The DC Collaborative for Mental Health in Pediatric Primary Care ("the Collaborative") aims to improve the integration of mental health in primary pediatric care for children in the District of Columbia. We are committed to addressing the mental health needs of diverse children and their families through culturally competent, family-focused initiatives. We acknowledge that the unmet mental health needs of young children, especially those who have not yet entered school, are great. Thus, although we aim to address the mental health needs of all children and youths, we are particularly focused on infants, toddlers, and preschoolers.

Our Initiatives:

1. Supporting primary care practices & clinicians
2. Supporting families
3. Integrating mental health services into primary care
4. Engaging in related policy & advocacy efforts
We also strive to evaluate the initiatives in which we are engaged to inform our efforts and assess the potential impact of our work. The following describes several initiatives in greater detail:

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**Community Needs Assessment**

We surveyed pediatric primary care clinicians and pediatric mental health clinicians to learn more about their attitudes, beliefs, and practices related to children’s mental health. We also completed two follow-up interviews with clinicians and leaders from key organizations that provide medical/mental health services to children in the District. The results underscore the high rate of unmet mental health needs among children in the District and the many obstacles to addressing children’s mental health. Findings also highlight several ways to improve mental health care, many of which we are currently undertaking. Providers surveyed also expressed interest in participating in collaborative efforts to improve mental health care for children. We will continue to use the findings to inform our efforts, as we plan to conduct community needs assessments again in the future.

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**Educational Support for Primary Care Clinicians**

As pediatric care providers are increasingly being called upon to identify and address childhood mental health problems, there is a heightened need to provide complementary educational training. Such training has the potential to bolster provider knowledge and improve children’s mental health practices. We successfully implemented a 9-month web-enabled Quality Improvement Learning Collaborative with pediatric practices in the District (Feb.–Oct. 2014) designed to enhance practices’ ability to identify and address mental health problems via universal, annual mental health screening. We have extended that Learning Collaborative until June 2015, and invited new practices to join. We plan to continue providing education and training opportunities for primary care clinicians related to children’s mental health.

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**Mental Health Screening in Primary Care**

Consensus is emerging among researchers, professional organizations (e.g., the American Academy of Pediatrics), and policymakers that screening in pediatric primary care can help to increase early identification and treatment of mental health problems. We have been supporting the District’s efforts to expand universal, routine mental health screening at pediatric well child visits by making recommendations on screening tools to be used and by providing consultation related to screening implementation.
Across the country and in the District, there is a shortage of mental health professionals, which results in long wait times and delays in the implementation of mental health care. Moreover, there are many mental health issues (i.e., subclinical or mild) that pediatric care providers could more effectively identify and address in primary care with increased support. Consequently, over 30 states have begun implementing child mental health access projects through which a mental health consultation team is available by telephone to respond promptly to primary care clinicians who need assistance with managing patients’ mental health needs. The consultation team provides clinical consultation to enhance primary care providers’ abilities to evaluate, treat, co-manage, and refer children with mental health problems. We are working to establish such a program – DC MAP – (Mental Health Access in Pediatrics) in the District with the intent of implementing the program in 2015.

Primary care clinicians cite lack of access to up-to-date mental health resources to which they can refer families as a major barrier to providing high-quality care. In 2014, we released a comprehensive guide of child & adolescent mental health resources in the Washington area for pediatric practices. To ensure that the guide accurately reflects the mental health landscape, we plan to update this guide regularly. It is available at www.dchealthcheck.net

As a longer-term goal, we plan to increase and improve the extent to which mental health services are embedded within pediatric health settings. Such collaborative or integrated care programs, in which mental health professionals provide direct services (e.g., consultation, treatment) in pediatric settings, have been successfully implemented across the country and are increasingly being piloted across the District.

We aim to develop and strengthen communication and collaboration between various groups in the District who are working on issues pertaining to children’s mental health and pediatric care. Thus, we currently have representation from more than 35 child-serving organizations in DC on our Community Advisory Board and 8 organizations on our Working Group. We have been coordinating our efforts with other related initiatives and projects in the District, including the Department of Behavioral Health’s System of Care grant.
We strive to find ways to ensure that the initiatives described above have a long-lasting impact on children and families in the District. Thus, we work to identify and address policy and financing barriers, and we advocate for changes to further the integration of mental health in pediatric primary care.

Who We Are

1. Working Group
   - American Academy of Pediatrics
   - Children’s National Health System
   - Children’s Law Center
   - DC Department of Health
   - DC Department of Health Care Finance
   - DC Department of Behavioral Health
   - Georgetown University
   - University of Maryland

2. Community Advisory Board
   - AmeriHealth DC
   - CentroNia
   - Children’s National Health System
   - DC Action for Children
   - DC Advisory Neighborhood Commission
   - DC Behavioral Health Association
   - DC Child and Family Services Agency
   - DC Council Representative
   - DC Department of Behavioral Health
   - DC Home Visiting Council
   - DC Primary Care Association
   - DC Public Schools
   - Evidence-Based Associates
   - Family Voices of DC
   - Fight for Children
   - First Home Care
   - Georgetown University
   - George Washington University
   - Health Services for Children with Special Needs, Inc
   - Howard University
   - InSite Solutions, LLC
   - Mary’s Center
   - MedStar Georgetown University Hospital
   - National Children’s Center Inc
   - Office of the Deputy Mayor for Health and Human Services
   - Office of the State Superintendent of Education
   - Parent Representative
   - Postpartum Support International
   - Psychiatric Institute of Washington
   - Student Support Center
   - Substance Abuse and Mental Health Services Administration
   - Total Family Care Coalition
   - Unity Health Care
   - Zero to Three
   - Additional Community Members

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