



The District's Dime

Going Beyond the Budget Book

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Childhood Interventions Help Keep DC Healthy

By Wes Rivers

Timing is important in health care. Catching a problem early often leads to a healthier outcome. The District is applying that preventative mindset with programs that address the mental and physical health of our youngest residents. Two programs—school-based mental health and home visiting—were the focus of recent DCFPI testimony before the DC Council.

Here's our assessment:

School-Based Mental Health (Department of Behavioral Health)

The school-based program provides DC public schools and DC public charter schools with full or part-time mental health counselors. Beginning in the 2014-2015 school year, 72 schools will offer mental health screenings, referrals, and counseling to their students, with more than half operating in Wards 6, 7, and 8.

Impact: The school-based mental health program has delivered 2,500 individual counseling sessions so far this school year and almost 20,000 counseling sessions since the beginning of the 2011-12 school year. Overall, the program maintains a full-time caseload of 629 students.

Need: While school-based counselors are making progress to improve access, lack of funding has made it difficult to create a comprehensive program across the city. In the schools that participate, counselors have received an average of 3,700 new student referrals since the program's inception – far more than the current caseload. Moreover, even with 72 schools offering services, the District will be far short of its goal of a counselor in 75 percent of all District schools – or 103 schools – by the 2014-15 school year. To improve the performance and reach of the program, the District will need to make the necessary investments to increase the number of counselors available.

Maternal and Child Health Home Visiting Program (Department of Health)

This program provides maternal and child health services in the family's home, focusing on early physical and cognitive development, parenting practices, school-readiness and access to community resources and immunizations. Home visitors follow nationally recognized best practices.

Impact: While the process of evaluating the impact of the District's home-visiting program is in process, these programs have shown great success in other parts of the country. Research has found that every dollar invested in home visiting saves \$5.70 down the road in costs related to health and

academic outcomes. Moreover, [a recent study](#) found that quality, early educational interventions for children under age three resulted in an elimination of the achievement gap between rich and poor students.

Need: DC currently has capacity to serve 935 families, but an estimated 3,500 young children could benefit. As with school-based mental health services, a lack of funding hinders capacity to meet the needs. Moreover, DC currently funds its program through private money and federal grants set to expire in 2015. To effectively reach all poor and at-risk children, the District will have to use local funds to sustain and expand these programs into the future.

To read DCFPI's testimony on the DC Department of Behavioral Health, click [here](#).

Stay tuned to the [Healthcare Section](#) of [dcfpi.org](#) for Department of Health testimony.