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Testimony Before the District of Columbia Council
Committee on Health
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Public Hearing:
B23-178, the “Interagency Council on Behavioral Health Establishment Amendment Act
of 2019”

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Introduction

Good afternoon Chairman Gray and members of the Committee. My name is Michael Villafranca. I am a Policy Analyst at Children's Law Center¹ and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

Thank you for the opportunity to provide testimony on the Interagency Council on Behavioral Health Establishment Amendment Act of 2019. DC's public behavioral health care system, despite many recent improvements, is still not fully meeting the needs of our children and families, and reform is needed. As we have testified year after year, many of the children we work with—children in the foster care system or receiving special education services—only need our help because their behavioral health needs have gone unaddressed. Many have been faced with multiple adverse childhood experiences and resulting complex trauma and need access to high-quality services to achieve stability. However, even our well-trained lawyers have difficulty connecting children to appropriate services and cite the lack of timely, quality and appropriate behavioral health services as one of the greatest barriers to success for our children. This barrier is but a symptom of the highly fragmented and complicated

public behavioral health services delivery system in the District. Children's Law Center, along with Children's National Health System and the DC Behavioral Health Association, recently published a paper that outlines the current system and demonstrates its fragmentation and complexity.²

A robust public behavioral health care system with high-quality, culturally competent and easily accessible services that span promotion, prevention, early intervention, and treatment continuum is critical to advancing the health and well-being of the District's children and families. Yet, in the current system, families rarely even see the whole map of programs and services before they begin the complicated process of seeking treatment. Additionally, there are many payment structures and providers, and often parents are unable to find anyone who has an accurate and comprehensive understanding of all the program and service options available for their child. Because even providers and case managers do not fully understand the District's system, parents are often referred to providers who do not accept their specific type of Medicaid or any Medicaid at all. During the time a family waits to find appropriate services and treatment, the child's condition deteriorates.

It is important to recognize that public behavioral health services in the District are delivered through a variety of programs and services that are spread across multiple child serving agencies, including: Child & Family Services Agency (CFSA); Department of Behavioral Health (DBH); Department of Health (DC Health);

Department of Youth Rehabilitation Services (DYRS); DC Public Schools (DCPS); and the Office of the State Superintendent of Education (OSSE). Each agency plays a vital role in providing services to children and families, but this fragmentation makes it extremely challenging for families looking to access services due to the lack of interagency coordination. Even while there are a variety of groups having conversations to help overcome these challenges, those conversations—and the proposed solutions formulated—are also fragmented.

Through an Interagency Council on Behavioral Health, we have an opportunity to reduce this fragmentation and increase the coordination among stakeholders—governmental and non-governmental—that are working to meet “the needs of individuals and families who are experiencing behavioral health challenges or are at risk of experiencing behavioral health challenges.”³ While the Department of Behavioral Health (DBH) leads the charge to develop, manage and oversee DC’s public behavioral health system, the responsibility for ensuring that timely, appropriate, high-quality services are delivered to all children and families who need them extends beyond just DBH—which is why it is critical that we rely on sound leadership from not only the Director of DBH but also other heads of DC’s government agencies, including those within our justice and education systems.

The District has never been more ready to make good on its promise to our children and families. The price is too high when children’s behavioral health needs are

not met. It will take the coordinated efforts of the government and the community to build on the progress made to provide appropriate and accessible behavioral health services to our children, youth, and their families. We stand by our community partners in support of the Interagency Council on Behavioral Health Establishment Amendment Act and urge this committee and the Council to make its creation a reality by passing this bill.

Conclusion

Thank you again for the opportunity to testify, and I welcome any questions.

¹ Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With nearly 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

² Report from Children’s Law Center, Children’s National Health System, and the District of Columbia Behavioral Health Association (2019). *Behavioral Health in the District of Columbia for Children, Youth & Families: Understanding the Current System*. Retrieved from https://www.childrenslawcenter.org/sites/default/files/Children%27s%20Behavioral%20Health%20in%20DC%20Current%20System%20FINAL%20DRAFT%20max%20edit%202.14.19_1.pdf

³ Bill 23-178, the “Interagency Council on Behavioral Health Establishment Amendment Act of 2019.” See Paragraph (a) of new Section 5120e. Powers and duties of the Interagency Council.