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Testimony Before the District of Columbia Council
Committee on Health
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Department of Behavioral Health

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Good morning Chairman Gray and members of the Committee on Health. My name is Judith Sandalow. I am the Executive Director of Children's Law Center[1] and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

Introduction

Children's Law Center has provided testimony to the Council regarding the Mayor's proposed budget for the Department of Behavioral Health (DBH) every year for well over a decade.[2] Year after year, we testify that many of the children we work with – children in the foster care system or receiving special education services – only need our services because their mental health needs have gone unaddressed. Many of these children have faced multiple adverse childhood experiences resulting in complex trauma and need access to high quality services to achieve stability.

Addressing the trauma our children have experienced and meeting their mental health needs have never been more relevant or more urgent for our city. Our children are feeling the full weight of the pandemic, the economic crisis, and now, most recently, the pain underlying the protests and calls for racial justice that have roiled our city and our nation.

In addition to losing instruction and learning time, children have lost the sense of security that the structure and routine of school provides. They have also lost the critical social connections they have to friends and teachers. We do not know what summer or the next school year will look like for our children. All this uncertainty and loss have been compounded by the dire economic situation that many of our most vulnerable families are facing.[3] As a result, our children are experiencing high levels of emotional stress and trauma - making access to mental health services more critical than ever.[4]

There is good reason to hope that with sound public health and economic policies in place we can recover from the pandemic without too many more lives lost and that our economy will be able to recover relatively quickly. But there are no guarantees. That's why the decisions we make now about how to prioritize our spending over the coming fiscal year are so critically important. We agree with Mayor Bowser's call for a recovery that creates a more equitable and resilient city.[5] The investments we make in our budget today can help mitigate harms caused by years of structural racism and inequity which have been highlighted by the pandemic crisis and recent protests. So many of our children and families are just barely hanging on in the current situation. The decisions you make now can help keep them from falling over the edge – or push them over.

It is in this context that we view the Mayor's proposed FY21 budget for DBH. We understand that the financial constraints the District is under due to the pandemic require "shared sacrifice." Our children's mental health, however, cannot be part of what is sacrificed by our budget decisions. Rather, providing mental health supports to our children is an essential part of our response to the pandemic crisis and must be prioritized in our budget accordingly. We urge this Committee and the Council to maximize revenue opportunities in order to allow residents with more capacity to share the economic burden of the pandemic. And, when choosing how to allocate resources, to prioritize those services that prevent further harm by giving children and families the mental health supports they need to mitigate the effects of trauma and maintain or achieve the stability they need to succeed.

At the agency level, the Mayor's proposed budget includes a significant cut of $24.7 million to DBH's overall budget – nearly eight percent.[6] The weight of this drastic cut is largely borne by the Community Services Division, which suffered a cut of nearly $33 million –a 22.5 percent reduction from FY2020.[7] This Division provides prevention, early intervention, and community-based behavioral health services and supports for adults, children, youth and their families.[8] Our testimony identifies key programs and line items affected by the severe reduction in the Community Services Division, and explains why funding for these programs must be restored or expanded in order to support the critical mental health needs of our children and families.

The Council Should Preserve and Expand School Based Mental Health Services

DBH's expansion of school based mental health services is close to completing its second year of implementation. This expansion takes a public health approach to providing mental health services to children in their schools and communities and involves DBH partnering with community-based organizations (CBOs) to bring mental health services to all public schools – both traditional and charter – in the District of Columbia. The goal of this reform is for all public schools to have Tier 1, Tier 2, and Tier 3 behavioral health supports, consisting of a variety of programs and services that individual schools can tailor to meet the needs of their students and community.[9] The original plan was to bring this expansion to all 200+ public schools within four years – i.e., by FY2022.

