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

Budget Oversight Hearing: Department of Behavioral Health April 10, 2024

Thank you for the opportunity to provide testimony regarding budget oversight for 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 (“DC Appleseed”). 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.

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 a well-funded and fully staffed School-Based Behavioral Health Program (“SBBH”) and the need for robust crisis response programs in the District.

School-Based Behavioral Health Services

DC Appleseed is acutely aware of the District's disparities in access to behavioral health care services. Behavioral health services and therapy can be challenging to access in our healthcare system, and many students who could benefit from them never connect to these services. Co-locating behavioral health services in our schools facilitates students' access to care.



We know that behavioral health support is vital to District youth, especially as we see increases in suicide, substance use, depression, trauma, anxiety, and absenteeism in juveniles, made worse by the impacts of the pandemic, ongoing public safety issues, and the impacts of financial strain on many District families given the current economic landscape.

As a member of the Strengthening Families through Behavioral Health Coalition, we stand with our fellow coalition members in calling for the District to maintain and expand critical investments to School-Based Behavioral Health in FY25 by increasing compensation for community-based clinicians. Currently, compensation for Community Based Organization (“CBO”) Clinicians in SBBH averages roughly \$63,000 per year, well below the 10th percentile (approximately \$74,000) of salaries for clinical social workers in the DC market. We must make clinician jobs more attractive and sustainable, especially during a workforce shortage. Behavioral health services provided at District schools are crucial for prevention, intervention, and treatment and for providing the safe and supportive environment students need to thrive and excel academically, socially, and emotionally. **We must create a robust pipeline and workforce of clinicians so students in every school can flourish, and a key component is increasing base salaries to improve recruitment and retention.**

We ask for the following funding for FY25 to ensure a sustainable and strong SBBH Program:

- **The Council must find \$6,155,587 to increase CBO grants for every school to the required \$98,465, allowing salaries to rise to \$74,033.**
 - CBOs require at least \$98,465 per CBO clinician to increase the base salary to the 10th percentile, \$74,033, and cover fringe benefits, overhead, and supervision costs.
 - In the proposed budget, CBO grants will only be \$80,819.67 - a full \$17,645.33 less than required, and funding for a base salary of \$63,153.
 - It appears the Mayor reduced the total grant allocation to \$18,854,523. Divided by the above grant amount, there is only enough to fund 233 clinicians versus 254 eligible schools.
 - The total cost to fully fund grants for each of the 254 schools in the program is \$25,010,110.

- **DBH must maintain investments in the Community of Practice (\$593,780).**
 - The Community of Practice brings providers, staff, and school leaders together in a collaborative learning environment to share best practices, support, and participate in learning activities. Continued investment in the CoP is essential to building provider capacity, maintaining consistent quality of services across the SBBH program, and ensuring providers have a supportive community of peers.
 - The proposed budget cuts this feature of SBBH entirely. In addition to making the CBO grants whole, we hope the Committee can restore the funding to the FY24 level (\$593,780) for this contract.

While DBH has not yet released the evaluation reports on the program for the last two school years, the evaluation data shared with the DBH Coordinating Council shows:

- Most students and families reported comfort in seeking help from a therapist or counselor at school.
- School staff reported feeling knowledgeable about warning signs of behavioral health challenges and believe SBBH staff do a good job supporting student behavioral health.
- Many school staff who reported referring students for behavioral health services believed the students benefited from treatment services, such as decreased behavior incidents, improved symptoms and use of coping skills, and increased connection to school.

SBBH is working, and we must continue to support and adequately fund CBOs and clinicians so this program can realize its full potential. **If we care about helping kids attend and thrive in school and the community, we must invest in School-Based Behavioral Health and the workforce of providers who help our children flourish in supportive, safe school environments.**

Crisis Response

As adults and youth continue to face behavioral health challenges and substance use disorder (“SUD”), it is imperative the District have a robust crisis response infrastructure to ensure those dealing with a mental health or SUD crisis receive timely care from a trained expert. The District has crisis response teams trained to respond to these crisis situations: the Community Response Team (“CRT”) through DBH and the Child and Adolescent Mobile Psychiatric Service (“ChAMPS”), currently implemented via a grant at Catholic Charities DC. These teams ideally respond to direct calls for immediate intervention or diverted calls to 911 or 988 that necessitate a prompt, in-



person response.

However, given staffing and funding issues, these calls are too often handled by police who may not have the proper training to understand the situation or to respond with best practices for the specific crisis. Trained responders are vital to ensuring more positive outcomes for residents in crisis.

Although the budget narrative reports an enhancement in funding to CRT, this is misleading. While the Mayor's budget provides a modest infusion of new local funds, this does not offset the more significant cut in federal funding. In reality, DC's CRT program faces a reduction of 1 FTE in FY25 despite being underfunded and understaffed in FY24. In its responses to performance oversight questions, DBH reported that they aim to have a CRT responder onsite within 30 minutes of a 911 call, but their average response time in 2023 was 91 minutes. As a result of these substantial delays, DC currently faces a lawsuit by Bread for the City and the ACLU-DC for failing to respond to calls for assistance in a timely manner during 2024. Additionally, DBH reported that only 60% of CRT positions were staffed at the time their responses were submitted. The District must adequately fund these crisis teams so they can offer adequate salaries, benefits, and support to employees, which will allow them to recruit and retain the staff needed to respond to crises promptly and 24/7.

While the budget for the grant for ChAMPS appears to be maintained at \$1.36M, we recommend increases to this funding. Due to inflation, a higher grant amount will be needed to maintain services and staff. Additionally, ChAMPS services do not currently adequately meet the needs of DC residents. Per DBH's responses to the Council's oversight questions, the ChAMPS team operates only Monday through Friday from 8 am to 8 pm, leaving District youth without specialized crisis care after hours. When ChAMPS cannot respond to a crisis due to limited capacity, CRT responds instead, heightening the need for better funding for both ChAMPS and CRT.

We know residents have better outcomes for behavioral health or SUD crises when they receive prompt, evidence-based care from trained professionals. DC residents deserve to have access to

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appropriate and timely care 24/7. Please ensure our crisis teams have adequate funding to provide this much-needed care and response.

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'KDE'.

Kristin D. Ewing
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