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Testimony of Kristin D. Ewing
Policy Counsel, DC Appleseed Center for Law and Justice
February 12, 2024

Performance Oversight: Department of Behavioral Health

Thank you for the opportunity to submit testimony regarding performance oversight of the Department of Behavioral Health (“DBH”). My name is Kristin Ewing, and I am Policy Counsel at the DC Appleseed Center for Law and Justice. The DC Appleseed Center for Law and Justice (“DC Appleseed”) is a non-profit, non-partisan organization that aims to make the District a better place to live and work through litigation, teamwork, and advocacy. Throughout our history, we have taken on some of the District’s most challenging problems, developed proposed solutions to those problems, and then worked to implement our proposed solutions.

Much of my work at DC Appleseed focuses on health equity and working toward a more equitable, just, and thriving city for all District residents. My testimony today will emphasize the importance of syringe service programs in addressing HIV and the opioid crisis, ensuring opioid funds are timely and properly spent, the critical need for robust behavioral health crisis response, and the importance of a well-funded and staffed school-based mental health program.

Syringe Service Programs

The HIV epidemic has long been a focus for DC Appleseed. During its history, DC Appleseed has worked closely with the DC government to address the HIV epidemic in the District. As part of our health equity work, we are also closely following the opioid crisis in the District and the relationship between the opioid crisis and increases in infectious



diseases related to injection drug use. We also remain concerned about health equity and the disparities we see in HIV infections and opioid overdoses. Within the District, HIV disproportionately impacts our Black, Latino, and LGBTQ+ communities as well as our youth. Opioid overdoses are most impacting Black residents, particularly older men.

Syringe service programs play an essential role in preventing the spread of HIV and other infectious diseases, and they also serve as a bridge to other harm reduction resources, such as naloxone, as well as a connection point to other essential health and human services. Funding for DC's syringe service programs recently moved from DC Health to the Department of Behavioral Health, where the new Opioid Abatement Office has been launched to support an Opioid Abatement Advisory Commission. We urge DBH to continue robust support and funding of these crucial programs.

Opioid Abatement Funds

The District will receive roughly \$80 million in opioid settlement funds over the next 18 years. The Opioid Abatement Advisory Commission has been created to make recommendations on how best to use these funds to address the opioid epidemic, and the Office of Opioid Abatement will provide support, research, and grant management capabilities. These recommendations must be timely and rely on robust research and evidence-based approaches to prevention, harm reduction, and treatment, with input from the community and those with lived experience. As the District continues to face an opioid overdose crisis with over 400 deaths in 2023, timely implementation of effective programs can save many lives.

Once these recommendations are made, the Office of Opioid Abatement must be prepared to manage the grant process swiftly and efficiently, from requests for RFAs to the distribution of funds. The Office and the Commission must also implement vigorous oversight and data collection for all programs to ensure they produce intended outcomes and inform future responses and use of funds.

Robust Behavioral Health Crisis Response

It is imperative that the District swiftly and appropriately respond when a resident is facing a behavioral health crisis, whether that resident or a loved one is reaching out for resources and assistance or a call is placed to 911. The Access Help Line, the Community Response Teams (CRT), the Comprehensive Psychiatric Emergency Program (CPEP), and the Child and Adolescent Mobile Psychiatric Service (ChAMPS), which are run by or funded through DBH, are crucial components of an effective response to a resident facing a behavioral health crisis.

DBH must ensure these programs are available and fully staffed 24/7, with full that are well-trained, supported, and paid a competitive, living wage with benefits. These components are crucial for recruiting and retaining staff and providing the most effective and swift response when these programs are called upon to respond. DBH must also ensure they are working with OUC, MPD, and FEMS so that the proper team is dispatched when a 911 call comes in related to a person in crisis. District residents deserve a competent, compassionate, and effective behavioral health response in the face of a crisis, any time of day or night.

School-Based Behavioral Health

DC Appleseed is acutely aware of the behavioral health access disparities that exist in the District. We know that behavioral health support is vital to District youth, especially as we see increases in suicide, substance use, depression, and anxiety in juveniles, made worse by the impacts of the pandemic. Behavioral health services provided at District schools are crucial for prevention, intervention, and treatment. However, only roughly 68% of DC schools have a dedicated clinician, and that clinician often cannot provide all the services and supports that we know our students need and deserve.

DC Appleseed is a member of the Strengthening Families through Behavioral Health Coalition, and we stand with our fellow coalition members with the below three asks to ensure our school-based behavioral health (“SBBH”) program is effective and accessible to all DC students and can recruit and retain necessary clinicians and staff positions. While the first ask is the top priority, all three asks working together will lead to the most robust school-based behavioral health program for the District’s students.



1. Sustain compensation for SBBH's community-based clinicians, with inflationary adjustments, so that clinicians are in place to respond to behavioral health needs in DC public schools. At \$98,465 per CBO clinician for each of the 254 schools in the program, the total should be at least \$25 Million for CBO grants.
2. Provide compensation and develop guidance for the SBBH Coordinator role so that every school's Coordinator is equipped to connect staff, students, and families effectively with school behavioral health resources, at least \$381,000.
3. Pilot the addition of non-clinical staff positions to SBBH teams, which will increase the reach and capacity of the SBBH program's social-emotional learning and skill-building components, \$2.4 Million.

Please don't hesitate to reach out with any questions regarding my testimony.

Respectfully submitted,

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