



November 21, 2022

Dear Mayor Bowser,

Last year, your proposed budget reflected your commitment to meeting the ongoing behavioral health needs of DC’s children by making transformational investments in the quality and sustainability of the Department of Behavioral Health’s School-Based Behavioral Health Program (SBBH).¹ We are so grateful for your leadership as a champion of SBBH and your work to keep children engaged in school and on paths toward success by investing in their behavioral health.

This investment is as important as ever – in 2020, the rates of anxiety or depression among children and teens in DC were the highest in the previous five years of data at 11.7 percent.² Nearly a quarter of DC children had one or more emotional, behavioral, or developmental conditions in 2020.³ Nearly 15 percent of DC high school students reported attempting suicide in 2019, which is significantly higher than the national rate.⁴ Black and Latine students are bearing the brunt of the traumas caused by the pandemic, economic downturn, and community violence, while also facing the biggest barriers to accessing behavioral health services – deepening the resource and opportunity disparities that already exist in our city.⁵

SBBH has begun to fill this critical gap by providing behavioral health services to students where they spend most of their time – at school. This innovative program leverages the expertise of community-based organizations (CBOs) that have trusted relationships in communities and capacity to provide additional services for families outside of school. More DC children and families than ever are receiving the benefits of the SBBH program, but there is still more work to be done to make it stronger and sustainable. As you prepare your proposed budget for FY2024, we ask you to continue your support for SBBH in three key ways to help ensure all of DC’s students have timely access to high-quality, consistent, and culturally responsive behavioral health care that meets their needs:

- **Maintain stable funding for SBBH**, including robust grants to CBOs – adjusted for inflation – so that every school has at least one full-time clinician;

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- **Expand information-sharing and family engagement efforts** by directing DC education agencies and Local Education Agencies (LEAs) to make implementation of SBBH a top priority and providing any necessary resources; and
- **Ensure inclusive and actionable data collection and program evaluation** by providing the resources needed to bring all stakeholders into these processes.

Maintain Last Year’s Investment Through Inflationary Payment Adjustments.

A strong and sustainable SBBH program must include stable funding for CBOs - including competitive, attractive salaries and increases for inflation.⁶ SBBH operations must also encompass coordination of care and intentional information-sharing across stakeholders and sectors. Lastly, the program must continue to include an active Community of Practice (CoP) to boost family engagement, promulgate resources and best practices, and create a sustainable culture of support to retain practitioners.

Full implementation of the SBBH program means that students in every DC public school have access to a multi-tiered system of behavioral health care with services provided by a qualified and competent clinician.⁷ FY2022 was the first year funding was available to place a clinician in every school. Although significant progress has been made, the program is struggling to hire and retain clinicians in the face of a national workforce shortage. SBBH must receive continuing support to reach optimal staffing levels and accomplish the first implementation step of placing a clinician in every school. With so much already invested, we cannot abandon our ambitious goals short of the finish line.

Improve Access to SBBH by Expanding Information-Sharing and Family Engagement Efforts.

Successful implementation of SBBH requires students, families, teachers, and school leaders to all understand how the program works and the ability to provide feedback on the ways in which the program does and does not meet their needs. This requires executive action on several fronts:

- **Make SBBH a Top Priority for DC Education Agencies:** SBBH relies on strong partnership between the Department of Behavioral Health (DBH) and DC’s education agencies - the Office of the State Superintendent for Education (OSSE) and DC Public Schools (DCPS) – as well as the DC Public Charter School Board (PCSB). DBH cannot successfully implement this program without OSSE, DCPS, and PCSB doing their part to

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ensure individual schools are supporting SBBH clinicians and integrating students and families into the feedback process. We ask you to ensure DC's education agencies continue to make effectively implementing SBBH a top priority. This should include consistent communication with individual school leaders about how SBBH is working in their schools and providing any resources school leaders need to increase awareness of the program among students, families, and teachers, support their clinicians, and create effective feedback loops.

