FY 2024-2025

COMBINED BEHAVIORAL HEALTH ASSESSMENT AND PLAN

Community Mental Health and
Substance Use Prevention, Treatment, and
Recovery Services Block Grant
(MH & SUPTRS BG)

Step 2: Identify the unmet service needs and critical gaps within current system.

District of Columbia
Department of Behavioral Health

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Unmet Service Needs and Critical Gaps

Mental Health Services

There continues to be a gap in mental health services for **children with SED and their families**. Community-based Intervention (CBI) services are time-limited, intensive, mental health services and are the highest level of care for children with SED prior to Psychiatric Residential Treatment Facility (PRTF) placement. Once youth have met maximum benefit of CBI, youth are transitioned to a PRTF. In FY 23, the District received an increased number of reports for youth being admitted to inpatient hospitals who do not meet criteria for PRTF and have met maximum benefit for CBI. There is a need for intensive outpatient, day treatment and partial hospitalization programs to stabilize youth and transition them back into the community.

The Assessment Center needs a psychologist who specializes in sexual offenses and another psychiatrist to meet the increasing demands of the juvenile justice involved youth requiring psychiatric evaluations. A bilingual person to fill these two positions is preferred but not required.

Under court mandate, DBH has been identified as the entity under the Family Court to provide court ordered evaluations. For the past three years, the court, the child welfare system and the juvenile justice system has requested and sought a psychologist that specializes in sexual offender behaviors.
Currently, the Assessment Center has two psychiatrists to conduct psychiatric evaluations for children, youth and adults involved in the child welfare and juvenile justice system. For the past two years, there has been an increase in court order psychiatric evaluations for youth involved in the juvenile justice system. We presently have a 12% increase from this time last year. With the current increase in juvenile involved crimes, this need will continue to grow. Despite having two psychiatrists, one doctor who is bilingual and has limited availability and the other has exhausted funds to continue evaluations for the remainder of the year. This limitation impacts the timeliness of reports before the next court date which can delay recommendations and conditions of court on community release and detainment. This is another critical gap regarding the availability of services for **children with SED and their families**.

Substance Use Disorder Services

There are critical gaps within the system of care for youth SUD services. This critical gap does impact **adolescents with a substance use disorder or a substance use disorder with a co-occurring mental health problem**. The District currently has two youth SUD providers providing outpatient services. The District of Columbia Youth Risk Behavior Survey (YRBS) 2019 data reported that on a national level 22% of youth used marijuana in the last 30 days. In the District, 29% of youth reported using marijuana in the last 30 days, which is higher than the national average.

Additional providers are needed to implement **comprehensive community-based services for**

youth with SUD. When youth meet criteria for a higher level of care, youth are sent to residential treatment facilities outside of the District of Columbia. To enhance the local level of care, youth residential and SUD Withdrawal Management for adolescents is needed. This is underscored by Children's Hospital and youth providers reiterating the District of Columbia does not possess robust treatment services for youth.

In the last six years, the District has seen a **32% decrease in the number of adults receiving residential substance use treatment services**. In 2017, the District had seven providers; in 2023 that number has decreased to four providers. This decrease in provider has caused a decrease in access to treatment to the highest level of community-based care for substance use.

Behavioral Health Workforce

As previously mentioned, DBH is addressing the same challenges facing our country today when it comes to **strengthening the behavioral health system and addressing workforce shortages**. DBH continues to have challenges in hiring and retaining nearly 300 licensed social workers.

The District of Columbia has made significant investments in increasing access to high quality behavioral health supports in public schools across the city. The expansion of those services has leveraged a complex and dynamic public-private partnership, requiring coordination across numerous government agencies and community-based organizations (CBOs).

The current workforce shortage has continued to result in a challenge in hiring and retaining school behavioral health providers. Over the past school year, there was a DBH or CBO provider in approximately 63 percent of our public schools. And, in this continued time of recovery and restoration in our schools, DBH continues to innovate and implement strategies to increase the consistency and retention of school behavioral health providers in schools, all in the service of the important work of building a relationship of trust with the students and their families.

In FY 22, DBH awarded Assertive Community Treatment (ACT) and CBI providers funding to **support work force stabilization and development initiatives** to retain and recruit staff required to provide in-person care to adults with SMI and children, youth and their families with SED.

