



December 10, 2021

Dear Mayor Bowser,

Along with children across the nation, DC's children are experiencing a serious mental health crisis. In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association, together representing more than 77,000 physicians and more than 200 children's hospitals, declared a national state of emergency in child and adolescent mental health, and called on policymakers, such as yourself, to take action.¹ Since the start of the pandemic, emergency department visits for children with mental health emergencies have risen sharply² and tens of thousands of children have experienced a pandemic-related death of a primary caregiver.³

DC children and families have not experienced the pandemic equally. Black residents now account for nearly all COVID-19 related deaths, and low-income households have lost even more financial, housing, and health stability.^{4,5} A steady rise in gun violence and homicides in Black and Latinx communities, many of which are caught in a cycle of disinvestment, poverty, and housing segregation, means that Black and Latinx children are especially vulnerable. These children are facing significant behavioral health needs and the failure to meet these needs will have long-lasting negative impacts on the mental and physical health, education, and all aspects of future well-being for the District's children.⁶

As you prepare your proposed budget for FY2023, we ask you to build on the critical investments you made in the FY2022 budget in the Department of Behavioral Health's School-Based Behavioral Health Program (SBBH) in the following ways:

- **Provide \$300,000 for a cost study of SBBH⁷** to determine what it truly costs to implement the program now and in the future;
- **Increase funding for SBBH by \$2.4 million⁸** to stabilize community-based organization (CBO) grant funding in FY2023, FY2024, and FY2025 (with annual adjustments for inflation); and
- **Support effective implementation of SBBH** by adequately funding the Community of Practice, building a workforce pipeline, and expanding information-sharing and family engagement efforts.

For more information, contact Qubilah Huddleston at qhuddleston@dcfpi.org or Tami Weerasingha-Cote at tweerasi@childrenslawcenter.org.



Build on Last Year's Investments in DBH's School-Based Behavioral Health Expansion Program

The FY2022 budget included significant investments in school-based behavioral health resources. We appreciate all that District leaders have done to support children and families during this time of urgent need, including providing sufficient funding for SBBH to ensure the program can place a clinician in every public school in the District. To fully realize the benefits of this investment, however, it's critical to ensure the long-term financial stability of the program by:

- **Providing \$300,000 to fund a cost study to determine what it truly costs to implement the program now and in the future.⁹** Consistent and adequate funding is crucial to the longevity and success of SBBH. Without clear data, it is impossible to accurately calculate the cost of the program or determine the CBO grant amounts needed for CBO clinicians to sustainably deliver services to students. The current grant amount is based on estimates and data gathered in 2016 – well before the actual implementation of the program. Clinicians are responsible for meeting a broad range of needs. Some schools' greatest needs are in Tier 1 and Tier 2 supports, such as school-wide practices that promote universal behavioral health, and small-group sessions that address targeted social-emotional needs, all of which are crucial but fall outside the scope of billable services. Further, given the lack of a workforce pipeline in the behavioral health sector, the program must also be able to offer competitive salaries to attract and retain a strong workforce of child behavioral health professionals. The District needs to conduct a comprehensive study to determine how the needs of individual schools, providers, and communities impact program costs and build a sustainable funding model for the program.
- **Increasing funding for SBBH by \$2.4 million to stabilize CBO grant funding.¹⁰** To ensure program stability while the cost study is conducted, the District should maintain FY22 grant levels for the next three years and include increases to cover the cost of inflation; meaning a FY23 grant amount of approximately \$80,000 for CBOs. For the past two years, grant levels have included one-time supplements to address the strains of the pandemic – these supplements should become permanent increases. The original grant amount was last set in 2016, and with five years of inflation to account for, the original level is misaligned with what CBOs will need to do this work well in 2022.

For more information, contact Qubilah Huddleston at qhuddleston@dcfpi.org or Tami Weerasingha-Cote at tweerasi@childrenslawcenter.org.



Support Effective Implementation of DBH's School-Based Behavioral Health Expansion Program

In addition to ensuring SBBH is financially sustainable, we ask you to support effective implementation of SBBH by:

- **Adequately funding the Community of Practice.** In addition to right-sizing grants for CBOs, it is crucial that the District provides adequate funding for the Community of Practice (CoP), a collaborative learning environment that brings providers, school staff, and school leaders together to share SBBH best practices, and provides technical assistance to all schools included in the expansion.¹¹ As school communities have faced a complicated return to in-person school, the CoP has an opportunity to support providers and school-based staff in implementing best practices; however, the need to focus on communication, coordination of training and technical assistance, and strategic development have required more resources than anticipated. Further, as the SBBH expands to include all public schools, the CoP will need additional resources to build capacity to serve staff from all schools.
- **Investing in a workforce pipeline of culturally competent clinicians.** To ensure the long-term success of the SBBH program, the pipeline of behavioral health providers in the District must be strengthened. The current limited workforce pool has had significant impacts on the success of the expansion – for example, CBOs have struggled to recruit bilingual clinicians and clinicians with interest and experience in working with early childhood or elementary school populations.¹² Workforce development strategies such as internship programs in school behavioral health, fostering relationships with area colleges and universities with social work and psychology graduate programs, investing in exam and certification prep programs - in particular for professionals of color, and investing in “grow your own” initiatives starting in local high schools can all mitigate the challenges of a limited workforce and have lasting impacts on the strength, cultural competency, and sustainability of the District’s behavioral health sector.
- **Expanding information-sharing and family engagement efforts.** Improvements in information-sharing and family engagement around available resources and supports will be essential to the program’s long-term success. A survey conducted by PAVE (Parents Amplifying Voices in Education), which captured the perspectives of hundreds of DC parents and caregivers in the return to school this fall, provides meaningful insights into families’ experiences with

For more information, contact Qubilah Huddleston at qhuddleston@dcfpi.org or Tami Weerasingha-Cote at tweerasi@childrenslawcenter.org.



school-based mental health.¹³ For example, less than half of DC families are aware that mental health services are available to their child at school, even though many parents would first turn to a school-based mental health professional if their children had mental health needs.¹⁴ There is a clear and urgent need for improved information-sharing and family engagement around school-based mental health supports, especially at the elementary and middle school levels. Addressing current gaps in information-sharing and mitigating barriers to access will ensure that the District's investments in school-based behavioral health services truly reach the students and families who need them most.

Increased access to behavioral health services is proven to be transformative for children and families and can boost the long-term overall health and productivity of communities as evidenced by workforce outcomes and reduced crime rates. In this budget, District leaders have an opportunity to address some of the most severe issues facing our students, presenting the chance to not only return to “normal” but to create a behavioral healthcare system that is more just and equitable for DC children and families. Behavioral health is foundational to the District’s long-term recovery from the impacts of the pandemic — and student behavioral health services must be prioritized in our financial planning.

Sincerely,
The Strengthening Families Through Behavioral Health Coalition and its Partners¹⁵

ACLU of the District of Columbia
Advocates for Justice and Education Inc.
Black Swan Academy
BOLD-ButOneLovedDiamond
Child Welfare Monitor
Children’s Law Center
Children’s National Hospital
Collaborative Solutions for Communities
College Tribe
Community of Hope
Community Services Foundation
D.C. Hunger Solutions
DC Action
DC Charter School Alliance
DC Doors
DC Fiscal Policy Institute
DC Health Matters Collaborative

For more information, contact Qubilah Huddleston at qhuddleston@dcfpi.org or
Tami Weerasingha-Cote at tweerasi@childrenslawcenter.org.

DC KinCare Alliance
DC Special Education Cooperative
DC Strings Workshop
Decoding Dyslexia DC
District of Columbia Behavioral Health Association
Early Childhood Innovation Network (ECIN)
Education Forward DC
Education Reform Now DC
EmpowerEd
Fihankra Akoma Ntaoso (FAN)
Foster and Adoptive Parent Advocacy Center
Georgetown Juvenile Justice Initiative
Hillcrest Children and Family Center
Homeless Children's Playtime Project
Latin American Youth Center
Mary's Center
Maryland Family Resource, Inc.
McClendon Center
MedStar Georgetown University Hospital Center for Wellbeing in School Environments (WISE)
MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry
National Center for Children and Families
One Common Unity
Open City Advocates
PAVE
School Justice Project
Shaw Community Center
SOME, Inc. (So Others Might Eat)
SPACEs in Action
The Barbara Chambers Children's Center
The Trigger Project
Total Family Care Coalition
Urban Adventure Squad
Ward 2 Education Council
Ward 5 Education Equity Committee
Ward 6 Public Schools Parent Organization (W6PSPO)
Ward 8 Education Council
Washington Lawyers' Committee for Civil Rights and Urban Affairs

CC:

LaToya Foster, Director of Communications, Mayor's Office of Communications
Wayne Turnage, Deputy Mayor for the District of Columbia Health and Human Services and
Director, District of Columbia Department of Health Care Finance
Paul Kihn, Deputy Mayor for Education
Dr. Barbara J. Bazron, Director, Department of Behavioral Health
Kevin Donahue, City Administrator, Office of the City Administrator
Jenny Reed, Director, Office of the Budget and Performance Management

For more information, contact Qubilah Huddleston at qhuddleston@dcfpi.org or
Tami Weerasingha-Cote at tweerasi@childrenslawcenter.org.



