

AN ACT

D.C. ACT 19-344

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

APRIL 10, 2012

*Codification
District of
Columbia
Official Code*

2001 Edition

2012 Summer
Supp.

West Group
Publisher

To require the Mayor to complete a youth behavioral health epidemiology report and to submit a plan to enhance early childhood and school-based behavioral health services; to amend An Act To provide for compulsory school attendance, for the taking of a school census in the District of Columbia, and for other purposes to require reporting on the work of the school-based student support teams in reducing unexcused absences, and to require the Mayor to develop appropriate enforcement mechanisms over the truancy protocols; to amend the State Education Office Establishment Act of 2000 to require the Mayor to create a resource guide for parents and legal guardians on the District's laws and regulations related to absenteeism and truancy; to amend Chapter A-21 of Title 5 of the District of Columbia Municipal Regulations to reduce the number of unexcused absences from 25 to 20; to amend the Department of Mental Health Establishment Amendment Act of 2001 to establish a behavioral health program, to require the creation of behavioral health resource guides for families and youth, and to establish the Behavioral Health Ombudsman Program; to require the Mayor to create a resource guide for families interacting with the child welfare and juvenile justice systems and to require the Mayor to submit a report on the screenings and assessments conducted by the Department of Youth Rehabilitation Services; to amend the Department of Youth Rehabilitation Services Establishment Act of 2004 to require the Department of Youth Rehabilitation Services to conduct a behavioral health screening and, if necessary, a behavioral health assessment for all youth who come into contact with the agency; and to amend the Prevention of Child Abuse and Neglect Act of 1977 to require the Child and Family Services Agency to conduct a behavioral health screening and, if necessary, a behavioral health assessment for all youth who come into contact with the agency.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "South Capitol Street Memorial Amendment Act of 2012".

TITLE I. YOUTH BEHAVIORAL HEALTH EPIDEMIOLOGY REPORT

Sec. 101. Short title.

This title may be cited as the "Youth Behavioral Health Epidemiology Report Act of 2012".

Sec. 102. Definitions.

For the purposes of this title, the term:

- (1) "Behavioral health" means a person's overall social, emotional, and psychological well-being and development.
- (2) "Youth" means individuals under 18 years of age residing in the District and those individuals classified as youth in the custody of the Department of Youth Rehabilitation Services and the Child and Family Services Agency who are 21 years of age or younger.

Sec. 103. Youth behavioral health epidemiological report.

By March 30, 2013, and every 5 years thereafter, the Mayor shall submit a report to the Council on the behavioral health of District youth. At minimum, the report shall include:

- (1) The type and prevalence of behavioral health conditions among youth broken down, if possible, by age, gender, race, ward residence, and sexual orientation;
- (2) The level of utilization of behavioral health services by youth and the location of the services accessed; and
- (3) An analysis of any barriers or obstacles preventing youth from accessing behavioral health services and recommendations for making the services more accessible.

TITLE II. EARLY CHILDHOOD AND SCHOOL-BASED BEHAVIORAL HEALTH INFRASTRUCTURE

Sec. 201. Short title.

This title may be cited as the "Early Childhood and School-based Behavioral Health Infrastructure Act of 2012".

Sec. 202. Definitions.

For the purposes of this title, the term:

- (1) "Behavioral health" means a person's overall social, emotional, and psychological well-being and development.
- (2) "Health education standards" means the specific learning requirements related to health that the Office of the State Superintendent of Education requires students to learn at each academic level, from pre-K through 12th grade.

Sec. 203. Early childhood and school-based behavioral health comprehensive plan.

