

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
COMMITTEE REPORT**

DRAFT

1350 Pennsylvania Avenue, NW, Washington, DC 20004

TO: All Councilmembers

FROM: Chairman Phil Mendelson
Committee of the Whole

DATE: September 19, 2023

SUBJECT: Report on Bill 25-55, “Pathways to Behavioral Health Degrees Act of 2023”

The Committee of the Whole, to which Bill 25-55, “Pathways to Behavioral Health Degrees Act of 2023” was referred, reports favorably thereon with minor amendments and recommends approval by the Council.

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I. BACKGROUND AND NEED

On March 1, 2021, Bill 25-55, the “Pathways to Behavioral Health Degrees Act of 2023”¹ was introduced by Councilmember Robert White. The purpose of this bill is to support the University of the District of Columbia (UDC) to establish a Master of Social Work degree pathway and to establish a scholarship program for District residents and employees who are seeking higher education in behavioral health.

Behavioral health specialists, like social workers and counselors, are an indispensable part of our response to the challenges we are facing in this city, including in homelessness, crime and violence, opioid and substance use disorder, and increases in mental health needs. These crises are

¹ In Council Period 23, the same measure was introduced as Bill 24-1019. In Council Period 23 the same measure was introduced as Bill 25-55.

often interrelated, and we must work to make gains on them simultaneously. Consequently, the District government, community-based organizations, hospitals, and other health care providers, who all rely on social workers and counselors to provide therapy, provide outreach to people experiencing homelessness, serve as addiction counselors, serve as case managers, and serve as first responders are all competing for the same employees.

However, the reality is there are not enough social workers to meet the demand. District government agencies and community-based organizations consistently report high staff vacancy rates that make it difficult to get behavioral health and case worker support to residents who need it. These vacancies directly affect access to District services. For example, the School Based Behavioral Health Program alone has 105 vacancies.² This program is meant to ensure there is at least one behavioral health clinician in each DCPS and charter school. We know our students need this support, but many of them are not receiving these services.

In response to these growing issues of homelessness, rising violence, and mental health needs, B25-55 will help ensure that UDC has the funding needed to create a Master of Social Work program and to make that program free for District residents and District employees who work for government agencies or health care providers.

Currently, UDC does not have a Master of Social Work (MSW) program. In fact, the last Bachelor of Social Work (BSW) accreditation visit by the Council for Social Work Education (CSWE) was in October 2021 and is accredited through 2029. This bill will help build a pipeline of behavioral health specialists who can support our residents in times of crises and hopefully, help them to avoid a crisis in the first place. Scholarship recipients will be asked to give back to District by serving in a District school, agency, community-based organization, or health care provider for at least two years ensuring that graduates of the program stay in DC working to support DC residents.

The bill as introduced included boiler plate definitions. However, according to testimony, some of those definitions should be updated to be in accordance with Boards of Professional Counseling and Board of Social Work. In response, the Committee has made those adjustments.

The Committee supports the role, need, and importance of mental health and bettering the District with its own. As such, the Committee recommends adoption of the Committee Print for Bill 25-55.

II. LEGISLATIVE CHRONOLOGY

September 21, 2022 Bill 24-1019, “Pathways to Behavioral Health Degrees Act of 2022,” is introduced by Councilmember R. White.

October 4, 2022 Bill 24-1019 is referred to the Committee of the Whole.

² FY2022 Performance Oversight Response: Department of Behavioral Health, page 51.

- October 7, 2022 Notice of Intent to Act on Bill 24-1019 is published in the *District of Columbia Register*.
- September 21, 2022 Bill 25-55, “Pathways to Behavioral Health Degrees Act of 2023,” is introduced by Councilmember R. White.
- January 27, 2022 Notice of Intent to Act on Bill 25-55 is published in the *District of Columbia Register*.
- February 7, 2023 Bill 25-55 is referred to the Committee of the Whole.
- June 16, 2023 Notice of Public Hearing on Bill 25-55 is filed in the Office of the Secretary.
- June 23, 2023 Notice of Public Hearing on Bill 25-55 is published in the *District of Columbia Register*.
- July 12, 2023 The Committee of the Whole holds a public hearing on Bill 25-55.
- September 19, 2023 The Committee of the Whole marks up Bill 25-55.

III. POSITION OF THE EXECUTIVE

Dr. Lawrence Potter Chief Academic Officer/Provost, University of the District of Columbia testified on behalf of the Mayor regarding Bill 25-55. Dr. Potter fully supports the creation of the new MSW program that is uniquely designed to educate and train the next generation of social work and behavioral health practitioners to serve residents of the District. Explained that UDC's MSW program will be an advanced generalist practice with specializations in areas such as behavioral health, environmental justice, healthcare, and community organizing.

IV. COMMENTS OF ADVISORY NEIGHBORHOOD COMMISSIONS

The Committee received no testimony or comments from any Advisory Neighborhood Commission on Bill 25-55.

V. SUMMARY OF TESTIMONY

The Committee of the Whole held a public hearing on Bill 25-55 on September 19, 2023. The following is the list of witnesses for that hearing. The testimony from the hearing is summarized below. Copies of written testimony are attached to this report.

Jillian Hughes, Public Witness, testified in support of Bill 25-55.

Debra Riggs, Executive Director, NASW Metro DC Chapter, testified in support of Bill 25-55.

Sharra E. Greer, Public Witness, testified in support of Bill 25-55.

Mark LeVota, Executive Director, District of Columbia Behavioral Health Association, testified in support of Bill 25-55.

Salim Adofo, Public Witness, testified in support of Bill 25-55.

August Valentine, Public Witness, testified in support of Bill 25-55.

Constance Freeman Survivor Membership Leader, Moms Demand Action, testified in support of Bill 25-55.

Will Doyle, Public Witness, testified in support of Bill 25-55.

Sherri Daniels, Public Witness, testified in support of Bill 25-55.

Melissa Millar, Policy Director, Tzedek DC, testified in support of Bill 25-55.

Erin Carlyle Hall, Public Witness, testified in support of Bill 25-55.

Dr. Lawrence Potter Chief Academic Officer/Provost, University of the District of Columbia, testified in support of Bill 25-55. Dr. Potter explained that UDC's MSW program is designed to implement a strengths-based educational experience aimed at 1. developing competent, ethical social work practitioners, 2. fostering the development of social work research and providing social work consultation, training, and other services to professional community groups and organizations, and 3. modeling and embedding anti-racist, diversity, equity, and inclusion practices throughout the curriculum and working to dismantle oppression, discrimination, and poverty systems.

VI. IMPACT ON EXISTING LAW

Through this newly established Behavioral Health and Human Services Scholarship Program, UDC will provide financial assistance to individuals who seek to obtain an accredited master's degree from UDC and become licensed in a behavioral health or human services occupation to work for a District government agency or for an LEA or health care provider organization located in the District. The program shall provide the necessary education and financial assistance to eligible applicants.

VII. FISCAL IMPACT

According to the September 13, 2023 fiscal impact statement from the Chief Financial Officer, Bill 25-55 will have a fiscal impact of \$1,242,180 in the first fiscal year of applicability and \$6,257,103 over the financial plan. Bill 25-55 is fully funded in the fiscal year 2024 Local Budget Act.

VIII. RACIAL EQUITY IMPACT ASSESSMENT

According to the Racial Equity Impact Assessment (REIA) completed by the Council Office of Racial Equity, Bill 25-55 will likely improve employment, economic, and educational outcomes for Black, Indigenous, and other scholarship participants of color. Further, it will likely improve the supply of mental health professionals for Black, Latine, Indigenous, and other residents of color.

The REIA concludes that by reducing financial barriers to education and licensing as well as requiring two years of dedicated service to District residents, there will likely be more mental health counselors in the District as a result of this bill. Further, the obligation to serve two years at a District agency, school, or health care provider may influence the scholarship participant to continue in public service.

IX. SECTION-BY-SECTION ANALYSIS

<u>Section 1</u>	States the short title of Bill 25-55.
<u>Section 2</u>	Offers definitions including “Accredited Master’s Degree”, “Behavioral health and human services occupation”, “DCPS”, “Health care provider organization”, “LEA”, “Program”, and “UDC”.
<u>Section 3</u>	Establishes a program establishes a Behavioral Health and Human Services Scholarship Program at UDC to provide financial assistance to individuals who seek to obtain an accredited master’s degree. This section also describes the requirements for UDC in offering this program.
<u>Section 4</u>	Explains program participant eligibility.
<u>Section 5</u>	Adopts the Fiscal Impact Statement.
<u>Section 6</u>	Establishes the effective date by stating the standard 30-day Congressional review language.

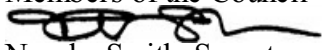
X. COMMITTEE ACTION

XI. ATTACHMENTS

1. Bill 25-55 as introduced.
2. Written Testimony.
3. Fiscal Impact Statement for Bill 25-55.
4. Legal Sufficiency Determination for Bill 25-55.
5. Racial Equity Impact Assessment for Bill 25-55.
6. Comparative Print for Bill 25-55.
7. Committee Print for Bill 25-55.

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington D.C. 20004

Memorandum

To : Members of the Council

From : Nyasha Smith, Secretary to the Council
Date : Wednesday, January 25, 2023
Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Office of the Secretary on Friday, January 20, 2023. Copies are available in Room 10, the Legislative Services Division.


TITLE: "Pathways to Behavioral Health Degrees Act of 2023", B25-0055

INTRODUCED BY: Councilmembers R. White, Bonds, Gray, Pinto, Parker, McDuffie, Allen, Nadeau, Lewis George, and Frumin

The Chairman is referring this legislation to Committee of the Whole.

