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Committee on Health
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Introduction

Good morning Chairman Grey and members of the Committee. My name is Sharra E. Greer. I am the Policy Director at 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 more than 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. My testimony today is going to focus solely on school based mental health. Accessing mental health services is a significant challenge. Even our well-trained lawyers have difficulty connecting children to appropriate mental health services and cite the lack of timely, quality and appropriate mental health services as one of the greatest barriers to success for our clients.

One of the best ways to improve access to mental health care is to provide services where children are. Counseling services in school or at the school building can make a huge difference for the children who need them. In addition, prevention services and lower level services provided in the school can help children from escalating and needing high level and acute services.

A new approach to school based mental health has been worked on for the two years. Until 2016, DBH had very slowly been expanding its School Based Mental

Health Program (“SMHP”) by adding additional DBH clinicians to schools.² In FY16, the SMHP operated in 68 DC Public and DC Public Charter Schools, only approximately 31% of the schools in DC.³ It had become clear that expanding the model this way was unlikely to reach all schools and be able to provide all service levels.

In 2016 DBH led an inter-agency process to propose a new and different approach to school based mental health. The result of that process was the District of Columbia’s Comprehensive Plan to Expand School-Based Behavioral Health Services submitted on May 9, 2017 by the Deputy Mayor for Health and Human Services (DMHHS) to the Committee on Health and the Committee on Education.⁴ There were many questions around the plan and how it would be implemented, so through the School-Based Behavioral Health Comprehensive Plan Amendment Act of 2017, passed as part of the FY 2018 Budget Support Act of 2017, the Task Force on School Mental Health (“Task Force”) was created.⁵ The Task Force was charged with reviewing the plan and recommending changes to the plan and a timeline for implementation. The Task Force’s report is due to the Council on March 1, 2018.

While the report is not yet final, the Task Force meetings indicate that a modified version of the Comprehensive Plan will be proposed. It is our expectation that core elements of the plan will be retained. That the goal will remain that all public and public charter schools will have Tier 1, Tier 2, and Tier 3 behavioral health supports.

That each Tier's supports will consist of a variety of programs, services, and supports that individual schools can tailor to meet the needs of the students and their school.

That these services will be delivered through different combinations of internal and external providers depending on the need of the school and resources. We also expect that the Task Force will recommend starting with a modest cohort of schools for SY18-19.

We strongly urge that the expansion of SBMH services move forward for SY18-19. We are concerned that giving the timing of the Task Force's report it may be difficult to ensure the necessary funding for next Fiscal Year. I know that both you Councilmember Gray and Councilmember Grosso sit on the Task Force. We urge that you work with the Mayor and her staff to ensure funding is included in the FY19 budget. It is likely that further work will be needed to develop a full multi-year implementation plan, but we hope that that will not stop the process from moving forward this year.

Conclusion

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 advocate 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 more than 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 *South Capitol Street Memorial Amendment Act of 2012* required that a comprehensive school based mental health plan, with a strategy for expanding early childhood and school-based behavioral health programs and services to all schools, be developed by SY2016-2017.

³ DBH FY16 Performance Oversight Responses, Q25. That number has remained static for FY17. DBH FY17 Performance Oversight Responses, Q25

⁴<https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/publication/attachments/District%20Comprehensive%20Plan%20for%20Early%20Childhood%20and%20School-Based%20Mental%20Health%20Services.PDF>

⁵ School-Based Behavioral Health Comprehensive Plan Amendment Act of 2017, passed as part of the Fiscal Year 2018 Budget Support Act of 2017, Law L22-0033 Effective from Dec 13, 2017.