



To maximize the investments we have already made in the SBBH Program, the District must both **sustain compensation for clinicians** in schools and make **targeted investments to bolster other elements of the SBBH Program** to enhance its reach and efficacy.

Sustain Compensation for SBBH’s Community-Based Clinicians, with Inflationary Adjustments

Sufficient funding for licensed clinicians is crucial to the longevity and success of SBBH, which is a critical resource for DC children and teenagers. DC must continue to fund competitive salaries in order to attract and retain a robust, consistent workforce.

Provide Compensation and Develop Guidance for SBBH Coordinators

The District must ensure that the SBBH Coordinator in each school has the capacity, training, and guidance needed to help students, families, and teachers effectively navigate the behavioral health resources in their school building.

Pilot the Addition of Non-Clinical Staff Positions to SBBH Teams

The District should pilot the addition of non-clinical staff to SBBH teams in order to extend the reach of the program’s social-emotional learning & skill-building components while creating bandwidth for clinicians to focus on Tier 3 therapeutic services.



	FY24 Allocation	FY25 Budget Ask	Breakdown
Sustain Compensation for SBBH's Community-Based Clinicians	\$22,517,000	\$25,010,110	<p>\$98,465 per CBO clinician x 254 schools</p> <ul style="list-style-type: none"> Includes a clinician base salary of \$74,033, plus fringe, overhead, and supervision costs.
Provide Compensation & Develop Guidance for SBBH Coordinators	\$0	\$381,000	<p>\$1,500 per school x 254 schools</p> <ul style="list-style-type: none"> Based on what DCPS pays schools for "wellness champions" whose duties are comparable to SBBH Coordinator role
Pilot the Addition of Non-Clinical Staff Positions to SBBH Teams	\$0	\$2,487,912	<p>\$103,663 per non-clinical staff person x 24 schools</p> <ul style="list-style-type: none"> Recommend focusing proposed pilot on the 24 elementary schools in Cohort 3

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