As we testified during DBH's Performance Oversight hearing in January, the second year of implementating the expansion has gone significantly better than the first year.[10] The vast majority of schools in Cohorts 1 and 2 have CBO clinicians providing services to students, and only a handful of schools still need to be matched with a CBO.[11] In addition, nearly all of the Cohort 1 and 2 schools were able to complete the School Strengthening Tool and develop a Work Plan, both of which are essential for the school and the CBO clinician to collaborate effectively on how best to serve the mental health needs of their specific students and community.[12]

These improvements in Year 2 of the school based mental health expansion can be attributed in large part to critical investments DBH made in supporting the program, beyond the CBO grants themselves. First, significant investments were made to facilitate schools fully engaging in the program. DBH entered into an MOU with DCPS and OSSE to fund two dedicated staff to support schools in the expansion process. DBH also created a team of clinical specialists to provide CBOs and schools with consultative services and technical assistance, identify gaps in services, and support School Behavioral Health Coordinators (individuals appointed at each school to ensure collaboration and coordination of the whole school behavioral health/wellness team).

Second, DBH funded and launched a Community of Practice (CoP) for the program, which provides support, training and technical assistance for the school based providers. The clinicians from the program meet regularly with support from the CoP technical assistance managers and Program Coordinator to solve problems, discuss insights, share information, and develop tools and frameworks to make their programs more successful.

Each of these components of the school based mental health expansion program was key to improving the program and getting clinicians into schools faster. DBH this year has made further investments in the infrastructure of the program, including contracting with Child Trends, a nonprofit research organization, to evaluate the expansion of comprehensive school behavioral health supports in DC and promote

continuous quality improvement. DBH is also proactively working with graduate schools and CBOs to promote workforce development events and tools with the goal of establishing an adequate workforce pipeline of clinicians to participate in the program. DBH also began the CBO grant cycle for Cohort 3 much earlier – in February 2020 – to ensure ample time for the new clinicians to be hired and in place before the start of the 2021 school year. With these improvements in place, the school based mental health program is poised to have an even more effective third year of implementation.

Unfortunately, the Mayor's proposed budget does not include funding for this third year of implementation, despite DBH's careful planning and infrastructure investments. Although the Mayor made a point of highlighting $1.5 million in "new" federal funds for expanding school based mental health, this money simply supplanted local dollar spending – leaving the program's funding flat from FY20 to FY21.[13] Further, information provided during DBH's budget briefings suggest that the administration may want to go ahead and expand services to more schools without providing any additional funding.

With funding for the program remaining flat, it seems likely that the only way to continue expansion is to cut funding to other aspects of the program as it exists. This could include cutting the grant amount per school, cutting funding for the Community of Practice or the evaluation program, reducing the number of DBH supervisor

positions, or eliminating funding for the two staff positions at DCPS and OSSE that support the program. Cuts to the program as it exists risk destabilizing the program and making it ineffective.

We ask this Committee and the Council to ensure the effectiveness of the school based mental health program is not compromised or undermined because of inadequate funding. Rather, we urge the Committee to fully fund the planned third year expansion of the program and bring much needed mental health services to 60 additional school communities. This will keep the program on track to reach all DC public schools by FY2022.

The fact that schools will almost certainly return to some form of distance learning this fall or winter, or that school may be a different experience for our kids, perhaps with staggered schedules and socially distanced classroom, only underscores the urgency of supporting the expansion of school based mental health. This past year, CBO clinicians not only worked to help children overcome the stress and trauma caused by the pandemic, these clinicians also played an important role in keeping vulnerable and at-risk children connected to their school communities during school closures by providing remote services to children and families and by simply reaching out to children and families that have otherwise had no contact with the school. These clinicians will be a critical tool for keeping students engaged and school communities

connected as we continue through the pandemic uncertainty that may require long stretches of distance learning again in the fall.

The amount of money at issue is relatively small. To fully fund the planned expansion to 60 schools would require approximately $4 million total – which equals roughly $70,000 per school. Given the unprecedented struggles our students are facing, we must do everything we can to give them the mental health supports they need. We urge the members of this Committee to take up this call to action and ensure that the school based mental health expansion is fully funded for FY2021.[14]

The Council Must Reverse Behavioral Health Spending Cuts that Would Devastate Community Providers and Further Restrict Access to Mental Health Services