By March 30, 2013, the Mayor shall submit a comprehensive plan to the Council for the expansion of early childhood and school-based behavioral health programs and services by the 2016-2017 school year. At minimum, the plan shall:

- (1) Establish a strategy to enhance behavioral health services in all public schools and public charter schools, including:

- (A) The implementation of programs that:
 - (i) Include interventions for families of students with behavioral health needs;
 - (ii) Reduce aggressive and impulsive behavior; and
 - (iii) Promote social and emotional competency in students; and
- (B) The expansion of school-based mental health services as follows:
 - (i) By the 2014-2015 school year, services are available to at least 50% of all public and public charter school students; –
 - (ii) By the 2015-2016 school year, services are available to at least 75% of all public and public charter school students; and
 - (iii) By the 2016-2017 school year, services are available to all public and public charter school students;
- (2) Include an analysis of whether current health education standards align with actual behavioral health needs of youth and any recommendations for proposed changes; and
- (3) Provide recommendations for the expansion of behavioral health programs and services at child development facilities.

TITLE III. TRUANCY INTERVENTION

Sec. 301. Short title.

This title may be cited as the “Behavioral Health and Truancy Intervention Amendment Act of 2012”.

Sec. 302. An Act To provide for compulsory school attendance, for the taking of a school census in the District of Columbia, and for other purposes, approved February 4, 1925 (43 Stat. 806; D.C. Official Code § 38-201 *et seq.*), is amended as follows:

(a) Section 1 (D.C. Official Code § 38-201) is amended by adding a new paragraph (3A) to read as follows: Amend
§ 38-201

“(3A) “School-based student support team” means a team formed to support the individual student by developing and implementing action plans and strategies that are school-based or community-based, depending on the availability, to enhance the student's success with services, incentives, intervention strategies, and consequences for dealing with absenteeism.”.

(b) Section 2 (D.C. Official Code § 38-203) is amended as follows: Amend
§ 38-203

(1) Subsection (i) is amended as follows:

(A) A new subparagraph (A-i) is added to read as follows:

“(A-i) The work of the school-based student support teams in reducing unexcused absences, including:

“(i) The number of students who were referred to a school-based student support team;

“(ii) The number of students who met with a school-based student

support team;

“(iii) A summary of the action plans and strategies implemented by the school-based student support team to eliminate or ameliorate unexcused absences; and

“(iv) A summary of the services utilized by students to reduce unexcused absences;

“(v) A summary of the common barriers to implementing the recommendations of the school-based student support team;”.

(B) Subparagraph (B) is amended by striking the word “and” at the end.

(C) A new subparagraph (B-i) is added to read as follows:

“(B-i) The number of minors categorized by grade, or equivalent grouping for ungraded schools, that the school referred to the Court Social Services Division of the Family Court of the Superior Court of the District of Columbia for truancy; and”.

(2) A new subsection (j) is added to read as follows:

“(j) By August 1, 2012, the Mayor shall develop, through rulemaking, appropriate enforcement mechanisms to ensure that each school, principal, and teacher is in full compliance with the requirements of this act and any regulations issued pursuant to this act.”.

Sec. 303. Section 3(b) of the State Education Office Establishment Act of 2000, effective October 21, 2000 (D.C. Law 13-176; D.C. Official Code § 38-2602(b)), is amended as follows:

Amend
§ 38-2602

(a) Paragraph (17) is amended by striking the word “and” at the end.

(b) Paragraph (18) is amended by striking the period at the end and inserting the phrase “; and” in its place.

(c) A new paragraph (19) is added to read as follows:

“(19) By October 1, 2013, create a truancy prevention resource guide for parents and legal guardians who have children who attend a District public school, which shall be updated and made available upon request and, at minimum, include:

“(A) An explanation of the District’s laws and regulations related to absenteeism and truancy;

“(B) Information on:

“(i) What a parent or legal guardian can do to prevent truancy;

“(ii) The common causes of truancy; and

“(iii) Common consequences of truancy;

“(C) A comprehensive list of resources that are available to a parent or legal guardian, and the student, that address the common causes of truancy and the prevention of it, such as:

“(i) Hotlines that provide assistance to parents, legal guardians, and youth;

“(ii) Counseling for the parent (or legal guardian) or the youth, or both;

“(iii) Parenting classes;

“(iv) Parent-support groups;
 “(v) Family psycho-education programs;
 “(vi) Parent-resource libraries;
 “(vii) Risk prevention education;
 “(viii) Neighborhood family support organizations and collaboratives that provide assistance to families experiencing hardship;
 “(ix) Behavioral health resources and programs in schools;
 “(x) The Behavioral Health Ombudsman Program; and
 “(xi) The resources at each public school for at-risk students and their parents or legal guardians.”.

