



501 3<sup>rd</sup> Street, NW · 8<sup>th</sup> Floor  
Washington, DC 20001  
T 202.467.4900 · F 202.467.4949  
[childrenslawcenter.org](http://childrenslawcenter.org)

Testimony Before the District of Columbia Council  
Committee on Health  
April 4, 2022

Public Hearing:  
Budget Oversight Hearing  
District of Columbia Department of Health

Leah Castelaz  
Policy Attorney  
Children's Law Center

## **Introduction**

Good morning, Chairman Gray, and members of the Committee. My name is Leah Castelaz, and I am a Policy Attorney at the Children's Law Center.<sup>1</sup> I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a stable 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. CLC is a member of the Early Childhood Innovation Network (ECIN),<sup>2</sup> the Under 3 DC Coalition,<sup>3</sup> and the Home Visiting Council.<sup>4</sup>

I appreciate this opportunity to testify regarding the Mayor's proposed FY2023 budget for DC's Department of Health (DC Health). Many of the children we work with – children in the foster care system or receiving special education services – have faced multiple adverse childhood experiences resulting in complex trauma and need access to high-quality health services to achieve stability. Children require timely access to appropriate mental health services, like early prevention and intervention services and behavioral health providers, to help meet their social, emotional, and developmental needs.<sup>5</sup> Investing in children's physical and mental health at a young age can strengthen families<sup>6</sup> and create a foundation for DC children to have a healthy, productive future.<sup>7</sup>

These investments are particularly important in light of the pandemic. National research has revealed significant negative behavioral health effects in children and

families since the start of the pandemic.<sup>8</sup> One national survey found that 14 percent of parents reported that their children's behavioral health had worsened during the pandemic.<sup>9</sup> Additionally, parents have reported the toll the pandemic has taken on their own behavioral health citing increased depression, anxiety, and substance use.<sup>10</sup> The worsening behavioral health of children and families, however, can be mitigated by providing adequate, timely, and appropriate access to behavioral health services.<sup>11</sup> As the District emerges from the pandemic, there is a need to invest in behavioral health supports and resources starting with the District's youngest residents and their families.

Although the Mayor's proposed budget for FY2023 does not cut funding for early childhood prevention and early intervention behavioral health services, it unfortunately does not provide any new investments in these areas either, including the HealthySteps program.<sup>12</sup> Further, the proposed FY2023 budget is unclear as to what, if any, investments DC Health will make to address behavioral health care workforce shortages – an ongoing issue that has only been exacerbated by the increased demand for behavioral health services caused by the pandemic.

We are fortunate that the District's financial recovery from the pandemic is looking much better than expected. According to the latest projections from the Office of the Chief Financial Officer (OCFO), the District will take in approximately \$506 million more in revenue for FY2022 than was anticipated when the Council approved the FY2022 budget in August 2021.<sup>13</sup> This is in addition to the over \$570 million excess

surplus from FY2021.<sup>14</sup> Projected revenues for each year of the upcoming financial plan are also higher than previously anticipated.<sup>15</sup> OFCO estimates that FY2023 revenues will be 3.9 percent higher than FY2022 revenues – an increase of nearly \$360 million dollars.<sup>16</sup> Given this unanticipated additional revenue and the projected financial strength of the city, the Council is well-positioned to prioritize much-needed investments in our health system that will improve access for children and families to quality services like HealthySteps.

My testimony focuses on two critical areas of investment in behavioral health that we urge be added to the DC Health Budget. We ask the Committee to commit:

- **An additional \$300,000 in recurring local dollars for the HealthySteps program to allow the program to expand to an additional site.** Increasing public investments in the District’s HealthySteps program will increase access to enhanced pediatric primary care services in communities where they are needed the most.
- **Funding for three additional FTEs for the Health Professional Licenses Administration to increase the number of licensing specialists reviewing social work and professional counseling licenses in the District.** Increasing the number of licensing specialists specifically for social work and professional counseling would decrease processing time for behavioral health licenses and increase the workforce flow of behavioral health professionals into the District.

