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Testimony Before the District of Columbia Council
Committee on Health
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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 regarding the Mayor’s proposed budget for the Department of Health (DC Health). The District’s behavioral health system encompasses many agencies beyond the Department of Behavioral Health (DBH). My testimony today will focus on DC Health’s role in the behavioral health system and how key investments in the FY24 budget can support their work.

Over the past year, we have testified to the worsening behavioral health for both adults and youth.¹ While we must be responsive and take immediate action to respond to the current crisis, we must also invest in proactive and prevention strategies. To this end, we are asking for the following investments:

1. Maintain HealthySteps funding at its current level to continue expansion.
2. Increase funding for home visiting to support its workforce.
3. Add additional FTEs to increase the capacity of the Board of Social Work to administer licenses.

These investments support the current needs of District children and families as well as the long-term vision for the District – to have a behavioral health system that is both proactive and responsive.

Maintain funding for HealthySteps in the District

Since 2019, the Children’s Law Center has advocated for the expansion of HealthySteps, 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.² Embedding behavioral health professionals in the primary care setting 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.

We know from our work that children have the best chance to avoid child maltreatment when their parents and caregivers are fully supported and equipped to meet their needs.³ 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 a strained parent-child relationship or some form of maltreatment.

Through screening, HealthySteps Specialists⁴ can identify and provide support to those with postpartum depression and Family Services Coordinators⁵ can give resources and specific care coordination. Screening mitigates the strain that undiagnosed and untreated mental health issues can put on the parent-child relationship. In FY22, Children's National, a HealthySteps provider, screened 252 children for developmental issues and screened 243 mothers for postpartum depression.⁶

There are soon to be ten HealthySteps in the District, six of which will be locally funded. This Council's major investments in HealthySteps has allowed the program to surpass the original goal laid out in the Birth-to-Three for All DC Amendment Act of 2018, further increasing the programs reach to children and families in the District.⁷

As we testified during performance oversight, behavioral health workforce shortages have impacted current HealthySteps sites from being able to reach full staffing.⁸ We, therefore, ask this Committee to maintain the funding in the Mayor's proposed FY24 budget to allow more time for the current five locally funded HealthySteps sites to hire the needed staff as well as time for the soon to be selected sixth site to come onboard.⁹ Looking beyond FY24, we hope HealthySteps will continue to expand to additional sites to serve more District children and families in a setting they already frequent. As we testified to earlier this month, continued expansion of HealthySteps can in part be

supported by the inclusion of HealthySteps in DHCF's ongoing rate study to help leverage federal Medicaid dollars and secure a more sustainable funding stream for the program.¹⁰ Sustaining HealthySteps through Medicaid billing and reimbursement frees up local dollars to support expansion of HealthySteps as well as other early childhood and family-serving programs.

Investments in DC Health's Home Visiting Must Be Increased to Maintain and Expand the Workforce to Reach More District Families

Home visiting is another program supported by DC Health funding that improves the behavioral health systems proactive approach to prevent children and families from future negative outcomes. By developing meaningful relationship, home visitors help build a solid foundation for children's earliest years to create long term sufficiency and future success for both child and caregiver.¹¹

During performance oversight, this Committee heard from many District residents who are currently or have participated in home visiting services about what an immense value this program has been to them and their children. Witnesses shared that home visitors help to build confidence and provide support navigating parenthood.¹² Home visitors decrease stress by breaking down barriers to resources, participating in goal setting and completion, and general support to caregivers who sometimes just need a listening ear.¹³ When a parent is less stressed, they are better able to meet the needs of their child resulting in the healthiest outcomes for all.