Sec. 304. Chapter 21 of Subtitle A of Title 5 of the District of Columbia Municipal Regulations (5 DCMR § A2100 *et seq.*) is amended as follows:

DCMR

(a) Section A2101 is amended as follows:

(1) Subsection 2 is amended as follows:

(A) Paragraph (e) (2) is amended by striking the word “and” at the end.

(B) Paragraph (f) is amended by striking the phrase “placement.” and inserting the phrase “placement;” in its place.

(C) New paragraphs (g) and (h) are added to read as follows:

“(g) Action plans and strategies implemented by the school-based student support team to eliminate unexcused absences; and

“(h) Services utilized by the student to reduce unexcused absences.”.

(2) A new subsection 4 is added to read as follows:

“2101.4. Each educational institution shall designate an attendance monitor(s) to be responsible for collecting, maintaining, and reporting the attendance data required for each student.”.

(b) Section A2103 is amended as follows:

(1) Subsection 3(c) is amended as follows:

(A) Subparagraph (3) is amended as follows:

(i) Sub-subparagraph (A) is amended to read as follows:

“(A) Review and address the student’s attendance and determine the underlying cause(s) for the student’s unexcused absences;”.

(ii) Sub-subparagraph (F) is amended by striking the phrase “Develop an attendance” and inserting the phrase “Develop and implement an attendance” in its place.

(B) Subparagraph (4) is amended by striking the word “and” at the end.

(C) Subparagraph (5) is amended by striking the phrase “an LEA.” and inserting the phrase “an LEA; and” in its place.

(D) A new subparagraph (6) is added to read as follows:

“(6) A process to ensure that the LEA maintains complete, accurate, and

contemporaneous records of the work of the school-based student support team to reduce unexcused absences, including records of all meetings that take place after a student accumulates five (5) or more unexcused absences in one (1) marking period or other similar time frame and after a student accumulates ten (10) unexcused absences at any time during a school year.”.

(2) Subsection 5 is amended to read as follows:

“2103.5 Each LEA shall develop a process to refer students to District of Columbia entities outside the LEA under the following circumstances:

“(a) Students ages five (5) through thirteen (13) shall be referred by the LEA to the Child and Family Services Agency no later than two (2) school days after the accrual of ten (10) unexcused absences within one (1) school year and/or completion of the procedures specified in section 2103.3 of this chapter, or immediately at any time that educational neglect is suspected;

“(b) Until the 2014-2015 school year, students age fourteen (14) and over shall be referred by the LEA to the Court Social Services Division of the Superior Court of the District of Columbia and to the Office of the Attorney General Juvenile Section no later than two (2) school days after the accrual of twenty-five (25) unexcused absences at any time within one (1) school year. Beginning with the 2014-2015 school year, such referral shall be made after the accrual of twenty (20) or more unexcused absences.”.

TITLE IV. DEPARTMENT OF MENTAL HEALTH BEHAVIORAL HEALTH INFRASTRUCTURE

Sec. 401. Short title.

This title may be cited as the “Department of Mental Health Establishment Amendment Act of 2012”.

Sec. 402. The Department of Mental Health Establishment Amendment Act of 2001 effective December 18, 2001 (D.C. Law 14-56; D.C. Official Code § 7-1131.01 *et seq.*), is amended as follows:

(a) Section 102 (D.C. Official Code § 7-1131.02) is amended as follows:

(1) Redesignate paragraph (1) as paragraph (1F).

