

June 22, 2020

Council of the District of Columbia
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Re: Make School Based Mental Health and Community Behavioral Health a Priority

Dear Councilmembers:

The undersigned organizations and individuals urge you to fully fund the \$4 million expansion of the Department of Behavioral Health's school based mental health program and to restore the \$9.4 million in funding cut from community behavioral health services. Our children and families are feeling the full weight of the pandemic, the economic crisis, and the pain underlying the recent protests and calls for racial justice. As a result, **our children and families are experiencing high levels of emotional stress and trauma – making access to mental health services more critical than ever.**

Black and Latinx students are bearing particularly heavy burdens right now. Their communities have been the hardest hit by both the pandemic and its economic fallout. Their communities are the ones targeted by the police violence protested by thousands in our city. Sufficiently funding mental health supports so that these students and their families can cope with their disproportionately heavy burdens is vital to achieving racial justice.

The Council Should Preserve and Expand School Based Mental Health Services

The goal of the Department of Behavioral Health's (DBH's) school based mental health expansion program is to increase access to mental health services in all DC public schools (both traditional and charter).¹ The original plan was to bring this expansion to all 200+ public schools within four years – i.e., by FY2022.

Unfortunately, the Mayor's proposed budget does not include funding to expand this program during FY2021. Although the Mayor made a point of highlighting \$1.5 million in "new" federal funds for expanding school based mental health, this money simply supplanted local dollar spending – leaving the program's funding flat from FY2020 to FY2021.

To make matters worse, DBH has indicated that the administration intends to go ahead and expand services to more schools despite the lack of additional funding. With funding for the program remaining flat, the only way to continue expansion is to cut funding from other aspects of the program as it exists² or to take other DBH resources away from schools with the highest needs for those services.³

It is essential that the effectiveness of the school based mental health program is not compromised or undermined because of inadequate funding. The amount of money needed to fully fund the planned expansion to 60 schools next year is approximately \$4 million total – which equals roughly \$70,000 per school. We urge the Council to fully fund the planned expansion of the program and bring much needed mental health services to 60 additional school communities. This will keep the program on track to reach all DC public schools by FY2022.

Given the unprecedented struggles our students are facing, we must do everything we can to give them the mental health supports they need. **We urge the Council to take up this call to action and ensure that the school-based mental health program expansion is fully funded for FY2021.**

The Council Must Reverse Behavioral Health Spending Cuts that Would Devastate Community Providers and Further Restrict Access to Mental Health Services

The Mayor’s proposed FY2021 budget for DBH includes two highly impactful cuts to spending on behavioral health services. The budget for Behavioral Health Rehabilitation (line 6970), which funds behavioral health services for residents that are not otherwise eligible for Medicaid and services only covered by local funds, is decreased by \$4.4 million. The budget for Behavioral Health Rehabilitation – Local Match (line 6980), which comprises DC’s local dollar contributions for behavioral health services covered by Medicaid, is decreased by \$5 million. The effect of this \$5 million cut is multiplied because of the federal reimbursement dollars DC loses out on.⁴ **In total, the effect of reducing these two budget line items is an astounding \$21 million dollar reduction in spending on behavioral health services for DC residents.**

These cuts will devastate community providers of behavioral health services and make it harder for DC residents who need these services to access them. Community behavioral health providers already operate on razor thin margins and have taken a hard financial hit from the pandemic. A further drop in revenues will likely result in layoffs or worse, entire provider organizations shutting down completely.

Children and families throughout the District need our community providers to stay in business. The behavioral health system for children and families was already woefully inadequate. Lack of access to services means people will continue to suffer from unaddressed mental health problems that undermine their ability to succeed in other aspects of their lives – like maintaining stable families, succeeding at school, or securing a job and safe place to live.

Shuttering community providers also threatens the stability of the school based mental health program – these are the same providers that partner with schools to place clinicians in the schools. Without these community providers, the school based mental health program doesn't work. **We therefore urge the Council to restore the two budget lines for community provider behavioral health services.**

The Council Should Take Advantage of Revenue Opportunities to Fund Mental Health Supports

As the District plans to recover from this recession, we recognize that the Council needs solutions and not just demands for more funding. Towards this end, we support proposals that include repealing tax cuts that have benefited our highest earners and look to other opportunities to raise revenue.⁵ We urge the Council to particularly consider the following revenue opportunities as a means to provide children and families with the mental health supports they need:

- **Redirect proposed \$2.5 million increase for new School Resource Officers (SROs).**⁶ The Mayor's proposed budget includes \$2.5 million to hire 17 new School Resource Officers for the police department's School Safety Division. Rather than increasing police presence in schools, we ask the Council to use this money to provide 30 additional counselors for schools instead.⁷
- **Eliminate tens of millions annually in ineffective tax expenditures.** The Qualified High Technology Company (QHTC) tax expenditure program and the Qualified Supermarket tax expenditure program cost the District tens of millions of dollars every year but have not yielded any demonstrable economic benefits to the city. These funds would be better spent on providing access to mental health services for DC children and families.
- **Repurpose "Special Purpose" Funds.** Many special purpose funds (funds established by statute to fund a particular government program using fees and assessments imposed on licensees and users of government services) spend less than the revenues they raise in any given year and carry large and increasing fund balances. In 2017, for example, the total revenue collected by all DC special purpose funds exceeded their total expenditures by \$52

million. These funds should be redirected towards providing access to mental health services for DC children and families.

