



December 1, 2023

Dear Mayor Bowser,

In the District and throughout the nation, pediatric mental health continues to be a top concern for healthcare providers, educators, families, and our youth.<sup>1</sup> Under your leadership, the Department of Behavioral Health has recently expanded services available in schools amidst an **ongoing and intensifying behavioral health crisis for children and youth**, with increases in depression, anxiety, trauma, substance abuse, and other behavioral health conditions, exacerbated by issues such as public safety, gun violence, socioeconomic forces, and residual impacts from the COVID-19 pandemic.<sup>2</sup> DC's most recent Youth Behavioral Health Risk Survey showed over 19% of middle school students and over 25% of high schoolers reported that their mental health was "not good" most of the time.<sup>3</sup>

While this crisis continues to escalate, children and youth face major barriers to accessing the care that they need, when they need it.<sup>4</sup> The School-Based Behavioral Health Program (SBBH) removes barriers to behavioral health services and facilitates social-emotional skill-building by embedding dedicated professionals in every DC school.<sup>5</sup>

As you prepare your proposed budget for Fiscal Year (FY) 2025, we ask you to continue making critical investments in children's behavioral health – and increase the reach and efficacy of the SBBH program – in the following ways:

- **Sustain compensation for SBBH's community-based clinicians, with inflationary adjustments**, so that clinicians are in place to respond to behavioral health needs in DC public schools. At \$98,465 per CBO clinician for each of the 254 schools in the program, the total should be at least \$25 Million for CBO grants.
- **Provide compensation and develop guidance for the SBBH Coordinator role** so that every school's Coordinator is equipped to effectively connect staff, students, and families with school behavioral health resources, at least \$381,000.
- **Pilot the addition of non-clinical staff positions to SBBH teams**, which will increase the reach and capacity of the SBBH program's social-emotional learning and skill-building components, \$2.4 Million.
- **Invest in the development of a District-wide strategic plan for children's behavioral health** to provide a cohesive, whole-system, multi-sectoral and evidence-based approach to the current crisis that includes input from all stakeholders, \$300,000.

### **Sustain Compensation for SBBH’s Community-Based Clinicians**

The goal of SBBH is to ensure students in every DC public school have access to the full range of behavioral health services through the Multi-Tier System of Supports model (MTSS)<sup>6</sup> administered by a licensed clinical social worker or therapist, hired by the school in partnership with a community-based organization.<sup>7</sup> Sufficient funding for these professionals is crucial to the longevity and success of SBBH. DC must fund competitive salaries with increases for inflation to attract and retain a robust, consistent workforce.<sup>8</sup>

In past fiscal years, the CBO grant amount was a patchwork of vacancy savings, American Rescue Plan ACT (ARPA) funds, and a persistently low base salary for clinicians, totaling \$99,371.<sup>9</sup> With ARPA funds expiring this year, the base salary of clinicians must be adjusted to compensate for the loss of these and other one-time funds. To this end, a grant amount of \$98,465 per CBO clinician for FY 2025 should include a clinician base salary of \$74,033, plus fringe, overhead, and supervision costs.<sup>10</sup> Rebasement of the clinician salary will allow both clinicians and CBOs to have more financial stability, which promotes retention and recruitment. The total cost to do this for each of the 254 schools in the program is \$25,010,110.

### **Provide Compensation and Develop Guidance for SBBH Coordinators**

The SBBH program relies on other staff in the school building for referrals, coordination, and communication. The SBBH Coordinator in each school oversees the completion of the important School Strengthening Tool (SST) and Work Plan which identifies each school’s unique needs and guides the work of the SBBH program and other behavioral health services, resources, and programs. SBBH coordinators also play a critical role in ensuring students, families and/or teachers navigate to the correct behavioral health resource in a school building.

Currently, however, this is an unpaid position; duties are layered on top of the designated staff person’s primary job. Coordinators may be social workers, behavioral technicians, heads of special education, or deans of wellness, among other titles. The functionality of the role also varies by school because it is not standardized. It is unclear whether Coordinators have the resources, bandwidth, training, or guidance needed to do their job properly. This ultimately means students, families and teachers may struggle to access the services that the District is funding.

As coordination is essential to the expansion and efficacy of SBBH, SBBH Coordinators should receive compensation for their assigned duties as well as adequate guidance and other needed supports. As a reference point, DC Public Schools pays \$1,500 to schools’ “wellness champions” who perform additional duties that are comparable to the SBBH Coordinator role. At this level for all 254 Coordinators, an investment of at least \$381,000 is required.

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

The MTSS model encompasses a continuum, from foundational social-emotional lessons for all students to one-on-one therapy for those with the most acute needs. Some schools most need Tier 1 and Tier 2 supports, such as school-wide skill-building or group sessions on special topics. These services span vital topics like conflict resolution, emotional intelligence, navigating difficult life moments, bullying, suicide prevention, coping mechanisms, and self-care, but fall outside the scope of billable services. They may also be effectively and safely delivered by an individual with a different background than a licensed clinician.