- **Include SBBH Information on MySchoolDC:** For students and families to access SBBH service at their school, they must know what services are available and who to contact to receive them. Because SBBH is customized to meet the needs of each individual school, this information varies from school to school. Currently, there is no consistent method by which students and families are informed of how SBBH works in their individual school. To address this basic information gap, we ask that OSSE be required to share and update basic school-specific SBBH information on the individual school profile pages on the MySchoolDC website (similar to Special Education services).⁸
- **Increase Student and Family Involvement in SBBH Planning at the Individual School Level:** Every year, schools participating in SBBH are required to produce at least two planning documents – the School-Strengthening Tool and the Work Plan.⁹ Together, these documents identify the school's behavioral health needs and set forth a plan for meeting those needs over the course of the school year.¹⁰ These plans are submitted to DBH but are not otherwise available to the public – or even to individual school communities. Summary or anonymized data from these planning documents are not available to the Coordinating Council, CBO providers, or community stakeholders representing students and families. We ask you to create opportunities for students and families to be involved with SBBH planning at their schools and have access to the information in these planning documents. We also ask for greater stakeholder access to planning document information more generally. Wide stakeholder and community input and feedback on these planning documents will help ensure they are truly reflective of the community's needs, which in turn will help us build an effective program.

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Increase Stakeholder Participation in SBBH Data Collection and Program Evaluation.

Effective program evaluation that produces reliable, actionable data is essential for the successful implementation and quality improvement of SBBH. To these ends, we ask you to ensure that the ongoing evaluation efforts are inclusive of voices and perspectives across the system.

The ChildTrends program evaluation currently underway will shape the future of the program.¹¹ Aggregating accurate and adequate data to inform the measurement of need and demand for services requires understanding the true experiences of students, families, school communities, and CBO providers. Although DBH and ChildTrends have provided opportunities for some – not all – stakeholders to provide feedback, this important feedback not been consistently accepted or even addressed. As a result, we are concerned that the data currently being collected may not accurately reflect the needs of students and families.¹² Engaging families in the program evaluation process will establish a more accurate understanding of the kinds of care and services that students need.

Effective behavioral health services provide opportunities for students, families, and school communities to thrive inside and outside of the classroom. Once fully and thoughtfully implemented, all DC students will have access to support for the diverse and pressing issues they are facing. An investment in children’s access to behavioral health is an investment in their education and their future.¹³ Building a strong and sustainable SBBH program requires continued resources for schools and providers, increased access to information, and inclusive program evaluation and data collection.

Thank you for your consistent investment in and support of SBBH. We would be happy to meet with you or your team to discuss our requests, provide additional information, or otherwise support your administration’s work on this critical program.

Sincerely,

The Strengthening Families Through Behavioral Health Coalition and its Partners¹⁴

ACLU of the District of Columbia
Advocates for Justice and Education, Inc.
Ascend Family Law

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Bancroft ES
Black Swan Academy
BOLD – ButOneLovedDiamond
BUILD DC
CASA for Children of DC
Child Welfare Monitor
Children's Law Center
Children's National Hospital
Children's Legacy Theatre
Council for Court Excellence, Youth Justice Committee
DC Action
DC Appleseed Center for Law and Justice
DC Charter School Alliance
DC Doors
DC Fiscal Policy Institute
DC KinCare Alliance
DC Special Education Cooperative
DC Tutoring & Mentoring Initiative
DC/Maryland Family Resource, Inc.
Decoding Dyslexia DC
Development Associate at Life Pieces To Masterpieces
District of Columbia Behavioral Health Association
Early Childhood Innovation Network (ECIN)
Education Forward DC
Education Reform Now DC
EmpowerEd
Fihankra Akoma Ntoaso (FAN-DC)
Georgetown Juvenile Justice Initiative
Global Kids
Homeless Children's Playtime Project
Kindred
Latin American Youth Center
Mary's Center
MedStar Georgetown Center for Wellbeing in School Environments (WISE)
MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry
MENTOR Maryland | DC
National Women's Law Center
One Common Unity
Parent Watch, Inc

