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

**FY 23 Budget Hearing for the  
Department of Behavioral Health**

*March 21, 2022*

Good morning, Chairman Gray and members of the Committee on Health, thank you for the opportunity to testify today. My name is Jennifer Ubiera and I am a Senior Policy Counsel at Council for Court Excellence. CCE is a 40-year-old nonpartisan, nonprofit organization with the mission to enhance justice in the District of Columbia. Please note that per our policy, no judicial member of CCE participated in the formulation or approval of this testimony. I am also a member of the Strengthening Families Through Behavioral Health Coalition (SFC) and CCE facilitated the District Task Force on Jails & Justice (Task Force). I am here today to discuss several budget investments that will serve D.C.'s most vulnerable residents, and help ensure that people with behavioral health needs have access to the services necessary to thrive.

**School Based Mental Health**

I would like to affirm earlier requests to the Council to invest \$2.4 million in additional recurring local funds for the School Based Behavioral Health Expansion program to stabilize Community-Based Organization (CBO) grant funding and \$300,000 to fund a cost study that will determine appropriate

grant amounts to sustain the longevity of the SBMH program. The Mayor's current budget proposal suggests lowering current grant amounts from \$80,000 to about \$70,000 which is unsustainable for current CBOs to perform this critical work in our schools. DC has provided one-time supplements to address the financial strain of the pandemic on providers. These supplements should be made permanent, and the CBO grant amount should cover inflationary cost increases over the next three years while a cost study is conducted. To fund this cost study, we urge the committee to invest \$300,000 in one-time local funds. The cost study will determine the appropriate grant amounts for participating CBOs. As stated earlier, the current grant amount for participating CBOs is set at \$80,000 and the Mayor's budget proposal recommends decreasing this amount to \$70,000. This amount undermines the longevity and any potential success of the program because \$70,000 is not financially sufficient. Further, the current grants were formulated in 2016<sup>1</sup> before the pandemic and all of the additional mental health service needs it created for youth. Grant amounts must remain at \$80,000 and maintained for the next three years, including the costs of inflation, to fully realize the benefits of this program and sustain its success.

Ensuring behavioral health clinicians are in every public school compliments services already offered to students and families. Their presence provides supportive services for school teachers and staff such as professional development on a variety of behavioral health topics, classroom management techniques, and case management. In addition, having mental health clinicians on hand as we navigate the COVID-19 pandemic is essential. Since the start of the

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<sup>1</sup> Based on estimates and data gathered in 2016. <https://test-dcfpi.pantheonsite.io/wp-content/uploads/2021/12/Strengthening-Families-Coalition-Letter-to-Mayor-Bowser.pdf>

pandemic, emergency department visits for children with mental health emergencies have risen sharply<sup>2</sup> and tens of thousands of children have experienced the pandemic-related death of a primary caregiver<sup>3</sup>. The Center for Disease Control and Prevention (CDC) reports one in every five children and adolescents experience the signs and symptoms of a diagnosable behavioral disorder each year, resulting in significant disruptions of school classrooms, increased truancy, increased risk for alcohol and drug abuse and decreased graduation rates<sup>4</sup>. As students continue to return to a standard, in-person education, it is vital that they have full access to the resources that SBMH services provide to ensure their mental health does not degrade to a level requiring a need for emergency response. These children are facing significant behavioral health needs and the failure to meet these needs will have long-lasting negative impacts on the health, education, and future well-being for children in the District.

I would like to thank both the Mayor and D.C. Council for their support so far on School-Based Mental Health, however, the mental health needs of youth have increased a significant amount since the programs were first instituted. Because of this, these programs require stabilization of current funding to ensure they remain effective.

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<sup>2</sup> CDC data indicates that the mental health-related emergency department visits increased by 31% among 12-to-17-year-olds from January to October of 2020, we can see that the pandemic had a significant toll on youth, especially when they were not present in schools with the necessary resources at their disposal.

<sup>3</sup> Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

<sup>4</sup> Mental Health and Morbidity Weekly Report: Mental Health Surveillance Among Children — United States, 2005–2011 <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm>

## **Community-Based Mental Health and Housing**

Secondly, CCE supports DC Behavioral Health Association's (DCBHA) asks to increase funding for community-based behavioral health services and housing by \$12 million. In addition, we ask for a \$2 million increase to expand the use of the housing-first model among reentry housing providers, as recommended by the District Task Force on Jails & Justice. This investment will fund new housing and case management services for 55 more residents in FY23 returning to D.C. from prison or jail.

