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Testimony Before the District of Columbia Council
Committee on Health
July 13, 2023

Public Hearing:
B25-0312, Health Professional Licensing Board Residency Requirement Amendment Act
of 2023

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Introduction

Good Afternoon, Chairman Henderson, and members of the Committee. My name is Leah Castelaz, and 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. CLC is a member of the Strengthening Families Through Behavioral Health Coalition which brings together a diverse group of advocates who share a commitment to improving DC’s behavioral health care system for children and families.

I appreciate this opportunity to testify in support of B25-0312, Health Professional Licensing Boards Residency Requirement Amendment Act of 2023 (the Act), to increase the capacity of the Boards governing the practice of behavioral health care (the Boards of Social Work, Psychology, and Professional Counseling, among others.)¹ My testimony will emphasize the critical need for the Boards to be fully functional, as a matter of patient safety and health equity. I will also recommend the Boards engage in more robust strategic workforce development activities for their professions. Our recommendations are drawn in

part from the 2021 report, [*A Path Forward: Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia.*](#)²

The Act Increases the Functionality and Representation of the Professional Boards Related to Behavioral Health Care

In the midst of a national and local mental health crisis, District residents must have access to critical prevention and intervention services.³ This requires a strong behavioral health workforce that has the supports and services District residents are seeking. Many of the programs the District has invested in require licensed professional behavioral health specialists, including School-Based Behavioral Health, HealthySteps, and Healthy Futures. Unfortunately, providers across the District and nation struggle to recruit and retain qualified clinicians, social workers, therapists, psychologists, and/or counselors. As we have testified before, District programs continue to face staffing challenges which have delayed expansion and impeded access to services for Children’s Law Center clients as well as other District children and families.⁴

It is therefore important that the District make strategic decisions designed to expand DC’s behavioral health care workforce. One such investment is for the District to ensure adequate staffing at DC Health to process professional license applications in a more timely manner.⁵ The Boards must also fill vacant seats, ensure quorums at meetings, engage meaningfully with professionals in the field, and address complex workforce challenges. We have urged that the Boards are responsible not just for gatekeeping, but for maintaining an adequate network of behavioral health professionals as a matter of patient safety.⁶

The Health Boards Residency Act amends the residency requirements for board seats, so that only 50% of seats held by professional members of Health Professional Licensing Boards be held by District residents.⁷ Allowing professionals who do not reside in DC to serve on their respective Boards would reflect the reality of practice in our jurisdiction. As noted in the introduction of the Act, unfortunately the percentage of licensees practicing in the District who also reside in the District is low. For example, only 29% of Professional Counseling of licensees are DC residents, 32% of Board of Psychology licensees, and 26% of Board of Social Work licensees.⁸ The proposed schema in the Act recognizes and reflects the realities of the District workforce, as well as the diversity of patients who seek services at the District's institutions. Additionally, we hope that new membership will reinvigorate the Boards for the important work ahead of them to maintain an adequate and qualified workforce.

The Boards Must Engage in Strategic Workforce Development Activities

We believe the precarious state of the behavioral health workforce requires attention across government and stakeholders; we testified in support of the Pathways to Behavioral Health Degrees Act in the Council's Committee of the Whole yesterday. As a significant arm of the health system's labor market, it is incumbent on the Boards to engage in expanding – rather than restricting – workforce capacity.⁹

There are also legal reasons for the boards to undertake expanded mandates. The District is required by federal Medicaid rules to meet “network adequacy” standards and ensure a sufficient field of behavioral health providers “to achieve greater equity in health care

and enhance consumer access to quality, affordable care.”¹⁰ Here, an “adequate” workforce means sufficiently diverse, multi-lingual, culturally competent, trauma-informed, and specializing in the necessary areas, as well as available to all insurance types. We do not believe we are currently in compliance, especially for practitioners working with children, speaking languages other than English, or delivering specialty therapies.¹¹ This Committee has consistently heard about the gaps in services, vacancies, and the associated costs.

In addition to the issues related to workforce shortages, we would like to see the Board address inequities as well. In particular, we hope the Board of Social Work will continue to consider the data from the Association of Social Work Boards (ASWB) showing that only a little over half of Black exam-takers in DC (52%) pass the exam on the first attempt, compared to 93% of white exam-takers.¹² As the government considers improvements to professional board functioning, we recommend that they explicitly encompass workforce development and remediation of obstacles to licensure as part of their missions. We believe they can do this without jeopardizing service quality.¹³

The District Should Create and Maintain a Database to Inform Behavioral Health Workforce Planning

In order to effectively address workforce shortages and plan for the future, we need to understand the current workforce. While some behavioral health workforce data is currently collected at the time of license renewal application, it is not published publicly, and it is insufficient to measure the adequacy of the behavioral health workforce, especially those serving children. Without a systematic collection of comprehensive workforce data,

opportunities to make informed decisions regarding workforce development are limited. Our Path Forward report recommends that the Department of Behavioral Health and DC Health collaboratively establish a data collection approach.¹⁴ This could be done in part through data collected during the licensure process. Additionally, an assessment of the current workforce makeup is needed to determine gaps and inform policy and financing decisions. The data should be used to develop, and then evaluate, behavioral health workforce recruitment and retention strategies.