We understand that the financial constraints the District is under due to the pandemic require “shared sacrifice.” The mental health of our children and families, however, cannot be part of what is sacrificed by our budget decisions. **Providing access to mental health supports is an essential part of your response to the multiple crises our city is facing and must be prioritized in the budget accordingly.**

Please provide the full \$4 million in funding needed to support the planned expansion of DBH’s school-based mental health program and restore the \$9.4 million in funding cut from community behavioral health services. These services will give our children and families the tools they need to overcome the challenges they are facing and to succeed in school and in life.

Respectfully submitted,

Organizations

ACLU of the District of Columbia
Advocates for Justice and Education, Inc.
Children's Law Center
Campaign for Youth Justice
DC Charter School Alliance
DC Health Matters Collaborative
DC Justice Lab
DC KinCare Alliance
DC Statehood Green Party
DCFPI
Early Childhood Innovation Network
Eduardo Ferrer, Policy Director, Georgetown Juvenile Justice Initiative and Visiting Professor of Law Georgetown Juvenile Justice Clinic
Education Reform Now DC
Everyone Home DC
Fair Budget Coalition
Foster & Adoptive Parent Advocacy Center (FAPAC)
Free Minds Book Club and Writing Workshop
Homeless Children's Playtime Project
Justice Policy Institute
Matthew Biel, MD, MSc, Vice Chair and Division Chief, Child and Adolescent Psychiatry, MedStar Georgetown University Hospital and Associate Professor of Clinical Psychiatry and Pediatrics, Georgetown University School of Medicine
National Women's Law Center

Open City Advocates
PAVE
Public Defender Services of the District of Columbia
RESULTS DC
Rights4Girls
Sasha Bruce Youthwork
School Justice Project
SchoolTalk
Washington Lawyer's Committee for Civil Rights and Urban Affairs

Individuals

Aadil Ginwala
Aaron Shneyer
Alice Thornton
Allison Sibley
Allyson Boucher
Amanda Bruning
Amanda Holloway
Amelia Cephas
Amy Starr
Andrea Parrella
Anna Waelchli
Anthony Berrios
Anthony Thomas
Ariana Gomez
Ashley Wagner
Benton Keran
Brandy Cain
Bronson Edington
Bronte Hansen
Brooks Frank
Caitlin Gritt
Carlene Reid
Caroline Greco
Caroline Pirrone
Carrie Sweeney
Carson Brown
Charlene Burns
Charlie McDonald
Chioma Oruh
Chloe Minasian
Christi Venable
Christina Sample
Claire Boogaard

Clauett Giles
Coriann Guthrie
Craig Hubler
Crystal Thompson
D’Nya Chaneyfield
David Edeni
David Schwartzman
Debby Shore
Deborah Kline
Delaney Lytle
Deverrick Mcallister
Diana Lopez
Diego Herrera
Divya Moolchandani
Elizabeth Mohler
Ellen Beares
Emily Cummings
Emily Morrison
Emma Maifeld
Emma-Rose Butterfield
Erin Londry
Estefania Lalinde
Eva Tervalo
Faith Jarmon
Fatu Johnson
Feier Chen
Francesca Orfila
Gabriel Mendoza
Gail Avent
Garrett Tidey
Genny Esposito
Gordon Ream
Grace Orfila
Hallal Kiflom
Hillary Robertson
Ida Ehrhardt
Iman Ture
Isabel Lewis
Isabelle Failla
Jackie Gomez
Jaeda Rowley
Jaelen Sandoval
Jay Deboskey
Jeffrey Acevedo

Jennifer Burns
Jesse Lovell
Jessica Sisk
Jillian Rosenbaum
Jonathan Webb
Jorge Martinez
Julia Cinnamon
Karen Johnson
Kashawna Watson
Katelym Andel
Katharine Landfield
Katherine Philipson
Katie D'Ambrogio
Keira Acord
Kellan Jenner
Kelsey Murphy
Kerri Devlin
Kerry Savage
Kesh Ladduwahetty
Laila Gayden
Lakeyia Willis
Lamorris Angry
Landon Wielki
Laura Camarata
Laura Webber
Leah Anne Brown
Leah Castelaz
Leann Trowbridge
Lee Granados
Leo Romero Ocampo
Leslie Batten
Liane Scott
Lilli Moya
Lillian Walker Shelton
Lilly Nollet
Lindsey Jones-Renaud
Lisha Watts
Liz London
Lovannia Dofat-Avent
Lugarda Parra-Bencomo
Luis Davila
Madison Saenz
Makenzie Koller
Manuel Garduno

