



What's in it for kids?

Analysis of the proposed FY 2009 Department of Mental Health (DMH) budget

May 2008

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Budget hearing

The first reading of the "FY 2009 Budget Request Act of 2008" and the only vote on the "FY 2009 Budget Request Act of 2008" on May 13th at 10:00 am in the Council Chamber. The final vote on the "FY 2009 Budget Support Act of 2008" on June 3rd. Contact your Councilmember to support the Committee on Health (COH) budget or share your concerns. To contact the Committee of the Whole, Contact Christopher Murray at cmurray@dccouncil.us or call 202-724-8196.

More information available from

Tyra Williams
Public Policy Analyst
(202) 234-9404 x217
twilliams@dckids.org

DC Action for Children

1616 P Street, NW
Suite 420
Washington, DC 20036
(202) 234-9404
(202) 234-9108 FAX
www.dckids.org

Budget analysis

The Department of Mental Health's (DMH) proposed FY 2009 budget is \$231.8 million, representing a 6.9% decrease in the overall budget compared with FY 2008 approved budget at \$249 million.

Committee Action: The Committee on Health (COH) did not recommend significant changes to the Mayor's proposed budget request. The COH added funding for some programs and shifted funds for various programs. The COH total budget for recommendation for DMH is \$231 million. The COH's recommendations include the following amount in funds:

- \$213 million in Local funds;
- \$3.8 million in Special Purpose funds;
- \$9 million in Intra-District funds; and
- \$5.5 million in Federal funds.

DMH's Mental Health Authority (MHA) administers and oversees community-based services for children, youth, adults and families. This budget analysis highlights the School Mental Health Program and Children and Youth Services. The Mayor's proposed FY 2009 budget for MHA is \$28 million, an increase of \$224,000 compared with the approved FY 2008 budget.

Committee Action: The COH added an \$11 million increase to the Mayor's request for a total of \$39 million. Of the gross funds, the COH directed \$4.7 million to support the School Mental Health Activity, a new Activity created under the Mental Health Authority (MHA). The funds will be used to expand the Program. The program will include 10 additional schools for a total of 58 schools. For more information see, Draft COH Report, p. #47.

DC ACT's Assessment: The COH action is wholly consistent with DC ACT's call of additional mental health services for children and youth. In FY 2006, DMH served 2,808 children and in FY 2007 DMH served 5,275 children. DMH projects that it will serve 5,745 children in FY 2008. This additional funding will allow the School Mental Health Program (SMHP) to serve more kids.

Children and Youth Services' Mayor's proposed FY 2009 budget is \$5 million dollars; this represents a budget decrease of 50% (approved FY 2008 at \$10 million compared with proposed FY 2009 at \$5 million). This decrease results from a budget structure change and a transfer to the SMHP Activity. In the approved FY 2008 budget the SMHP is found under the Children and Youth Services Activity. In the Mayor's proposed FY 2009 budget, the SMHP is a separate Activity

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found under the MHA.

In order to increase the number of schools that offer the SMHP services, DMH will implement a two-tier system for school-based programs. Currently, SMHP provides prevention, early intervention and treatment services in 48 public and public charter schools. The current model consists of one full-time clinician in each of the schools. To determine utilization in schools, the SMHP conducted an analysis including school enrollment, findings from each school's needs assessments and interviewed to determine readiness for the program. Based on these findings the alternative two-tier structure was developed as a possible model for increasing schools.

Tier One would be structured like the current model. A full-time clinician would be placed in existing schools with a high utilization rate. New schools would receive a full-time clinician if met the following standards: enrollment or at least 200 students, a demonstrated readiness for the SMHP, and identified need for the program through a needs assessment.

Tier Two would have a part-time clinician available to provide specialized services including evidence-based practices like Cognitive Behavioral Treatment in Schools (CBITS) or prevention programs such as Botvin's Life Skills Training Program. The clinician would only be on-site when administering a program.

The Mayor's proposed FY 2009 budget recommend \$7 million for the SMHP Activity.

