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Testimony Before the District of Columbia Council
Committee on Health
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Department of Behavioral Health

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Introduction

Good morning Chairman Gray and members of the Committee. My name is Tami Weerasingha-Cote. I am a Policy Attorney at Children's Law Center[1] and a resident of the District. I am testifying this evening on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

I appreciate this opportunity to testify regarding the performance of the Department of Behavioral Health (DBH) over this past year. Approximately 100,000 children and youth under 21 years of age are enrolled in the District's Medicaid program.[2] DBH notes that as many as 20% of children and adolescents may have a mental health disorder that can be identified and require treatment.[3] This means that more than 20,000 children covered by Medicaid in DC likely have a mental health disorder that can be identified and requires treatment, but year after year, the data shows that far fewer publicly insured children in DC receive mental health services.[4]

Although there are many challenges to connecting children with the mental health services they need, the potential consequences for the children who don't receive these supports and resources are grave. Many of the children we work with – children in the foster care system or receiving special education services – only need our help because their mental health needs have gone unaddressed. Even our well-trained lawyers have difficulty connecting children to appropriate mental health services and cite the lack of timely, quality and appropriate mental health services as one of the greatest barriers to success for our children.

Dr. Barbara Bazron returned to DC government within the last year to provide new leadership to DBH. Although she is only about ten months into her tenure, we have been pleased with the direction she has moved the department in. In particular, we commend her leadership of

the Coordinating Council on School Behavioral Health, which has brought together individuals from District of Columbia Public Schools, the Office of the State Superintendent of Education, charter schools, the DC Council, the Mayor's office, community-based organizations, the provider community, and the parent community to implement the expansion of the school based mental health program in an effective manner. Dr. Bazron has also made efforts to engage with stakeholders in the community as means of informing the work of DBH.

We hope to see Dr. Bazron continue to engage with a variety of stakeholders in the community and take further steps towards establishing an integrated children's behavioral health system supported across all government agencies. While there are positive outcomes to highlight from the last year – the expansion of the school based mental health program, the continued growth and success of the DC Metal Health Access in Pediatrics (DC MAP) program, and the positive results of the High Fidelity Wraparound program to name a few – there are still significant gaps in DC's behavioral health system that leave families, teachers, social workers, probation officers, lawyers, and judges scrambling to meet the mental health needs of children in the District.[5]

District of Columbia Mental Health Access in Pediatrics (DC MAP)

DC MAP is a program designed to improve mental health integration within pediatric primary care by providing pediatricians treating children with mental health needs access to training and consultations with mental health clinicians.[6] Funded by DBH since 2015, DC MAP was launched following the passage of the *Behavioral Health System of Care Act of 2014* in the DC Council, which outlines the establishment and parameters of the District's mental health access program.[7] In addition to providing pediatricians with mental health-related inquiries about specific children real-time phone access to psychiatrists, psychologists, social workers and care coordinators, DC MAP also provides education and technical assistance to pediatricians regarding identifying and addressing mental health issues in the primary care setting – improving pediatricians' abilities to assess patients

and treat patients with anxiety and mood disorders. The program also facilitates referrals and coordination for patients who need community-based specialty services. The program is well-poised to continue supporting a priority area of integrated mental health for DBH.[8]

We view DC MAP as a cost-effective and innovative program that helps to address the mental health needs of the District's youth early with a population-based, prevention framework. Since its inception, DC MAP has received almost 3,000 consultation requests regarding 2,486 unique patients. In just the past 15 months (FY2019 and the first quarter of FY2020), pediatricians have consulted DC MAP regarding over 1,000 unique patients. Over 75% of DC MAP's consultation requests are for children covered by DC Medicaid – demonstrating that the program provides invaluable support to DC's most vulnerable children and their families.[9]

With the dramatic growth in the program's utilization over the past 5 years, we commend DBH for its ongoing support to DC MAP. We encourage continued support of DC MAP, consistent with the DC Behavioral Health System of Care Act, to ensure that this critical program continues with a strong presence in the District and reaches more children every year.

