dc's CHILDREN'S LAW CENTER family. health. education.

616 H Street, NW · Suite 300
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
www.childrenslawcenter.org

Testimony before the District of Columbia Council
Committee on Health
April 18, 2013

FY14 Budget Hearing:
Department of Behavioral Health

Judith Sandalow
Executive Director
Children's Law Center

Good morning Chairman Alexander and members of the Committee on Health. My name is Judith Sandalow. I am Executive Director of the Children's Law Center[1] (CLC) and a resident of the District. I am testifying today on behalf of CLC, the largest non-profit legal services organization in the District and the only such organization devoted to a full spectrum of children's legal services. Every year, we represent over 2,000 low-income children and families located throughout the District, including hundreds who live in wards 7 and 8. The children we serve have some of the most significant and complex mental health needs in the District, and my colleagues routinely cite the lack of appropriate mental health services as the greatest barrier to success our children face. I appreciate this opportunity to testify regarding the fiscal year 2014 budget of the Deputy Mayor for Health and Human Services and the Department of Behavioral Health (DBH).

Deputy Mayor for Health and Human Services

The Deputy Mayor's office has a critical role to play in improving the coordination of services by the many agencies that are tasked with delivering services to children and families. There are so many issues which cross over agencies where the Deputy Mayor's leadership is needed. As you know, reducing truancy has been a major goal of the District's this past year. Ensuring that every child is attending school every day is a goal we share and I am pleased to see an additional $1 million in the Deputy Mayor's budget to fund the Truancy Reduction Initiative.[2] It is our understanding that this will be used for transportation and for referrals to community-based organizations for ninth graders and students repeating ninth grade. We urge this Committee to inquire as to exactly how this money will be used. How will students be

connected to appropriate organizations that are best positioned to provide them with services and get them back to school? How will we know these programs are succeeding? Are the two programs the Truancy Taskforce implemented last year, the Truancy Court Diversion Program and the High School Case Management, being continued? Where does this funding, and the programs it will be supporting, fit into the Truancy Taskforce's Strategic Plan?

As you know, students miss school for many diverse reasons and it is critically important that they are connected, in a timely manner, to the appropriate services. Students should not just be shuttled off to yet another organization that doesn't have the right resources. Often the best programs are evidence-based and employ expertly trained staff. We look forward to working with the Deputy Mayor, the Truancy Taskforce and the Council to ensure all of the District's students are attending school.

Department of Behavioral Health

We are pleased that the Department's budget has been increased and that $9.6 million in local funds has been dedicated to Mental Health Rehabilitation Services (MHRS)[3]. Our understanding from Director Baron is that the increased funding reflects a projected increase in the use of MHRS services and also anticipates an increase in provider reimbursement rates. MHRS services (which include medication management, counseling and community-base interventions) are an important part of the children's mental health system and we hope these additional funds will improve the quantity and quality of services.

Unfortunately, the budget for DBH's specific children's programs (other than the services children get through MHRS) is flat this year, [4] although the current, FY13 budget for

these programs does not come close to meeting the needs of children with mental health problems in our city. Despite many improvements this past year and the good work of Director Baron and the staff of the Children's Division, DC children *still* have a paucity of quality mental health services to assist them as they struggle to address problems in their families, schools and community.

Introduction

Over 92,000 children and youth under 21 years of age are enrolled in the District's Medicaid program.[5] Nationally, 12.4% of children aged six to 17 years old who receive Medicaid have mental health conditions.[6] As I mentioned at the DBH oversight hearing earlier this year, it is difficult to determine how many children are receiving mental health services. The data is not regularly communicated in easy to understand and meaningful ways. In 2012, DBH reported they were serving seven percent of children in the District through their Mental Health Rehabilitative Services (MHRS) and Medicaid Managed Care Organization (MCO) system.[7] Using the 2012 figure, this means that almost 5,000 children who need mental health services were not getting them. This February, DBH reports that they have increased the number of youth receiving MHRS services by 18% from 2009 to 2012[8]. Although this seems like good news, it doesn't present a full picture because it doesn't include information from the MCOs, which serve the vast majority of DC children. From 2009 to 2010, the last year the MCOs reported their utilization data, the number of children treated by managed care providers shrank by 16%.[9]