(2) New paragraphs (1), (1A), (1B), (1C), (1D), and (1E) are added to read as

follows:

“(1) “Behavioral health” means a person’s overall social, emotional, and psychological well-being and development. “(1A) “Behavioral health assessment” means a more thorough and comprehensive examination by a mental health professional of the behavioral health issues and needs identified during an initial behavioral health screening by which the mental health professional shall identify the type and extent of the behavioral health problem and make recommendations for treatment interventions.

“(1B) “Behavioral Health Ombudsman” or “Ombudsman” means the individual responsible for administering the Behavioral Health Ombudsman Program.

“(1C) “Behavioral Health Ombudsman Program” or “Ombudsman Program”

Amend
§ 7-1131.02

means the program established in section 115d to provide District residents with assistance in accessing behavioral health programs and services.

“(1D) “Behavioral health screening” means a brief process designed to identify youth who are at risk of having behavioral health disorders that warrant immediate attention, or intervention, or to identify the need for further assessment with a more comprehensive examination.

“(1E) “Business associate” means any organization or person working in association with, or providing services to, a covered entity who handles or discloses Personal Health Information, as that term is interpreted in 45 CFR 160.103 pursuant to the Health Insurance Portability and Accountability Act of 1996, approved August 21, 1996 (110 Stat. 1936; 42 U.S.C. § 201, note) (“HIPPA”).”

(3) A new paragraph (31A) is added to read as follows:

“(31A) “Youth” means an individual under 18 years of age residing in the District and those individuals classified as youth in the custody of DYRS and the Child and Family Services Agency who are 21 years of age or younger.”

(b) New sections 115b, 115c, and 115d are added to read as follows:

“Sec. 115b. Youth behavioral health program.

“(a) As of October 1, 2012, there is established within the Department, and shall be made available to all child development facilities, public schools, and public charter schools, a program that, at a minimum, provides participants with the tools needed to:

“(1) Identify students who may have unmet behavioral health needs; and

“(2) Refer identified students to appropriate services for behavioral health screenings and behavioral health assessments.

“(b)(1) Starting October 1, 2014, completion of the program shall be mandatory for all:

“(A) Teachers in public schools and public charter schools;

“(B) Principals in public schools and public charter schools; and

“(C) Staff employed by child development facilities, who are subject to training or continuing education requirements pursuant to licensing regulations.

“(2) In addition to the individuals described in paragraph (1) of this subsection, the Mayor may determine through rulemaking other individuals who shall be required to complete the program.

“(3) The Department may make the program available to other interested individuals.

“(c) The Department shall keep a record of all participants who complete the program and shall provide the participants with written proof of completion.

“(d) If so approved by the Office of the State Superintendent for Education, the program may count towards professional development credits.

“Sec. 115c. Behavioral health resource guide.

“(a) By March 30, 2013, the Department shall:

“(1) Create a behavioral health resource guide for parents and legal guardians

that includes information on:

“(A) Common signs and symptoms of behavioral health issues facing youth;

“(B) The roles and responsibilities of District government agencies in promoting and protecting the behavioral health of youth;

“(C) How a parent or legal guardian can obtain a behavioral health screening or assessment for a youth; and

“(D) Governmental and non-governmental resources for youth behavioral health programs and services in the District, including contact information; and

“(2) Create a behavioral health resource guide for a youth that includes:

“(A) Age-appropriate information on common behavioral health issues facing youth;

“(B) A description of the impact behavioral health issues can have on a youth’s development; and

“(C) Governmental and non-governmental resources for youth behavioral health programs and services in the District, including contact information.

“(b) The Department shall make the behavioral health resources guides available to the public both in print and on its website. The Department shall also make the guides available to other District agencies and organizations for distribution.

“(c) The Department shall update the behavioral health resource guides as appropriate.

“Sec. 115d. Behavioral Health Ombudsman Program.

“(a) As of October 1, 2012, there is established within the Department a Behavioral Health Ombudsman Program (“Ombudsman Program”) to provide District residents with assistance in accessing behavioral health programs and services.

