

EVALUATING DC'S PROGRESS IN MEETING CHILDREN'S MENTAL HEALTH NEEDS



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Children's Law Center believes all children in DC deserve to grow up with the mental health services they need to thrive.

Through our work representing thousands of low-income children each year, we have seen what happens when a young child recovering from violence and abuse doesn't have access to timely counseling or when a teen with an anxiety disorder can't get appropriate medication. These conditions, if left untreated, can have serious, lifelong consequences for a child, her family and our community.

All DC children – especially those who are growing up exposed to violence, family instability, homelessness and poverty – need access to a full range of quality, timely and appropriate mental health interventions if we want them to succeed.

To promote this goal, Children's Law Center has formally tracked the DC government's progress and shortfalls in meeting the mental health needs of its most vulnerable children for five years.¹ Taking the long view, there is good news to be celebrated.

Overall, DC's agencies have connected thousands more children to mental health services since we first started tracking in 2012. The progress is primarily the result of the government's increased oversight of the District's network of Medicaid managed care organizations (MCOs), which provide health care to the vast majority of low-income children in DC—about 90,000 children each year.²

In addition, there has been a more than 300% increase in screening children for behavioral health concerns, increasing the chances they will get diagnosed and treated before a condition deteriorates.

Still, only 13,000 of the estimated 20,000 children who may need mental health services in the District actually get it.³ Children also are not getting connected to services quickly and waiting times for treatment at community-based mental health providers worsened over the past year.⁴ The quality of services also remains a challenge.⁵

A complete picture of the services being provided and their timeliness and quality remains difficult to fully assess because of DC's fragmented mental health system, which spreads responsibility for delivering mental health care and reporting on progress across multiple agencies.

These are the critical areas that need greater focus by the DC government to ensure all children can get the quality mental health services they need to live a happy, healthy and full life.

DC's Fragmented Mental Health System

While many people impact a child's mental health, the District government is uniquely responsible for ensuring timely, appropriate, high-quality services are provided to all children who need them – especially low-income children who receive services through Medicaid. The government also has direct responsibility for the mental health needs of children in foster care or the juvenile justice system.

The District's public mental health system for children is spread across multiple agencies.

The DC Department of Behavioral Health (DBH) leads the charge to develop, manage and oversee our city-wide public mental health system. This includes direct oversight of a network of community-based mental health service providers and of the School Mental Health Program, which provides trained counselors to a growing number of DC's public schools.

In addition, the Department of Health Care Finance (DHCF) oversees managed-care organizations (MCOs) that enroll the majority of low-income children on Medicaid, including those with mental health needs. Some public schools provide additional mental health services to students directly through onsite social workers and special programs.

Finally, several other District agencies responsible for children's well-being, such as DC's child welfare agency, also have some responsibility for mental health programs.

More Children Getting Services

Despite DC's patchwork system, increasing numbers of children have gained access to mental health services during the past five years.

The primary reason for this increase is the agency responsible for health care needs of the majority of DC's low-income children – the Department of Health Care Finance – increased its oversight of how Medicaid managed care organizations meet children's mental health needs.

As a result, the number of low-income children seen for a mental health concern jumped from 8,347 in FY2012 to 12,972 in FY2015.⁶ That means today, nearly 13% of DC's low-income children receive some sort of mental health intervention, up from only 9% in 2012.⁷

In addition, the per-child investment per month by DC's managed care organizations jumped from \$6.25 in 2013 to \$13.46 per child today.⁸ This is a truly remarkable shift in a short period of time.

The Expanding Role of Pediatricians

The District also significantly improved the ability of pediatricians to screen and treat children with mental health issues during the time period Children's Law Center has been tracking this issue.

This improvement is the result of a public-private partnership between the Department of Behavioral Health, Department of Health Care Finance, pediatricians and the

children's advocacy community called the DC Collaborative for Mental Health in Pediatric Primary Care.⁹ This partnership has led to two significant steps forward.

First, it increased the number of screens for mental health concerns performed by pediatricians. Recently, the partnership spent 15 months training pediatric practices that serve 80% of all low-income children on Medicaid on how to screen children for any mental health issues.¹⁰

This increased the number of screens for developmental and behavioral health concerns by 353% – a jump from 5,020 screenings in 2013 to 22,762 in 2015.¹¹ This is an important accomplishment, though many more pediatricians need to begin screenings if all children in DC hope to have their conditions identified early.

To further incentivize screenings, the Departments of Behavioral Health and Health Care Finance worked together to ensure pediatricians get paid for the additional time it takes to do a mental health screening.¹² This is a step in the right direction.

