



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

Testimony Before the District of Columbia Council  
Committee on Health  
April 10, 2024

Public Hearing:  
Budget Oversight Hearing  
Department of Health

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 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 Fiscal Year 2025 (FY2025) budget for the Department of Health (DC Health). We would like to thank the Mayor for maintaining funding for two critical investments in supporting and improving family well-being: home visiting and HealthySteps. Both home visiting and HealthySteps support a full spectrum of perinatal physical and mental health services in the District.<sup>1</sup> These programs play a primary role in the prevention and early intervention space by ensuring that pregnant and postpartum people receive essential screenings and are actually connected to needed health services.<sup>2</sup> Additionally, HealthySteps and home visiting emphasis on the parent-child relationship and

responsive caregiving helps to improve future outcomes for children. For example, both HealthySteps and home visiting have been shown to support a child's school readiness.<sup>3</sup> Ensuring a child is ready for school is linked to academic achievement as well as the development of self-regulation, peer relationships and communication skills which have important implications for children's school and life success.<sup>4</sup> Given the District's focus on chronic absenteeism, it is critical to look at both prevention and intervention.<sup>5</sup> Investment in programs like HealthySteps and home visiting are essential to support better short-term outcomes, like improving perinatal health, and future outcomes, like creating pathways to success in education.<sup>6</sup>

Maintaining these critical supports for child and family well-being requires a sustained workforce. From our own experiences, Children's Law Center's clients often have significant behavioral health needs compounded by trauma, loss, or instability. The ongoing shortage of social workers creates a major barrier to care for these children and their families. The Health Regulation and Licensing Administration (HRLA), who are processing and administering professional licenses, play a significant role in the comprehensive approach to District workforce development that is so desperately needed. HealthySteps Specialists and some home visitors are required to have licenses to practice and any delays in licensure can result in understaffing for these important programs.<sup>7</sup> Ensuring the capacity to process and administer licenses is critical not only to

ensuring a workforce for HealthySteps and home visiting, but the many health-related programs in the District.<sup>8</sup>

To this end, my testimony today will discuss investments in DC Health that are necessary to support the workforce for District programs that in turn have a positive impact on children and families. My testimony will also discuss home visiting and HealthySteps, and why maintaining funding is critical to ensure families can build key skills and navigate the pivotal years of pregnancy through age five to support a strong foundation and future successes. Specifically, I will discuss (1) the proposed budgets increase of FTEs to the HRLA licensing board as an important step to supporting the professional boards' capacity to process and administer health licenses; (2) the potentially changing landscape of home visiting funding in the District and why the levels of funding proposed in FY2025 budget are necessary; and (3) the need to maintain HealthySteps funding as proposed in the FY2025 budget to ensure newer programs have the opportunity to meaningfully expand to children and families in Wards 7 and 8, and beyond.

### **The Professional Boards Should Maintain Capacity for the Licensing Administration**

To begin, we wanted to express our support for the increase of 4.8 FTEs in HRLA for licensing staff.<sup>9</sup> We hope this investment will reduce the time that applicants are held up in the bureaucratic bottleneck. Given the significant delays behavioral health professionals experience in receiving licensure, we ask that this Committee work with

DC Health to dedicate 1-2 of these positions to support the District's behavioral health care professional boards, especially the Board of Social Work, which is ill-equipped to process licensing applications in an acceptable timeframe.<sup>10</sup>

In FY2023, the Council added ten new licensing specialists.<sup>11</sup> 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) and instead went to the Board of Nursing, Board of Medicine, a licensing assistant for the processing center, and a supervisory health licensing specialist.<sup>12</sup> HRLA did acknowledge that additional staff for the three Behavioral Health Boards would be beneficial but choose not to allocate staffing to them.<sup>13</sup> Choosing not to provide more staff is hurting HRLA's performance as evidenced in the length of time it takes to process applications for social work licensure: the average number of days for the Board to approve Independent Clinical Social Workers climbed from 18 days in FY2023 to 45 days in FY2024.<sup>14</sup> For Graduate Social Workers, the average was 23 in FY2023 and almost doubled to 42 days in FY2024.<sup>15</sup> These were among the longest times to approval of any reported license type.<sup>16</sup> The Board of Social Work still has just one assigned staff person and Board of Psychology does not even have a full-time staff person.<sup>17</sup>

We urge this Committee to work with DC Health to ensure social work license applications are processed in a timely manner by adding additional staff to process applications. 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.<sup>18</sup>

### **The Home Visiting Funding in the Proposed Budget Must Be Maintained in FY2025 to Ensure Stability of Programs Amongst Changes in Federal Funding**

Home visiting programs are voluntary programs that pair families with in-home support workers during children's earliest years.<sup>19</sup> Through the development of meaningful and sustained relationships with families, home visits improve many outcomes for children and families including 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>20</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.

