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Testimony Before the District of Columbia Council  
Committee on Health  
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Public Performance Oversight Hearing:  
Department of Health

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## **Introduction**

Good morning, Chairperson Henderson, and members of the Committee. My name is Leah Castelaz. I am a Policy Attorney at Children's Law Center and a resident of the District. 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. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Thank you for the opportunity to testify today. Each year, Children's Law Center attorneys serve as guardians-ad-litem for several hundred children in foster care and protective supervision – over half of all children in the care and custody of CFSA.<sup>1</sup> We know from our work that children have the best chance to avoid contact with the child abuse and neglect system when their parents and caregivers are fully supported and equipped to meet their needs. The first few years of a child's life typically are full of rapid change and development for the child and stress and uncertainty for the parent or caregiver putting younger children at a higher risk of experiencing maltreatment.<sup>2</sup>

Caregivers and children who get the supports they need early are more likely to be set the best possible trajectory, even if they encounter various risk factors.<sup>3</sup>

DC Health supports two programs, HealthySteps and Home Visiting, that are critical to the array of services that provide support for families and play a role in child abuse and neglect prevention. Research shows that some of the successful prevention programs not only reduce risk factors<sup>4</sup> but also work to promote protective factors.<sup>5</sup> A protective factors approach focuses on the positive ways to engage families by emphasizing their strengths and what parents and caregivers are doing well, as well as identifying areas where families have room to grow with support.<sup>6</sup> Exposures to risk factors can begin prior to birth and amass throughout a lifetime. It is important to provide supports to families and children as early as possible. Both HealthySteps and Home Visiting serve children under age three and Home Visiting supports children up to age five.<sup>7</sup> These programs strengthen the parent-child relationship, thus promoting protective factors, and can address the full range of child and family needs and connect them with supports, services, and resources, thus reducing risk factors.<sup>8</sup> We consider investment in these programs to be critical.

This testimony will address the merits of both programs as well as DC Health's implementation of the programs in the District. Across both HealthySteps and Home Visiting there has been continuous strain on the workforce that provides these important services. We hope the Council in partnership with DC Health will work together to find

and fund innovative solutions that will allow these services to continue with fidelity and excellence. We appreciate this Council's continued commitment to the District's youngest children and hope we can continue to work together to build a strong system that supports children and their families from birth onward.

**HealthySteps continues to expand but needs sustained investment as workforce difficulties continue to impact the program**

HealthySteps is an evidence-based national program model that provides infants and toddlers with social-emotional and development support by integrating child behavioral health professionals into primary care.<sup>9</sup> District families rely on HealthySteps to address issues within the pediatrician's office, improve the mental health of caregivers, and connect them with resources and referrals to ensure that District children and families' needs are met.

Importantly, HealthySteps works with the whole family which is particularly important as we see growing rates of adults reporting worsening mental health. As of October 2022, 24% of adults living in DC households with children reported they felt down, depressed, or hopeless for more than half of the days or nearly every day for the past two weeks.<sup>10</sup> Even higher, 37% reported that they felt nervous, anxious or on edge for more than half of the days or nearly every day in the past two weeks; only 10 states saw higher numbers.<sup>11</sup>

The worsening behavioral health of children and families, however, can be mitigated by integrated care programs like HealthySteps that help families access

appropriate and timely behavioral health services. Through HealthySteps the District can ensure more infants and toddlers, and the adults who care for them, have a place to get the resources and strategies all families need to raise healthy children.

The District has made significant investments in the HealthySteps program. In January 2023, DC Health released a request for application (RFA) for a sixth locally funded HealthySteps site, and the tenth HealthySteps site across the District.<sup>12</sup> This expansion is needed and welcome, but there have been challenges.

