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Howard University Hospital | HSC Health Care System
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DC Behavioral Health Association
DC Hospital Association | DC Primary Care Association

**Testimony of the DC Health Matters Collaborative
to the Committee on Health regarding
B24-0242: Beautician and Barber Behavioral Health Support Training Act of 2021**

Monday, November 15, 2021

My name is Amber Rieke. I am the Director of External Affairs for the DC Health Matters Collaborative. Thank you for the opportunity to testify in support of *B24-0242: Beautician and Barber Behavioral Health Support Training Act of 2021*.

About DC Health Matters Collaborative

Launched in 2012, the DC Health Matters Collaborative is a partnership of hospitals and federally qualified health centers (FQHCs) that combine efforts to assess and address community needs in the District of Columbia. We work together to achieve our stated vision: one healthy and thriving capital city that holds the same promise for all residents regardless of where they live.

Collaborative membership includes three non-profit DC hospitals (Children's National Hospital, Howard University Hospital, and Sibley Memorial Hospital); four community health centers (Bread for the City, Community of Hope, Mary's Center, and Unity Health Care); and three associations (DC Behavioral Health Association, DC Hospital Association and DC Primary Care Association).

Based on our 2016 and 2019 needs assessment findings, the Collaborative is organized around four key priorities: Mental Health, Care Coordination, Health Literacy, and Place-Based Care.

Support for Expanding Behavioral Health Conversations

The stated goal of the legislation is "to provide behavioral support training to barbers and beauticians for the benefit of their clientele. This training shall include recognizing mental health issues and engaging clients in discussions for mental and emotional support." We believe expanding this kind of work has the potential to improve the health of the District.

DC Health Matters conducted needs assessments in 2013, 2016 and 2019. Our [2019 Community Health Needs Assessment](#) identified four actions required by the health sector and government to improve health in DC:

1. Foster Community Dialogue
2. Build Relationships
3. Develop Workforce Capacity
4. Simplify the Path to Wellness

Based on these findings, we have advocated for the integration of behavioral health services and conversations in trusted and accessible locations in the community. For example, we have been advocating for full and sustainable expansion of the school behavioral health expansion program to situate services in schools for children and families. We are grateful for the efforts of this Committee, Council and the Department of Behavioral Health for the important investments and commitments to this program.

Support for the Model

DC is seeing predictable COVID-related impacts on the population's mental health, reflecting global trends, including increases in people seeking help with anxiety and depression, screening with moderate to severe depression, increases in reports of thoughts of suicide and self-harm (particularly for LGBTQ+ youth), and general difficulty with isolation and loneliness. Data also shows increases in Asian and Pacific Islander population seeking mental health services; and screeners for Black populations showing the highest percent changes over time regarding anxiety and depression. There is fear about increased rates of abuse with decreased access to points of connection for help due to service closures and reduced capacity.

Even before the pandemic, there were myriad reasons for a city-wide spotlight on behavioral health. The opioid crisis continues to take the lives of hundreds of District residents as overdose numbers continue to rise. Increased violence in the community may arise from - and result in - trauma to individuals, families, and neighborhoods.

There is a significant workforce shortage of behavioral health providers, especially for children, and persistent stigma and barriers that prevent people from connecting to care. In fact, about 60% of adults and youth with mental illness are not receiving treatment. This may inhibit their ability to work, go to school, care for themselves or others, or result in a mental health crisis. The Office of Unified Communications (OUC) noted at its 2021 oversight hearing that 911 logged over 8,000 calls for such a crisis in a six-month period in 2020.

Elevating

Barber shops and salons often rank up alongside schools – probably surpass for some – as the community settings with the most reach, trust, and connections to have stigma-breaking, heart-felt conversations.

We are heartened to see this bill at this time, and would like to learn more. We have heard of the national Confess Project, an organization focused on training barbers to become mental health advocates in their communities. There are surely other models to learn from.

Some of our questions may be for down the road in implementation, but some could be answered in the text:

1. What kind of training would be provided, and by whom? We'd recommend at least Mental Health First Aid, which is a structured, evidence-based training model, eight hours in total, with one hour about SUD & opioids. In our view, the more community members that can be equipped with these skills and training, the better for all of us.
2. Will barbers and beauticians be compensated for participation? We would hope to see at least training fees and time compensated.
3. What agency will be overseeing implementation? How will the program be operationalized and funded?
4. Does the training follow the individual, or the shop where they work? Is there any incentives, benefits or designations from the government for having a staff member trained?
5. Will there be ongoing training and relationship? Will a barber or beautician have the ability to make a warm hand-off to services, like referrals to other organizations? To ACCESS Helpline? We know that many providers have long waiting lists for referrals, which is important to take into account and set expectations.
6. Will there be support to make connections to the services to meet a clients social needs, to the extent that things like food or housing insecurity, etc, are sources of stress.
7. Will there be any liability concerns for the shop or salon's business? Will they become a mandatory reporter for concerns of harm to self or others?

We look forward to following this bill and proposed program. We also want to take the opportunity to mention, that we still need to improve the underlying behavioral health system to truly meet community needs. We need a District-wide, cross-sector strategic plan for workforce development in this area, especially to draw on young and long-time District residents of color to serve. The previously proposed Interagency Council for Behavioral Health could facilitate such a project.

The system must improve pay and retention strategies for current providers, including peer support positions and community health workers. We recently held listening sessions with behavioral health professionals and summarized the findings and themes in a white paper entitled [“Improvements to Behavioral Health Provision and Integration in D.C.: Listening to our Behavioral Health Workforce and Youth.”](#) In speaking with providers and leadership, we heard several themes and recommendations:

1. **Reduce obstacles to entering behavioral health fields:** address costs to pursue formalized clinical education; address lack of awareness of non-clinical roles and/or different types of behavioral health roles, including in harm reduction; address credentialing timelines, requirements, and processes; and inadequate pay;
2. **Make targeted improvements to reimbursements, billing, contract and grant opportunities, and insurance structures:** increase opportunities for behavioral health coverage, to provide sufficient pay for behavioral health workers, including peer support roles and community health workers;
3. **Address existing and emerging challenges for organizational recruitment and behavioral health provider retention:** address provider satisfaction, incentives and pay; address credentialing, competition, diversity and inclusion, and turnover issues; and address the need for a provider pipeline in coordination with local colleges and universities; and
4. **Increase attention from policymakers and D.C. government agencies to behavioral health providers and organizations:** increasing reimbursement rates and billing opportunities, funding mutual aid systems, and citywide collaboration and investment into cohesively integrated referral systems, care coordination, and consultation.

Our participants also delved further into how to build the behavioral health workforce, how to increase provider satisfaction, and what system improvements to implement. To truly improve mental health in our community, we must have the workforce to support treatment and create a stronger system for insurance coverage for ongoing care.

Conclusion

In conclusion, the DC Health Matters Collaborative welcomes all efforts to expand access to health care and compassionate conversations in trusted spaces. We look forward to seeing how the District government can further its goals using community leaders and peer supports through programs such as the one proposed in *B24-0242: Beautician and Barber Behavioral Health Support Training Act of 2021*. We will make ourselves and our providers available to assist in any way possible.