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Testimony Before the District of Columbia Council
Committee on Health and Human Services
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Good morning Chairman Alexander and members of the Committee on Health and Human Services. My name is Judith Sandalow. I am the Executive Director of Children's Law Center¹ 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 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year. Many of the children we see through our cases -- children in the foster care system or receiving special education services -- wouldn't need our help if it wasn't for their unmet mental health needs. Even when these children have an attorney, it can be a struggle connect them to appropriate mental health services.

We are therefore concerned that the Department of Behavioral Health's (DBH) overall proposed budget has decreased by 1.5%² and the budget for children's programs and services remains essentially flat.³ Although, we also understand that the Mayor is proposing to invest in income supports and efforts to address homelessness, and we view these important programs as a way to prevent the need for mental health services. Stable housing and living conditions can prevent some of the trauma and stress that lead children to need behavior health services. Although we would prefer that there were additional funds for children's mental health services this year, we appreciate that the Mayor and Council need to make tough choices in the FY2016 budget.

Even with a flat budget, significant progress can be made in improving the District's children's mental health system. In fact much of the progress in FY2014 was low or no cost. For example, as highlighted in our third annual Report Card on Children's Mental Health in District of Columbia released yesterday, about 3,000 more children received services in FY2014 than FY2013.⁴ One reason for this improvement is that the Department of Health Care Finance (DHCF) has been putting pressure on the managed care organizations (MCOs) to increase the number of children who get mental health screening, referrals and treatment. As a result, MCOs have significantly increased their spending in this area.

Similarly, pediatricians will soon have a network of psychiatric professionals on call to help them manage moderate mental health concerns through the DC Mental Health Access in Pediatrics (DC-MAP) program, which Councilmember Alexander you were a champion of through the *Behavioral Health System of Care Act of 2014*. The modest \$500,000 to fund this program for its second year, FY2016, is included in the Mayor's budget.⁵

Many of the other remaining key challenges - timeliness, quality of services, utilization and care coordination - can be largely addressed by leadership and effective use of current funds. Ensuring the children's mental health system is a *system* is an important place to begin. DBH's mission is to "develop, manage and oversee a public

behavioral health system for adults, children and youth and their families,” however, DBH doesn’t actively oversee service-delivery for all children in the system.⁶

Many District agencies, including DCHF and DC Public Schools oversee significant pieces. DC has the chance for a fresh start with newly-elected Mayor Muriel Bowser.

She has the opportunity to appoint a permanent director to lead the Department of Behavioral Health. Her new appointee must be given the authority and responsibility to build a comprehensive and coordinated children’s mental health system.

With solid foundational work for the remainder of FY2015 and FY2016, we hope the District can expand programs in the next budget. In particular the early childhood and school based programs. DBH’s Early Childhood Mental Health Consultation project places mental health specialists in child development centers across the District. The project has not expanded since its inception in 2010.⁷ The project is currently in 26 centers,⁸ which make up less than 5% of the child development centers and home-based child care providers in the District.⁹ The School Mental Health Program (SMHP) which provides prevention and early intervention services to children of all ages in the District’s schools, in addition to providing clinical services. The *South Capitol Street Act* requires SMHP to be in every school by the 2016-2017 school year,¹⁰ but it is currently only in 30% of the District’s public schools¹¹—only four more sites than in the 2011-2012 school year.¹²

We look forward to working with DBH and this Committee to ensure that 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 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 8 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 Department of Behavioral Health, FY2016 Proposed Budget and Fiscal Plan, E-31.

³ The proposed FY16 DBH budget cuts funding for early childhood and school behavioral health by \$306,000 (4865), but has an increase of \$261,000 for children and youth services (4860) and an overall increase of 4.5 FTEs leaving the programs unharmed. Department of Behavioral Health, FY2016 Proposed Budget and Fiscal Plan, E-42 Table RM0-4.

⁴ Last year, DHCF reported to Children’s Law Center that only 6,575 low-income children on Medicaid were treated for mental health issues in FY13. This year, that number has been revised upward by DHCF because of two factors: updated billing information, and a new methodology that includes additional treatment codes in their analysis of mental health services. Those data tables are on file with Children’s Law Center.

⁵ Email correspondence with DBH (April 2, 2015).

⁶ See Department of Behavioral Health, *About DBH*, <http://dbh.dc.gov/page/about-dbh>.

⁷ In FY11 the Project was in 24 sites and in FY12 it was in 25. Although the DBH FY2015 Proposed Budget and Financial Plan, Table RM0-4, Line item 4865 shows an increase of \$606,000 for Early Childhood and School Mental Health, Director Baron noted at a FY15 Budget Briefing on April 10 that these funds are to replace expiring federal funds that supported the consultation program. The program will remain the same size.

⁸ DBH FY14 Oversight Responses, Question 48.

⁹ There are 342 Child Development Centers and 145 home-based providers in DC. Email correspondence with Barbara Parks, Clinical Program Administration, Prevention & Early Intervention Programs, DBH (June 2013).

¹⁰ D.C. PL19-041.

¹¹ See list of 206 DCPS and charter schools. My School DC, *available at* <http://www.myschooldc.org/schools/>.

¹² In 2011-2012 school year SMHP was in 58 schools. DMH FY11 Oversight Responses, Question 8.