During FY22, Unity Health Care was selected for the expansion of the fourth and fifth locally funded HealthySteps sites.<sup>13</sup> Over the past year, Unity has been working diligently to establish these two sites. Unfortunately, Unity has experienced delays due to workforce shortages. Other HealthySteps sites have also faced workforce shortages, as well. The struggling workforce, especially in behavioral health, is an issue across the country but is acutely serious in the District. We testified several times during performance oversight before this Council about the challenges the behavioral health workforce is facing in retaining and bringing on new staff.<sup>14</sup> Most recently we highlighted the barriers caused by current requirements for social work in the District.<sup>15</sup> These barriers are similar to those faced by HealthySteps sites.

Over the past few years, several local organizations, including Children's Law Center, have worked together to develop a plan of action to ensure DC children and families have the behavioral health supports and services they need to thrive. The

resulting report, *A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*, was released in December 2021 and provides a blueprint for creating a successful public behavioral health system.<sup>16</sup> *A Path Forward* identifies gaps and offers concrete actionable recommendations, including workforce and service delivery. These recommendations are informed by best practices around the country, as well as feedback and input from expert stakeholders across the District and focus groups conducted with District youth and caregivers.

DC Health has a significant role to play in addressing the continued workforce shortage of behavioral health providers for children. We urge DC Health to implement the recommendations throughout the report to address longstanding workforce challenges in child behavioral health. In addition to the recommendations in *A Path Forward*, we also advise the Committee and DC Health to consider the DC Health Matters Collaborative's paper titled *Improvements to Behavioral Health Integration and Service Provision in DC – Listening to our Behavioral Health Workforce and Youth*, which outlines several recommendations to address behavioral health workforce challenges.<sup>17</sup> Finally, we encourage this Committee to review recommendations from CLC's recent testimony regarding the Board of Social Work including:

- The Board should align activities with other agencies' focused on maintaining an adequate network of behavioral health professionals as a matter of patient safety;

- The Board of Social Work needs increased capacity for licensing administration; and
- Create and maintain a database to inform behavioral health workforce planning.<sup>18</sup>

Sustainable funding is also necessary for this program to flourish. Under the current financing structure Medicaid reimbursement or enhanced payments are not available for the soon-to-be ten HealthySteps sites in the District and they must rely on local or philanthropic funds to continue operations. These funding streams are often time-limited or not sufficient to cover the true cost of services rendered.

This is not an issue unique to DC. Other jurisdictions, however, have begun to address the issue of sustainable funding by offering HealthySteps as a benefit to Medicaid enrollees.<sup>19</sup> And while DC Health does not oversee Medicaid reimbursements, there is an opportunity for interagency coordination to ensure that this DC Health program is included in the ongoing Medicaid rate study as recommended by the Behavioral Health Integration Stakeholder Advisory Committee. We believe this is a critical step forward in sustaining this invaluable program.<sup>20</sup> We ask this Council to ensure that any local Medicaid financing of the HealthySteps model adequately compensates for the clinical and non-clinical services and the care coordination components delivered in the pediatric primary care centers.

## **Home Visiting must be a priority investment for the District**

Generally, home visiting programs send trained professionals to the homes of expecting parents and parents of young children to offer support during children's earliest years. Home visitors in the District primarily use one of five evidence-based home visiting models: Parents as Teachers (PAT), Healthy Families America (HFA), Nurse-Family Partnership (NFP), Home Instruction for Parents of Preschool Youngsters (HIPPPY), and Early Head Start (EHS).<sup>21</sup> Home visiting programs are executed by both CFSA and DC Health. This testimony will focus on the DC Health's home visiting programs which include Mary's Center's Nurse-Family Partnership Program, Mary's Center Healthy Families America Program, Georgetown University's Parenting Support Program, Community of Hope's Parents as Teachers Program, and Mamatoto Village: Perinatal Health Worker Training Program.<sup>22</sup> Each of these programs is paired with one of the models described above. The programs include an evidence-based curriculum for home visiting targeted at a specific stage of family and child development. Some programs have developed local adaptations of these models to meet the needs of the specific populations they serve.

