

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Behavioral Health



Director of the Department of Behavioral Health Tanya Royster Confirmation
Resolution of 2015, PR 21-360

Testimony of
Tanya A. Royster, MD
Acting Director

Before the

Committee on Health and Human Services
Council of the District of Columbia
Chair, The Honorable Yvette M. Alexander

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Room 412
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004



Good morning (Afternoon), Chair Alexander, Committee Members and Committee Staff,

I am Dr. Tanya A. Royster. I am honored to appear today as Mayor Bowser's nominee to lead the DC Department of Behavioral Health. I have served as the Acting Director of the Department since August 3 and I am more excited today than I was on the day I started.

I would first like to acknowledge my Mother, Mrs. Mozella Royster, and my sister, Laura Royster, who are here today. I am so grateful for my family. My parents instilled in me the values of humility, hard work and service to others. Though they readily admit they didn't always understand my dreams and my goals, they always encouraged and supported them. They wanted me to be the first person in my family to graduate college so they fueled my drive and determination to survive, first, the long, sleepless nights of college and then, medical school where my passion to lead/build systems that make life better for children, youth and their families took flight. Without them I wouldn't be sitting before you today anticipating this honor of confirmation so, thank you, Mom (and tell Dad I said so as well.) I am working to pass on the same values to my girls. I pray they will feel as loved and supported as I have been.

I came to the District from Chicago having served most recently as the Director of Behavioral Health at the Franciscan Physicians Network in Illinois. When I came to work on August 3—nearly three months ago—I found a workforce of dedicated men and women who work hard every day to live up to the promise and hope of the mission of the Department of Behavioral Health—to ensure a system that supports prevention, treatment and recovery for residents with mental health and/or substance use disorders.

This work changes lives every day. Whether it is the 58-year old man who after 37 years living at Saint Elizabeths now lives independently, has reunited with his family, works at the very same hospital he used to reside in and continues his treatment in the community. Or, the six year old boy who after he and his family worked with our Children's Clinic progressed from multiple suspensions to reaching his reading goals, surpassing most of the class. Or, the certified peer specialist who works in our Office of Consumer and Family Affairs. After decades of living on the streets near Martin Luther King Library, he now lives in his own apartment and helps patients leaving Saint Elizabeths transition back to the community. These success stories reflect the dedication and commitment to best practices that ended decades of federal oversight of the District's public mental health system.

The hard work of the DBH staff and previous leadership has created a solid foundation for me to build on. My vision is that every person has the opportunity to become a healthy, active, productive member of his/her community. He/She has access to the appropriate treatments and services.

Mental illness or addiction should not limit the potential of anyone to pursue their goals, dreams or aspirations. Nor should it be a predictor of other poor health outcomes such as poorly controlled physical illnesses or an early death. When left untreated, mental illness and addiction serve as barriers to obtaining an education, a good job, stable housing, and a happy, affirming



family life. We want to create the opportunity for every person with behavioral health needs to get the help they need to be productive and contribute to a strong District of Columbia.

My passion and my expertise lay in making systems work better and my goal, here in DC, is to build on the good work that has taken place and move the system to the next level. Let me briefly outline some areas of focus that I have already identified. I have substantial experience leading improvements in these areas and am eager to use those lessons learned and apply what works here in the District.

1. Fully integrate mental health and substance use disorder services

Mayor Bowser is committed to ensuring that residents suffering with mental illnesses and/or addictions get the high quality services they deserve. Treating a person holistically is best practice and yields better outcomes. Though the Department merged about two years, the functions are essentially co-located rather than fully integrated. While this is a great first step, there is still significant work to be accomplished before we can claim to be one of the country's first fully integrated systems. We will have to work with our community and federal partners to break through systems and practices that have been standing for decades but this is a task that can be accomplished.

2. Bolster a shared vision of a unified behavioral health system that consumers (adult and child) can understand and access

A healthy behavioral health system relies on the participation and cooperation of a wide variety of partners and stakeholders. Each brings important values and contributions. Families, consumers and communities suffer if there is not an aligned, unified vision of how we all contribute to and support persons who are living with and recovering from mental illnesses and addictions. When consumers, community providers, hospitals, government and other stakeholders align their work, the collective result is a more efficient, cost effective system that is able to deliver the right services in the right amount to the right people. The Department of Behavioral Health has a responsibility to lead the charge in designing a system that is easy to use and understand, accessible and sustainable. The district has the right building blocks to do better for our residents.

3. Build on prevention, early identification and intervention services for children and youth

As a child psychiatrist, I have treated children and seen the impact of delays in care on key developmental tasks of childhood. Between 14 and 20 percent of all children have some diagnosable emotional and/or behavioral disorders. Most mental illnesses begin to develop before the age of 14. Yet, only 20 percent of children with mental health issues are identified and receive services in a given year. We cannot let untreated mental illnesses or early experimentation with addictive substances keep our children from reaching their full potential. We need to prevent the onset of symptoms and risky behaviors, identify at risk children earlier and connect them to appropriate services as soon as possible. This will increase their chance of success later in life, so they too will stay on a pathway to the middle class.



