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Testimony Before the District of Columbia Council
Committee on Health and Committee on Facilities and Family Services
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Public Hearing:
Bill B25-0500, Alternative Restorative Therapy Options for Youth
Amendment Act of 2023 and Mental Health in the Child Welfare System

Children's Law Center
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My name is Rachel Ungar, and I am a guardian *ad litem* with Children's Law Center. Children's Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism, and other forms of oppression. Each year, our attorneys serve as guardians *ad litem* for several hundred children in foster care and protective supervision – more than half of all children in the care and custody of the Child and Family Services Agency (CFSA).ⁱ

I am here to testify about the unmet mental health needs of the children and families within the District's child welfare system. As a guardian *ad litem* representing youth in child abuse and neglect cases, extreme stress and trauma are inherent to my clients' circumstances—whether it is based on the events that led to CFSA involvement in the first place, the trauma inflicted by separating a child from their family, or the trauma of bouncing between multiple strangers' foster homes while coping with feelings of confusion, abandonment, and unworthiness.

A necessary aspect of our role is to advocate for clients to receive the services and interventions necessary to reduce the effects of severe stress and trauma and develop the skills they need to navigate the difficult circumstances they face. But no legal advocate or court order can ensure clients receive these critical supports if they don't exist. Yet that is the landscape we are operating in. DC's public behavioral health

system lacks the resources necessary to properly serve our clients—and it is leading to devastating outcomes.

In particular, I am here today to share how the lack of adequate mental health resources has impacted one of our clients. We will call them Leslie. Leslie has spent their preteen and early teenage years in foster care. Following their removal, they wanted nothing more than to return home to their mother and siblings. Their confusion and anger at why CFSA would not allow them to go back to their mother affected their relationships and behaviors in all contexts of their life. Simultaneously, Leslie's feelings of rejection, abandonment, and unworthiness from having been separated from their family and forced to remain in the homes of strangers strained their parent-child relationship.

Without a healthy outlet, Leslie's emotions went unprocessed and began to build up. Over time, this began contributing to a self-defeating and tumultuous cycle. Leslie spent day after day in their foster home waiting for the reprieve of their next parent-child visit. But when the time actually came for Leslie to visit with their mother again, Leslie didn't know how to interact with her or express their emotions around being involved in this system. This led to increasingly adversarial dynamics between Leslie and their mother and contributed to even greater strife for Leslie.

Soon, those emotions began bleeding over into Leslie's school days. Leslie began losing academic interest and exhibited avoidance behaviors, such as getting into fights

or absconding from school grounds. As the number of incidents grew, so too did Leslie's receipt of suspensions, police calls, and even trips to the emergency room for psychiatric assessment.

These incidents alarmed Leslie's foster parents who, overwhelmed and feeling unequipped to manage their behaviors, would ask CFSA to remove Leslie from their home—which only reinforced the feelings of confusion, abandonment, and worthlessness that started this cycle for Leslie in the first place.

This was a cycle that could have easily been interrupted. Leslie's social workers submitted countless referrals for mental health services. But it can take weeks or even months to just get off the wait list to schedule an intake appointment. It can then take *another* several weeks or months for the given core service agency to identify and assign an available provider to a client. And, even after a provider is found and assigned, it can sometimes take *yet another* several weeks or months before they actually schedule their first session with a client.

Even if you make it past all of these hurdles, it still doesn't guarantee that a client's mental health needs will be met. I'll use Leslie's CBI (Community-Based Intervention) services as an example. Leslie was recommended for in-person CBI services because virtual therapy was not working for them. As a reminder, Leslie was a preteen who could think of a million other ways they'd rather be spending their time. And, facing increasingly serious outcomes flowing from their unmet needs, they

needed a clinician who could meet them anytime, anywhere to help them manage triggering situations and prevent them from escalating into crises. Leslie waited months before they were finally assigned a CBI worker. They then waited another two months before the CBI worker scheduled their first appointment together. The CBI worker then conducted fewer than five sessions over the course of a month—not even close to the three sessions per week Leslie had been recommended and authorized to receive—before suddenly disappearing from Leslie’s life.

After the CBI worker suddenly stopped communicating with Leslie, the core service agency didn’t replace them with another CBI worker to fulfill the same role. Instead, they gave Leslie a new therapist who had been trained in CBI, who only met with Leslie virtually once a week.

This is only one of Leslie’s experiences, but Leslie has faced similar barriers to working with other providers as well. Leslie now has no community-based crisis intervention services to interrupt their self-defeating and tumultuous cycle. Leslie’s lack of mental health supports has left them to fend for themselves while living out some of the worst-case scenarios one can imagine for any teenager.

As a consequence, Leslie has repeatedly missed out on accessing their education. They face an extremely high risk of becoming involved in the juvenile system. They now associate mental health professionals with trauma because so many of their encounters with them have been the result of being taken involuntarily for psychiatric

assessment. And now, Leslie faces a future where their mother's inability to meet their mental health needs is causing the government to contemplate changing Leslie's case goal from reunification to adoption or guardianship.

Leslie's is just one story, though. I can tell similar stories for almost every client I work with—and their families. So many of our cases are delayed because of the barriers parents face to obtaining the mental health services they need to reunify with their children. In one case, a parent who entered the system with a domestic violence (DV) protection order against her children's father experienced several additional DV incidents while waiting to begin working with a DV counselor. Her delay in receiving services not only resulted in her multiple additional hospitalizations, but also caused the government to recommend changing her children's permanency goal to adoption because she was not making sufficient progress to ameliorate the risk of exposing her children to DV.

Moreover, waitlists aside, the barriers parents face in finding providers who can accommodate parents' disability needs, work schedules, or transportation limitations can prove insurmountable. Foster parents face these challenges as well. While the consequences may not be as dire as for biological parents, whose parental rights and family integrity are on the line, a foster parent's inability to connect with appropriate services to meet our clients' needs often results in our clients being shuffled from one home to another in the hopes they might manage to land with someone capable of

meeting their needs. As each placement disruption risks re-traumatization for our clients, it is also necessary to ensure foster parents receive the services they need to create stable, supportive, and healthy environments for our clients.

In summary, the consequences of DC's inadequate public mental health system are devastating to its youth and families. I implore you to take the actions necessary to interrupt these cycles. Please increase the capacity of DC's public mental health system.

Thank you.

ⁱ Children's Law Center attorneys represent children who are the subject of abuse and neglect cases in DC's Family Court. CLC attorneys fight to find safe homes and ensure that children receive the services they need to overcome the trauma that first brought them into the child welfare system. DC Children's Law Center, Who We Are, available at: <https://childrenslawcenter.org/who-we-are/>. The term "protective supervision" means a legal status created by Division order in neglect cases whereby a minor is permitted to remain in his home under supervision, subject to return to the Division during the period of protective supervision. D.C. Code § 16-2301(19).