## **HealthySteps Needs Additional Funding to Expand Access to Services**

HealthySteps is an evidence-based national program model that provides infants and toddlers with social-emotional and development support by integrating child development specialists into primary care.<sup>17</sup> HealthySteps in the District embeds Family Services Coordinators (FSCs)<sup>18</sup> and HealthySteps Specialists (HSSs)<sup>19</sup> within the primary care setting to engage with families at each routine pediatric visit from birth to three years of age. FSCs and HSSs support primary care providers, address both the physical and mental health of their patients and patients' families, and provide guidance and referrals to families who need additional services. HealthySteps is currently in three sites funded by DC Health through local dollars.<sup>20</sup> In FY2022, DC Health anticipates adding two sites at Unity Health Care, bringing the total number to five HealthySteps sites in Wards 7 and 8 by the end of FY2022.<sup>21</sup>

Although the Mayor's proposed FY2023 budget provides funding to continue the three existing HealthySteps sites and two anticipated HealthySteps sites, it does not include the new investments needed to establish additional sites that reach all the children and families originally envisioned in the Birth-to-Three for All Act of 2018 (Birth-to-Three). Birth-to-Three calls for HealthySteps sites to be established in Wards 5, 7, and 8.<sup>22</sup> HealthySteps is currently in the process of expanding to its fourth and fifth site in Wards 7 and 8, but there are no plans in FY2022 to add to a site in Ward 5 as envisioned in Birth-to-Three.<sup>23</sup>

Wards 5, 7, and 8 face the highest poverty rates in the District.<sup>24</sup> Children and families in these Wards experience disproportionate barriers to economic security and health care.<sup>25</sup> While the effects of poverty on families and children are extraordinarily complex, there has been significant research that draws a strong link between living in a low-income household with an increased risk for behavioral health problems for both children and adults.<sup>26</sup> Despite this well-established link, children and families living in poverty are some of the people least likely to be connected with high-quality behavioral health care.<sup>27</sup> Living in poverty causes both a need for behavioral health care and a wide range of challenges for children and families to be able to access that care.<sup>28</sup> The obstacles Ward 5, 7, and 8 children and families face include lack of readily accessible services within the respective Wards,<sup>29</sup> stigma around receiving services,<sup>30</sup> and the affordability of services.<sup>31</sup>

Integrated behavioral health care models, however, have shown significant promise in improving behavioral health access and outcomes for children and families residing in the contexts of poverty.<sup>32</sup> HealthySteps is designed to provide additional supports and resources for low-income families by improving access to behavioral health services in a setting in which children and families frequent the most, such as their primary care pediatrician for well-child visits.<sup>33</sup> Embedding behavioral health professionals in the primary care setting through the HealthySteps program allows for

increased integration of care, earlier identification of behavioral health issues for both child and caregiver, and greater connection to community supports and resources.

Location of services is a major factor as to whether families can access behavioral health treatments, supports, or resources they may need. Traveling far distances for doctor's appointments is a burden many low-income families cannot afford to take on.<sup>34</sup> Lack of options for public transportation, long travel times via public transportation, and inability to take off work for the unreasonably long amount of time required to attend doctor's appointments are all examples of barriers to access that low-income families face when accessing health care.<sup>35</sup> To overcome obstacles to access, children and families need to be able to access health care within their own community including valuable behavioral health programs like HealthySteps.

For these reasons, we urge the Council to commit an additional \$300,000 in local recurring dollars in the FY2023 budget to enable the HealthySteps program to open an additional site in Ward 5, as envisioned by Birth-to-Three.<sup>36</sup> By increasing the budget to build additional HealthySteps sites more children and families will gain access to essential behavioral health services.<sup>37</sup>

### **The Health Professional License Administration Needs Additional FTEs to Mitigate Behavioral Health Workforce Shortages**

As we testified to during several performance oversight hearings, a significant obstacle to our clients accessing critical services is the lack of behavioral health care providers in the District.<sup>38</sup> Our clients consistently report being unable to find providers

offering the services they need – or if they manage to find a provider, the waitlist for an appointment is prohibitively long. The inability for our clients to find behavioral health providers or access providers without long wait times is a symptom of the District’s insufficient behavioral health workforce. It is therefore important that FY2023 budget include strategic investments designed to increase DC’s behavioral health care workforce.