Currently, DC Health funds five home visiting programs through a mix of local funds and federal funds.<sup>21</sup> Additionally, DC Health is funding the evaluations of two additional home visiting programs in the District.<sup>22</sup> DC Health representatives have identified 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.<sup>23</sup> Based on reported data, home visiting programs are doing just that – improving perinatal and infant health outcomes.<sup>24</sup> For example, DC Health reported that in FY2023 there was an

overall increase in preterm births, however, home visiting programs reported no infants (among pregnant persons enrolled prenatally before 37 weeks) were born preterm following program enrollment.<sup>25</sup> Overall, home visiting is a critical program in the continuum of care for pregnant and postpartum people in the District.<sup>26</sup>

Given the positive impact of home visiting programs in the District, we are glad that the Mayor's proposed budget maintains the FY2024 funding for DC Health's home visiting programs.<sup>27</sup> We ask that this Committee preserve the funding for DC Health home visiting programs so the funding levels remain the same as they were in FY2024. We are excited by the Home Visiting Medicaid Reimbursement Act of 2023's recent enactment, which will open up Medicaid reimbursement for home visiting in the District.<sup>28</sup> We will testify further on the necessary investments for the legislation at the Department of Health Care Finance's budget oversight hearing.

We would like to note that several of the programs funded through DC Health could be eligible for Medicaid reimbursement including Community of Hope's Parents as Teachers program and Mary's Center's Healthy Families America.<sup>29</sup> DC Health home visiting programs' ability to draw down Medicaid dollars opens up the possibility for more consistent and stable funding, with the federal match, for these vital home visiting programs.<sup>30</sup> The legislation requires a per-member per-month payment for home visiting programs, which would allow programs to consistently budget dependent on the number of enrollees and the reimbursement rate established.<sup>31</sup> This model is well-suited

to cover the work of home visitors and support provided services like breastfeeding education, parenting skills, family planning, nutritional information, case management, referral to services, screening, and health promotion and counseling.<sup>32</sup>

Even with a per-member per-month payment, Medicaid does not pay for the full costs of operating a home visiting program; there will be certain aspects of a program that will not be able to draw down Medicaid reimbursement, including training of home visitors, data management, supervision, and related administrative activities.<sup>33</sup> The aspects of home visiting programs not covered by Medicaid can, however, be covered by sufficient investment of other funding streams, such as local and other federal dollars.<sup>34</sup> Medicaid reimbursement for home visiting provides a path toward greater investment in an underinvested service delivery model, but cannot be the only funding source for home visiting programs in the District. It must be strategically braided with other funding sources like Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and local dollars. DC home visiting programs cannot afford to lose any of their progress. We must build up these programs so they can continue to serve DC children and families in the earliest years of development.

**The Funding for HealthySteps in FY2025 Proposed Budget Must be Maintained to Ensure Locally Funded Sites Continue to Increase Reach to Children and Parents**

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.<sup>35</sup> 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.<sup>36</sup>

The first few years of a child's life are typically full of rapid change and development for the child, and stress and uncertainty for the parent or caregiver. Without support, younger children are at risk of experiencing a strained parent-child relationship or some form of maltreatment.<sup>37</sup> HealthySteps helps reduce the risk by ensuring parents and caregivers feel equipped to meet the needs of their children as well as their own needs. In FY2023, across all three HealthySteps providers, Children's National, Unity Healthcare, and Georgetown MedStar, the majority of parents were screened for postpartum depression.<sup>38</sup> Through HealthySteps, children were also screened for behavioral and social emotional concerns. Children who were identified for early intervention were connected typically within 45 days.<sup>39</sup>

DC now has nine HealthySteps sites, six of which are locally funded.<sup>40</sup> All locally-funded HealthySteps sites are located in – and serving residents of – Wards 7 and 8.<sup>41</sup> Most recently, local funding has gone to support Healthy Steps at MedStar Georgetown University Hospital (MGUH) KIDS Mobile Medical Clinic (KMMC) which has the unique capability of providing mobile health services on-site to families in DC neighborhoods.<sup>42</sup> With the consistent support of this Council, HealthySteps has made significant progress

since the passage of the Birth-to-Three for All DC Amendment Act of 20218 (Birth-to-Three).<sup>43</sup>