As you can see, we must cobble together the data we are given. But even without the robust data that the District ought to have, it is very clear from my organization's experience of representing thousands of families each year that our system is still quite broken. My colleagues spend dozens of hours to get children connected to appropriate mental health services. Each social worker, clinician and intake worker tells them a different story about whether a child is eligible for a certain service and who to call to make a referral. They are told services don't exist when they do and children and families face long waits for care. I worry greatly about how children without advocates fare in our overly complex system.

Now is the Time to Invest in Children's Mental Health Services

After several years of challenging economic times and budget shortfalls, the District is happily facing a better budget outlook this year. Now is the time to invest in our children, particularly in mental health services. This investment is good for children and good for the District's fiscal health. A properly functioning mental health system is vital to our education, child welfare and juvenile justice systems as well – it provides services to ensure children reach developmental milestones, aid their academic achieve, reduce their stays in foster care and cope with the trauma in their lives effectively rather than repeating the cycle of violence. While additional, up-front funds may be required, the cost to society of unmet mental health needs is substantial. The money we are not investing in mental health services today is reflected in the money we spend in our special education, foster care and juvenile justice budgets.[10] Some specific initiatives where funds are needed include:

School Mental Health Program

The School Mental Health Program (SMHP) provides prevention, early intervention and clinical services to children in the District's schools. DBH clinicians work in the schools to provide support to teachers and staff on a variety of mental health issues, including classroom management techniques, as well as work to create safer and more supportive school climates. Clinicians can also provide one-on-one services to students who need this level of support or refer students to outside mental health services.[11] Because the overwhelming majority of children attend schools, schools are an ideal location to identify children with mental health needs and provide them with appropriate services. Students and parents are also familiar with schools facilities and staff which help to lessen the stigma of seeking help for mental health issues.

Currently, the SMHP is in only 53 schools, which is 30% of the District's total schools.[12] The *South Capitol Street Memorial Amendment Act of 2012*[13] requires SMHP to be in every school by the 2016-2017 school year – and by the 2014-2015 school year (next fiscal year) the program must be in 50% of our schools. Unfortunately, this program is level-funded this year so it seems expansion is not likely. The Fiscal Year 2014 Budget Support Act of 2013 does include a list of items to be funded if there is additional revenue available; number four on that list is an additional $1.9 million for DBH to expand the SMHP.[14] This $1.9 million should be in the regular budget, not put aside for a future wish list.

Early Childhood Mental Health Program

DBH's Early Childhood Mental Health Consultation project places mental health specialists in 25 child development centers across the District. These clinicians train staff,

provide services to children and parents and make necessary referrals.[15] Early childhood is a critical period for the onset of emotional and behavioral impairments. Young children with behavioral problems can struggle with their parents, disrupting the nurturing parent-child relationship which is necessary for the child's healthy development. Unfortunately, this promising program is also level funded for FY14. The *South Capitol Street* law also requires the Mayor to expand early childhood mental health services to all programs by the 2016-2017 school year.

Pediatrician Screenings

DBH should be working with DCHF to ensure that all pediatricians are screening children for mental health needs as is required by law. Early identification and treatment of mental health problems is critically important and pediatricians are ideally situated to screen children for mental health needs, provide basic mental health care and refer children to mental health clinicians when the child's condition warrants such a referral. Federal Medicaid law requires these screenings[16] and leading medical organizations such as the American Academy of Pediatrics endorse them. Currently, many pediatricians do not know how to screen, which tools to use, or how to connect to the mental health system when a patient needs more intensive services than a pediatrician can provide. DBH needs to develop a plan to ensure compliance and to allocate necessary resources to implement the plan.