One such investment is for the District to increase the number of licensing specialists who review applications for social work and professional counseling licenses. The wait time to be licensed in the District can vary depending on numerous factors, including the individual applicant and the professional board.<sup>39</sup> During the waiting period for a license to be issued or denied, new behavioral health professionals and those licensed in other jurisdictions transferring into DC cannot work. Because professionals cannot work without a District license, slow licensure approval or delays in approval have an impact on professionals entering the behavioral health workforce. For some, they may ultimately decide not to complete licensure if it is delayed for too long because even if qualified, they have a more urgent need for employment and income.<sup>40</sup> Otherwise-qualified health professionals are then removed from the pool of the District’s behavioral health workforce due to the inefficiencies of the District’s health professional licensing process.<sup>41</sup>



An area of particular concern, as raised by our partners in the provider community, is the wait time experienced by those applicants whose license is not initially accepted by the licensing board. In these cases, the applicant applied, the appropriate board reviewed the application, and determined that the application was either incomplete, missing a document, or the board had further questions for the applicant, etc. The applicant must then go back to remedy any outstanding issues before the board will review the application again, and hopefully this time approve them for a license.

In order to address application issues, applicants typically reach out to a licensing specialist for their respective board to receive help to address gaps or errors in the application. Based on reported experiences by providers to our partners the current number of licensing specialists to help aid those applying for licenses in the District is insufficient. Currently, social work and professional counseling each have two FTEs for licensing specialists.<sup>42</sup> But as it stands, applicants are unable to get in touch with the licensing specialists in a timely manner to have questions answered, seek clarity on documentation requirements, or speak with a specialist to identify any incomplete sections of the application.

Increasing the number of FTEs for licensing specialists within the Health Professional Licenses Administration would allow for greater capacity to work directly with the applicants who are not initially accepted. If licensing specialists can more

quickly help applicants by answering questions and providing information, the applicant will, in turn, be able to quickly remedy any outstanding issues preventing their application from being approved. Once a completed application is sent to the licensing specialists, they will be able to approve it in a timely manner, especially if the licensing specialist was able to help make sure any and all outstanding issues were addressed. The more licensing specialists, the more capacity the board has to address application deficiencies and approve licenses. This will decrease the wait times experienced by behavioral health professionals seeking licenses in the District and increase the number of those professionals entering the workforce.

The proposed FY2023 budget increases the Health Professional License Administration by \$3.6 million, but only increases FTEs by 1.2.<sup>43</sup> The Health Professional License Administration, however, administers almost 70,000 health professionals in the District and supports 19 professional boards.<sup>44</sup> It is unclear how DC Health intends to spend the \$3.6 million or the distribution of the additional FTEs. We ask the Council to seek clarity during today's hearing as to how the budget will be distributed amongst the Health Professional License Administration and specifically inquire if there are any increases to licensing specialists to process social work and professional counseling licenses. Further, we ask the Council to ensure funding for three additional FTEs to help expedite the licensing procedures in the District for social work and professional counseling to increase the behavioral health workforce.

## Conclusion

Thank you for the opportunity to testify today. I am happy to respond to any questions the Committee may have regarding any of the topics covered by my testimony above.

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<sup>1</sup> 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.

<sup>2</sup> “The Early Childhood Innovation Network (ECIN) is a local collaborative of health and education providers, community-based organizations, researchers, and advocates promoting resilience in families and children from pregnancy through age 5 in Washington, DC. During this critical period of brain development, children are deeply affected by their experiences and environment. ECIN’s approach affirms the tremendous opportunity to promote and ensure healthy development of young children.” See Early Childhood Innovation Network (ECIN), About ECIN, available at: <https://www.ecin.org/>.

<sup>3</sup> The Under 3 DC Coalition aims to increase access to quality, comprehensive early childhood services and other supports for infants and toddlers and their families in DC, and ensuring that health, education, early learning and human services systems work in a coordinated fashion to improve outcomes for young children. See Under 3 DC, Why Under 3, available at: <https://www.under3dc.org/>.

<sup>4</sup> The DC Home Visiting Council includes advocates, community-based providers, and agency leaders, including DC Health leadership. The Council works to strengthen home visiting in the District by building a cross-sector network of support for programs, advocating for resources and funding for programs’ stability and growth, and collaborating to address systemic challenges to implementation of home visiting services. See DC Home Visiting, DC Home Visiting Council, available at: <https://www.dchomevisiting.org/>.

