



**Testimony of HyeSook Chung, Executive Director
DC Action for Children**

**At the hearing on
B19-0211, The "South Capitol Street Tragedy Memorial Act of 2011"**

**Before the Committee of the Whole Council
Of the District of Columbia**

June 2, 2011

Good afternoon, Chairman Brown and Councilman Catania. Thank you for the opportunity to address the Committee of the Whole as it discusses the "South Capitol Street Tragedy Memorial Act of 2011."

My name is HyeSook Chung, and I am the executive director of DC Action for Children and a mother of two young students in DC Public Schools. DC Action for Children is an advocacy organization dedicated to ensuring that all children in the District of Columbia have the opportunity to reach their full potential.

We work to accomplish our mission through four key strategies:

- Increasing public awareness of issues facing children, youth and families in the District;
- Providing research and analysis to shape and support effective public policies;
- Collaborating with partners to improve quality and access to programs and services; and
- Empowering families, programs and communities to advocate for our youngest citizens.

As the new KIDS COUNT grantee for the District, we will be working with partners across the city, including government agencies and the Council, to track critical indicators of child and youth well-being, including health, mental health, education and violence.

We want to commend the Chairman and Councilmember Catania for leading an effort to bring attention to the pressing issue of behavioral health among children and youth in our city. For the purposes of this hearing, we will focus on the need for a strong foundation of data to better understand the scope of the problem and determine the best course of action.

We recognize that this will be no easy task and will require the corporation and collaboration of a wide array of partners already working on behavioral health in the District.

BEHAVIORAL HEALTH: A COMPREHENSIVE VIEW

The term behavioral health reflects a broader view of social and emotional well-being. It covers mental health, child welfare, developmental disabilities and substance abuse, all of which are often interconnected in vulnerable populations. When we discuss mental health we are referring to a continuum of overall child well-being.¹ Because a multitude of service providers and agencies deal with behavioral health -- and there are different concerns for children and youth depending on their age -- there is a need for an overarching inventory of data that shows us areas of gaps and progress.

¹ U.S. Surgeon General. *Mental Health: A Report from the Surgeon General. Children and Mental Health.* Washington, DC: U.S. Department of Health and Human Services, 1999.

BASELINE OF DATA

Currently in the District there is no comprehensive data collection on children's mental health. While the District does collect targeted data through the School Mental Health Program as well as through mental health screenings of youth who come into contact with the child welfare and juvenile justice systems,² these data do not cover all children nor reflect the important issues of access, treatment and outcomes.

This situation is mirrored nationally, with only a few states collecting robust mental health data through their KIDS COUNT work. Other states have looked at mental health through a narrow lens, collecting data on a set of indicators such as medical treatment and incidents of depression and suicide. We recommend a broader view.

Maine is an example of a state that is trying to track mental health in a more comprehensive way. Through its KIDS COUNT project, Maine publishes data on risk factors for behavioral health problems, such as poverty, child abuse and neglect and the parent's mental health. The Maine KIDS COUNT report also includes survey data of parent perceptions of child well-being and adolescent self-reports.³ As in the District, children in Maine receive mental health services from a number of public systems as well as private providers. The state is currently working to identify a common set of indicators for public and private mental health systems and integrate data collection across state departments.

We think Maine's approach provides a promising model for the District. In the attachment to this written testimony, in Tables 1 and 2, we have provided an overview of Maine's framework for mental health data. The state tracks these data by risk factors as well as service providers.

KIDS COUNT

In the District, through our KIDS COUNT effort, we have a unique opportunity to define and create a baseline of indicators to track for behavioral health in a more comprehensive and coordinated way. Through our partnerships with organizations, such as Advocates for Justice and Education and DC Behavioral Health Association and agencies like the Department of Health and Department of Mental Health, we hope to begin to provide a clearer picture of the current state of behavioral health in the District to inform effective policies and programs. One of our goals is to present the data in such a way that provides the necessary context for this complex issue.

RECOMMENDATIONS

As we move forward with this data effort, we want to stress two main points. First, we need to define a comprehensive set of indicators for child and youth behavioral health that includes the many service providers, both public and private, as well as the risk factors. Second, we cannot do this without the cooperation and partnership of the critical players, including city agencies, the school system, community-based and private providers. We are currently working to establish these relationships and to ensure that the data are accessible and useful.

As we continue with this effort we look forward to partnering with you, and we are happy to provide you with additional information.

Thank you again for the opportunity to testify. I am happy to answer any questions and highlight in more detail the attachments we have included.

² District of Columbia Department of Mental Health. School Mental Health Program, SY 07-08 Report.

³ Maine Children's Alliance. Maine Children's Mental Health Report, 2010.

TABLE 1: Age Groups and Public Services

<p>Early Childhood</p> <ul style="list-style-type: none"> • Home Visiting Programs (in partnership with Home Visiting Council) • District of Columbia Head Start (Head Start Collaboration Office) • School Readiness (Office of State Superintendent) • Child and Family Services Agencies • Department of Mental Health • Department of Health
<p>School Age and Adolescence</p> <ul style="list-style-type: none"> • Department of Mental Health <ul style="list-style-type: none"> ○ Children, Youth and Family Services ○ School Mental Health Program • Department of Health <ul style="list-style-type: none"> ○ Addiction, Recovery ○ Community Health • Office of State Superintendent <ul style="list-style-type: none"> ○ Office of Early Childhood Education ○ Elementary and Secondary Education ○ Special Education ○ Statewide Longitudinal Education Data (SLED) • Workforce Investment Council <ul style="list-style-type: none"> ○ Youth Services
<p>Transition to Adulthood</p> <ul style="list-style-type: none"> • Department of Mental Health <ul style="list-style-type: none"> ○ Adult Services ○ Children, Youth and Family Services ○ Emergency Psychiatric Services • Office of State Superintendent <ul style="list-style-type: none"> ○ Higher Education • Department of Health <ul style="list-style-type: none"> ○ Addiction, Recovery ○ Community Health • Department of Youth Rehabilitation Services <ul style="list-style-type: none"> ○ Youth Services • Department of Education <ul style="list-style-type: none"> ○ Office of Special Services • Workforce Investment Council
<p>Source: Maine Children's Alliance, Maine Children's Mental Health Report, 2010.</p>

TABLE 2: Biological and External Risk Factors

Biological Risk Factors	External Risk Factors
<p>Low birthweight infants Prematurity (born < 37 weeks gestation) Genetic predisposition to a mental disorder Intrauterine exposure to drugs or alcohol Perinatal trauma Exposure to trauma Environmental exposure to lead Traumatic brain injury Nonspecific forms of mental retardation Specific chromosomal syndromes</p>	<p>Multigenerational poverty Abuse and neglect Parental mental health disorder Unsatisfactory relationships</p>
<p>Source: U.S. Department of Health and Human Services, Mental Health: A Report of the Surgeon General, 1999.</p>	