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Testimony Before the District of Columbia Council
Committee on Health & Committee on Education
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Joint Public Hearing:
"The Department of Behavioral Health's Proposed School-Based Behavioral Health Comprehensive Plan"

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Introduction

Good morning Chairperson Gray, Chairperson Grosso and members of the Committees on Health and Education. My name is Judith Sandalow. I am the Executive Director of Children's Law Center[1] and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

I appreciate this opportunity to testify regarding the proposed plan for expanding early childhood and school-based behavioral health services. Children's Law Center works with many children, including children in the foster care system and children receiving special education services, who wouldn't need our assistance if their mental health needs had been addressed in a timely manner. Furthermore, our experience with more than 5,000 DC children and families each year teaches us that a lack of high quality, timely and accessible mental health intervention is a barrier to well-being for children across the city.

The gap between children's need for mental health support and available interventions is very wide. In fact, the Department of Behavioral Health (DBH) estimates that 20% of (or 20,000) children and adolescents may have a mental health disorder that can be identified and require treatment.[2] The District's comprehensive

plan to expand early childhood and school-based behavioral health services, the focus of today's hearing, has the potential to significantly reduce that gap.

Children's Law Center has long been an advocate for expansion of school-based mental health services,[3] because one of the easiest ways to improve access to mental health care is to locate services where children spend most of their time. It is common sense that locating counseling services at school will make them easier for children to access. In addition, prevention services and less intensive services can be provided in school to prevent the need for more intensive and acute services.

For several years, the District's effort to expand mental health services in schools has focused primarily on expanding the DBH-run School Mental Health Program (SMHP). However, over the past four years the program has only added 16 new schools and is currently serving only 68 schools, about 31% of the schools in DC.[4] At this rate, expanding this program's capacity to reach every school would take over 30 years to accomplish.[5] It has become evident that this is not a realistic way to meet the needs of DC's children, and the cost and workforce barriers are significant.

Not only is the SMHP only operating in 31% of schools, but it is also not fully meeting the needs of the students in the schools where it operates. The type and amount of support varies from school to school. One clinician is seldom able to meet the varied needs of all students in a school. To address this problem, some schools have supplemented the SMHP with other mental health services provided by school staff

(DCPS has mental health professionals in schools as do some charter schools), non-profit organizations retained by schools, Core Service Agencies (CSAs) and other service providers. These programs tend to operate in isolation. No government agency has had a comprehensive list of mental health services available in all schools, and there has been no coordination of these services between sister agencies, or even within individual schools.

In order to meet the mental health needs of our children, a comprehensive interagency approach is required, which is what was called for in the *South Capitol Street Memorial Amendment Act of 2012*.[6] Although the plan called for in the Act is long overdue, we were encouraged last year when DBH convened an interagency and stakeholder group to develop a comprehensive plan. The Agency, last spring, convened a Behavioral Health Working Group bringing together DBH, the Office of the Deputy Mayor for Health & Human Services (DMHHS), the Office of the Deputy Mayor for Education (DME), the Office of the State Superintendent of Education (OSSE), DC Public Schools (DCPS), the DC Public Charter School Board (DCPCSB), Friends of Choice in Urban Schools (FOCUS), child advocates and other government and community partners. Children's Law Center was an active member of the working group.

The goal of the plan is to maximize available resources and ensure there is no disparity between similarly situated schools and child development centers. If the plan

is successfully implemented, the mental health resources in the schools will be coordinated across agencies for the first time. Schools currently without a provider will have new options available, and prevention and screening services will finally be provided to all schools. To achieve this expansion, the comprehensive plan leverages existing resources of government agencies, DCPS and public charter schools and community based providers to provide more services to more students. Community based organizations, including CSAs, Federally Qualified Health Centers, and stand-alone free clinics, are great resources that will provide expanded services DBH clinicians do not currently provide.

Implementation Concerns and Recommendations

While we continue to support the overall plan, we share the concerns expressed by the Council and community stakeholders. Because release of the plan was delayed over five months, DBH's original target of full implementation starting this coming school year is impractical. Although DBH has changed course toward a phased-in rollout,[7] other concerns remain.

One of the biggest concerns is that children currently receiving services will lose access to treatment. Based on our conversation with DBH, we understand that the pool of children receiving services from DBH clinicians is fairly small. Approximately 700 students are currently receiving services from DBH-employed clinicians.[8] Based on historical trends, DBH estimates that almost 400 of these students will be discharged

from care at the end of this school year for various reasons (completed treatment, transition to a community provider, graduation from school, etc.). A plan for continued treatment of the remaining 300 students, however, needs to be articulated.