The Mayor's proposed FY2021 budget for DBH includes two highly impactful cuts to spending on behavioral health services. The budget for Behavioral Health Rehabilitation (line 6970), which funds behavioral health services for residents that are not otherwise eligible for Medicaid and services only covered by local funds, is decreased by $4.4 million (a cut of more than 33 percent compared with FY2020).[15] The budget for Behavioral Health Rehabilitation – Local Match (line 6980), which comprises DC's local dollar contributions for behavioral health services covered by Medicaid, is decreased by $5 million (a cut of more than 17 percent compared with FY 2020).[16] The effect of this $5 million cut is multiplied because of the federal reimbursement dollars DC loses out on. The federal government reimburses DC for more than 70 percent of its spending on Medicaid-eligible behavioral health services. As a result, every dollar of

local funds spent on Medicaid-eligible behavioral health services actually equals more than three dollars of total spending (federal + local dollars combined) on services. Because of this, the Mayor's proposed $5 million budget cut would result in a decrease in spending of more than $16.5 million (federal + local dollars combined). In total, the effect of reducing these two budget line items is an astounding $21 million dollar reduction in spending on behavioral health services for DC residents.

It's hard to imagine how such a drastic cut in spending on behavioral health *wouldn't* severely impact the people relying on those services. Yet, that appears to be the administration's position on these cuts. The Mayor's proposed budget acknowledges that these cuts would amount to a reduction of at least "$7,095,000" in hours of care provided by the community support services,[17] and during budget briefings, Dr. Bazron stated these cuts would largely take the form of authorization limits (i.e. limiting the amount of services approved). Dr. Bazron asserted, however, that DBH did not think the number of people receiving services would decrease – rather, the service providers would be "incentivized" to be more efficient and effective in treating mental health disorders and substance use disorders.

In our view, providing funding for fewer hours of service means that people who need those services will have a harder time accessing them. Lack of access to services means people will continue to suffer from unaddressed mental health problems that undermine their ability to succeed in other aspects of their lives – like maintaining

stable families, succeeding at school, or securing a job and safe place to live. We fully support moving towards value-based purchasing for behavioral health services (which means linking payments to providers to meeting evidence-based definitions of and expectations for successful treatment).[18] But appropriate policies, metrics, and standards must be in place for this to be done effectively. This is not what the administration is proposing here. Rather, the administration is merely attempting to disguise severe cuts to services our most vulnerable communities rely on as a move towards "efficiency and effectiveness."

In addition to taking services away from people who need them, these cuts will devastate community providers of behavioral health services. The $21 million reduction in spending on behavioral health services directly impacts their revenues. Community behavioral health providers already operate on razor thin margins and have taken a hard financial hit from the pandemic. A further drop in revenues will likely result in layoffs or worse, entire provider organizations shutting down completely.

Our clients, along with children and families throughout the District need our community providers to stay in business. The behavioral health system for children and families was already woefully inadequate. As we have detailed in several published reports and papers, as well as in numerous testimonies over the years, children in DC with behavioral health conditions often struggle to access the quality

public behavioral health services they need in a timely manner.[19] For example, in FY2019, it took an average of 22 days for a child enrolled with a CSA to receive a diagnostic assessment – only the first step towards treatment if indicated.[20] For children needing an initial appointment for medication management with a psychiatrist, it took an average of 76 days to see a psychiatrist.[21]

Further, there is a scarcity of behavioral health care providers that are able to provide services for children and youth in DC, particularly for very young children (under 5 years), families whose first language is not English, and children with Autism Spectrum Disorder or developmental delays.[22] Providers for children and youth require specific evidence-based training and experience in order to serve this specific population.[23] Currently, the shortage of child-serving providers in DC results in long wait times for initial appointments and significant delays in obtaining treatment for urgent conditions.[24]

These proposed cuts will push more providers out of the system, exacerbate these problems, and make it even harder for children and families to access much needed behavioral health services. Shuttering community providers also threatens the stability of the school based mental health program – these are the same providers that partner with schools to place clinicians in the schools. Without these community providers, the school based mental health program doesn't work. We therefore urge

this Committee and the Council to restore the two budget lines for community provider behavioral health services.