Home visiting—through the meaningful relationships home visitors develop with families—improves many outcomes for children and families including in areas of maternal and child health; prevention of child injuries, child abuse or maltreatment; improvement in school readiness and achievement; reduction in crime or domestic



violence; and improvements in family economic self-sufficiency.<sup>23</sup> Home visitors can play an important role in identifying and addressing parents' needs from screening for maternal depression, to providing education about parent-child interaction, to connecting parents to community-based supports that address challenges that might impact their parenting. Moreover, the cumulative effects of positive outcomes from this intervention provide significant cost savings for states. It is estimated there is a return of \$1.75 to \$5.70 for every \$1 invested in home visiting programs.<sup>24</sup>

Unfortunately, this immensely valuable program continues to be underfunded. The grants have not been adjusted for inflation since 2019. Additionally, the grant amounts continue to fluctuate. In FY21 there was a budget reduction for home visiting, and in FY22 DC redirected funds from other programs to maintain home visiting grantee awards.<sup>25</sup> However, in FY23 grantees once again saw a reduction in their awards.<sup>26</sup> We ask this Committee to clarify the specific cuts with DC Health. There is some confusion in the reported cut of \$275,485 in performance oversight and the actual cut of \$500,000 that was experienced by home visiting programs.<sup>27</sup> Moreover, grantees were not given a warning of this reduction, and were told at the beginning of the fiscal year. The cut caused them to halt hiring plans for additional personnel and increase the caseload for existing home visitors.<sup>28</sup> This continued fluctuation in funding and cuts puts a strain on an already struggling workforce.

In 2021, the DC Home Visiting Council (HV Council), a coalition of home-visiting providers, local government representatives, early childhood advocates, and community-based programs, surveyed home visitors in the District of Columbia to understand the landscape of home visiting. This culminated in the *Voices from the Field* report which found, “too many home visitors leave the field due to low compensation and high administrative workload, disrupting the care and relationship between the home visitor and the families they support, diminishing the positive effects of home visiting on family, child, and community outcomes.”<sup>29</sup> We cannot continue to push workers out of this field.

If the District is to sustain this program it needs to make critical investments now. Many home visitors report having highly rewarding relationships with the families they work with and enjoy the work they do but do not feel there is appeal or longevity to a career in home visiting due to duplicative reporting requirements, heavy administrative workloads, and the lack of a salary that is in line with the cost of living in the District.<sup>30</sup> Standardizing home visitors’ wages, boosting program funding and making it consistent, and streamlining required reporting will strengthen the home visiting profession. We encourage this Committee to work with DC Health to do just that.

## **Conclusion**

Thank you for the opportunity to testify. I look forward to any questions.

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<sup>1</sup> 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, About Us, available at: <https://www.childrenslawcenter.org/content/about-us>. 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).

<sup>2</sup> Centers for Disease Control and Prevention, *Supporting Parents to Help Children Thrive*, available at: <https://www.cdc.gov/childrensmentalhealth/features/supporting-parents.html>.

<sup>3</sup> Centers for Disease Control and Prevention, *Supporting Parents to Help Children Thrive*, available at: <https://www.cdc.gov/childrensmentalhealth/features/supporting-parents.html>; American Psychological Association, *Parents and Caregivers Are Essential to Children’s Healthy Development*, available at: <https://www.apa.org/pi/families/resources/parents-caregivers>; Child Welfare Information Gateway, *Protective Factors Approaches in Child Welfare, Issues Briefs March 2020*, available at: [https://www.childwelfare.gov/pubpdfs/protective\\_factors.pdf](https://www.childwelfare.gov/pubpdfs/protective_factors.pdf).

HealthySteps, *Risk Factors for Child Abuse and Neglect*, available at: <https://www.healthysteps.org/our-impact/the-evidence-base/risk-factors-for-abuse-neglect/>; HealthySteps, *HealthySteps Specialist Competencies, 2022*, available at: [https://www.healthysteps.org/wp-content/uploads/2022/02/HS\\_SpecialistCompetencies.pdf](https://www.healthysteps.org/wp-content/uploads/2022/02/HS_SpecialistCompetencies.pdf); Center for the Study of Social Policy, *Strengthening Families*, available at: <https://cssp.org/our-work/project/strengthening-families/>; Center for the Study of Social Policy, *Strengthening Families Through Home Visiting*, available at: <https://cssp.org/resource/sf-through-home-visiting/>.

