Improving the Children’s Mental Health System

IN THE DISTRICT OF COLUMBIA
EXECUTIVE SUMMARY

The District of Columbia’s public mental health system, despite many recent improvements, is still not fully meeting the needs of our children and families. Improving our children’s mental health system is critically important—not only for the children and families whose lives are personally impacted by mental health issues, but for the larger community as well. The cost to society of unmet mental health needs is substantial. If a child’s mental health needs are addressed early and treated properly, he is much less likely to require costly special education programs for social or emotional reasons. If a child’s mental health needs are addressed when she is young, she is less likely to commit a crime and end up in the juvenile justice system. If a child’s mental health problems are mitigated when he is young, he is much less likely to drop out of school and grow up to be an adult who is unable to keep a job and relies on housing and other public assistance.

The District has never been more ready to make good on its promise to our children. It will take the concerted efforts of the government and the community—including the mayor, child-serving government agencies, the DC Council, private providers, advocates and families—to build on the progress made to provide appropriate and accessible mental health services to our children, youth and their families. The mayor has successfully brought to an end 37 years of federal court oversight of the mental health system and secured an important federal planning grant to support this work. The Department of Mental Health has brought several important evidence-based practices to the District, piloted an impressive early child mental health program and creatively addressed the shortage of child psychiatrists. The child-serving government agencies, working together, have reduced the District’s long-standing overreliance on psychiatric residential treatment facilities. And the DC Council has recently turned its attention to screening and early detection.

Too many children, however, still do not have access to the care they need. The number of children in our juvenile justice, foster care and special education systems demonstrate this unfortunate truth. Now is the time for the mayor and the DC Council to address the structural problems that prevent these separate reform efforts from becoming a comprehensive mental health system that successfully reaches all the children in need.

The goal of this plan is to provide a blueprint for change, drawing from prior research and reports—as well as from Children’s Law Center’s extensive experience working with the mental health system as advocates and as attorneys representing more than 1,200 low income children and families a year. It also reflects the suggestions and feedback of many allied organizations who also serve the District’s families.

The plan sets forth a clear vision of what a truly functioning system would look like. It includes seven sections with detailed recommendations for making that vision a reality. Each section includes specific recommendations to improve various elements of the District’s complex children’s mental health system.

Some of these changes can and should happen immediately, while others will take time to plan and implement. Some of these changes can be acted on by the District’s Department of Mental Health and its provider network, but others will require the mayor to coordinate the work of several agencies, such as
the Department of Health Care Finance (which runs DC’s Medicaid program) and the Child and Family Services Agency (which is responsible for DC’s child welfare system). Many of the recommendations build on the recent successes that are already occurring and focus on taking pilot programs and bringing them to scale.

Throughout the plan are stories that summarize the experiences of real DC children and families with whom Children’s Law Center has worked. Each of these children has met one obstacle after another on the path to mental health. Together we can remove these obstacles and give their stories happy endings.

SUMMARY OF RECOMMENDATIONS

1. Bring Needed Services to the District
   - Offer and expand necessary mental health services, particularly evidence-based practices.
   - Streamline the credentialing process for mental health providers.
   - Conduct a comparability study to compare provider rates in the District to those in surrounding jurisdictions and adjust rates if necessary.
   - Maximize the District’s use of Medicaid dollars.
   - Use local dollars for necessary services that Medicaid does not cover.

2. Improve Access for Children and Families
   - Ensure children can access a wide range of mental health services at one clinical home.
   - Strengthen oversight and enforcement of managed care organizations operating in the District.
   - Institute 12-month continuous eligibility in the District’s Medicaid/Children’s Health Insurance Program to allow children to maintain coverage for up to one full year.
   - Create and maintain a website for providers and the public with current information on all available mental health services in the District.

3. Create a Robust Prevention and Early Identification System
   - Ensure children are screened for mental health needs in primary care settings.
   - Ensure that all pediatric practices regularly screen for maternal depression.
   - Expand home visiting programs and ensure they promote early childhood mental health.
Fully support and fund mental health consultation and intervention services in child care and preschool programs.

Expand the school-based mental health program.

4. Improve Care Coordination

- Implement a system-wide child and family team practice model and train all relevant staff in this model.
- Reimburse clinicians for time spent coordinating care (i.e., pay for collateral contacts).
- Provide targeted case management services to additional groups of children.

5. Ensure Quality and Timeliness of Services

- Continue annual community service reviews.
- Ensure that all child mental health providers are using appropriate, standardized tools to measure the functional outcomes of children they serve.
- Improve the percentage of children getting services in a timely manner from core service agencies.
- Ensure all children receive appropriate mental health services within seven days of discharge from a psychiatric hospital.
- Ensure that all children entering foster care are screened and receive appropriate mental health services.
- Ensure that all children entering the juvenile justice system are screened and receive appropriate mental health services.

6. Improve Psychiatric Services

- Assess the gap between need and availability of child psychiatric services and develop a plan to close the gap.
- Create a DC Child Psychiatry Access Project with mental health consultation teams available to assist primary care providers treat children with psychiatric needs.
- Develop oversight mechanisms to ensure children in foster care are not being improperly medicated.

7. Improve Community-Based Services to Reduce Residential Placements

- Ensure there are appropriate community-based programs to support youth in the community.
- Ensure that there are providers available to serve DC wards living in Maryland.
- Improve oversight and monitoring of children in residential treatment centers.
- Expand the High Fidelity Wraparound Pilot program to serve more children.
- Ensure that children receive community-based intervention services in a timely manner.
- Develop consistent standards, training and quality implementation of therapeutic foster care.