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

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## **Introduction**

Good morning, Chairman Gray and members of the Committee. My name is Tami Weerasingha-Cote. I am a Senior Policy Attorney at Children's Law Center<sup>1</sup> 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.

I appreciate this opportunity to testify regarding the recent performance of the Department of Behavioral Health (DBH). I am also grateful for the chance to speak directly with the Committee regarding the significant behavioral health needs of DC's children and families, which have only increased due to the pandemic and our struggling economy, as the Council considers changes to the District's budget for FY2021 and beyond.

As we have testified consistently for years, tens of thousands of children in the District likely have an identifiable mental health disorder that requires treatment, but year after year, the data shows that only a fraction of these children actually receive mental health services.<sup>2</sup> Over the past seven months, the behavioral health needs of DC's children have ballooned due to the disruption, insecurity, and toxic stress caused by the pandemic and its economic fallout. According to a Gallop poll of parents with

school-aged children conducted in May 2020, 29% of parents reported that their children were experiencing harm to their emotional or mental health because of the pandemic.<sup>3</sup> Early research studies bear this out, finding:

- High rates of clinginess, distraction, irritability, and fear among children, particularly younger children;
- High rates of anxiety, depression, and post-traumatic symptoms among children and adolescents; and
- Increases in some substance use among adolescents.<sup>4</sup>

Children in the Black and Latinx communities are bearing particularly heavy burdens right now. Their communities have been the hardest hit by both the pandemic and its economic fallout, exposing and aggravating years of structural racism and inequities. Ensuring these communities have access to behavioral health services so that these children and their families can cope with their disproportionately heavy burdens is vital to achieving racial justice.

Although there are many challenges to connecting children with the behavioral health services they need, the potential consequences for the children who don't receive these supports and resources are grave. Many of the children we work with – children in the foster care system or receiving special education services – only need our help because their behavioral health needs have gone unaddressed. Even our well-trained lawyers have difficulty connecting children to appropriate behavioral health services

and cite the lack of timely, quality and appropriate behavioral health services as one of the greatest barriers to success for our children.

Today, I want to speak to you about four critical programs that are bridging this gap by making behavioral health services and resources accessible to children and their families where they are: in schools, in child care facilities, and in pediatricians' offices. My testimony will largely focus on the DBH-led expansion of the school based mental health program, which is now in its third year of implementation. I will also discuss several programs that support the mental health and emotional well-being of children and families: the DC Mental Health Access in Pediatrics program ("DC MAP"), HealthySteps, and Healthy Futures.<sup>5</sup>

On behalf of CLC and the vulnerable children and families we represent, I ask this Committee and the Council to acknowledge the behavioral health needs of our children and commit to meeting these needs as part of the city's COVID response. This requires not only funding and supporting the school-based mental health expansion, DC MAP, HealthySteps, and Healthy Futures – but also investing in our behavioral healthcare system. During the last budget cycle, the Mayor sought to cut over \$21 million in spending on community-based behavioral health services. These proposed cuts would have devastated our already fragile behavioral healthcare system, and we are grateful that the Council was able to restore much of this funding. But the system is still struggling to deal with the nearly \$9 million cut for this fiscal year that the Council

was not able to restore. As the Council weighs revisions to this year's budget, we urge the Council not to consider further cuts to spending on behavioral health services. In these challenging times, we need more spending on behavioral health services, not less.

### **Expansion of School Based Mental Health**

One of the easiest ways to improve access to mental health care for children is to provide services where they spend most of their time – school. Even though school buildings have been closed due to the pandemic, school is still one of the best ways to connect with children throughout the District and identify those with behavioral health needs. School based mental health clinicians have continued to offer virtual counseling services to students throughout the pandemic and work closely with school leaders to identify additional students in need of such services, as well as ways to promote the social and emotional health of students in a virtual setting.

DBH's school based mental health expansion program takes a public health approach and partners with community-based organizations (CBOs) to bring mental health services to children in all public schools – both traditional and charter. Providing school based mental health services throughout the District is a goal that DBH has been working toward for over a decade. The new comprehensive public health approach to school based mental health was developed and informed by a collaborative, interagency process that included representatives from government agencies, members of the DC Council, mental health providers, parents, organization leaders.<sup>6</sup> This diverse group of

stakeholders currently comprise the Coordinating Council on School Behavioral Health, which is tasked with guiding implementation of the expansion in an effective manner.

