



**Testimony for the Department of Behavioral Health (DBH)  
Performance Oversight Hearing  
Friday, February 12<sup>th</sup>, 2021**

**To:** DC Council Committee on Health, Committee on Health Chairman Vince Gray, Committee on Health Members, and Committee on Health Staff

**From:** Kerry Savage, Director of Policy at PAVE (Parents Amplifying Voices in Education)

**Date:** February 12<sup>th</sup>, 2021

Good afternoon Chairman Gray, members of the Committee on Health, and Committee Staff. My name is Kerry Savage, and I am the Director of Policy at PAVE. I have the honor and privilege of working alongside PAVE parent leaders who have written their vision for #DCSchoolsRecovery and a family-centered response to Coronavirus in DC. PAVE is also a member of the Strengthening Families Through Behavioral Health Coalition – a coalition committed to ensuring that DC children, youth, and families have access to a fully integrated behavioral health care system.

A shared goal of PAVE parent leaders and our coalition partners is supporting DC children and families' mental health and wellness. School-based mental health is an essential component of that work as schools provide supports and services to students where they already are and have existing relationships – whether in-person or via telehealth. We are extremely grateful to the Council for investing \$3.3 million last year to fund the expansion of DC's School-Based Mental Health program into 47 more schools. This investment will ensure thousands more students have access to critical care, including but not limited to grief trauma interventions, cognitive behavioral therapy, social skill development and whole school trauma-informed training. We strongly urge the Mayor and the Council to deepen this investment and add \$6.4 million to fully fund the next cohort in the expansion, adding a clinician to do this work at 80 more schools.

Importantly, these school-based supports do not exist in a vacuum, but rather in a multi-faceted system of care. We were extremely disappointed to see that Council left revenue options on the table that could have fully reversed the Mayor's proposed cuts to community-based behavioral health providers – many of which either work directly inside of or in tandem with schools and uniquely offer services that people with Medicaid and other low-income populations (including undocumented immigrants) can access. Even with some funding restored, this reduction is deeply concerning for two main reasons:

1. Every dollar of local spending cut for Medicaid-eligible services equals more than three dollars in decreased spending on behavioral health services because of the impact of federal reimbursement rates. We lost out on \$5 million that could have gone to support our communities' wellbeing at a peak time of need.



2. Providers already operate with small margins and little cash on hand, and that was before the pandemic. If these cuts are worsened, this will be devastating to their operations. At best, this means less staff, long wait times, and harder to access and fewer services, etc., but for many it may mean closing all together. As a system, the availability of services and care were already inadequate, we cannot afford for providers to go out of business.

We also join our partners in the Under 3 DC coalition in asking to protect funding for the Healthy Futures program. Social emotional development and support for mental health starts at birth – and this effective and essential program must remain intact.

Fortunately, we CAN make these investments with smart, strategic use of incoming federal stimulus dollars and the newly identified budget surplus. A [study](#) published by the World Health Organization (WHO) found that every U.S. dollar invested in treating depression and anxiety, there was a \$4 return in better health and ability to work. This is a smart and efficient policy choice AND a moral obligation.

COVID-19 has had an outsized impact on Black, brown, and low-income students and families. The disparate impacts on physical and mental health, income, housing, learning, and more are well documented before and now during the pandemic – you can see further evidence linked in parents’ full Statement of Beliefs.

Right now, about [40% of adults in the US are struggling with mental health issues like depression, anxiety or substance abuse in the past month](#) – [DBH’s own data](#) showed these rates are higher for Black residents. Nationwide, the data is even more stark for young people, who are experiencing intense, ongoing trauma without typical outlets or supports, and at this point, there is no clear end in sight. In particular, [studies](#) show young people have seen the greatest increase in mental health distress as well as thoughts of suicide or self-harm.

We are seeing the highest levels of violence in about 20 years, and many of the people lost or [who we are finding are committing these acts are juvenile](#). As many Councilmembers have acknowledged, school- and community-based providers both need support to coordinate care and meet residents where they are – and we’re not there yet. We must do more to create accessible and supportive environments to address mental health needs and heal the wounds of past – and often generational – trauma for ALL residents, at all ages and stages of life. Without holistic interventions that address the root cause, trauma and challenges will only compound.

To make these investments effective, parents have called for the following implementation measures:

- Continue to bolster and share best practices for partnering with families and communities in mental health supports.



- Build a pipeline of mental health professionals that look like and come from the communities they will serve through partnerships with surrounding higher education institutions, reciprocity with neighboring jurisdictions, and targeted exam and certification programs.
- Produce and share an in-depth landscape analysis of where mental health supports are currently available in schools, any gaps in services, and a plan to equitably allocate funding and support.
- Improve coordination of services and care across agencies, providers, and school teams.
- Develop a clear accountability system to evaluate effectiveness of supports provided.

Loretta Jones, a Ward 8 Parent Leader, whose story is as heartbreaking as it is widespread highlights the need best:

*“My experience as a mother during this pandemic has laid bare the urgency of funding for mental health supports in our city. Before the pandemic I had very high energy and happy children! You could hear the joy and laughter in the house when all of the kids were home from school, but now that we’ve been going through the pandemic for almost a year, I’m beginning to really see the toll it’s taking on my family. My kids have become very depressed and one has even expressed suicidal thoughts. My kids and kids across the District need greater access to school mental health services.”*

We are at a critical junction point. This budget is an opportunity to show our values – that we are a city that truly takes care of her people, especially when times get hard, and one that will courageously act to right the wrongs of historic injustice and steps up with bold action to meet this unprecedented moment.

This work is only possible with leaders in the Council and DBH who also believe in the power and promise of community voice. Thank you so much for the opportunity to testify today, I hope that we can count on your leadership.

In service,

Kerry Savage  
Director of Policy  
PAVE (Parents Amplifying Voices in Education)