

Overview

Accessing Children's Mental Health Services in D.C.

This section of the Practice Kit provides guidance and information related to accessing children's mental health services in the District of Columbia. This section is divided into three subparts. The first subpart provides a general overview of Medicaid. The second subpart provides information pertaining to the laws and policies that govern children's access to mental health services. Finally, the third subpart provides several directories that list contact information for the multitude of mental health service providers in the District. While every effort has been made to provide updated information, the professionals and organizations providing mental health services in the District are ever changing. Thus, you should verify that the organization is still operable and providing the services listed prior to referring a client to that entity.

General Introduction to Medicaid and Children's Mental Health in DC

Medicaid Basics

Over 98,000 children and youth under age 21 are enrolled in the District's Medicaid program. Medicaid offers a comprehensive package of health care benefits including inpatient hospital care, outpatient physician visits, emergency services, prescription drugs, mental health care, rehabilitative services, home health care, and dental and vision services. In addition to all listed services, children have an extensive right to any services that are "medically necessary" based on a provision of the federal Medicaid law.¹

Children Enrolled in a Managed Care Organization

Currently, 90% of children in the DC Medicaid program are covered by one of four Managed Care Organizations (MCO): MedStar Family Choice, AmeriHealth DC, Trusted Health Plan, and Health Services for Children with Special Needs (HSCSN). In all four, the MCO pays for office-based mental health services for children (such as psychiatry or therapy). If the child needs in-home mental health services, responsibility shifts to the Department of Behavioral Health (DBH).

Children Enrolled in Fee-For-Service Medicaid

Children in state custody (through the child welfare or juvenile justice system) receive fee-for-service (FFS) Medicaid. Children in the FFS program receive their office-based and in-home mental health services through DBH's provider network.

Department of Behavioral Health Community-Based Services

DBH primarily provides outpatient services through its Mental Health Rehabilitation Services (MHRS) program, which is a private, community-based care system. To qualify for services, a child must be diagnosed with a serious emotional disturbance that results in a functional impairment that 1) substantially interferes with or limits the child's functioning in family, school, or community activities; or 2) limits the individual from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills.²

MHRS services include:

- Diagnostic/assessment
- Medication/somatic treatment
- Counseling
- Community support
- Crisis emergency
- Rehabilitation/Day Services
- Intensive Day Treatment
- Community-Based Intervention³

Many consumers first access MHRS services by calling DBH's Access Helpline (1-888-793-4357). This telephone-based service center is open 24 hours per day, 7 days per week and provides crisis

intervention, information and referrals, service authorizations, and eligibility and enrollment in the DBH system of care. If necessary, the helpline staff can activate mobile crisis teams to respond to individuals experiencing a psychiatric or emotional crisis and who are unable or unwilling to travel to receive mental health services.

Consumers can also directly enroll in MHRS at a Core Service Agency (CSA). A CSA is a provider who offers four core MHRS services (medication/somatic treatment; counseling and psychotherapy; community support; and diagnostic/assessment services). Providers who only offer some subset of MHRS services are certified as a sub-provider. A list of MHRS providers⁴ can be found on DBH's website.

Inpatient Services

Children can receive inpatient mental health services at Children's National Medical Center (CNMC) or at the Psychiatric Institute of Washington (PIW). CNMC has an acute unit for children and one for adolescents. PIW has acute care units for children and adolescents aged 10-17.

Emergency/Crisis Services

Children's emergency services are available through the Children and Adolescent Mobile Psychiatric Service (ChAMPS). ChAMPS provides immediate access to mental health services for children and youth who are in crisis but do not meet the medical necessity criteria for inpatient psychiatric hospitalization. ChAMPS staff are available to go to a family's home and other locations in the community (foster homes, group homes, schools, etc.) to avert inpatient hospitalization and placement disruptions. If a child is in crisis, call 202-481-1440 – the service is available 24 hours a day, seven days a week. Services are geared toward children and youth ages 6 to 18 (or up to 21 if the youth is in the custody of CFSA).

¹The Early Periodic Screening, Diagnosis and Treatment (EPSDT) provision requires a comprehensive health care benefits package for all Medicaid-eligible children under age 21. 42 U.S.C. § 1396a (a)(43).

²D.C.M.R. § 22A-1201.1.

³D.C.M.R. § 22A-3402.4.

⁴Department of Behavioral Health, List of Community-based Service Providers, <http://dbh.dc.gov/node/119532>.

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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Applicable Laws and Policies

Statutes

- ◆ [Department of Mental Health Establishment Act of 2001 \(D.C. Code § 7-1131.01 et. seq.\)](#)
 - These sections of the D.C. Code describe the duties, responsibilities, and functions of the Department of Behavioral Health (formerly the Department of Mental Health).
- ◆ [Department of Behavioral Health Establishment \(D.C. Code § 7-1141.01 et seq.\)](#)
 - This section of the D.C. Code establishes the Department of Behavioral Health.

Regulations

- ◆ [Mental Health Rehabilitation Services Provider Certification Standards \(22-A D.C.M.R. § 3400 et. seq.\)](#)
 - These regulations lay out what is required for mental health providers in the District to be certified as Mental Health Rehabilitation Services (MHRS) and child choice providers, describe consent requirements, detail grievance procedures, and define other services and treatment modalities.

Policies

- ◆ [Department of Behavioral Health \(DBH\) Policy: Community Based Intervention \(CBI\) Services for Children and Youth](#)
 - This policy outlines the procedures and practice guidelines for the implementation of CBI in the District.

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Mental Health Rehabilitation Services

Who Provides the Services and How Do I Connect to Them?

- ◆ The District of Columbia Department of Behavioral Health (DBH) certifies and relies upon a cornucopia of community-based mental health providers across the District. DBH maintains a [full list](#) of these providers on their website. Since there is often significant changes in available mental health providers from year to year, you should check the list frequently before referring clients to specific providers.
- ◆ DBH will also assist individuals with connecting to an appropriate community-based mental health provider if the individual calls DBH's Access Helpline at 1-888-7WE-HELP (1-888-793-4357). The Helpline is available 24 hours per day, seven days per week.

What Treatments Are Provided By Each Service?

- ◆ When an individual is referred for, or independently connects to, mental health services, they may be connected to a variety of individual mental health rehabilitation services. These services could include crisis or emergency services, community support, community-based interventions, assertive community treatment, etc. DBH has published a list of descriptions of various rehabilitative services. The descriptions can be accessed [here](#).

Are There Providers Who Provide Mental Health Services for Children?

- ◆ Yes, The D.C. Collaborative for Mental Health in Pediatric Primary Care has published a resource guide, which provides a comprehensive listing of community-based mental health service providers for children and adolescents in the District of Columbia. The guide may be found [here](#).

How Are Services Authorized and How Are Providers Paid?

- ◆ DBH has published a manual, [the Mental Health Rehabilitation Services Provider Authorization and Billing Manual](#), which explains the authorization and billing processes for authorized mental health providers who participate in the Mental Health Rehabilitation Services program. Specifically, the manual provides instructions for providers to seek reimbursement for services, authorizing services, and making and keeping clinical records.

What Providers Will Accept HSCSN Health Coverage for Services?

- ◆ HSCSN provides a searchable list of community-based mental health providers who accept HSCSN health coverage on its website. The list is searchable by zip code and provider name. Access to the searchable list may be found [here](#).

What Providers Will Accept AmeriHealth Coverage for Services?

- ◆ AmeriHealth *Caritas* maintains an online directory of behavioral health providers in the District of Columbia. It can be found [here](#).