“(b)(1) Pursuant to its power set forth in section 104(15) and subject to paragraph (2) of this subsection, the Department may contract with a qualified private, community-based, nonprofit corporation, organization, or consortia of organizations, with offices located in the District, to operate the Ombudsman Program. The Department shall establish the criteria that an entity must meet to be selected to operate the Ombudsman Program; provided, that the criteria include:

“(A) A public interest mission;

“(B) Qualified staff and organizational expertise in:

“(i) Behavioral health services;

“(ii) Behavioral health coverage under health benefits plans;

“(iii) Public education and community outreach; and

“(iv) Conflict resolution;

“(C) No direct involvement in the licensing, certification, or accreditation of a behavioral health facility, a health benefits plan, or with a provider of a behavioral health service;

“(D) No direct ownership or investment interest in a behavioral health

facility, health benefits plan, or any behavioral health service;

“(E) No participation in the management of a behavioral health facility, health benefits plan, or any behavioral health service; and

“(F) No agreement or arrangement with an owner or operator of a behavioral health service, a behavioral health facility, or health benefits plan that could directly or indirectly result in remuneration, in cash or in kind, to the entity.

“(2) If the Department is unable to contract with an outside entity that meets the criteria described in this section, or determines it to be in the best interests of the District, the Department shall operate the Ombudsman Program.

“(c)(1) The Ombudsman Program shall be administered by the Behavioral Health Ombudsman, who shall be appointed by the Director of the Department of Mental Health.

“(2) The Ombudsman shall be a person:

“(A) With substantive experience in the fields of behavioral health and patient advocacy; and

“(B) Who is an employee of the nonprofit corporation, organization, or consortia of organizations contracted to operate the Ombudsman Program; provided, that this subparagraph shall not apply if the Department operates the Ombudsman Program pursuant to subsection (b)(2) of this section.

“(d) The Ombudsman Program may use volunteers with appropriate training and supervision to assist with counseling, outreach, and other tasks.

“(e) The Ombudsman, or his or her designee, shall:

“(1) Assist consumers in resolving problems concerning behavioral health providers, behavioral health facilities, and access to behavioral health care services and programs by referring consumers to appropriate regulatory agencies when their problems are within an agency’s jurisdiction, guiding consumers through existing complaint processes, and assisting consumers in informally resolving problems through discussions with their providers.

“(2) Educate District residents about behavioral health coverage under:

“(A) Health benefits plans;

“(B) Managed care health plans; and

“(C) Any other behavioral health services options.

“(3) Refer individuals, when appropriate, to other District agencies or organizations for assistance with behavioral health services and programs;

“(4) Work jointly, when appropriate, with other District agencies or organizations to promote greater access to behavioral health services and programs;

“(5) Provide information regarding problems and concerns of consumers of behavioral health services and make recommendations for resolving those problems and concerns to:

“(A) The public;

“(B) Government agencies;

“(C) The Council of the District of Columbia; and

“(D) Any other person or entity that the Ombudsman considers appropriate;

“(6) Implement innovative strategies and adopt tools to maximize outreach to District residents;

“(7) Identify and help resolve complaints on behalf of consumers and assist consumers with the filing, pursuit, and resolution of formal and informal complaints and appeals through existing processes, including:

“(A) Internal reviews conducted by health benefits plans;

“(B) Grievance and appeals processes for the HealthCare Alliance and Medicaid; and

“(C) External reviews before independent review organizations, and the Department of Mental Health; and

“(8) Comment on behalf of District residents on related behavioral health policy legislation and regulations in the District.

“(f) Within 30 days of the end of each fiscal year, the Ombudsman shall submit a report to the Department, the Council, and the Mayor, and make it available to the public upon request, regarding the activities of the Ombudsman Program during the prior fiscal year, including:

“(1) An accounting of all activities undertaken;

“(2) An evaluation and analysis of the Ombudsman Program’s performance;

“(3) A complete fiscal accounting;

“(4) Issues of concern to District residents; and

“(5) Any recommendations to improve access to behavioral health services.