DBH began to implement the expansion of the school based behavioral health program during SY18-19. The goal of the program is for all public schools to provide a full array of behavioral health supports at three tiers: mental health promotion and prevention for all students (Tier 1), focused interventions for students at-risk of developing a mental health problem (Tier 2), and intensive support/treatment for individual students who already have a mental health problem (Tier 3). Schools are provided a list of CBOs that, through funding from DBH, have the capacity to provide all tiers of services. Once a school has been successfully matched with a CBO, a full-time CBO clinician will be placed in that school to plan or assist in school-wide mental health initiatives.

DBH is currently in the third year of implementing the school based mental health expansion program. Despite the pandemic and delays in the District's process for determining the FY2021 budget, the program is off to a very strong start in its third year. As of October 9, 2020, all except 1 of the 160 schools currently participating in the program have been matched with a CBO. Of these, 134 have already hired and onboarded a clinician who is providing services to students.

In addition to placing CBO clinicians in schools, significant work has been done to build additional supports for the program and ensure its success. Each school

identifies a current member of the school administrative team to serve as its School Behavioral Health Coordinator (SBHC). The SBHC is responsible for coordinating all of the behavioral health services being offered at the school. The SBHC also collaborates with the school mental health team to identify school-wide or classroom trends in social, emotional, and behavioral health needs and develop student programming based on those trends. Each SBHC is supported by DBH clinical specialists, who provide schools and CBOs with consultative services and technical assistance. Additionally, the DBH clinical specialists can help to identify gaps in services and fill those gaps.

With this infrastructure in place at the school level, schools have been able to complete the School Strengthening Tool and Work Plan. These can be used by the school's administrative or mental health team to provide integrated, comprehensive school mental health services.<sup>7</sup> The school strengthening tool prioritizes the following four domains: school counseling, psychological, and social services; employee wellness and health promotion; family engagement; and social and emotional climate. Based on the information from the School Strengthening Tool, the SBHC develops an assessment that is used to inform the work plan for the school. The Work Plan outlines school goals underlying the three tiers of support and identifies general trends, strengths, areas of concern, and guidance to be mindful of going forward.

DBH is funding two full-time positions at OSSE and DCPS to support implementation of the school based mental health program. OSSE's School Behavioral Health Outreach Specialist is focused on supporting charter schools in fully integrating the expansion in accordance with individual school goals and plans. DCPS's School Mental Health Expansion Manager is responsible for vetting CBOs and matching them with schools, supporting SBHCs, and developing monthly reports on the expansion for DCPS leadership. Establishing these roles at OSSE and DCPS has already benefited the program and resulted in a much faster implementation of the program for Cohort 3 schools.

At the community level, the DC School Behavioral Health Community of Practice (CoP) was launched in September 2019 to facilitate strategic collaboration between school personnel, community leaders, and CBO clinicians. The CoP is an important addition to the program in terms of offering support, training, and technical assistance to school-based providers. It meets on a monthly basis to share information, solve problems, and support implementation of best practices. The CoP functions as an ongoing learning collaborative for providers that helps ensure quality services and adequate support for performance improvement.

Finally, DBH announced last month that it is partnering with Child Trends, a nonprofit research organization, to evaluate the school based mental health expansion. The evaluation will focus on processes and outcomes at both the system-level and the



school-level. Ultimately, the evaluation will result in a series of brief reports that describe how the expansion is being implemented over time, the outcomes associated with implementation, and actionable recommendations. This information can be used to guide policy decisions regarding how to strengthen and improve the program.<sup>8</sup>

These various infrastructure components, along with robust interagency communication and coordination, are critical to the continued efficacy and functionality of the school based mental health program. To ensure that all children in the District receive the supports they need to succeed, we ask the Committee to continue to make the expansion of school based mental health a top priority.

#### **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.<sup>9</sup> 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.<sup>10</sup> 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.

Over the past five years, DC MAP has received over 3,800 consultation requests regarding 3,280 unique patients. A majority 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.<sup>11</sup> Since the start of the pandemic, the need for DC MAP's services has become even more pronounced. Providers and care coordinators report that symptoms have been more acute and more time-sensitive, and many cases have been more complex, requiring involvement from multiple clinicians on the team. Depression, anxiety, and ADHD are the three most commonly reported concerns. There has also been an increase in requests for grief counseling as well as behavioral and parenting support for children and families that are struggling.

With the dramatic growth in the program's utilization over the past 5 years, and the increased need for these services caused by the pandemic, DBH's continued support for DC MAP is essential. Unfortunately, DBH's five-year contract with DC MAP ended in February. Although funding for DC MAP has been extended at the current level, the length of the extension is unknown, and DBH has not indicated when the next RFP will be released. 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.

