

**Testimony of Qubilah Huddleston, Education Policy Analyst
At the Performance Oversight Hearing for the Department of Behavioral Health
DC Council Committee on Health
January 31, 2020**

Chairman Gray and members of the Committee, thank you for the opportunity to speak today. My name is Qubilah Huddleston and I am an Education Policy Analyst at the DC Fiscal Policy Institute (DCFPI). DCFPI is a non-profit organization that promotes budget choices to reduce DC's economic and racial inequities and build widespread prosperity in the District of Columbia, through independent research and policy recommendations.

I would like to focus my testimony today on the importance of increasing early childhood and school-based mental health supports for thousands of children in the District.

Boost School and Life Readiness Through Greater Investments in Early Childhood Mental Health Supports

DCFPI appreciates the commitments the Department of Behavioral Health (DBH) and District leaders have already made to support the social-emotional development and mental health of our youngest learners and the families and early childhood educators that care for them. Last year, the Council made an encouraging investment of \$1.5 million to expand behavioral and mental health supports to babies and toddlers through DBH's Healthy Futures program.

Looking ahead to fiscal year (FY) 2021, we have an opportunity to ensure that more of our youngest children's—especially those living in families with no or limited access to resources—mental health needs are met by investing at least an additional **\$1.5 million in Healthy Futures** to expand the program to 60 new child development centers. Healthy Futures is an effective program and could reach many children with a modest investment.

When children are healthy and happy and their families have the supports and resources they need to nurture them, we ensure a more vibrant future for our city. Unfortunately, low-income families in DC—most of whom are Black or Latinx—can't always afford to provide vital health and social supports their children need in order to thrive. However, these inequities do not have to persist. We can achieve greater equity in access to resources and child and family outcomes by making greater investments in the mental health and social-emotional development of children during their early years.

Mental health supports for infants and toddlers can ensure healthy attachment, self-regulation, and social-emotional development—all of which promote school readiness. Healthy social-emotional skills early on in a child's life are also associated with having better long-term outcomes such as earning a college degree and being gainfully employed as adults—evidence that investments today can pay dividends in the future.¹

Healthy Futures is more critical than ever as DC families face increasing stressors. DC has one of the largest wealth gaps in the country leaving too families locked out of stable housing and facing displacement from their communities and support networks. This places great stress on new parents which research has shown

“increases known risk factors for child abuse and neglect, such as harsh parenting practices and maternal depression.”² By providing mental health counseling through Healthy Futures, DC is helping both parents and children manage and reduce exposure to toxic stress.

Early childhood educators also benefit from having access to mental health counselors as they often experience secondary trauma of caring for children and families facing challenges such as poverty or homelessness. Healthy Futures counselors act as support systems and professional development coaches for early childhood educators struggling to meet the demands of their rewarding, yet high-stress, underpaid job.

Educators who are less stressed and feel more empowered to do their job often leads to better outcomes such as improved better classroom management and reduced child behavioral problems and expulsions from programs—more educators deserve access to the services of Healthy Futures.³

Healthy Futures is an evidence-based program with positive results. I respectfully urge the Mayor and Council to work together to increase investments in Healthy Futures so that DC’s youngest learners have every opportunity to succeed.

Grow School-Based Behavioral Health Services in Public Schools

To build on the work District leaders have done to make sure that PreK-12 students facing high rates of trauma, violence, and other challenging conditions are prioritized and feel mentally and emotionally safe, policymakers should invest at least **\$16 million** in FY 2021 in **DBH’s School Behavioral Health Program (SBHP)**. This funding would allow DBH to provide services at existing schools and expand to 60 additional schools, which would bring the total of participating schools to 179 schools.

In FY 2020, the District invested \$9 million for DBH to bring mental health services to a total of 119 schools. This essential investment means more students are connecting with full-time licensed and trained mental health professionals within their schools. Notably, last year’s investment helped keep the District on track to make services available to all students in public and public charter schools within four years.

In the 2020-2021 school year, we would like to see services reach more schools in the District and efforts to provide **more technical assistance for schools and CBOs**, development of **best practices around partnering with families and communities**, and efforts to build a **more robust pipeline of culturally competent mental health professionals**.

More progress is needed to address the persistent need for mental and behavioral health supports among our children. One in five children ages three to 17 in DC have experienced a mental disorder⁴ and almost half of DC’s children have had at least one Adverse Childhood Experience (ACE)—such as incarceration of a parent—with 22 percent of children having experienced more than one.⁵ The Office of State Superintendent of Education has found that depressed mood and suicidal ideation and attempt among middle and high school students is highest among students who are often pushed to the margins—Black and Latinx students, Lesbian, Gay, Bisexual, and Transgender students, students experiencing homelessness, and students with low academic performance.⁶

The SBHP is one of many tools the District is rightfully using to disrupt such inequities in student mental health status and outcomes, which is why investments to support the expansion are essential. Given that most students spend more time at school than they do anywhere else, schools are uniquely positioned to connect students to high-quality, community informed services. Ideally, with the SBHP in place, students

and their families who face barriers in accessing care have fewer hoops to jump through to get vital services and support.

Thank you for the opportunity to testify and I am happy to answer any questions.

¹ Jones, D. E., Greenberg, M., & Crowley, M. Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and future wellness. *American journal of public health*, 105(11), 2283-2290. 2015.

² National Conference of State Legislature, "[Preventing and Mitigating the Effects of Adverse Childhood Experiences](#)," p. 10, August 2018.

³ Deborah Perry, "[Healthy Futures: Year Three Evaluation of Early Childhood Mental Health Consultation](#)," Sept. 30, 2013.

⁴ Child and Adolescent Health Measurement Initiative, "[2017-2018 National Survey of Children's Health](#)," Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

⁵ Michael Chandler, "[Almost Half of DC Children Have Suffered a Traumatic Experience, According to Federal Data](#)," *The Washington Post*, October 19, 2017.

⁶ Office of the Superintendent of Education, "[District of Columbia Youth Risk Behavior Survey 2017 Report](#)."