Attachment
cc: General Counsel
Budget Director
Legislative Services

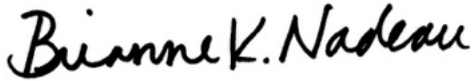
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Councilmember Kenyan R. McDuffie



Councilmember Charles Allen



Councilmember Brianne K. Nadeau



Councilmember Janeese Lewis George




Councilmember Matthew Frumin



Councilmember Robert C. White, Jr.



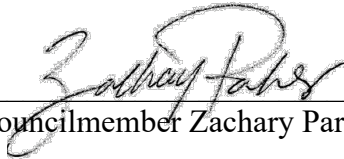
Councilmember Anita Bonds



Councilmember Vincent C. Gray



Councilmember Brooke Pinto



Councilmember Zachary Parker

A BILL

IN THE COUNCIL OF DISTRICT OF COLUMBIA

To support the University of the District of Columbia to establish a Master of Social Work degree pathway and to establish a scholarship program for District residents and employees who are seeking higher education in behavioral health.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Pathways to Behavioral Health Degrees Act of 2023”.

Sec. 2. Definitions.

For the purposes of this subtitle, the term:

- (1) “Accredited Master’s Degree” means an accredited master’s degree in counseling, school counseling, clinical mental health counseling, social work or other masters’

42 degree programs accepted by the D.C. Board of Professional Counseling or the D.C. Board of
43 Social Work for the purposes of licensure in a behavioral health occupation.

44 (2) “Behavioral health and human services occupation” means an occupation that
45 requires a worker to be licensed as a Licensed Graduate Social Worker, Licensed Independent
46 Social Worker, Licensed Independent Clinical Social Worker, Licensed Professional Counselor,
47 or Licensed Graduate Professional Counselor.

48 (3) “DCPS” means the District of Columbia Public Schools.

49 (4) “Health care provider organization” means any entity licensed under federal,
50 state, or District law to provide health care services, including provider organizations certified by
51 the Department of Behavioral Health.

52 (5) “Local education agency” or “LEA” means the District of Columbia Public
53 Schools system, any individual District public charter school, or any group of public charter
54 schools operating under a single charter.

55 (6) “Program” means the Behavioral Health and Human Services Scholarship
56 Program established pursuant to this subtitle.

57 (7) “UDC” means the University of the District of Columbia.

58 Sec. 3. Scholarship Program.

59 (a)(1) There is established a Behavioral Health and Human Services Scholarship Program
60 to provide financial assistance to individuals who have bachelors’ degrees and seek to obtain an
61 accredited master’s degree and become licensed in a behavioral health or human services
62 occupation to work in District LEAs, government agencies, or health care provider
63 organizations.

64 (b) Through UDC, the Program shall provide:

65 (1) Education to District residents and employees that may lead to:

66 (A) The successful completion of coursework for a master's degree in an
67 accredited master's degree program needed to pursue a behavioral health and human services
68 occupation;

69 (B) Passage of licensure exams required to become licensed in a
70 behavioral health and human services occupation; and

71 (C) Hiring by District LEAs, District government agencies, or health care
72 provider organizations based in the District in a behavioral health and human services
73 occupation.

74 (2) Financial assistance to be awarded to Program participants enrolling in an
75 accredited master's degree program for payment of:

76 (A) Tuition at UDC, to the extent charged;

77 (B) Academic costs, including the cost of books and supplies; and

78 (C) A monthly stipend to be used toward living expenses and
79 transportation for participants pursuing master's degrees at UDC; and

80 (D) Fees associated with obtaining a license for a behavioral health
81 occupation in the District.

82 (c) UDC shall select individuals to enroll, or who are enrolled in UDC to participate in
83 the Program, consistent with the eligibility criteria established pursuant to section 4 of this act.

84 (d) Program marketing and public education shall be provided by UDC to attract District
85 residents and employees to the Program and for the duration of the Program.

86 (e)(1) Beginning with School Year 2024-2025, UDC shall begin using a portion of the
87 subsidy it receives from the District government for the Program to pay for the tuition, required

88 academic fees, required examination fees, and book and supply costs for individuals it selects to
89 participate in the Program.

90 (2) UDC also may use the subsidy it receives from the District government to pay:

91 (A) Salaries and fringe benefits of faculty and staff directly engaged in the
92 provision of courses necessary to obtain an accredited master's degree;

93 (B) For instructional materials used in courses necessary to obtain an
94 accredited master's degree; and

95 (C) For marketing and recruitment activities to attract individuals to the
96 Program at UDC.

97 Sec. 4. Program participant eligibility.

98 (a) To be eligible for financial assistance provided through the Program, an individual
99 shall:

100 (1) Meet the relevant enrollment requirements for an accredited master's degree at
101 UDC in which the individual enrolls;

102 (2)(A) Be a resident of the District;

103 (B) Be a graduate of a District public school; or

104 (C) Be employed by a District government agency or health care provider
105 organization;

106 (3) Be enrolled at UDC to complete coursework with the intent to pursue an
107 accredited master's degree necessary to obtain licensure in a behavioral health and human
108 services occupation in the District;

109 (4) Have a stated interest in pursuing a license in a behavioral health and human
110 services occupation and to work in a behavioral health or human services occupation in the
111 District;

112 (5) In exchange for accepting Program financial assistance, a Program participant
113 shall commit to working at a District LEA, government agency, or health care provider
114 organization for a minimum of 2 years after receiving an accredited master's degree and earning
115 the appropriate licensure or certification needed to practice in a behavioral health and human
116 services occupation in the District; and

117 (6) Meet other criteria as specified by UDC.

118 (b) To maintain eligibility for the Program, an individual shall:

119 (1) Maintain satisfactory academic progress, as determined by UDC;

120 (2) Be consecutively enrolled as a full-time or part-time student in the Program at
121 UDC to pursue an accredited master's degree; and

122 (3) Meet any other requirement determined by UDC to be necessary or
123 appropriate for Program participation.

124 Sec. 5. Fiscal impact statement.

125 The Council adopts the fiscal impact statement in the committee report as the fiscal
126 impact statement required by 4a of the General Legislative Procedures Act of 1975, approved
127 October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

128 Sec. 6. Effective date.

129 This act shall take effect following approval by the Mayor (or in the event of veto by the
130 Mayor, action by the Council to override the veto), a 30-day period of Congressional review as
131 provided in sections 602(c)(1) of the District of Columbia Home Rule Act, approved December

132 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
133 Columbia Register.

Jillian Hughes

My name is Jillian Hughes and I am testifying today in support of the Pathways to Behavioral Health Degrees Act of 2023. I am a DC resident of 12 years, and this piece of legislation, if budgeted for and enacted, would directly benefit me and my future career aspirations, in addition to the many DC residents I would serve.

After working for 10 years in the DC media industry, I realized I had a deep passion for the mental health field. Since then, I have worked as an executive at a mental health nonprofit, a volunteer crisis counselor, and have graduated from DBH's Certified Peer Specialist Program.

As you may already know, peer specialists can provide behavioral health services in the district, but they are only paid at or slightly above DC's minimum wage. I personally feel that if I want to provide behavioral health services in the District and still be able to afford my DC mortgage, that I now need to obtain an MSW degree and a social work license.

But the options for obtaining this degree in the District are limited to private institutions, namely Catholic University and Howard University, whose costs are both about \$1000/per credit hour for a 60-hour degree. As a mid-career professional with a mortgage to pay, I do not feel that taking out loans to attend those programs is financially possible for me right now, and if I go out of state, it is possible another MSW program may not meet DC's requirements for eventual social work licensure.

The Pathways to Behavioral Health Degrees Act addresses all of these issues, and I want to strongly encourage you to get it passed. According to Mental Health America, DC ranks toward the bottom of the list (#40 of 51) for states with the most adults with a mental illness reporting an unmet need for mental health treatment. Almost a third of adults (32.2%) in DC with a mental illness say they have unmet mental health needs. We can meet those needs with more workforce development, which is exactly what this bill aims to accomplish.

I also want to address one argument that I have heard from a DC Councilmember about not supporting this bill. I have heard the argument that because the BSW (bachelor's of social work) enrollment numbers at UDC are quite small, an MSW degree should not be offered or would not be well-attended. I want to point out that a majority of today's social workers, like myself, actually take an interest in the field after their undergraduate years.

According to a 3-year survey of social work graduates released in 2020, two-thirds (66.2%) of respondents had an undergraduate degree in a field other than social work. And further, half (51.3%) of social work graduates had more than 3 years of outside work experience before entering an MSW program.

This means that the average person looking to obtain an MSW is not someone going straight into a master's program after obtaining a BSW. It's someone who, like me, wants to enter social work a bit later in life. I think you will find that the level of enrollment in a bachelor's program is not at all indicative of the demand for a master's level program and I am a prime example of that.

Thank you so much for your time today. I hope you will pass this piece of legislation.



NASW

National Association of Social Workers Metro DC Chapter

Cynthia Catchings, LCSW, President

Debra A. Riggs, CAE, Executive Director

B25-0055 - Pathways to Behavioral Health Degrees Act

Testimony

Submitted by: Debra A. Riggs

On behalf of the National Association of Social Workers, Metro DC (NASW-DC) Chapter the districts largest social work organization, we urge support for Bill *B25-0055-Pathways to Behavioral Health Degrees Act*

The Association of Social Work Boards (ASWB) on August 5, 2022 published data in a [2022 ASWB Exam Pass Rate Analysis](#). This disclosure stems from years of advocacy by NASW and other social work organizations, schools of social work, and individual advocates to push ASWB to post data that it has been unwilling to release for decades.

