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Testimony Before the District of Columbia Council
Committee on Health & Human Services
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Deputy Mayor for Health & Human Services

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Good morning Chairman Alexander and members of the Committee on Health and Human Services. My name is Judith Sandalow. I am the Executive Director of 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 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

I am pleased to testify today regarding the Office of the Deputy Mayor for Health and Human Services. As the Committee knows, this office is under new leadership, with Brenda Donald assuming the position of Deputy Mayor, following three years leading the Child and Family Services Agency. As this Committee begins its oversight of this office under Deputy Mayor Donald's leadership, I urge the Committee to closely follow and assess the Deputy Mayor's progress in building a coordinated and comprehensive service delivery system for the District's most vulnerable children and families. The Office of the Deputy Mayor for Health and Human Services has great potential to unify a health and human services cluster that is often fragmented in its approach, and given Deputy Mayor Donald's history of successfully working across agencies to better serve children and families, I believe we all have cause for optimism.

Introduction

Although the District has experienced significant economic growth in recent years, the fact remains that for many children, the District is a hard place to grow up. A third of our children live in neighborhoods with deep poverty,² more than 2,000 are homeless,³ and more than 1,000 are living in foster care, without a permanent home. Further, far too many children in the District have been exposed to violence at home or in their neighborhoods. These are the children that CLC sees every day, and we know that as a result of poverty and chronic instability in their lives, they face a range of often co-occurring challenges, including the lingering physical and emotional effects of abuse and neglect, long-unmet mental health needs, developmental deficits, underperformance or exclusion from school, and difficulty preparing a for stable adulthood. The conditions under which our children live all too often throw them into crisis, with multiple sources of stress and trauma leading to multiple needs. Multiple needs, in turn, often require a variety of different services and supports, delivered in concert, to make a child whole again.

Why the Deputy Mayor Matters

Over the last several years, the District's various health and human services agencies have increased the variety and capacity of services for children and families. Within the Child and Family Services Agency, for example, there has been a concerted effort to

grow the amount of community-based programming available to families, so that the agency does not have to remove children from their homes and put them in foster care.⁴ Through our Medicaid program, more children than ever have access to a pediatrician⁵ – meaning, among other things, that we have a better chance of catching childhood illnesses and developmental delays early. With financial support of multiple agencies, including the Department of Health, CFSA, and OSSE, home visiting providers are reaching hundreds of families across the city, providing interventions that are proven to benefit young children and their parents.⁶ By requiring regular reporting, the Department of Health Care Finance has begun the process of ensuring the Managed Care Organizations – that provide coverage to 90% of children enrolled in Medicaid – actually provide these children with the mental health services to which they are entitled.⁷ And with special thanks to you for your leadership, Chairman Alexander, with the passage of the Behavioral Health System of Care Act of 2014, the Department of Behavioral Health and its partners are poised to launch the DC Mental Health Access in Pediatrics project (the contract is expected to be awarded within the next 30 days), which will provide consultations to pediatricians who are treating patients with mental health needs within their primary care practices.

But while some families are benefitting from this progress, there are still problems. The capacities of many existing programs still fall far short of community demand, meaning there are more families who could benefit from supports than are

actually receiving them. Just as importantly, children and families facing multiple challenges often get help to solve one problem, but not enough to put them on the road to safety and success, leading them to backslide or lurch from crisis to crisis. Finally, there are many children throughout the District who are living in poverty, but who no DC agency views as its responsibility. These children experience all of the negative effects associated with poverty and are extraordinarily vulnerable, but remain invisible to our human services system until they happen to fall into crisis. Simply put, for all of the progress of the last few years, there are still far too many ways for children and families to fall through the cracks in a system that should be fully attentive to their needs.

These problems persist, in part, because individual DC agencies remain narrowly focused on their own specific missions – addressing parental abuse or neglect, for example, or providing income support and shelter to poor or homeless families – and, as a result, only look to serve children within clearly-defined target populations. There is no consistent mechanism for considering children who have similar needs but are the formal responsibility of other agencies, or who don't fit neatly into the target population of any agency at all. Nor is there any one agency or individual who looks at the District's entire child population and asks "what do our most vulnerable children need in order to succeed?" There is a serious need for a single office within the Executive branch to take a comprehensive approach to assessing and addressing the needs of the

District's children. This includes ensuring that, collectively, the services offered across all child-serving agencies match the needs of DC's poorest populations; that there is a cluster-wide plan to coordinate service delivery across agencies; and that no vulnerable child slips through the cracks just because he or she falls outside a particular agency's service population. Someone must make sure that, at all times, family-serving agencies coordinate with each other to reach all children and families who are in need of support.

