt 180 schools to cover the 74 schools that do not have a DBH funded resource. In hearing how DBH is describing their plan – it would appear they will prioritize matching new FTEs with those 74 schools – so we are left wondering what about the approximately 88 schools that will lose their CBO clinician. Does DBH expect that the 59 new FTEs will cover the 162 schools (minimally 88 disrupted schools plus 74 schools without a funded resource in School Year 2026-2027)? How do the 88 schools – many of whom have a single clinician, and will definitely have to go to part-time or a cluster model clinician, feel about this decision? Have they been told? Has DBH even analyzed 74 schools without a funded resource? Will these 74 schools want a part-time, telehealth, or cluster model?

The 74 schools majority are cohort 4/Extended Expansion; in Ward 5 and 7; and DCPCS. As for the grade-levels – these are more difficult to summarize but notably majority of the schools were on two ends of the spectrum – either very young students

(PK and above) or adult learners. These often have special considerations that do not appear to be considered.

Instead of disrupting the at least 88 schools with CBO clinicians – adding to the mess – we instead propose that DBH work with those schools and the community to meaningfully assess these 74 schools and understand what is needed to provide them with a resource without causing major disruptions across the District. Moreover, DBH needs to work with schools and the community to ensure the 180 schools with a DBH funded resource have the right match with a CBO or DBH provider. DBH should be leveraging data, surveys, and other tools to make informed decisions that are ultimately driven by school need. Schools are completely missing from this narrative – many parents, teachers, and even school leaders are just now learning about this plan. Moreover, the Comprehensive Plan has not been discussed within the Coordinating Council – a body meant to guide the implementation of SBBH. Coordinating Council is comprised of individuals that could lend very critical school perspectives.

This highlights the poor communication and the lack of engagement by the agency. We, therefore, would ask that a third party be brought in to properly assess, evaluate, and truly plan for SBBH implementation. DBH cannot act as regulator, funder, and evaluator of SBBH when they are also the implementor of services. Continuing to make this a DBH versus CBO competition only hinders SBBH's success over the years and limits the further growth of the program. CBOs were brought in to build capacity,

expand the workforce, and increase community engagement – many of them have. DBH also continues to serve many schools with success. Both CBOs and DBH have played an integral role in getting SBBH to this point – when at times we could not even imagine having 154 frontline clinicians.

We should be working collaboratively to ensure schools are supported with a robust SBBH program. Last year, this Committee contemplated moving SBBH to the Department of Health. This year, we ask that the Committee contemplate a small set of funding for a contracted neutral entity to support SBBH programming including running the monthly CBO and DBH provider meetings, co-chairing coordinating Council, collecting data, and evaluating performance across both CBOs and DBH to remove any perceived bias.[30] By bringing in a neutral third party, there will be better support for relationships between the agency and the CBOs and create a clearer picture of implementation of DBH funded SBBH (and potentially other SBBH resources).

Conclusion

SBBH is a complex, necessary program in the District. Getting it right cannot be done by a single agency – it must be done collectively across the District with school leaders, parents, students, teachers, and community members. We, first and foremost, must celebrate the successes of the District's school-based behavioral health programming. Many of those successes are due to the advocacy of parents, practitioners, school leaders, educators, and youth across the District who have

tirelessly fought for access to SBBH for student(s). In 50CAN's State of Educational Opportunity in America report (February 2026), DC ranked #1 in parent satisfaction with mental health support.[31] The DC parents, who were surveyed, 62% of them were very satisfied with how their schools support their child's mental health needs. This is an 18% increase from 2024 and is 21% higher than the national average. Given our standing as a national leader in the school-based behavioral health space, it is important that we continue to protect the services that are already available to students as we work to equitably allocate our resources to expand supports where they are needed most.

As for the challenges of this moment, those call for true thoughtful innovation that: continues to engage partners; recognizes the unique needs of each school; provides necessary flexibility; and leverages existing resources. We welcome the opportunity to work with District leaders to ensure that SBBH is a successful piece of DC's integrated behavioral health care system. We hope that 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.