The data revealed glaring disparities in pass rates among racial groups, particularly for Black test takers. It also raised concerns about disparities in pass rates for other demographics, including social workers who are older adults.

All social work institutions - including ASWB and licensing boards, NASW and other associations, and social work higher education programs - must openly confront systemic racism within our profession. We must all commit to work to ensure reforms are made to ensure the licensing process is equitable for all, protecting the public without unnecessary gatekeeping and discrimination.

Section 1 b addresses the concerns regarding the current entry level exam of the Association of Social Work Boards (ASWB). Data released in late 2022 indicated that the examination had both racial and age bias. Results found that 50.5% of Black test takers passed the exam on the initial try, 66% of Latino test takers passed on the first try and test takers age 40 and older had a higher failure rate than younger applicants. White applicants had the highest initial passage rate at 85%. Given this data we support suspension of the entry level exams until at which time an alternative pathway to licensure is developed by task force established through this committee. This will give needed time to develop a more equitable exam or alternative pathway to licensure.

The National Association of Social Workers (NASW) opposes the Association of Social Work Boards (ASWB) social work licensing exams after a review of ASWB data shows significant disparities in pass rates for prospective social workers of color, older adults, and those who speak English as a second language. Our position is supported by the

Council on Social Work (CSWE) and the National Association of Deans and Directors as indicated by CSWE's letter to all social work licensing boards in spring of 2023 outlining racial disparities and lack of transparency in the ASWB examinations. In 2022, the State of Illinois removed the examinations at the Bachelor's and master's license level and has seen an increase of 6,000 additional licensed social workers. In addition, there has been no measurable increase in disciplinary actions noted by the Illinois Board of Licensed Social Workers. Several other states, including Rhode Island and Utah, are no longer requiring entrance examinations for non-independent social workers.

NASW is committed to working closely with its partners to propose innovative solutions that reduce harm and increase diversity at all levels of social work practice. These efforts will initially target removal of **non-independent** social work practice exams which may be biased, and support efforts to strengthen competency measures. NASW looks forward to working with its partners to implement these strategic initiatives and to promoting the diversity and well-being of the social work profession, and the health and well-being of the populations social workers serve.

NASW supports eliminating entry level BSW and MSW exams and predicating competence on completion of a BSW or MSW degree from a CSWE accredited School of Social Work. We firmly assert that academic achievement from an accredited social work program suffices as a demonstration of competence for entry into the profession. We further assert a reduction in the regulatory burdens to enter into the field of social work increases mental health access for communities, as well as reduces regulatory agencies burden, thus allowing for faster entry into the mental health job market.

As the district works to invest millions of dollars on increasing MSW student enrollment, this suspension will allow those graduates to enter the social work field upon graduation, while a more supportive process to assist exam takers and a more equitable exam that best assesses the qualifications of entry level MSW graduates for clinical practice is developed.

NASW Metro DC Chapter thanks the members of the Committee for introducing bill B25-055. Social workers have met the call for meeting the dramatically increased, Covid driven needs for mental health care, while facing their own Covid challenges. Bill B25-055 goes a long way in saying thank you to the one profession that provides approximately two-thirds of all behavioral health services in the district and nation.



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Testimony Before the District of Columbia Council
Committee of the Whole
July 12, 2023

Public Hearing:
B25-0055, Pathways to Behavioral Health Degrees Act of 2023

Sharra E. Greer
Policy Director
Children's Law Center

Introduction

Good Morning, Chairman Mendelson and members of the Council. My name is Sharra E. Greer, I am the Policy Director at Children’s Law Center and a resident of the District. Children’s Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children’s urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more. CLC is also the chair of the Strengthening Families Through Behavioral Health Coalition, which brings together a diverse group of advocates who share a commitment to improving DC’s behavioral health care system for children and families.

I appreciate the opportunity to testify in support of B25-0055, Pathways to Behavioral Health Degrees Act of 2023, to “support the University of the District of Columbia to establish a Master of Social Work degree pathway and to establish a scholarship program for District residents and employees who are seeking higher education in behavioral health.”¹ My testimony will underscore the critical need for workforce development in behavioral health care, and note opportunities to enhance this initiative and others. Our recommendations draw from our 2021 report, [*A Path Forward: Transforming the Public Behavioral Health System for*](#)

DC has a Critical Need for Behavioral Health Care Workforce Development

The mental health of children and adolescents are trending in dangerous directions. Experts including the U.S. Surgeon General, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association have declared a national youth mental health crisis.³ It is important to note that the trends in the national and local data are not just remnants of the COVID-19 pandemic. Mental health symptoms – including depressive symptoms and suicidal ideation – have been steadily increasing among American youth for over a decade. In 2021, suicide was the second leading cause of death for young Americans ages 10–24.⁴ Nearly 15% of DC high school students reported attempting suicide in 2019, a full 5% more than the national rate.⁵ About 23% of DC children had one or more emotional, behavioral, or developmental conditions in 2019-2020.⁶

We know that early intervention, from screening to treatment, can change lives of individuals and improve the health of families and communities. However, only one-fifth of children with some form of mental illness ever receive care from a specialized provider.⁷ Further, this unmet need for mental health services is worse for children of color than for white children.⁸

The District of Columbia government has made strategic investments to increase access to care in recent budgets, through programming, staffing and reimbursement. For example, the Department of Behavioral Health’s School-Based Behavioral Health expansion program

(SBBH) envisions a licensed clinician embedded in every public school in DC. Unfortunately, programs like SBBH are struggling to recruit and retain qualified clinical social workers.⁹ Staffing challenges are driven by the shortage of behavioral health care professionals in the District and across the country, from California¹⁰ to New York¹¹ and everywhere between.

We have testified in the Committee on Health this year about another reason for concerted attention to the behavioral health workforce: the District is required by federal Medicaid rules to meet “network adequacy” standards and ensure a sufficient field of behavioral health providers “to achieve greater equity in health care and enhance consumer access to quality, affordable care.”¹² We do not believe we are currently in compliance, especially for practitioners working with children, speaking languages other than English, and/or delivering specialty therapies.¹³ The clients at Children’s Law Center are often confronted with long waits – if they find a practitioner at all – for the services they need. An “adequate” workforce should be sufficiently diverse, multi-lingual, culturally competent, trauma-informed, and specializing in the necessary areas, as well as available to all insurance types.

The Pathways to Behavioral Health Degrees Act of 2023 Helps Build an Adequate Workforce

This legislation creates an accredited master’s degree program at the University of the District of Columbia (UDC) that sets us on the right track to our ultimate destination – an adequate, resilient workforce to meet the District’s needs. Importantly, the funding for the program includes financial assistance to program participants for: “(A) Tuition at UDC, to the

extent charged; (B) Academic costs, including the cost of books and supplies; and (C) A monthly stipend to be used toward living expenses and transportation for participants pursuing master's degrees at UDC; and (D) Fees associated with obtaining a license for a behavioral health occupation in the District."¹⁴

To be eligible for this assistance, an individual must meet relevant enrollment requirements, as well as one of the following: "(A) Be a resident of the District; (B) Be a graduate of a District public school; or (C) Be employed by a District government agency or health care provider organization." Further, the students must "have a stated interest in pursuing a license in a behavioral health and human services occupation and to work in a behavioral health or human services occupation in the District," and "commit to working at a District LEA, government agency, or health care provider organization for a minimum of 2 years after receiving an accredited master's degree and earning the appropriate licensure or certification needed to practice in a behavioral health and human services occupation in the District."¹⁵ We appreciate the effort to obtain these commitments, so that the District's investment will pay dividends to our residents.

For models elsewhere, we suggest looking at the Washington State Behavioral Health Workforce Development Initiative (WDI) – a similar scholarship program for behavioral health degrees launched between the Ballmer Group and the University of Washington School of Social Work.¹⁶ As with this legislation, the Washington effort attempts to expand "the diversity and numbers of well prepared, debt relieved students graduating from master's programs in

social work and mental health counseling who go on to work in community based behavioral health programs.”¹⁷ One major difference is that the commitment of service upon graduation is three years rather than two. The three-year requirement has not seemed to deter applicants, as the program has graduated two cohorts of scholars thus far. The program further provides mentoring, workshops, and other resources to support job readiness and good fit placements, which may be beneficial for UDC to offer.¹⁸

Lastly, though it is not specified in the bill, we hope that UDC will also establish specialized training within the program related to the behavioral health needs which are currently underserved locally. Training related to serving youth and families, working in school environments, and treatment for Substance Use Disorder (SUD) would be particularly valuable. For example, the University of Maryland School of Social Work’s master’s program curriculum includes advanced clinical courses such as Integrated Behavioral Health Practice, Clinical Social Work with Children and Adolescents, Clinical Practice with Families and Children in Child Welfare, Social Work in Education, and Core Concepts in Trauma Treatment for Children and Adolescents.¹⁹

We thank the Council for including the funding for UDC to begin to build this much-needed program in its Fiscal Year 2024 budget, and urge this bill move quickly into law as the critical next step to securing this program and supporting workforce development. After passage and enactment, more action will still be needed to ensure that the health system these professionals enter is supportive and sustainable.

Stakeholders Across the Government Should Take Action to Support a Diverse, Homegrown Behavioral Health Workforce

Our health system does not simply need a quantity of professionals; our goal should be enough providers in the field with whom District residents can have rapport and trust. Our community engagement for the *Path Forward* report revealed that many minority youth preferred behavioral health providers whom they can “relate to.” Providers who have similar backgrounds to youth receiving care are more likely to form a strong therapeutic bond with clients and achieve better recovery outcomes as a result.²⁰ This is why the Act’s requirement for a connection to DC to participate in the program is vital; we support all efforts to recruit community members into the professional pipeline, across education levels.

