501 3rd Street, NW · 8th Floor
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
www.childrenslawcenter.org

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Leah Castelaz
Policy Attorney
Children's Law Center

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, a member of the Early Childhood Innovation Network, the co-chair of the Maternal Health Committee for the Ward 8 Health Council, the co-chair of the Under 3 DC Coalition Family Health Supports Committee, 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 performance of the Department of Health (DC Health) over the past year. During this period, Children's Law Center helped thousands of children and families through individual advocacy in both our guardian-ad-litem program and our Medical-Legal Partnership, Healthy Together.[1] 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.

Our work shows us the importance of investing in children's physical and mental health. Children need timely access to appropriate physical and mental health services, like multi-generational healthcare approaches, early prevention and intervention services, and a sufficient behavioral health workforce. Continued, strong investment in the youngest District residents means we can strengthen families and create a foundation for DC children to have a healthy, productive future. To this end, my testimony today will focus on the key efforts made so far to improve health outcomes for District children and families, as well as the specific actions needed to ensure these efforts continue to result in actual improvements.

Specifically, my testimony will (1) discuss the lack of transparency regarding DC Health funded home visiting programs in the District that make it difficult to address ongoing hiring challenges; (2) review DC Health's continued implementation of HealthySteps and opportunities for growth; (3) the need for DC Health to increase its role in supporting perinatal health in the District; (4) underscore the need for greater investment in DC's healthcare workforce including community health workers to ensure all District's residents mental and physical health needs are met; and (5) discuss the need for DC Health to engage and support the relaunched 211 Warmline.

Home Visiting Programs Served Over 1200 Families in FY2023, But Need Increased Support to Overcome Persistent Challenges and Serve More DC Children and Families

Home visiting programs are voluntary programs that pair families with in-home support workers during children's earliest years.[2] Through the development of

meaningful and sustained relationships with families, home visits improve 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.[3] 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.

There are 17 home visiting programs in the District operated by 13 organizations.[4] Eight of the programs are funded and supported by Department of Health Care Finance (DHCF), Child and Family Services Agency (CFSA), and DC Health, others utilize private and federal funding.[5] Specifically, DC Health funds the following home visiting programs Mary's Center Healthy Families America (HFA) program and Parents as Teachers (PAT) program, Georgetown University's Parenting Support program, Community of Hope's PAT program, and Mamatoto Village: Perinatal Health Worker Training program.[6] Last year, across all the home visiting programs in the District, 72 home visitors helped families navigate income, employment, housing, food insecurity, mental health, and domestic violence issues. Home visitors support 1,242 families by delivering over 22,700 home visits.[7]

In the first quarter of the Fiscal Year 2024, this Committee had two opportunities to hear about the immense value of home visiting programs in the District. First, at the October 4th hearing on the Home Visiting Reimbursement Act of 2023, and then at the December 14th roundtable on maternal health in the District.[8] In addition to the wide-spread community members and advocates support, this Committee heard support from the relevant government agencies. DHCF stated "[home visiting programs] have indeed been effective in improving health outcomes" and shared support for home visiting expansion in the District.[9] Additionally, at the roundtable, DC Health representatives cited home visiting services as a prong in their strategy to improve maternal and child health in the District; citing that home visiting supports early entry into quality prenatal care.[10]

Despite the significant support for home visiting programs by both community members and government agencies, programs continue to face repeated challenges of hiring and retaining staff.[11] Many home visitors report having highly rewarding relationships with the families they work with and enjoying 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 cost of living in the District.[12] During the December 2023 maternal health roundtable DC Health testified that improvements to the home visiting system were necessary, and committed to improving programs, workforce recruitment and retention, and

reimbursement for services. However, over the past year, we have seen DC Health continue to lack the needed transparency and communication to truly make improvements to the home visiting workforce.

