

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF MENTAL HEALTH



**The Children's Plan Implementation Progress**  
**May 2012**

**E**xpanding the Range of Available Mental Health Services

*Implementation of Evidence-Based Practices*

- 49 clinicians across eight agencies were trained in at least one of five evidenced based practices proven to improve functioning in the home, school or community: *Focused Cognitive Behavioral Therapy (TF-CBT)*, *Functional Family Therapy (FFT)*, *Parent Child Interaction Therapy (PCIT)*, *Child Parent Psychotherapy for Violence (CPP-FV)* and *Multisystemic Therapy for youth with Problem Sexual Behavior (MST-PSB)*. Additional training is scheduled in early May.
- FY 12 to date, 113 youth receive FFT services –on pace to nearly triple the FY 11 number.
- FY 12 to date, 64 youth received MST services—consistent with the total in FY 11.

*Establishment of the Juvenile Behavioral Diversion Court in January 2011*

- Eligible juvenile offenders with complex needs voluntarily participate in mental health services to avoid prosecution.
- Services from six months to a year and regular court monitoring meetings.
- Promising first year results: 11% re-arrest rate compared to a 40% re-arrest rate on the regular juvenile court calendars and a 60% national rate.

**E**nsuring the Quality of Mental Health Services

- Through concentrated technical assistance from DMH clinicians, low performing mental health providers improved scores on the annual evaluation.

**I**mproving Access for Children and Families

- Walk in/same day mental health assessments and medication at the children's clinic
- Analyzing barriers to access, including the effect of the bifurcated system managed care and fee for service system, through a SAMHSA grant. Plan due in September that outlines an approach to improving access.

## **C**reating a Strong Early Identification and Prevention System

### *Healthy Futures Program*

- 1,286 children in 24 child development center across the District
- Measurable improvements based on a one year evaluation by the Georgetown University
  - Low expulsion rate—half the national average
  - Improvements in staff ability to manage challenging behaviors, knowledge of how to refer children and families for mental health services and comfort with mental health services.
  - Significant increase in positive child interactions – more children appeared to be happy and well-adjusted, more involved, well behaved, cooperative and attentive.
  - Significant decrease in negative indicators of classroom climate such as staff placing unrealistic demands on children or staff shouting at the children.

### *Expansion of the Primary Project—Pre-K and First Grade*

- To reach younger children, in FY 11, the project expanded to 16 schools and 14 child development centers—up from eight schools and five child development centers the previous year
- 230 children currently participating with parental consent
- 1,224 children screened this year to date—of whom 435 children or 36% were eligible for the Primary Project
- Another 321 children or 26% screened eligible for more intense services and were referred to mental health providers

### *Establishment of the Parent Infant Early Childhood Program in January 2011*

- Located in a Southeast clinic, it provides short term parent coaching with a therapist to improve a child's behavior.
- Includes the Healthy Start Project with the Department of Health

### *Growth in the School Mental Health Program to 53 public and public charter schools*

- Up from 17 schools in 2000, provides prevention, early intervention and treatment services.
- Students, their parents, and clinicians reported a statistically significant reduction of behavioral and emotional symptoms and an increase in functioning after treatment.

## **S**trengthening Community Based Services to Reduce Psychiatric Residential Facility Placement and Length of Stay

### *Expansion of the Wrap Around Program—an evidence-based program*

- Increased to 231 youth served in FY 12 to date—already surpassing 211 youth in FY 11
- Significant diversion rate achieved: in FY 11, of 162 receiving services in public schools, all but three were diverted from psychiatric residential treatment facilities (PRTF)—a 98% diversion rate. The community based program showed a 69% diversion rate

- 99 youth currently in PRTFs—down from 182 in September FY 11 of whom 22 are in the care of CFSA —down from 112 placements in FY 09

## **E**ngaging with Family and Youth as Partners at All Levels of the Children’s Public Mental Health System

- Total Family Care Coalition, a family run Family Organization, provides peer support services for Wraparound youth and families and serves on the Executive Leadership Team to expand the system of care.
- Family representatives participate in family team meetings to determine service needs and develop treatment plans for children and youth.
- Two parenting groups are held monthly for women enrolled in the Healthy Start program: “Chat and Chew” a parent support group and “Parent as Teacher” an evidence-based practice to teach parents how to support their children’s optimal development during the early years.

## **E**nhancing Cross Systems Collaboration and Data Sharing

New data sharing collaboration with DYRS and CFSA to increase tracking of youth referred for mental health services.