

A Path Forward

Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia

Executive Summary





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The public behavioral health system for children and families in the District of Columbia (DC) needs to take a new path forward. The system fails to provide timely, accessible, high quality, culturally appropriate, or affordable care to thousands of children who need it - with devastating consequences.

This report, *A Path Forward-Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*, is a blueprint for creating a successful public behavioral health system, one that supports children and families and, in doing so, strengthens our entire community.

The recommendations in this report build on the commitment shown by the District's leaders – investments and improvements led by the Mayor, government agency leaders, and the DC Council. It is informed by the expertise and experiences of youth, parents, experts, and best practices from across the country.

A Path Forward is the result of work begun in 2017, when several organizations came together with a shared purpose: to develop a plan of action to ensure DC children and families had the behavioral health supports and services they need to thrive. This informal coalition includes leaders from Children's Law Center, Children's National Hospital, the District of Columbia Behavioral Health Association, Early Childhood Innovation Network, Health Alliance Network, MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry, Parent Watch, and Total Family Care Coalition.

Many important executive, legislative, and public-private efforts have been launched since the coalition began its work. The dramatic increase in school-based behavioral health programs demonstrates a city-wide understanding of the importance of meeting children where they are. The integration of behavioral health into managed care contracts and the District's successful application for a Medicaid waiver to cover additional services shows a commitment to tackling key structural and funding barriers. These are just a few improvements made in the past few years.

However, our community has also suffered the devastating effect of a worldwide pandemic. Even before the pandemic, approximately 1 in 5 DC children – more than 20,000, were reported to have a mental, emotional, developmental, or behavioral problem.ⁱ Additionally, 47% of DC's children have had adverse childhood experiences (ACEs), including being exposed to violence and living with family members with severe mental health or substance use disorders.ⁱⁱ The pandemic has only exacerbated many of those experiences and created new traumas. Due to COVID-19, children have faced unprecedented levels of disruption, isolation, and toxic stress. Family engagement focus groups conducted to inform this report support these findings, with many youth speaking about the impact of the COVID-19 pandemic on their behavioral health.

Our current system does not meet the needs of children and families. A teenager who participated in a focus group conducted for this report stated, "I feel like one of the main challenges, the main mental health challenges that is currently being faced by the DC youth, I feel like, is the lack of resources." This is an accurate observation—one of the significant obstacles children in the District's behavioral health system face is the lack of an adequate supply or range of behavioral health supports. Furthermore, services are often fragmented and inaccessible because of the

ⁱ NSCH Interactive Data Query (2016 – 2018). Data Resource Center for Child and Adolescent Health. Accessed November 2, 2020. <https://www.childhealthdata.org/browse/survey>

ⁱⁱ Building Community Resilience: Washington, DC. Building Community Resilience Collaborative. March 2018. <https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/DC%20BCR%20Snapshot%20-%204.5.18.pdf>

scarcity of a particular kind of service or provider, the treatment location, inadequate transportation, long wait times, and insufficient care coordination. An effective and complete continuum should include promoting behavioral health, prevention of mental illnesses and substance use disorders, early identification, treatment, recovery and rehabilitation services, and long-term supports.

This report offers concrete, actionable recommendations in the six domains that the World Health Organization identifies as necessary to a functioning public health system: leadership and governance, financing, workforce, service delivery, information and communications, and technology. There is also a section addressing the needs of children whose situations require special attention. The recommendations range from including youth and caregivers at every level of decision-making to technical changes to professional licensing requirements, from the addition of specific treatment modalities to investments in technology to support better coordination.

These recommendations were informed by best practices around the country, feedback, and input from expert stakeholders across the District and focus groups conducted with District youth and caregivers. Abbreviated recommendations, along with suggested implementing agencies and entities, are presented below. The recommendations in each chapter have not been ranked in terms of priority and are not presented in any order.

Children flourish when they receive the right behavioral health care at the right time. If the District commits to implementing these recommendations, it can create long-lasting, systemic change that will transform behavioral health care and advance health equity for children now and in the generations to come.

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