Thank you for the opportunity to testify today, and I welcome any questions you may have.

[1] Chris Gamble, Children's Law Center Testimony before the DC Council Committee on Health, (April 20, 2026), *available at*: https://childrenslawcenter.org/audience/policy-testimony/.

[2] Proposed FY 2027 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part 3, Department of Behavioral Health, p. E-25.

[3] *Id. See also* FY 2026 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part 3, Department of Behavioral Health, p. E-23.

[4] *See* DC teens push back on stereotypes, call for real solutions at youth town hall, WUSA9, (April 15, 2026), *available at*: https://www.youtube.com/watch?v=U-SRFkfkkgI; Tom Roussey, DC students have their say about problems in local schools, ABC NEWS, (March 19, 2026), *available at*: https://wjla.com/news/local/dc-education-council-school-issues-problems-roundtable-phil-mendelson-oversight-mental-health-counselors-therapists-ai-use-safety.

[5] Coordinating Council Slides, January 2026, on file with Children's Law Center.

[6] FY2026 Budget Support Act of 2025. Subtitle R. SCHOOL-BASED BEHAVIORAL HEALTH STRENGHING.

[7] See the hearing records for both November 5th Roundtable and Performance Oversight. *See* Department of Behavioral Health's Comprehensive Plan for the School-Based Behavioral Health Program, (November 5, 2025), *available* at: https://lims.dccouncil.gov/Hearings/hearings/1978; Performance Oversight of the Department of Behavioral Health (public witnesses only), (February 2, 2026), *available* at: https://lims.dccouncil.gov/Hearings/hearings/2126. *See also* Strengthening Families Coalition, Proposed Comprehensive Plan, testimonies from members, *available at*: https://www.strengtheningfamiliesdc.org/budget-advocacy.

[8] Haley McCrary and Caitlin Carney, *Strategies to Expand School-Based Mental Health Services and Support Student Well-being*, Mathematica, (October 31, 2024), *available at*: https://www.mathematica.org/blogs/strategies-to-expand-school-based-mental-health-services-andsupport-student-well-being; School-Based Behavioral Health Collaborative, How School-Based Services Help Students and the Community, *available at*: https://schoolbasedbehavioralhealth.org/benefits-of-sbbh/;

[9] School-Based Behavioral Health Comprehensive Plan Amendment Act of 2017 (Fiscal Year 2018 Budget Support Act of 2017); 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; Department of Behavioral Health, School-Based Behavioral Health, *available at*: https://dbh.dc.gov/service/school-behavioral-health-program.

[10] Department of Behavioral Health, School-Based Behavioral Health, *available at*: https://dbh.dc.gov/service/school-behavioral-health-program.

[11] Multi-Titer System of Supports model (MTSS). 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). 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 selfcare.

[12] Leah Castelaz, Children's Law Center Testimony before the DC Council Committee on Health, (February 3, 2025), *available at*: 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.

[13] FY2026 Budget Support Act of 2025. Subtitle R. SCHOOL-BASED BEHAVIORAL HEALTH STRENGHING.

[14] 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.

[15] For example. "Public Consulting Group (PCG), in their rate analysis, determined the annual cost per clinician hired by a Community Based Organizations (CBO) is $115,744.61 per year. This cost accounts for the clinician salary, fringe, and cost for supervision as well as non-personnel costs." *See* 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.

[16] Tracking of DBHs "monthly CBO and DBH Clinicians Master List" is on file with Children's Law Center. *See* April 2026 list, *available at*: https://dbh.dc.gov/node/1500291.

[17] Department of Behavioral Health's Comprehensive Plan for the School-Based Behavioral Health Program, (November 5, 2025), *available* at: https://lims.dccouncil.gov/Hearings/hearings/1978

[18] Established through tracking of DBHs "monthly CBO and DBH Clinicians Master List" which is on file with Children's Law Center. *See* April 2026 list, *available at*: https://dbh.dc.gov/node/1500291.

