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

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

April 9, 2023

Thank you for the opportunity to submit written testimony regarding the Fiscal Year 2024 (FY24) budget for the Department of Behavioral Health (DBH) on behalf of the Council for Court Excellence (CCE). 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.

CCE's recommendations for FY24, provided in this written testimony, focus on 1) the importance of increasing the salaries of clinicians to ensure full implementation of the School-Based Behavioral Health program, 2) the need for additional investments in DBH's Community Response Team, Community-Based Behavioral Health Services, and 3) Housing Services for Justice-Involved People with Substance Use Disorders.

School-Based Behavioral Health Program (SBBH)

CCE, along with many of our community partners, believes that robust funding and aggressive recruitment for SBBH clinicians in every school needs to be a top priority for DBH in FY24. Providing behavioral health services in a school setting will increase the quality of education for youth in schools, improve youth well-being and holistic healing in D.C., and support the city's investment in public safety.

While we know that the D.C. Council and the Mayor recognize the value of SBBH for D.C.'s children, as demonstrated by prior years' investments in the program, the urgency and importance cannot be overstated. Indeed, this is a national crisis. The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association – which combined represent more than 77,000 physicians and 200 children's hospitals – declared a national mental health emergency in late 2021.¹ In a 2021 advisory report, the Surgeon General emphasized the urgent need to address the nation's mental health crisis among youth. The report warns of "soaring rates of depression, anxiety, trauma, loneliness and suicidality" among children, which will affect their lives for a long time to come.² Unaddressed mental health issues can serve as a distraction for youth, their classmates, and the classroom environment.³

But, in hopeful news, data also shows that providing mental and behavioral health resources in schools will improve the quality of education for youth which can lead to an improvement in their classroom performance. School-based behavioral health services improve access to care and allow for early identification and treatment of mental health issues. Having the

¹ AAP, AACAP, CHA declaration of a national emergency in children's mental health, American Academy of Pediatrics, October 19, 2021, available at: <https://publications.aap.org/aapnews/news/17718/AAP-AACAP-CHA-declare-national-emergency-in>.

² U.S. Surgeon General Issues Advisory on Youth mental Health Crisis Further Exposed by COVID-19 Pandemic, HHS.gov, December 7, 2021, available at: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>.

³ How Mental Health Disorders Affect Youth | Youth.gov. (n.d.). Retrieved April 4, 2023, from <https://youth.gov/youth-topics/youth-mental-health/how-mental-health-disorders-affect-youth>.

resources to address, treat, and cope with mental and behavioral health diagnoses is a benefit to the entire school community because it ensures youth can bring their best selves to the learning environment.

School-based behavioral health services will also benefit the well-being of children outside of school. Being mentally healthy during childhood means reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems.⁴ Across the country, as many as one in six children (17.4%) are diagnosed with psychological, emotional, or developmental disorders in early childhood. When children live in poverty, they experience even higher rates of these disorders (22%).⁵ However, only one-fifth of children with mental, emotional, or behavioral health problems receive care from a specialized provider.⁶

This unmet need for mental health services is more severe for Black children and children of color than for white children, and for the children in the District of Columbia.⁷ Twenty-three percent of D.C. children had an emotional, behavioral, or developmental condition in the 2019-2020 school year (up from 21 percent in the 2018-2019 school year).⁸ Nearly 15% of D.C. high school students attempted suicide in 2019, 5% higher than the national rate.⁹ Children that have

⁴ What Is Children's Mental Health?, Centers for Disease Control and Prevention, 20 Mar. 2019, <http://www.cdc.gov/childrensmentalhealth/basics.html>. Accessed 31 Mar. 2023.

⁵ Bitsko RH, Claussen AH, et. al., *Surveillance of Children's Mental Health – United States, 2013 – 2019*, MMWR, 2022 / 71(Suppl-2);1–42. <https://www.cdc.gov/mmwr/volumes/71/su/su7102a1.htm>.

⁶ Cree RA, Bitsko RH, et. al., *Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016*. MMWR, 2018;67(5):1377-1383, available at: <https://www.cdc.gov/mmwr/volumes/67/wr/mm6750a1.htm>.

⁷ Martini R, Hilt R, Marx L, et al.; for the American Academy of Child and Adolescent Psychiatry. *Best principles for integration of child psychiatry into the pediatric health home*, June 2012, available at: https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf.

⁸ Office of the State Superintendent of Education, (2019). *District of Columbia Youth Risk Behavior Survey: Mental and Emotional Health*. Retrieved from <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf>.

⁹ The Annie E. Casey Foundation, *Children who have one or more emotional, behavioral, or developmental conditions in the United States, 2017-2018, 2018-2019, 2019-2020*, Kids Count Data Center, available at: <https://datacenter.kidscount.org/data/tables/10668-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=1&loct=2#detailed/2/2-52/false/1769,1696,1648/any/20457,20456>.

the skills and resources to cope with their mental health are overall healthier and more equipped to be productive, thriving citizens and contributors to their community.

Finally, providing behavioral health services to children in schools is a direct investment in public safety. When students enter the school building, they carry with them their experiences navigating educational, economic, and social barriers, not to mention the trauma experienced within their families and neighborhoods. These experiences significantly impact their ability to engage and be productive in the school environment. The SBBH program lowers barriers to behavioral health care so youth can receive the support they need right where they spend most of their time (outside of their homes). Our city's approach to public safety should not exclude our youth but instead create focused solutions that will support them and invest in their futures.¹⁰ The successful implementation of the school-based behavioral health program ensures that the District's approach to public safety includes at least one focused solution that will support students and improve the overall health and safety of D.C. communities.