“(g)(1) The Ombudsman shall establish an Advisory Council to consist of members representing at least:

“(A) Consumers;

“(B) Three consumer advocacy organizations;

“(C) The Department of Mental Health;

“(D) The Department of Health Care Finance;

“(E) The Addiction Prevention and Recovery Administration;

“(F) The Child and Family Services Agency;

“(G) The Department of Youth Rehabilitation Services;

“(H) Health benefits plans;

“(I) Health care facilities;

“(J) The Health Care Ombudsman Program;

“(K) Health professionals with expertise in a person’s overall social, emotional, and psychological well-being and development;

“(L) The District of Columbia Public Schools; and

“(M) The Public Charter School Board.

“(2) The Advisory Council shall meet quarterly to perform, at a minimum, the following functions:

- “(A) Advise the Ombudsman on program design and operational issues;
- “(B) Recommend changes in the Ombudsman Program; and
- “(C) Review data on cases handled by the Ombudsman Program and

make recommendations based on that data.

“(h)(1) The Ombudsman may review the records of a health-benefits plan, or other provider, pertaining to an individual’s medical records; provided, that the Ombudsman received the appropriate consent from the individual or his or her legal representative.

“(2) The Ombudsman shall maintain the confidentiality of the records in accordance with all federal and state confidentiality and disclosure laws.

“(3) No information or records maintained by the Ombudsman Program shall be disclosed to the public unless the individual or individual’s legal representative has provided the appropriate consent for the release of the information or records.

“(i) The Ombudsman Program shall enter into a business associate agreement with the Department of Health Care Finance to allow the Ombudsman Program access to information about the Medicaid eligibility status of consumers whom it serves and that requires the Ombudsman Program to safeguard that information pursuant to the Privacy Rule (45 C.F. R. §§160 and 164) adopted pursuant to HIPPA.

“(j) The Ombudsman shall request and promptly receive, with reasonable notice, the cooperation, assistance, and data from other District agencies, as necessary to enable the Ombudsman Program to investigate a resident’s complaint under District or federal law.

“(k) No employee, subcontractor, designee, or representative of the Ombudsman Program shall be held liable for the good-faith performance of responsibilities under this section; except, no immunity shall extend to criminal acts or other acts that violate District or federal law.

“(l) No person, agency, provider, or facility shall obstruct the Ombudsman, or his or her designee, from the lawful performance of any duty or the exercise of any power.

“(m) Nothing in this section shall prohibit a corporation, organization, or consortia of organizations contracted to operate the Ombudsman Program from raising private money through foundation resources to supplement government funds for the Ombudsman Program.”.

TITLE V. CHILD WELFARE AND JUVENILE JUSTICE INFRASTRUCTURE

Sec. 501. Short title,

This title may be cited as the “Child Welfare and Juvenile Justice Behavioral Health Infrastructure Amendment Act of 2012”.

Sec. 502. Family resource guide.

(a) By October 1, 2013, the Mayor shall create a comprehensive resource guide for families who come into contact with the child welfare or juvenile justice systems. The guide shall include:

- (1) A clear explanation of the rights and responsibilities of children and families;
- (2) The role of District agencies, including the:

- (A) Child and Family Services Agency;
 - (B) Department of Youth Rehabilitation Services;
 - (C) Department of Mental Health; and
 - (D) Department of Health Care Finance;
 - (3) The role of the courts;
 - (4) District government and non-governmental resources related to behavioral health, including contact information; and
 - (5) Websites for District government agencies and nongovernment resources related to behavioral health.
- (b) The resource guide shall be:
- (1) Made publicly available on the Internet;
 - (2) Updated as necessary, along with updates of the information described in subsection (a)(4) and (5) of this section; and
 - (3) Made available to other District agencies for distribution.

Sec. 503. Department of Youth Rehabilitation Services behavioral health and compliance report.

