DC Fiscal Policy Institute

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At the Public Hearing on the
Fiscal Year 2013-2014 Performance Oversight Hearing
For the DC Department of Behavioral Health
District of Columbia Committee on Health
March 5, 2014

Chairwoman Alexander and other members of the committee, thank you for the opportunity to testify today. My name is Wes Rivers, and I am a Health Policy Analyst at the DC Fiscal Policy Institute. DCFPI engages in research and public education on the fiscal and economic health of the District of Columbia, with a particular emphasis on policies that affect low- and moderate-income residents.

I am here today to support the Department of Behavioral Health's (DBH) efforts to expand mental health services to the District's public and public charter schools, and to encourage the Mayor and Council to expand it further. I also want to applaud DBH for their efforts to increase access to tobacco prevention and cessation services. Both services provide interventions that can improve health outcomes in later life and prevent more serious disease and co-occurring disorders.

Need for mental health services is high among the District's middle and high school students, especially in our poorest and lowest-performing schools. Children in poverty experience a higher rate of emotional distress, leading to difficulties in the classroom and to more serious mental health issues later in life. DC Action for Children estimates between 7,200 and 9,200 District children have severe mental health issues. More disturbingly, according to the CDC, 11.5 percent of District high school students have attempted suicide, well above the national average of 7.8 percent.

The South Capitol Street Memorial Act of 2012 authorized the Mayor to create a school-based mental health program -- which places mental health clinicians in DC Public and Public Charter schools. Mental health clinicians are accessible for either all or half of the school week, and provide a range of services from early intervention and prevention to treatment for more severe issues. Students can be referred in a numbers of ways including from the student (self-referral), teachers, family, or early intervention teams. Beginning in the 2014-2015 school year, 72 schools will offer mental health screenings, referrals, and counseling to their students, with more than half operating in Wards 6, 7, and 8.

Currently, the school-based mental health program has delivered 2,500 individual counseling sessions this school year and almost 20,000 counseling sessions since the beginning of the 2011-12 school year. Overall, the program maintains a full time caseload of 629 students.

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While the program is making progress to improve access, lack of funding has made it difficult to expand a comprehensive program across the city. In the schools that currently have a mental health position, clinicians have received over 3,700 new student referrals since the program's inception – far more than the current caseload. Moreover, 21 schools, representing more than 7,300 students, are on the waitlist to receive services. While 19 of those schools will receive clinicians by August, the District will be far short of its goal of a clinician in 75 percent of all District schools – 103 schools -- by the 2014-15 school year. To improve the performance and reach of the program, the District will need to make the necessary investments to increase the number of clinicians available.

Secondly, I would like to applaud and thank the Department's willingness to work with advocates and consumer groups in defining a comprehensive plan for tobacco use prevention in the District and their early efforts to expand Medicaid coverage to cessation treatments and therapies. The District has made strides this year in tobacco control, including the District Tax Revision Commission's recommendation to modernize DC's tobacco taxes. We hope that the Council will soon adopt that recommendation of the tax commission.

Beyond that, comprehensive tobacco control programs must also ensure that those with tobacco addiction have access to the supports they need. While still early in the planning processes, DBH's Addiction Prevention and Recovery Administration (APRA) has shown enthusiasm in partnering with local and national health groups to incorporate national best practices and create a sustainable tobacco control program. We hope to continue working with staff over the next year to see that community recommendations are reflected in programming and Medicaid State Plan amendments.

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