



## **SURVIVORS AND ADVOCATES FOR EMPOWERMENT**

Supporting and Empowering Domestic Violence Survivors since 1997  
Apoyando a Víctimas de Violencia Doméstica desde 1997

### **Testimony of Survivors and Advocates for Empowerment (DC SAFE)**

#### **FY25 Budget Hearings - Department of Behavioral Health**

#### **Committee on Health - DC Council**

**April 10, 2024**

Thank you Chairperson Heanderson and members of the committee. My name is Kylie Hogan and I am the Crisis Intervention Team Director at DC SAFE. DC SAFE provides 24/7 crisis intervention for domestic violence survivors in the District. As I have testified to before and many of our staff and partner agencies have expressed, Domestic Violence is a dynamic issue that impacts the whole person or family. For individuals struggling with mental and behavioral health, the type of care provided by the Department of Behavioral Health is often an essential element both for immediate stabilization and long term healing for survivors as well as being a critical component of safety for victims and accountability for perpetrators.

DC SAFE services are geared to offer immediate stabilization at a time of a domestic violence incident, but an essential part of our services is to assist survivors in connecting to long term resources for ongoing support as they heal. We are proud to partner with DBH in this capacity. We strive to be a crucial link through our Crisis Response Line for case workers and clients within DBH when domestic violence-specific services are needed, but we are fortunate to be able to rely on DBH to provide ongoing mental and behavioral health care for clients in need whether this is immediate crisis dispatch for clients in acute crisis or ongoing assistance with things like replacing critical medications, reconnecting with providers or collaborative work with individual clients to find creative solutions to meeting their needs.

In particular, I have appreciated DBH's proactive and dynamic participation in the High Risk Domestic Violence Initiative's (HRDVI) Domestic Violence System Review (DVSR). This initiative ensures providers across disciplines are engaged to share information and consider how to best serve survivors, something that was crucial throughout the pandemic and as we have emerged into a new landscape of service provision. But, further, it allows providers to review and find solutions for our community's most critical and complex DV cases. Having a strong partner in DBH is essential when we know that safety often hinges on strong partners who are invested in teaming and creative solutions.

In that theme, I want to praise the Mayor's budget in allocating funds for substance abuse and behavioral-targeted outreach pilots in Wards 1, 5, and 7. The current MPD-DBH Co-Response Program

has been a much needed resource to help address both the immediate mental health needs of some of our most vulnerable citizens but also to maintain safety. As I have previously testified, we have long seen that the police department is asked to do too much. Further, approaching situations of mental health or substance abuse in a punitive way does not begin to address the root cause of issues that warrant immediate intervention. Any additional funding that can help pivot the city's response toward connecting individuals to critical services through DBH is money well spent to find solutions and support for vulnerable citizens.

However, I am hoping as DBH and other city agencies consider innovative approaches to crisis response that the need for sustained outreach efforts are not forgotten. Individuals with mental or behavioral health issues or who may be caught up in a cycle of addiction are often at a high risk for falling victim to domestic violence as abusive partners or families leverage a victims' vulnerability to feed into a cycle of power and control. Immediate intervention through these sorts of co-responses or through DBH's crisis response team can be helpful, but individuals will continue to need help once they are past an immediate crisis. How that assistance is delivered is critical.

Frequently I see that those most vulnerable are assisted and provided information on follow up services, appointments, case managers, etc., but momentum is lost as individuals struggle to manage these on their own. DC SAFE offers services in a proactive way, not waiting for individuals to call or find us on their own, but rather partnering with those we know will encounter survivors in the community. New programming seems to be on the right footing in engaging in this proactive offering of service, but the next step is then problem solving and bringing continued support to individuals to keep progress going. Finding innovative ways to continue to bring services to clients outside the crisis window is something we see as essential. I mentioned before that domestic violence impacts the whole person and we often see that our clients are overwhelmed as the violence in their lives disrupts their stability across the whole mosaic of their life. Rather than expecting those struggling with the greatest needs to come to services, initiatives to provide warm hand offs, continued support catered to individuals' needs **and** to meet individuals where they are in the community are promising leads to long term success. In addition, the ability to track and recognize trends for the most vulnerable are essential to making an impact. We recognize mental health as a health issue so we should take our cues from innovative approaches to health care where the most vulnerable are not just provided a list of resources or a pre scheduled appointment but where intervention plans are dynamic and service delivery is pre-crafted to bring long-term services directly to those in need.



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As our work overlaps with many partners seeking to meet the needs of whole individuals, we have had significant success when we can partner dynamically with individual providers on behalf of our clients. This coordinated approach is best practice. I am pleased to see that the budget for DBH is expanding across not just pilots and collaborations, but in multiple aspects of their programming. Like many of our social service partners, we often find overwhelm and limited resourcing stifles the ability of case workers and mental health supports to excel and we hope this budget will help strengthen DBH as a whole. We hope that additional funding and staffing can add capacity in an area of work that sorely needs attention if we want to successfully support health and public safety for all DC residents.