PAVE (Parents Amplifying Voices in Education)
President, School Without Walls High School
RCM of Washington
School Justice Project
Seasoned Settlers
Ship and Anchor LLC
SMILE THERAPY SERVICES
Teaching for Change
The Dance Institute of Washington, Inc.
Tina's Baby
Total Family Care Coalition
Ward 2 Education Council (W2EC)
Ward 6 Public Schools Parent Organization
Ward 7 Education Council
Ward 8 Education Council
Washington Lawyers' Committee for Civil Rights and Urban Affairs
Young Women's Project

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¹ For the FY2023 proposed budget, \$3.8M was proposed to safeguard students' mental health with additional supports through the school-based mental health program. See Executive Office of the Mayor, *Mayor Bowser Presents Fair Shot Budget Proposal*, March 16, 2022, available at: <https://mayor.dc.gov/release/mayor-bowser-presents-fiscal-year-2023-budget-proposal>. See also Mayor's Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Behavioral Health [RM0], p. E-34.

² The Annie E. Casey Foundation, Kids Count Data Center, *Children and teens with anxiety or depression in the United States*, District of Columbia, 2016-2020, available at: <https://datacenter.kidscount.org/data/tables/11429-children-and-teens-with-anxiety-or-depression?loc=1&loct=2#detailed/2/2-52/false/574,1729,37,871,870/any/22085,22084>.

³ In DC, 23% or 23,255 children had one or more emotional, behavioral, or developmental condition. See The Annie E. Casey Foundation, Kids Count Data Center, *Children who have one or more emotional, behavioral, or developmental conditions in the United States*, District of Columbia, 2017-2020, available at:

<https://datacenter.kidscount.org/data/tables/10668-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=1&loct=2#detailed/2/2-52/false/1769,1696,1648/any/20457,20456>.

⁴ The Centers for Disease Control and Prevention found in 2019 that 8.9 percent of high school students attempted suicide. See U.S. Department of Health and Human Services and Centers for Disease Control and Prevention, *2019 Youth Behavioral Risk Factor Surveillance System*, MMWR Vol. 69, No. 1, page 49, August 21, 2020, available at: <https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901a6-H.pdf#page=3>. See also DC Health Matters, *Teens who have Attempted Suicide*, District of Columbia, 2019, available at:

<https://www.dchealthmatters.org/indicators/index/view?indicatorId=1048&localeId=130951>.

⁵ Children's National Hospital, *COVID-19 and Children's Behavioral Health in the District of Columbia: The Pandemics Impact on Child Behavioral Health Outcomes and the Behavioral Health Care System*, June 2021, available at: <https://childrensnational.org/-/media/cnhs-site/files/advocacy-and-outreach/child-health-advocacy-institute/covid19-and-childrens-behavioral-health-in-dc.pdf?la=en>; *A Path Forward: Transforming the District of Columbia's Behavioral System for Children, Youth, and Families*, pages 10, 28, 31, 107, and 159, December 2021, available at: https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf. In general, The U.S. Surgeon General's

Advisory, *Protecting Youth Mental Health*, 2021, available at: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>; and Ruth Shim, Moira Szilagyi, James M. Perrin; Epidemic Rates of Child and Adolescent Mental Health Disorders Require an Urgent Response. *Pediatrics* May 2022; 149 (5): e2022056611. 10.1542/peds.2022-056611.

⁶ The Medicare Economic Index shows a projected inflation rate of 5.8% between now and the end of FY2024. See Centers for Medicare & Medicaid Services, 2006-based Medicare Economic Index, Forecast quarterly index levels (2022 Q4 through 2024 Q3), accessed November 14, 2022 at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData>. To maintain stable funding for CBOs, the FY2024 budget would need to include at least an additional \$4,640 per CBO clinician per school or approximately \$1.2 million in additional recurring dollars. The other components of the program would require inflationary increases as well.

⁷ The goal of the program is for all public schools to provide a full array of behavioral health supports at three tiers: (1) Tier 1 encompasses mental health promotion and prevention for all students; (2) Tier 2 includes focused interventions for students at risk of developing a behavioral health problem; and (3) Tier 3 is comprised of intensive support/treatment for individual students who are experiencing a behavioral health problem. See Department of Behavioral Health, *Guide to Comprehensive Behavioral Health*, pages 2-4, available at: https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/PRIMARY%20GUIDE_SCHOOL%20BEHAVIORAL%20HEALTH_JUNE%202019.pdf.

