DC Health Matters Collaborative

Bread for the City | Children's National | Community of Hope
Howard University Hospital | HSC Health Care System
Mary's Center | Sibley Memorial Hospital | Unity Health Care
DC Behavioral Health Association
DC Hospital Association | DC Primary Care Association

Testimony of the DC Health Matters Collaborative
before the Committee on Health

Performance Oversight Hearing: DC Department of Behavioral Health

Friday, February 12, 2021

Thank you for the opportunity to share testimony about the behavioral health system and programs that fall within the purview of the Department of Behavioral Health (DBH). My name is Amber Rieke and I am the Director of External Affairs for the DC Health Matters Collaborative.

In this testimony we ask DC Council to make bold investments and system improvements that will meet the tremendous needs before us. Specifically, we ask you to continue support for the School Behavioral Health Expansion program, and to pass the renewed legislation to establish an Interagency Council on Behavioral Health. Finally, the District must increase the number of licensed mental health professionals practicing in DC.

About the DC Health Matters Collaborative

Launched in 2012, the DC Health Matters Collaborative (formerly the DC Healthy Communities Collaborative) is a partnership of hospitals and community health centers that combine efforts and resources to assess and address community needs in the District of Columbia. We work together to achieve our vision: one healthy and thriving capital city that holds the same promise for all residents regardless of where they live.

Collaborative membership includes four non-profit hospitals (Children's National Hospital, The HSC Health Care System, Howard University Hospital, and Sibley Memorial Hospital); four federally qualified health centers (FQHCs) (Bread for the City, Community of Hope, Mary's Center, and Unity Health Care); and three associations (DC Behavioral Health Association, DC Hospital Association and DC Primary Care Association).

One of the main projects of the Collaborative is a Community Health Needs Assessment (CHNA) completed every three years. The findings of our 2016 and 2019 2019 Community Health Needs Assessment, our work is organized around four key priority needs:

1. Mental Health
2. Care Coordination
3. Health Literacy
4. Place-Based Care

There are significant impediments to care related to mental health, emotional wellness, and substance use in DC – issues for both patients and health providers – from stigma to waitlists for treatment. These issues are only exacerbated in a global pandemic and economic crisis while the mental health of communities and individuals has worsened, disproportionately impacting people of color and low-income residents. It has underscored the importance of mental health providers and the critical role of the Department of Behavioral Health.

The community have long needed the pieces of the health system to work better together. This remains true today and will be true after the pandemic ends. We can do this by:

- Promoting mental health integration in primary care settings and community settings, such as schools.
- Improving relationships between and within the health system and local government agencies.

Investments in the School Behavioral Health Expansion program improve access to care.

There are many opportunities to "simplify the path to wellness" in the current mental health system; the School Behavioral Health Expansion program is a stand-out. One pediatrician who participated in our assessment called it "a critical component of care for kids in the city." Embedding professionals in schools is still one of the best ways for students to receive services. It facilitates early identification of mental health issues, lowers barriers to seeking care, and helps normalize mental health as part of overall health. The government should be proud of this program.

The health and economic challenges of the pandemic and virtual learning have led to major mental health crises among students and their families. Fortunately, because of the work and investments of this Committee and the executive, students have been connecting with their school-based mental health clinicians, virtually and over the phone, for trauma interventions, cognitive behavioral therapy, and social skill development. Clinicians have also continued to

work with school administrators and support teachers. There is much room to grow and more work to do.

DC Health Matters Collaborative is a member of the Strengthening Families through Behavioral Health Coalition – a coalition committed to ensuring that DC children, youth, and families have access to a fully integrated behavioral health care system. We sent a letter to the Mayor last year stating that now more than ever, DC residents need access to consistent and affordable behavioral health care that enables them to cope not only with ongoing behavioral health issues, and elevated stress and trauma associated with the COVID-19 pandemic. The DC government has many tough budget choices ahead, but we believe it can and must meet this moment.

Community-based organizations are an essential investment for improving health in DC.

The community-based organizations (CBOs) that staff schools are uniquely positioned to connect effectively with students, even in a virtual environment. CBOs serve DC residents with behavioral health services alongside primary care or other essential benefits, including for those who have Medicaid, are uninsured, or may be undocumented immigrants. They are a great investment in this case and many others. We are concerned that their position and capacity will be diminished if they are not fully funded in the next budget.