The Mayor shall submit a report to the Council by March 30 of each year, which shall include:

- (1) The number of youth:
 - (A) Who were committed to the Department of Youth Rehabilitation Services ("DYRS") during the previous calendar year;
 - (B) Who received the required behavioral health screening;
 - (C) Whose behavioral health screening identified a need for further behavioral health assessment;
 - (D) Who received a behavioral health assessment; and
 - (E) Who were referred to appropriate services;
- (2) The reasons why a committed youth in DYRS did not receive the required behavioral health screening or behavioral health assessment, if any; and
- (3) If necessary, recommendations on how DYRS can ensure that all of its committed youth are receiving the required behavioral health screenings and behavioral health assessments along with an estimate of the time it will take to meet that requirement.

Sec. 504. The Department of Youth Rehabilitation Services Establishment Act of 2004, effective April 12, 2005 (D.C. Law 15-335; D.C. Official Code § 2-1515.01 *et seq.*), is amended as follows:

- (a) Section 101 (D.C. Official Code § 2-1515.01) is amended by adding new paragraphs (1A), (1B), and (1C) to read as follows:
- "(1A) "Behavioral health" means a person's overall social, emotional, and psychological well-being and development.
- Amend
§ 2-1515.01

ENROLLED ORIGINAL

“(1B) “Behavioral health assessment” means a more thorough and comprehensive examination by a mental health professional of all behavioral health issues and needs identified during an initial behavioral health screening by which the mental health professional shall identify the type and extent of the behavioral health problem and make recommendations for treatment interventions.

“(1C) “Behavioral health screening” means a brief process designed to identify youth who are at risk of having behavioral health disorders that warrant immediate attention, or intervention, or to identify the need for further assessment with a comprehensive examination.”.

(b) Section 104 (D.C. Official Code § 2-1515.04) is amended as follows:

**Amend
§ 2-1515.04**

(1) Paragraph (12) is amended by striking the word “and” at the end.

(2) Paragraph (13) is amended by striking the period and inserting the phrase “; and” in its place.

(3) A new paragraph (14) is added to read as follows:

“(14) Conducting a behavioral health screening and assessment as required in section 104a.”.

(c) A new section 104a is added to read as follows:

“Sec. 104a. Behavioral health screening and assessment requirements.

“(a) All youth in contact with the Department shall, to the extent that it is not inconsistent with a court order, receive a behavioral health screening and, if necessary, a behavioral health assessment within 30 days of initial contact; provided, that the Mayor may, through rulemaking, require that the behavioral health screening and assessment be conducted within fewer than 30 days of the initial contact.

“(b) For the purposes of this section, the term “youth” means an individual under 18 years of age residing in the District and those individuals classified as committed youth in the custody of the Department who are 21 years of age or younger.”.

Sec. 505. The Prevention of Child Abuse and Neglect Act of 1977, effective September 23, 1977 (D.C. Law 2-22; D.C. Official Code § 4-1301.02 *et seq.*), is amended as follows:

(a) Section 102 (D.C. Official Code § 4-1301.02) is amended as follows:

**Amend
§ 4-1301.02**

(1) New paragraphs (2A-i), (2A-ii), and (2A-iii) are added to read as follows:

“(2A-i) “Behavioral health” means a person’s overall social, emotional, and psychological well-being and development.

“(2A-ii) “Behavioral health assessment” means a more thorough and comprehensive examination by a mental health professional of all behavioral health issues and needs identified during an initial behavioral health screening by which the mental health professional shall identify the type and extent of the behavioral health problem and make recommendations for treatment interventions.

“(2A-iii) “Behavioral health screening” means a brief process designed to identify youth who are at risk of having behavioral health disorders that warrant immediate

attention, or intervention, or to identify the need for further assessment with a more comprehensive examination.”.

(2) A new paragraph (15C) is added to read as follows:

“(15C) “Placement disruption” means an unplanned move necessary to protect the safety and well-being of the youth.”.

(3) A new paragraph (22) is added to read as follows:

“(22) “Youth” means an individual under 18 years of age residing in the District and those classified as youth in the custody of the Agency who are 21 years of age or younger.”.

