

Government of the District of Columbia
Department of Behavioral Health



Testimony of Tanya A. Royster, MD
Director
Department of Behavioral Health
at the

FY 2015 & FY 2016 to Date Performance
Oversight Hearing

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

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Good Morning, Chair Alexander, Members of the Committee, and Council staff:

I am Dr. Tanya A. Royster, Director of the Department of Behavioral Health. I am here to report to you and the public on our performance during Fiscal Year 2015 and to date in Fiscal Year 2016. Thank you for your commitment and leadership as we proceed with the very important task of examining and evaluating DBH's priorities and performance.

You have received our responses to the Committee's questions in preparation for this hearing, and, as always, we appreciate the cooperative working relationship with Committee staff.

Today marks my six months and one day anniversary as Director of the Department and I want to thank you, Chair Alexander, for your support of my confirmation. I very much appreciated the opportunity to meet with you and other Committee members. I also want to thank our consumers, providers and partners for their participation and feedback today and since I joined DBH. 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 mentally and physically healthy and free from addiction.

Mayor Bowser has made it clear that the behavioral health of District residents must be a priority to ensure that all residents can work productively, care for themselves and their families, and make a positive contribution to the broader community.

Under the direction of Mayor Bowser and strategic guidance from Deputy Mayor Brenda Donald, the Department of Behavioral Health works to ensure that eligible District residents, regardless of age, have easy access to the right behavioral health services at the right time in the right amount. I am grateful for their guidance and support. I also extend my gratitude to the entire workforce at the Department of Behavioral Health. The Department's many accomplishments would not have been possible without the continued commitment of its staff.

The mission of DBH is to develop, manage and oversee a public behavioral health system for adults, children and youth and their families that is consumer driven, community based,

culturally competent and supports prevention, resiliency, recovery and the overall well-being of the District of Columbia.

In Fiscal Year 2015, more than 31,000 individuals received DBH funded behavioral health services. The majority were served by community based providers. These providers are certified by the Department and subject to regular program reviews and audits to ensure that quality services are delivered in the most appropriate way. The Department also operates outpatient services as well as Saint Elizabeths Hospital, the District's psychiatric civil and forensic inpatient facility.

Now, I'd like to highlight some of our recent accomplishments and our progress on several important strategic initiatives:

1. Strengthening the quality of care for substance use disorder services

We have worked collaboratively with substance use providers to develop new standards of care outlined in the regulations governing substance use treatment services. Together, we have worked to establish sound rules that support person-centered treatment and clinical care coordination while strengthening care in areas that have emerged as leading indicators of good outcomes. We are now transitioning providers to the new regulations and have already certified about half of the current providers. We also are excited that all substance use disorder services are now Medicaid reimbursable which brings additional resources to the system. We worked collaboratively with the Department of Health Care Finance (DHCF) on the corresponding State Plan Amendment, the regulations, and the reimbursement rates.

2. Integrating behavioral health care and primary health care for better outcomes

National statistics have shown that people with serious mental illnesses die on average 25 years too soon because many have preventable, untreated co-occurring physical health conditions. Even when primary care is accessed, it is often fragmented, without regular follow up and

coordination with other treating professionals. Integration with primary health care is critical to the health and wellness of consumers.

Again in partnership with DHCF, after months of preparation, the Department launched the Health Homes program in January 2016. A Health Home is a service delivery model that focuses on providing comprehensive care coordination centered on improving the management of chronic behavioral and physical health conditions. The goal of the Health Homes service delivery model is to improve the overall health of consumers and reduce avoidable health care costs, specifically preventable hospital admissions, readmissions, and emergency room visits.

We anticipate that once fully implemented 4,800 individuals with serious mental illnesses and chronic physical illnesses will enroll in the new program. We have certified 13 mental health providers who are trained in the care management requirements. These providers have worked collaboratively with us and have been required to expand their behavioral health teams to include physical health clinicians to improve coordination and management of both behavioral and physical health conditions.

Specific health indicators will be monitored regularly with the goal of improving the individual's medical status and health outcomes over time. Regular, timely medical care can reduce key contributors to high health care costs in the District such as hospitalizations, emergency room care or more costly treatment allowing those funds to be reallocated to other critical needs.

Now, I would like to update you about our work to expand the child and youth system of care.

3. Expanding the Child/Youth System of Care

We know that good mental health is essential to a child's development and ability to succeed in life now, and later, to do well in school or on the job, have good family relationships, and to function well in the community. Half of all lifetime mental illnesses begin by age 14.

National data tells us that just 20 percent of children with mental disorders are identified and receive mental health services in any given year. And, for each youth with a serious mental health problem, nine more struggle with depression and anxiety.

Last fiscal year, we made progress on several key initiatives:

- We saw a substantial growth in the number of children and youth enrolled in evidence-based practices from 823 to 1,385—a 68 % increase. An increase in capacity was a significant factor in achieving this growth. Four new substance use disorders providers and four new trauma treatment providers were added. We are excited by these numbers because we know evidence based practices are proven to make a difference.
- We invested in the expansion of services available to transition age youth, ages 18-24. In partnership with the Child and Family Services Agency, we opened Wayne Place, a transitional apartment house to help vulnerable young people gain skills necessary to live independently and transition to adulthood.
- We are looking forward to awarding contracts to providers to develop additional supports and services for transition age youth. DBH won a \$5 million, multi-year, federal grant from SAMHSA to provide supported employment, supported housing and individualized treatment. We spent much of FY 2015 building the infrastructure and capacity within the provider network particularly in wards 7 and 8 to provide these services. We expect to award contracts by the summer.
- The School Based Mental Health Program continues to grow. We expanded from 64 public and public charter schools to 68 and expect to add two more schools this academic year. The Deputy Mayor also has reinvigorated the work to develop a comprehensive plan to expand early childhood services and behavioral health services to meet the needs of all public and public charter school children. We have engaged the Deputy Mayor for Education, OSSE, DCPS, the Public Charter School Board and our sister agencies in the development of the plan.