DBH Should Renew its Contract with District of Columbia Mental Health Access in Pediatrics (DC MAP)

Funded by DBH since 2015, DC MAP is a program designed to improve mental health integration within pediatric primary care by providing pediatricians who have mental health-related inquiries about specific children real-time phone access to psychiatrists, psychologists, social workers, and care coordinators.[25] DC MAP also provides education and technical assistance to pediatricians regarding how to identify and address mental health issues in the primary care setting – improving pediatricians' abilities to assess patients and treat patients with anxiety and mood disorders. The program also facilitates referrals and coordination for patients who need community-based specialty services.[26]

We view DC MAP as a cost-effective and innovative program that helps to address the mental health needs of the District's youth early with a population-based, prevention framework. Since its inception, DC MAP has received almost 3,000 consultation requests regarding 2,486 unique patients. Over 75% of DC MAP's consultation requests are for children covered by DC Medicaid – demonstrating that the program provides invaluable support to DC's most vulnerable children and their

families.[27] With the dramatic growth in the program's utilization over the past 5 years, DBH's continued support for DC MAP is essential.

Unfortunately, that support is not clearly established in DBH's proposed budget for FY2021. DBH's five-year contract with DC MAP ended in February, and since then the program has been maintained through "bridge funding" from DBH. To date, we have not been able to ascertain whether DBH's proposed budget for next year includes funding for a new contract with DC MAP.

We urge the Council to ensure DC MAP is fully funded for FY2021 and beyond, so that this critical program continues to be a resource for pediatricians in the District and reaches more children every year.

Continued Support for Healthy Futures is Good for Children and Families

DBH's Early Childhood Mental Health Consultation project, Healthy Futures, provides consultation services to child development centers and home childcare providers, as well as directly to children and families. These services are provided by a mental health professional with the goals of building professional skills and capacity to promote social emotional development and prevent escalation of challenging behaviors. This program follows a nationally recognized model and offers both center-based and child and family-centered consultation services, provided by a mental health professional, to early care and education providers and family members to promote social emotional development, prevent escalation of challenging behaviors and provide

appropriate referrals and services. Program data has consistently shown positive results, including lower than national average expulsion rates and improved self-regulation in children with challenging behaviors. We are pleased to see DBH's proposed FY2021 budget includes continued support for this important program.[28]

The Council Should Consider Revenue-Raising Opportunities to Help Meet the Mental Health Needs of Children and Families

Eliminate Ineffective Tax Expenditures

Eliminating ineffective tax expenditures is an efficient way to address the District's budget shortfall for FY21 and will avoid the short- and long-term harm to the city of cutting program budgets. The District currently offers a number of tax incentive programs that are purportedly designed to encourage business development in DC. These programs cost the District tens of millions of dollars every year but have not yielded any demonstrable economic benefits to the city.[29] In particular, the Council should consider eliminating both the Qualified High Technology Company (QHTC) tax expenditure program and the Qualified Supermarket tax expenditure program.

The QHTC tax expenditure program cost the District over $45 million in FY2017. During its most recent statutorily-required review of DC's tax expenditures, the Office of Revenue Analysis (part of the Office of the Chief Financial Officer) concluded that gains in DC's high tech sector cannot be attributed to the QHTC tax expenditure program, even though the program will continue to cost at least $40 million per year in foregone revenue.[30] The report also found that a small number of large companies are

"taking disproportionately large amounts of QHTC credits without evidence of commensurate economic benefit to the District" and noted that "it is not clear whether they engaged in any new economic activities because of the incentives."[31] For almost the entire lifetime of this program, more QHTC credits have been claimed by companies headquartered in Virginia than companies headquartered in D.C.[32]

The Qualified Supermarket tax expenditure program cost the District over $5 million in FY2017. The laudable goal of this program is to incentivize the opening of new grocery stores in low-income parts of the city that suffer from limited access to affordable and nutritious food. Despite costing nearly $30 million dollars in foregone revenue between 2010 and 2017, the Office of Revenue Analysis report concluded that the program "cannot be shown to have affected supermarkets' location decisions, generally, or produced economic or other benefits that would not have happened but for the incentives."[33]

These tax expenditure programs are costing the District tens of millions of dollars in foregone revenue every year and providing nothing in return.[34] There are many difficult decisions to be made during this budget cycle – but this is not one of them. The Council should redirect these funds to support essential services to families suffering through the pandemic crisis.