A 2022 report from Kaiser Permanente focused on how to create and strengthen the mental health workforce for the future. It offers the following solutions: showing that mental health can be a career path from as early as high school, finding ways to ease clinical hours, focusing on diversity in the workforce to match the diversity of potential clients, and offering student loan forgiveness and stipends.²¹ There are further steps DC could take to support workforce development and diversity include:

- Incentivize recruitment and retention of minority behavioral health professionals by enhancing reimbursement rates for providers who effectively meet the diversity, inclusion, and equity needs of their clients, as is recommended by

Mental Health America.²²

- Collaboration amongst DC agencies (DHCF, DBH, DC Health) to analyze and monitor behavioral health workforce turnover and develop retention strategies;²³
- Ease administrative burden on behavioral health professionals who provide services to those with public health insurance;
- Ensure living wages, fair scheduling practices, paid sick time, as well as paid family and medical leave;
- Offer resilience training to help reduce burnout symptoms;²⁴ and
- Provide adequate supervision and pay incentives based on experience and merit.

DC may also consider ways to recognize and pay behavioral health organizations as “teaching clinics.” Community-based behavioral health provider organizations that hire recent graduates and provide clinical supervision could be compensated similarly to reimbursement provided to hospitals and federally qualified health clinics (FQHCs) for their roles in educating the health care workforce.²⁵

Lastly, the District can pass and implement agreements with interjurisdictional licensure compacts to increase access to and portability for providers across the region. The Counseling Compact Approval Act of 2023 (B25-0287) was introduced this year but is not yet scheduled for a hearing.²⁶ A Social Work Licensure Compact has been recently launched in the United States as well, through a partnership between The Council of State Governments (CSG)

and the Association of Social Work Boards (ASWB).²⁷ These are all opportunities to attract and broaden the pathways to behavioral health careers in DC.

Conclusion

Thank you for the opportunity to testify today. I welcome any questions from the Committee.

¹ B25-0055 - Pathways to Behavioral Health Degrees Act of 2023, Sec. 1, line 31-3, p. 1, legislative text, available at: <https://lims.dccouncil.gov/downloads/LIMS/52128/Introduction/B25-0055-Introduction.pdf?Id=154413>.

² *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District* (December 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf. This report is released by Children’s Law Center, Children’s National Hospital, the District of Columbia Behavioral Health Association, Health Alliance Network, Early Childhood Innovation Network, MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry, Parent Watch, and Total Family Care Coalition.

³ Press Release, U.S. Department of Health and Human Services, *U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic*, (December 7, 2021), available at: <https://public3.pagefreezer.com/browse/HHS.gov/30-12-2021T15:27/https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>.

⁴ Center for Disease Control and Prevention, Injury Center, Suicide Prevention, Facts About Suicide, May 2023, available at: <https://www.cdc.gov/suicide/facts/index.html#:~:text=Suicide%20affects%20people%20of%20all,%2D14%20and%2020%2D34>.

⁵ DC Health Matters, *Youth Risk Behavior Surveillance System, Measurement Period: 2019*, (last accessed July 10, 2023), available at: <https://www.dchealthmatters.org/indicators/index/view?indicatorId=1048&localeId=130951> (Data source, Youth Risk Behavior Surveillance System, maintained by Conduent Healthy Communities Institute).

⁶ Annie E. Casey Foundation, *Kids Count Data Center, Children Who Have One or More Emotional, Behavioral, or Developmental Conditions in the United States, 2017-2018, 2018-2019, 2019-2020*, (May 2023), (Last accessed, July 10, 2023), available at: <https://datacenter.aecf.org/data/tables/10668-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=1&loct=2#detailed/2/2-52/false/1769,1696,1648/any/20457,20456> (Analysis of data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children’s Health).

⁷ American Academy of Child and Adolescent Psychiatry, *Best Principles for Integration of Child Psychiatry into the Pediatric Health Home*, p. 3, (June 2012), available at: https://www.aacap.org//App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatic_health_home_2012.pdf.

⁸ Wachino V, Frank RG, Humphreys K, O’Brien J., *The kids are not all right: The urgent need to expand effective behavioral health services for children and youth*, USC-Brookings Schaeffer on Health Policy, (December 22, 2021), available at: <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2021/12/22/the-kids-are-not-all-right-the-urgent-need-to-expand-effective-behavioral-health-services-for-children-and-youth/>.

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- ⁹ See The National Council for Mental Wellbeing, *Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States*, p. 2, (February 1, 2022), available at: <https://www.thenationalcouncil.org/resources/behavioral-health-workforce-is-a-national-crisis-immediate-policy-actions-for-states/>. See also, USA Facts, *Over one-third of Americans live in areas lacking mental health professional*, (July 14, 2021), available at: <https://usafacts.org/articles/over-one-third-of-americans-live-in-areas-lacking-mental-health-professionals/>; Health Resources and Services Administration, *Health Workforce, Behavioral Health Workforce Projections, 2017-2030*, p. 2, (August 2022), available at: <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/bh-workforce-projections-fact-sheet.pdf>.
- ¹⁰ Jocelyn Wiener, *Unanswered cries: Why California faces a shortage of mental health workers*, Cal Matters, (September 8, 2022), available at: <https://calmatters.org/health/2022/09/california-shortage-mental-health-workers/>
- ¹¹ Press Release, New York Governor Kath Hochul, *Governor Hochul Announces \$4 Million to Increase Workforce Diversity*, (August 25, 2022), available at: <https://www.governor.ny.gov/news/governor-hochul-announces-4-million-increase-mental-health-workforce-diversity>.
- ¹² Schneider, A. and Corcoran, A., *Standards for Provider Network Adequacy in Medicaid and the Marketplaces*, Georgetown University Health Policy Institute Center for Children & Families, (May 16, 2022), available at: <https://ccf.georgetown.edu/2022/05/16/standards-for-provider-network-adequacy-in-medicaid-and-the-marketplaces/> (quoting Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023, 87 Fed. Reg. 27,322 (May 6, 2022)(to be codified at 45 CFR pt. 156), available at: <https://www.govinfo.gov/content/pkg/FR-2022-05-06/pdf/2022-09438.pdf>).
- ¹³ See, Amber Rieke, Children’s Law Center, *Testimony before the District of Columbia Council Committee on Health*, p. 4, (February 16 and 17, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke_DHCF-Performance-Oversight_FINAL-2.16-and-2.17.pdf.
- ¹⁴B25-0055 - Pathways to Behavioral Health Degrees Act of 2023, Sec. 3(b)(2)(D), line 80-81, p. 3, legislative text, available at: <https://lms.dccouncil.gov/downloads/LIMS/52128/Introduction/B25-0055-Introduction.pdf?Id=154413>.
- ¹⁵*Id* at Sec. 4(a)(5), line 112-16, p. 5.
- ¹⁶ Press Release, University of Washington, *\$38M set of gifts from Ballmer Group to address behavioral health crisis aims to bolster workforce, resources across Washington through UW-led programs*, (May 14, 2021), available at: <https://www.washington.edu/news/2021/05/14/38-million-set-of-gifts-from-ballmer-group-to-address-behavioral-health-crisis-aims-to-bolster-workforce-resources-across-washington-through-uw-led-programs/>.
- ¹⁷ Ballmer Group Grants, *University of Washington School of Social Work*, (December 31, 2022), available at: <https://ballmergroup.org/grants>.
- ¹⁸ Press Release, University of Washington, *\$38M set of gifts from Ballmer Group to address behavioral health crisis aims to bolster workforce, resources across Washington through UW-led programs*, (May 14, 2021), available at: <https://www.washington.edu/news/2021/05/14/38-million-set-of-gifts-from-ballmer-group-to-address-behavioral-health-crisis-aims-to-bolster-workforce-resources-across-washington-through-uw-led-programs/> (“Participating graduate schools will partner closely with agencies to design clinical education tailored to meeting the needs of clients, strengthen student internships, and provide career placement and mentoring to support sustained careers in behavioral health services.”).
- ¹⁹ See, University of Maryland School of Social Work, *2022-2023 Curriculum Overview*, (March 15, 2022), available at: <https://www.ssw.umaryland.edu/media/ssw-2022/files/Curriculum-Overview-2022-2023.pdf?&>.
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- ²⁶ B25-0287 - Counseling Compact Approval Act of 2023, Legislation Detail, (as of July 10, 2023), available at: <https://lims.dccouncil.gov/Legislation/B25-0287>.
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District of Columbia Behavioral Health Association
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Testimony of the District of Columbia Behavioral Health Association
Pathways to Behavioral Health Degrees Act of 2023

To the District of Columbia Council Committee of the Whole
July 12, 2023

Mr. Chairman and Members of the Council,

Thank you for the opportunity to testify today. My name is Mark LeVota. I am the executive director of the District of Columbia Behavioral Health Association and a Ward 2 homeowner. The District of Columbia Behavioral Health Association advances high-quality, whole-person care for District residents with mental illnesses or substance use disorders. Our 31 member organizations provide care to over 30,000 District residents annually, almost all who are Medicaid beneficiaries. In the midst of significant healthcare workforce shortages, we applaud the introduction of the Pathways to Behavioral Health Degrees Act and urge swift action by the Council to bring this legislation into effect.

On behalf of the District's behavioral health provider network, I want to affirm that the District needs both urgent action and long-term investments to meet the demand for graduate-level trained behavioral health professionals. The introduced legislation is an important tool authorizing some of the needed long-term investments. I will focus my testimony today on a few areas that the proposed legislation might helpfully be improved.