Over the past year, there has been a great deal of confusion around DC Health's funding for its home visiting programs. During its budget oversight hearing in April 2023, DC Health stated that although the agency was decreasing the award amounts to certain grantees, there would be no reduction to the overall home visiting funding in the FY2023 budget as compared with the previous year.[13] Later, however, DC Health reported that it was unable to redirect the funds cut from certain home visiting programs to other home visiting programs, which resulted in there being an overall reduction in funding for home visiting programs in FY2023, despite DC Health's assurances to the contrary. Changing budget lines for programs are destabilizing and cause programs to pause hiring, increase caseloads for current home visits, and, ultimately, lower the number of families they are able to serve.[14] Further, this confusion made it hard for the Council, the agency, and advocates to know how much funding was needed for home visiting in the FY2024 budget.[15]

Additionally, grantees were told by DC Health that the cuts to their programs were due to there being vacant positions[16] Vacant positions continue to persist because of low wages and lack of investment in the home visiting workforce.[17] DC Health's decision to cut to grants instead of working with programs to fill vacant positions exacerbates the

ongoing workforce issues.[18] We urge the Committee to ask DC Health to partner with programs to address the ongoing staffing issues with home visiting programs, rather than to simply cut funding. Additionally, DC Health must increase transparency of the home visiting budgets to allow programs to stabilize and properly plan for hiring as well as the number of families served.

HealthySteps Continues to Play a Critical Role in Connecting DC Families with Resources and Supports – Continued Investment in Implementation is Critical

The maternal health roundtable in December 2023 highlighted the importance of the HealthySteps program.[19] Children's Law Center has consistently supported HealthySteps,[20] 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.[21] In FY2023, DC Health put out a request for application (RFA) to fund a sixth HealthySteps site in either Wards 5, 7, or 8 per the Birth-to-Three for All DC Amendment Act of 2018.[22] The RFA was granted to MedStar Georgetown to support their existing HealthySteps work. There are now six HealthySteps sites in DC that utilize local DC funds to support their work while there are several others that utilize private, philanthropic funds to operate.

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 family's needs are met. 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.[23] 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.

One way to meet a caregivers behavioral health need is by screening for perinatal mood and anxiety disorders or other perinatal mental health disorders. Through screening, HealthySteps Specialists can identify and provide support to those suffering from perinatal mental health disorders and HealthySteps Family Services Coordinators can give resources and specific care coordination.[24] In FY 2022, 74% of the parents seen at Children's National Medical Center were screened at least once for depression.[25] Screening mitigates the strain that undiagnosed and untreated mental health issues can put on the parent-child relationship. HealthySteps is a critical resource in the continuum of care for perinatal and infant health.[26]

This is emphasized in the recently published Perinatal Mental Health Task Force (Task Force) report, which found that DC was lacking in screening for perinatal mental health, noting that DC currently does not require perinatal mental health screening.[27] The report specifically identifies HealthySteps (as well as home visiting) as a critical point for screening.[28] Maternity patients are more likely to keep a well-child visit over their own postpartum visit.[29] Pediatric care offers parents six or more interactions with their child's pediatrician within the first year following delivery.[30] Therefore, pediatrician offices offer

a safe and consistent space for parents as well as their children to access the support and resources they need to have a successful first year.

Unfortunately, HealthySteps is limited in the ability to bill fully for all clinical and non-clinical aspects of the program. Under the current financing structure Medicaid reimbursement or enhanced payments are not available for all the HealthySteps sites in the District. 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.[31] Although DC Health does not oversee Medicaid reimbursements, there is an opportunity for interagency coordination to ensure that this DC Health program is included as a Medicaid reimbursable service. More sustainable funding is necessary for this program to flourish and we believe moving forward Medicaid reimbursement is a critical step forward in sustaining this invaluable program.

We, therefore, recommend the Committee pursue Medicaid reimbursement for both clinical and nonclinical care coordination services delivered through HealthySteps. This recommendation is consistent with the recommendations found both in the Task Force report and *A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia.*[32] We would welcome the opportunity to work with DC Health, DHCF, and this Committee to move these recommendations forward and create a more sustainable path for funding HealthySteps in the District.