### **HealthySteps DC**

HealthySteps is an evidence-based national model pediatric primary care program that provides infants and toddlers with social-emotional and development support by integrating child development specialists into primary care and strengthening family engagement. Here in the District, an enhanced version of HealthySteps (HealthySteps DC) is currently being implemented at two sites in Ward 8: Children's Health Center – Anacostia and Children's Health Center at THEARC. These two sites have served over 1,800 children and families since the program launched in 2017. In FY2020, the HealthySteps team administered over 370 brief child development and/or parental mental health interventions and supported over 1,800 screens to assess child development and emotional well-being, and parental depression. Due to increasing demand for these services, two additional sites will be opening at MedStar Georgetown University Hospital.

HealthySteps DC has improved upon the national model in several ways. First, HealthySteps DC includes dedicated case management and care coordination for families through the support of DC residents with lived experience of navigating systems, who serve as the Family Services Coordinators or Family Services Associates. Second, HealthySteps DC has hired mental health clinicians (psychologists) as

HealthySteps Specialists in order to integrate parental behavioral health support into primary care. These HealthySteps Specialists have the option to deliver clinic-based mental health visits with families to address critical needs in areas such as maternal depression, grief and loss, and child behavior management.

During the ongoing pandemic, HealthySteps DC has adapted well to telehealth – with the HealthySteps teams in DC pivoting quickly to telehealth formats to continue providing supports and services. HealthySteps DC continues to enroll new patients, as well as provide brief parent mental health intervention and/or community-based referrals to parents in need of support. Over 300 new HealthySteps patients were seen at CHC-Anacostia in FY2020.

We believe HealthySteps DC is an important, innovative, and cost-effective program that reaches DC’s most vulnerable families and promotes the health and well-being of their children. We commend the Committee and the Council for its investment in the HealthySteps program, and we urge the Committee and the Council to support and fully fund this important program.

### **Healthy Futures**

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. These services are provided by a mental health professional to early care and education providers, as well as family members. The goal of these services is 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. This program has also successfully transitioned to providing services virtually during the pandemic. We commend DBH and the Committee for its investment in this program and urge the Committee to ensure Healthy Futures remains fully funded and supported.

## **Conclusion**

Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

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<sup>1</sup> 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.

<sup>2</sup> Approximately 100,000 children and youth under 21 years of age are enrolled in the District’s Medicaid program. DHCF FY2018 Performance Oversight Responses, Q31, *retrieved from: <https://dccouncil.us/wp-content/uploads/2019/04/dhcf.pdf>*. DBH notes that as many as 20% of children and adolescents may have a mental health disorder that can be identified and require treatment. Department of Behavioral Health,

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Children, Youth, and Family Services website: "It is estimated that as many as one in five children and adolescents may have a mental health disorder that can be identified and require treatment." Retrieved from: <https://dbh.dc.gov/service/children-youth-and-family-services>. This means that more than 20,000 children covered by Medicaid in DC likely have a mental health disorder that can be identified and requires treatment, but year after year, the data shows that far fewer publicly insured children in DC receive mental health services. DHCF FY2018 Performance Oversight Responses, Q31 (Of the 101,707 children enrolled in Medicaid, 12,968 children – approximately 13% - received behavioral health services), retrieved from: <https://dccouncil.us/wp-content/uploads/2019/04/dhcf.pdf>; DHCF FY2017 Performance Oversight Responses, Q40 (Of the 98,929 children enrolled in Medicaid, 11,964 children – approximately 12% - received behavioral health services); DHCF FY2016 Performance Oversight Responses, Q39 (Of the 101,359 children enrolled in Medicaid, 16,219 children – approximately 16% - received behavioral health services), retrieved from: [https://dccouncil.us/wp-content/uploads/2018/budget\\_responses/Binder1\\_Part7.pdf](https://dccouncil.us/wp-content/uploads/2018/budget_responses/Binder1_Part7.pdf). See also Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (November 20, 2020), available at:

<https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/FINAL%20Children%27s%20Law%20Center%20Testimony%20for%20Nov.%2020%202019%20DBH%20Oversight%20Hearing.pdf>; Tami Weerasingha-Cote, 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>;

Sharra Greer, 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>;

Tami Weerasingha-Cote, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 20, 2020), available at:

<https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/FINAL%20Children%27s%20Law%20Center%202020%20Performance%20Oversight%20Testimony%20for%20DC%20Health%200.pdf>;

Judith Sandalow, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (March 5, 2020), available at:

<https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/FINAL%20CLC%20DHCF%20FY2019%20Oversight%20Testimony.pdf>; and

Judith Sandalow, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (June 10, 2020), available at:

<https://www.childrenslawcenter.org/sites/default/files/attachments/testimonies/CLC%20Testimony%20for%20Health%20Comm.%20Budget%20Oversight%20Hearing.pdf>.

