



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**

**FY21 Budget: DC Department of Behavioral Health
and DC Department of Health Care Finance**

Wednesday, June 10, 2020

Thank you for the opportunity to share budget recommendations for the Committee on Health's cluster of agencies related to the Fiscal Year 2021 budget. My name is Amber Rieke and I am the Director of External Affairs for the DC Health Matters Collaborative.

Today we wish to discuss the DC Department of Behavioral Health (DBH) and DC Department of Health Care Finance (DHCF). In this testimony we will share:

1. Our concerns about reductions in the budget and spending for community-based behavioral health services,
2. Our desire to see a continued expansion of school-based mental health services, and
3. Our recommendation to permanently extend the DC Alliance programs recertification period from six months to one year.

We would have loved to bring a team of people to the Wilson Building to speak of the importance of investments in mental health services: primary care providers, peer support specialists, child psychologists, recipients of counseling and treatment that transformed their lives, and the people who still cannot access the services they need. In an effort to adapt these stories for our virtual moment, we've created a multi-media, interactive StoryMap at DCHealthMatters.org/MentalHealth.

We invite you to learn why "Mental Health Matters in DC" and why community-based services must be preserved in the District budget. For example, a Ward 3 resident who says: "Behavioral health services are life-giving and life-saving. When family, friends and neighbors have easy and equitable access to traditional and non-traditional services that are high-quality, support our emotional well-being, address brain illness when indicated, and are valued as essential healthcare, my community thrives and families flourish."

About DC Health Matters Collaborative

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

Collaborative membership now includes four non-profit DC hospitals (Children's National Hospital, The HSC Health Care System, Howard University Hospital, and Sibley Memorial Hospital); four community health centers (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). We have relationships with many organizations and government agencies, including those on our Community Advisory Board.

One of the main products of the Collaborative is a Community Health Needs Assessment (CHNA) completed every three years. Based on our [2016 needs assessment findings](#), the Collaborative is organized around four key priority needs: Mental Health, Care Coordination, Health Literacy, and Place-Based Care.

Our [2019 Community Health Needs Assessment](#) was released in July and digs even deeper into these four priority areas, consisting of 28 recommendations for policy and system change. The companion document - the [Community Health Improvement Plan \(CHIP\)](#) - outlines what and how we will work together to tackle the needs, challenges and opportunities detailed in our needs assessment; it was released in November 2019.

1. The Department of Behavioral Health budget should support community-based providers offering accessible services, coordinated care, and trusting relationships.

For our [2019 Community Health Needs Assessment](#), stakeholders noted the following challenges related to mental health: mental health stigma, disconnection of mental health from primary care encounters, difficulty maintaining engagement between providers and patients through follow-up visits, and substance abuse. The findings of our needs assessment guide our recommendations today. Here are some of the relevant requests from health providers, community groups and residents:

- Strengthen trust and genuine relationships as a foundation to improve health;
- Recruit and retain qualified health care providers who can provide care in ways that are culturally and linguistically responsive;

- Ensure mental health providers are trained in trauma-informed care and strategies for treating trauma;
- Make it easier for residents to engage with the health system by removing complexity and redundancy within health and social service organizations;
- Improve relationships between and within the health system and local government agencies;
- Incentivize fully licensed providers to provide services in high-need areas and offer competitive salaries that help offset the high cost of living in the DC area;
- Continue to revise reimbursement rate policies to encourage clinicians to provide services in the District;
- Deploy more professionals into community-based settings to improve access, outcomes, and equitable distribution of services in DC;
- Promote mental health integration in primary care settings and community settings, such as schools.

We do not believe that these needs – and the current demand for services – can be met with the current FY21 budget allocations. Specifically, we are concerned about the impact of an overall \$21 million reduction in spending in Behavioral Health Rehabilitation proposed in the DBH budget. Proposed cuts could result in the loss of an estimated 200,000 hours of service otherwise provided to the community by 140 full-time equivalent personnel.

The line for the District’s share of behavioral health services covered by the Medicaid program is reduced for FY21 by \$5 million, or 17%. The effect of cutting local allocation by \$5 million is to reduce total spending on these services in DC by \$16.5 million, which is what would have been invested after the federal match. Additionally, a 33% reduction is proposed for behavioral health services not covered by Medicaid, removing another \$4.4 million from the community.

The volume of service that would be lost is profound. It is difficult to understand how proposed steps of greater care coordination and reduction of readmission could begin to achieve such savings without Community-Based Organization (CBO) and providers feeling restricted and patients feeling locked out.

Within the District, community-based providers perform the lion’s share of health and mental health services for low-income residents. CBO providers are often staffed with community members and persons with lived experience, with the ability to both speak to and be heard by District residents. Residents trust the services they receive from community-based providers because those providers are located in their communities, speak their languages, and represent their interests. Many CBOs offer other services and case management that ameliorate the barriers many face when seeking mental health services including childcare, legal support, economic disadvantage, stigma, or primary health care.

When services are built on trusting relationships, they can be transformative for an individual. When services are accessible and coordinated, they can be transformative for the entire community. The budget should reflect the importance of community-based service providers and the needs of residents. These dramatic cuts do not.

2. Investments in the School-Based Mental Health Expansion program can improve access to care amidst current crises and a mental health provider shortage

Children's behavioral health services are more important now than ever, especially during the early years. Chronic stress linked to factors such as adverse childhood experiences and racial inequities can have lasting negative effects on development well into adulthood.