High Fidelity Wraparound Services

DBH's High Fidelity Wraparound Project seeks to provide individualized care coordination and planning services for youth at risk for or returning from out-of-home residential treatment center placement, multiple placements, or psychiatric hospitalizations.[10] After a seven-month disruption of services in FY2017, DBH selected a new provider of this services, MBI Health Services, LLC, which began accepting referrals in the fall of 2017.

This program appears to be successful in improving outcomes for youth with significant emotional or behavioral difficulties. In FY2019, DBH reports that of the children and youth engaged in the High Fidelity Wraparound Program, 97 percent were diverted from psychiatric residential treatment facilities, 97 percent did not receive new juvenile charges, 91 percent

maintained school placement, 79 percent improved school attendance, 76 percent decreased detentions and suspensions in school, and 82 percent showed academic achievement.[11] These positive outcomes demonstrate this program is effectively engaging with families and connecting them with the supports they need in the community to keep these children safely at home.

We have concerns, however, that this program is not being fully utilized. The capacity of this program is for 94 youth, but according to DBH the number of youth served by this program has never exceeded 63.[12] We know there are children and families in the city whose lives could be changed by this program and these services, and we urge DBH to do more to reach out to these families and connect them to this program.

Timeliness of Services Remain an Issue

Mental health treatment must be timely in order to be effective. We regularly work with children who have waited months to receive services. According to DBH, children and families seeking mental health services through DBH must first be referred or connected to a specific CSA and then enrolled with that CSA. Once a child is enrolled with a CSA, then the CSA determines the appropriate care based on a Diagnostic Assessment, which is an intensive clinical and functional evaluation of the patient's mental health condition.[13] Although Mental Health Rehabilitation Services (MHRS) regulations governing certification standards for Core Service Agencies (CSAs) require that CSAs provide consumers with an intake appointment within seven (7) business days of the initial referral,[14] DBH reports that for children in FY2019 the average number of days between enrollment and the receipt of a diagnostic assessment as the first service was 22 days.[15] Although this is an improvement from FY2018, when the average number of days between enrollment and the receipt of a diagnostic assessment as the first service for children was 33 days, it is still far from meeting the seven day requirement laid out in the MHRS regulations and falls short of the timeliness needed to serve children effectively.[16]

The initial delay in receiving the diagnostic assessment is compounded by subsequent delays in delivering the services identified as necessary by the diagnostic assessment. DBH's answers to this year's oversight questions did not provide data in response to questions regarding how much time elapses between diagnostic assessment and the implementation of the services identified in the treatment plan or break down timeliness data by MHRS service type.[17] The data that was provided confirms the experiences of our colleagues and fellow advocates who struggle to obtain clinical mental health services for children who need them. For example, DBH reports that appointments for medication somatic service with a psychiatrist as the first service after enrollment occurred within an average of 76 days in FY2019, a slight improvement from the average of 84 days in FY 2018.[18] DBH also reported that for children involved in the foster care system, the average number of days between identifying children as needing mental health services and providing them with those services was an astounding 50 days.[19] Again, this is an improvement from FY2018, when the average time to receiving the first service was 90 days – but still falls drastically short of what these particularly vulnerable and traumatized children need.[20] DBH has significant work to do to decrease the long wait times children and families are experiencing when they seek behavioral health services. We urge DBH to prioritize this work and close the gap between when families search for help and when they receive it.

Conclusion

In closing, we also want to note that the coming year provides two key opportunities for DBH to improve access to and the quality of behavioral health services for children in the District. First, the Department of Health Care Finance (DHCF) announced this past fall that DC's Medicaid program will be eliminating its Fee-For-Service program and transitioning to a full managed care program – a shift that will affect many children, including the entire current and former foster care population.[21] In addition, DHCF has stated it is considering a more comprehensive 1115 Behavioral

Health Transformation waiver which could address some of the challenges in the children's mental health system. As DBH collaborates with DHCF on these initiatives we ask that DBH keep the needs of children in focus and ensure changes are made to improve children's timely access to quality mental health services.

