Good afternoon Chairperson Henderson, members of the Committee on Health, and Committee staff. My name is Kerry Savage and I am the Director of Policy and Advocacy at PAVE. 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 that meets the needs of the whole child.

It has been nearly three years since the beginning of the pandemic. In this time, countless parents, community members, and students have testified about the urgent need for high-quality and comprehensive school-based mental health supports.

- First, we shared warnings and signals that a mental health crisis was growing among our students.
- Then, we shared testimonies of how virtual learning has isolated students, how existing inequities and gaps in care were further exacerbated, and how all of this has led to a significant increase in mental health issues in our schools.
- Now, we are testifying because despite progress, our mental health system is still not able to meet the growing needs of our students - especially in the face of increased gun violence and the trauma it leaves in its wake.

We see our students’ outsized mental health needs daily, and have for some time - in chronic absenteeism rates, in academic performance, the increase of youth crime, and more. We cannot propel as a city without first addressing the individual needs of our children, the future of our District. Although we should celebrate that more DC children and families are experiencing the benefits of the School-Based Behavioral Health expansion and DC schools’
initiatives to center the mental wellness of their students, we must continue to invest in this crucial work to ensure the needs of our students are fully met. Today, you will hear from many community partners and PAVE parent leaders - many of whom have steadfastly advocated for school-based mental health every year. PAVE parent leaders came together in countless meetings to discuss their policy solutions that are foundational to lasting, systemic change around school-based mental health and would address the biggest gaps and needs in our current system. Today, I want to amplify their top priorities:

First, build and sustain a pipeline for diverse, competent mental health professionals.

- We’re thrilled the District was awarded the federal grant to support the recruitment and retention of school-based mental health professionals in the coming years. The planning for that work must include and center the voices of key players, like students, parents, teachers, clinicians, and school leaders.
- In the meantime, we need to make sure our current providers are compensated well. We applaud the Mayor and Council for being responsive to the fact that recent years have seen the costs of staffing increase and, in return, having invested the necessary funds to increase grants to providers.
- We encourage DBH to continue these investments moving forward at the current funding level adjusted for inflation (about $105,000 per school) and make that funding recurring vs. one time, as anything less would take the District, and our students, backwards.
- CBO providers have shared an extreme tension between the required amount of time to spend on billable services so their CBO can get reimbursed for that care, and what students/schools need in real-time, like engaging with families, working with school staff teams, and other non-billable activities like scheduling or paperwork. The model we have does well to leverage many sources of funding to lower the cost of care with District dollars, but we have more work to do to make sure it is workable in a school-building for those on the ground.
- We also must ensure that co-payments, at times quite costly, are accounted for in our budgeting and not being passed on to families, as this presents a significant barrier to care.
- We look forward to examining the results of the upcoming cost study and program evaluations. However, before any revisions are made to the model, we urge the Committee on Health to hold a public roundtable dedicated to School-Based Behavioral Health so all stakeholders can share their insights with implementation challenges and opportunities for improvement.

Second, expand school staff support to respond to the needs of all children.
Supporting mental health is not just therapy. Organizations like Transcend, Turnaround for Children, and Restorative DC have done amazing work partnering with schools to implement a whole child model by providing teacher and staff training to assess and respond to students' individual needs, providing guidance on how to create a positive school culture that is grounded in trauma-informed practices, restorative justice, and strong relationships, and foster manageable workloads for staff to support the positive learning environments our kids need and deserve. We hope that they are able to expand their reach via increased grants and are meaningfully engaged as a part of the District’s and the Coordinating Council on School Behavioral Health’s work to expand comprehensive care in schools.

While some mental health support is available for some teachers, more should be done to work with teachers and school staff to identify what works for them, including who the right provider is (i.e. existing school-based or external), when is the most appropriate time to get support (i.e. during the school day or outside of school hours), etc.

We must ensure schools have adequate funding to hire more staff - and not just licensed mental health professionals. Behavioral health coordinators, student support staff, and more, can be transformational.

Lastly, improve families' access to mental health support information.

We must continue to strive to build the premiere model of school-based mental health in our country. However, if we do not prioritize connecting students and their families to these resources at their schools, we will continue to fail to meet the needs of our students. Right now, too many families are not aware of the supports available at their school and/or how to access them I've included figures from PAVE's 2022 School-Based Mental Health Survey in my written testimony).

\[\text{Source: PAVE 2022 School-Based Mental Health Survey}\]
Figure 1

Which of the following are available to you through your child’s school that help you support their mental health?

- Individual mental health app… 11.9%
- None of these mental health… 4.6%
- Mental health program works… 34.2%
- Mental health tips or strategies… 11.9%
- I’m not sure… 33.5%

Figure 2

Does your child have access to a mental health professional/clinician at school?

- No 8.5%
- Yes 52.1%
- I’m not sure 39.4%
To address this, parents are calling on DC leaders to create a comprehensive citywide approach to information sharing. This includes:

- Requiring information about mental health services offered at each school on the MySchoolDC website.
- Ensuring schools have a clear and differentiated plan for sharing information about available mental health supports with families, including the School Strengthening Tool and Workplan.
- Developing a centralized portal of resources for families across the District to support their children at home.

This upcoming budget and oversight season is an opportunity to show our values - that DC truly takes care of its people, especially when times get hard, and one that will courageously act to right the wrongs of historic injustice and step up with bold, innovative action to meet this unprecedented moment, with investments in our future, our children.

This work is only possible with leaders on the Council and in 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
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PAVE (Parents Amplifying Voices in Education)