DC Fiscal Policy Institute

TESTIMONY OF WES RIVERS, HEALTH POLICY ANALYST
DC FISCAL POLICY INSTITUTE

At the Public Hearing on the
Fiscal Year 2014-2015 Performance Oversight Hearing
For the DC Department of Behavioral Health
District of Columbia Committee on Health
February 12, 2015

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, to encourage the mayor and Council to expand it further, and to recommend improvements to data collection and coordination between DBH and agencies serving children and their families. DC Fiscal Policy Institute published a report last year called "Unlocking Opportunities" which details how DBH and other agencies can improve mental and behavioral health supports to low-income students. The report is attached to my testimony.

There is a tremendous need for mental health services 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.[1,2] DC Action for Children estimates between 7,200 and 9,200 District children have severe mental health issues. What's more, the majority of these kids are not receiving the services they need.

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. This school year, the program operates in 69 schools, about 39

[1] Evans, G. W., "The Environment of Childhood Poverty", American Psychologist, Vol. 59, No. 2, February/March 2004, pgs. 77-92
[2] Stagman, S. & Cooper, J., "Children's Mental Health: What Every Policymaker Should Know," National Center for Children in Poverty: Mailman School of Public Health, Columbia University, April 2010. Available at: http://www.nccp.org/

percent of all schools, and offers mental health screenings, referrals, and counseling to their students. In FY 2015, DBH received funding to serve 6 additional schools. This progress is good, but not enough.

DBH needs to do more to measure the impacts of these programs, to help understand the best ways to improve services. For the 2013-14 school year, 1,700 students were referred to the school-mental health program. Of those, 1,200 were assessed and 630 students received treatment services from a clinician. While DBH keeps some outcomes measurement, it is important that these referral and treatment linkages are evaluated and improved and that all referred students and their outcomes are tracked.

While the program is making progress to improve access, lack of funding has made it impossible to create a comprehensive program across the city. The South Capitol Street Act set a goal of having a mental health clinician in at least half of DC's schools -- 88 schools – by this school-year. DC is currently 13 schools off that mark. 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 and to ensure greater monitoring of the program.

DBH also runs the Primary Project which provides early intervention and treatment of socio-emotional problems in children from Pre-K to 3rd grade. The primary project is available in 56 schools and child development centers across the city. Like the school mental health program, limited early evaluation data is available. DBH must improve evaluation and outcomes measurement to better inform services throughout a student's education.

With that in mind, DBH and associated agencies like Department of Health and DC Public Schools, should work together to build more robust information-sharing mechanisms between programs and agencies. For example, some children who benefit from DOH's maternal and child home visiting program would also benefit from the Primary Project. Outcomes and tracking data must be shared so that program hand-offs can occur. This will also mean less duplicated efforts among agencies and a more thorough understanding of a child and family's needs. We support DBH building information technology, like iCAMS, which tracks provision of services and coordinates care. But we also strongly encourage that systems like these are built to talk with existing and future health information technology and human services databases established in DC.

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