



CHAP ADVOCACY BRIEF

Proposed Changes to the DC School-Based Behavioral Health (SBBH) System

November 2025

WHAT'S CHANGING IN DC'S SCHOOL-BASED BEHAVIORAL HEALTH SYSTEM?

The DC Department of Behavioral Health (DBH) has proposed major changes to the School-Based Behavioral Health (SBBH) program that could significantly impact how students, families, and schools receive behavioral health supports. These changes were discussed at the November 17, 2025, Coordinating Council meeting.

This brief summarizes what CHAP members need to know, why these changes matter, and what questions the community should be asking.

1. DBH PLANS TO MOVE TO A FULLY IN-HOUSE MODEL

DBH is proposing to phase out the hybrid model (DBH clinicians + community-based organizations) and hire all school-based clinicians directly by **FY2028**.

WHY THIS MATTERS:

- Could disrupt long-standing relationships between CBO clinicians and school communities.
- Families rely on CBOs for culturally responsive care delivered in schools, homes, and communities.
- Coordinating Council members questioned whether the timing and rationale for this shift are justified, given ongoing school-level challenges.

3. MAJOR CHALLENGES TO IMPLEMENTING SCHOOL STRENGTHENING WORK PLANS



THE BOTTOMLINE

Families, especially Black, Latine, immigrant students with disabilities and special health care needs, cannot afford disruption in behavioral health care. A successful system must be collaborative, community-rooted, transparent, and adequately resourced.

2. CLINICAL SPECIALIST TECHNICAL ASSISTANCE

Clinical Specialists now carry more responsibility for assessments, school-strengthening work plans, consultation, and training.

IMPLEMENTATION CONCERNS:

- Many schools lack clarity on roles and workflows.
- Prevention and early intervention remain inconsistent.
- Increasing TA demands without expanding capacity may undermine quality. challenges.

As of Friday November 14, 2025:

- **38 DCPS schools** and **81 public schools** had not submitted the required School Strengthening Work Plans due in early October. This pattern mirrors submission rates from previous years.
- This trend indicates:
 - Lack of clarity by school administrators
 - Insufficient staffing and support
 - Lack of readiness for large-scale structural change



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4. PREVENTION AND EARLY INTERVENTION ARE STILL NOT FULLY FUNCTIONING

While schools are becoming more data-informed, there are still:

- Low early intervention group activities.
- Inconsistent utilization of the prevention curricula.
- Uneven referral patterns that reflect systemic instability indicate a lack of readiness at the school level for the expansion.

5. COMMUNITY PARTNERSHIP RISKS BEING UNDERMINED

Since 2017, the SBBH's strength has been collaboration between DBH, schools, CBOs, family caregivers, and youth advocates.

Coordinating Council members raised concerns:

- DBH is moving in a troubling direction to reconstruct the Coordinating Council, and is proposing some permanent seats for non-governmental organizations, such as some of CHAP partnering organizations like Children's Law Center and Children's National, and proposes a three-year term for:
 - 2 School Behavioral Health Clinicians
 - 2 CBO Providers
 - 1 Family Organization
 - 1 Youth Organization
- AJE is concerned about the deprioritization of family organizations, which have been essential to the expansion process since 2017.

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6. WORKFORCE SHORTAGES PERSIST

DBH continues to experience vacancies in clinician and TA roles, long before absorbing the entire system.

IMPLEMENTATION CONCERNS:

- Hiring and onboarding could be slowed
- Students may face service interruptions
- Schools may experience more turnover and inconsistency

AJE recommends that DBH:

- **Maintain a hybrid model that includes CBO partnerships.**
- **Extend the workforce pipeline to include peer support workers (behavioral techs, doulas, community health workers, etc.)**
- **Improve transparency and accountability.**
- **Fill community, youth, and family seats on the Coordinating Council.**
- **Prioritize culturally responsive, trauma-informed, and decarceral approaches to behavioral health.**