The National Council for Mental Wellbeing recently reported that 83% of the nation's behavioral health workforce believe that without public policy changes, provider organizations won't be able to meet the demand for mental health or substance use treatment and care. [14] The Department of Health and Human Services, Health Resources and Services Administration released Behavioral Health Workforce Projections, 2020-2035[15] in which the primary function is to assess the adequacy of the nation's projected workforce supply to meet the demand. There are shortages in 6 out of the 12 behavioral health professions reported, which included adult, child and adolescent psychiatrists, addiction counselors and mental health counselors. These professions are critical to behavioral health.

Additionally, the utilization of **peer specialists** is needed to **support the behavioral health workforce**. Peer specialists are self-identified people who are successful in the recovery process

and who help others who are living with mental and/or substance use disorders. Through mutual respect and shared understanding based on similar experiences, peer specialists help people get into treatment and meet the challenges to sustain recovery.

The DBH Peer Specialist Certification Training Program builds on the experience of people in recovery with training in foundational competencies required by anyone who provides peer support in behavioral health services. DBH is currently exploring national certification for the training program, as well as including specialty professional (i.e., youth, forensic) and wellness tracks.

Integrated Technology Engine

In order to **maintain the necessary data to make informed data-driven decisions** supporting the District's vision of **population health and whole-person care**, DBH will need to support its certified providers to be able to pass the additional information through the BHSD. Certain system configuration costs are incurred with these updates as well as maintaining the ITE file and reporting structures.

Crisis Services

DBH recognizes the **importance of technology** as an essential component of a **reorganized crisis system**. A best practice crisis system receiving a great deal of national attention for their strong and critical role in call centers is Georgia's Behavioral Health Links. The software utilized "captures crisis call clinical information, quality management documentation, mobile crisis assessment data and to manage bidirectional, electronic referrals to outpatient services, mobile crisis teams, crisis stabilization units, and inpatient facilities, track the progress of referrals and availability of resources in real time, and provides interactive dashboards and complex reporting solutions designed to measure the efficiency and the effectiveness of the process."

This need is also emphasized in **SAMHSA's Crisis Now model**, which describes four core elements for transforming crisis services, the first being "High-Tech Crisis Call Centers." "These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis."

Substance Use Priority Populations

Pregnant women and women with dependent children

DBH currently provides **residential treatment services** for pregnant women and women with dependent children. However, this program is underutilized for a multitude of reasons that include but are not limited to their inability to bring older children to treatment, employment, having housing and the like. Nonetheless, the substance use treatment needs of this population remains a priority. DBH has identified the need to develop outpatient treatment services that can support this population and engage them in treatment with requiring them to leave stable housing, ensure the care for older children or risk unemployment.

Injection drug users

DBH continues to have a **hidden population of injection drug users**. In the District this population consists of African-American males over the age of 45 years old. DBH recognizes that there is an increase in this population as well that skews outside of the historical norm. This population is now including individuals over 30 years old. To address the needs of this population, DBH has utilized SOR funds to support syringe exchange programs. However, there is an identified gap between the syringe exchange service and the knowledge base of our treatment network. To strengthen the knowledge base of the network DBH will support trainings that will focus on the treatment needs of IDU population across age spans.

Tuberculosis services

DBH ensures that all consumer accessing substance use disorder treatment services via the ARC receive at minimum a **screening for tuberculosis** and if needed are **tested for tuberculosis**. However, until 2019 there was only one point of entry into the SUD treatment system, thus a limited number of consumers could be screened and tested. Now that DBH requires providers in our substance use network to complete assessment and referral services, tuberculosis screening and testing can be provided to more individuals seeking treatment. Even with more individuals seeking care being screened and tested, understanding about what to do once someone needs tuberculosis treatment is limited. To meet this need in the network and for our consumers, DBH will partner with DC Health is ensure that providers know what the protocols are once they identify a consumer that has been exposed to tuberculosis.

Early intervention services for HIV/AIDS

During COVID, the focus on testing for HIV shifted to testing our consumers for COVID. To that end, COVID testing became the main early intervention service. Now that the public health emergency has been lifted and access to COVID testing is more widely available, DBH has shifted its focus back to HIV early intervention services.

Many of the consumers that seek treatment **already know their status** as they have been living with HIV for many years. The **opioid epidemic** in the District puts those consumers at **higher risk of HIV infection** yet matching the efforts to combat both have not been congruent. Through partnership with SOR and DC Health, DBH will target its early intervention services for HIV/AIDS in those identified areas of greatest need. The DBH mobile unit provides HIV education, counseling, testing and linkage services in the community. Utilizing the mobile unit and the service need knowledge of SOR (opioids) and DC Health (HIV) more targeted early intervention services can be provided in the community.