DBH has discussed creative staffing approaches with stakeholders, and we support exploring the use of non-clinical positions to provide Tier 1 and Tier 2 services in partnership with CBO clinicians. Such an action could have the dual impact of increasing access to much-needed Tier 1 and 2 services *and* creating bandwidth for clinicians to focus on crucial Tier 3 therapeutic services.

We ask for an initial pilot to determine the best approach for adding non-clinical staff to SBBH teams, including the right criteria for hiring, coverage ratios, and the scope of the position. As above, this investment must include competitive compensation, as well as funding for fringe and supervision. We estimate the cost of the pilot will be approximately about \$103,663 per non-clinical staff person.<sup>11</sup>

We recommend focusing the proposed pilot on the 24 elementary schools in Cohort 3. This approach responds to the higher vacancy rate in these schools, providing coverage for Tier 1 and 2 services, and offering consistency for evaluating outcomes. Allocating \$103,663 per professional in each of the 24 Cohort 3 elementary schools would total \$2,487,912 for FY 2025.

With dedicated staff for the implementation of Tier 1 and 2 services, these offerings can be strengthened, coordinated, and responsive. The entire school community can benefit from the health promotion and prevention activities that are core to the SBBH model.

### **Invest in the Development of a District-Wide Strategic Plan for Children’s Behavioral Health**

Just as a clinician will diagnose a patient and tailor a detailed treatment plan, our ailing behavioral health system needs a full workup. Our public investments to date have not overcome workforce shortages, financing deficiencies, licensing challenges, historical harms that cause distrust, quality issues, cultural incongruities, and more. The SBBH program alone cannot solve these complex realities.

In order to deliver the effective, comprehensive, and sustainable behavioral health care District children and families deserve, we call on your administration to create a strategic plan that encompasses the full behavioral health apparatus and relevant stakeholders, including government agencies, CBOs, clinicians, community, hospital, primary care and other service providers, public and private insurance, schools and educators, advocates, families, and youth in the District. This strategic plan should also consider ways to build a professional pipeline, such as programs to expose students to careers in behavioral health and affordable pathways to this profession at local universities.

DC’s former Department of Mental Health created the District’s first-ever comprehensive “Children’s Plan,” which was last updated in May 2012.<sup>12</sup> The expeditious production of a new coordinated vision across agencies and sectors should be initiated with \$300,000 in FY 2025.<sup>13</sup> We suggest a status update within one year, with a final plan by Fall 2026.

We must create a comprehensive, responsive behavioral healthcare system that is more just and equitable for DC children and families.

**Thank you for your continued investment in children’s behavioral health in the District.** Effective behavioral health services provide opportunities for children and teens, families, and school communities to thrive. If fully and thoughtfully implemented, all young people will have access to impactful, well-coordinated care across the full spectrum of services and supports for the diverse and

pressing issues they face. An investment in children's access to behavioral health is an investment in their education, their future, and the future of our communities and city.

We would be happy to provide additional information, discuss our requests, and/or explore how we can support your administration's work on this critical issue. For more information, contact Tami Weerasingha-Cote at [twerasi@childrenslawcenter.org](mailto:twerasi@childrenslawcenter.org).

Sincerely,

The Strengthening Families Through Behavioral Health Coalition and its Partners

ACLU-DC

Advocates for Justice and Education, Inc. (AJE)

American Academy of Pediatrics, DC Chapter

CASA for Children of DC

Child Welfare Monitor

Children's Law Center

Children's National Hospital

Council for Court Excellence

D.C. Hunger Solutions

DC Action

DC Appleseed

DC Charter School Alliance

DC Children's Trust Fund

DC Fiscal Policy Institute

DC Kincare Alliance

DC Special Education Cooperative

Decoding Dyslexia DC

District of Columbia Behavioral Health Association

Early Childhood Innovation Network

Easterseals DC MD VA

Education Forward DC

Education Reform Now DC

EmpowerEd

Fihankra Akoma Ntoaso (FAN-DC)

Foster and Adoptive Parent Advocacy Center

Georgetown Juvenile Justice Initiative

Howard University  
Kindred  
Latin American Youth Center  
Many Languages One Voice (MLOV)  
Mary's Center  
MBI Health Services  
MedStar Georgetown Center for Wellbeing in School Environments (WISE)  
North Capitol Collaborative, Inc.  
Parent Watch  
PAVE (Parents Amplifying Voices in Education)  
Sasha Bruce Youthwork  
School Justice Project  
The MOMENTUM Residency  
Total Family Care Coalition  
Ward 5 Education Equity Committee  
Washington Lawyers' Committee for Civil Rights and Urban Affairs

*The vision of the Strengthening Families Coalition (Coalition) is to ensure DC has a fully integrated behavioral healthcare 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.*

<sup>1</sup> In late 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. Their report warned of “soaring rates of depression, anxiety, trauma, loneliness and suicidality” in children that will have a long-lasting impact on their lives.