<sup>4</sup> Risk factors are characteristics that may increase the likelihood of experiencing or perpetrating child abuse and neglect, but they may or may not be direct causes. A combination of individual, relational, community, and societal factors contribute to the risk of child abuse and neglect. Although children are not responsible for the harm inflicted upon them, certain factors have been found to increase their risk of being abused and or neglected. See Centers for Disease Control and Prevention, *Risk and Protective Factors*, available at: <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>.

<sup>5</sup> Protective factors may lessen the likelihood of children being abused or neglected. Identifying and understanding protective factors are equally as important as researching risk factors. See Centers for Disease Control and Prevention, *Risk and Protective Factors*, available at: <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>.

<sup>6</sup> Child Welfare Information Gateway, *Protective Factors Approaches in Child Welfare, Issues Briefs March 2020*, available at: [https://www.childwelfare.gov/pubpdfs/protective\\_factors.pdf](https://www.childwelfare.gov/pubpdfs/protective_factors.pdf).

<sup>7</sup> FY22 DC Health Performance Oversight Responses, response to Q43, available at: [https://www.dropbox.com/sh/z6g48dc4tq8528u/AAD22w6Zyc\\_AgEBb4FUDfa56a/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses/CHA?dl=0&preview=FY22+Performance+Oversight-CHA-Q27-62.docx&subfolder\\_nav\\_tracking=1](https://www.dropbox.com/sh/z6g48dc4tq8528u/AAD22w6Zyc_AgEBb4FUDfa56a/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses/CHA?dl=0&preview=FY22+Performance+Oversight-CHA-Q27-62.docx&subfolder_nav_tracking=1); HealthySteps, *Tiers and Core Components*, available at: <https://www.healthysteps.org/what-we-do/our-model/tiers-and-core-components/>.

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<sup>8</sup> Child Welfare Information Gateway, Protective Factors Approaches in Child Welfare, Issues Briefs March 2020, available at: [https://www.childwelfare.gov/pubpdfs/protective\\_factors.pdf](https://www.childwelfare.gov/pubpdfs/protective_factors.pdf).

HealthySteps, Risk Factors for Child Abuse and Neglect, available at: <https://www.healthysteps.org/our-impact/the-evidence-base/risk-factors-for-abuse-neglect/>; HealthySteps, HealthySteps Specialist Competencies, 2022, available at: [https://www.healthysteps.org/wp-content/uploads/2022/02/HS\\_SpecialistCompetencies.pdf](https://www.healthysteps.org/wp-content/uploads/2022/02/HS_SpecialistCompetencies.pdf); Center for the Study of Social Policy, *Strengthening Families*, available at: <https://cssp.org/our-work/project/strengthening-families/>; Center for the Study of Social Policy, *Strengthening Families Through Home Visiting*, available at: <https://cssp.org/resource/sf-through-home-visiting/>.

<sup>9</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>10</sup> The Annie E. Casey Foundation, Adults living in households with children who felt down, depressed or hopeless for more than half of the days or nearly every day for the past two weeks in the United States, 2020-2022, Kids Count Data Center, available at: <https://datacenter.kidscount.org/data/tables/11219-adults-living-inhouseholds-with-children-who-felt-down-depressed-or-hopeless-for-more-than-half-of-the-days-or-nearly-every-day-for-the-past-two-weeks?loc=1&loct=2#detailed/2/252/false/2484,2480,2476,2472,2465,2458,2463,2448,2418,2112/any/21610>.