We appreciate efforts in recent years by the Mayor and this Committee to evolve toward the integration of mental health services into primary care and school settings, such as through the School-Based Mental Health Expansion program. School-based services are a critical component of care for kids in the city. Firstly, it is convenient and efficient to co-locate such services using CBOs. It is also essential to a child's success and well-being. It facilitates early identification of mental health issues, lowers barriers to seeking care, reduces stigma, and helps normalize mental health as part of overall health.

The Collaborative has testified to this Committee before about the importance and promise of this program. We were grateful for increased funding allocated in the last fiscal year. We have also heard that the roll-out of the first and second cohorts of clinicians was going well, with CBO providers now in 119 schools in addition to the 50 served by DBH's own clinicians. The District has even gained national attention for its investments in school-based services.

We note that the funding for the program is flat for CBOs in FY21, with \$12 million allocated. We do not believe this supports the goal of continued expansion to reach more students. We wonder why efforts to reduce redundancies would be taken pre-emptively rather than waiting for the third-party evaluation by Child Trends to guide changes and quality improvements. We are concerned that in an effort to achieve budget efficiencies, the momentum will be stalled in a time when it is most critical.

Expanding the reach of school-based support into 60 more schools would cost an additional \$4 million. While we understand the current budget environment requires difficult cuts. However, the same circumstances that create the budget environment – namely the COVID-19 pandemic – are putting unprecedented stress on District families. Economic cuts should not further disadvantage our children and families, nor stall the District's efforts to offer important critical mental health services in trusted, accessible spaces. As stated above, these reductions in the DBH budget will limit the reach of community providers.

3. Funding the extension of DC Alliance program’s recertification period to one year would reduce unnecessary churn and fulfill the goal of the program

An enduring concern among immigrant families, as well as the healthcare community, is immigrant access to health and prevention services, such as annual check-ups, immunizations, and chronic care. The DC Alliance program is a unique and important benefit funded by local dollars offered to residents not eligible for Medicaid, primarily recent or undocumented immigrants. However, participation in the Alliance program has remained relatively flat in recent years while the immigrant population has grown. Administrative and logistic barriers may make it difficult for the immigrant community to use health and well-being services.

As has been discussed before this Committee before, the administrative burden of face-to-face interviews every six months to maintain coverage in the program contributes to church and disconnection with care, in addition to the stress on individuals of lining up and waiting all day for the audience with a District employee. In contrast, DC residents with Medicaid coverage only need to renew every 12 months and can do so online if they choose. This type of barrier is particularly painful for immigrant residents, who are additionally grappling with hostile federal policies that make accessing public benefits a fearful, intimidating process.

We were heartened by recent legislation passed by the DC Council to ease barriers, including allowing beneficiaries to re-apply just once a year, over the phone, or at community health centers where people often feel more comfortable. The DC Fiscal Policy Institute (DCFPI) has estimated that these changes could increase the number of people covered by 1,600-6,000 enrollees. While both bills were passed unanimously into law in 2017, they have still not been fully accounted for in the budgets through this budget for FY20201.

The DC Department of Health Care Finance has shown that in 2019, a full third of Alliance beneficiaries – 7,345 of the 21,143 total – were terminated from benefits. Health professionals have testified before this committee about the devastating impact of losing coverage for these patients, which can spiral out of control from something as simple as not being able to re-fill prescriptions for Diabetes and high blood pressure medications on time.

Providers who participate in the DC Alliance Coalition have also testified to this committee how funding the one-year recertification reform will “improve the health outcomes of Alliance participants and slow down the rapid increase in costs per Alliance participant. It will increase DC’s rate of health insurance coverage, adding to the city’s pride as having one of the highest rates of coverage in the nation.” DCFPI projects that the cost of increased coverage would be \$25 million for the year. The goal of the Alliance program has always been to ensure that immigrants living in DC have equitable access to services regardless of documentation status. This investment would help achieve that original goal by removing unfair obstacles.

Our community is in the middle of a global pandemic that impacts Black and Latinx members of the DC community disproportionately, and in fiscal year that requires economic wisdom. We believe that this is the moment to finally fund the cost of the re-certification extension.

Conclusion

As health institutions, our member organizations understand the experiences of District healthcare providers. And as a Collaborative, we listened to many community stakeholders about their own needs, challenges and ideas. These voices together are a chorus calling for more integrated, accessible, equitable care in the District.

Mental health remains a priority concern for our community stakeholders. Issues of inequitable distribution of mental health resources across the District, rising rates of depression and suicidal ideation, and persistent stigma weighed heavily on our community even before the COVID-19 pandemic. Fortunately, the District has many opportunities to improve access to and delivery of high-quality mental healthcare, as well as to improve relationships with communities and within the health system. But the budget must be in place to support these programs.

“Mental Health Services matter with helping individuals, couples, families and groups members to not feel alone, knowing that there is help for their situation or condition. Mental health services matter because it offers healing and support which would not be there in other ways. It is an important opportunity to change and grow.”

- Licensed Independent Clinical Social Worker, Petworth

We invite you to learn more from residents and providers at DCHealthMatters.org/MentalHealth.

Thank you for the opportunity to testify today on behalf of the DC Health Matters Collaborative. We are happy to answer any questions and can be reached at Collab@DCHealthMatters.org.