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**Testimony of Qubilah Huddleston, Education Policy Analyst
at the Fiscal Year 2022 Proposed Budget Hearing on
Department of Behavioral Health
DC Council Committee of Health
June 4, 2021**

Chairperson Gray and members of the Committee, thank you for the opportunity to submit testimony. My name is Qubilah Huddleston, and I am a Policy Analyst at the DC Fiscal Policy Institute (DCFPI). DCFPI is a non-profit organization that promotes budget choices to address DC's economic and racial inequities and to build widespread prosperity through independent research and policy recommendations.

DCFPI is Co-Chair of the Strengthening Families Through Behavioral Health Coalition (SFC). The SFC brings together a diverse group of advocates who share a commitment to improving DC's behavioral health care system for children and families. Our Coalition's mission is to ensure DC has a fully integrated behavioral health care system in which all DC 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.

Today, DCFPI urges the DC Council to:

- Invest an additional \$841,000 to the Department of Behavioral Health's (DBH) School-Based Mental Health (SBMH) Expansion Program to ensure the program reaches all remaining public schools and is funded in a financially sustainable way.
- Provide at least \$4 million to community behavioral health services to restore spending to FY 2020 levels.

DC Students Need and Deserve a Sufficiently Funded SBMH Program

DC must recognize that students have experienced significant social and emotional losses that will impede their ability to catch up academically if the city fails to adequately invest in school-based mental health resources. For the last 15 months, most students have learned from home and have been disconnected from the trusting educators, mentors, coaches, and friends that they care about and love. In addition to students suffering trauma from being abruptly separated from their broader support systems, hundreds of students may be grieving parents or family members who died from COVID-19. Nationally, 40,000 children are estimated to have lost a parent to the virus, with Black children accounting for a disproportionate share of children who lost a parent.¹

DCFPI is very pleased that the Mayor is proposing \$5.8 million to expand the SBMH program to all remaining 83 DC Public Schools and public charter schools. We are also pleased that she is proposing an additional \$2.2 million investment in American Rescue Plan (ARP) dollars to the Office of the State Superintendent of Education to provide capacity building, technical assistance, and a few other resources to bolster the SBMH program. This demonstrates the Mayor's

commitment to helping students get the mental and emotional support many of them will need after facing compounded and newfound stressors, traumas, and anxieties brought on by the pandemic.

However, \$5.8 million for placing 1 clinician in all remaining schools is insufficient, and DBH would not be able to adequately fund the contracts it gives community-based health organizations (CBOs) to staff the schools. **The Council should make a local, recurring investment of \$841,000 to close the gap between what the Mayor's proposing and what we know is needed.**² This investment would allow DBH to offer financially sustainable grants to CBOs, which is important for recruiting and retaining providers for the SBMH program.

One question that the DBH Coordinating Council on School Behavioral Health and several councilmembers have recently raised is whether all schools need a full-time clinician, particularly schools with smaller enrollment numbers. SFC strongly believes that the best way for the city to truly assess and meet students' behavioral health needs is by placing a full-time clinician in each school. Further, student enrollment is but one of many factors that should determine what resources a school may need. Student characteristics, such as family and community socioeconomic status, community violence, and exposure to racial trauma, are also very important factors the city must consider in determining need. Therefore, the Coalition does not believe that student enrollment alone should be a determining factor in whether DBH places a clinician in a school.

The DC Council Must Restore Funding for CBOs

CBOs are an integral part of DC's behavioral health care system. They are DBH's primary partners in delivering school-based mental health services, but they also importantly provide behavioral health services to Medicaid-eligible residents and other low-income residents.

In FY 2021, the Council partially restored cuts to CBO services, but CBOs are still grappling with a \$4 million cut, compared to the FY 2020 budget. Two million of the cut is matched by federal Medicaid dollars—for every dollar DC invests, the federal government matches it with \$3.30. In reality, CBOs are dealing with a \$9 million cut. DC Council needs to act swiftly to address the harm of the FY 2020 budget cut and restore funding for CBOs. Many residents are dealing with unprecedented levels of stress and anxiety, with low-income Black and Latinx residents especially bearing the brunt of the economic and health damages of the pandemic. DC cannot afford to underfund behavioral health resources that support its most overburdened and under-resourced residents.

The DBH budget books in the Mayor's budget proposal are unclear. DCFPI is not sure whether the Mayor's proposed budget holds funding flat, restores funding, or makes further cuts to CBO services. We strongly urge the Council to confirm this with Dr. Bazron during the government witness hearing.

If the Mayor's proposal does not restore the \$4 million cut, we strongly urge the DC Council to do so. Without this restoration, behavioral health providers, who already operate on razor thin margins and have taken a financial hit from the pandemic, may disappear from the city's behavioral health care system.³ This would devastate the system, reducing the availability of vital services for deserving children and families.

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

¹ Rachel Kidman et al., “[Estimates and Projections of COVID-19 and Parental Death in the US](#),” JAMA Pediatrics, April 5, 2021.

² The SFC previously estimated that it would cost \$80,250 per school to expand the SBMH program, and expansion to 80 schools would cost a total of \$6.4 million in recurring dollars. The Mayor’s \$5.8 million is \$600,000 less than that. In addition, the Coalition’s estimate overlooked three new public charter schools that will open this fall, so we estimate that an additional \$241,000 is needed to cover the cost for these schools. In total, the Council needs to invest an additional \$841,000 to close the gap.

³ The Commonwealth Fund, “[Essential Social Services Are Struggling to Survive the COVID-19 Crisis](#),” June 1, 2020.