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**Testimony before the District of Columbia Council
Committee on Health
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FY13 Department of Mental Health Budget

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Good morning Chairman Catania and members of the Committee on Health. My name is Judith Sandalow. I am Executive Director of 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 more than 1,200 low-income children and families, focusing on children who have been abused and neglected and children with special health and educational needs. 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 2013 budget of the Department of Mental Health (DMH).

We are pleased that the Department's budget has been increased for FY13 and that there is a small increase to several programs that serve children.² Especially during these financially difficult times, we commend the Mayor for sparing DMH from any more cuts. As in past years, Director Steve Baron and his team have worked hard to put forward a budget that maximizes services given the limited funds available. The Department's budget also includes an increase of \$815,000 to "cover the costs that are related to the FY2013 fiscal impact" of the South Capitol Street Memorial Amendment Act of 2012.³ It is encouraging that additional funds have been allocated for the implementation of this Act.

Although I am thankful that DMH has been spared budget cuts this year, I would be remiss in my role as child advocate if I did not put on the record that the current budget does not come close to meeting the existing need. Despite many improvements this past year, DC children *still* have a paucity of quality mental health services to assist them as they struggle to address a myriad of problems in their families, schools and community. Over 91,000 children and youth under 21 are

enrolled in the District's Medicaid program.⁴ Although there is not a comprehensive assessment of their mental health needs, a comparison to national data suggests that we are not close to meeting the needs of our children. Nationally, 12.4% of children aged six to 17 years old who receive Medicaid have mental health conditions.⁵ Yet, DMH is serving at most seven percent of children in the District through its Mental Health Rehabilitative Services (MHRS) and Medicaid Managed Care Organization (MCO) system.⁶ This comparison suggests that almost 5,000 children who need mental health services are currently not getting them. And many of the approximately 6,000 children who are reported to get services are not receiving the right services. Instead, they are simply receiving at least one mental health service, not necessarily the correct treatment or all the services to which they are entitled or need to truly improve their health and quality of life.

Meeting the need will require more than additional District dollars. It will require structural change. As I have testified many times, we must address the fragmentation and complexity which make our system unattractive to high-quality providers and make it difficult for children and families to find help.⁷ The District must also build the system to ensure it is maximizing federal payments.

Once the District has addressed the many structural issues which prevent us from having a well-functioning children's mental health system, it will be in a better position to use its dollars effectively and to estimate the budget numbers necessary to truly meet the need. The Deputy Mayor for Health and Human Services and the directors of the child-serving agencies are working together with Children's Law Center and other advocates and consumers through a grant from SAMSHA to address these structural problems. Hopefully, this process will move quickly so that next year the Mayor's proposed FY14 budget for Department of Mental Health and its sister agencies will reflect the dollars needed to truly meet the needs of children.

This investment of time and money is good for children and good for the District's fiscal health. 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.⁸

Every year for at least four years I have testified that the District is facing a crisis in children's mental health – and I have detailed the many structural barriers to success. There have been many, important improvements during this time, but the core structural changes have not been made. It's my great hope that next year my testimony will be different. I hope, working together, those of us in this room today can 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.

¹Children's Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. As the largest nonprofit legal services provider in the District, our over 80-person staff partners with hundreds of pro bono attorneys to represent more than 1,200 at-risk children each year. Applying the knowledge gained from this direct representation, we advocate for changes in the city's laws, policies and programs. For more information, visit www.childrenslawcenter.org.

²FY13 DMH Proposed Budget and Financial Plan, *Children and Youth-MHSS (4835), Early Childhood and School MH Prog – MHSS (4865), Physicians Practice Group (4880)* E-47.

³ FY13 DMH Proposed Budget and Financial Plan, *Policy Initiatives* E-49.

⁴ The number of total individuals eligible for EPSDT (Early, Periodic Screening, Diagnosis and Treatment) is 91,340. Department of Health and Human Services, Center for Medicare and Medicaid Services, Form CMS-416: Annual EPSDT Participation Report (April 13, 2011).

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

⁶ DMH has 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 is reported as 5.48%. Dennis R. Jones, Court Monitor, Report to the Court (*Dixon v. Fenty*), Exit Criteria 5 at 7 (January 27, 2011).

⁷ CLC testimony at the Department of Health Care Finance FY13 Budget and Oversight Hearing (April 2012) <http://www.childrenslawcenter.org/news-events/testimony-comments/April-2012-Budget-DHCF>; CLC testimony at the Department of Mental Health Oversight Hearing (March 2012) <http://www.childrenslawcenter.org/news-events/testimony-comments/March-2012-Oversight-DMH>; CLC testimony at the Department of Mental Health FY12 Budget Hearing (April 2011) <http://www.childrenslawcenter.org/news-events/testimony-comments/DMH-Testimony-April-2011>.

⁸ 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).