



COUNCIL OF THE DISTRICT OF COLUMBIA
THE JOHN A. WILSON BUILDING
1350 PENNSYLVANIA AVENUE, NW
WASHINGTON, D.C. 20004

David Grosso
Councilmember At-Large
Chairperson, Committee on Education

Committee Member
Health
Human Services
Judiciary and Public Safety

November 29, 2018

Dr. Tanya A. Royster, Director
Department of Behavioral Health
64 New York Ave., N.E., 3rd Floor
Washington, D.C. 20002

Mr. Michael Musante
Senior Director, Government Relations
FOCUS DC

Dr. Royster & Mr. Musante,

When I assumed the role of Chairperson for the Committee on Education, I vowed to bring a renewed focus to improving mental health services for our students. I have and will continue that work because I recognize that while a solid education helps to build character, paves a career pathway and more—our students cannot begin to reap the benefits of our education system if we are not actively working to address the factors, both within and outside of the classroom, that impact their ability to learn.

Let me be clear, as a city we will not close the achievement gap if we do not know, understand, and meaningfully invest in the behavioral well-being of our students. In 2016, when the Department of Behavioral Health rolled out its School-Based Mental Health expansion plan there was, understandably, considerable outrage. The plan lacked specificity, the Department asserted that additional funding for the program would not be necessary, and there was no evidence of a concrete implementation plan. Given those concerns, I worked closely with Councilmember Gray to draft BSA language creating a Task Force to review and offer recommendations to improve the plan.

I attended the Task Force meetings in earnest and I sincerely believed the deliberations were robust and collaborative. My goal for the Task Force was to bring a diverse group of stakeholders together to assess the prior plan and make recommendations that included a real and honest discussion about the cost, the personnel to be deployed to provide services, and a clear picture of school need.

The final Task Force report was submitted to the Council in March and yet eight (8) months later the program has still not rolled out, a comprehensive needs assessment has still not been completed, and it seems the Department is even less clear about how to implement this program with fidelity.

Since the Coordinating Council meeting last week, CBOs have reached out to me to express significant concern about implementation of the Task Force's funding recommendations. Additionally, school social workers have raised concerns about the matching process within DCPS.

I thought we were all clear that of the \$3M allocated for the expansion, roughly \$1.9M would be spent to hire 33 CBO licensed clinicians and 4 CBO clinician supervisors. That fact has been communicated at

multiple meetings and it is memorialized in the Task Force Report. Yet, I now understand that the Department has unilaterally decided to divide the \$1.9M by the 51 schools and not the 33 clinicians, as was agreed upon.

This is wholly unacceptable. Not only does it deviate from what both the Task Force and the Coordinating Council previously committed to, but it undermines the viability of the program. Just moments ago I received a letter from Community Connections, notifying the Department of their inability to participate in the school-based expansion based on the change in the funding allocation.

The program is disintegrating before it ever had a chance for success. It is absolutely imperative that we course correct. If we continue down this path and allocate funds in the manner described above, we run the risk of losing additional CBO providers. It also means that many of the 51 highest needs schools will forgo increased delivery of Tier 1 and Tier 2 services.

Perhaps I have been naive in trusting this process, in assuming that the Executive was operating as openly and honestly as I was. Or, perhaps I simply overestimated the Department's ability to create, plan, fund, and implement a vitally important program.

Not only do I feel the Executive has been grossly dishonest about their intentions as it relates to this program, but I've come to believe that the Department is so intent on doing more with less, that they are willing to compromise the type and quality of services that we afford our students. By **COB on Wednesday, December 5th**, I would like a detailed explanation as to the following:

1. How did the Department determine the funds should be allocated in a manner that effectively requires hiring 51 CBO clinicians when the Task Force recommendation provided funding for 33 clinicians and how much—if any—funding will the Department budget for this program in FY20?
2. When should I expect CBOs to begin serving schools?
3. What is the contingency plan should additional CBOs decide this program is no longer financially viable?
4. Why is the needs assessment occurring *after* CBOs have been matched to schools?

Sincerely,



David Grosso (I-At-Large)
Council of the District of Columbia
Chairperson, Committee on Education

Cc: Vincent C. Gray, Chairperson, Committee on Health
Councilmember (Ward 7)

Sakina Thompson, Office of the Deputy Mayor for Health & Human Services