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**Testimony of Kristin D. Ewing
Policy Counsel, DC Appleseed Center for Law and Justice**

**The Child Behavioral Health Services Dashboard Act
July 11, 2024**

Thank you for the opportunity to submit testimony regarding B25-0759, The Child Behavioral Health Services Dashboard Act of 2024. My name is Kristin D. Ewing, and I am Policy Counsel at the DC Appleseed Center for Law and Justice (“DC Appleseed”). DC Appleseed is a non-profit, non-partisan organization that aims to make the District a better place to live and work through litigation, teamwork, and advocacy. Throughout our history, we have taken on some of the District’s most challenging problems, developed proposed solutions to those problems, and then worked to implement our proposed solutions.

Much of my work at DC Appleseed focuses on health equity and working toward a more equitable, just, and thriving city for all District residents. My testimony today will outline our support for this bill and provide suggestions for improvements around the information provided on the dashboard, who should be involved in its creation and implementation, and feedback, data collection, and education campaign requirements.

Need for and Support of the Dashboard

In the 2021 Youth Risk Behavior Survey, 15% of DC high school students reported attempting suicide within the last year, well above the national average of 9%. That number jumps as high as 67% for District high schoolers who also struggle with substance use. We have long known that parents, caregivers, and families

struggle to access behavioral health care for District youth. Navigating health insurance policies and provider databases can take copious amounts of time and patience. Only some have this capacity due to daily and ongoing responsibilities, work, and other family obligations. Language and technological barriers, as well as network adequacy issues, can make these challenges insurmountable.

DC Appleseed applauds Councilmember Parker for introducing this bill along with Councilmembers Frumin, R. White, Allen, Bonds, Gray, and Henderson. We know that providing a single database to access accurate and up-to-date care and treatment options will allow more District youth to receive care and receive it in a timely fashion. We also appreciate that the bill requires collaboration among all the related District agencies. Meeting the behavioral health needs of District youth will require breaking down siloes and working across agencies, providers, and NGOs to improve efficiency, efficacy, and outcomes. We want to ensure all stakeholders are at the table from creation to implementation to ongoing functioning to usage.

We also want to ensure that creating this database is not the finish line for providing adequate care for our youth but instead is the starting line as the District continues to improve the quality, ease of access, and affordability of behavioral health care for our children. This database will offer more accessible, real-time information to youth, families, and caregivers, but it will not fix underlying infrastructure issues in our behavioral healthcare system. However, this dashboard could be leveraged to provide critical data about gaps and weaknesses in our system, including provider wait time, capacity, location issues, insurance coverage and parity issues, cost, or other service gaps.

With this in mind, we would like to put forth a few suggestions to strengthen this bill, the database, and the District's overall youth behavioral health system.

Ensure School-Based Behavioral Health Program Information is Provided

As members of the Strengthening Families Through Behavioral Health Coalition and strong supporters of the District's School-Based Behavioral Health (SBBH) program, we want to ensure that SBBH providers are included on the dashboard. We know meeting youth and families within

their communities is a great starting point for providing behavioral health care, and the school is a great place to make this initial connection to care. This information may be contemplated in the proposed bill under Section 3(d), which requires several agencies, including the Department of Behavioral Health (DBH), to provide links to behavioral health resources they currently offer. Still, we want to ensure this information is explicitly required since community-based organizations, not DBH, mainly provide this care. It is presently unclear if DBH would be expected to provide SBBH information on the dashboard.

Include Community Members in the Development and Implementation

Section 4 of the proposed bill requires the Deputy Mayor of Health and Human Services (DMHHS) to consult with several entities to inform the website creation and support continued implementation of the website. This list includes several health agencies and associations, as well as community members and advocates with current or past experience navigating health services in the District. While all these entities should be required, we also propose adding community members with no current or past experience navigating health services in the District to the list of stakeholders for consultation. If we truly want this dashboard to be accessible to all, it should be user-friendly to even the most novice users of technology and health services.

Ensure Easily Accessible Feedback Options

We want to ensure the bill requires robust user feedback options. A novice user should easily be able to provide feedback on all aspects of the dashboard, from technology and ease of access issues to inaccurate information or gaps in care or providers.

Data Collection and Reporting

We encourage the addition of data collection and public reporting requirements to this bill. Information should be collected across numerous data points, including which types of services are being searched for and if there are any providers or adequate providers for these services, average wait times for services, where available services are located, where searchers reside in the District, which services are covered by health insurance, and which insurers are providing robust networks of providers.

This data can be utilized to identify gaps and barriers to care and provide resources to ensure all District youth can access quality, affordable, accessible, timely, and holistic behavioral health care.

To ensure this data is collected and utilized effectively and efficiently, the bill should also name the agency or agencies responsible for collecting, interpreting, and reporting this data and when and how it should be reported.

Rollout and Education Campaign

Even the most robust, comprehensive, and user-friendly dashboard will only increase behavioral healthcare access and utilization for District youth if families, caregivers, parents, and youth are aware of its existence. To ensure a well-planned and effective dashboard rollout, the bill should explicitly require an education campaign and designate an agency to handle this campaign. This campaign should be far-reaching to ensure parents, caregivers, families, youth, and all entities and agencies supporting them know of this tool.

Please do not hesitate to reach out with any questions regarding my testimony.

Respectfully submitted,



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