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Testimony Before the District of Columbia Council
Committee on Health
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Department of Behavioral Health

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Introduction

Good morning Chairman Gray and members of the Committee. My name is Sharra E. Greer. I am the Policy Director at 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 nearly 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 about the Department of Behavioral Health (DBH). This is a challenging time for DBH. For the clients we serve we continue to see a lack of timely, quality services. We have testified year after year that many of the children we work with—children in the foster care system or receiving special education services—only need our help because their mental health needs have gone unaddressed. Many have been faced with multiple adverse childhood experiences and resulting complex trauma and need access to high-quality services to achieve stability. But 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 children. Appointment delays and high staff turnover rates plague many of the Core Service Agencies (CSAs) that provide needed mental health services to many Medicaid-eligible children. In general,

despite some progress over the past several years there are gaps that leave families, teachers, social workers, probation officers, lawyers and judges scrambling to meet the mental health needs of at-risk children in the District. There are also major systemic challenges due to the fragmentation of our public mental health system. We just published a paper with Children's National Health System and the DC Behavioral Health Association that outlines the current system and demonstrates its fragmentation and complexity.[2]

I urge the Mayor with this Council's oversight to use the current moment of transition to examine how the agency, and the behavioral health system that extends beyond this agency, can be reformed to meet the needs of our city. I also urge that the community and stakeholders be engaged in how to approach and achieve that reform.

One ongoing reform that is in progress is school based mental health (SBMH). One of the best ways to improve access to mental health care for children is to provide services where they 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.

Bringing services to all schools in a new approach to SBMH has been worked on for the last three years. Until 2016, DBH had very slowly been expanding its School Based Mental Health Program (SMHP) by adding additional DBH clinicians to schools.[3]

In FY16, the SMHP operated in 68 DC Public and DC Public Charter Schools, only approximately 31% of the schools in DC.[4] It had become come clear that expanding the model this way was unlikely to reach all schools and be able to provide all service levels.

In 2016 DBH lead 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.[5] 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.[6] 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[7] was delivered to the Council on March 26, 2018.

The report recommended:

1. Identify student behavioral health needs for all District public and public charter schools.

2. Do a phased implementation of an expansion utilizing community-based organizations (CBOs) beginning in SY18-19 with the top 25% highest need schools.
3. Keep the role of the DBH SBMP clinicians the same for the first year with flexibility to provide all levels of support in their assigned schools.
4. Develop a Community of Practice and provide technical assistance to help providers and schools increase their readiness and capacity to implement the new model.
5. Provide funding for the expansion.
6. Create an effective governance body and/or structure that holds agencies and participating stakeholders accountable for timely implementation of the expanded School-based Behavioral Health System.

The goal of the reform is that all public schools, traditional and charter, 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.

Shortly after the report from the Task Force was released, the Coordinating Council on School Mental Health (Coordinating Council) was formed to guide the

implementation of the expansion.[8] The first step was to finalize the schools to be selected for the expansion. That process was finalized at the end of April 2018. The next major step was to select the CBOs that would be eligible to be paired with schools to enhance the services in the school. It took until the end of August to finalize to select the providers. The process of matching schools with CBOs has gone slowly. In January of 2019, 38 of the 52 schools had been matched with a CBO, and only a couple had actually started providing additional services.[9] Unfortunately, this means that the CBOs will be in the schools for only a few months before the school year ends.

Establishing a community of practice and technical assistance to support the CBOs is also a key component of the expansion. That process has also gone more slowly than hoped. That RFP was released at the end of September 2018, but for a variety of reasons a vendor had not been selected as of the January meeting of the Coordinating Council.

The expansion process has gone much more slowly than hoped. Despite the challenges, we strongly believe the reform should continue. Many lessons have been learned that will make fully implementing the model for the first cohort easier, and once that process is completed, expanding to more schools go more smoothly.

There are several necessary components for this effort to be successful going forward. First, adequate funding so that the current cohort of schools can continue to work with the CBOs they are paired with. In addition, when more schools are added,

sufficient funding for those schools is necessary. We believe any expansion next school year should be modest since we have not had a full year to evaluate how the current expansion is working.

Second, money has to be available at the start of the school year and the funding needs to be secure. The fact that the money was not available until after October 1 this year was a significant challenge in starting services. Services in the school should start at the beginning of the school year. In addition, for community-based organization to make the investment in hiring staff and integrating into a school, it is important that they have confidence the funding will be available past the first year. Lastly, there needs to be dedicated staff with to support the expansion and ensure accountability.

Conclusion

Thank you again for the opportunity to testify. I am happy to answer any questions.

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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 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] https://www.childrenslawcenter.org/resource/behavioral-health-district-columbia-children-youth-families-understanding-current-system

[3] *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.

[4] DBH FY16 Performance Oversight Responses, Q25. That number remained static for FY17. DBH FY17 Performance Oversight Responses, Q25.

[5]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

[6] 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.

[7] See https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page_content/attachments/Task%20Force%20on%20School%20Mental%20Health%20Report%20%28Final%20Submitted%29%203%2026%2018.pdf.

[8] Children's Law Center is a member of the Coordinating Council.

[9] Minutes of the Coordinating Council on School Mental Health on file with Children's Law Center.