- Under the leadership of the Deputy Mayor for Health and Human Services, agencies are collaborating in a number of areas to maximize resources and address overlapping and related needs including the use of a common functional assessment tool for youth across child-serving agencies and developing a shared database.
- In Fiscal Year 2015, we launched two major prevention campaigns aimed at young people and their families in all eight wards. You may have seen the ads on the Metro or heard them on the radio. The underage drinking prevention campaign called *There is a Reason* was designed to raise awareness about the prevalence and risk of underage drinking and give parents and caregivers the tools they need to prevent underage drinking.
- Along with the Department of Health, in December we launched *The Blunt Truth*, a campaign to educate the public about the serious health implications of marijuana use and reinforce that marijuana use and possession are illegal for persons under 21 years. Research shows that marijuana use can lead to increased anxiety, panic attacks, depression, and other mental health challenges. Alarmingly, young people ages 12 to 17 who smoke marijuana weekly are three times more likely than non-users to have thoughts about committing suicide.
- The DC Mental Health Access in Pediatrics (DC MAP) Program supported by the DC Collaborative for Mental Health in Pediatric Primary Care, continues to expand and work with pediatricians to conduct an annual mental health screening within a pediatric primary care practice. In Fiscal Year 2015, a total of 138 pediatricians and staff representing 15 practices enrolled in the second phase of training. Participating practices served children in all wards and serve approximately 80 percent of the children enrolled in Medicaid in the District. We also worked with the Department of Health Care Finance to develop a unique code for a mental health screening that will support the collection of data on the number of screenings completed and the number of positive screenings across the District. Participants who have completed the training report significant

improvements in their readiness to address mental health issues and a 72 percent increase in the number of mental health screenings they provide.

These actions point to clear, measurable indicators of a high quality, high functioning system of care for children, youth and their families.

4. Building a strong, community based behavioral health provider network

Through a rigorous certification process, the Department of Behavioral Health has certified 32 providers for mental health services and 27 to provide substance use services under contract with the Department—with five providers obtaining certification to provide both sets of services. These providers are located in 102 clinics throughout the District. We also certify nine substance use disorder residential treatment facilities in 10 locations and three transitional recovery homes.

Once certified, we monitor and evaluate providers to make sure that services provided are of the highest quality and in compliance with the standards in our regulations. The Office of Accountability conducts regular audits and issues an annual Provider Scorecard that rates providers on the quality of care and other indicators. We also conduct annual community service reviews to rate system performance and to get an indication of the performance of individual providers. We have a strong technical assistance program and work closely with providers who consistently struggle to meet our standards in order to help them be successful. After a consistent demonstration of a provider's inability to perform at this level, we will decertify a provider.

We are currently working with two providers in this category to transfer individuals in their care to other providers. There is existing capacity within the provider network to continue the treatment and support of all consumers without interruption. We are holding forums so consumers can speak face to face with providers and select the one that best meets their needs. No consumer will lose services due to the transition, and we will keep track of the first appointments with the new provider to help make sure the transition is going smoothly.

I will continue to build on the solid partnership we have with our providers. Working together, we will make the system more responsible and accountable.

I want to report that we are making progress on enhancing community based options for consumers with physical challenges. We will issue within the next month a competitive solicitation for a provider to open and operate an intensive supported residence facility that can address both the behavioral and physical health needs of this vulnerable population. This is particularly significant to support patients at Saint Elizabeths Hospital who are psychiatrically stable but have significant physical health needs.

I also want to report on a new program that strengthens our network of care and expands access to substance use disorder treatment for women 18 to 30 years old. We now have two residential homes just for women with young children under the age of 10. We know that women with small children are often reluctant to enter treatment because they are concerned about who will take care of their children. With this new program, they can continue to live with their children allowing Mom to work on her recovery while caring for her family.

I want to end my testimony by reaffirming my commitment to peer leadership. This is essential to a strong, thriving behavioral health system. I will look for opportunities to grow our certified peer and family specialist program and develop additional leadership opportunities.

- Last year, a special track for families in our peer specialist certification training program was added as we recognize that family members have much to add in supporting other families dealing with a child with serious emotional and/or behavioral problems and substance use disorders.
- Work is underway to launch the District's first certified youth peer specialist program this summer.
- We recently reopened a peer run community wellness center. The official opening was held last week. The wellness center, named Our Door, is operated under contract by Green Door Behavioral Health. Our Door is a place to learn new skills, develop peer

leadership as well as have fun and make new friends which is so critical to maintaining one's health and well-being.

Today, we have certified 107 peer specialists. We are very proud that 76 of them or 71 percent found jobs using the skills they honed in the program. This is a significant achievement. Although people with mental illnesses want to work, they face unemployment and poverty. Not only does the peer specialist program support their recovery, it also helps individuals attain greater economic security and supports Mayor Bowser's efforts to ensure they are on a pathway to the middle class.

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 mental health and substance use disorder services 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 behavioral health systems. We have and continue 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.

Madam Chair, you and the Committee are important allies in this work and I look forward to our continued partnership. I appreciate your leadership and commitment to the health and well-being of our communities.

This concludes my testimony and I, and my team, are happy to answer any questions.

Thank you.