



Principles and Values to Guide Child and Adolescent Public Behavioral Health Care System Transformation in the District of Columbia

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This document outlines a set of values and principles needed to improve the District of Columbia's public behavioral health system, with the intention of building on these principles in the form of proposed solutions in the near future. We use the term "behavioral health" to refer to emotional and mental health, and substance use and addiction, and encompass a continuum of promotion, prevention, early intervention, treatment and recovery support services. We also acknowledge that learning, intellectual, or developmental disabilities may impact individuals' abilities to function at school, at home, and in the community, and these complex issues often drive families to seek behavioral health assessment and ongoing treatment. When learning, intellectual, and developmental disorders co-occur with behavioral health conditions, it is paramount that the behavioral health care system can respond effectively. We have written these principles to ensure that we communicate the values and beliefs that are critical in addressing and informing necessary system redesign.¹ The authors of this document – Children's Law Center, Children's National Health System, the District of Columbia Behavioral Health Association, Early Childhood Innovation Network, and MedStar Georgetown University Hospital/Georgetown University Medical Center – and the organizations endorsing these recommendations – believe these values and principles will serve as a guideline for delivering effective, accessible, and acceptable community-based services and supports for children, youth, and families with or at-risk for behavioral health concerns. We also believe these values and principles should be applicable to the adult behavioral health system as emotionally healthy adults create a positive and resilient environment for children. These principles and values are not in rank order.

- **Increasing Access Across the Full Continuum of Services:** The continuum of services includes universal prevention programs aimed at promoting healthy social-emotional development, early identification of concerns via universal or targeted screening, (preventive) intervention for caregivers or children when concerns are identified, and treatment and recovery services as clinically indicated. **Prevention begins with perinatal care.** Preventing behavioral health concerns in children begins with a healthy preconception and pregnancy. Parents-to-be who have behavioral health concerns need to receive timely and effective intervention during pregnancy and continuing into the first years of the child's life. Preventive behavioral health care is intergenerational. **Early identification and early intervention rely on the strengths of services in sectors that are critical partners of the behavioral health system, including prenatal care, pediatric primary care, child development centers, and pre-K-12 schools.** Screening for behavioral health conditions should be routine, universal, and destigmatized. Ethical screening practices require that positive screens lead to referrals to appropriate resources for timely and high-quality intervention, and there should be easily accessible, accurate and robust sources of referral information. **Timely access to care is critical for children and their families, as well as ensuring the sustainability of high-quality services. Access depends on robust provider networks.** Robust networks have enough providers licensed or certified; enough accepting new patients, enough filing claims, and enough capacity to keep waits short or make care immediate. Networks are not adequate if provider service closures make care unavailable until replacements become available. **Services must be available to match developmentally appropriate milestones.** Different resources are required for children ages 0 – 5; for school age children or adolescents with mild to moderate symptoms; for children or adolescents with severe or recurrent episodes of illness such as psychosis and severe mood disorder; and for transition-aged youth preparing to manage behavioral health conditions during adulthood. Supports and interventions for families and caregivers must be provided in conjunction with care for youth.
- **Addressing the Social & Structural Determinants of Health:** Services for children are incomplete without addressing institutional and systemic racism, the economic and social conditions of parents and other caregivers, and ensuring children are receiving equitable educational and vocational training opportunities. Families and other natural supports are vital resources to address social and structural determinants of health, which critically influence behavioral health, justice system involvement, and health outcomes. Families in crisis can suffer from resource scarcity², leading to understandable prioritization of meeting

¹ For information on the current behavioral health care system for children, please see "Behavioral Health in the District of Columbia for Children, Youth, and Their Families: Understanding the Current System," at <https://www.childrenslawcenter.org/resource/behavioral-health-district-columbia-children-youth-families-understanding-current-system>.