Despite, the clear benefit of home visiting, this program experiences significant overturn of home visitors due to the programming being under resourced which results in high administrative burdens and low paying wages.¹⁴ Home visiting grants have not been adjusted for inflation since 2019. Additionally, the grant amounts continue to fluctuate, which further puts a strain on an already struggling workforce.¹⁵ As exhibited in performance oversight testimony and the recent *Voices from the Field* report the current level of funding is insufficient to truly support the workforce and increase services to families.¹⁶ We are, therefore, asking this Committee to invest minimally \$1.2 million in home visiting to sustain and grow the current workforce and ensure District children and families have consistent access to this valuable program.¹⁷

We also ask this Committee to support the pursuit of long-term sustainable funding for evidence-based home visiting programs in the District. As we testified at DHCF's budget oversight hearing, DHCF should establish the coverage and reimbursement of evidence-based home visiting under Medicaid.¹⁸ After establishment of reimbursement, DHCF will need adequate financing to draw the federal match from Medicaid. We are, therefore, asking this Committee for up to an additional \$450,000 to be invested into DHCF's budget to support Medicaid funding of evidenced-based home visiting once it is established for coverage and reimbursement. The utilization of Medicaid dollars will not only provide a more sustainable form of funding but will also

free up local dollars which can be used to increase access to more evidence-based home visiting programs and other services.

The Board of Social Work Needs Increased Capacity for the Licensing Administration

The District has been responsive to the upward trends of poor behavioral health of District children and families by making strategic investments to employ behavioral health professionals, such as licensed social workers. These investments mark a significant paradigm shift in understanding the centrality of behavioral health to community well-being. At the same time, this shift has revealed sizable workforce challenges. Community-based organizations (CBOs) and government alike are struggling to recruit and retain licensed clinicians amid the nationwide shortage of behavioral health care professionals.¹⁹ For example, as of this February 2023, only 159 of 253 DC public and charter schools (63% percent) have a full-time CBO clinician providing services in school through the School Based Behavioral Health Expansion Program.²⁰ Our clients consistently report being unable to find providers offering the services they need, such as individual and family therapy, counseling, autism evaluations, and medication management appointments. If they do connect with a provider, the wait for an appointment is often prohibitively long.

One barrier to recruiting is the lack of capacity to process and administer licenses to licensed independent clinical social workers (LICSW) in an efficient and timely manner by the Board of Social Work, within the Health Regulation and Licensing

Administration (HRLA). Increasing the capacity of the Board of Social Work to process and administer licenses is needed to address the workforce issues that undermine the entire behavioral health system.

In FY23, this Council increased the capacity of HRLA by adding ten new licensing specialists. This funding, however, did not give permanent support to any of the three behavioral health Boards (Board of Social Work, The Board of Psychology and The Board of Professional Counseling).²¹ HRLA, however, recognized that additional staff would be “beneficial” to these boards, as “these licensing processes are traditionally longer due to the various supervision periods needed prior to licensure.”²² Therefore, in FY23 the Board of Social Work was granted one temporary contractor, which improved processing time, particularly for Licensed Graduate Social Work (LGSW) and LICSW applications.²³ HRLA’s performance oversight responses note that this additional staff helped with inquiry response, sorting and tracking down documents supporting applications, and communicating with applicants, ultimately “leading to greater customer satisfaction.”²⁴

Unfortunately, this year’s proposed budget appears to cut 2.6 FTEs from the Health Professional Licensing Administration while at the same time increasing the budget line by \$642,000. It is unclear how there is both an increase in a funding and a decrease in FTEs.²⁵ We fear without proper reconciliation we will be rolling back progress made in staffing capacity since last year. Therefore, we ask for at least one

additional dedicated FTE for the Board of Social work; in FY23, the cost of each FTE added by the Council totaled \$93,421.84, which was split between salary (\$77,722) and fringe (\$15,699.84).

We urge this Committee to work with DC Health to ensure adequate staffing to process social work license applications in a timely manner. This is a practical complement to the suite of other workforce development goals in the FY24 budget, getting future social workers licensed and ready to serve. Ensuring the behavioral health workforce is strong and sustainable will improve the safety and well-being of people with behavioral health needs in our community.

Conclusion

Thank you for the opportunity to testify today. I welcome any questions this Committee may have.