[19] FY2025 Department of Behavioral Health Performance Oversight Follow-up Responses, response to Q34, *available at*: https://lims.dccouncil.gov/Hearings/hearings/2126.

[20] *Id.*

[21] Proposed FY 2027 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part 3, Department of Behavioral Health, p. E-25. *See also* FY2025 Department of Behavioral Health Performance Oversight Follow-up Responses, response to Q34, *available at*: https://lims.dccouncil.gov/Hearings/hearings/2126.

[22] DC Behavioral Health Association, Reconsideration of School Behavioral Health Models and Financing, (December 19, 2025), *available at*: https://static1.squarespace.com/static/61fc198478b173509177a060/t/69bb1109edd59a3aeabfc8c8/1773867273648/DCBHA+Reconsideration+of+School+Behavioral+Health+Models+and+Financing+12.19.2025.pdfDC Behavioral Health Association, Reconsideration of School Behavioral Health Model Scalability and Resource Allocation, (February 27, 2026), *available at*: https://static1.squarespace.com/static/61fc198478b173509177a060/t/69bb10e24d7df01682052ae0/1773867235149/DCBHA+Reconsideration+of+School+Behavioral+Health+Model+Scalability+and+Resource+Allocation+2.27.2026.pdf.

[23] Tracking of DBHs "monthly CBO and DBH Clinicians Master List" which is on file with Children's Law Center. *See* April 2026 list, *available at*: https://dbh.dc.gov/node/1500291.

[24] DBH shared slides during November 2025 of their transition plans. These are on file with Children's Law Center.

[25] This is based on Strengthening Families Coalition calculations based on how many schools currently have a CBO clinician and how many clinicians DBH proposes to cut. DBH, however, has not indicated how many of the 180 schools currently with a DBH funded provider will be disrupted.

[26] Tracking of DBHs "monthly CBO and DBH Clinicians Master List" which is on file with Children's Law Center. *See* April 2026 list, *available at*: https://dbh.dc.gov/node/1500291.

[27] *Id.*

[28] Sam Plo Kwia Collins Jr., *Ward 8 Education Leaders and Community-Based Organizations Counter Proposed Changes to School-Based Mental Health Programming,* The Washington Informer, (January 7, 2026), *available at*: https://www.washingtoninformer.com/ward-8-education-council-demands-investment/; Lauren Lumpkin, D.C. pulls back on vow to put mental health clinician in every public school, The Washington

Post, (November 16, 2025), *available at*: https://www.washingtonpost.com/education/2025/11/16/dc-school-counseling-behavioral-health/; A 2021 Report from DC Policy Center found "Wards 4, 7, and 8 have the highest shares of residents who identify as people of color and also lack equitable access to healthcare resources." *See* Tanaz Meghjani and Chelsea Coffin, *Challenges outside of school for D.C.'s students and families during the pandemic*, DC Policy Center, (March 9, 2021), *available at*: https://www.dcpolicycenter.org/publications/families-during-pandemic/.

[29] Data collection by Strengthening Families found that at least 78 schools have been partnered with the same organization (CBO or DBH) with only a full-time clinician since School Year 2021-2022 and 19 schools have been partnered with the same organization (CBO or DBH) with only a full-time clinician since School Year 2022-2023.

[30] This is further support by DCBHA's Accountability Memo. *See* DC Behavioral Health Association, Reconsideration of School Behavioral Health Organization and Clinician Accountability, (February 27, 2026), *available at*: https://static1.squarespace.com/static/61fc198478b173509177a060/t/69bb10f9b8904c4e9f2b8513/1773867257171/DCBHA+Reconsideration+of+School+Behavioral+Health+Organization+and+Clinician+Accountability+2.27.2026.pdf

[31] 50CAN, The State of Educational Opportunity in America, (February 2026), *available at*: https://50can.org/education-opportunity-survey/#:~:text=A%2050%2DState%20Survey%20of,using%20a%20non%2DSafari%20browser.