Margaret MCGOWEN
Marisa Parrella
Marjorie Agyapong
Marty Orfila
Maurika Brown
Megan Berkowitz, LICSW
Melinh Trinh
Melvia Scott
Michell Ordonez
Molly Whalen
Molly Zinkgraf
Mona Benach
Morgan Kelly
Moshood Salu
Naja Alicea
Nakisha Winston
Natalia Chavez
Nathalie Rodriguez Daza
Nicole Murray
Patrice Sulton
Penelope Spain
Penny Miller
Pooja Mehta
Poushali Ray
Qubilah Huddleston
Queen Nwafor
Rachel Dunn
Rachel McClung
Rachel P
Rachel Parnell
Rachel Vandyne
Randall Baylor
Ranna Halim
Raquel Tucker
Raymond Williams
Ren Goodwin
Ren Hernandez
Renee Davis
Rina Pastor
Robin Mayhew
Rochelle Roach Moreno
Rocky Orfila
Rolanda McCall
Roxana Ahumada

Rylinda Rhodes
Samantha Hamburger
Sarah Bay
Sarah Blanke
Sarah Hoffman
Sarah Wood
Scheina Joseph
Selina Brown
Shahenda Helmy
Sharon Singh
Shelia Anderson
Sher Martinez
Sherry Lu
Sidney Salcido
Sierra Kabiri
Skylar Neuber
Sofia Kazembe
Sophia Cowell
Sophie Garcia
Simone Banks-Mackey
Stefany Thangavelu
Sue Brown
Sydney O
Tabitha Belshee
Tami Weerasingha-Cote
Tara Brown
Terri Evans
Tess Murphy
Thomas Lane
Tiffany Priestley
Tina Khiani
Tj Bradley
Toni Rodgers
Tracy Stolarski
Tyler Grigsby
Tyler Huntoon
Valeria Solis
Victoria Isola
Wendy Wilkinsonw
Yenny Padilla
Yvonne Garces
Zach Gundberg
Zyonna Breland

¹ DBH’s school-based mental health expansion program takes a public health approach to providing mental health services to children in their schools and communities. Through this program, DBH partners with community-based organizations (CBOs) to bring mental health services to all public schools – both traditional and charter – in the District of Columbia. The goal of this reform is for all public schools to have Tier 1, Tier 2, and Tier 3 behavioral health supports, consisting of a variety of programs and services that individual schools can tailor to meet the needs of their students and community. Tier 1 refers to mental health promotion and prevention for all students, including increased parent awareness of mental health resources, student-centered learning and wellness events, and teacher-centered professional development on trauma informed care and mental health. Tier 2 is focused group and individual intervention for students at-risk of mental health challenges and includes clarifying referral process and improving support structures for referred students, student group sessions and trauma-related professional development for staff. Tier 3 is intensive support and interventions for individual students and includes: community based organization clinician to facilitate support group, referral process to refer individual students or families for additional support, develop school policies and protocols for mental health crises, and provide in-school clinical service for families and individual students.

² This could include cutting the grant amount per school, cutting funding for the Community of Practice or the evaluation program, reducing the number of DBH supervisor positions, or eliminating funding for the two staff positions at DCPS and OSSE that support the program. Cuts to the program as it exists risk destabilizing the program and making it ineffective.

³ DBH clinicians provide services at a number of the highest need schools. Some of these schools received CBO clinicians as part of the school based mental health expansion. It’s important to note that these schools were identified as having the highest need for an additional CBO clinician, even with the DBH clinicians already in the school. It would be a travesty to treat these DBH clinicians as “extras” that could be easily moved to different schools in order to have an “expansion” in name only.

⁴ The federal government reimburses DC for more than 70 percent of its spending on Medicaid-eligible behavioral health services. As a result, every dollar of local funds spent on Medicaid-eligible behavioral health services actually equals more than three dollars of total spending (federal + local dollars combined) on services. Because of this, the Mayor’s proposed \$5 million cut to the budget for Behavioral Health Rehabilitation – Local Match (line 6980) would result in a decrease in spending of more than \$16.5 million (federal + local dollars combined).

⁵ Fair Budget Coalition, *DC Council Must Put Bolder Revenue Options on the Table to Balance the Budget and Build for a #JustRecoveryDC*, May 28, 2020. Available at: https://docs.google.com/document/d/1eWF8Jo58XdaT5El_aulw5BMx0ncNMDnx_c5Kktip4Fw/edit?pli=1.

⁶ Further, before the SRO program is expanded, MPD should commit to working with students, teachers, school leaders and parents to better define the role and purpose of police presence in schools.

⁷ As noted above, the cost per school for the school based mental health expansion is approximately \$70,000. \$2.5 million would cover the cost of placing a CBO clinician in approximately 30 schools.