

# MEMO

To: Office of Management and Budget

From: Elizabeth G. Booth, Esq., on behalf of the following organizations:  
State Council for Persons with Disabilities  
Governor's Advisory Council for Exceptional Citizens  
Developmental Disabilities Council

Date: November 9, 2016

RE: Division of Prevention and Behavioral Health Services ("DPBHS") FY 2018 Budget

Please allow this document to memorialize the presentation made by Elizabeth Booth, Esq., on behalf of the State Council for Persons with Disabilities ("SCPD"), the Governor's Advisory Council for Exceptional Citizens ("GACEC") and the Developmental Disabilities Council ("DDC"). We would like to focus today on the need for ongoing adequate financial support for DPBHS community based services, and particularly the proposed expansion of school-based mental health services.

## I. DPBHS COMMUNITY BASED SERVICES

According to KIDS COUNT data, approximately 37,000 - or 20% - of children in Delaware between the ages of two and seventeen have been diagnosed with one or more emotional, behavioral, or developmental condition.<sup>1</sup> In order to more effectively respond to these needs, DPBHS has restructured its programs to a menu-based approach, which allow for more flexible and individualized provision of community based services that respond to the circumstances that an individual child and their family present.<sup>2</sup>

An important component of this approach is school-based services. Currently, in addition to Family Crisis Therapists on staff in 53 Delaware elementary schools, DPBHS currently has 30 behavioral health consultants ("BHCs") stationed at middle schools around the state, to provide assessment, intervention, and referrals to other services to at-risk youth.<sup>3</sup> These services can potentially help identify children who may be effectively helped by shorter-term interventions as well as those in need of more intensive behavioral health services.<sup>4</sup> DPBHS is seeking to continue expanding its school based services in the 2018 fiscal year.

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<sup>1</sup> Data as of 2011-2012. See <http://datacenter.kidscount.org/data/tables/6031-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=9&loct=2#detailed/2/9/false/1021,18/any/12694,12695>

<sup>2</sup> Information presented by Division Director Susan Cycyk to the State Council for Persons with Disabilities, October 17, 2016.

<sup>3</sup> *Id.*

<sup>4</sup> *Id.* According to data presented by the Division to SCPD, in the BHC program's first year of the more than 8,000 middle school children referred to BHCs, just over 1,000 had cases opened for ongoing services, 66 were hospitalized, and 33 were referred to more intensive longer-term treatment options.

Community based services are essential to avoiding unnecessary institutionalization as mandated by the Supreme Court's interpretation of the Americans with Disabilities Act.<sup>5</sup> Services that can be provided within a child's home or school may be less disruptive to a child's education, family life, and socialization with peers, and allow more children with behavioral health needs to thrive in the community without the need for hospitalization.

We encourage support DPBHS's provision of community-based services and consideration of expanded funding for school based interventions. In Delaware, community based services have been found to be both effective and cost-efficient,<sup>6</sup> and their sustained funding is important to produce the best outcomes for Delaware's youth.

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<sup>5</sup> See *Olmstead v. L.C.*, 527 U.S. 581 (1999).

<sup>6</sup> State statistics demonstrated the effectiveness of community based mental health programming: 66% of children and teens who use intensive-outpatient services do not need higher levels of interventions such as day or inpatient hospitalizations. See "When it is more than a bad mood," *The News Journal* (February 7, 2012). Further the costs of community based programs can be dramatically lower than institutionalization. See e.g., *id.*: day programs run approximately \$200 a day versus inpatient hospitalizations at about \$650 daily.