Thank you for the opportunity to testify. I look forward to answering any questions you may have.

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[1] Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With nearly 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

[2] DHCF FY2018 Performance Oversight Responses, Q31, *retrieved from*: https://dccouncil.us/wp-content/uploads/2019/04/dhcf.pdf.

[3] Department of Behavioral Health, *Children, Youth, and Family Services* website: "It is estimated that as many as one in five children and adolescents may have a mental health disorder that can be identified and require treatment." *Retrieved from*: https://dbh.dc.gov/service/children-youth-and-family-services.

[4] DHCF FY2018 Performance Oversight Responses, Q31 (Of the 101,707 children enrolled in Medicaid, 12,968 children – approximately 13% - received behavioral health services), *retrieved from*: https://dccouncil.us/wp-content/uploads/2019/04/dhcf.pdf; DHCF FY2017 Performance Oversight Responses, Q40 (Of the 98,929 children enrolled in Medicaid, 11,964 children – approximately 12% - received behavioral health services); DHCF FY2016 Performance Oversight Responses, Q39 (Of the 101,359 children enrolled in Medicaid, 16,219 children – approximately 16% - received behavioral health services), *retrieved from*: https://dccouncil.us/wp-content/uploads/2018/budget_responses/Binder1_Part7.pdf.

[5] For additional details on the fragmentation and complexity of DC's behavioral health system for children, youth, and their families, please see the report we published in June 2019, along with Children's National Health System and the District of Columbia Behavioral Health Association: Behavioral Health in the District of Columbia for Children, Youth & Families: Understanding the Current System. *Retrieved from*: https://www.childrenslawcenter.org/sites/default/files/Children%27s%20Behavioral%20Health%20in%20DC%20Current%20System%20FINAL%20DRAFT%20max%20edit%202.14.19_1.pdf.

[6] DC MAP: Mental Health Access in Pediatrics Homepage, *retrieved from*: https://dcmap.org/.

[7] Behavioral Health System of Care Amendment Act of 2014, D.C. Law 20-224 (effective December 24, 2013: D.C. Act 20-157; 60 DCR 12472).

[8] DBH FY2019 Performance Oversight Responses, Q64.

[9] DBH FY2019 Performance Oversight Responses, Q64.

[10] https://dbh.dc.gov/service/children-youth-and-family-services

[11] DBH FY2019 Performance Oversight Responses, Q55.

[12] DBH FY2019 Performance Oversight Responses, Q55.

[13] DBH FY2019 Performance Oversight Responses, Q18; https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/MHRSServices.pdf.

[14] §22-A D.C.M.R. § 3411.5(f).

[15] DBH FY2019 Performance Oversight Responses, Q19.

[16] DBH FY2019 Performance Oversight Responses, Q19.

[17] DBH's reports its Integrated Care Application Management System (iCAMS) allows "system-level, agency-level, and individual data to be more easily collected, reported and analyzed," and therefore DBH has the ability to provide detailed information. DBH FY2019 Performance Oversight Responses, Q19. However, the agency did not provide data in response to questions regarding how much time elapses between diagnostic assessment and the implementation of the

services identified in the treatment plan or break down timeliness data by MHRS service type. We strongly encourage DBH to provide this data in a supplemental response so that the Council has full information for oversight purposes.
[18] DBH FY2019 Performance Oversight Responses, Q44.
[19] DBH FY2019 Performance Oversight Responses, Q21.
[20] DBH FY2019 Performance Oversight Responses, Q21.
[21] Department of Health Care Finance, DHCF Announces Medicaid Program Reforms and Intent to Re-Procure Managed Care Contracts, (Sept. 11, 2019). *Retrieved from*: https://dhcf.dc.gov/release/dhcf-announces-medicaid-program-reforms-and-intent-re-procure-managed-care-contracts.