There are still opportunities to grow HealthySteps in the District including expansion of a site to Ward 5, per Birth-to-Three, as well as a newly identified need in the Upper Cardozo area of Ward 1.<sup>44</sup> As the District continues to explore ways to expand HealthySteps, we were glad to see the Mayor's proposed budget does not make any cuts to HealthySteps funding in FY2025.<sup>45</sup> We, therefore, ask this Committee and the DC Council to ensure the proposed funding levels for HealthySteps are maintained and no cuts are made to the HealthySteps budget in FY2025. The current funding levels minimally ensure that HealthySteps can continue to positively impact District families and provides stability to support any future growth opportunities in the coming years.

### **Conclusion**

Thank you for the opportunity to testify today regarding the proposed FY2025 budget for DC Health. We were happy to see no cuts to HealthySteps and home visiting and in the case of HRLA an increase to the budget. We ask the Council to ensure the proposed level of funding is maintained across HRLA, home visiting programs, and HealthySteps.

We recognize that the Council has a difficult road ahead this budget season. Over the last decade, the District's growing economy has supported significant, progressive investments in housing, behavioral health, child welfare prevention, and educational

supports. Unfortunately, this year the District is considering cuts to the budget at a scale the city has not seen since the Great Recession.<sup>46</sup> Many fear that these impressive advancements will come to a halt. However, Children's Law Center believes the District still has a choice. In a time of economic difficulty, the DC Council can choose to take the long view; it can choose to protect important investments in our community's future health and economic development. As you consider spending to drive business and tourism, recognize that the growth and vitality we want in our city requires multi-dimensional investments inclusive of all parts of our community.

Creating a balanced budget does not always require cuts – the District can and should also consider opportunities to raise revenue. To truly maintain our values and the programs that support economically vulnerable District residents, and ensure a stronger economic future, we encourage the Council to consider revenue-raising proposals. The Council must be mindful that the revenue-raising options are balanced and do not wrongly burden low-income residents. We welcome the opportunity to work with the Council as it navigates a difficult budget season to ensure that revenue raised goes to support children and their families.

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

- 
- <sup>1</sup> Department of Health Care Finance, Perinatal Mental Health Task Force – Recommendations to Improve Perinatal Mental Health in the District, 2023, *available at*: [https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page\\_content/attachments/Perinatal%20Mental%20Health%20Task%20Force%20Report%20and%20Recommendations.pdf](https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/Perinatal%20Mental%20Health%20Task%20Force%20Report%20and%20Recommendations.pdf). “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 250321 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=K8JH7Ooxfw&t=550s>; 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](https://www.youtube.com/watch?v=NsQaTDG7_jc).
- <sup>2</sup> ZERO to THREE, *HealthySteps, The Evidence Base*, *available at*: <https://www.healthysteps.org/our-impact/the-evidence-base/>; National Home Visiting Center, *What is Home Visiting?*, *available at*: [https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program](https://nhvrc.org/what-is-home-visiting/#:~:text=Home%20visiting%20is%20a%20holistic%2C%20two-generation%20approach.%201,Services%20Help%20pregnant%20women%20access%20prenatal%20care%20; Health Resources & Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program</i>, <i>available at</i>: <a href=).
- <sup>3</sup> *HealthySteps, HealthySteps Impacts Important Precursors for School Readiness*, June 3, 2021, *available at*: <https://www.healthysteps.org/resource/healthysteps-impacts-important-precursors-for-school-readiness/>; Grace Kelley, et. al., *Impacts of Home Visiting Programs on Young Children’s School Readiness*, *Encyclopedia on Early Childhood Development*, 2<sup>nd</sup> rev. ed., January 2022, *available at*: <https://www.child-encyclopedia.com/home-visiting/according-experts/impacts-home-visiting-programs-young-childrens-school-readiness>.
- <sup>4</sup> Józsa K, Amukune S, Zentai G, Barrett KC. School Readiness Test and Intelligence in Preschool as Predictors of Middle School Success: Result of an Eight-Year Longitudinal Study. *J Intell.* 2022 Sep 12;10(3):66. doi: 10.3390/jintelligence10030066. PMID: 36135607; PMCID: PMC9503726; Fink Elian, Browne Wendy, Hughes Claire, Gibson Jenny. Using a child’s-eye view of social success to understand the importance of school readiness at the transition to formal schooling. *Social Development.* 2019;28:186–99. doi: 10.1111/sode.12323.
- <sup>5</sup> Sarah Y. Kim, *Chronic Absenteeism Remains Stubbornly High in D.C. Schools*, *DCist*, November 30, 2023, *available at*: <https://dcist.com/story/23/11/30/osse-chronic-absenteeism-remains-high-dc-schools/>; Lauren Lumpkin, *D.C. faces an attendance crisis. Its leaders are struggling to solve it*, *Washington Post*, December 20, 2023, *available at*: <https://www.washingtonpost.com/education/2023/12/20/dc-truancy-chronic-absenteeism/>; Lauren Lumpkin, Emily Davies, and Meagan Flynn, *D.C. mayor’s bill targets truancy, mandates aggressive prosecution*, *Washington Post*, April 3, 2024, *available at*: <https://www.washingtonpost.com/education/2024/04/03/dc-truancy-youth-violence-bowser-bill/>.
- <sup>6</sup> District of Columbia’s Maternal Mortality Review Committee Annual Report, 2021, published September 2023, *available at*: <https://ocme.dc.gov/sites/default/files/dc/sites/ocme/MMRC2021Annual%20ReportFinal.pdf>; District of Columbia’s Maternal Mortality Review Committee Annual Report, 2014-2018, published December 2021, *available at*: [https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency\\_content/Maternal%20Mortality%20Review%20Committee%20Annual%20Report\\_Finalv2.pdf](https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/Maternal%20Mortality%20Review%20Committee%20Annual%20Report_Finalv2.pdf); FY2023 DC Health Performance Oversight Responses, response to Q43, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>; Perinatal Needs Assessment, 2023, Georgetown University Center for Child and Human Development, *available at*:

---

<https://gucchd.georgetown.edu/Perinatal.php>; Colleen Grablick, Black People Accounted For 90% Of Pregnancy-Related Deaths In D.C., Study Finds, April 28, 2022, DCist, *available at*: <https://dcist.com/story/22/04/28/dc-maternal-mortality-study-2022/>; Perinatal Needs Assessment, 2023, Georgetown University Center for Child and Human Development, *available at*: <https://gucchd.georgetown.edu/Perinatal.php>; 2023 March of Dimes Report Card for District of Columbia, *available at*: <https://www.marchofdimes.org/peristats/reports/district-of-columbia/report-card>; and Donna L. Hoyert, Maternal Mortality Rates in the United States, 2021, Centers for Disease Control and Prevention, March 2023, *available at*: <https://www.cdc.gov/nchs/data/hestat/maternalmortality/2021/maternal-mortality-rates-2021.htm#Table>.

<sup>7</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/wpcontent/uploads/2021/12/BHSystemTransformation\\_Final\\_121321.pdf](https://childrenslawcenter.org/wpcontent/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. *See also* Amber Rieke, Internal Letter to Committee on Health, March 4, 2024, on file with the Children’s Law Center; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (January 18, 2024), *available at*: [https://childrenslawcenter.org/wp-content/uploads/2024/01/L.Castelaz\\_DC-Health-Performance-Oversight-Hearing\\_1.17.2024\\_FINAL.pdf](https://childrenslawcenter.org/wp-content/uploads/2024/01/L.Castelaz_DC-Health-Performance-Oversight-Hearing_1.17.2024_FINAL.pdf); and Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 10, 2023), *available at*: [https://childrenslawcenter.org/wp-content/uploads/2023/04/L.-Castelaz\\_Childrens-Law-Center-Testimony-before-the-DC-Council\\_Budget\\_DC-Health\\_4.10.23.pdf](https://childrenslawcenter.org/wp-content/uploads/2023/04/L.-Castelaz_Childrens-Law-Center-Testimony-before-the-DC-Council_Budget_DC-Health_4.10.23.pdf).

<sup>8</sup> Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (January 18, 2024), *available at*: [https://childrenslawcenter.org/wp-content/uploads/2024/01/L.Castelaz\\_DC-Health-Performance-Oversight-Hearing\\_1.17.2024\\_FINAL.pdf](https://childrenslawcenter.org/wp-content/uploads/2024/01/L.Castelaz_DC-Health-Performance-Oversight-Hearing_1.17.2024_FINAL.pdf).

