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

2023 Performance Oversight Hearing
Wednesday, February 1, 2023

Good morning, Chairwoman Henderson and members of the Committee on Health. My name is Jennifer Ubiera, I am a Ward 4 resident, Senior Policy Counsel at the Council for Court Excellence (CCE) and a member of the Strengthening Families Coalition. CCE is a nonpartisan, nonprofit organization with the mission to enhance justice in the District of Columbia. For over 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, convening diverse stakeholders, and creating educational resources for the public. 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.

First, I will provide oversight feedback related to DBH's School-Based Behavioral Health program, then my colleague Anya Kreider will speak about DBH's work providing substance use disorder services to justice-involved residents.

The Strengthening Families Coalition is a body of District organizations, advocates, parents, and behavioral health providers organized to advocate for the improvement of D.C.'s behavioral health system. The vision of the coalition is

every DC child reaching their full potential with timely access to high-quality, consistent, and culturally responsive behavioral health care that is available through a fully implemented, sustainable system. The District has made enormous progress towards this vision with the implementation of the School-Based Behavioral Health program, including restoring grant amounts for school-based behavioral health clinicians and securing funding for a comprehensive cost study to assess the long-term sustainability of the program. However, the program currently suffers from a few challenges that are disrupting the massive effort to serve youth in, what the American Pediatric Association and the Children's Hospital Association have declared is, a national emergency in children's mental health.

Staffing Challenges

Currently, there is a significant challenge in filling much needed positions to meet the program's preliminary goal of staffing at least one full-time clinician in every D.C. Public School and public charter school. As a nation, the United States is currently experiencing workplace shortages and the District is no stranger to this reality in sectors ranging from retail to technology but especially in our healthcare sector.¹ While the Strengthening Families Coalition applauds the Department of Behavioral Health (DBH) for increasing the per-clinician funding amount and finding creative solutions to resolve workforce development challenges in FY23, we also encourage DBH to be aggressive in its efforts to fill these positions and sustain the investments being made. We would also encourage the Council to request regularly updated information from the agency about their recruitment and hiring efforts of clinicians, especially Black clinicians and clinicians of color who share the cultural experiences of the youth they will be serving.

¹ Mike Murillo, *DC task force to tackle health care worker shortage in the city*, *WTOP NEWS* (May 5, 2022), <https://wtop.com/dc/2022/05/dc-task-force-to-tackle-health-care-worker-shortage-in-the-city/>.

Access Issues

Without a doubt, the pandemic has worsened D.C.'s behavioral health crisis. Black and brown residents and families with low incomes are continuing to shoulder an unequal burden of this crisis, while also facing the biggest barriers to much-needed services that will help them cope with the impact on their mental, emotional, physical, and financial health. The pandemic has also delayed implementation of the SBBH program. To address this disparity, we need to do everything in our power to remove the barriers students are facing in accessing services. Many of these barriers are a result of incomplete and/or inconsistent program implementation. For example, many families are still unaware of the resources available and referral practices vary greatly by school. DBH needs to make clear efforts to promote and publicize the program in schools, neighborhoods, local publications, and online media. DBH can and should also partner with community organizations like ours and the Coalition to do multi-faceted outreach; we are here and happy to help. Additionally, the agency would likely increase its reach by partnering with District agencies and Councilmembers' constituent services staff to incorporate messaging about the presence and availability of the program into their promotion of virtual and in-person events.

Cost Study Delays

Thirdly, we wanted to address the delays to commencing the cost study, which will assist D.C. in determining the actual costs and needs of the School-Based Behavioral Health (SBBH) expansion program and ensure that it is adequately and sustainably funded in the future. We recognize these delays have largely been out of the agency's control, but we look forward to seeing the results of the cost study and program evaluations that will support DBH in building a strong, sustainable program.

Substance Use Disorder Services

Good afternoon, my name is Anya Kreider, and I am CCE's Open Horizon Criminal Justice Fellow. This portion of CCE's testimony is informed by the recent progress evaluation we did on our 2020 report, "[*Everything is Scattered: The Intersection of Substance Use Disorders and Justice-Involvement in the District.*](#)" That 2020 report, in partnership with the District of Columbia Auditor, evaluates the intersection of D.C.'s substance use disorder (SUD) and justice systems and offers 39 recommendations for policy and practice change with the goal of better health and reduced incarceration for D.C. residents.²