Committee Action: The COH recommended additional funds totaling \$4.7 million to support the SMHP Activity, this enhancement represents a \$700,000 increase.

DC ACT's Assessment: This is good for kids because mental health services will be provided in the place where kids are most of the day and most accessible. The additional funds allow clinicians to work with teachers, administrators and other school personnel to address mental health problems that inhibit learning.

The Department of Mental Health's Community Services Agency (DCCSA) Program works directly with DC residents with serious mental illness. The Program provides services to individuals who are uninsured and are Medicaid and/or Medicare recipients and provides community-based system of mental health services that is responsive to the needs of the citizens of the District.

The Mayor's proposed FY 2009 budget for DCCSA is \$37 million, representing at \$2 million increase over the approved FY 2008 budget. The DCCSA budget for Children and Youth and Family Services (CSA) is \$5.9 million for FY 2009, representing a \$723,000 budget increase.

Committee Action: The COH maintained the Mayor's budget request for this Program.

DC ACT's Assessment: This is good for kids because mental health services will allow for additional services in the community, helping to provide a safety net for children and youth experiences serious mental health issues.

Expected program/policy changes

The COH made a number of policy or legislative changes Budget Support Act (BSA). BSA changes are:

- Increased reporting for School-Based Mental Health Services – Since the proposed FY 2009 budget dedicates \$4.6 million dollars to the provision of school based mental health services, the COH will monitor the expansion of the SMHP to 58 schools through the implementation of a two-tier system.

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- Reporting Requirements Act of 2008 - School-based mental health service report. The draft COH report recommends that the Department of Mental Health should report to the Council on the status of the school mental health program, including: (1) efforts to expand into at least 58 schools for FY 2009 through implementation of a new service delivery model; (2) efforts to bill Medicaid for eligible mental health services delivered as part of school-based programs; and (3) coordination with other District agencies on expansions to school-based mental health services.
- The COH requires DCCSA to report on overall governance of its programs – The proposed FY 2009 budget included funding to support strategic management services within the office of the director. The report will enable the Council to review progress and inform the decision making process.
- School-Based Mental Health Services Coordination Act – DMH and the Office of the State Superintendent of Education (OSSE) will enter into a Memorandum Of Understanding (MOU) for the transfer of at least \$1 million for special education reform. OSSE will transfer the fund as outlined in the MOU to expand school based mental health to support secondary and tertiary school-based mental health interventions. The transfer will allow OSSE to honor its commitment to implement a full purpose school model in 8 middle schools during the upcoming academic year.

Outstanding issues

- *Choice Providers for CFSA children and youth not announced* - As part of the *LaShawn* Amended Implementation Plan, CFSA and DMH were to work on a mental health needs assessment for children and youth in care. This assessment was completed. DMH was also to create Choice Providers for CFSA children and youth. These providers would have training in evidenced-based therapies to respond to the unique needs of children in the child welfare system. An RFP was issued with proposals due in December 2007. At this time, contracts have not been awarded for these Choice Providers. This is concerning as many children and youth in foster care are in need of mental health services. These Choice Providers are critically needed to ensure the mental health needs of children in youth in care are being met. It is imperative that the contract be awarded soon so that further delays are avoided and children receive the services they need.
- *School Mental Health Program evaluation*— As the SMHP continues to expand, an evaluation is essential to determine the program's effectiveness. An evaluation plan should be based on culturally competent, developmentally appropriate, strength-based assessments and interventions that involve multiple stakeholder input. Outcomes should be within the scope of targeted interventions, easy to interpret, relevant, and contribute directly to positive treatment outcomes. Furthermore, the independent evaluation should be tasked with facilitating student improvement in functioning, assessing stakeholder satisfaction (e.g. student/family/school staff and SMHP staff), evaluating the degree to which SMHP clinicians are utilized, and documenting the program's impact on important systems surrounding the child (i.e. the school, family, neighborhood).

Advocacy on the issue

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Contact for the issue

Tyra Williams, Public Policy Analyst: 234-9404 x. 217, twilliams@dckids.org.