Such data collection requires a centralized, permanent data infrastructure that can collect data from stakeholders (providers, consumers, and health care managers), then analyze and disseminate that data to inform plans and policy decisions. The data set to inform workforce planning efforts might include:

- **Demographics:** Name, age, race/ethnicity, sex and gender, sexual orientation, place of birth and residence, military/veteran status, language skills;
- **Licensure and Certification:** Type of job-related licenses held, type of job-related certificates held, national provider, identification number, state identification/registration number;
- **Education and Training:** Degrees obtained and years of completion, field of study/specialty, completion of other educational programs (e.g., internships), current enrollment in degree program;
- **Occupation and Area of Practice:** This may include identifying as a psychiatrist; psychologist; social workers; advanced practice psychiatric nurse; certified prevention specialist; addiction counselor; mental health/professional counselor; etc., as well as type of therapy (cognitive-behavioral therapy, dialectical behavior therapy, interpersonal therapy, exposure therapy, family therapy, grief therapy, etc.) and age range (adolescent, child, ages 0-3, etc.);

- **Practice Characteristics and Settings:** Number of current positions, number of hours and weeks worked per year, use of telehealth, employer practice setting, hours per week spent on activities (e.g., clinical supervision, diagnosis), etc.

We were glad to learn that DC Health made several technology improvements in 2022, including the addition of a workforce survey for every renewal application.¹⁵ We hope this is used for applicants for behavioral health professions, as it would serve the kind of data collection and analysis we describe above.

Conclusion

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. In addition to changes to residency requirements, we ask the professional boards in behavioral health to engage in robust, strategic workforce development activities. Through these efforts, with increased data collection and analysis, the Board can help create a more inclusive, diverse behavioral health workforce in DC.

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

¹ B25-0312, Health Professional Licensing Boards Residency Requirement Amendment Act of 2023, legislative text, available at: <https://lirms.dccouncil.gov/downloads/LIMS/53176/Introduction/B25-0312-Introduction.pdf?Id=162842>.

² See, Children's Law Center, *A Path Forward - Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*, (December 2, 2021), available at: https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf (noting that 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).

³ Press Release, U.S. Department of Health and Human Services, *U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic*, (December 7, 2021), available at: <https://public3.pagefreezer.com/browse/HHS.gov/30-12-2021T15:27/https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>.

⁴ See, 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, Public Performance Oversight Hearing: Department of Health Care Finance*, (February 16 and 17, 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, Public Performance Oversight Hearing: Department of Health Care Finance*, (February 16 and 17, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/02/Leah-Castelaz_Testimony-Performance-Oversight_DHCF_FINAL.pdf; 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; 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.

⁵ Amber Rieke, Children's Law Center, *Testimony before the District of Columbia Council Committee on Health*, p. 7, (February 28, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/02/AmberRieke_CLC_PerformanceOversightTestimony_BoardofSW_Feb2023.pdf.

⁶ *Id.* at 5.

⁷ B25-0312 - Health Professional Licensing Boards Residency Requirement Amendment Act of 2023, legislative text, available at: <https://lirms.dccouncil.gov/downloads/LIMS/53176/Introduction/B25-0312-Introduction.pdf?Id=162842>.

⁸ *Id.*

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- ⁹ B25-0055 - Pathways to Behavioral Health Degrees Act of 2023, legislative text, *available at*: <https://lms.dccouncil.gov/downloads/LIMS/52128/Introduction/B25-0055-Introduction.pdf?Id=154413>.
- ¹⁰ Schneider, A. and Corcoran, A., *Standards for Provider Network Adequacy in Medicaid and the Marketplaces*, Georgetown University Health Policy Institute Center for Children & Families, (May 16, 2022), *available at*: <https://ccf.georgetown.edu/2022/05/16/standards-for-provider-network-adequacy-in-medicaid-and-the-marketplaces/> (quoting Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023, 87 Fed. Reg. 27,322 (May 6, 2022)(to be codified at 45 CFR pt. 156), *available at*: <https://www.govinfo.gov/content/pkg/FR-2022-05-06/pdf/2022-09438.pdf>).
- ¹¹ See, Amber Rieke, Children’s Law Center, *Testimony before the District of Columbia Council, Public Performance Oversight Hearing: Department of Health Care Finance*, p. 6-9, (February 16 and 17, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke_DHCF-Performance-Oversight_FINAL-2.16-and-2.17.pdf.
- ¹² Association of Social Work Boards, *ASWB exam pass rates by state/province, Washington, D.C.*, (2023), *available at*: <https://www.aswb.org/exam/contributing-to-the-conversation/aswb-exam-pass-rates-by-state-province/>, (displaying data for Washington, D.C., number of test-takers and first-time pass rates by demographic group from 2011-2021).
- ¹³ Amber Rieke, Children’s Law Center, *Testimony before the District of Columbia Council Committee on Health*, p. 6, (February 28, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/02/AmberRieke_CLC_PerformanceOversightTestimony_BoardofSW_Feb2023.pdf.
- ¹⁴ Children’s Law Center, *A Path Forward - Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*, p. 118, (December 2, 2021), *available at*: https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf.
- ¹⁵ DC Health, *FY22 Oversight Questions, DC Health Regulation and Licensing Administration, response to Q106*, p. 53, (2022), *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.