Access to comprehensive mental health treatment is critical for all young people and especially the District's poorest children, who are more likely to experience violence, homelessness and family instability than others across the nation.

Untreated mental illness denies these children an opportunity to live a happy, healthy, productive life and denies the District their talent. It is also likely to result in higher costs to DC if a child's untreated mental illness results in the need for special education services, causes him to drop out of school, makes her less likely to hold a job, or lands him in the juvenile justice system or in prison.

While many people impact a child's mental health, the District government is uniquely responsible for ensuring that services are available to all children who need them. And, DC is directly accountable for providing mental health services to the more than 96,000 low-income children who receive health care through DC Medicaid.1

In addition, the path to strong mental health begins early in a child's life, and can be improved through programs such as home visiting that promote positive parent-child relationships and healthy child development.

There is a significant need for more home visiting services in the District, as roughly one-quarter of DC children live in poverty2 and 15% of all children born in the District are born to young mothers under the age of 21.3

An ongoing struggle for DC’s mental health system is that the system is in fact run by many different agencies, with a separate network of providers and funding mechanisms. Ninety percent of child Medicaid beneficiaries receive care through a managed-care organization, which pays for office-based mental health services.4 The Department of Health Care Finance oversees these organizations. If a child needs more intensive services, responsibility shifts to the Department of Behavioral Health (DBH), which contracts with a network of private, community-based care providers. In addition, several other agencies are also involved with delivering and coordinating mental health services for special populations, including: the Child and Family Services Agency, Department of Youth Rehabilitation Services, Court Social Services and the schools.
The District is allowing too many low-income children to languish without the mental health services they need to fully participate in school and family life.

In the 2013 fiscal year, only 7% of the District’s children enrolled in Medicaid received mental health treatment through either DBH’s Mental Health Rehabilitation Services or a Medicaid managed-care organization – compared to a national average of over 12% among children on Medicaid. This gap suggests that, at a minimum, more than 5,000 District children who need mental health services are not receiving them.5

And, when the unmet need for services is quite high, DBH reports that the number of children they served from 2012 to 2013 actually decreased by 1%.

For the 7,000 low-income children who did get mental health treatment, we do not know enough about their treatment to evaluate how the District is meeting their specific needs. For example, we do not know if these children were receiving the correct treatment or all the services to which they were entitled to improve their health, because this information is not reported by the District government.

What we do know is that the District’s own evaluations show that the lag-time for children receiving services is too long and the overall quality is low.6

Although the District’s mental health system continues to underserve the community, the good news is that DC has begun a number of reforms to expand services and get many more children the mental health care they need earlier and faster. Of note, the District has:

- **Reduced barriers to attract more mental health providers.** To attract more mental health providers, the District has cut red tape, streamlined credentialing across agencies, and increased payments to providers that contract directly with DBH.

In late 2013, provider rates for the Mental Health Rehabilitation Services program were raised an average of 15% as the result of a comprehensive rate setting review.7

- **Expanded community-based mental health access.** The District is ensuring that more mental health providers are available in settings where children and families are likely to be – including in the Healthy Family/Thriving Communities Collaborative (five community-based organizations that work with at-risk children and families), the DC General family homeless shelter and in public schools.

- **Expanded the ability of pediatricians to screen, treat and refer children for mental health concerns.** DC Medicaid is advancing universal mental health screenings for children by training pediatricians and compensating them for the time they spend doing these assessments. And, DC is launching a new Behavioral Health Access Project, providing pediatricians with a network of mental health specialists who they can turn to for help with providing effective treatment or making a referral when a concern requires a mental health specialist.

- **Increased mental health treatment options.** Over the last several years, the District has made steady progress in expanding the variety of mental health services available to low-income children with serious mental health needs by adding new evidence-based therapies to its health system. By providing this expanded range of outpatient, community-based mental health services, more children should be able to live with their families while in treatment, instead of being unnecessarily placed in psychiatric institutions.
Recommendations & Actions

Included below are Children’s Law Center’s top priorities for the new Mayor, agency leaders and Councilmembers to improve the children’s mental health system.

The Mayor should:

1. Improve interagency coordination among all the District agencies that are responsible for children’s mental health so that children and families can receive more timely, high-quality, integrated treatment.

2. Clarify each agency leader’s responsibility and hold them accountable for ensuring that vulnerable children are being connected to services in a timely way, that all mental health services supported by the District are high-quality and evidence-based, and that any new efforts or mental health programs that are launched are filling existing gaps.

3. Continue and expand the recent efforts of the Department of Health Care Finance to assess and evaluate the performance of the managed-care organizations. The Mayor should continue Health Care Finance’s quarterly public reports on how managed-care organizations are performing, which demonstrates that the District intends to vigorously enforce its contracts.

4. Put more effort into building mental health capacity within settings where children and their families are likely to access care. This includes ramping up school-based mental health services so 50% of the schools have such programs this year, as mandated by the South Capitol Street Memorial Amendment Act of 2012.

5. Continue the momentum around expanding pediatric screening, treatment and referrals, especially by implementing the Behavioral Health Access project.

6. Provide sustainable, long-term funding for home visiting at a level that meets the needs of the District’s poor children and families. The Mayor should also ensure the District is using evidence-based home visiting models and appropriately evaluating these programs to measure their success.

The Council should:

1. Ensure effective oversight of the District agencies responsible for children’s mental health, with the ultimate goal of holding them accountable for serving more children with timely, quality services.

2. Ensure that the FY16 budget includes full funding to implement the South Capitol Street Memorial Amendment Act of 2012.

3. Pass the Behavioral Health System of Care Act of 2014, which would fund the project to expand pediatric screening, treatment and referrals.

ENDNOTES

1. Approximately 96,000 children and youth under 21 years old were enrolled in DC Medicaid during FY13. Analysis by Katherine Rogers, Assoc. Dir. of Research and Rate-Setting Analysis, DHCF (Feb. 2014).


4. Currently the four MCOs are: AmeriHealth DC, MedStar Family Choice, Trusted Health Plan, and Health Services for Children with Special Needs (HSCSN).

5. Nationally 12.4% of children aged six to 17 years old who receive Medicaid have mental health conditions, but in DC, only 7% are getting services. This suggests that at least 5,000 District children who need mental health services are not receiving them.

6. DBH’s Provider Scorecards reveal mediocre results for many of the Core Service Agencies that service children. http://dbh.dc.gov/page/provider-scorecard; In DBH’s FY13 Consumer Service Review process reviewers also found that the system performed “in the acceptable range” in only 70% of cases. DBH Community Service Review Unit, 2013 DBH Child/Youth CSR Results, 6 (Dec. 6, 2013).

7. DBH FY13 Oversight Responses, Question 64.