<sup>11</sup> Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2020-2022 <https://datacenter.kidscount.org/data/tables/11217-adults-living-in-households-with-children-who-feltnervous-anxious-or-on-edge-for-more-than-half-of-the-days-or-nearly-every-day-in-the-past-twoweeks?loc=1&loct=2#detailed/2/2-52/false/2502,2484,2480,2476,2472,2465,2458,2463,2448,2418/any/21608>.

<sup>12</sup> The request for Application on file with the Children’s Law Center. The six locally funded sites include Unity Health Care, Inc.-Minnesota Avenue Health Center, Unity Health Care, Inc.-East of the River Health Center, Unity Health Care, Inc.-Parkside, Unity Health Care, Inc.-Unity Healthcare Anacostia, Children’s National Medical Center-Anacostia. FY22 DC Health Performance Oversight Responses, response to Q45, available at:

[https://www.dropbox.com/sh/z6g48dc4tq8528u/AAD22w6Zyc\\_AgEBb4FUDfa56a/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses/CHA?dl=0&preview=FY22+Performance+Oversight-CHA-Q27-62.docx&subfolder\\_nav\\_tracking=1](https://www.dropbox.com/sh/z6g48dc4tq8528u/AAD22w6Zyc_AgEBb4FUDfa56a/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses/CHA?dl=0&preview=FY22+Performance+Oversight-CHA-Q27-62.docx&subfolder_nav_tracking=1). The four privately funded sites include MedStar Georgetown – MGUH Pediatrics/Kids Mobile Medical Clinic, MedStar Georgetown – MedStar Medical Group at Fort Lincoln, Children’s National – Children’s Health Center at THEARC, and Children’s National – Children’s Health Center at Columbia Heights.

<sup>13</sup> FY22 DC Health Performance Oversight Responses, response to Q45, available at:

[https://www.dropbox.com/sh/z6g48dc4tq8528u/AAD22w6Zyc\\_AgEBb4FUDfa56a/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses/CHA?dl=0&preview=FY22+Performance+Oversight-CHA-Q27-62.docx&subfolder\\_nav\\_tracking=1](https://www.dropbox.com/sh/z6g48dc4tq8528u/AAD22w6Zyc_AgEBb4FUDfa56a/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses/CHA?dl=0&preview=FY22+Performance+Oversight-CHA-Q27-62.docx&subfolder_nav_tracking=1).

<sup>14</sup> Amber Rieke, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (February 16, 2023), available at: [https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke\\_DHCF-Performance-Oversight\\_FINAL-2.16-and-2.17.pdf](https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke_DHCF-Performance-Oversight_FINAL-2.16-and-2.17.pdf); Amber Rieke, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (February 1, 2023), available at: <https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber->

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[Rieke CLC Performance-Oversight-Testimony DBH February-1-2023 SBBH final-1.pdf](#); Sharra E. Greer, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (February 1, 2023), available at: <https://childrenslawcenter.org/wp-content/uploads/2023/02/Sharra-Greer-CLC-Performance-Oversight-DBH-General-February-1-2023-final-1.pdf>.

<sup>15</sup> Amber Rieke, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (February 28, 2023), available at: <https://childrenslawcenter.org/wp-content/uploads/2023/02/AmberRieke-CLC-PerformanceOversightTestimony-BoardofSW-Feb2023.pdf>.

<sup>16</sup> *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, December 2021, available at: <https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation-Final-121321.pdf>.

This report is released by Children’s Law Center, Children’s National Hospital, the District of Columbia Behavioral Health Association, Health Alliance Network, Early Childhood Innovation Network, MedStar Georgetown University Hospital Division of Child and Adolescent Psychiatry, Parent Watch, and Total Family Care Coalition

<sup>17</sup> DC Health Matters Collaborative, *Improvements to Behavioral Health Integration and Service Provision in D.C.*, October 2021, available at:

<https://www.dchealthmatters.org/content/sites/washingtondc/DCHMC-Behavioral-Health-Integration-and-Workforce-Listening-Sessions-White-Paper-with-Appendix-Oct-2021.pdf>.