DC Health has a Significant Role to Play in the District's Perinatal Health Work, But More Engagement from the Agency is Needed

The maternal health roundtable was an opportunity to highlight the two significant shifts toward a more cohesive, public approach to maternal health in the District – the Maternal Health Advisory Group and the Perinatal Mental Health Task Force.[33] We are excited to have the Task Force report released as well as the commitment from DHCF to move forward the Maternal Health Advisory Group to create a space to review and take action on the report's recommendations.[34] Additionally, the Maternal Health Advisory Group will be a space to continue to address implementation challenges for the Medicaid doula benefit.

Over the last year, DC Health participated in the Task Force providing presentations on their work on perinatal mental health in the District.[35] They have shared some critical data with the public. But, as noted in the Task Force report, there continues to be a significant gap in perinatal mental health data collection. Given DC Health's work with perinatal health programs, we believe there is likely more data that can be shared. Therefore, we encourage ongoing and future collaboration between DC Health and other agencies to identify existing as well as missing data to help determine effective strategies to support DC children and family's mental health. We hope DC Health will continue their engagement with the Maternal Health Advisory Group as active participants in moving forward recommendations that relate to their agency's work.

Unfortunately, we have not seen the same level of engagement by DC Health regarding the doula benefit in Medicaid. As we testified to during the maternal health roundtable, prior to December 2023, we lacked updates on many aspects of the doula benefit including DC Health's progress on creating one certification for doulas.[36] We still need to hear from DC Health regarding their implementation of the doula certification and ensure that there is meaningful engagement and feedback from current practicing doulas. The current certificate list provided by DHCF is relatively more expansive than most states with twenty-one approved programs compared to the ten-twelve approved by most others.[37] It is unclear how the shift from the expansive DHCF list of certifications to just one DC Health certification will be implemented. Other jurisdictions have struggled with the restrictiveness of state training and certification requirements as they are not responsive to the individual needs of the communities with which doulas interact.[38] DC Health's engagement with the Maternal Health Advisory Group, is, therefore, critical as to ensure they do not meet the same obstacles as other jurisdictions in establishing a certification program.

The Task Force report neatly summarizes our hopes for perinatal health in FY2024 and the role DC Health and its sister agencies will play, "The recommendations outlined herein aim to catalyze this transformative change, forging a path toward greater equity, accessibility, and improved mental health outcomes for all residents of the District, regardless of their perinatal journey or background. It is our hope that the District will

embrace these recommendations and work collaboratively across sectors to build a brighter, healthier future for its perinatal population."[39]

DC Health Continues to Lag Behind Other Jurisdictions in Utilizing Community Health Workers in the Workforce

Community health workers (CHWs) are a workforce investment in community-based care being leveraged around the country, but not sufficiently in DC.[40] CHWs are trusted and trained individuals who serve as a bridge between health care systems and their communities. There is strong evidence that the integration of CHWs into health care teams to provide services such as care coordination and system navigation leads to improved health care outcomes and reduced costs.[41] CHWs are often referred to as "non-traditional" positions because while they are a critical piece of the health care landscape, they are lay people who do not have health-related professional degrees like nurses, doctors, therapists, dentists, etc.

DC Health has at different points utilized CHWs to support various health initiatives and programs.[42] More recently, other agencies including DBH have also started to look at how CHWs could support their work[43] and Georgetown University offers a continuing studies course for CHWs in infant, early childhood, and family mental health.[44] As the health provider shortage looms large in DC, these efforts reflect strategic interest in growing the CHW workforce to better support the healthcare system as a whole.

The main impediment to integrating CHWs has been that commercial insurance, like Medicaid, does not typically reimburse unlicensed providers and the District has not yet

set up the required regulatory regime to enable this type of reimbursement. DC Health has been convening stakeholders for many years to try to formalize the infrastructure and financing for CHWs – as Maryland and Virginia have done – but we have yet to see implementation of the resulting recommendations.[45] DC, however, continues to be uncharacteristically behind the rest of the country when it comes to leveraging CHWs and other workforce extending models.[46]

Therefore, we support the recommendations from the Task Force report that would move DC forward in supporting CHWs.[47] This includes providing Medicaid payment for mental health support services provided by community health workers and other paraprofessionals serving pregnant and postpartum populations. As noted in the Task Force report, many other states have started to use Medicaid to finance CHWs, frequently using the 1115 waiver process.[48] DC is undergoing an 1115 waiver renewal in 2024, which presents a new and timely opportunity to leverage and support this workforce.