Primary prevention services

In an effort to have a greater and more meaningful impact on its target populations, DBH has focused on the development and implementation of initiatives and activities aimed at **providing positive alternatives to engaging in substance use**. One initiative has been in working with the DC Department of Parks and Recreation to host a series of wellness events for the entire family at various recreation centers throughout DC. These wellness events have included exercise program

such as hip-hop aerobics and artistic expression activities such as paint and designing t-shirts with positive messages.

In addition, and in support of promoting positive activities, DBH has also launched the **new social marketing campaign**, "Pause, Play." Relying on data from focus groups which identified some of the stressors and challenges faced by District youth which, for a number, have led to substance use, the emphasis of this campaign has been to **promote "pausing" on risky behaviors** such as substance use and **pressing "play" on positive activities** such as bike riding or joining a sports team. Print, radio, and social media outlets will be used as vehicles for getting this campaign out to District residents. Lastly, DBH will host in person activities that also fall under the "Pause, Play" theme.

DBH recognizes the specialized needs of those consumers that have **co-occurring disorders** and are also **experiencing homelessness** and are involved in the **criminal justice system**. These individuals tend to be our most marginalized and underserved consumers. However, services targeted to not only engaging them but providing services has been at best been tied into DBH's bigger service array.

To address the needs of this population, DBH has developed the **Integrated Care Coordination (ICC**) team. The ICC is staffed by clinicians and support workers who provide one on one care management from engagement to enrollment and access to treatment services and ongoing follow up supports. They meet consumers where they are – in the community, at the probation office, at their home, in the shelter etc.

Collaboratively, the **DBH Assessment & Referral Center (ARC)** meets monthly with **Court Supervision and Offender Services (CSOSA)** program leads to discuss how offenders and those under supervision can access substance use treatment services in the easiest way possible. Many of these individuals are transitioning out of jail and or have treatment needs that have not been adequately addressed. Incarceration is often times a barrier to accessing treatment in the community. The ARC assesses the needs of the consumer with the understanding that substance use and mental health treatment may have been provided jail or prison but that transitioning to the community can serve as a trigger and be destabilizing. ARC leadership is also working with community providers to educate them on the needs of this population in an effort to decrease the barriers to care and enhance their knowledge of their needs.

To expand the reach of universal, selective, and indicated **prevention interventions** in community settings, DBH has been intentional with regard to not only engaging and partnering with groups and organizations housed strategically throughout the District's eight (8) wards, but also by inviting these groups to apply for funding opportunities released by the agency.

In addition to funding its four (4) **DC Prevention Centers (DCPCs)**, with supplemental block grant funding, DBH released a solicitation entitled "Community Approaches to Prevention" for smaller groups and organizations to adopt **evidence-based interventions and environmental strategies**

also aimed at promoting prevention, yet on a more direct scale (e.g., within specific neighborhoods, schools, etc.). DBH plans to make eight (8) awards, one for each ward of the District of Columbia.

State Plans to Address Unmet Service Needs and Critical Gaps

Mental Health Services

To address the **gap in mental health services for children with SED and their families**, this District plans to continue to support the needs of current CBI providers through funding trainings, consultations, human resources, and technical assistance to meet the evolving needs of the youth with SED population. There are currently 5 providers within the CBI network. The District continues to keep the application process open for new providers to apply for certification to increase capacity to serve youth.

As part of the Behavioral Health Transformation and integration with Managed Care, DBH and DHCF have embarked on a **rate study to determine the need for an increase in rates** for behavioral health services in the District. In addition, DBH and DHCF have discussed service gaps and identifying rates for services to enhance the behavioral health system. DBH continues to work with DHCF to care in needed behavioral health services for youth that address critical gaps.

Substance Use Disorder Services

In FY23/FY24, the District plans to fund trainings for current youth SUD providers to include the GAIN-I assessment, Motivational Enhancement Treatment Cognitive Behavioral Therapy (MET-CBT), and Adolescent Community Reinforcement Approach (ACRA) to enhance the continuum of services for adolescents with SUD.

As a part of system redesign efforts and transition to managed care, a **comprehensive rate study** was conducted by DHCF's contractor, PCG. MET-CBT and ACRA were included in the rate study. Rates were developed that adequately reflected training costs, staffing, required technology, inflation, turnover, and other factors contributing to the implementation of the models.