Concerns have also been raised that schools that currently have a DBH clinician will lose access to clinical services. There are currently 68 schools with a DBH clinicians, 18 of which have additional mental health providers within the school.[9] We recommend addressing this concern by starting the transition to the new model with these schools. Starting with these schools also makes sense, because there is already a relationship between the DBH clinician and the school.

Other implementation questions that need to be addressed include:

- What staff will be utilized to connect schools to community-based providers, and what training and tools will that staff have to ensure that they have the skills to be successful?
- Is the pool of clinicians and the funding mechanism sufficient to allow providers be able to increase capacity on the timetable proposed by DBH?
- For schools without a DBH clinician, but who already have in-school mental health services, how will those providers work with the DBH clinicians assigned to the school?

We applaud DBH for the thoughtful process they used to bring together stakeholders with diverse areas of expertise to create this comprehensive plan. We

believe that the same thoughtfulness, with an expanded set of stakeholders, must go into planning its implementation. For this plan to be successful, its implementation must be informed by utilizing feedback from community stakeholders, including providers.

Our recommendations are as follows:

- We recommend that DBH abandon the idea of full implementation of the plan over the next school year, and instead, use SY2017-2018 to first focus on implementing the plan in schools that currently have DBH clinicians. If that roll out is successful, then DBH could begin expanding to the remaining schools.
- We recommend that DBH engage with advocates, community stakeholders and providers prior to initiating any implementation, allowing for full and robust discussion of any and all issues and concerns and use the resulting feedback to inform initial rollout of the plan in SY2017-2018 and continued rollout in SY2018-2019.
- We recommend that the Council allow DBH to begin implementation of the plan during SY2017-2018, at a minimum for the schools that currently have a DBH clinician.

We are aware that this process will slow down implementation and may result in fewer children receiving critical mental health support this year. However, in the end,

we believe that more children will be served in the long run, if the District takes two years instead of one to implement this very strong plan.

Conclusion

For decades thousands of children have fallen behind in school, entered foster care and the juvenile justice system, and suffered unnecessarily because their mental health needs have gone unaddressed. This plan has the promise of changing this painful reality and finally achieving comprehensive school-based mental health services. I sincerely hope that the Council, together with all stakeholders in the community, will seize this opportunity and work together constructively to implement this plan and give our children the needed supports to succeed. Thank you again for the opportunity to testify.

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[1] Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to be the voice for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

[2] Approximately 101,000 children and youth under 21 years of age are enrolled in the District's Medicaid program. This means that more than 20,000 of the children on Medicaid in DC likely have a mental health disorder that can be identified and requires treatment. *See*, DHCF FY15 Performance Oversight Responses, Q50.

[3] *See*, Children's Law Center (2012). *Improving the Children's Mental Health System in the District of Columbia*. Retrieved from http://www.childrenslawcenter.org/sites/default/files/attachments/resources/Improving%20the%20Children%27s%20Mental%20Health%20System%20in%20the%20District%20of%20Columbia%20-%202012%20Report.pdf

[4] DBH FY16 Performance Oversight Responses, Q25. In FY16, the plan was to be in 70 schools, DBH FY15 Performance Oversight Responses, Q65. The SMHP was in 64 schools in SY14-15 and 52 SY13-24, DBH FY14 Performance Oversight Responses, Q66 and DBH FY13 Performance Oversight Responses, Q59. *See also,*

http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2012%20LEA%20by%20LEA%20%26%20School%20by%20School%20Level%20Reports.xlsx

[5] *See*, Presentation by the Office of the Deputy Mayor for Health & Human Services at the May 2017 Truancy Taskforce Meeting (May 25, 2017). Retrieved from https://attendance.dc.gov/sites/default/files/dc/sites/attendance/publication/attachments/Truancy-Taskforce_FINAL_052517_0.pdf

[6] D.C. Code § 2-1517.32

[7] *See*, District School-Based Behavioral Health Services Rollout Plan. Retrieved from https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/publication/attachments/District%20School-Based%20Behavioral%20Health%20Services%20Rollout%20Plan.pdf

[8] Information shared by Dr. Tonya Royster, Director of DBH. On file with Children's Law Center.

[9] Information shared by Dr. Tonya Royster, Director of DBH. On file with Children's Law Center.