(b) A new section 303e is added to read as follows:

“Sec. 303e. Behavioral health screening and assessment requirements.

“(a) All children in the custody of the Agency shall, to the extent that it is not inconsistent with a court order, receive a behavioral health screening and, if necessary, a behavioral health assessment within 30 days of initial contact with the Agency or a placement disruption. Through rulemaking, the Mayor may reduce the number of days within which a behavioral health screening and behavioral health assessment are required.

“(b) The Agency shall connect all children who are assessed as being in need of behavioral health care to an appropriate behavioral health service.

“(c) The Agency shall provide the behavioral health resource guide for parents and legal guardians and the behavioral health resource guide for youth created pursuant to section 115c of the Department of Mental Health Establishment Amendment Act of 2001, passed on 2nd reading on March 20, 2012 (Enrolled version of Bill 19-211), to families of children in Agency custody.”.

TITLE VI. GENERAL PROVISIONS

Sec. 601. Applicability.

This act shall apply upon the inclusion of its fiscal effect in an approved budget and financial plan.

Sec. 602. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 603. Effective date.

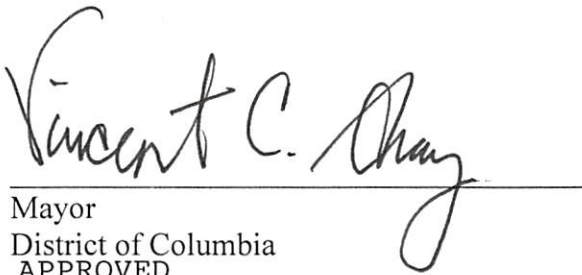
This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review, as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December

ENROLLED ORIGINAL

24, 1973 (87 Stat. 813; D.C. Official Code §1-206.02(c)(1)), and publication in the District of Columbia Register.



Chairman
Council of the District of Columbia



Mayor
District of Columbia
APPROVED
April 10, 2012



COUNCIL OF THE DISTRICT OF COLUMBIA
WASHINGTON, D.C. 20004

Docket No. **B19-211**

☐ ITEM ON CONSENT CALENDAR

☒ ACTION & DATE

ADOPTED FIRST READING, 03-06-12

☒ VOICE VOTE

RECORDED VOTE ON REQUEST

APPROVED

ABSENT

ALL PRESENT

☐ ROLL CALL VOTE – Result

Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB
Chmn. Brown	X				Catania	X				Orange	X			
Alexander	X				Cheh	X				Wells	X			
Barry	X				Evans	X								
Bowser	X				Graham	X								
Brown, M	X				Mendelson	X								
X – Indicate Vote					AB – Absent					NV – Present, Not Voting				

CERTIFICATION RECORD

Secretary to the Council

Date

☐ ITEM ON CONSENT CALENDAR

☒ ACTION & DATE

ADOPTED FINAL READING, 03-20-12

☒ VOICE VOTE

RECORDED VOTE ON REQUEST

APPROVED

ABSENT

ALL PRESENT

☐ ROLL CALL VOTE – Result

Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB
Chmn. Brown	X				Catania	X				Orange	X			
Alexander	X				Cheh	X				Wells	X			
Barry	X				Evans	X								
Bowser	X				Graham	X								
Brown, M	X				Mendelson	X								
X – Indicate Vote					AB – Absent					NV – Present, Not Voting				

CERTIFICATION RECORD

Secretary to the Council

Date

☐ ITEM ON CONSENT CALENDAR

☐ ACTION & DATE

☐ VOICE VOTE

RECORDED VOTE ON REQUEST

ABSENT

☐ ROLL CALL VOTE – Result

Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB	Councilmember	Aye	Nay	NV	AB
Chmn. Brown					Catania					Orange				
Alexander					Cheh					Wells				
Barry					Evans									
Bowser					Graham									
Brown, M					Mendelson									
X – Indicate Vote					AB – Absent					NV – Present, Not Voting				

CERTIFICATION RECORD

Secretary to the Council

Date