At the end of 2022 and at the request of the Auditor, CCE chose a subset of eleven of those 39 recommendations to evaluate DBH's progress on recommendation implementation to date. Recommendations were selected to capture a variety of topic areas and in consideration of what data would be most readily available. The recommendations selected focused on increasing access to treatment for substance use disorder (SUD) clients and improving the flow of information between D.C. government agencies and substance use treatment providers.³

Our goal in evaluating progress is not simply to compliment the agency on their successes or ding them for stagnation. Rather, ensuring our audit's recommendations are implemented is a critical step towards our shared goals of providing excellent care for all District residents, and decreasing the racial disparities imbedded within the District's criminal legal and health systems. In the District, 91% of incarcerated individuals are Black, but only 46% of

² COUNCIL FOR COURT EXCELLENCE, *EVERYTHING IS SCATTERED... THE INTERSECTION OF SUBSTANCE USE DISORDERS AND INCARCERATIONS IN THE DISTRICT* (2020), https://www.courtexcellence.org/uploads/publications/SUD_Report_82520.pdf.

³ On file with CCE; Forthcoming ODCA Report (2023).

residents are Black.⁴ Additionally, 95% of instances of incarceration considered in CCE's 2020 report involved a Black person.⁵

General Positives

Of these eleven recommendations, nine were found to be in progress or not started by DBH. One recommendation was fully implemented, and another had no plan to be implemented. For example, CCE recommended DBH establish a protocol for real-time sharing of clients' authorized SUD information with the Department of Corrections and the Department of Health Care Finance. DBH is in the process of entering into an agreement with CRISP DC, which will provide a tool for participating D.C. providers to share information electronically and improve continuity of care. While the agreement has not been finalized, we recognize the meaningful progress on this recommendation. Additionally, I am happy to say that DBH has fully implemented the recommendation to establish procedures by which people and organizations can alert the agency to violations of client rights.⁶

Areas for Improvement

CCE also recommended the District continue the Pre-arrest Diversion (PAD) program between DBH and the Metropolitan Police Department. PAD is a type of diversion that occurs before an individual's arrest and is designed to break the cycle of justice involvement that may be caused by underlying behavioral health problems.⁷ However, PAD is no longer considered an independent initiative, and instead has been folded into the Community Response Team

⁴ D.C. DEPARTMENT OF CORRECTIONS, FACTS AND FIGURES (2022), <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/DC%20Department%20of%20Corrections%20Facts%20and%20Figures%20October%202022.pdf>; U.S. CENSUS BUREAU, QUICKFACTS: DISTRICT OF COLUMBIA, <https://www.census.gov/quickfacts/DC> (last visited Jan. 29, 2023).

⁵ COUNCIL FOR COURT EXCELLENCE, *EVERYTHING IS SCATTERED... THE INTERSECTION OF SUBSTANCE USE DISORDERS AND INCARCERATIONS IN THE DISTRICT* (2020), https://www.courtexcellence.org/uploads/publications/SUD_Report_82520.pdf.

⁶ On file with CCE; Forthcoming ODCA Report (2023).

⁷ Kathleen Hartford et al., *Pre-Arrest Diversion of People with Mental Illness: Literature Review and International Survey*, 24 BEHAV. SCI. & L., 845 (2006), <https://doi.org/10.1002/bsl.738>.

program. With this consolidation, it is unclear the extent to which the PAD goals and requirements in the Neighborhood Engagement Achieves Results Amendment Act of 2016 (NEAR Act) are being met in the consolidated program, or whether all aspects of the pilot program remain in effect or are being tracked.⁸

As another example, DBH also has not implemented our recommendation that it track the time in between referrals and care initiation for people seeking new SUD services, including those who have just been released from incarceration. DBH also reports that some services – like withdrawal management and residential treatment services – are same-day services and therefore have no wait times. However, in *Everything is Scattered*, our analysis of Medicaid records revealed many cases in which prospective clients appeared to wait longer than a day between assessment and initiation of withdrawal management. DBH has not indicated when it will begin collecting the relevant information from providers and compiling and tracking this data to demonstrate current wait times, if any.⁹

We are encouraged that DBH has taken some steps to address the issues identified in *Everything is Scattered*. However, particularly given the racial disparities among those incarcerated in D.C., it is evident that additional work is necessary to achieve our shared goal to adequately support DC’s justice-involved residents with substance use disorders by ensuring they have continual access to high-quality care.

Thank you for this opportunity to testify. CCE looks forward to continuing to work with DBH, and we remain available to this committee to discuss our findings. Ms. Ubiera and I look forward to answering any questions you may have.

⁸ On file with CCE; Forthcoming ODCA Report (2023).

⁹ On file with CCE; Forthcoming ODCA Report (2023).