

**Karla Reid-Witt**  
**Department of Behavioral Health**  
**Performance Oversight Hearing Testimony**  
**Committee on Health**  
**February 1, 2023**

Good Afternoon Councilmember Henderson and members of the Committee on Health. My name is Karla Reid-Witt. I am a co-founder of Decoding Dyslexia DC. Decoding Dyslexia DC is a member of the Strengthening Families Through Behavioral Health Coalition, as is Parents Amplifying Voices in Education (PAVE) where I serve on the Citywide Parent Leadership Board.

I am testifying today to support the school-based mental health priorities of PAVE and the Strengthening Families Through Behavioral Health Coalition. Those priorities, along with some others, are included in my written testimony, but for the few minutes I have your attention today I want to emphasize the urgency needed to create a sustainable, efficient, well-funded and meaningful school-based mental health system because we need to move on. There are huge and gaping holes in DC's overall children's mental health system.

Within our city, children only have access to short or long-term acute mental health services or regular visits with a therapist but nothing in between. Stays at a hospital are the most intensive level of care. Seeing a therapist is the least intensive level of care. Within DC, there are no step down or intensive outpatient services for children. In fact, the Department of Behavioral Health (DBH), was sued in 2018 on behalf of Medicaid insured children for precisely this reason, in a case titled M.J. v. The District of Columbia.

Without intensive outpatient services, a cycle begins. Children leave inpatient services, go back to school and home, struggle, go back into crisis and end up in the emergency room over and over again.

“As a result, the District's children suffer drastically curtailed life opportunities, cycling in and out of psychiatric hospitals, [and] psychiatric residential treatment facilities that are often hundreds or thousands of miles away from their families.”

<http://www.bazelon.org/mj-v-district-of-columbia/>

In *M.J. v. DC*, the plaintiffs are requesting community-based intensive outpatient services. However, even if their lawsuit is successful, it will only guarantee these services for Medicaid insured children. If at some point DBH does provide intensive outpatient services, children without Medicaid would not be eligible to receive them.

The private medical industry model for these services is partial hospitalization programs (PHP) and intensive out-patient services (IOP).

“Partial hospitalization, also known as PHP, is a type of program used to treat mental illness and substance abuse. In partial hospitalization, the patient continues to reside at home, but commutes to a treatment center up to seven days a week.”

“An intensive outpatient program (IOP), also known as an intensive outpatient treatment (IOT) program, is a structured non-residential psychological treatment program. IOP operates on a small scale and does not require the intensive residential or partial day services...IOP allows the individual to be able to participate in their daily affairs, such as work[or school], and then participate in treatment at an appropriate facility in the morning or at the end of the day”

No DC hospital or DC private behavioral health group offers these services for children. We have to fix this. The mental health needs of DC kids is at an all time high.

While we are working to build a system to address the gaps in our children’s private health system, I want to suggest that we create an easy and quickly accessible process to allow privately insured children to easily access services which DBH provides but which do not exist privately within the city. It is imperative that intensive children’s mental health services be available within the city limits, so that children can access them while simultaneously attending school. This idea is not meant as a substitute for building a complete private children’s mental health service continuum but as a stop gap so that all children, no matter how insured, can avail themselves of the appropriate level of mental health services as soon as possible.

We need to think of school-based mental health as the backbone of a DC children’s mental health continuum. In order for school-based mental health programs to be successful, we have to fill in the gaps in the continuum. We need a landscape analysis, a plan and funding.

Thank you for your time. I look forward to further discussions regarding these issues and



---

working with you to create solutions and see them through.