Repurpose "Special Purpose" Funds

The Council should also carefully examine opportunities for repurposing special purpose funds rather than cutting much-needed housing, public health and education services. There are more than 250 active special purpose funds, which are funds established by statute to fund a particular government program using fees and assessments imposed on licensees and users of government services.[35] The total revenue in all these funds made up 5% (about $800 million) of DC's total gross budget revenues in the previously approved FY20 budget.[36]

Many special purpose funds spend less than the revenues they raise in any given year and carry large and increasing fund balances. In 2017, for example, the total revenue collected by all DC special purpose funds exceeded their total expenditures by $52 million.[37] The DC Auditor found that 37% of special purpose funds spent less than 50% of their total FY2013 through FY2017 revenues.[38] For "non-lapsing" special purpose funds,[39] this unspent money remains in the fund and is carried over to the next fiscal year. On a number of occasions in the past, the Council has transferred unspent special purpose funds to the General Fund so that the funds can be repurposed for other programs.[40]

Now, more than ever, is the time for the Council to repurpose any available special purpose funds to help plug budget gaps created by the economic fallout from the COVID-19 pandemic. This certainly includes transferring unspent funds in non

lapsing funds to the General Fund unless the funds are contractually committed to expenditures in future fiscal years or otherwise restricted or earmarked for vital government programs. It should also include a review of agency current fiscal year expenditures of special purpose funds to determine whether any savings or efficiencies can be identified to free up funds that could be transferred to the General Fund. Repurposing special purpose funds wherever possible would help promote a more just and equitable budget.

Conclusion

We have an opportunity and an obligation to create a budget that provides DC's children and their families the tools they need to survive, stabilize, and then thrive as we emerge from this unprecedented public health emergency and the economic fallout. Addressing the mental health needs that result from the many traumas our most vulnerable and disadvantaged children experience is also an essential step towards mitigating the harm caused by generations of structural racism and inequity.[41] As the Council considers the Mayor's proposed FY21 budget, we ask that you remember the children and families who are so affected by the cuts and investments proposed and reflect honestly about the short- and long-term impact these budget decisions will have. Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

[1] Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With nearly 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

[2] Children's Law Center. *Testimony Before the District of Columbia Council Committee on Health*, 2010 – 2020. *Available at:* https://www.childrenslawcenter.org/testimony.

[3] According to the DC Department of Employment Services, 109,361 new unemployment insurance claims have been filed since March 13, 2020. DOES DC [@DOES_DC]. (2020, June 4). *Available at*: https://twitter.com/DOES_DC/status/1268528273727926275/photo/1. DC's April unemployment rate was reported to be 11.1 percent. Jeff Clabaugh, *DC Metro April Unemployment Rate Jumped to 9.9%*, June 4, 2020. *Available at*: https://wtop.com/business-finance/2020/06/dc-metro-april-unemployment-rate-jumped-to-9-9/.

[4] See Perry Stein, *"Low Attendance and Covid Have Ravaged D.C.'s Poorest Schools – Fall Will Be About Reconnecting,"* Washington Post, May 10, 2020, ("And when students do finally return to the classrooms, [DCPS Chancellor] Ferebee said the immediate focus will be on students' mental health, addressing the trauma that many students have experienced during the health emergency. … 'It's traumatic. . . . Kids have experienced trauma and stress,' Ferebee said in an interview."). *Available at:* https://www.washingtonpost.com/local/education/in-dc-schools-spring-wasravaged-by-covid-and-disconnection-fall-will-be-about-catching-up/2020/05/10/60ad1774-8b3f-11ea-8ac1bfb250876b7a_story.html.

[5] Mayor Bowser's ReOpen DC committees have placed a special emphasis on resilience and equity. *See* Government of the District of Columbia. *ReOpen DC*, April 23, 2020. *Available at:* https://coronavirus.dc.gov/reopendc.

[6] DBH Budget, Table RM0-1, p. E-25.

[7] DBH Budget, Table RM0-4, p. E-30.

[8] DBH Budget, p. E-34.

[9] Tier 1 refers to mental health promotion and prevention for all students, including increased parent awareness of mental health resources, student-centered learning and wellness events, and teacher-centered professional development on trauma informed care and mental health. Tier 2 is focused group and individual intervention for students at-risk of mental health challenges and includes clarifying referral process and improving support structures for referred students, student group sessions and trauma-related professional development for staff. Tier 3 is intensive support and interventions for individual students and includes: community based organization clinician to facilitate support group, referral process to refer individual students or families for additional support, develop school policies and protocols for mental health crises, and provide in-school clinical service for families and individual students.

