



Depression and Bipolar
Support Alliance

National Capital Area
Chapter

**Testimony to the
Committee on Health Council of the District of Columbia
Wednesday, February 1, 2023
Department of Behavioral Health
2023 Performance Oversight Hearing**

**Eric Scharf, DC Advocacy Chair
Depression and Bipolar Support Alliance, National Capital Area Chapter**

Dear Chairwoman Henderson and members of the Committee on Health. My name is Eric Scharf, I serve as DC Advocacy Chair for the National Capital Area Chapter of the Depression and Bipolar Support Alliance. As a 40 year District resident and residing in the Columbia Heights neighborhood, I am both a consumer of mental health services and advocate for the needs of the thousands of District residents who live with mental health conditions. I want to thank you for the opportunity to provide input on the Department of Behavioral Health's Performance Oversight. DBSA applauds the Committee for addressing the serious needs and concerns of the residents of the District with regard to mental health issues during this time of a public health pandemic and the pressing challenges of racial justice in our city.

The Depression and Bipolar Support Alliance (DBSA) is the leading peer-focused mental health organization whose mission is to improve the lives of people living with mood disorders. DBSA nationally supports more than 600 local support groups and approximately 180 local affiliate chapters reaching over four million individuals with support, educational resources, and tools to help individuals living with mood disorders lead productive and fulfilling lives. DBSA is nationally recognized for our peer support specialist training services, our advocacy work, our expansive peer support network, and as an expert on the subject of mood disorders. As the local DBSA chapter we sponsor support meetings throughout the region including two in DC and provide a number of education programs throughout the year. We regularly have group participants who are engaged in the DC funded mental health system and benefit from the life saving mission of the Department of Behavioral Health.



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With this in mind I want to touch on three areas of concern that we have worked on over the past year. These are a request to improve the District's use of mental health peer support specialist including their training and certification; the ongoing concerns about implementation of the 988 phone number and enhancement of our crisis response system; and the plan to integrate behavioral health services into the primary health programs offered through the Medicaid Managed Care program.

Peer Support Specialist Training and Certification Concerns

A peer support specialist is a professional with lived mental health or substance abuse recovery experience who has been trained and certified to help others as they move forward in their own recovery. As someone who has traveled a similar path, a peer support specialist fosters hope and serves as a valuable role model for those who are walking the road to wellness. Today the peer support specialist workforce is rapidly growing and being recognized as an integral part of the behavioral health workforce. They can fill many roles including helping individuals make the transition from a hospital stay; support the work of an integrated health care team; participate in crisis response intervention; even the DC Public Library hires peer support specialists to work with patrons experiencing a range of life issues. The Department has been providing training and certification for peer support specialists, but frankly it is time for the city to step up its game.

The District is unique among the nation in being the only state entity that controls both the training and certification process, as reported in a study issued last year by the Peer Recovery Center of Excellence funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Most states use a combination of state approved training and affiliation with one of the two national certification boards. One of the challenges is the lack of reciprocity that individuals have in DC to move to other states to work. We also know that many individuals who seek to become a state certified peer support specialists often lack the job readiness skills to properly undertake the job and quickly fail at the job. Finally the information the DBH website is significantly lacking in explaining the process and opportunities of becoming a peer support specialist.

We want to note that SAMHSA is in the midst of a process to develop an outline and framework for SAMHSA's Model Standards for Peer Support Certification, called for in President Biden's Unity Agenda in March 2022. These standards are expected to be issued later this year. This will provide important guidance to the agency as to how to improve the current program.



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We recommend the following:

- While we are encouraged to see that the agency is increasing the number of training programs being offered to three, the training has been largely dormant over the past four years. We recommend that DBH develop a process of approve training programs offered by independent entities that you have extensive training experience.
- Affiliate with one of the two national certification programs to ensure that the quality of state certification meets national standards and provides for employment reciprocity.
- Currently the District has an 80 hour practicum training requirement. This requirement ranges from zero to 2000 hours across the country, with the average being 500 hours. We think that this should be reviewed for sufficiency.
- A number of organizations, including the DBSA National Office, are developing peer support specialist apprentice programs, with the assistance of the federal Department of Labor. Such programs will lead to enhanced training and job readiness ensuring that individuals can shine in this new position.
- Develop employment opportunities and a pipeline for peer support specialists to easily seek employment when fully trained and certified.

We do want to commend Dr. Bazron and her team for the support they put into managing this program with inadequate resources. We would hope that the Committee would work with the Department to make this a higher priority.

Implementation of the 988 Phone Number and Enhancing the Crisis Response System

This past year, at the direction of Congress, a dialing 988 is the new universal phone number for people who are in mental health crisis. However 988 is more than a phone number and requires a comprehensive response system to ensure that all District residents receive the needed crisis services to ensure their health and safety. As we noted last year, this is a once in a generation opportunity to fix our mental health crisis response – it is time to reimagine how we serve DC residents.

We commend the Department for having a dedicated team to work on this implementation, but remain frustrated at the lack of coordinated plan to build out this system. We understand that part of the issue has been to recruit and hire qualified individuals for many of these roles. We would note that many opportunities exist to engage peer support specialists in these roles Awareness among the public about the 988 line continues to be low and there is confusion about when to appropriately contact 988 versus 911 and encourage the Department to work more on this issue.



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We note that the city is intending to open a Sobering and Stabilization Center later this year at 35 K St. Details about the program have been hard to find publicly, however we have two concerns. We cannot find sufficient data about the effectiveness of housing individuals with serious substance problems while they “sober up” with people suffering a significant mental health crisis. We acknowledge that comorbidity often exists but we question how effective such a solution will be in the long run. We would prefer to see the development of separate programs for those dealing with significant substance issues and those who are seeking mental health respite. There are a number of model programs that the city can draw from. Second one program for the city is clearly not enough. We hope that the city will commit to opening eight programs throughout the city. This includes the development of mental health peer run organizations.

Finally, we are pleased to see that they city is in the midst of implementing a Certified Community Behavioral Center. This is a good starting point.

Integrate Behavioral Health Services into Primary Health Programs Provided Through Medicaid Managed Care.

The city continues to move forward with process to integrate behavioral health services into primary health programs provided through the Medicaid Managed Care program. DBH needs to ensure there is a robust messaging plan in place to help Medicaid and Alliance beneficiaries to understand the changes on the horizon as DBH-certified provider Medicaid and Alliance services transition into managed care.

We understand that a rate study remains ongoing but encourage the agency to find ways to reimburse agencies for the work they do at 2023 cost levels.

Conclusion

We appreciate the opportunity to present these comments and look forward to an opportunity to discuss them in more detail with the Committee. It is imperative that all individuals who live with mental health conditions are able to easily and fairly access the mental health services that they need on a daily basis. Your work in this area is most appreciated.