Notably, when this recommendation moves forward, the District's workforce regulators will face a unique task. The fact that CHWs do not necessarily hold degrees and certifications is an important feature of the CHW model – as opposed to other professions DC Health and professional boards regulate. While formalizing the role enough to standardize the skills and facilitate financing, DC Health must also ensure the fidelity to the CHWs model and be careful not to cut out current workers with the requisite skills and life experience. For example, CHWs working with immigrant

populations should not be subjected to citizenship tests, and the skills and experience beyond formal education should be recognized in certification requirements.

DC has many jurisdictions it can look to for guidance on institutionalization and stories of success. Beyond our neighbors, another example is the Los Angeles County Department of Health Services' Whole Person Care Program (WPC).[49] The WPC program embeds CHWs in the primary care setting to provide outreach, engagement, assessment, peer support, accompaniment to appointments, and other care coordination activities to targeted high-risk populations, such as those who are homeless or have substance use disorder (SUD). The CHWs are not required to have any specific certifications but receive intensive training on core topics such as social determinants of health, motivational interviewing, homelessness, incarceration, mental health and SUD, safety, self-care, and leadership. We highlight the LA model to emphasize that it is possible to integrate CHWs into the Medicaid system without overly restrictive or burdensome parameters that would disqualify them from their jobs.

We also believe there is a lot to be learned from the doula benefit implementation. While doulas are distinct from CHWs, they are also a non-medical role entering the medical system of Medicaid. Understanding the barriers doulas face may help inform potential barriers for CHWs if this Task Force recommendation is moved forward. We, again, welcome the opportunity to work with DC Health, DHCF, DBH, and this Committee to implement this recommendation.

As the District's Healthcare Workforce Regulator, DC Health Must Lead Workforce Development Activities

As emphasized above, children need timely access to appropriate physical and mental health services. When our clients encounter long waits for services, it is invariably due to the constrained capacity of the workforce. As the health agency tasked with regulation of the professional licensing and regulation – as well as battling health disparities – DC Health needs to increase its activity in this area. It should carry on the cross-agency work that was concluded in 2023, after months of stakeholder engagement and study, by the Mayor Bowser's Healthcare Workforce Task Force. The report outlined recommendations to "rebuild, strengthen, and expand the District's healthcare workforce" and to "address current supply and demand challenges in the healthcare workforce."[50] Membership included all agencies at work in the health workforce, as well as leaders in the education, employment, and healthcare sectors. For each recommendation, the implementing agency is identified, with DC Health invoked most frequently. Several recommendations identified as DC Health's primary responsibility include:

- Expand data infrastructure to improve health professional license processing, allow for interoperability with third-party data providers and other jurisdiction licensing agencies, and improve data collection to support healthcare workforce development planning.

- Accelerate coordinated health professional licensure across the District, Maryland, and Virginia through compacts and policy coordination, technology interoperability, expanded use of temporary licensure, and adoption of endorsement pathways for all comparable licenses, registrations, or certifications.
- Undertake a public education and media campaign to restore public confidence in healthcare and educate the public about healthcare career options.
- Build cross-agency partnerships and clarify roles to ensure alignment of programs, strategies, policies, and funding allocations contribute to a strong and sustainable health care workforce in the District of Columbia.
- Adopt policies and practices for licensure, registration, and certification to ensure that the District's health care workforce can be prepared for the healthcare delivery system of the future.

Most other recommendations in the report would require DC Health's engagement with other agencies and sectors:

- Encourage health care employers to create or expand certified apprenticeship or internship programs.
- Conduct market analysis to drive adjustment of health care workers' salaries.
- Address employee burnout through mental health services.
- Create retention incentives for current health care workers.

