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.

PAVE parent leaders and our partners are extremely grateful for DC’s continued investments in school-based mental health. Parents have prioritized this issue for years, and because DC leaders listened, we had a very important foundation laid for school-based mental health when the pandemic hit. I do not want to minimize the trauma, heartache, and changes to our everyday way of life that will continue to unfold as a result of COVID, but I am grateful that DC had those structures and supports in place through a thoughtful model that was developed collaboratively. While we know we needed - and still need - to do more, we are serving as a model to many other states and cities of what's possible for our students.

As with any successful model or policy, our approach to school-based mental health requires rigorous attention to detail, inclusive efforts for continuous improvement, and, of course, resources. Today, you will hear from PAVE parent leaders about their powerful policy solutions and personal experiences, so I will focus my testimony on two key areas:

First, we need consistent and adequate resources:

- Community-based providers, like Mary’s Center, WISE, Hillcrest, etc., are the backbone of the SBMH model. They need consistent sources of funding to be able to operate and
maintain competitive compensation for their staff so they can do their best work for kids.

- Last year they were given approximately $99,000 per clinician per school. About $29,000, or nearly one-third, of that funding was one-time, which is makes it difficult for providers to plan and increases stress. This year, we cannot tell if that one-time funding is being renewed.

- We also don’t know if the grants will be adjusted for inflation, which if done in full from last year would amount to a grant of $103,000 per clinician per school.

- Please make sure that CBOs, who are essential to this model and essential to being able to provide kids critical services where they already are, at school, don’t face cuts.

- We were ahead of the curve prior to the pandemic. As our communities recover, please don’t take a step backward and reverse the progress that we all fought so hard to make possible.

Second, we need nimble and inclusive strategies for evaluation and workforce pipeline development:

- We need(ed) a timely cost study report.
  - Advocates and community partners understood that the cost study the Council funded last year was an important, but large undertaking. It took a long time to win that fight, and once funding was secured, the project management and the reporting of the results were slow, compounding the delay. Now, we are deciding the funding for the future of the program without a comprehensive understanding of the true costs demanded to support our students’ needs. This jeopardizes continuous improvement and thoughtful budgeting based on data, as now we can only base planning on last year’s rates - which likely already needed to be increased, especially with the rising cost of inflation and demand for clinicians’ services.
  - Oversight from Council is needed to make sure this work is completed as soon as possible and effectively shared with a diversity of stakeholders so they can provide insights into implementation challenges and opportunities for improvement to use in tandem with the study’s results.

- Transparent evaluations are important for real change.
  - We can’t address what we don’t know. The system-level SBBH program evaluation for past years hasn’t been shared, and this makes it very difficult to have meaningful and inclusive conversations about how to move forward.
○ At the school level, more transparency and engagement about progress to goals (i.e. School Strengthening Tools and Workplans) are needed. While those conversations may be difficult, it is the only way to build trust with school communities and find effective ways to address gaps or challenges.

● **Let’s work on workforce recruitment and retention together!**
  ○ 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.
  ○ To maximize that investment, please make sure the work includes and centers the voices and needs of students, parents, teachers, clinicians, and school leaders.
  ○ Let’s also use every option we have in the short-term to bring in mental health professionals, like reciprocity with our neighbor states, and identify ways we can bring in other staff for supports or services that don’t require full licensure or certification.

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