<sup>5</sup> Prevention and Early Intervention Network, *Prevention and Early Intervention in Child Health Services: The foundations of a healthy adult life are laid in early childhood*, April 2018, available at: <https://www.pein.ie/wp-content/uploads/2018/04/PEIN-Child-Health-Policy-paper-FINAL-Apl-18.pdf>; Centers for Disease Control and Prevention, *Improving Access to Children’s Mental Health Care*, December 2, 2021, available at: <https://www.cdc.gov/childrensmentalhealth/access.html>.

<sup>6</sup> The National Collaborative for Infants and Toddlers, *Building Momentum for Prenatal-to-Three*, July 2021, available at: <https://www.thencit.org/resources/new-messaging-building-momentum-for-prenatal-to-three>.

<sup>7</sup> *Id.*

<sup>8</sup> Children’s National, *Covid-19 And Children’s Behavioral Health In The District Of Columbia: The Pandemic’s Impact On Child Behavioral Health Outcomes And The Behavioral Health Care System*, June 2021, available at:

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<https://childrensnational.org/-/media/cnhs-site/files/advocacy-and-outreach/child-health-advocacy-institute/covid19-and-childrens-behavioral-health-in-dc.pdf?la=en>. U.S. Surgeon General’s Advisory, *Protecting Youth Mental Health*, 2021, available at: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>; AAP, AACAP, CHA declaration of a national emergency in children’s mental health. American Academy of Pediatrics, available at:

<https://publications.aap.org/aapnews/news/17718/AAP-AACAP-CHA-declare-national-emergency-in>.

<sup>9</sup> Patrick, S. W., et al., *Wellbeing of parents and children during the COVID-19 pandemic: A national survey*. *Pediatrics*, 146(4), (2000), available at: <https://doi.org/10.1542/peds.2020-016824>; See also Children’s National, *Covid-19 And Children’s Behavioral Health In The District Of Columbia: The Pandemic’s Impact On Child Behavioral Health Outcomes And The Behavioral Health Care System*, June 2021, available at:

<https://childrensnational.org/-/media/cnhs-site/files/advocacy-and-outreach/child-health-advocacy-institute/covid19-and-childrens-behavioral-health-in-dc.pdf?la=en>; Rachel Garfield and Priya

Chidambaram, *Children’s Health and Well Being During the Coronavirus Pandemic*, KFF, (2020), available at: <https://www.kff.org/coronavirus-covid-19/issue-brief/childrens-health-and-well-being-during-the-coronavirus-pandemic/>.

<sup>10</sup> Children’s National, *Covid-19 And Children’s Behavioral Health In The District Of Columbia: The Pandemic’s Impact On Child Behavioral Health Outcomes And The Behavioral Health Care System*, June 2021, available at:

<https://childrensnational.org/-/media/cnhs-site/files/advocacy-and-outreach/child-health-advocacy-institute/covid19-and-childrens-behavioral-health-in-dc.pdf?la=en>; Jake Hart and Wen-Jui Han, *COVID-*

*19 Experiences and Parental Mental Health*, *Journal of the Society for Social Work and Research*, Volume 12, Number 2, (Summer 2021), available at:

<https://www.journals.uchicago.edu/doi/abs/10.1086/711613?journalCode=jsswr>; Kenneth A. Dodge, Ann T. Skinner, et al., *Impact of the COVID-19 pandemic on substance use among adults without children, parents, and adolescents*, *Addictive Behaviors Reports*, Volume 14, (December 2021), available at:

<https://doi.org/10.1016/j.abrep.2021.100388>.

<sup>11</sup> Jackie Mader, *We know how to help young kids cope with the trauma of the last year – but will we do it?*, The Hechinger Report, October 25, 2021, available at: <https://hechingerreport.org/we-know-how-to-help-young-kids-cope-with-the-trauma-of-the-last-year-but-will-we-do-it/>.

<sup>12</sup> Mayor’s Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Health [HC0], p. E-37 to E-63.