The Department has begun some programs that are reaching some children in their natural environments. We are screening children in early childhood centers and in elementary schools from pre-K to 3rd grade. We are working with pediatricians to include a mental health screening during a child's wellness checks. And, the Child and Family Services Agency and DBH are working together to screen children who enter foster care. These programs touch hundreds of children and their families ever year. And our goal is to reach even more.

Under Deputy Mayor Brenda Donald, human services agencies are working together in new and meaningful ways—to integrate services, and to make sure our government is serving the needs of our youngest and most vulnerable residents.

4. Improve coordination with physical health care to improve health outcomes

Research has found that persons with serious mental illnesses are dying 25 years earlier than the general population because many have untreated co-occurring physical health conditions such as cardiovascular, pulmonary and infectious diseases. As Chief of the Clinical Services System with the Illinois Department of Human Services Division of Mental Health, I led the efforts to integrate physical and mental health so I know firsthand how difficult yet critically important this work is.

Forty eight per cent, nearly half, of the people we served in Fiscal Year 14 are between the ages of 40 and 64, and another 4 per cent are 65 or older. The good news is that our data shows that in 2013 more than 91 per cent of the people we served had at least one primary care visit. This presents an opportunity to coordinate care for the best outcomes.

Madam Chair, I want to recognize your leadership in passing legislation to make it easier to coordinate care between behavioral health and primary care providers.

In partnership with the Department of Health Care Finance, the Health Homes program will launch on January 1, 2016. We are enrolling consumers with chronic physical illnesses with providers certified to provide care coordination services. These mental health providers are hiring additional medical personnel to coordinate and manage an individual's medical as well as psychiatric conditions.

We provided grant funds to those providers to support the cost of staff during training to ensure their success. We anticipate that 4,800 consumers will be enrolled in this program. Specific health indicators will be monitored regularly with the goal of improving the individual's medical status over time. This should lessen inpatient hospitalization, emergency care or more costly treatment—allowing those funds to be reallocated to other critical needs.

One of our ongoing challenges has been building community options for consumers who are psychiatrically stable yet have medical needs that require special support, especially for patients leaving Saint Elizabeths Hospital. This is an area that has my full attention and I intend to have conversations with the Committee about this in the near future.



5. Support a strong, community based behavioral health provider network

I am impressed with the range of services and supports available in the District of Columbia. We are a national leader in the treatment of people with mental illnesses and substance use disorders using Evidenced Based and best practices. Our job is to ensure that services provided are individualized, of the highest quality, and in compliance with the standards in our regulations.

Through a rigorous certification process, we have certified 32 providers for mental health services and 27 to provide substance use services under contract with the Department—with 5 providers obtaining certification to provide both sets of services. These providers are located in 102 clinics throughout the District—10 in Ward 7 and 27 in Ward 8. We also certify nine substance use disorder residential treatment facilities in 10 locations, three transitional recovery homes, and, I am pleased to report that we recently opened two new residential programs just for women with young children under 10 years old. They will live together allowing Mom to concentrate on her recovery—free from worry about her children.

Let me take a moment to acknowledge the support and participation of substance use providers who have worked collaboratively with us over the past year to develop the new regulations governing substance use treatment services. Working together, we established sound rules that support person-centered treatment and clinical care coordination while strengthening the standard of care in areas that have emerged as leading indicators of good outcomes. We have a plan to continue to work with substance use disorder providers to transition to the new regulations. Also, we are excited that substance use disorder providers, for the first time, can bill Medicaid which brings additional resources to the system.

Madam Chair, you are familiar with our annual Provider Scorecard. We are working closely with providers who consistently struggle to meet our standards to help them be successful. We have a strong technical assistance program that supports providers in meeting the standard of care outlined in our regulations. At the same time, we intend to cultivate new providers who are excited about the opportunities to work in a high performing system that is available in all eight wards.

We also are paying close attention to our supported residence facilities—formerly called community residential facilities. DBH licenses 108 locations that are home to nearly 700 people. These homes are a critical component of our network of care as they provide a safe, living environment for people who are able to live in the community with treatment and support. For the first time, we are providing financial support to all facilities so operators can hire more skilled staff and improve the living environment. This will make a difference in the overall quality of life for people who live there. I will continue to build on the solid partnership we have with our providers and, working together, make the system even more responsible and accountable to the residents of the District.

6. Support strong recovery and peer support services

I want to affirm my belief that a strong peer, youth and family support and recovery program is a critical component of a thriving behavioral health system.



Peer, youth and family support, and self-help programs play a significant role in an individual's recovery. I will look for opportunities to grow our certified peer and family specialist program and develop additional leadership opportunities. Work is underway to launch the District's first certified youth peer specialist program in 2016.

This is my vision. My goal is to facilitate a high quality, accountable behavioral health system that meets the needs of our residents and underscores Mayor Bowser's vision for a healthy DC where citizens are able to be healthy, mentally and physically, and free from addiction.

Madam Chair, you and this Committee are key allies in this effort and I look forward to our partnership in this work. I appreciate your leadership and commitment to the health and wellbeing of our communities.

Thank you.

