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**Statement of the Council for Court Excellence
Before the Committee on Health
of the Council of the District of Columbia**

**Budget Oversight Hearing for the
Department of Behavioral Health**

June 4, 2021

Good morning, Chairman Gray and other distinguished members of the Committee. My name is Misty Thomas. I proudly serve as the Executive Director of the Council for Court Excellence (CCE). CCE is a nonpartisan, nonprofit organization with a mission to enhance justice for all in the District of Columbia. For nearly 40 years, CCE has worked to improve the administration of justice in the courts and related agencies in D.C. through research and policy analysis. Please note that in accordance with our policy, no judicial member of CCE participated in the formulation or approval of this testimony. This testimony does not reflect the specific views of, or endorsement by, any judicial member of CCE.

Today, CCE urges this Committee to increase the proposed FY22 funding levels for two behavioral health programs of vital importance in D.C.: pre-arrest diversion (PAD) and school-based mental health (SBMH). In recent years CCE has conducted a range of research surrounding the intersections of our criminal and juvenile justice systems and access to behavioral health care. We have learned a great deal about the gaps in care in D.C., and the available best practices that produce positive outcomes for consumers. As D.C. prepares to reopen, now is a particularly important time to acknowledge the general unmet mental health care needs of many of our neighbors, as well as the acute trauma and stress brought on by the pandemic that has also gone untreated for many. The need for behavioral

health services that are trauma-informed, antiracist, and community-based has likely never been greater.

Pre-Arrest Diversion. Our first recommendation for targeted FY22 funding is based on our research conducted on behalf of the D.C. Auditor examining the intersection of D.C.’s behavioral health and criminal justice systems. In August 2020, we published a data-rich report, *Everything is Scattered*, that included a call for robust investments in PAD.

In addition to the recently-announced pilot program that allows the Office of Unified Communications to divert emergency calls, the complementary use of a diversion program that steers people with acute and chronic behavioral health issues away from the criminal legal system could have significant impacts at many different stages of the criminal process – not to mention improve connections to needed health care. For example, in 2018, roughly 62% of all people booked in D.C. jail had a behavioral health need,¹ and in D.C., individuals with serious mental health issues are 16 times more likely than others to be killed during a police encounter.² PAD provides a chance to help these individuals before circumstances escalate, before more serious crimes are committed, and they end up in jail, or worse, killed.

As this committee is aware, in 2019, the Department of Behavioral Health (DBH) merged the PAD pilot program with its Community Response Team (CRT) to provide alternatives to the criminal justice system by diverting potential non-violent arrestees into programs that help address their behavioral health and other needs. However, despite being better suited to de-escalate such situations and identify supports needed, the CRT’s current operational capacity does not allow for

¹ *Jails and Justice, Our Transformation Starts Today*, pg. 35, District Task Force on Jails and Justice, <http://www.courtexcellence.org/uploads/publications/TransformationStartsToday.pdf>

² *Decentering Police to Improve Public Safety*, D.C. Police Reform Commission, <https://dccouncil.us/police-reform-commission-full-report>.

the team to respond in a timely manner to all cases that might be – and should be – eligible for PAD’s alternative intervention model, or to support the law enforcement trainings and collaborations that are critical to making the program a success.

Adequate funding is needed to ensure CRT’s expansion in FY22 so that a sufficient number of qualified behavioral health clinicians and other specialists are able to respond to people in crisis in a timely and effective manner. We encourage this Committee to ask DBH’s representatives to provide information regarding the additional personnel and resources that would allow CRT to staff and support a full-scale PAD program in D.C., and invest accordingly in DBH’s PAD program. A scaling-up of PAD to reach the majority of eligible cases – a goal shared by CCE, the District Task Force on Jails & Justice, and likely DBH, too – would require an expansion of the CRT’s capacity, but would also expand DBH’s community reach, its ability to track high-quality data about the impacts of its interventions, and its capacity to develop a successful partnership with MPD for this vital program.

School-Based Mental Health. In addition to CCE’s work on criminal justice, we also have a long-standing Youth Justice Committee that convenes experts to help us evaluate the needs of D.C.’s children who are involved in our legal system. This has led CCE to complete research on D.C. school discipline policies and the abuse and neglect system, for example, and to examine the behavioral health care gaps for D.C. children. As part of these efforts to understand the challenges faced by young people in the District, CCE staff and Board leaders also participate in the Strengthening Families Coalition.³ Through its work, CCE’s Youth Justice Committee has

³ The Strengthening Families Coalition brings together a diverse group of advocates who strive to ensure that D.C. has a fully integrated behavioral health care system in which all D.C. children, youth and families have timely access to high-quality, consistent, affordable and culturally responsive care that meets their needs and enables them to thrive.

identified a significant gap in the provision of SBMH in D.C. schools and CCE therefore supports an increase in FY22 DBH funding for this program.

According to D.C.'s 2019 Youth Risk Behavior Survey, roughly 33% of high school students estimated that they felt sad or hopeless almost every day for at least two weeks in the previous year.⁴ In that same survey, an alarming number of children in D.C. reported suicidal ideations and/or suicide attempts. While we cannot detail the data here, it is jarring and reflects significant unmet behavioral health needs. Additionally, data tells us that children in behavioral health crisis are also more likely to end up with school disciplinary records or even arrests; the stakes are clearly high. We can only imagine how these percentages and incidences of depression may have increased and intensified as the pandemic continued. As schools resume in-person learning, D.C. campuses will be a critical space for interventions and the provision of important services that might not otherwise be available to students.

The purpose of a SBMH program is to provide youth with behavioral health services in an environment where they spend many hours each day and are known, supported, and educated. Having SBMH programs is especially necessary for low-income students who are otherwise unable to obtain behavioral health services either due to financial constraints, lack of such services in their neighborhood, or both. A robustly-staffed and well-trained SBMH program can help meet a critical need for the healthy development of D.C. youth, and needs to be fully funded in FY22, as the pandemic has both heightened and created new traumatic experiences. Between disrupted learning, social isolation and loss, our children need help now more than ever.

⁴ Office of the State Superintendent of Education, *Youth Risk Behavior Survey 2019*, <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf>

Currently, roughly 83 D.C. public schools have not been provided with a behavioral health clinician. CCE commends Mayor Bowser for allocating \$5.8 million to expand the SBMH program in her FY22 budget proposal. However, based on data and analysis we have received from the Strengthening Families Coalition and members of our Youth Justice Committee, CCE joins in the request that the D.C. Council allocate an additional \$841,000 to DBH's budget to complete the expansion of the SBMH program into all of the remaining 83 public schools and ensure that the remaining schools are staffed with full-time behavioral health specialists. This modest additional investment would ensure equity in the provision of these services across the District.

In conclusion, by investing in behavioral health services at the earliest signs of need or at early points of crisis, D.C. will not only ultimately save money by precluding the need for more intensive and expensive services or more incarcerations in the future, but it can also be even more successful in building on the commitments that DBH already has to bringing a public-health focus and trauma-informed approach to supporting our residents. We believe DBH's current leadership is committed to these programs and these types of thoughtful interventions, and with the right resources could make a meaningful impact on the lives of thousands of D.C. residents even within the span of the upcoming Fiscal Year.

Thank you for your consideration and I welcome any questions.