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Ensuring Low-Income Kids Get the Behavioral Health Services They Need

By Wes Rivers

There is a tremendous need for mental health services among the District's middle and high school students, especially in our poorest and lowest-performing schools. And schools are an ideal place to identify kids in needs and have trusted adults connect them to services. That's why DC's Department of Behavioral Health (DBH) should expand and improve mental health services in schools and coordinate with other agencies, such as Department of Health, to make sure kids are referred to the right programs. Here is how:

Expand school-based mental health and improve monitoring of student progress to make sure services are making a difference. The school-based mental health program puts mental health professionals in schools to provide early intervention with students and to treat kids with more serious issues. The program only operates in 69 schools, with funding available to expand to six more. Last school-year, of 1,700 students referred to the program, only 1,200 were assessed and referred to additional services and only half of those assessed received treatment from a clinician.

DC needs to track the progress of those who received treatment, to help understand the best ways to improve services. Not all of the students may need intensive services, but DC should keep better track of what happened to the students who were not treated. Finally, DBH needs more clinicians to treat or screen all kids who are referred to the program and to reach more schools.

Continue expanding early intervention services among younger children. The Primary Project provides socio-emotional health services for kids in Pre-K through third grade. It operates in 56 locations including schools and early childhood development centers. Like the school-based mental health program, limited evaluation data is available for the Primary Project, which makes it difficult to determine if children are getting referred to other programs or whether the early intervention is having the desired effect. DCFPI supports expanding this type of service to more environments, but also recommends stronger systems of monitoring and evaluation.

DBH, schools, and other agencies need to coordinate their services and share information. The Department of Health, DC Public Schools, and DC Public Charter Schools have mental health programs that may overlap or be complementary of DBH programs. For example, some children who benefit from DOH's maternal and child home visiting program may also benefit from the Primary Project. Yet these agencies do not sharing information in a way that could facilitate better hand-offs between programs, reduce unnecessary duplication of services, and improve understanding of a given child and family's larger needs. The same linkages should also exist between DBH's school programs, community health providers, and the Medicaid managed care organizations that serve these kids. These agencies should work together to improve information sharing and access to each other's databases.

The DC Fiscal Policy Institute testified today at DBH's public oversight hearing on these issues. To read the full testimony, [click here](#).