DBH will continue to work with DHCF and providers to ensure rates are reflected in regulations, policies, and procedures. In addition, DBH is currently putting out a solicitation for a 3.5 SUD residential facility to support youth who need more intensive inpatient SUD services.

DBH continues to accept **certification applications for potential residential providers**. COVID-19 was difficult for many providers so to address this, DBH worked with the Department of Health Care Finance (DHCF) to provide supplemental funds to providers during this time. To continue to support providers, DBH and DHCF are currently engaged in a rate study that will increase reimbursement for services and supports that complement residential treatment (e.g., recovery support services, therapy, clinical care coordination, medication management). The goal is to have these new rates effective October 1, 2023.

Behavioral Health Workforce

The FY24 budget maintains funding to **support our workforce development initiatives** as well as participate in the new workforce development fund proposed by the Mayor to support our recruitment. This includes implementing a telehealth pilot to increase the availability of licensed staff to support school based behavioral health services. DBH is also exploring strategies to better utilize the existing licensed staff by pairing them with trained mental health clinicians that can provide prevention services while they focus on the delivery of intervention and treatment services.

DBH reinstated Peer Specialist training in January 2023 and has held three classes and successfully certified 30 new peers. The program is working to provide more training, implement specialty professional and wellness tracts, and explore areas such as family support and training for peer supervisors. This will provide an increase in the number of peer specialists to supplement the workforce shortage.

We also anticipate hosting additional peer and recovery coach job fairs in the upcoming fiscal year. The initial job fair was a success allowing providers, peers and recovery coaches to network and provide on-the-spot job offers.

Integrated Technology Engine

DBH collaborated with the Department of Health Care Finance (DHCF) eHealth DC Technical Assistance (TA) Program to deliver customized and tailored TA to support DBH certified providers. The program provides incentive payments to providers satisfying defined milestones to supplement costs for implementation. Ongoing maintenance costs will need to be incurred by the Provider; however, DBH will need to facilitate training, produce behavioral health service guidance, provide resources and support for future system configuration changes for providers EHRs and DBH's ITE.

Crisis Services

DBH intends to allocate both local appropriations and block grant dollars to **enhance the integration of the call center** with our partners at the Office of Unified Communications (OUC) and the Metropolitan Police Department (MPD) and will also pursue additional technologies to move us toward the "Air Traffic Control" model described in the guidelines. Specifically, we will evaluate, procure, and implement technology tools that will allow call-takers to track mobile teams and Co-Response teams in the field in real time in order to optimize the deployment of the full range of resources.

State Epidemiology Workgroup

DBH closed out the Strategic Prevention Framework Partnership for Success (SPF-PFS) grant in January 2020, therefore DBH is not required to have a State Epidemiological Outcomes Workgroup. The primary prevention efforts have continued by utilizing the DC Office of the State Superintendent for Education (OSSE) Youth Risk Behavior Survey (YRBS) results. Additionally, the

four DC Prevention Centers funded by SUBG conduct Community Conversations, which is an evidence-based approach of sharing quantitative data in exchange for qualitative data.

DBH currently is working with a contractor for the completion of an epidemiological report to guide the continued development of the District's system of care for the behavioral health needs of children, youth, and their families. The report's insights will assist DBH in continued implementation of a comprehensive, proactive approach towards behavioral health - one that prioritizes prevention and early identification of needs alongside robust community-based treatment and support. Drawing from the report's findings, the Department will work towards enhancing the accessibility of services to address behavioral and social determinants of health needs, ensuring that services are readily available to all families regardless of their socio-economic circumstances. Simultaneously, DBH will continue its efforts to improve provider cultural and linguistic competency, thus ensuring that services effectively respond to the diverse needs of the community. Informed by the report, DBH will continue to support various treatment and support services. These services are a range of treatments, including specialized evidence-based practices for families recovering from trauma, emergency care, ongoing therapy, diagnostic assessment, medication management, and family support. Moreover, recognizing the importance of substance use disorder treatment, DBH will continue to certify community-based providers to provide this service. The epidemiological report serves as a crucial roadmap for DBH and its partners, informing our actions, helping us to improve existing services, and guiding the development of new ones. Its findings will assist DBH in continuing to build a system of care that is comprehensive, community-based, and responsive to the multiple and changing needs of the District's children, youth, and their families.