⁸ My School DC, The Public School Lottery, available at: <https://www.myschooldc.org/>.

⁹ “The School Strengthening Tool & Work Plan are adapted from the Center for Disease Controls (CDC) School Health Index and embrace the Whole School, Whole Community, Whole Child (WSCC) framework. The WSCC framework is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement, and the importance of evidence-based school policies and practices. The School Strengthening Tool enables school teams to: (1) identify the strengths and weaknesses of the school's

policies and programs for promoting health and safety, (2) develop an action plan for improving student health and safety, and (3) involve teachers, parents, students, and the community in improving school policies, programs, and services. After this information is gathered and synthesized, the School Behavioral Health Coordinator completes the Work Plan which outlines the prevention, early intervention, and treatment services being implemented during the school year. *See* Department of Behavioral Health, Guide to Comprehensive Behavioral Health, pages 5-6, available at: https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/PRIMARY%20GUIDE_SCHOOL%20BEHAVIORAL%20HEALTH_JUNE%202019.pdf, and Department of Behavioral Health and Deputy Mayor for Health and Human Services, Comprehensive Plan for Expanding School Based Behavioral Health Services, page 9, June 2021, on file with the Children’s Law Center.

¹⁰ Department of Behavioral Health Performance Oversight Responses, response to Q56, available at:

<https://dccouncil.gov/wp-content/uploads/2022/01/dbh.pdf>; Department of Behavioral Health, Guide to Comprehensive Behavioral Health, pages 5-6, available at:

https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/PRIMARY%20GUIDE_SCHOOL%20BEHAVIORAL%20HEALTH_JUNE%202019.pdf; and Department of Behavioral Health, *School Behavioral Health Expansion: FY19 School Strengthening Tool & Work Plan Summary*, available at:

https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/SBHE%20FY19%20SST%20and%20Work%20Plan%20Summary_creativecopy.pdf.

¹¹ “The Department of Behavioral Health (DBH) has contracted with Child Trends, a nonprofit research organization, to evaluate the expansion of comprehensive school behavioral health supports in DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS). The Base Year is largely a planning and piloting year. Data collection will occur during Years 1 through 3, with annual reports each year. A summative report—including findings from the longitudinal analyses across all three years of data collection plus pre-expansion baseline data—will be submitted in Year 4. The evaluation will include complementary process and outcomes evaluations to help understand the extent to which expansion activities are being implemented as intended and the associated outcomes for schools, youth, families, and staff. The evaluation will be conducted in collaboration with key stakeholders to provide insight into implementation quality and progress toward desired outcomes, as well as timely and actionable recommendations for program improvement.” *See* Department of Behavioral Health, *Expansion Evaluation Executive Summary*, December 2021, on file with the Children’s Law Center.

¹² For example, during a recent Coordinating Council meeting, DBH and ChildTrends presented data on clinician referrals to demonstrate the kind of comprehensive data the evaluation will collect and analyze. One of the key takeaways they reported was that clinicians received “fewer than 4 referrals a month on average.” This data, however, only included referrals *received* by clinicians. There are many referrals (or requests for services), however, that don’t make it to the clinician. Since referrals are filtered through school leaders or administrators before reaching the clinician – or sometimes assigned to other members of the school behavioral health team, the number of referrals received by the clinician does not represent the true need of the students. Slides presented at Coordinating Council on July 18, 2022 at the monthly Coordinating Council meeting, on file with the Children’s Law Center.

¹³ A recent analysis by EmpowerK12 found that focusing on well-being can improve school culture and performance. More specifically, the analysis determined that students attending schools with higher Student Wellbeing Index scores showed larger academic growth rates than at schools with lower Student Wellbeing Index scores. *See* EmpowerK12, *2022 Bold Performance Schools Report*, page 7, available at: <https://static1.squarespace.com/static/5f9857f027d55d2170cd92ac/t/634e108eb2cb967d1c3ffe3c/1666060435990/EmpowerK12+2022+DC+Bold+Performance+Schools+Report.pdf>

¹⁴ 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.