- Expand health professional programs and certifications available upon high school graduation.

The report's recommendations reflect a broad swath of work that is critical to the District's health infrastructure. If our workforce challenges continue at the same trajectory, the crises of recruitment and retention will leave the health system in a worse place than today. Further, the amount of stakeholder time and attention poured into the report deserves the government's follow-up. The Council and DC Health's new Director should ensure the agency actively pursues implementation of the recommendations. CLC will testify at the hearing on the Professional Boards about the important role they will play in the comprehensive approach to workforce development the District so desperately needs.

The Relaunched 211 Warmline Requires DC Health to Work Closely with CFSA to Help Connect Families with Needed Resources, Supports, and Services

Interagency coordination of DC social programs is needed now more than ever with the relaunched 211 Warmline. The 211 Warmline, which soft launched in October 2023, is a partnership between CFSA and the Office of Unified Communications (OUC) to serve as the District's unified social service resource and referral line.[51] The 211 Warmline and Community Response Model will voluntarily connect children, families, and community members to DC government systems of care and community-based services, and through this support, prevent unnecessary calls to the Child Protective Services (CPS) Hotline. When needed, an individual or family calling 211 Warmline can

connect with a Community Responder, who can provide more in-depth phone support or connect in-person with the family or individual to navigate District-funded and community-based services to address their needs such as food assistance, housing needs, or medical benefits.

DC Health has a critical role to play in the 211 Warmline and CFSA's other prevention efforts. DC Health runs two programs, HealthySteps and home visiting, that provide critical support for District's youngest residents and their families. Both programs have been shown to reduce risk factors for child abuse and neglect by strengthening the parent-child relationship, promoting protective factors, and connecting child and families with supports, services, and resource that can address the full range of needs.[52] It is crucial that DC Health and 211 Warmline are connected to ensure when appropriate families are connected with these programs.

Beyond the 211 Warmline, District programs and services, in general, can only reach their full efficacy if there is successful coordination between agencies. Many families rely on multiple agencies to meet their health, food, and housing needs. The lack of communication and coordination by government agencies can cause families, already overburdened with the stresses of poverty, to experience more obstacles, greater administrative burdens, and increased stress.[53] Interagency coordination can cut down on confusion, increase communication, and better connect children and families with services that meet their needs. Investments cannot be simply allocated to a program; they

also must be made with implementation in mind. This includes outlining and understanding the necessary communication, practices, and procedures of a program that allow for it to meet its objectives. In a recent interview, Director Bennett stated, "What we often do is we give a resource … [without] putting sufficient resources into fixing the barriers that would prevent people from using it. Then we regret having done it because, 'Oh my God, we put all that money in and they didn't use it."[54] We have seen this be true for many of DC Health's programs in the past, and we hope through strengthened partnership and increased interagency coordination to fix implementation issues, so all available resources are utilized to their maximum capacity.

Conclusion

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

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[1] Children's Law Center, 2022 Annual Report, *available at*: https://childrenslawcenter.org/annual-reports/2022-annual-report/.

[2] Under 3 DC, Home Visiting, *available at*: https://under3dc.org/wp-content/uploads/2021/05/U3DC-Home-Visiting-5-11-21.pdf; District of Columbia Home Visiting Council, http://www.dchomevisiting.org/.

[3] Health Resources & Services Administration (HRS), Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), available at: https://mchb.hrsa.gov/programs-

impact/programs/homevisiting/maternal-infant-early-childhood-home-visiting-miechv-program; U.S. Department of Health and Human Services, Home Visiting, Office of Planning, Research, & Evaluation An Office of the Administration for Children and Families, available at: https://www.acf.hhs.gov/opre/topic/home-visiting; Under 3 DC Coalition. Home Visiting, available at: https://under3dc.org/wpcontent/uploads/2021/05/U3DC-Home-Visiting-5-11-21.pdf.

[4] DC Home Visiting Council, Annual Report, 2022, https://drive.google.com/file/d/1ZuTZDHjIS-xfCWZoYpn2ffJP2hihG8up/view.