¹ 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-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 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; 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; Leah Castelaz, 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/Leah-Castelaz_Testimony-Performance-Oversight_DHCF_FINAL.pdf; Leah Castelaz, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (March 2, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/03/LeahCastelaz_PerformanceOversightTestimony_CommitteeonHealth_DCHealth.pdf.

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- ² Anne Cunningham, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (April 9, 2019), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2021/07/DC-Health-FY2020-Budget-Hearing-Childrens-Law-Center-Testimony-FINAL-nj.pdf>; Tami Weerasingha-Cote, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (February 20, 2020), *available at*: https://childrenslawcenter.org/wp-content/uploads/2021/07/FINAL-Childrens-Law-Center-2020-Performance-Oversight-Testimony-for-DC-Health_0.pdf; Sharra E. Greer, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (March 19, 2021), *available at*: https://childrenslawcenter.org/wp-content/uploads/2021/07/SGreer_Childrens-Law-Center-Testimony-for-March-19-2021-DC-Health-Oversight-Hearing_FINAL-1.pdf; Leah Castelaz, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (February 23, 2022), *available at*: https://childrenslawcenter.org/wp-content/uploads/2022/02/LCastelaz_Childrens-Law-Center-Testimony-for-Fe.-23-2022-DC-Health-Oversight-Hearing_Final-Exhibit-A.pdf; Leah Castelaz, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (March 2, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/03/LeahCastelaz_PerformanceOversightTestimony_CommitteeonHealth_DCHealth.pdf. *See also* ZERO to THREE, *HealthySteps*, *available at*: <https://www.healthysteps.org/>.
- ³ Centers for Disease Control and Prevention, Supporting Parents to Help Children Thrive, *available at*: <https://www.cdc.gov/childrensmenalth/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.
- ⁴ 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>.
- ⁵ 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>.
- ⁶ Kimberly Brooks, Children’s National Hospital, Testimony before the District of Columbia Committee on Health regarding the Department of Health Performance Oversight, (March 2, 2023), *available at*: <https://www.youtube.com/watch?v=SvGJ7GMOFuk>.
- ⁷ DC Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.
- ⁸ Leah Castelaz, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (March 2, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/03/LeahCastelaz_PerformanceOversightTestimony_CommitteeonHealth_DCHealth.pdf.
- ⁹ FY24 DC Health Budget Oversight Pre-hearing Responses, response to Q13, *available at*: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAlPdhYtacABxBTKEvacWWa/FY%202024%20Budget/DOH/Agency%20Responses?dl=0&preview=FY24+DC+Health+Budget+Oversight+Questions_final040623.docx&subfolder_nav_tracking=1.

¹⁰ Leah Castelaz, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (April 5, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/04/L-Castelaz_Testimony-before-DC-Council-Committee-on-Health_DHCF_4.5.23_FINAL.pdf.

¹¹ Center for the Study of Social Policy, Strengthening Families, available at: <https://cssp.org/ourwork/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/>; DC Action, DC Home Visiting Council, available at: <https://www.wearcdaction.org/our-initiatives/homevisiting#:~:text=Home%20visiting%20helps%20parents%20deepen,to%20meet%20their%20child's%20needs>; James H. Duffee, et. al., *Early Childhood Home Visiting*, American Academy of Pediatrics, Volume 140, Issue 3, September 2017, available at: <https://publications.aap.org/pediatrics/article/140/3/e20172150/38307/Early-Childhood-Home-Visiting?autologincheck=redirected>.

¹² Home visitors provide a safe and judgement free space where both generation, parent, and child, feel supported simultaneously. See District of Columbia Council Committee on Health, Performance Oversight of the Department of Health, (March 2, 2023), available at: <https://www.youtube.com/watch?v=SvGJ7GMoFuk>.

¹³ Center for the Study of Social Policy, Strengthening Families, available at: <https://cssp.org/ourwork/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/>; DC Action, DC Home Visiting Council, available at: <https://www.wearcdaction.org/our-initiatives/homevisiting#:~:text=Home%20visiting%20helps%20parents%20deepen,to%20meet%20their%20child's%20needs>.

