

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Behavioral Health



Fiscal Year 2017 Budget Hearing

Testimony of
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Committee on Health and Human Services
Council of the District of Columbia

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John A. Wilson Building
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Good morning Chair Alexander, Members of the Committee and Committee staff:

I am Tanya A. Royster, Director of the Department of Behavioral Health.

I am pleased to testify before you today on Mayor Bowser's Fiscal Year 2017 Budget, designed to give every District resident "A Fair Shot". As Mayor Bowser recently testified before the Council, each agency plays a critical part in ensuring that District residents in all 8 Wards have the education, economic opportunity, public safety, neighborhoods, environment, and infrastructure they need to reach the middle class. Mayor Bowser's Fiscal Year 2017 Budget submission will ensure that our agency has the necessary staff and resources to help meet these ambitious goals.

This budget is the product of an unprecedented amount of outreach. The Mayor held three budget engagement forums that were attended by hundreds of residents who described how they would allocate an imaginary \$100 towards key issues facing the District.

The Mayor and her senior leadership team met with numerous community groups as part of the development of this budget. We at DBH also met with our provider partners, consumers, clients and advocates. We also held a special meeting with young people to hear their priorities. This work on the front end gave us a much better budget and we will continue that kind of outreach, transparency, and accountability—including these hearings led by the Council—to implement and fine tune the Fiscal Year 2017 budget.

As you know, the Department of Behavioral Health is responsible for the development and oversight of a public behavioral health system that supports prevention, treatment and recovery for residents with mental health and/or substance use disorders.

We work to ensure that eligible adults, children and youth and their families have easy access to a range of services based on their level of need—from emergency services to ongoing outpatient treatment and support. Last Fiscal Year, nearly 32,000 individuals received services and supports primarily from certified, community-based providers. The Department also operates Saint Elizabeths Hospital for those who require this level of inpatient care.

The Department's proposed FY 17 budget is \$273 million dollars which is a slight increase over the FY 16 budget. In a time of slowed growth, Mayor Bowser maintains her commitment to the health and well-being of District residents including mental health and addiction treatment, prevention and recovery support services.

The proposed budget allows the Department to:

- Support a robust prevention program that works with youth, families and community partners to prevent drug use with a focus on underage drinking and marijuana use
- Improve the integration of mental and physical health care

- Expand early identification and referrals
- Enhance clinical direction for treatment services
- Continue a range of housing supports that include rental subsidies, independent living and residential facilities
- Support a growing peer support and recovery program

I'd like to briefly review key changes in FY 2017 that result in savings through aligning our housing development budget with past spending, identifying efficiencies in contracts that do not affect services, and continuing to maximize Medicaid reimbursements.

The proposed FY 17 Budget includes savings in the following areas:

- \$3.5 million in new housing development based on past spending. Housing is a priority for Mayor Bowser and the District is a national leader in funding housing for people with behavioral health needs. The FY 17 budget includes \$26 million dollars to continue housing supports for about 2,700 individuals—nearly ten per cent of the people we serve. Supports include rental subsidies, residential facilities, as well as 260 short-term residential beds for individuals in recovery from substance use treatment. We are soliciting responses now to include for the first time a residential facility for individuals with physical health challenges that require a higher level of support. In partnership with the Department of Housing and Community Development, DBH funds units in new development or construction projects set aside for people with behavioral health needs. The number of units we are able to support is primarily market driven. As a result, \$2.3 million dollars currently remains at DHCD for new housing in FY 17. DBH proposes to budget an additional \$1.5 million which totals \$3.8 million available next year for new construction.
- \$1.7 million savings in mental health services based on projected efficiencies and additional Medicaid Reimbursements, and
- \$800 thousand in fixed costs savings and contractual services that do not affect service delivery.

The biggest changes in our FY 17 budget are reallocations of funds across activities to support two new divisions that I am confident will enhance treatment, enable efficiencies and lead to better outcomes. We also are creating a new public affairs division that will lead communications and public awareness about DBH services and programs.

Since my appointment last August, along with my senior team, I have been conducting a top to bottom review of our services and operations to identify areas of successes that we can duplicate and opportunities for improvements. The hard work of DBH staff and previous leadership—highlighted by the end of the 37-year old Dixon lawsuit and oversight by the Department of Justice—laid a solid foundation on which to build.

We are now creating a post-Dixon and post-DOJ vision to take the Department to the next level. The FY 17 budget starts the realignment of functions to support a truly integrated service delivery system that is measureable, accountable and accessible to people who need it.

Let me briefly describe the new divisions:

Establishment of the Clinical Care Division

We are reallocating \$20 million dollars and 126 FTEs to establish a new Clinical Services Division led by the Chief Clinical Officer. The new Division will allow the Chief Clinical Officer to provide direct guidance to outpatient services provided by DBH. These services are: psychiatric treatment and supports to children, youth and adults; the adult outpatient clinic that offers same day, urgent care and serves limited or non-English speaking communities and deaf or hard of hearing consumers, and operates a pharmacy for uninsured consumers, and the Comprehensive Psychiatric Emergency Program which provides emergency stabilization and treatment and includes the mobile crisis services and the homeless outreach teams. The new division also includes disaster behavioral health services which coordinates our response in emergencies to maintain continuity of care and organizes the Crisis Intervention Officer Training Program with MPD.

Establishment of the Office of Forensic Services

The FY 17 budget reallocates \$1.6 million and 14 FTEs to establish a new Office of Forensic Services which will provide oversight of our entire continuum of services for justice involved individuals and provide court ordered treatment services. This consolidation will allow us to monitor our programs and services from pre-arrest to post-incarceration in a more coordinated way, more quickly identify emerging issues, and make corrections in a timely manner. In her State of the District Address, Mayor Bowser talked about enhancing mental health services for our returning citizens. This realignment supports this goal.