¹ American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association Declaration of a National Emergency in Child and Adolescent Mental Health, October 19, 2021, available at:

<https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

² Between March and October 2020, the percentage of emergency department visits for children with mental health emergencies rose by 24% for children ages 5-11 and 31% for children ages 12-17. See Leeb, Rebecca T., Bitsko, Rebecca H., et al., *Mental Health–Related Emergency Department Visits Among Children <18 Years During the COVID-19 Pandemic—United States, January 1–October 17, 2020*, Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report (MMWR), November 13, 2020, available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>.

³ An estimated 140,000 children experienced pandemic-related death of a primary caregiver between March 2020 and June 2021, with Black and Latinx children significantly more likely to experience this kind of loss. See Cha, Ariana Eunjung, 'This is a crisis': *Tens of thousands of children affected by pandemic-related deaths of parents*, The Washington Post, October 7, 2021, available at: <https://www.washingtonpost.com/health/2021/10/07/covid-deaths-parents-children/>.

⁴ Meghjani, Tanaz, and Coffin, Chelsea, *Challenges outside of school for D.C.'s students and families during the pandemic*, D.C. Policy Center, March 9, 2021, available at: <https://www.dcpolicycenter.org/publications/families-during-pandemic/>.

⁵ Barthel, Margaret, *49 Out Of The 50 People Who Died Of COVID-19 In D.C. Since June Were Black*, DCist, October 20, 2021, available at: <https://dcist.com/story/21/10/20/coronavirus-deaths-in-dc-overwhelmingly-black-residents/>.

⁶ Adverse childhood experiences (ACEs) can change brain chemistry and structure, and have the potential to impact a child's ability to process new information and build relationships. See Banyan Mental Health, *The Effects of Trauma on the Brain*, Mental Health Blog, available at: <https://www.banyanmentalhealth.com/2020/05/12/effects-of-trauma-on-the-brain/>.

⁷ This number is an estimate based on the cost of prior rate studies the District has commissioned. Ultimately, our request is for adequate funding to conduct a comprehensive and informative cost study of the program.

⁸ According to DBH, the FY2022 grant amount per school is \$77,515. See DBH, *November 2021 Coordinating Council on School Behavioral Health Slides*, on file with Children's Law Center. Of the \$77,515, only \$70,344 is funded with recurring dollars; \$7,171 is covered by one-time funding from the Council. Adjusting for inflation (using Congressional Budget Office projected inflation and Consumer Price Index for All Urban Consumers monthly data), to keep funding levels consistent in FY2023, the grant amount per school should be \$79,254. We are rounding up to \$80,000 per school for ease of reference/calculation: \$80,000 - \$70,344 = \$9,656 x 251 schools = \$2,423,656 (\$2.4 million) increase in FY2023.

⁹ This number is an estimate based on the cost of prior rate studies the District has commissioned. Ultimately, our request is for adequate funding to conduct a comprehensive and informative cost study of the program.

¹⁰ According to DBH, the FY2022 grant amount per school is \$77,515. See DBH, *November 2021 Coordinating Council on School Behavioral Health Slides*, on file with Children's Law Center. Of the \$77,515, only \$70,344 is funded with recurring dollars; \$7,171 is covered by one-time funding from the Council. Adjusting for inflation (using Congressional Budget Office projected inflation and Consumer Price Index for All Urban Consumers monthly data), to keep funding levels consistent in FY2023, the grant amount per school should be \$79,254. We are rounding up to \$80,000 per school for ease of reference/calculation: \$80,000 - \$70,344 = \$9,656 x 251 schools = \$2,423,656 (\$2.4 million) increase in FY2023.

¹¹ Department of Behavioral Health, DC School Behavioral Health Community of Practice (CoP), About the CoP, available at: <http://cop.aehinst.org/about-the-cop>.

¹² Department of Behavioral Health FY19-20 Performance Oversight Questions, Response to Q27, available at: <https://dccouncil.us/wp-content/uploads/2020/02/dbh.pdf>.

¹³ PAVE Study, on file with PAVE (cite to be added).

¹⁴ PAVE Study, on file with PAVE (cite to be added).

¹⁵ The vision of the Strengthening Families Coalition (Coalition) 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. To accomplish this, the Coalition has brought together a diverse group of advocates for the purpose of: (1) engaging with legislators, policymakers, and other stakeholders regarding DC's behavioral health system; (2) advancing legislation, public policies, and practices that improve DC's behavioral health system for children and families; and (3) advocating for effective, adequate, and equitable spending on all aspects of DC's behavioral health system.

For more information, contact Qubilah Huddleston at qhuddleston@dcfpi.org or
Tami Weerasingha-Cote at tweerasi@childrenslawcenter.org.