The second significant change, the launching of the Mental Health Access in Pediatrics project (DC-MAP), gives pediatricians the tools to treat some children with mental health issues and provide better referrals to children who require additional treatment.

Enabling pediatricians to treat mental health problems is critical because in DC and throughout the country, there is a shortage of mental health providers, especially child psychiatrists.

DC-MAP is a program that allows child psychiatrists to support pediatricians and other primary care providers via phone consultations.

The DC-MAP team, jointly staffed by Children’s National Health System and MedStar Georgetown University Hospital, provides free services from psychiatrists and other mental health professionals to all pediatric primary care providers in the District.

Support includes telephone consultations with child mental health experts, community resource referrals and mental health education. Similar programs in 33 states have proven to effectively leverage the existing supply of child psychiatrists and expand mental health services to children and youth.¹³

DC-MAP launched in May 2015 with several pilot sites before going live across the District in September 2015. The program fielded more than 200 calls from over 90 providers in its first year.¹⁴ It’s a promising start.

The Public Schools

An assessment of low-income children’s mental health access in DC would not be complete without addressing public schools.

There is slow but steady progress in expanding the School Mental Health Program, overseen by the Department of Behavioral Health, which provides prevention, early intervention and clinical services to children of all ages in the District’s public schools.

In the current school year, 64 schools have this mental health



DC has improved pediatricians’ ability to treat mental health issues.

program and 70 are budgeted to have it by the end of the school year. This is up from 52 in 2012-2013.¹⁵

Many schools provide services through a separate network of school-based social workers and private providers, although a comprehensive listing of services is not yet available.

The South Capitol Street Memorial Amendment Act of 2012 requires the DC government to develop a comprehensive plan to expand early childhood and school-based mental health services to all schools by the 2016-2017 school year.¹⁶ To make progress in this direction, the Department of Behavioral Health is conducting an analysis of mental

health services provided within the public schools, to be completed this year.¹⁷

Early Childhood Programs

Finally, the Department of Behavioral Health has announced plans to expand an early childhood mental health program that hasn’t grown since 2010.¹⁸

DBH’s HealthyFutures project places mental health specialists in day care centers and preschools across the District.

This program was developed with assistance from the Georgetown University Center for Human Development and follows a nationally recognized model.¹⁹



To continue its progress, DC needs to expand access to mental health services to all children who need it – and to focus more on timeliness and quality.

The program puts mental health professionals onsite at early childhood centers and also counsels families of young children directly to promote social emotional development, prevent escalation of challenging behaviors and provide appropriate referrals and services in the earliest years of a child's life.²⁰

Program data consistently show positive results, including lower than national average expulsion rates and improved self-regulation in children with challenging behaviors.²¹ Healthy Futures is currently in 26 centers,²² which make up less than 5% of the child

development centers and home-based child care providers in the District.²³ The proposed FY2017 budget would expand the program to 71 sites.²⁴

Conclusion

Recent initiatives by the DC government and the public-private DC Collaborative for Mental Health in Pediatric Primary Care led to an important expansion in the number of children being treated for mental health concerns and screens being performed. These initiatives are not enough, but they show a new and strong commitment to

children's mental health. To make more headway, the District needs to continue expanding access to its mental health services to all children who need it, and to focus more consistently on timeliness and quality.

Research and our own experience shows the price of not meeting a child's mental health needs is too high. Many of the children we work with – children in the foster care system or receiving special education services – only need our help because their mental health needs have gone unaddressed for too long.

The price is also much too high for DC when children's mental health needs are not met. The District will be denied these children's talent and pay higher costs when children with untreated mental illness end up straining the schools, child welfare agencies, other social services and the juvenile justice system.

That's why Children's Law Center will continue to advocate for a greater focus on improving children's mental health services by the DC government. ■