Creation of a Communication and Community Affairs Agenda

I also am creating a communications and community affairs office to bring needed focus and coordination to our communications and public education initiatives. One in five adults experiences a mental health condition each year. We want to increase understanding and awareness about mental health and reduce lingering stigma which, unfortunately, still keeps far too many people away from treatment because they are embarrassed or fear ostracism. We want residents to know that help is available when they need it.

Let's shift our focus to our progress with several strategic initiatives funded in our FY 2017.

Implementation of the Health Homes Initiative

As you know, in partnership with the Department of Health Care Finance, the Department launched the Health Homes initiative in January 2016 to improve care coordination between mental health and primary health care providers. Research shows that individuals with serious mental illnesses die 25 years earlier than the general population and many have co-occurring

medical conditions such as cardiovascular, pulmonary and infectious diseases. As the population we serve ages, integration of mental health and primary care is critical. In FY 15, 40 percent (or about 9,400) of the people receiving support are between the ages of 45 and 64, and another 4 percent (or 900) are 65 years or older. We have certified 13 providers to offer the Health Homes benefit and about 900 consumers have enrolled since January. In FY 17, we will have the capacity to serve 4,800 consumers.

Our goal is to improve the quality of life and extend the life of the people with mental illnesses and complex medical needs. Mental illness should not be a predictor of early death.

The Health Homes program will have a positive impact on our local budget. Under the Affordable Care Act, for those who are Medicaid eligible, the federal government will reimburse 90 percent of the costs for services—a substantial benefit compared to the current 70 percent reimbursement. This higher reimbursement rate will allow us to realize savings built into our base budget last fiscal year.

Implementation of Medicaid billing for substance use disorder services

We are continuing to certify substance use providers under new regulations that allow Medicaid reimbursement. Medicaid reimbursement will have a significant impact on DBH's ability to increase services. Just look at the mental health rehabilitation services history. In FY 15, the District spent \$9.6 million in local dollars. Since 90 percent of consumers served are eligible for Medicaid reimbursement, our local dollars generated \$93 million in Medicaid reimbursement for a total of \$102.6 million dollars in mental health services.

Our preliminary data shows that 78 percent of the individuals enrolled in substance use disorder treatment are eligible for Medicaid. This represents a substantial amount of federal dollars that are available to us. We continue to provide technical assistance to providers to enable them to meet the requirements of the new regulations with a particular focus on enhancing our provider's ability to provide care coordination across their mental and physical health needs.

Expanding Early Identification and Referral

Led by Deputy Mayor for Health and Human Services Brenda Donald, the child serving agencies are building a comprehensive, coordinated system of care for children, youth and their families. Mayor Bowser in her State of the District Address charged Deputy Mayor Donald and the Deputy Mayor for Education to convene a working group to come up with recommendations to expand childcare and early childhood opportunities to give every child, and every family, a strong start here in Washington.

Treatment for mental illness is most effective when started early. Researchers have found that half of all lifetime cases of mental illness begin by age 14, yet it is often years or decades before people seek help—even though effective treatment is available. And, only about half of children with mental health problems receive treatment.

Through support from the Office of the State Superintendent for Education, the FY 17 budget includes \$550,000 to support the expansion of the Healthy Futures Program. We will be able to grow this program from 26 Child Development Centers to 71. Healthy Futures is an early childhood mental health consultation program that teaches center staff to recognize the signs of social and emotional issues and how to refer parents and caregivers to get young children the help that they need. We are very excited to begin this work this fiscal year. Studies show that Healthy Futures strengthens positive child interaction, reduces expulsions, and strengthens relationships with parents and caregivers.

Helping young children and their parents or caregivers manage social and emotional difficulties early in life may prevent more severe, harder to treat illness or co-occurring mental illnesses.

Another area of early detection and intervention is our work with pediatricians through the DC Mental Health Access in Pediatrics project (known as the DC-MAP) The FY 17 budget sustains funding for this important work. DC-MAP works with pediatricians to include a mental health screening in a child's annual well check. Screening is just a first step; a team of mental health professionals is on call to provide timely advice for referring or treating mild to moderate mental health challenges.

Chair Alexander, thank you again for your leadership in this area. We already are seeing a significant increase in the number of mental health screenings by participating pediatricians during a child's annual well check.

Integrate Peer Support and Recovery Programs

I want to end my testimony by recognizing the men and women who work as peer specialists and recovery coaches. I believe in the strong role peer support plays in advancing an individual's recovery. We have built a strong peer certification program and robust recovery services. We also support a Recovery Advisory Council that solicits community input and sponsors public awareness activities. The FY 17 budget supports two peer certification training programs, along with classes set aside for family partners and youth, and a peer supported drop-in center. Our goal is to strengthen both programs by integrating training and support activities.

Mental illness or addiction should not limit the potential of anyone to pursue their goals, dreams or aspirations. 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. Our mission is to support wellness and recovery through the delivery of high quality, culturally and linguistically appropriate integrated behavioral health services. 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. Recovery is the expectation.

Madam Chair, the resources allocated to the agency in the Mayor's proposed Fiscal Year 2017 budget will be critical in achieving our mission and helping to grow and preserve the middle class. The Council and this Committee, led by you, have been key partners in this effort and I appreciate your continued efforts to ensure we operate efficiently and effectively.

Thank you for the opportunity to testify today and I am ready with my team to answer questions.