<sup>13</sup> On September 30, 2021, the Office of the Chief Financial Office (OCFO) released the September 2021 Revenue Estimates Letter, which reported that for the May 2021 Revenue Estimate used for the FY2022 Budget was adjusted to \$8,580.1 Billion. On February 28, 2022, the OCFO reported the February 2022 revenue estimate for FY2022 was reported as \$9,086.7 Billion. Therefore, the revenue used to set the FY2022 budget as compared to the current revenue estimate is a difference of \$506.6 Million ( $\$9,086.7 - \$8,580.1 = \$506.6$ ). See Government of the District of Columbia, Office of the Chief Financial Officer, *Re: September 2021 Revenue Estimates*, September 30, 2021, available at:

[https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/Sept\\_2021%20Revenue%20Estimate%20Letter.pdf](https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/Sept_2021%20Revenue%20Estimate%20Letter.pdf); Government of the District of Columbia, Office of the Chief Financial Officer, *Re:*

*February 2022 Revenue Estimates*, February 28, 2022, available at:

<https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/February%202022%20Revised%20Revenue%20Estimates%20for%20FY%202022%20-%202026.pdf>.

<sup>14</sup>Government of the District of Columbia, Office of the Chief Financial Officer, *Re: February 2022 Revenue Estimates*, February 28, 2022, available at:

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<https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/February%202022%20Revised%20Revenue%20Estimates%20for%20FY%202022%20-%202026.pdf>.

<sup>15</sup> Government of the District of Columbia, Office of the Chief Financial Officer, *Re: February 2022 Revenue Estimates*, February 28, 2022, available at:

<https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/February%202022%20Revised%20Revenue%20Estimates%20for%20FY%202022%20-%202026.pdf>.

<sup>16</sup> Government of the District of Columbia, Office of the Chief Financial Officer, *Re: February 2022 Revenue Estimates*, February 28, 2022, available at:

<https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/February%202022%20Revised%20Revenue%20Estimates%20for%20FY%202022%20-%202026.pdf>.

<sup>17</sup> HealthySteps DC ensures access to behavioral health services in a setting child frequent, their pediatric primary care practice. Children are more likely to go to their primary care provider due to scheduled well-child visits, thus a primary care provider is well positioned to detect the early onset of behavioral problems. However, a primary care provider may not have the knowledge or skill set to address developmental, behavioral, social, and emotional needs of a child. See HealthySteps, *Our Model*, available at: <https://www.healthysteps.org/what-we-do/our-model/>.

<sup>18</sup> Family Service Coordinators provide dedicated case management and care coordination for families through the support of DC residents with lived experience navigating systems. Early Childhood Innovation Network, *Innovation Spotlight: HealthySteps DC*, May 2019, ECIN Newsletter, available at: <https://www.ecin.org/newsletter-may-2019>.

<sup>19</sup> HealthySteps Specialists can deliver clinic-based mental health visits with families to address critical needs in areas such as maternal depression, grief and loss, and child behavior management. Specialists can also answer questions about behavioral health as well as facilitate the development of attachment, self-regulation skills, and family resiliency. Early Childhood Innovation Network, *Innovation Spotlight: HealthySteps DC*, May 2019, ECIN Newsletter, available at: <https://www.ecin.org/newsletter-may-2019>.

<sup>20</sup> DC Health FY21 Performance Oversight Responses, response to Q40, available at: <https://dccouncil.us/wp-content/uploads/2022/02/dohpoh.pdf>.

<sup>21</sup> DC Health has expanded the HealthySteps program to three pediatric primary care locations using local funds since FY19. There are currently two Unity Health Care sites, East of the River Health Center and Minnesota Avenue Health Center, and one Children's National, Children's Health Center Anacostia. According to Unity Healthcare's website, they have pediatric offices in Wards 1, 7, and 8. Although DC Health has not released an RFP or official plans for the FY22 expansion of HealthySteps, the Agency has indicated that two new sites will open under Unity Healthcare. See DC Health FY21 Performance Oversight Responses, response to Q40, available at: <https://dccouncil.us/wp-content/uploads/2022/02/dohpoh.pdf>. Per the current structure of Birth-to-Three, which creates Ward boundaries for expansion, HealthySteps FY22 expansion with Unity Healthcare is currently limited to Wards 7 and 8. See Find Unity Healthcare Providers, Pediatrics, available at: <https://www.unityhealthcare.org/find-a-health-care-center?k=&s=pediatrics>.