The Council should clarify the eligible degree programs covered by the legislation. The definitions in the subtitle could lead to inconsistent interpretation of eligible degree programs. Most specifically, the definition of "Accredited Master's Degree" includes "other masters' degree programs accepted" by the Boards of Professional Counseling or Board of Social Work (Sec. 2 (1)). The definition is inconsistent with the list of eligible occupations considered as a "Behavioral health and human services occupation" (Sec. 2 (2)), which does not include a corresponding acknowledgement of other behavioral health occupations licensed under the Board of Professional Counseling and Board of Social Work. For example, the Board of Professional Counseling issues licenses to art therapists under a distinct art therapy license, while art therapy is not listed as a "behavioral health and human services occupation." The Council should eliminate the discrepancy. Given the small number of relevant degree programs and the small number of relevant other licenses currently administered by the Board of Professional Counseling and the Board of Social Work, adding the other relevant degrees and licenses would be helpful to support all possible qualified supplements to the District's behavioral health workforce. If meaningful additional costs from making other degrees and licenses eligible would mean that there would be a delay in implementing the legislation, the Council should instead narrow the existing measure



exclusively to professional counseling and social work degrees and licenses, most importantly the graduate level licenses, and ensure that the legislation can go into effect as quickly as possible.

The Council also should clarify what types of organizations qualify as an eligible “health care provider organization” (Sec. 2 (4)) where individuals can meet the legislation’s proposed work requirements. The Council should recognize that the currently proposed definition does not provide a pathway for individuals to work in group behavioral health practices organized to serve District residents but not subject to organization health licensing or certification. While many behavioral health settings, including outpatient hospital practices, DBH mental health and substance use rehabilitation treatment providers, federally qualified health centers, and DBH free standing clinics are licensed or certified as organization entities, there are no current requirements, or pathways, for group behavioral health practices to be licensed or certified “under federal, state, or District law” (Sec. 2 (4)). Requiring individuals to work in licensed or certified organizations may inadvertently exclude individuals from working in other important settings, including group behavioral health practice organizations that provide significant volumes of outpatient behavioral health services to District Medicaid beneficiaries and some CBOs in the school behavioral health expansion program. Minimally, the Council should consider adding language that recognizes any organization that is enrolled as a DC Medicaid provider organization, which would include several group behavioral health practices that otherwise would not be qualifying organizations under the proposed legislation’s definition of health care provider organizations.

Thank you again for the opportunity to testify today. I would welcome the opportunity to answer any questions that you might have.



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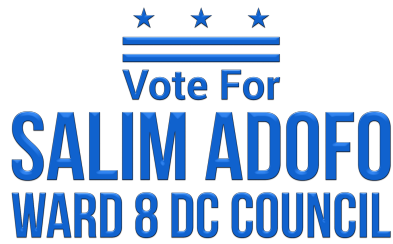
Testimony

**Bill 25-0055 - Pathways to Behavioral Health Degrees Act of
2023**

Committee of the Whole Public Hearing

**John A. Wilson Building
1350 Pennsylvania Avenue
Washington DC**

Wednesday, July 12, 2023



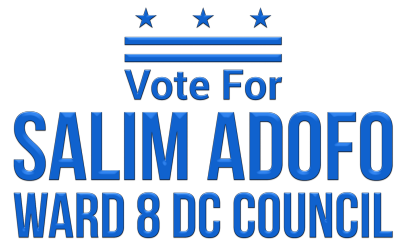
To the Committee of the Whole

I urge the City Council and Mayor Bowser to support the establishment of a Master of Social Work degree pathway at the University of the District of Columbia, as well as a scholarship program for District residents and employees seeking higher education in behavioral health by passing and funding Bill 25-0055 - Pathways to Behavioral Health Degrees Act of 2023.

Mental health is affected by emotional, psychological, and social well-being. A person's thinking, feeling, and behavior are influenced by it. In addition, it helps determine how one handles stress, relates to others, and makes healthy decisions. Every stage of life, from childhood to adolescence to adulthood, requires the maintenance of mental health. A positive psychological and behavioral health can improve employees' productivity, their ability to cope with everyday stress, their ability to maintain a positive outlook, and their ability to engage in healthy eating, sleeping, and exercise habits.

Over the past few years, the National Institute of Health has funded significant behavioral and social sciences research that has made significant advances in the fight against many diseases and conditions that affect Americans throughout their lives. Studies in behavioral and social sciences help predict, prevent, and manage illness in individuals as well as in populations as a whole. Furthermore, this research assists individuals in changing their behavior, understanding treatments, and learning how to adhere to them.

As it pertains to residents of the District of Columbia, children and adolescents exposed to violence may experience poor long-term behavioral and mental health outcomes, including depression, anxiety, and post-traumatic stress disorder, regardless of whether they are victims, direct witnesses, or hear about the crime. In addition, research has shown an association between exposure to violence as a child and an increased likelihood of experiencing intimate partner violence in adulthood. It is possible to reduce violence among this population by increasing the number of mental health professionals.



As the first responder in an emergency situation, the police are often called upon to deal with mental health crises and substance abuse crises. In spite of this, research indicates that police officers may lack the extensive training they need to effectively handle mental health crises. Consequently, patients with mental illness and police officers may have strained or even violent interactions.

On the other hand, mental health professionals are trained to handle patients in crisis in an effective and non-punitive manner. It would be beneficial for healthcare professionals to take an active role in addressing mental health crises in order to help reduce crime rates as well as provide better care to those living with mental illnesses. It is well established that mental health professionals are educated to provide acute care to patients, and their skill set could be used in conjunction with police to reduce non-serious crime rates as well.

We can position our community to be successful in this area through the passage and funding of the Pathways to Behavioral Health Degrees Act of 2023. Moreover, by requiring program participants to commit to working for a District LEA, government agency, or health care provider organization for a minimum of two years, the District of Columbia is able to retain its best and brightest.

August Valentine

I am a recent graduate of UDC BSW. This program honestly saved my life and put me on the right path. UDC BSW program opened my world to what a healthy life can look like. During my time as a student I faced homelessness and spent my last two years at a youth transitional home. I got so much support and information about navigating the system and advocating for myself and others. I believe this program will be beneficial because I witnessed first hand the education and the tools it gave me to advocate for myself. And as a practitioner and someone who also experienced homelessness, the DC shortage on mental health providers and social workers I understand the need for competent and passionate care this program will provide. This program will not only help the students to become empowered and independent but it will help equip our nations Capitol to get back on its feet. We are in an era where people are wanting and needing services. Attitudes are changing about mental health. But if we are short on Staff and not able to serve in the way that reduces harm at first point of contact than we fail our city and its people. Furthermore, if we are not here to utilize resources in a proper and timely manner we will continue to run into the issues with getting people housed, triaged and treated.

We strongly support the Pathways to Behavioral Health Degrees Act, as it would help to increase the pool of qualified behavioral health professionals in DC who can provide much-needed support in our schools, communities and work to prevent violence. In addition to working to increase the pool of behavioral health professionals, this Act represents diversity, equity, inclusion, and access for the city's most vulnerable residents (residents in crises with minimal to no resources).

Presently DC youth are in crisis with gun violence. Gun violence is the leading cause of death for DC children and children nationally. A child is shot in the District more than twice a week. According to reports, as of June 28th, 12 young people have been shot and killed this year, and more than 50 other children and teens have been shot and wounded. Not only are children being killed by guns disproportionately, but a high percentage of minors are committing gun violence. There is an enormous disconnect with our children's social, mental, and emotional health that is eroding community stability, especially in the homes and communities of minorities.

The youth in DC have been bombarded with many challenges since the start of the COVID-19 pandemic and remain in crisis, lacking the physiological development and resource needed to support themselves to health. Wading our youth out of the crises and family and community breakdown is the responsibility of the adults, institutions, and leaders around them.

The Pathways to Behavioral Health Degrees Act is a tangible commitment towards healing; and an action of comprehensive solidarity in addressing college affordability, an urgent need for more behavioral health professionals, and a humane response that offers support and buffers instead of empty outrage and condiment (charging minors as adults). This initiative aligns with "What Happened to you" instead of What is wrong with you, modeling a trauma-informed and responsive approach critical in offering sustainable health practices to youth, families, and communities. Behavioral health professionals are critical advocates who help young people develop coping skills and healthily deal with trauma – especially as they see so many of their peers become victims of gun violence.

The city has not adequately addressed the immeasurable financial, social, and emotional impact caused by gun trauma on DC residents and their families, lacking the precise commitment of a SMART goal. A standard that we can meet with action items like this bill. It is imperative that we recognize that inactivity contributes to homicide, taking another one of our friends, loved ones, or neighbors who still could be with us if we prioritize strategic action against gun violence.

Gun violence is a pandemic with a huge economic impact, costing DC \$2 billion yearly (or roughly \$2,844 per resident). Reducing gun violence would allow us to save money that could be reinvested in our communities to help them thrive and grow.

This bill will provide affordable access from cost barriers to achieving a Master's in Behavioral Health. Removing the tuition barrier provides equity to gain access to professional community service as a mental health professional. Access and equity are segways to cultural competency

and creating a reliable pipeline of professionals for the future. We're glad this important bill was funded in the budget proposal passed by the Council, and we urge its passage.

Testimony on Bill 25-55

“Pathways to Behavioral Health Degrees Act of 2023”

Committee of the Whole

July 12, 2023

Good Morning Chairman Mendelson and Councilmembers.

My name is Will Doyle, LICSW and I am the Director of Housing Operations at Pathways to Housing DC.

Our mission is to end homelessness and support recovery for people with complex health challenges using the Housing First model that we brought to the District in 2004.

Thank you for your commitment to DC residents as evidenced by reintroducing this important bill and prioritizing funding it in the FY24 budget.