To increase access to behavioral health in D.C. schools, there are several steps that must be strategically implemented by the D.C. Council in FY24. The first step is to attract highly skilled, qualified clinicians by increasing the investment in their salaries. To achieve this, the District must budget for an increase in the salaries for SBBH clinicians. CCE agrees with the recommendations and evaluation of the Strengthening Families Coalition that the starting salaries should be set at \$103,000 per clinician to be competitive. Including inflation costs, this will require \$5.2 million for the SBBH allotment offered in grants to Community Based Organizations (CBOs) to ensure

¹⁰The United States Government. (2021, October 19). *Fact sheet: Improving access and care for youth mental health and substance use conditions*. The White House. Retrieved April 4, 2023, from <https://www.whitehouse.gov/briefing-room/statements-releases/2021/10/19/fact-sheet-improving-access-and-care-for-youth-mental-health-and-substance-use-conditions/>

that every school can employ at least one CBO clinician. From prevention to intervention to treatment, clinicians can address a variety of student needs. This is a modest but critical investment in the education and future of our children.

Prevention and Intervention - Community Response Team (CRT)

CCE also recommends critical budgetary investments to DBH's CRT, including the Pre-Arrest Diversion (PAD) program. CRT is a multidisciplinary direct service team that expands community based direct service efforts—including homeless outreach, mobile crisis, and pre-arrest diversion. We applaud the increase in funding provided for the CRT in FY23 and urge the Committee to continue to invest in this resource in FY24 by increasing CRT funding by \$6.6 million. This increase is reflective of recommendations 1.8 and 2.2 of the District Task Force on Jails & Justice Phase II report.¹¹ The need for this vital community resource has only become more important as the District emerges from the worst of COVID-19's impacts. The isolation, trauma, and instability of the pandemic all increased the need for behavioral health care generally, and crisis interventions specifically, making financial investments in these services all the more critical.

This additional \$6.6 million will allow for enhanced provider and Metropolitan Police Department (MPD) training to properly divert appropriate cases from traditional law enforcement intervention, as well as CRT staff workforce development, and employee recruiting and retention. Even with last year's increase in funding, 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 arrest diversion or any other alternative intervention model, or to support the law enforcement trainings and collaborations that are critical to making these programs a success.

¹¹ District Task Force on Jails and Justice. (2021, February). *Jails & Justice: Our Transformation Starts Today, Phase II Findings and Implementation Plan*. <http://www.courtexcellence.org/news-events/district-task-force-on-jails-justice-publishes-phase-ii-report-with-10-year-implementation-plan-to-transform-justice-in-dc>

Reaching the majority of eligible PAD cases – a goal shared by CCE, the District Task Force on Jails & Justice, and DBH – would require 1) an expansion of the CRT’s capacity, 2) DBH’s ability to track high-quality data about the impacts of its interventions, and 3) capacity to develop a successful partnership with MPD. We encourage this Committee to allocate an additional \$6.6M to DBH to enable CRT to scale up appropriately in FY24. With that increased capacity, the District – and this Committee – may well be able to see significant community impacts and justice-system cost savings within just a few years.

Community-Based Behavioral Health

Community-based services and responses also play an important role in supporting D.C. residents who are experiencing behavioral health crises. In FY24, CCE recommends an increase of \$3.3 million for community-based behavioral health services. This is a modest request to regain the funds lost in FY23 to programs providing community-based services to residents experiencing a behavioral health issue or crisis. Community-based services provide the intervention and prevention that allow D.C. residents to access needed services in their neighborhoods through outpatient services, before more acute interventions are necessary, such as hospitalization or incarceration.

Housing Services for Justice-Involved People with SUDs

Based on our research and recommendations in "*Everything is Scattered... The Intersection of Substance Use Disorders and Incarcerations in the District*,"¹² CCE recommends a \$3.7 million investment in targeted housing services for justice-involved people with Substance Use Disorders (SUDs) in FY24. Between 2015 and 2019, almost 48% of people in Department of Corrections (DOC) custody had a documented SUD and of those, people who received SUD

¹² Council for Court Excellence. (2020, August 25). *Everything is Scattered...The Intersection of Substance Use Disorders and Incarcerations in the District*. http://www.courtexcellence.org/uploads/publications/SUD_Report_82520.pdf

care after their release from DOC custody had a 36% lower chance of being re-arrested or re-incarcerated within 90 days. By providing housing opportunities for these uniquely situated and underserved returning citizens, the District will ultimately save financial resources through lowered recidivism rates and by avoiding the collateral consequences of housing instability for these individuals. The collateral consequences can include difficulty maintaining employment or meeting supervision requirements. CCE recognizes that the District is facing a lean FY24 budget. But by investing in housing services for justice-involved people with SUDs, D.C. can actually save money by embracing a housing-first model, meeting people with the services they need, ultimately reducing the likelihood of re-incarceration, allowing returning citizens to thrive in our community, and increasing public safety.

This investment will restore the District to FY23 funding levels for supportive housing and would allow for a \$2 million investment 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 would fund new housing and case management services for 55 more returning citizens in FY24 at a cost of \$36,000 per person per year. We urge Council to allocate this funding to support vulnerable D.C. residents with basic stability and safety.

Thank you for the opportunity to provide this testimony for the record. We are always available to answer questions that any members of this Committee or the Council may have.