<sup>22</sup> DC Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.

<sup>23</sup> DC Health FY21 Performance Oversight Responses, response to Q40, available at: <https://dccouncil.us/wp-content/uploads/2022/02/dohpoh.pdf>.

<sup>24</sup> DC Action, DC Kids Count, Ward Snapshots, available at: <https://dckidscount.org/>.

<sup>25</sup> *Id.*

<sup>26</sup> Stacy Hodgkinson, Leandra Godoy, et al., *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, Pediatrics, January 2017, doi: 10.1542/peds.2015-1175. See also Evans

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GW, Kim P, *Childhood poverty and health: cumulative risk exposure and stress dysregulation*, *Psychol Sci*, (2007);18(11):953–957; Falconnier L, Elkin I, *Addressing economic stress in the treatment of depression*, *Am J Orthopsychiatry*, (2008);78(1):37–46; Leventhal T, Brooks-Gunn J, *The neighborhoods they live in: the effects of neighborhood residence on child and adolescent outcomes*, *Psychol Bull.* 2000;126(2):309–337; *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, Landscape, December 2021, available at: [https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation\\_Final\\_121321.pdf](https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf).

<sup>27</sup> Stacy Hodgkinson, Leandra Godoy, et al., *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, *Pediatrics*, January 2017, doi: 10.1542/peds.2015-1175.

<sup>28</sup> Stacy Hodgkinson, Leandra Godoy, et al., *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, *Pediatrics*, January 2017, doi: 10.1542/peds.2015-1175. See also Ollie Ganz, Laurel E. Curry, et al., *Barriers to Mental Health Treatment Utilization in Wards 7 and 8 in Washington, DC: A Qualitative Pilot Study*, *Healthy Equity*, (2018), doi: 10.1089/heq.2017.0051. American Academy of Family Physicians, *Poverty and Health – The Family Medicine Perspective*, available at: <https://www.aafp.org/about/policies/all/poverty-health.html>.

<sup>29</sup> *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, page 83, December 2021, available at: [https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation\\_Final\\_121321.pdf](https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf).

<sup>30</sup> Ollie Ganz, Laurel E. Curry, et al., *Barriers to Mental Health Treatment Utilization in Wards 7 and 8 in Washington, DC: A Qualitative Pilot Study*, *Healthy Equity*, (2018), doi: 10.1089/heq.2017.0051; See also *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, page 31, December 2021, available at: [https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation\\_Final\\_121321.pdf](https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf); Stacy Hodgkinson, Leandra Godoy, et al., *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, *Pediatrics*, January 2017, doi: 10.1542/peds.2015-1175.

<sup>31</sup> Ollie Ganz, Laurel E. Curry, et al., *Barriers to Mental Health Treatment Utilization in Wards 7 and 8 in Washington, DC: A Qualitative Pilot Study*, *Healthy Equity*, (2018), doi: 10.1089/heq.2017.0051; See also Stacy Hodgkinson, Leandra Godoy, et al., *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, *Pediatrics*, January 2017, doi: 10.1542/peds.2015-1175.

<sup>32</sup> Stacy Hodgkinson, Leandra Godoy, et al., *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, *Pediatrics*, January 2017, doi: 10.1542/peds.2015-1175.

<sup>33</sup> *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, page 72, December 2021, available at: [https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation\\_Final\\_121321.pdf](https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf); *The Integration of Behavioral Health into Pediatric Primary Care Settings*, SAMHSA, 2017, available at: <https://www.nashp.org/wp-content/uploads/2019/09/The-Integration-of-Behavioral-Health-into-Pediatric-Primary-Care-Settings.pdf>; *HealthySteps, Our Model*, available at: <https://www.healthysteps.org/what-we-do/our-model/>.