¹⁴ Significant overturn of the workforce is particularly problematic in a program that relies on the consistent long-term development of relationships. See District of Columbia Home Visiting Council, *Voices from the Field: The Experiences of the District’s Home Visitors*, 2021, available at: <https://www.wearcdaction.org/standardizing-wages-boosting-funding-and-streamlining-reporting-will-strengthen-home-visiting>.

¹⁵ 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. However, in FY23 grantees once again saw a reduction in their awards. See FY22 DC Health Performance Oversight Responses, response to Q43, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAlIPdhYtacABxBTKEvacWWa/FY%202024%20Budget/DOH/Agency%20Responses?dl=0&preview=FY24+DC+Health+Budget+Oversight+Questions_final040623.docx&subfolder_nav_tracking=1.

¹⁶ See District of Columbia Council Committee on Health, Performance Oversight of the Department of Health, (March 2, 2023), available at: <https://www.youtube.com/watch?v=SvGJ7GMoFuk>; District of Columbia Home Visiting Council, *Voices from the Field: The Experiences of the District’s Home Visitors*, 2021, available at: http://www.dchomevisiting.org/uploads/1/1/9/0/119003017/home_visitors_experience_report_final_english.pdf; and 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>.

¹⁷ In FY22 performance oversight responses DC Health reported a cut of \$275,485 to the home visiting programs in the FY23 budget. See 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](#). Grantees reported that this was in fact an even larger cut of \$500,000. However, in DC Health’s budget oversight pre-hearing questions, the agency reported no change in funding between FY23 and FY22 except a decrease of \$150,000 to the First-Time Mother’s home visiting program. See FY24 DC Health Budget Oversight Pre-hearing Responses, response to Q14, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAliPdhYtacABxBTKEvacWWa/FY%202024%20Budget/DOH/Agency%20Responses?dl=0&preview=FY24+DC+Health+Budget+Oversight+Questions_final040623.docx&subfolder_nav_tracking=1. Therefore, we are unsure the true extent of DC Health’s budget for home visiting and what is needed to at minimum to ensure the FY24 budget is the same as FY23 budget. Importantly, home visiting is in need of a greater investment. Home visiting grants have not been adjusted for inflation since 2019 and home visitors report low wages as one of the main reasons, they leave the job. We believe the minimum investment of \$1.2 million will restore any funds that need to be restored to the FY24 budget as well as provide a much-needed increase to this program to support higher wages for home visitors. We do encourage this Committee to seek clarity on the budget of DC Health’s home visiting program and to help understand how to ensure consistency and stability across fiscal years.

¹⁸ Leah Castelaz, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (April 5, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/04/L-Castelaz_Testimony-before-DC-Council-Committee-on-Health_DHCF_4.5.23_FINAL.pdf.

¹⁹ The National Council for Mental Wellbeing, Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States, available at: <https://www.thenationalcouncil.org/wpcontent/uploads/2022/01/Behavioral-Health-Workforce-is-a-National-Crisis.pdf>; USA Facts, Over one-third of Americans live in areas lacking mental health professional, June 9, 2021, available at: <https://usafacts.org/articles/over-one-third-of-americans-live-in-areas-lacking-mental-healthprofessionals/>; and Health Resources and Services Administration (HRSA) Health Workforce, Behavioral Health Workforce Projections, 2017-2030, available at: <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/bh-workforce-projections-fact-sheet.pdf>.

²⁰ Materials shared at Department of Behavioral Health’s Coordinating Council on School Behavioral Health meeting, February 2023, on file with the Children’s Law Center.

²¹ FY22 DC Health Performance Oversight Responses, response to Q109, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AACbEsbUqhrQkJaoKUux7UO2a/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses/HRLA?dl=0&preview=FY22+Performance+Oversight-HRLA+Q98-121.docx&subfolder_nav_tracking=1.

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ Mayor’s Proposed FY 2024 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Health, Table HC0-4, line 4200, (March 22, 2023), available at: https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/rl_cfsa_chapter_2024m1.pdf.