I appreciate the inclusion of funding for both Masters in Social Work and Masters in Counseling degrees. As a result of the shortage of social workers, I have had the privilege of working closely with 3 amazing LPCs at Pathways to Housing. All 3 have served as Clinical Supervisors of our Permanent Supportive Housing Program, with 1 currently the Clinical Director of our mental health programs. Their work with our Permanent Supportive Housing Program has brought our client services and staff supervision to the highest levels as a provider since 2008.

DHS recently added LGPC as an option for Permanent Supportive Housing Program Case Manager Supervisors with LGSW, LICSW and LPC already being options. As a result, all those who benefit from this bill will have the opportunity to support the growth of this program to

fully utilize funded housing vouchers and end homelessness for our most vulnerable neighbors.

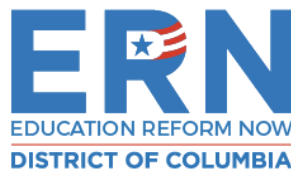
In my work as the Program Manager of our Permanent Supportive Housing Program since 2008, I have supervised many staff and interviewed many potential staff. I have witnessed that staff connection to the community they work in and innate understanding of challenges their clients face both positively impact the quality of services they provide. These are also qualities that differentiate individuals who have Masters degrees. I firmly believe these qualities will be present in those who benefit from this bill as DC residents and either graduates of DC public schools or employed by DC agencies.

This bill also removes barriers for people who have the passion and potential to do great things that significantly benefit DC residents, but who otherwise may not have the opportunity to gain the crucial skills and knowledge provided by a Masters in Counseling or Social Work. In this way it will be incredibly impactful.

While the cost of tuition alone for Masters degrees can be a prohibitive barrier, the additional costs of books, supplies, living expenses, transportation and license fees significantly add to that burden. This bill comprehensively addresses all these essential needs so students can focus their energy on their learning and graduate with the maximum level of knowledge and skills. They graduate without the burden of student loans, greatly benefiting them as they navigate the often challenging early years of their career and the related licensing exams required to work in DC.

I am asking that you support this bill as introduced.

Thank you!



July 12, 2023

Sherri Daniels
Civic Leader
Education Reform Now DC

DC Council, Committee of the Whole
Public Hearing:
Bill 25-55, "Pathways to Behavioral Health Degrees Act of 2023"

Honorable Chairman Mendelson and members of the Committee of the Whole, greetings. My name is Sherri Daniels, I am a proud resident of Ward 8 with a master's degree in psychology, a community caseworker, and a prominent civic leader for Education Reform Now DC. As someone who works at the forefront of providing mental health services to DC residents, I am here today to wholeheartedly support the establishment of a Master of Social Work degree program at the University of the District of Columbia. I was pleased to testify¹ in support of this legislation in April, and I'd like to expand upon the previous testimony of Minetre Martin and delve deeper into the specifics of implementing the solutions discussed.

Minetre's testimony accurately drew attention to the urgent mental health needs of our DC youth, especially in marginalized communities, and I am intimately familiar with this issue through my daily work as a community caseworker. The establishment of a Master of Social Work degree program at the University of the District of Columbia, as proposed in this bill, offers a direct response to these needs. However, the successful implementation and impact of this program will depend heavily on the strategic decisions we

¹ <https://edreformnow.org/2023/04/14/ern-dc-advocates-for-mental-health-services-in-dc-schools/>

make now. To expand on the essential aspects Minetre touched upon I offer the following specific recommendations:

Collaborate with entities such as the National Institute of Mental Health and the American Psychological Association

Minetre suggested the importance of aligning with distinguished institutions such as the National Institute of Mental Health as well as local hospitals and organizations. To amplify the program's reputation and facilitate enriched learning experiences, the program could develop a "Learning Partners" initiative where each semester, a group of students is paired with a partner organization for research projects or practicum experience. This model not only provides students with unique learning opportunities but also helps institutions gain fresh perspectives from the upcoming generation of social workers.

Partner with philanthropic organizations and foundations in DC to establish scholarships, sponsorships, or internships.

Through the scholarship program, UDC could support practical training opportunities. Internships or fieldwork experiences are essential components in the education of social workers, and financial support for these experiences would significantly aid students. Additionally, UDC could leverage technology and innovation in its teaching methodologies. In this digital age, there are myriad tech-based tools that can revolutionize the teaching of social work. For instance, incorporating simulation software and AI programs can offer students the opportunity to practice skills in a risk-free environment before working with actual clients and could make the program more future-ready.

Implement a DC-centered curriculum to address the unique challenges.

The program should engage with local community health centers, schools, and the Department of Behavioral Health to develop a comprehensive understanding of our community's unique needs. By introducing courses or specializations that focus on DC's specific demographic needs, we can ensure our graduates are well-equipped to serve their community effectively.

Develop and execute a comprehensive public awareness campaign

To ensure potential beneficiaries are informed about this program. Develop and execute a comprehensive public awareness campaign to market this program to LEAs so counselors are aware and can work to intentionally build out career pathways in these fields.

This Master of Social Work degree program is more than a course of study; it is a commitment to the future well-being of the District of Columbia. By investing in the program and its graduates, we're investing in our community and shared future.

Thank you for your time, and I hope you will give due consideration to our proposals and the potential they have to enrich our District's education landscape and uplift our community.



TZEDEK DC

Legal Help for People in Debt

**Public Hearing on Bill 25-55, “Pathways to Behavioral Health Degrees Act of 2023”
Before the Committee of the Whole
July 12, 2023**

Good morning, Chairperson Mendelson and members and staff of the Committee of the Whole. Thank you for the opportunity to testify today on Bill 25-55, the Pathways to Behavioral Health Degrees Act of 2023. I am Melissa Millar, Policy Director for Tzedek DC. Headquartered at UDC, Tzedek DC’s mission is to safeguard the legal rights and financial health of DC residents with low incomes dealing with the often-devastating consequences of abusive debt collection practices and other consumer-related issues. We carry out our mission with the goal of addressing racial gaps in wealth and equity and offer direct legal and financial counseling services at no cost to DC residents within 400% of federal poverty guidelines.

Bill 25-55 would:

- Support the University of the District of Columbia to establish a Master of Social Work degree pathway and
- To establish a scholarship program for District residents and employees who are seeking higher education in behavioral health.

We support expanding opportunities for social workers and behavioral health providers in the District. There is consistent need for social workers and their services, whether to assist persons experiencing homelessness move into housing, assist a new mother attain benefits, or attend to a crisis mental health response call. Creating an accredited master’s degree program at UDC accepted by the District’s Boards of Social Work and Professional Counseling will help increase the availability of District-based providers and potentially the pool of professionals with lived experience that may be mirrored by residents seeking services in the community.

Further, the bill seeks to establish a Behavioral Health and Human Services Scholarship Program to provide financial assistance to individuals who have Bachelors’ degrees and seek to obtain an accredited master's degree *and* become licensed in a behavioral health or human services occupation to work in District local education agencies, government agencies, or health care provider organizations. The proposed financial assistance would include tuition at UDC; academic costs, such as the cost of books and supplies; and a monthly stipend for living expenses and transportation. The bill also contemplates covering the fees associated with obtaining a license for a behavioral health occupation in the District.

We greatly support the scholarship program, particularly as it would provide additional funding for a monthly support stipend for living and travel expenses. Many current and former students

are crushed by their student loan debts; creating a program to support the education of new providers without saddling them with potentially tens of thousands of dollars in educational debt is a thoughtful way to address both the professional needs the District has as well as the personal needs of those providing the much-needed services the District and its residents require.

However, we do want to note a lingering issue.

At Tzedek DC, we have been seeking to reform the Clean Hands law as it is applied to people seeking to access work and business opportunities. For example, each of the District's Health Professional Boards have different application and documentation processes, but by law, DC Code § 47-2862 prohibits the issuance of any licenses or permits by the District government if the applicant, among other things, owes the District more than \$100 in past due taxes or more than \$100 in outstanding fines, penalties or interest. This application of the District's Clean Hands law to health occupational licensing specifically prevents people with debt of over \$100 from being able to practice in the District. In recent weeks, the District has stopped applying the Clean Hands law to the obtaining and renewal of driver's licenses, a change that will have a positive impact on Tzedek DC's clients and tens of thousands of other District residents, enabling them to once again have access to vehicles to take them to jobs, take their children to day care and school, and live fuller lives. Yet Tzedek DC has other clients who continue to be prevented from becoming licensed in the District in occupations, including health occupations, due solely to debts owed to DC government.

We recommend that the Committee consider revising the Clean Hands law (D.C. Code § 47-2861 *et seq*) to prevent the disqualification experienced by our clients and likely countless other qualified District residents. The District is the only jurisdiction in the greater-DC region to automatically disqualify individuals from obtaining occupational and small business licenses due to small, unpaid debts like unpaid parking and traffic related debt, and as a result, our resident practitioners are providing services to Marylanders and Virginians, and *not* District residents. We support the bill before the Committee today but fear that existing DC law could yet prevent graduates from this well-intentioned program from becoming licensed if they owe more than \$100 to the District government. In addition to the proposals being discussed in this bill today, we believe that eliminating the Clean Hands prohibition on licensing our health professionals is also key to supporting District residents' health and District providers' financial security.

Thank you for the opportunity to testify and I am happy to answer any questions you may have.

MedStar Washington Hospital Center
Testimony for Bill 25-55, “Pathways to Behavioral Health Degrees Act of 2023”
D.C. City Council Hearing
July 12, 2023

Dear D.C. City Council Chairman Phil Mendelson:

I am here to testify in support of Bill 25-55, “Pathways to Behavioral Health Degrees Act of 2023.” My name is Erin Hall, and I am a trauma surgeon at MedStar Washington Hospital Center and the medical director of the MedStar Washington Hospital Center-Community Violence Intervention Program.