Psychiatric Access

Nationwide and in the District there is a dearth of child psychiatrists. One of the ways that other jurisdictions have attempted to solve this problem is by creating child psychiatric

access projects where mental health consultations teams are available to assist pediatricians meet the needs of their patients with psychiatrics issues.[17] In this model, the consultation team – social workers, psychologists and psychiatrists – is on call to respond to primary care clinicians who need assistance with a patient's mental health needs, including diagnosis, medication management and referrals. Through this model, pediatricians are able to care for their less acute patients themselves and psychiatrists are able to treat the more serious patients. This program has been very well-received and cost effective in other states. DBH should prioritize implementing and funding this project.

In conclusion, we applaud DBH for the positive steps they have taken this year to improve the children's mental health system. We hope there will be additional money found to fund children's services which are so critical for ensuring children are successful in school, remain at home with their families rather than in residential placements or foster care and stay out of the juvenile justice system. We look forward to working with DBH and this Committee to ensure all children receive easily accessible, high-quality, coordinated mental health services. Thank you again for the opportunity to testify. I am happy to answer any questions.

---

[1] Children's Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. We are the largest provider of free legal services in the District and the only to focus on children. Our 80-person staff partners with local pro bono attorneys to serve more than 2,000 at-risk children each year. We use this expertise to advocate for changes in the District's laws, policies and programs. Learn more at www.childrenslawcenter.org.

[2] Deputy Mayor for Health and Human Services, FY2014 Proposed Budget and Financial Plan, Enhance: Truancy Reduction Initiative (E-196).

[3] The FY14 budget proposes a $7.4 million increase to MHRS local funds for Medicaid-eligible participants and an additional $2.2 million increase to MHRS for non-Medicaid eligible participants. Department of Behavioral Health FY2014 Proposed Budget and Financial Plan (E-48).

[4] Department of Behavioral Health, FY2014 Proposed Budget and Financial Plan, Children and Youth (4860), Early Childhood and School Mental Health Program (4865) (E-45). The budget reflects very small increases ($274,000; $23,000) which we've been informed reflect cost of living adjustments for staff.

[5] 92,720 totally individuals are eligible for EPSDT services. U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Form 416 Annual EPSDT Participation Report, FY 2011 (most recent available).

[6] Embry Howell, *Access to Children's Mental Health Services Under Medicaid and SCHIP,* Urban Institute, 5 (2004).

[7] In March 2012, DMH reported to CLC that they are now providing mental health services to 7% of children enrolled in Medicaid, although this number is not recorded in any document. In the last Dixon Court Report the number was reported as 5.48%. Dennis R. Jones, Court Monitor, Report to the Court (*Dixon v. Fenty),* Exit Criteria 5, 7 (January 27, 2011).

[8] DBH Director Steve Baron, Presentation to Children's Law Center (February 15, 2013).

[9] Medical Care Advisory Committee, Behavioral Health Subcommittee, *FY2011 Year-End Report and Recommendations,* 3 (April 18, 2012).

[10] Nationally, 50% of children in the child welfare system have mental health problems. In the juvenile justice system, 67% of youth have a diagnosable mental health disorder. Shannon Stagman & Janice L. Cooper, National Center for Children in Poverty, *Children's Mental: What Every Policymaker Should Know* 3 (2010).

[11] DBH website: http://dmh.dc.gov/service/children-youth-and-family-services

[12] There are 57 charter schools and 125 DCPS schools for a total of 182 schools.

[13] D.C. PL19-041.

[14] The Fiscal Year 2014 Budget Support Act of 2013, §902(a)(4).

[15] Department of Mental Health FY12 Oversight Questions, Question 45.

[16] 42 U.S.C. §1369(a)(43): The Early Periodic Screening, Diagnosis and Treatment provision of federal Medicaid law; District of Columbia Medicaid State Plan §3.1(a)(9).

[17] National Network of Child Psychiatry Access Programs, www. http://web.jhu.edu/pedmentalhealth/nncpap.html. *See also* Aaron Levin, *Innovative Project Makes MH Care More Accessible in Primary Care*, Psychiatric News, Vol. 46, No. 3, 10 (February 4, 2011).