

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Mental Health**



Council of the District of Columbia Committee on Health

FY 2014 Budget Hearing  
Yvette M. Alexander, Chair

Testimony of  
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Director  
Department of Mental Health  
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Good Morning, Chair Alexander, Members of the Council and Committee Staff.

I am Steve Baron, Director of the Department of Mental Health and if this Committee and the Council approve the Mayor's proposal to merge the Addiction Prevention Recovery Administration with DMH, I will become the first director of the new Department of Behavioral Health on October 1. As you know, the Mayor included this reorganization in his proposed budget so that the new Department could be operational at the start of the next fiscal year. The proposed budget for the new Department is made up of the budget of the DMH and the budget for APRA transferred from the Department of Health. With me today to present the budget of the new Department are members of the budget team from both agencies: Joyce Jeter, DMH Agency Fiscal Officer, Michael Neff, DMH Chief Administrative Officer, and Mark Lassiter, APRA Deputy Director for Operations.

As the Mayor has said in budget meetings taking place in all eight wards, his FY 14 budget focuses on three priorities: (1) growing and diversifying the economy; (2) educating our children and preparing our workforce for a new economy; and (3) improving the quality of life for all residents.

In that context, the proposed budget for the Department of Behavioral Health reflects the Mayor's vision to promote better health for our residents, prevent behavioral problems and build stronger communities.

My budget team and I participated in the Mayor's budget development process and I am confident that the Mayor's proposed budget fully addresses the funding needs of the new Department.

Before I present the details of the proposed budget, I would like to take this opportunity to talk about why the Mayor, Deputy Mayor Otero and all of us believe this merger will make a difference for residents who struggle with both mental and substance use disorders. We've been talking about this merger for a while. It builds on the work we already are doing to treat individuals with mental health and substance use disorders—we've trained hundreds of clinicians at DMH, APRA and community providers to be competent in treating both.

At the same time, about 35,000 residents with mental health or substance use disorders were treated in the public system in Fiscal Year 12—22,000 through the Department of Mental Health and 12,000 through APRA. It is estimated that between 30-50% of those 35,000 residents have co-occurring mental health conditions and substance use disorders. Without integrated treatment, one or both disorders may not be addressed appropriately. Moreover, when treatment and services are delivered separately, it requires someone with both disorders to navigate two separate agencies. The overall vision of an integrated system is to serve effectively individuals with co-occurring disorders whether they seek help for substance use disorders or for mental health conditions.

This reorganization is in line with mental health and substance abuse authorities across the country who deliver these services in one department. As we learn more about how to support individual recovery and resiliency, research shows that there are similarities with both illnesses and treating them jointly, rather than separately, is shown to improve client outcomes.

- Mental illnesses and addictions are both biological brain disorders with genetic and/or neurobiological factors.
- Individuals will benefit from specific expertise in prevention, assessment, treatment, and knowledge of best practices by clinicians who specialize in substance abuse and/or mental illness, even without a dual diagnosis.

Unfortunately, denial and stigma are common barriers to getting treatment for both mental and substance use disorders. As the Mayor said when announcing the formation of the new Department, through this discussion, we hope to create public awareness and focus public policy on the role of behavioral health by engaging all areas of our community— elected officials, advocates, health professionals, researchers and those directly affected by mental illness or addiction and their families. Based on the facts and a scientific understanding of mental illness and substance use disorders, we will challenge assumptions that blame individuals or create misunderstandings and prejudices that can make people reluctant to seek treatment.

According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), integrated treatment that addresses both mental and substance use conditions at the same time leads to lower costs and better outcomes such as:

- Reduced substance use
- Reduced psychiatric symptoms and improved functioning
- Decreased hospitalization
- Increased housing stability
- Fewer arrests, and
- Improved quality of life

On the other hand, the consequences of undiagnosed, untreated, or undertreated co-occurring mental and substance use disorders are severe. Studies show that compared to individuals without co-occurring disorders, people with co-occurring disorders were more likely to be:

- Hospitalized
- Homeless
- Incarcerated, or
- Infected with HIV, hepatitis, and other diseases.

A new Department of Behavioral Health will work to:

- Ensure that every individual seeking services is assessed for both mental health and substance abuse needs
- Develop the ability of the provider network to treat co-occurring disorders
- Establish and measure outcomes for individuals with co-occurring mental health and substance use disorders with recovery as the goal
- Consolidate and enhance provider monitoring to ensure high quality service , and

- Establish a single credentialing process for both mental health and substance abuse providers

The Department of Mental Health now certifies 36 mental health providers and APRA certifies 50 providers for substance use treatment with a small overlap. The implementation process will merge separate clinical services and develop an infrastructure within the mental health and substance abuse systems to support integrated service delivery.

We are committed to meaningful involvement of community based service providers in the integration of the services and system. I already have met with some providers and we expect to have additional meetings. We also want to make sure that this process involves people with co-occurring disorders and their families. It's important that the individuals who receive these services have a voice in how their needs are met and can monitor the quality of care they receive.

Let me now turn to the details of the proposed budget: the Mayor's budget is \$241 million dollars.

The budget is comprised primarily of the DMH and APRA budgets:

- 191 million from DMH, and
- 39.4 million transferred from the Department of Health

In addition, the proposed budget includes an additional \$ 9.6 million in local funds to support an anticipated growth in utilization for mental health services. The Department of Mental Health has seen an overall increase of 25% since July 2010 with the implementation of health care reform in the District.

The proposed budget allows the Department to:

- Deliver a range of behavioral health services to more than 35,000 residents including about 4,000 youth, primarily through community providers located throughout the District;
- Continue progress delivering modern inpatient care at Saint Elizabeths Hospital, the District's state-of the-art public inpatient psychiatric facility;
- Provide a robust range of emergency psychiatric services to about approximately 3,000 individuals a year. This includes services offered at the emergency care facility known as CPEP and through the mobile crisis teams for adults and children. Mobile crisis services are offered to the individual in their home, school or community;
- Continue the extremely important same day or walk in services through the Assessment and Referral Center and the adult outpatient mental health clinic located in close proximity to each other;
- Maintain the 24hour/7day a week Access Helpline for suicide prevention counseling and to assist in enrolling individuals in the District's public mental health system;

- Continue to provide a range of housing support that includes rent subsidies, independent living supportive services and 24/7 residential facilities and the environmental stabilization program;
- Provide a range activities that focus on prevention and recovery from mental and substance use disorders and providing early childhood prevention and intervention services in targeted day care centers and elementary schools;
- Continue our highly valuable school-based mental health program that provides screening, referrals and treatment for hundreds of students in 53 public schools, including public charter schools. The Mayor has put expanding this program to 19 additional schools on his priority list for additional revenues, and
- Continue support for the important tobacco cessation program.

The proposed FY 14 budget also includes funding from our continued partnerships with the Child and Family Services Agency and other human services agencies to provide intensive community based services, and maintains funding for important initiatives such as the Urgent Care Clinic located at Superior Court that provides both mental health and substance abuse treatment as well as strong peer support and self-help programs that are invaluable in the treatment and recovery process.

Madame Chair, I am very excited about the new Department. We know that treatment is effective and people do recover, particularly if recovery services are included in the continuum of care. The new Department of Behavioral Health is the best way to support healthy individuals and a strong community.

This concludes my testimony and we are available to answer any questions.

Thank You.