ENDNOTES

1. Children's Law Center's previous mental health reports can be accessed at www.childrenslawcenter.org/resource/childrens-mental-health-reports.
2. DC's managed care organizations serve approximately 90% of children who get their healthcare through the government's Medicaid and other public insurance programs. In FY15, approximately 101,000 children and youth under 21 years of age enrolled in the District's Medicaid/CHIP and Immigrant Children's programs. Department of Health Care Finance, FY15-16 Performance Oversight Questions, Question 50.
3. The Department of Behavioral Health website states: "It is estimated that as many as one in five children and adolescents may have a mental health disorder that can be identified and require treatment." <http://dbh.dc.gov/service/children-youth-and-family-services>. This translates into more than 20,000 of the 101,000 children on Medicaid in DC who are likely to have a mental health disorder that can be identified and requires treatment. See also "Mental health utilization for children ages 0-20 in Medicaid in FY2015" provided April 26, 2015 by the Department of Health Care Finance, on file with Children's Law Center.
4. MHRS regulations require that Core Service Agencies provides consumers with an appointment within seven business days of referral (D.C.M.R. §22A-3411.5(f)). In FY15 it took an average of 20 days from the time a child was enrolled in a Core Service Agency to the date the child was first seen for treatment. Department of Behavioral Health, FY15-16 Performance Oversight Questions, Question 47. This is up from an average of 18 days in FY14. Department of Behavioral Health, FY14-15 Performance Oversight Questions, Question 52. Note the data provided in response to Question 52 only cover services provided to children billed to MHRS and not those billed to the managed care organizations.
5. The Department of Behavioral Health's FY15 Child and Youth Community Service Review concluded there was a decline in practice performance. Department of Behavioral Health, FY15-16 Performance Oversight Questions, Question 98. In only 67% of cases did reviewers find that the system performed "in the acceptable range." Department of Behavioral Health, FY15-16 Performance Oversight Questions, Question 98 Attachment. Further, 12% of cases received the lowest possible scores. DBH's Provider Scorecards also reveal mediocre results for many of the Core Service Agencies. http://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/webpage.%20Provider%20Scorecard%20FY%202014_0.pdf. Only one of the 14 CSAs that serve children received the top scores of five or four stars.
6. "MCO MH utilization summary FY12 report" provided by the Department of Health Care Finance April 30, 2016 on file with Children's Law Center. "Mental health utilization for children ages 0-20 in Medicaid in FY2015" provided by the Department of Health Care Finance April 26, 2016 on file with Children's Law Center.
7. Id.
8. Department of Health Care Finance, District of Columbia's Managed Care Quarterly Performance Report (July 2013-Sept. 2013), 17 (Feb. 2014). http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Managed%20Care%201st%20Quarter%20Report%20FY2014_1.pdf. DHCF "Managed Care Year End Report FY2015" released May 1, 2016. On file with Children's Law Center.
9. The DC Collaborative for Mental Health in Pediatric Primary Care is a public/private partnership that includes Children's Law Center, Children's National Health System, American Academy of Pediatrics, Georgetown University, DBH, DHCF and the Department of Health.
10. Department of Behavioral Health, FY15-16 Performance Oversight Questions, Question 43. See also Data from DC Collaborative for Mental Health in Pediatric Primary Care/DC-MAP dated April 19, 2016 on file with Children's Law Center.
11. Data from DC Collaborative for Mental Health in Pediatric Primary Care/DC-MAP dated April 19, 2016 on file with Children's Law Center.
12. See Department of Behavioral Health, FY15-16 Performance Oversight Questions, Question 43.
13. www.nncpap.org
14. Data from DC Collaborative for Mental Health in Pediatric Primary Care/DC-MAP dated April 19, 2016 on file with Children's Law Center.
15. In the 2012-2013 school year, the SMHP was in 53 schools, DMH Oversight Responses, FY12, Question 53, Attachment; Department of Behavioral Health, FY15-16 Performance Oversight Questions, Question 69. The Program is funded for 70 schools and is recruiting for vacant positions.
16. DC Code § 2-1517.32(1)(B)(iii).
17. Department of Behavioral Health, FY15-16 Performance Oversight Questions, Question 62.
18. The Early Childhood Mental Health Consultation program, also known as the Healthy Futures Program, was in 24 child development centers as of the first quarter of FY11 and as of the first quarter of FY12. See, DMH FY10 Performance Oversight Responses, Q70; DMH FY11 Performance Oversight Responses, Q45. The program was in 25 centers as of the first quarter of FY13 and as of the first quarter of FY14. See, DBH FY13 Performance Oversight Responses, Q45; DBH FY14 Performance Oversight Responses, Q48. The program was serving 26 centers as of the first quarter of FY15 and as of the first quarter of FY16. See, DBH FY15 Performance Oversight Responses, Q42b.
19. DBH FY15 Performance Oversight Responses, Q42b.
20. Id.
21. Id.
22. Id.
23. There are 344 Licensed Child Development Centers and 128 Licensed Child Development Homes. See <http://childcareconnections.osse.dc.gov/providersearch.aspx>.
24. Conversation between Children's Law Center's Judith Sandalow and DBH's Denise Dunbar, April 1, 2016.



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