<sup>18</sup> Amber Rieke, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (February 28, 2023), available at: <https://childrenslawcenter.org/wp-content/uploads/2023/02/AmberRieke-CLC-PerformanceOversightTestimony-BoardofSW-Feb2023.pdf>.

<sup>19</sup> In January, California launched new dyadic benefits that are modeled after HealthySteps and provide an opportunity to offer services to children and families during a child’s pediatric visits. See California Department of Health Care Services, *Medi-Cal Children’s Initiatives (2022)*, available at:

<https://www.dhcs.ca.gov/services/Documents/DHCS-Childrens-Initiatives.pdf>; First 5 Center for Children’s Policy, *New Children’s Medi-Cal Behavioral Health Benefits 101: Family Therapy and Dyadic Services*, available at: <https://first5center.org/blog/new-childrens-medi-cal-behavioral-health-benefits-101-family-therapy-and-dyadic-services>.

Additionally, starting in January, Maryland will have Medicaid enhanced payments for CenteringPregnancy and HealthySteps services. The payments will provide an enhanced \$15 rate per well-child and sick visits for all children birth to age 4 at HealthySteps sites in Maryland (and in DC if children with Maryland Medicaid coverage seek care at DC HealthySteps sites). See Maryland Department of Health, *Maryland Medical Assistance Program, Deputy Medicaid Director Letter RE: Coverage of CenteringPregnancy and HealthySteps Services (December 16, 2022)*, available at:

<https://health.maryland.gov/mmcp/Documents/PT%203023%20Coverage%20of%20CenteringPregnancy%20and%20HealthySteps%20Services.pdf>.

<sup>20</sup> Department of Health Care Finance, *Medicaid Behavioral Health Integration Stakeholder Advisory Group*, available at: <https://dhcf.dc.gov/page/medicaid-behavioral-health-integration-stakeholderadvisorygroup#:~:text=The%20Behavioral%20Health%20Integration%20Stakeholder,as%20part%20of%20a%20transparent>.

<sup>21</sup> DC Action, *Standardizing Wages, Boosting funding, and Streamlining Reporting Will Strengthen the Home Visiting Profession*, 2023, available at: <https://www.wearedcaction.org/standardizing-wages-boosting-funding-and-streamlining-reporting-will-strengthen-home-visiting>.

<sup>22</sup> District of Columbia Home Visiting Council, *Home Visiting Program in DC*, available at: <http://www.dchomevisiting.org/dc-home-visiting-programs.html>.

<sup>23</sup> Casey Family Programs, *Are Home Visiting Programs Effective in Reducing Child Maltreatment?*, (September 27, 2022), available at: <https://www.casey.org/home-visiting-programs/>.

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<sup>24</sup> National Conference of State Legislatures, *Home Visiting: Improving Outcomes for Children*, Brief, March 25, 2022, available at: <https://www.ncsl.org/human-services/home-visiting-improving-outcomes-for-children>.

<sup>25</sup> FY22 DC Health Performance Oversight Responses, response to Q43, available at: [https://www.dropbox.com/sh/z6g48dc4tq8528u/AAD22w6Zyc\\_AgEBb4FUDfa56a/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses/CHA?dl=0&preview=FY22+Performance+Oversight-CHA-Q27-62.docx&subfolder\\_nav\\_tracking=1](https://www.dropbox.com/sh/z6g48dc4tq8528u/AAD22w6Zyc_AgEBb4FUDfa56a/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses/CHA?dl=0&preview=FY22+Performance+Oversight-CHA-Q27-62.docx&subfolder_nav_tracking=1).

<sup>26</sup> *Id.*

<sup>27</sup> *Id.*

<sup>28</sup> *Id.*

<sup>29</sup> DC Action, *Standardizing Wages, Boosting funding, and Streamlining Reporting Will Strengthen the Home Visiting Profession*, 2023, available at: <https://www.wearcdaction.org/standardizing-wages-boosting-funding-and-streamlining-reporting-will-strengthen-home-visiting>.

<sup>30</sup> *Id.*