Spending on CBO services was cut by nearly $9 million in the FY21 budget. People are receiving less of what they need as a result, negatively impacting the mental and behavioral health of DC's most vulnerable residents. Last summer during budget hearings, our Collaborative published a multi-media and data-filled StoryMap to make the case to fully fund CBOs. One of the quotes from that project by a local social worker summarizes the point: “Whether you have health insurance or not, have a job or not, and regardless of your situation, behavioral health services offers a lifeline to support for an individual, but ultimately is a support for the entire community.”

The District of Columbia needs a budget that reflects the importance of the relationships between community-based service providers and those they serve, and one that attempts to bridge the current health inequities the District is facing.

The Collaborative supports the formation of an Interagency Council on Behavioral Health.

We would like to take the opportunity to voice support for the newly revived Interagency Council on Behavioral Health Establishment Amendment Act. B24-0065 is modeled on the successful operating structure of the District’s Interagency Council on Homelessness (ICH). We

have testified about our enthusiasm for this model since 2019. We believe that behavioral health – as a system and as a concept – continues to be siloed, fragmented, stigmatized, and underinvested. Patients are not well served by the status quo.

There has been some discussion in the past that an Interagency Council would impugn or hinder the new leadership of DBH. In fact, be see it as a recognition that the responsibility and challenges of the behavioral health ecosystem stretch far beyond one agency. We believe the proposal would increase the ability of Director Bazron and the great staff of the agency to meet their highest goals for the system.

DBH is not the only entity that provides behavioral health care in the District, nor do all entities that provide behavioral health care in the District fall under DBH. Private practitioners and federally qualified health centers are examples of essential providers in the behavioral health landscape which are outside of DBH's oversight. They could all be brought in under one Interagency Council to build trust and relationships with the community, productively address long-entrenched issues, improve referrals and services, and correct gaps in access or funding.

Many sectors have a stake in the mental wellbeing of DC residents and workers. One example of this reality is the crisis response system. When someone calls for help because a family member is threatening self-harm, a neighbor is disoriented, or a friend appears to have overdosed on substances, a common response is to call 911. The dispatcher triages to respond with an ambulance or an officer. If the situation calls for it, the individual may be transported to a hospital for psychiatric evaluation or stabilization. Then, ideally, that individual would then be connected to ongoing support or treatment in the community. Here we see how many parties are involved: the Office of Unified Communications, the Metropolitan Police Department, Fire and Emergency Medical Services, hospitals and health providers, as well as DBH. And at the center of this experience is a person, part of a family and neighborhood, for whom this may be a deeply significant, critical, even traumatic time. As we have seen many times – and typified in the story of Daniel Prude in Rochester – this scenario does not always end well, sometimes horrifically.

After conversations with Collaborative members, including emergency department psychiatrists, we have been researching the District's crisis response system and how it serves people with mental health conditions, and began to compare it against other jurisdictions. The District has a variety of direct and supportive programs – both in government and in the community – but programmatic and systemic gaps remain. We are producing a paper this spring charting out the issues, opportunities for improvement, promising models to respond to crises with care rather than force, and recommendations for next steps for DC.

While we are still in the research process, I can promise that one of these recommendations is to pass the legislation to form this Interagency Council on Behavioral Health this year to engage all

stakeholders in quality improvement of this system and others, and continue to advance health equity and long-term wellbeing for all in DC.

The District must increase the number of licensed mental health professionals in the workforce.

One of our policy priorities is to advocate for strategies for recruiting, retaining, and training mental health providers who understand the challenges facing residents and can provide care in ways that are culturally and linguistically responsive. Further, we need enough mental health providers trained in trauma-informed care and strategies for treating trauma.

One of the remedies the Council has already considered is the Interstate Medical Licensure Compact and a similar compact for psychologists. We applaud this critical step. Another related issue to explore is whether the slow speed of the review and approval process for professional licensing board applications may be keeping qualified people from entering the system and getting them working. We also believe that the Department of Employment Services (DOES) could be included in the conversations to review and address the District's current and future provider supply-and-demand imbalance.

Mental health matters in DC.

Given the critical need for behavioral health services for our most vulnerable populations, exacerbated by a global pandemic and local economic crisis, it is important that we continue to invest in the professionals that are embedded in trusted, accessible settings. These services are foundations upon which we can build the mental and emotional health of children and families in DC. Therefore, we hope that this will be the year that services and systems become more integrated, accessible, and equitable in the District. We are enthusiastic about the prospects.

Thank you for the opportunity to testify today on behalf of the DC Health Matters Collaborative. I am happy to answer any questions and continue the conversation. Amber Rieke can be reached at arieke@dchealthmatters.org.