

**Testimony of Kate Coventry, Senior Policy Analyst  
At the Public Hearing on B23-178 “Interagency Council on Behavioral Health Establishment  
Amendment Act of 2019”  
DC Council Committee on Health  
June 21, 2019**

Chairman Gray and other members of the Committee, thank you for the opportunity to submit this written testimony. My name is Kate Coventry, and I am the Senior Policy Analyst at the DC Fiscal Policy Institute. DCFPI is a non-profit organization that promotes budget choices to address DC’s economic and racial inequities and to build widespread prosperity in the District of Columbia, through independent research and thoughtful policy recommendations.

I’m writing to support Bill 23-178, the “Interagency Council on Behavioral Health Establishment Amendment Act of 2019.” Modeled on the Interagency Council on Homelessness (ICH), the Interagency Council on Behavioral Health will facilitate interagency, cabinet-level leadership in planning, policymaking, program development, and budgeting for a culturally competent, outcomes-based, behavioral system of care. This system of care will include prevention, harm reduction, treatment, and recovery support services related to mental health disorders, addictions, and the abuse of alcohol, tobacco, and other drugs.

The Council will be composed of:

- 19 city agencies;
- behavioral service providers;
- individuals experiencing a behavioral health challenge or in recovery or immediate family member, guardian, or caregiver of such an individual;
- advocates;
- representatives of business, academic, philanthropic, or other private sector organizations;
- trade associations that represent organizations that provide behavioral health services;
- professional associations that represent individuals that provide behavioral health services;
- each Medicaid Managed Care Organization with a current contract with the DC Department of Health Care Finance (HCF);
- Chairman of the DC Council or his designee; and
- Chairman of the DC Council Health Committee or his designee.

The Council will be staffed by a new Director of the Interagency Council on Behavioral Health who will help lead and coordinate the Council and provide a single point of accountability for the improvement of the behavioral health system of care. It will also create a strategic plan, set and monitor performance measures, and create an annual report on DC’s progress in improving the behavioral health system of care.

As an appointed, voting member of the ICH, I have witnessed the ICH’s many successes and believe an Interagency Council on Behavioral Health can also be successful. A Strategic Plan can

incorporate the relevant partners, clarifies spending and priorities, and reduces fragmentation. The Department of Behavioral Health alone cannot make the needed changes to ensure that every District resident has access to needed behavioral health supports. Many agencies, providers, and residents need to be at the table, working together, to make this vision a reality. An Interagency Council on Behavioral Health will create this space.

There are many ways that the ICH has been a successful model:

- Requiring directors of every agency that in some way address homelessness to participate in the ICH means that decisions can be made in a timely way and then implemented.
- Making it a body of government officials, affected people, providers, advocates, and other community members, makes the issues of homelessness a community problem and tasks the community with coming up with solutions.
- Another advantage of the ICH is that it builds buy-in from all the actors, particularly providers, who are tasked with making changes. Providers appreciate the opportunity to provide feedback rather than receiving policy mandates.
- Finally, consumers provide critical feedback through the ICH on the quality of services and unmet needs and have a forum to share policy ideas.

The ICH Strategic Plan and Plan Updates provide a framework for partners and DC residents to understand the problems of homelessness and the strategies to address these problems. It allows for the monitoring of progress both within a single agency and across agencies when collaboration is needed. Workgroups bring all the relevant actors together to work on issues. This brings more knowledge and more points of view than would happen otherwise. It also brings a variety of people together who can take on part of the project. In one instance, DCFPI analyzed weather data to inform the ICH's decision on whether rain conditions should be considered when making hypothermia alert decisions. In other examples, advocates and providers worked through the ICH to recruit residents to testify in support of new shelter locations at Zoning Commission hearings and called faith and community institutions to help the District locate desperately needed additional hypothermia shelter space.

I strongly support the creation of an Interagency Council on Behavioral Health.

Thank you for the chance to submit this testimony.