<sup>34</sup> *TransitCenter Equity Dashboard, The Washington D.C. Story*, available at: <https://dashboard.transitcenter.org/story/dc>; see also Office of Healthy Equity, District of Columbia, Department of Health, *Healthy Equity Summary Report: District of Columbia 2018*, available at: [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/HER%20Summary%20Report%20FINAL%20with%20letter%20and%20table\\_02\\_08\\_2019.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/HER%20Summary%20Report%20FINAL%20with%20letter%20and%20table_02_08_2019.pdf).

<sup>35</sup> *TransitCenter Equity Dashboard, The Washington D.C. Story*, available at: <https://dashboard.transitcenter.org/story/dc>; see also Office of Healthy Equity, District of Columbia, Department of Health, *Healthy Equity Summary Report: District of Columbia 2018*, available at:



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[https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/HER%20Summary%20Report%20FINAL%20with%20letter%20and%20table\\_02\\_08\\_2019.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/HER%20Summary%20Report%20FINAL%20with%20letter%20and%20table_02_08_2019.pdf); Stacy Hodgkinson, Leandra Godoy, et al., *Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting*, Pediatrics, January 2017, doi: 10.1542/peds.2015-1175. See also Ollie Ganz, Laurel E. Curry, et al., *Barriers to Mental Health Treatment Utilization in Wards 7 and 8 in Washington, DC: A Qualitative Pilot Study*, Healthy Equity, (2018), doi: 10.1089/heq.2017.0051.

<sup>36</sup> DC Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.

<sup>37</sup> HealthySteps has been shown to increase healthy and secure relationships between families as well as setting children up for future successes by equipping children with the necessary socialization and cognitive abilities to reduce the likelihood of risk behaviors later. See *Zero To Three, Healthy Steps National Evaluation Report*, (2003), available at: [https://ztt-healthysteps.s3.amazonaws.com/documents/139/attachments/2003\\_HS\\_National\\_Evaluation\\_Report.pdf?1539967824](https://ztt-healthysteps.s3.amazonaws.com/documents/139/attachments/2003_HS_National_Evaluation_Report.pdf?1539967824); Center for Disease Control, *Adverse Childhood Experiences*, (2019), available at: <https://www.cdc.gov/violenceprevention/aces/index.html>; Karoly, Lynn A., M. Rebecca Kilburn, and Jill S. Cannon, *Proven Benefits of Early Childhood Interventions*, Santa Monica, CA: RAND Corporation, (2005), available at: [https://www.rand.org/pubs/research\\_briefs/RB9145.html](https://www.rand.org/pubs/research_briefs/RB9145.html).

<sup>38</sup> Leah Castelaz, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 23, 2022), available at: <https://childrenslawcenter.org/resources/fy22-oversight-testimony-dc-health/>; Tami Weerasingha-Cote, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (January 24, 2022), available at: [https://childrenslawcenter.org/wp-content/uploads/2022/01/TWeerasingha-Cote\\_Childrens-Law-Center-Testimony-for-Jan.-24-2022-DBH-Oversight-Hearing\\_FINAL-1.pdf](https://childrenslawcenter.org/wp-content/uploads/2022/01/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Jan.-24-2022-DBH-Oversight-Hearing_FINAL-1.pdf); Sharra E. Greer, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 28, 2022), available at: [https://childrenslawcenter.org/wp-content/uploads/2022/02/SGreer\\_Childrens-Law-Center-Testimony-for-Feb.-28-2022-DHCF-Oversight-Hearing\\_FINAL..pdf](https://childrenslawcenter.org/wp-content/uploads/2022/02/SGreer_Childrens-Law-Center-Testimony-for-Feb.-28-2022-DHCF-Oversight-Hearing_FINAL..pdf).

<sup>39</sup> DC Health FY21 Performance Oversight Responses, response to Q114, available at: <https://dccouncil.us/wp-content/uploads/2022/02/dohpoh.pdf>.

<sup>40</sup> *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, page 110, December 2021, available at: [https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation\\_Final\\_121321.pdf](https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf).

<sup>41</sup> *Id.*

<sup>42</sup> DC Health FY21 Performance Oversight Responses, response to Q114, available at: <https://dccouncil.us/wp-content/uploads/2022/02/dohpoh.pdf>.

<sup>43</sup> Mayor’s Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Health [HC0], p. E-40.

<sup>44</sup> Mayor’s Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Health [HC0], p. E-44.