*AAP, AACAP, CHA declaration of a national emergency in children’s mental health*, American Academy of Pediatrics (October 19, 2021), available at: <https://publications.aap.org/aapnews/news/17718/AAP-AACAP-CHA-declare-national-emergency-in>

<sup>2</sup> “The increase in children experiencing extreme anxiety and depression has led to an increase in suicidal ideation, with more young people age 12 to 25 presenting to the emergency department (ED) for suspected suicide attempts. [...] The mean weekly number of ED visits for suspected suicide attempts among those age 12 to 17 was 22% higher in summer 2020 and 39% higher during winter 2021 compared with the corresponding periods in 2019.”

ECRI, *Special Report: Top 10 Patient Safety Concerns 2023*, available at: [https://assets.ecri.org/PDF/White-Papers-and-Reports/Top\\_10\\_Patient\\_Safety\\_Concerns\\_2023\\_Special%20Report.pdf](https://assets.ecri.org/PDF/White-Papers-and-Reports/Top_10_Patient_Safety_Concerns_2023_Special%20Report.pdf)

<sup>3</sup> OSSE Releases 2021 Youth Risk Behavior Survey Results, November 2, 2023, available at: <https://osse.dc.gov/release/osse-releases-2021-youth-risk-behavior-survey-results>

<sup>4</sup> *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District* (December 2021), available at: [www.pathforwarddc.org](http://www.pathforwarddc.org) This report is released by Children’s Law Center, Children’s National Hospital, the District of Columbia Behavioral Health Association, Health Alliance Network, Early Childhood Innovation Network, MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry, Parent Watch, and Total Family Care Coalition.

<sup>5</sup> Factsheet: DC’s School-Based Behavioral Health Expansion Program Bridges Gap Between Students and Vital Services, available at: [http://bit.ly/SFC\\_SBBH\\_factsheet](http://bit.ly/SFC_SBBH_factsheet)

<sup>6</sup> SBBH is intended to enable DC 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](https://dbh.dc.gov/sites/default/files/dc/sites/dmh/page_content/attachments/PRIMARY%20GUIDE_SCHOOL%20BEHAVIORAL%20HEALTH_JUNE%202019.pdf)

<sup>7</sup> More specifically, DBH contracts with CBOs that have the capacity to provide all tiers of services. DBH then works with DCPS, OSSE, and the Public Charter School Board (PCSB) to match CBOs with individual schools. Once a school has been successfully matched with a CBO, a full-time CBO clinician is placed in the school to provide full-time behavioral health services. Once the clinician is in place, they work with the school’s leadership, administration, and other behavioral health personnel (such as the school-based behavioral health coordinator, school social worker, or psychologist) to complete the School Strengthening Tool and Work Plan. These documents guide the development and implementation of integrated and comprehensive behavioral health services, designed specifically for that school community.

<sup>8</sup> Washington Post, *The Kids Are Not Okay, And D.C. Schools Stand to Lose Crucial Therapists* by Theresa Vargas, April 19, 2023, <https://www.washingtonpost.com/dc-md-va/2023/04/19/schools-therapists-dc-budget/>

<sup>9</sup> Coordinating Council on School Based Behavioral Health, February 2023 Meeting, presentation slides and notes on file with Children’s Law Center.

<sup>10</sup> Base salary for clinicians of \$74,033 is based on the bottom 10th percentile of salaries in DC (data from Salary.com as of November 13, 2023). Fringe and overhead calculated at 25% (\$18,508 for each). Supervision cost is calculated based on a supervisor’s salary of \$80,766 (bottom 25th percentile of salaries in DC from Salary.com as of November 13, 2023) plus 25% each fringe and overhead, shared between six clinicians. An estimated average of insurance billing revenue for each clinician is about \$37,016. An inflationary adjustment of 4.5% for SY 2024 is based on the most recent 2023Q2 Medicare Economic Index (Forecast, Productivity Adjusted).

<sup>11</sup> Base salary of \$52,672 based on bottom 10th percentile of salaries for bachelor-level Health Educators in DC (data from Salary.com as of November 13, 2023). Fringe and overhead calculated at 25% (\$13,168 for each). Supervision cost is calculated based on a supervisor’s salary of \$80,766 (bottom 25th percentile of salaries in DC from Salary.com as of November 13, 2023) plus 25% each fringe and overhead, shared between six supervisees. An inflationary adjustment of 4.5% for SY 2024 is based on the most recent 2023Q2 Medicare Economic Index (Forecast, Productivity Adjusted). Together, these costs total \$103,663 per professional per school.

<sup>12</sup> The Children’s Plan, available at: <https://dbh.dc.gov/page/childrens-plan>

<sup>13</sup> 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.