Testimony for Public Hearing to Consider Bill B25-0759, the “Child Behavioral Health Services Dashboard Act of 2024”

Committee on Health

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DRDC appreciates the opportunity to submit written testimony regarding the proposed Child Behavioral Health Services Dashboard Act of 2024. My name is Eva Richardson, and I am a staff attorney at Disability Rights DC at University Legal Services (DRDC), the designated protection and advocacy program for people with disabilities in the District of Columbia. Pursuant to our federal mandate, DRDC represents hundreds of individual clients annually, with many more benefiting from the results of our investigations, litigation, outreach, education, and advocacy.

A publicly available, online directory containing information about currently available behavioral health screening, prevention and early intervention services, and treatment services would certainly be a beneficial addition to the District’s youth behavioral health system. More transparent and up-to-date information about the services that are available, the capacities of different providers, and other important features of providers will hopefully allow youth and their families to make more informed decisions when getting connected to behavioral health services.

However, the proposed bill raises concerns when placed in the context of the District’s struggles to provide effective and responsive behavioral health services.¹ DRDC has two primary concerns related to the

proposed dashboard: (1) existing issues youth face when getting connected to behavioral health services and (2) the lack of clarity regarding what information the dashboard will track and how that information will be generated and maintained.

I. Issues Getting Connected to Behavioral Health Services in the District

As of 2022, approximately 23% of young people ages three to 17 in DC, which is more than 22,000 youth, have a mental, emotional, developmental, or behavioral problem.\(^2\) Yet in fiscal year 2022, the District served approximately 2,900 children with mental and behavioral health disabilities through its public mental health system.\(^3\) Both the data and DRDC’s experiences through our client-facing work make clear that there is a problem when it comes to getting youth connected to community-based mental and behavioral health services. When youth and their families are new to the system, they frequently lack sufficient information about selecting a core service agency (CSA) or other provider. Even when youth are leaving an institutional placement, in which case the placement is required to ensure that the individual is connected to community-based services, they too often receive few, delayed, or ineffective follow-up services due to inadequate discharge planning. As DRDC has seen with our clients, it can take weeks or even months to get first appointments with providers, and even longer to start receiving treatment services.

Compounding these difficulties are significant changes in how the District has been getting individuals connected to behavioral health services. Until recent changes, the Access HelpLine was a 24-hour, seven-day-a-week telephone number through which District residents could get connected to services provided by the Department of Behavioral Health


Callers could speak with behavioral health professionals, who could make referrals to emergency psychiatric care or provide callers with information about ongoing mental and behavioral health services, which providers have availability, and how to get connected to services. In 2023, DRDC learned that the District had started making some changes, referred to as “gap period” protocols, in anticipation of the now-paused integration of fee-for-service behavioral health services into the District’s managed care program. Specifically, DBH had started encouraging individuals seeking services to reach out directly to CSAs on their own, with the aim of dedicating Access HelpLine to crisis response. If an individual called Access HelpLine looking for assistance with selecting and enrolling with a CSA, transferring to a new CSA, or navigating the system more generally, they were instructed to leave a voicemail and they would receive a call back. At present, DBH has still not fully updated its Access HelpLine website to reflect these significant changes in how individuals can get connected to mental and behavioral health services.

In summary, DBH is now expecting anyone seeking services, including youth and their families, to reach out directly to providers with enrollment inquiries, or leave their personal information in a voicemail and hope that someone calls them back. While the proposed youth behavioral health services dashboard would certainly provide some useful information

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5 At DBH’s Children’s Roundtable virtual meetings on October 6, 2023, and December 1, 2023, DBH instructed consumers seeking to enroll with or change CSAs to use a new phone number, called the Access HelpLine Administrative Line (202-671-3070). This phone number was different than the pre-existing Access HelpLine phone number (1-888-793-4357), and to DRDC’s knowledge was never advertised on DBH’s website. Although the option of leaving a voicemail in order to speak with a DBH staff person was originally set to expire at the end of the gap period, it is DRDC’s understanding that individuals still have this option given the pause to the behavioral health integration. It is not clear how long this will remain an option.

6 The main “Access HelpLine” webpage still contains outdated and misleading information about the phone number’s function. Although the DBH webpages titled “Adult Services” and “Children, Youth & Family Services” point people to a list of providers they can contact directly or to the Access HelpLine if they wish to speak with a mental/behavioral “health professional who will guide [them] through the process,” they do not let people know that they will have to leave a voicemail and will not be able to speak with someone directly. See Dep’t of Behav. Health, Adult Services, [https://dbh.dc.gov/service/adult-services](https://dbh.dc.gov/service/adult-services); Dep’t of Behav. Health, Children, Youth & Family Services, [https://dbh.dc.gov/service/children-youth-and-family-services](https://dbh.dc.gov/service/children-youth-and-family-services) (last visited July 7, 2024).
to help families select a provider, including which ones are accepting new enrollments and the services that are provided, many families do not have a sense of what services exist or what services their child might need, and require far more support navigating the behavioral health system. Though the Access HelpLine has had its own challenges in the past, it provided direct assistance with getting connected to services at all hours. It is deeply concerning to DRDC that DBH intends to get rid of this assistance altogether and instead rely exclusively on individuals reaching out to providers on their own. DBH is still allowing people to leave voicemails with the Access HelpLine, but this does not provide the same kind of support that was once available, and DBH has indicated that it eventually intends to get rid of this option.

DRDC urges the Council to work with DBH to ensure that youth and their families are provided with more than just a list of providers, the services offered, and whether they have availability. The proposed dashboard has the potential to be a valuable tool for children, families, and advocates navigating the youth behavioral health system. In order for this to happen, the District must provide more personalized support and guidance for children and families, and make it clear on the dashboard website how to access that support.

II. Lack of Clarity Regarding Dashboard Information and How it Will be Generated and Maintained

DRDC is also concerned that the proposed bill lacks clarity with respect to how the District will generate and maintain real-time information about provider wait times, capacity, and services. The Deputy Mayor of Health and Human Services (HHS) is charged with creating the dashboard, yet it is the Department of Behavioral Health that primarily oversees the District’s public behavioral health system and certifies providers. The proposed bill dictates that the Deputy Mayor of HHS must consult with certain entities “to inform the website creation and support continued implementation,” including DBH. However, given DBH’s significant oversight role over Medicaid behavioral health services and unique access to information from providers serving Medicaid-eligible individuals, it is critical that DBH play a major role in the creation and maintenance of this dashboard. In addition, there should be processes in place to ensure that

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7 Child Behavioral Health Services Dashboard Act of 2024 at 4.
information on the dashboard is updated in a timely manner and remains accurate.

Moreover, it is not clear which providers are included within the scope of the proposed dashboard. It would be helpful to specify whether the dashboard will only contain information about providers that are part of the District’s public behavioral health system, including core service agencies and other specialty providers, or whether information about private providers will also be included. In addition, the dashboard will need updating and adjusting once the District’s transition to managed care occurs.

Finally, it is not clear whether information about provider wait times and capacity for behavioral health treatment services\(^8\) will be broken down by specific services. Because different treatment services have different capacities, it would be helpful for individuals to have information about wait times and capacity for specific treatment services, to the extent possible.

Thank you again for this opportunity to submit testimony on the Child Behavioral Health Services Dashboard Act of 2024.

For further information:

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\(^8\) Id. at 3.