[10] Children's Law Center. *Testimony Before the District of Columbia Council Committee on Health,* January 31, 2020. *Available at:* https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/Children%27s%20Law%20Center%202020%20Performance%20Oversight%20Testimony%20for%20DBH%20-%20SG%20testimony%20v2.pdf.

[11] Data provided by the Coordinating Council.

[12] The School Strengthening Tool & Work Plan were 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. Based off the information from the School Strengthening Tool the School Behavioral Health Coordinator develops and then uses that assessment to create the work plan for the school to address its unique needs. Data from Coordinating Council.

[13] *See* Mayor's April 18 Presentation at 21; DBH, Budget Briefing for the Coordinating Council on School Behavioral Health (May 28, 2020).

[14] During a recent meeting with advocates, Jenny Reed, Director of the Office of Budget and Performance Management, made statements suggesting that there may be some amount of new funding for school based mental health services in the FY2021 budget, over and above the $12 million allocated in FY2020. Although we have sought clarity on this point from multiple sources, we have not been able to confirm whether there are additional funds, and if so, what the amount is. Given Dr. Bazron's unequivocal statements that funding for school based mental health services will remain flat in FY2021, we are relying on the information provided by DBH during several budget briefings. Even if there is some small amount of additional funding for school based mental health that Dr. Bazron was not aware of when she provided her budget briefings, our arguments remain largely thdcfre same – nothing less than the full $4 million that was planned will be sufficient to meet our children's mental health needs.

[15] DBH Budget Briefing (May 28, 2020); DBH Budget, p. E-35. Please note: these numbers are different from those published in the Mayor's Proposed Budget Books. DBH provided corrected numbers during its budget briefings.

[16] *Id*.

[17] DBH Budget, p. E-37.

[18] Children's Law Center. *Addressing Children's Behavioral Health Needs Through Changes to DC's Medicaid Program,* February, 2020, p. 7. *Available at:* https://www.childrenslawcenter.org/sites/default/files/AddressingChildBHNeedsThroughDCMedicaidChanges_Feb2020%20FINAL.pdf.

[19] *Id.*; Children's Law Center. *Principles and Values to Guide Child and Adolescent Public Behavioral Health Care System Transformation in DC,* June, 2019. *Available at:* https://www.childrenslawcenter.org/sites/default/files/Principles%20and%20Values%20to%20Guide%20Child%20and%20Adolescent%20Public%20Behavioral%20Health%20Care%20System%20Transformation%20in%20the%20District%20of%20Columbia_June%2021%202019.pdf; Children's National, Children's Law Center, and DC Behavioral Health Association. *Behavioral Health in DC for Children, Youth & Families: Understanding the Current System,* 2019. *Available at:* https://www.childrenslawcenter.org/sites/default/files/Children%27s%20Behavioral%20Health%20in%20DC%20Current%20System%20FINAL%20DRAFT%20max%20edit%202.14.19_1.pdf; Children's Law Center. *Testimony Before the District of Columbia Council Committee on Health*, 2010 – 2020. *Available at:* https://www.childrenslawcenter.org/testimony.

[20] DBH, *FY2019 Performance Oversight Responses*, response to Q19. *Available at*: https://dccouncil.us/wp-content/uploads/2019/04/dbh.pdf. Mental Health Rehabilitation Services (MHRS) regulations governing certification standards for Core Service Agencies (CSAs) require that CSAs provide consumers with an intake appointment within seven business days of the initial referral. *Available at:* §22-A D.C.M.R. §3411.5(f).

[21] DBH, *FY2019 Performance Oversight Responses*, response to Q44. *Available at*: https://dccouncil.us/wp-content/uploads/2019/04/dbh.pdf.