² We recommend further review of definitions and research regarding scarcity as delineated by Eldar Shafir and Sendhil Mullainathan in the book, *Scarcity: The New Science of Having Less and How It Defines Our Lives*.

urgent basic needs at the expense of addressing other important issues. **Achieving equity, including health equity, allows for children and families to reach their fullest health potential. Addressing inequities in resource allocation will improve behavioral health outcomes for families in under-resourced communities.**

- **Normalizing Behavioral Health: The public health component of behavioral health starts with normalizing and destigmatizing behavioral health, and effectively communicating to children, educators, providers, and the public that behavioral health concerns are common aspects of everyday life.** Illness may be transitory or may be chronic, and lack of illness is not necessarily wellness. Behavioral health is a goal for every child just as much as physical health, and includes a state of well-being in which children are able to form and maintain close and secure adult and peer relationships; experience, manage, and express a full range of emotions, and explore the environment and learn – all in the context of family, community, and culture.³
- **Supporting Family-Driven Care: The family’s voice is essential in helping to determine the type of care needed.** As defined by the National Federation of Families for Children’s Mental Health, family-driven care means families have a primary decision-making role in the care of their own children, as well as the policies and procedures governing care for all children in every community. Families and family-run organizations should provide direction for agency decisions that impact funding for services, treatments, and supports.
- **Creating Pathways for Community Engagement: Community engagement is critical to identifying the needs most important to those impacted, and drives strategies needed to address service delivery. How the community – including organized groups, government agencies, institutions, or individuals – perceive service options matters.** Historically, some communities in the District have had adverse relationships with child serving agencies. However, community attitude can be changed by building trust and fostering transparency through 1) meeting with the community early; 2) sharing information; 3) responding to community concerns; 4) keeping channels of communication open; 5) including them in the decision-making process and; 6) creating a mechanism for accountability of deliverables and programs.
- **Promoting Collaborative Multi-Organization⁴ Coordination: Children, youth, and families often interact with other organizations serving children and families. It is important for these organizations to communicate and coordinate with each other to close feedback loops and improve the quality of care provided. Collaboration across organizations is needed to close the gaps in service delivery. Real-time data sharing and data transparency is vital in identifying opportunities to improve children’s behavioral health care (e.g., reducing costs, improving oversight, and monitoring usage of services).**
- **Valuing Trauma-Informed Care & Cultural Attunement: Services must be trauma-informed and culturally attuned.** Adverse childhood experiences and adverse community environments are common occurrences for many children growing up in the District. Exposure to adversity increases risk for behavioral health concerns, but strategies to enhance resilience may buffer children from the most toxic impacts of adversity. Accessible and effective community-based strategies to enhance resilience in children and families exposed to adversity and trauma are important upstream strategies to promote behavioral health. In addition, services that are geographically nearby but culturally mismatched do not meaningfully contribute to overcoming barriers to access to care.
- **Supporting Tools for Recovery & Resilience: Recovery should be expected and supported.** Children can and do overcome childhood emotional distress, including behavioral health conditions. Like adults, they may also experience relapses or backslides. These are not reasons for punitive actions, but rather an opportunity to refresh and expand self-care and resiliency tools and to seek remediation or mitigation of disruptive stressors.
- **Strengthening Workforce Capacity: The expansion of integrated care models, peer-support services, and training and education opportunities is needed to build workforce capacity.** While the District has made some progress over the years, it is important that we continue to support workforce capacity through innovative and non-traditional approaches to ensure the District has enough effective and well-trained providers to deliver and implement an array of services, and that we are building a strong pipeline of diverse talent. Providers also need to be supported in their own well-being.

³ ZERO TO THREE, Making It Happen: Overcoming Barriers to Providing Infant-Early Childhood Mental Health, 2012, www.zerotothree.org/document/349.

⁴ We include a broad definition of organizations, including government, private, and non-profit entities. Organizations include those serving children and families within the behavioral health care system, as well as those outside of the behavioral health care system.

Endorsing Organizations

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- Advocates for Justice and Education
- Amerigroup DC
- AmeriHealth Caritas DC
- American Academy of Pediatrics District of Columbia Chapter
- DC Healthy Communities Collaborative (DC Health Matters)
- District of Columbia Hospital Association
- District of Columbia Primary Care Association
- Health Alliance Network
- Howard University Hospital
- MedStar Georgetown University Hospital Department of Psychiatry
- Parent Watch
- Sumner M. Redstone Global Center for Prevention and Wellness
- The Center for Health and Health Care in Schools
- Total Family Care Coalition
- Ward 8 Health Council