[5] DC Home Visiting Council, Annual Report, 2023, https://drive.google.com/file/d/1hd2fTL9tZSVCRqt58-zLnLudvrUIEhHS/view.

[6] *Id.*

[7] *Id.*

[8] Leah Castelaz, Children's Law Center, Testimony before the District of Columbia Council, (December 14, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/12/L.-Castelaz_Maternal-Health-Roundtable_Committee-on-Health_December-14-2023_final.pdf; Leah Castelaz, Children's Law Center, Testimony before the District of Columbia Council, (October 4, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/10/B25-0321-B25-0419-Hearing_Committee-on-Health_Testimony-by-Leah-Castelaz_10.4.23_final.pdf; District of Columbia Council Committee on Health, Committee Report - B25-0321 the Home Visiting Services Reimbursement Amendment Act of 2023, December 12, 2023, *available at*: https://lims.dccouncil.gov/downloads/LIMS/53251/Committee_Report/B25-0321-Committee_Report1.pdf?Id=181986; District of Columbia Council Committee on Health, Committee Report - B25-0419, the Childhood Continuous Coverage Amendment Act of 2023, December 12, 2023, *available at*: https://lims.dccouncil.gov/downloads/LIMS/53581/Committee_Report/B25-0419-Committee_Report1.pdf?Id=182014; and District of Columbia Committee on Health, Roundtable: Maternal and Infant Health: Addressing Coverage, Care, and Challenges in the District, (December 14, 2023), *available at*: https://lims.dccouncil.gov/Hearings/hearings/206.

[9] "The District, through Mayor Bowser's leadership and commitment to improving maternal health, is undertaking efforts to improve health outcomes and expand options for families to be successful. Bill 25-0321 builds an existing program and encourages expanding access to home visiting by leveraging federal Medicaid funding." Director, Byrd, Hearing on Home Visiting Reimbursement Act of 2023, October 4, 2023, *available at*: https://www.youtube.com/watch?v=K8JH7OoxfJw&t=550s.

[10] Doctor Doe, Roundtable: Maternal and Infant Health: Addressing Coverage, Care, and Challenges in the District, December 14, 2023, *available at*: https://www.youtube.com/watch?v=NsQaTDG7_jc.

[11] DC Home Visiting Council, Annual Report, 2022, https://drive.google.com/file/d/1ZuTZDHjIS-xfCWZoYpn2ffJP2hihG8up/view; DC Home Visiting Council, Annual Report, 2023, https://drive.google.com/file/d/1hd2fTL9tZSVCRqt58-zLnLudvrUIEhHS/view; DC 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; DC Action, *Standardizing Wages, Boosting Funding, and Streamlining Reporting Will Strengthen the Home Visiting Profession,* (February 2023), *available at*: https://www.wearedcaction.org/standardizing-wages-boosting-funding-and-streamlining-reporting-will-strengthen-home-visiting.