This is where the Deputy Mayor for Health and Human Services can play an important role. Because the Deputy Mayor is responsible for a large number of the District's child and family-serving agencies, she is in a unique position to work with agency directors to build a unified service delivery system based on certain fundamental values, including:

- 1) That across all family-serving agencies, there is a full range of services available to meet the variety of challenges that children and families face, including children in poverty who do not fall within the target population of any individual agency;
- 2) That programming is adequately scaled to match capacity with community demand;
- 3) That children and families are always able to access needed services from across the health and human services cluster, regardless of which specific agency is serving a family at any given time; and
- 4) That when the services that a family needs are spread across multiple agencies, the delivery of services is coordinated to allow families facing multiple challenges to receive comprehensive support.

A strong and well-resourced Deputy Mayor for Health and Human Services can break down the walls between agencies and provide the District with a clear vision for addressing the challenges that thousands of poor children face every day.

The Right Leadership at the Right Time

Given this need for vision and interagency coordination, I am very pleased to see that the Administration has appointed Brenda Donald as our new Deputy Mayor for Health and Human Services. Deputy Mayor Donald has a history of fostering collaboration across agencies, most recently as the Director of CFSA. As CFSA Director, Deputy Mayor Donald developed a vision, the Four Pillars Framework, of a child welfare system that removed fewer children from home, served more families in their communities, used foster care as a time-limited intervention, and focused on the well-being of children at all stages of agency involvement. In service of this vision, she reached out to directors and senior leadership at other DC agencies, community-based service providers, and long-time child welfare stakeholders. As a result, in recent years, CFSA has been able to expand its service offerings for families using existing resources from across the District Government and the provider community. Services have included DBH mental health specialists to work with families who are at-risk of child welfare involvement,⁸ community-based infant and maternal health specialists,⁹ home

visiting programs for at-risk families through provider partnerships,¹⁰ and beginning in March, the expansion of housing options for recently-emancipated foster youth through a joint supportive housing program with the Department of Behavioral Health. While there is still much work to be done to improve the District's child welfare system and we will miss Deputy Mayor Donald's leadership at CFSA, we believe she is the ideal person to fill the role of Deputy Mayor and look forward to working closely with her in the coming years.

Conclusion

We are optimistic that under Director Donald's leadership, and with this Committee's guidance, we can create a unified health and human services system – one that treats children, not just as clients of one agency or another, but as our children: The responsibility of our community as a whole.

Thank you 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 be the voice 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 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 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 https://www.dactionforchildren.org/sites/default/files/2014KC_profile_DC_1.pdf

³ <http://www.mwcog.org/uploads/pub-documents/ql5bX1820140714163555.pdf>

⁴ CFSA FY 2013-2014 Responses to the Human Services Committee's Oversight Questions, Q1.

⁵ http://www.washingtonpost.com/local/education/report-dc-youth-more-likely-to-attend-preschool-have-health-insurance/2014/07/23/43edc2b4-1205-11e4-8936-26932bcfd6ed_story.html

⁶ Several studies have shown the positive impacts of home visiting programs in a variety of areas, including improved pre-natal health, improved birth weight and growth in babies, improved parent-child interactions, improved performance in measures of child development, and decreased frequency of abuse and neglect (see, e.g., American Academy of Pediatrics, *The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families* (1998).

<http://pediatrics.aappublications.org/content/101/3/486.full>). More recent research has shown that home visiting can have a positive impact on a child's level of school readiness at the level of kindergarten and reduce the frequency of retention in first grade (see, Libby Dogget, *New Research Strengthens Home Visiting Field, Zero to Three*, p. 7-8 (January, 2013). <http://zerotothree.org/zttjournal/new-research-strengthens-home-visiting.pdf>). Programs benefit not only children, but parents as well, as studies have shown that mothers who receive home visiting experience fewer subsequent pregnancies, increased rates of return to (or continuation in) school, and less criminal behavior and parental impairment due to substance abuse (see, *supra*, American Academy of Pediatrics).

⁷ See, Department of Health Care Finance, *District of Columbia's Managed Care End-of-Year Performance Report (July 2013 – June 2014)* (February 2015).

⁸ CFSA FY 2013-2014 Responses to the Human Services Committee's Oversight Questions, Q1.

⁹ *Id.*

¹⁰ *Id.*