I am testifying today on behalf of MedStar Washington Hospital Center in support of this bill that aims to help build D.C.’s pipeline of behavioral health specialists.

MedStar Washington Hospital Center’s Community Violence Intervention Program provides wraparound services for survivors of gun violence and other violent injuries. Our services include patient advocacy, treatment navigation, mental health crisis intervention and referrals, connections to emergency safe housing and long-term affordable housing, support with public benefits and civil legal needs, and financial and transportation resources.

Our work seeks to interrupt the cycle of violence in our community with two main goals: 1) Prevent re-injury for those who experience gun violence and 2) Prevent retaliatory violence.

We are part of Project Change, a coalition of violence intervention teams from hospitals in D.C., street violence interrupters, MPD, OVSJG, and the D.C. Mayor’s office. Our team has a licensed social worker on staff to help provide crisis intervention and mental health counseling for short-term challenges, but more workforce resources are needed to break generational cycles and support our community’s overall well-being. One of the most consistently identified needs of our participants is for culturally competent, long-term mental health support.

Many of the patients we serve struggle with taking care of their mental health even before experiencing the life-changing effects of gun violence. They experience daily stress from structural racism, food insecurity, violence, and crime in their community, and more. In fact, [research shows](#) that adults with mental illnesses experience violence at high rates and are more likely to be victims than perpetrators of community violence.

Through our work with victims of violence, one of our biggest challenges is that when we finally get people to a place of being ready to accept help with their mental health, there are no resources available for two reasons:

- 1) Mental health care is incredibly difficult to find in our nation's capital, even for the most well-resourced individuals.
 - The [2021 MedStar Community Health Needs Assessment](#) found that mental health issues, long wait times and limited provider hours for primary care and specialty appointments, insurance plans not being accepted by providers, and general difficulty navigating the healthcare system were key drivers to poor health behaviors and barriers to overall wellness. In fact, 50% of respondents indicated the limited availability or access to doctors was one of the most important issues affecting the quality of life in their community.
 - [DC Health Matters Collaborative](#) estimates that 60% of adults and youth with mental illnesses are not receiving treatment.
 - Nationally, it is not much better with [some projections](#) showing that around 30 of our 50 states will have a shortage of social workers and the U.S. will experience a total shortfall of more than 195,000 social workers.
 - This challenge is multiplied when you layer in the additional challenges of trying to identify providers in D.C. who accept Medicaid, with only a handful of organizations and practices available who are incredibly understaffed and with limited resources.

- 2) There also remains a significant stigma around mental health care and distrust of medical providers.
 - To build trust, it is important that providers have the right practice experience to support our community's needs. Ideally, that means they are from D.C. and have lived experience with the challenges our patient population faces day in and day out.

This bill would be a productive first step to providing supportive resources to the District's residents who are looking to take care of their mental health, offer residents the opportunity to make a difference in their communities while building a new career path, and develop our D.C. based healthcare workforce.

As a community health advocate, I applaud the D.C. City Council for introducing this bill and would like to recommend that the bill also includes a provision that will outline recruitment efforts to ensure our community members take part in this program's opportunities.



The University of the District of Columbia
Support for Master of Social Work Program
Proposed B23-55

Testimony

of

Lawrence T. Potter, Jr., Ph.D.

Chief Academic Officer

Before the

Committee of the Whole

The Council of the District of Columbia

The Honorable Phil Mendelson, Chairman

July 12, 2023

9:00 a.m.

John A. Wilson Building

Chairman Mendelson, members of the Committee of the Whole, and staff: good morning! I am Lawrence T. Potter, Jr., Chief Academic Officer at the University of the District of Columbia (UDC), our nation's only urban land-grant institution and the public University of choice in and for the District of Columbia.

I am pleased to testify on behalf of the University and the creation of a new Master of Social Work (MSW) program that is uniquely designed to educate and train the next generation of social work and behavioral health practitioners to serve residents of the District of Columbia, the region, nation, and beyond.

Our last Bachelor of Social Work (BSW) accreditation visit by the Council for Social Work Education (CSWE) was in October 2021 and is accredited through 2029. With the completion of BSW accreditation, UDC turned its attention to developing an MSW curriculum in spring 2022. Initial steps included consultation from our social work advisory board, which focused on the practice needs of the DMV and the profession. The MSW program builds upon the mission and goals of the BSW program and prepares generalist social workers to address priority issues of the District by increasing the behavioral health workforce. Expanding graduate offerings to meet these local needs is a priority for the University.

Attention has been given to the focus and structure of the program. UDC's MSW program will be an advanced generalist practice, with specializations in areas such as behavioral health, environmental justice, healthcare, and community organizing. These specializations consider the grand challenges of the discipline/profession, DC areas of focus identified by the Mayor's Office, and specializations that differ from local MSW programs in the DMV. In compliance with the CSWE Candidacy Application, consideration must be given to the specialized areas of local accredited MSW programs and clearly distinguish between what is already offered and what the proposed program will offer. An initial review indicates accredited MSW programs in the DMV that serve similar student populations as UDC have two program tracks: (1) direct clinical practice and (2) macro practice. An advanced generalist practice-focused MSW would not only distinguish UDC from other local universities but will also equip practitioners with advanced knowledge and skills in the integration of research, theoretical modalities, and ethical and cultural responsiveness in multi-method approaches in engaging, assessing, and intervening at all systems levels with a social justice focus. In alliance with the Program's current focus, particular attention would be given to issues of contemporary urban living.

The social work program draws on the University's mission to produce lifelong learners who are transformative leaders in addressing complex societal issues, collaborating with diverse client systems, and empowering multi-level systems to eradicate local, national, and global social justice issues. The UDC MSW program will be an option for students interested in pursuing an advanced generalist practice degree at the only public University in the District of Columbia.

The MSW program aims to prepare advanced-credentialed practitioners to critically examine complex real-world problems and intervene with evidence-based, culturally-responsive, trauma- and climate-informed approaches. Field education is the signature pedagogy for social work; thus, the MSW aligns with the University's plan for students to apply learning outside the classroom by enriching the curriculum with experiential learning. The social work program aims to empower its graduates to be self-reflective, critical thinkers who demonstrate integrity and possess the leadership skills to foster positive transformative change in their profession and communities.

In summary, UDC's MSW program is designed to implement a strengths-based educational experience aimed at

1. developing competent, ethical social work practitioners,
2. fostering the development of social work research and providing social work consultation, training, and other services to professional community groups and organizations, and
3. modeling and embedding anti-racist, diversity, equity, and inclusion practices throughout the curriculum and working to dismantle oppression, discrimination, and poverty systems.

On behalf of my colleagues at UDC and in honor of Professors Janet Burton and Angela Bullock, thank you again for your and the Council's support and the opportunity to testify. I am happy to answer any questions you or your committee members may have.

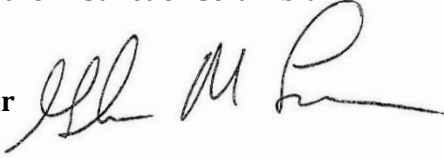
Government of the District of Columbia
Office of the Chief Financial Officer



Glen Lee
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Glen Lee
Chief Financial Officer 

DATE: September 13, 2023

SUBJECT: Fiscal Impact Statement - Pathways to Behavioral Health Degrees Act of 2023

REFERENCE: Bill 25-55, Draft Committee Print as provided to the Office of Revenue Analysis on September 6, 2023

Conclusion

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill. The fiscal year 2024 non-departmental budget includes \$1.24 million and \$6.26 million over the financial plan in local funds to increase the District's subsidy to the University of the District of Columbia (UDC) in order to implement the bill.

Background

UDC plans to establish a Master of Social Work degree program to expand the number of advanced behavioral health and human services professionals practicing in the District. UDC will hire faculty and staff to begin course development and degree criteria in preparation for accreditation in fiscal year 2024 with a goal of enrolling up to 20 students for the spring 2025 semester.

The bill establishes a Behavioral Health and Human Services Scholarship Program (Program) at UDC to provide financial assistance to individuals who seek to obtain an accredited master's degree and become licensed in a behavioral health or human services occupation to work for the District government, a Local Education Agency (LEA), or a health care provider. UDC must use a portion of its annual subsidy payments from the District of Columbia to provide financial assistance to Program participants. The financial assistance must be used to offset the cost of tuition, books and supplies, living expenses, and professional licensing fees. UDC may also use a portion of its annual subsidy to market the Program, hire faculty and staff that to support the program, and purchase materials for courses.

The Honorable Phil Mendelson

FIS: Bill 25-55, "Pathways to Behavioral Health Degrees Act of 2023," Draft Committee Print as provided to the Office of Revenue Analysis on September 6, 2023

To enroll in the Program, individuals must meet relevant requirements for the accredited master's degree program at UDC in which the individual enrolls and must be a resident of the District, a graduate of a District public school, or an employee of a District government agency or health care provider organization. In exchange for accepting Program financial assistance, participants must commit to working for a District government agency, LEA, or health care provider organization located in the District for a minimum of two years after receiving an accredited master's degree and earning the appropriate licensure or certification.

Financial Plan Impact

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill. The fiscal year 2024 non-departmental budget includes \$1.24 million and \$6.26 million over the financial plan in local funds to provide subsidy payments to UDC to implement the bill.

The fiscal year 2024 funding will be used by UDC to recruit and hire one Director, two faculty members, and one staff member to develop curriculum and market the Program to District residents. Beginning in fiscal year 2025, subsidy funding in excess of what is needed to support staff will be used to provide financial support to students enrolled in the Program. The exact breakout of personnel expenses, marketing expenses, and financial support awards is unknown at this time, but the total cost is expected to be fall within the amount allocated in the fiscal year 2024 budget and financial plan.