[12] *Id.*

[13] 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; DC Health Budget Oversight Responses, response to Q14, *available at*: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAIiPdhYtacABxBTKEvacWWa/FY%202024%20Budget/DOH/Agency%20Responses?dl=0&preview=FY24+DC+Health+Budget+Oversight+Questions_final040723.docx&subfolder_nav_tracking=1; DC Council Committee on Human Services, Department of Health Budget Oversight Hearing (Government Witnesses), April 12, 2023, *available at*: https://www.youtube.com/watch?v=occRgEL_aVU. Christina Henderson Q: "Lots of Home visiting Advocates stated that five hundred thousand dollars had been cut from their grants for FY 23 so this current year, but that DC Health had assured them that it would likely be restored, so what is going on here? They said they received a notice from DC Health that their grant was being cut for this fiscal year [FY2023]." DC Health Q: "who was the vendor?" Christina Henderson R: "Mary's Center." DC Health R: "There was a reduction in the FY23 grant award to Mary's Center for their local home visiting program. They also have grants for federal home visiting programs and some inter-district funds as well. That reduction was originally slated for FY2022, it was part of a larger cut. We were able to reprogram funds in 2022 so they didn't see a cut in 2022. They did see a cut in FY2023. Separate from that there is a main home visiting program … a first time mothers home visiting program that was put in as a one-time funding and that as not been renewed because it was one time." Christina Henderson Q: "Is that common practice to reduce a grant in the middle of a grant year?" DC Health: "it was not in the middle of the grant year." Christina Henderson R: "I'll take that back because I don't think it was reduced in the middle of the grant year… but it seems weird that they would come to us and say our FY2023 grant money is being cut when I know we are in the middle of FY2023. When did you all… did you do new applications for FY2023?" DC Health R: "the change occurred with the FY 23 award it wasn't didn't occur in the middle of the grant year." Christina Henderson R: "Okay I see so when you provided the FY2023 grant award it was $500,000 less than what they were awarded inn 2022." DC Health R: "There wasn't a cut, they lost about $345,000 in local funds but they also saw an increase in some other sources of funds so for their main home visiting programs it was about a $275,000 reduction. To put in context withall their home visiting together it's uh one and a half million or something like that." Christina Henderson Q: "During public testimony we also heard requests for DC help to increase the grant program by 1.2 million overall not just obviously not just them but the grant program in general um to increase staff salaries and improve retention and recruitment did you all consider raising these salaries in the FY 2024 budget." DC Health R: "you know we saw the questions in advance just be clear so DC health is not set salaries for staff does not cap salaries for staff uh we make funding available and then the grantee determines how the that comes up with a budget to meet that so it's up to the grantees discretion as to what the salaries are for their staff. Christina Henderson R: "got it so for FY2023 Awards was the was the overall pot of money reduced that was available in FY 20 from FY 22 meaning not just one grantee but like the whole pot so let's say there was 1.2 million in FY 2022 is their 1.2 million in FY 2023 was trying to determine like was it you had more people who applied this year and so you granted more or somebody else scored higher and so they got a bigger chunk of the money. I'm trying to understand." DC Health response: "the entire pot was smaller in FY 2023 than it was in FY 2022, but it was larger than FY 2022 than it was in FY 2021. they do fluctuate from year to." However, when looking at performance oversight responses, this reduction is not reflected anywhere. DC Health reported that in FY2022 funding was $1,860,566 and in FY2023 they reported the same amount. In FY2024 they reported a reduction of $150,000 which accounts for the loss of one-time funding for First-Time Mother's home visitation which was moved to DHCF. DC Health did state in performance oversight that "Note that a budget reduction for home visiting occurred in FY21. However, DC Health was able to redirect funds from other programs to maintain home visiting grantee awards through FY22. This was not possible in FY23, so some grantees

saw a reduction in the awards in FY23." But again, it is unclear what that reduction was since it is not reflected in any of their reported numbers, and it appears to be only to grantees.

[14] 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; DC 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; DC Action, *Standardizing Wages, Boosting Funding, and Streamlining Reporting Will Strengthen the Home Visiting Profession,* (February 2023), *available at*: https://www.wearedcaction.org/standardizing-wages-boosting-funding-and-streamlining-reporting-will-strengthen-home-visiting.

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Introduction.pdf?Id=183298; Inaugural Maternal Mental Health State Report Card (2023), Policy Center for Maternal Mental Health, *available at*: https://state-report-cards.mmhmap.com/. The inaugural Maternal Mental Health Report Card provides the first-ever comprehensive view into the state of maternal mental health in America. The U.S. is failing mothers – only scoring a D grade. Just one state has received the highest grade of a B-, and 40 states and DC received Ds and Fs. The report card grades states in three domains: Providers and Programs; Screening and Screening Reimbursement; and Insurance Coverage and Payment. Washington DC did the best in insurance coverage and payment but the worse in screening and screening reimbursement. This presentation is the inaugural report and there are several pieces that could be improved but it gives an initial look into how DC is measuring for perinatal mental health. This is particularly important given the lack of local data reporting on perinatal mental health in the District.

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