[22] DC Health Matter Collaborative. *Community Health Needs Assessment*, June 2019, "Specifically, participants perceived a shortage of psychiatrists (particularly pediatric psychiatrists), child psychologists, drug and alcohol abuse counselors, and fully licensed therapists." *Available at:* http://www.dchealthmatters.org/content/sites/washingtondc/2019_DC_CHNA_FINAL.pdf.
[23] U.S. Department of Health and Human Services. *Mental Health: A Report from the Surgeon General*, 1999, p.123, "...it is important to underscore the often heard admonition that 'children are not little adults.' Even more than is true for adults, children must be seen in the context of their social environments, that is family, peer group, and their larger physical and cultural surroundings." *Available at*: https://archive.org/stream/mentalhealthrepo00unit/mentalhealthrepo00unit_djvu.txt.
[24] 6 WAMU. *D.C. Lacks Mental Health Providers, Especially for Youth*, June 25, 2019, "[Director of the Child Health Data Lab at Children's National Health System] Chaya Merrill says there are long wait times to see the few trained mental health providers that specialize in youth." *Available at*: https://wamu.org/story/19/07/25/d-c-lacks-mentalhealth-providers-especially-for-youth/.
[25] DC MAP: Mental Health Access in Pediatrics Homepage. *Available at*: https://dcmap.org/.
[26] DBH, *FY2019 Performance Oversight Responses*, response to Q64. *Available at:* https://dccouncil.us/wp-content/uploads/2019/04/dbh.pdf.
[27] *Id*.
[28] According to DBH's Budget Briefing, the Mayor's proposed FY2021 DBH budget includes $2.5 million for Healthy Futures, which will support an expansion of the program to include 136 child development centers. DBH Budget Briefing (May 28, 2020)
[29] DC Office of Revenue Analysis, *Review of Economic Development Tax Expenditures*, November 2018, p. 8-18, ("Overall, the District's economic development tax incentives support the District's broad economic development goals as designed, however various issues with each of the incentives prevent an assessment of their effectiveness in meeting the respective incentive goals.").
[30] *Id*. at 11-12.
[31] *Id*. at. 12.
[32] *Id*.
[33] *Id*. at 14.
[34] *Id*. at 18 ("This report found that QHTC and Supermarket tax incentives are not well targeted, meaning many companies may be receiving benefits—sometimes very large sums, in the case of several large QHTCs—to do what they may have done without the incentive.").
[35] For example, the Department of Consumer and Regulatory Affairs administers the "Basic Business License Fund," which collects millions of dollars each year from business license fees; these funds are intended to defray the cost of operating DCRA's basic business licensing system. *See* DC Office of Revenue Analysis, *DC Special Purpose Revenue Funds Report,* February 2015, p. 55 (OFA Report). *Available at:* https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/Special-Purpose%20Report%202015.pdf.
[36] Office of the Budget Director. *Budget 201*, January 2020. *Available at:* https://static1.squarespace.com/static/5bbd09f3d74562c7f0e4bb10/t/5e1f336250c19021ca91c618/1579103075310/DC+Budget+201+FINAL+-+1.10.20.pdf; Government of the District of Columbia. *FY2020 Approved Budget and Financial Plan,* July 2019, p. 1-8. *Available* at: https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/DC_OCFO_Budget_Vol_1_0.pdf. *See also* https://districtmeasured.com/2020/02/.

[37] Office of the DC Auditor. *Elected Officials Create Special Funds But 'Sweep' Dollars for Other Purposes,* April 2019, p. 2. *Available at:* http://dcauditor.org/report/elected-officials-create-special-funds-but-sweep-dollars-for-other-purposes/.

[38] *Id*. at 10.

[39] A non-lapsing fund's unspent revenue is continuously available for use in subsequent fiscal years for the particular program in question. In contrast, any unspent revenue in a lapsing fund is automatically transferred to the General Fund at the end of the fiscal year.

[40] The DC Auditor found 72 instances of such repurposing, amounting to more than $142 million in FY2013 through FY2017. Office of the DC Auditor. *Elected Officials Create Special Funds But 'Sweep' Dollars for Other Purposes*, April 2019, p. 2. *Available at:* http://dcauditor.org/report/elected-officials-create-special-funds-but-sweep-dollars-for-other-purposes/. D.C Although the DC Auditor's report criticized this practice, transferring and repurposing unused or underutilized special purpose funds nonetheless offers an essential tool in the current budget emergency.

[41] Trent, M., Dooley, D.G., Dougé, J. (2019) The impact of racism on child and adolescent health. *Pediatrics, 144*(2). *Available at*: https://doi.org/10.1542/peds.2019-1765.