## **Community Response Team**

I would also like to call your attention today to DBH's Community Response Team's (CRT) Pre-Arrest Diversion (PAD) and 911 Diversion projects, both of which were recommendations of the Task Force. Specifically, I am here today to urge the committee to increase funding to DBH's Community Response Team overall by \$15 million to provide for enhanced provider and MPD training, workforce development, and worker recruiting and retention.

As this committee is aware, in 2019, DBH merged the PAD pilot program into its CRT to provide alternatives to the criminal justice system by diverting people facing arrest for non-violent offenses into programs that help address their behavioral health and other needs. Data from the pilot's evaluation showed success. However, despite being better suited to connect people to the supports needed to prevent future unlawful behavior, CRT's current operational capacity does not

allow 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.

CCE also requests continuation of the pilot program that allows the Office of Unified Communications to divert 911 calls from law enforcement to behavioral health first-responders. Ensuring the District has a high-quality, multi-intercept, comprehensive screening mechanism helps steer 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 an identified behavioral health need,<sup>1</sup> and in D.C., individuals with serious mental health issues are 16 times more likely than others to be killed during a police encounter.<sup>2</sup> During the 911 Diversion pilot, from June-September 2021, OUC never diverted more than 28 calls per week to DBH, and some weeks diverted as few as 5 calls<sup>5</sup>. An advanced screening mechanism, in conjunction with a fully staffed and funded CRT 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.

We encourage this Committee to allocate DBH an additional \$15M to enable CRT to scale up appropriately. Reaching the majority of eligible PAD and 911 diversion cases – a goal shared by CCE, the District Task Force on Jails & Justice, and DBH, too – would require 1) an expansion of the CRT’s capacity, 2) DBH’s ability to track high-quality data about the impacts of its

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<sup>5</sup> Department of Behavioral Health, *911 Behavioral Health Call Diversion Pilot*, October 14, 2021. On file with CCE.

interventions, and 3) its capacity to develop a successful partnership with MPD. Given the severe workforce shortages in D.C.'S behavioral health sector, CCE recommends that much of this funding be allocated to training opportunities for community members who seek to join CRT but do not have the means to participate in the necessary trainings or certificate courses. D.C. should be standing up a career pipeline for non-law enforcement responders, like Peer Specialists and Violence Interrupters in the same way we do through the MPD Cadet Corps.

### **Services for Justice-Involved People with SUDs**

Finally, CCE recommends increased local dollar funding to increase non-Medicaid billable services to support justice-involved consumers. Between 2015 and 2019, almost 48% of people in Dept. of Corrections (DOC) custody had a documented substance use disorder (SUD) and of those, people who received SUD care after their release from DOC custody had a 36% lower chance of being rearrested or reincarcerated within 90 days. Based on our research and recommendations in "Everything is Scattered... The Intersection of Substance Use Disorders and Incarcerations in the District," CCE requests a \$10 million total investment in services for justice-involved people with SUDs in FY23. This includes a \$5 million increase to local dollar support of non-Medicaid billable services to support justice-involved consumers; a \$2.5m increase to electronic medical records systems to increase technological capability and ease of sharing released records with DOC and CSAs; and a \$2.5 million increase to boost connection to care services at DOC jail facilities, DC Superior Court, and the soon-to-be-opened Stabilization and Sobering Center.

In closing, I ask that the Committee fund CCE's asks, in addition to those of the Strengthening Families Through Behavioral Health Coalition, the DC Behavioral Health Association and the recommendations from the District Jails & Justice Task Force. Specifically, we ask that the Committee budget \$2.4 million in additional recurring local funds for the School-Based Behavioral Health Expansion program and \$300,000 in one-time local funds for the School-Based Behavioral Health Expansion program to fund a cost study for CBOs. We also affirm the DCBHA's asks to increase funding to over inflation costs for community-based behavioral health services and organizations that house individuals with mental illness enrolled in DBH services. Finally, we ask that the Committee fund the recommendations of the District Task Force on Jails & Justice formulated by a broad spectrum of justice service providers and advocates across the District.

Thank you for this opportunity to testify. I look forward to continued work with the Council on these budget asks and I am available for questions.