<sup>3</sup> Valerie J. Calderon (June 16, 2020). "U.S. Parents Say COVID-19 Harming Child's Mental Health," Gallup, retrieved from: <https://news.gallup.com/poll/312605/parents-say-covid-harming-child-mental-health.aspx>.

<sup>4</sup> Shweta Singh, Deblina Roy, Krittika Sinha, et al. (Nov. 2020, forthcoming). "Impact of COVID-19 and Lockdown on Mental Health of Children and Adolescents: A Narrative Review with Recommendations," Psychiatry Research, 293, retrieved from: <https://doi.org/10.1016/j.psychres.2020.113429>; Debora Marques de Miranda, Bruno da Silva Athanasio, Ana Cecília Sena Oliveira, et al. (Dec. 2020, forthcoming). "How is COVID-19 Pandemic Impacting Mental Health of Children and Adolescents?," International Journal of Disaster Risk Reduction, 51, retrieved from: <https://doi.org/10.1016/j.ijdrr.2020.101845>; Kaushal Shah, Shivraj

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Mann, Romil Singh, et al. (Aug. 26, 2020) "Impact of COVID-19 on the Mental Health of Children and Adolescents," *Cureus*, 12(8), retrieved from: <https://doi.org/10.7759/cureus.10051>; Rachel Garfield and Priya Chidambaram (Sep. 24, 2020). "Children's Health and Well Being During the Coronavirus Pandemic," Kaiser Family Foundation, retrieved from: <https://www.kff.org/coronavirus-covid-19/issue-brief/childrens-health-and-well-being-during-the-coronavirus-pandemic/#:~:text=KFF%20polls%20show%20high%20rates,parent%20stress%20and%20family%20hardship>.

<sup>5</sup> Although HealthySteps is technically funded through DC Health, we are including it in our testimony on DBH because it is a critical part of the continuum of behavioral health support services offered by the District.

<sup>6</sup> The District of Columbia's Comprehensive Plan to Expand School-Based Behavioral Health Services was submitted on May 9, 2017 by the Deputy Mayor for Health and Human Services to the Committee on Health and the Committee on Education. Early Childhood and School-Based Behavioral Health Services, Comprehensive Plan, retrieved from: <https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/publication/attachments/District%20Comprehensive%20Plan%20for%20Early%20Childhood%20and%20School-Based%20Mental%20Health%20Services.PDF>. There were many questions around the plan and how it would be implemented, so through the School-Based Behavioral Health Comprehensive Plan Amendment Act of 2017, passed as part of the FY 2018 Budget Support Act of 2017, the Task Force on School Mental Health was created. School-Based Behavioral Health Comprehensive Plan Amendment Act of 2017, passed as part of the Fiscal Year 2018 Budget Support Act of 2017, Law L22-0033 Effective from Dec 13, 2017. The Task Force reviewed the plan, recommended changes to the plan, and proposed a timeline for implementation in a report delivered to the Council on March 26, 2018. Report of the Task Force on School Mental Health, March 26, 2018, retrieved from: [https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page\\_content/attachments/Task%20Force%20on%20School%20Mental%20Health%20Report%20%28Final%20Submitted%29%203%2026%202018.pdf](https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page_content/attachments/Task%20Force%20on%20School%20Mental%20Health%20Report%20%28Final%20Submitted%29%203%2026%202018.pdf). Shortly after the report from the Task Force was released, the Coordinating Council on School Mental Health was formed to guide the implementation of the expansion. Children's Law Center is a member of the Coordinating Council.

<sup>7</sup> The School Strengthening Tool and Work Plan were adapted from the Center for Disease Control's (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. Guide to Comprehensive School Behavioral Health, June 12, 2019, retrieved from: [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>8</sup> Memo Describing Draft Process and Outcome Evaluation Plan, September 18, 2020, on file with Children's Law Center.

<sup>9</sup> DC MAP: Mental Health Access in Pediatrics Homepage. Available at: <https://dcmaphomepage.org/>.

<sup>10</sup> DBH, FY2019 Performance Oversight Responses, response to Q64. Available at: <https://dccouncil.us/wp-content/uploads/2019/04/dbh.pdf>.

<sup>11</sup> *Id.*