Bill 25-55, Pathways to Behavioral Health Degrees Act of 2023					
Total Cost (\$ in thousands)					
	FY 2024	FY 2025	FY 2026	FY 2027	Total
UDC subsidy	\$1,242	\$1,652	\$1,670	\$1,693	\$6,257

Sec. 2. Definitions.

* * *

For the purposes of this subtitle, the term:

(1) “Accredited Master’s Degree” means an accredited master’s degree under the Middle States Commission on Higher Education in counseling, school counseling, clinical mental health counseling, social work or other masters’ degree programs accepted by the Board of Professional Counseling or the Board of Social Work for the purposes of licensure in a behavioral health and human services occupation.

(2) “Behavioral health and human services occupation” means an occupation that requires a worker to be licensed by the Board of Professional Counseling or the Board of Social Work.

(3) “DCPS” means the District of Columbia Public Schools.

(4) “Health care provider organization” means any entity licensed under federal, state, or District law to provide health care services, including provider organizations certified by the Department of Behavioral Health and including group practice provider organizations enrolled in the District’s Medicaid program.

(5) “LEA” means local education agency, which is DCPS or any individual or group of public charter schools operating under a single charter.

(6) “Program” means the Behavioral Health and Human Services Scholarship Program established pursuant to this act.

(7) “UDC” means the University of the District of Columbia.

Sec. 3. Program establishment.

* * *

(a)(1) There is established a Behavioral Health and Human Services Scholarship Program at UDC to provide financial assistance to individuals who seek to obtain an accredited master's degree from UDC and become licensed in a behavioral health or human services occupation to work for a District government agency or for an LEA or health care provider organization located in the District.

(b) Through UDC, the Program shall provide:

(1) Education to Program participants that may lead to:

(A) The successful completion of an accredited master's degree program at UDC;

(B) Passage of licensure exams if required to become licensed in a behavioral health and human services occupation; and

(C) Hiring by District LEAs, District government agencies, or health care provider organizations located in the District in a behavioral health and human services occupation; and

(2) Financial assistance to Program participants for payment of:

(A) Tuition at UDC, to the extent charged;

(B) Academic costs, including the cost of books and supplies;

(C) Stipends to be used toward living expenses and transportation; and

(D) Fees associated with obtaining a license for a behavioral health and human services occupation in the District.

(c) UDC shall select individuals to participate in the Program, consistent with the eligibility criteria established pursuant to section 4.

(d) Program marketing and public education shall be provided by UDC to attract District residents and employees to the Program and for the duration of the Program.

(e) Among other authorized uses, UDC may use local funds appropriated to the Program to provide:

(1) Salaries and fringe benefits for faculty and staff directly engaged in the provision of courses necessary to obtain an accredited master's degree;

(2) Instructional materials used in courses necessary to obtain an accredited master's degree;

(3) For marketing and recruitment activities to attract individuals to the Program;

and

(4) The financial assistance for Program participants described in subsection (b) of this section.

Sec. 4. Program participant eligibility.

* * *

(a) To be eligible for financial assistance provided through the Program, an individual shall:

(1) Meet the relevant requirements for the accredited master's degree program at UDC in which the individual enrolls;

(2) Be:

- (A) A resident of the District;
- (B) A graduate of a District LEA; or
- (C) Employed by a District government agency or health care provider organization;

organization;

(3) Be enrolled in a UDC accredited master's degree program necessary to obtain licensure in a behavioral health and human services occupation in the District;

(4) Have a stated interest in pursuing a license in a behavioral health and human services occupation and to work in a behavioral health or human services occupation in the District; and

(5) Meet other criteria specified by UDC.

(b) To maintain eligibility for financial assistance through the Program, an individual shall:

(1) Maintain satisfactory academic progress, as determined by UDC;

(2) Be consecutively enrolled as a full-time or part-time student in an accredited master's degree program at UDC; and

(3) Meet any other requirement determined by UDC to be necessary or appropriate for Program participation.

(c) In exchange for accepting Program financial assistance, a Program participant shall commit to working for a District government agency or an LEA or health care provider organization located in the District for a minimum of 2 years after receiving an accredited master's degree and earning the appropriate licensure or certification needed to practice in a behavioral health and human services occupation in the District.

10
11 A BILL
12

13 25-55
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15 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
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20 To support an educational and career pathway for behavioral health and human services
21 occupations in the District by establishing a scholarship program at the University of the
22 District of Columbia for District residents, employees, and public school graduates who
23 pursue certain master’s degree programs and licensure from the Board of Professional
24 Counseling or the Board of Social Work.
25

26 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
27 act may be cited as the “Pathways to Behavioral Health Degrees Act of 2023”.

28 Sec. 2. Definitions.

29 For the purposes of this subtitle, the term:

30 (1) “Accredited Master’s Degree” means an accredited master’s degree under the
31 Middle States Commission on Higher Education in counseling, school counseling, clinical
32 mental health counseling, social work or other masters’ degree programs accepted by the Board
33 of Professional Counseling or the Board of Social Work for the purposes of licensure in a
34 behavioral health and human services occupation.

35 (2) "Behavioral health and human services occupation" means an occupation that
36 requires a worker to be licensed by the Board of Professional Counseling or the Board of Social
37 Work.

38 (3) "DCPS" means the District of Columbia Public Schools.

39 (4) "Health care provider organization" means any entity licensed under federal,
40 state, or District law to provide health care services, including provider organizations certified by
41 the Department of Behavioral Health and including group practice provider organizations
42 enrolled in the District's Medicaid program.

43 (5) "LEA" means local education agency, which is DCPS or any individual or
44 group of public charter schools operating under a single charter.

45 (6) "Program" means the Behavioral Health and Human Services Scholarship
46 Program established pursuant to this act.

47 (7) "UDC" means the University of the District of Columbia.

48 Sec. 3. Program establishment.

49 (a)(1) There is established a Behavioral Health and Human Services Scholarship Program
50 at UDC to provide financial assistance to individuals who seek to obtain an accredited master's
51 degree from UDC and become licensed in a behavioral health or human services occupation to
52 work for a District government agency or for an LEA or health care provider organization
53 located in the District.

54 (b) Through UDC, the Program shall provide:

55 (1) Education to Program participants that may lead to:

56 (A) The successful completion of an accredited master's degree program at
57 UDC;

58 (B) Passage of licensure exams if required to become licensed in a
59 behavioral health and human services occupation; and

60 (C) Hiring by District LEAs, District government agencies, or health care
61 provider organizations located in the District in a behavioral health and human services
62 occupation; and

63 (2) Financial assistance to Program participants for payment of:

64 (A) Tuition at UDC, to the extent charged;

65 (B) Academic costs, including the cost of books and supplies;

66 (C) Stipends to be used toward living expenses and transportation; and

67 (D) Fees associated with obtaining a license for a behavioral health and
68 human services occupation in the District.

69 (c) UDC shall select individuals to participate in the Program, consistent with the
70 eligibility criteria established pursuant to section 4.

71 (d) Program marketing and public education shall be provided by UDC to attract District
72 residents and employees to the Program and for the duration of the Program.

73 (e) Among other authorized uses, UDC may use local funds appropriated to the Program
74 to provide:

75 (1) Salaries and fringe benefits for faculty and staff directly engaged in the
76 provision of courses necessary to obtain an accredited master's degree;

77 (2) Instructional materials used in courses necessary to obtain an accredited
78 master's degree;

79 (3) For marketing and recruitment activities to attract individuals to the Program;
80 and

81 (4) The financial assistance for Program participants described in subsection (b)
82 of this section.

83 Sec. 4. Program participant eligibility.

84 (a) To be eligible for financial assistance provided through the Program, an individual
85 shall:

86 (1) Meet the relevant requirements for the accredited master's degree program at
87 UDC in which the individual enrolls;

88 (2) Be:

89 (A) A resident of the District;

90 (B) A graduate of a District LEA; or

91 (C) Employed by a District government agency or health care provider
92 organization;

93 (3) Be enrolled in a UDC accredited master's degree program necessary to obtain
94 licensure in a behavioral health and human services occupation in the District;

95 (4) Have a stated interest in pursuing a license in a behavioral health and human
96 services occupation and to work in a behavioral health or human services occupation in the
97 District; and

98 (5) Meet other criteria specified by UDC.

99 (b) To maintain eligibility for financial assistance through the Program, an individual
100 shall:

101 (1) Maintain satisfactory academic progress, as determined by UDC;

102 (2) Be consecutively enrolled as a full-time or part-time student in an accredited
103 master's degree program at UDC; and

104 (3) Meet any other requirement determined by UDC to be necessary or
105 appropriate for Program participation.

106 (c) In exchange for accepting Program financial assistance, a Program participant shall
107 commit to working for a District government agency or an LEA or health care provider
108 organization located in the District for a minimum of 2 years after receiving an accredited
109 master's degree and earning the appropriate licensure or certification needed to practice in a
110 behavioral health and human services occupation in the District.

111 Sec. 5. Fiscal impact statement.

112 The Council adopts the fiscal impact statement in the committee report as the fiscal
113 impact statement required by 4a of the General Legislative Procedures Act of 1975, approved
114 October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

115 Sec. 6. Effective date.

116 This act shall take effect following approval by the Mayor (or in the event of veto by the
117 Mayor, action by the Council to override the veto), a 30-day period of Congressional review as
118 provided in sections 602(c)(1) of the District of Columbia Home Rule Act, approved December
119 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
120 Columbia Register.