<sup>9</sup> Mayor’s Proposed FY 2022 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Human Support Services, Operations and Infrastructure, Financing and Other, and Enterprise and Other, p. E-42.

<sup>10</sup> Amber Rieke, Children’s Law Center Testimony before the DC Council Committee on Health, (February 28, 2023), *available at*: [https://childrenslawcenter.org/wp-content/uploads/2023/02/AmberRieke\\_CLC\\_PerformanceOversightTestimony\\_BoardofSW\\_Feb2023.pdf](https://childrenslawcenter.org/wp-content/uploads/2023/02/AmberRieke_CLC_PerformanceOversightTestimony_BoardofSW_Feb2023.pdf); Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 10, 2023), *available at*: [https://childrenslawcenter.org/wp-content/uploads/2023/04/L.-Castelaz\\_Childrens-Law-Center-Testimony-before-the-DC-Council\\_Budget\\_DC-Health\\_4.10.23.pdf](https://childrenslawcenter.org/wp-content/uploads/2023/04/L.-Castelaz_Childrens-Law-Center-Testimony-before-the-DC-Council_Budget_DC-Health_4.10.23.pdf); Children’s Law Center Letter to DC Council Committee on Health, Chairperson Christina Henderson, (March 4, 2024), on file with the Children’s Law Center.

<sup>11</sup> “Additional enhancements to the Health Regulation and Licensing Administration division Include \$932,131 and 10.0 FTEs to support reviewing and processing professional licenses.” *See* FY2023, DC Health Budget, E-55.

<sup>12</sup> FY2022 DC Health Performance Oversight Responses, response to Q109, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>.

<sup>13</sup> *Id.*

<sup>14</sup> FY2023 DC Health Performance Oversight Responses, response to Q123, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>.

<sup>15</sup> FY2023 DC Health Performance Oversight Responses, response to Q123, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>.

---

<sup>16</sup> *Id.*

<sup>17</sup> FY2023 DC Health Performance Oversight Responses, response to Q123, *available at:*

<https://lims.dccouncil.gov/Hearings/hearings/232>.

<sup>18</sup> Children’s Law Center Letter to DC Council Committee on Health, Chairperson Christina Henderson, (March 4, 2024), on file with the Children’s Law Center.

<sup>19</sup> 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, *available at:* <http://www.dchomevisiting.org/>.

<sup>20</sup> 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>.

<sup>21</sup> FY2023 Department of Health Performance Oversight Responses, response to Q45, *available at:* <https://lims.dccouncil.gov/Hearings/hearings/232>.

<sup>22</sup> The programs being elevated are Mamatoto Village and Georgetown. *See* FY2023 Department of Health Performance Oversight Responses, response to Q45, *available at:*

<https://lims.dccouncil.gov/Hearings/hearings/232>. *See also* DC Home Visiting Council, Annual Report FY2023, *available at:* <https://wearedaction.org/wp-content/uploads/2023-Home-Visiting-Council-Annual-Report.pdf>.

<sup>23</sup> 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](https://www.youtube.com/watch?v=NsQaTDG7_jc).

<sup>24</sup> FY2023 Department of Health Performance Oversight Responses, response to Q45, *available at:* <https://lims.dccouncil.gov/Hearings/hearings/232>.

<sup>25</sup> Mary’s Center Data on Nurse Family Partnership, on file with Children’s Law Center; FY2023 Department of Health Performance Oversight Responses, responses to Q34 & Q45, *available at:* <https://lims.dccouncil.gov/Hearings/hearings/232>.

<sup>26</sup> Department of Health Care Finance, Perinatal Mental Health Task Force – Recommendations to Improve Perinatal Mental Health in the District, 2023, *available at:*

[https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page\\_content/attachments/Perinatal%20Mental%20Health%20Task%20Force%20Report%20and%20Recommendations.pdf](https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/Perinatal%20Mental%20Health%20Task%20Force%20Report%20and%20Recommendations.pdf).

<sup>27</sup> Mayor’s Proposed FY 2022 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Human Support Services, Operations and Infrastructure, Financing and Other, and Enterprise and Other, p. E-40.

<sup>28</sup> DC Act 25-0390, Home Visiting Services Reimbursement Act of 2023.

<sup>29</sup> “Eligible home visiting program” means a home visiting program that conforms to a home visitation model that has been in existence for at least 3 years and: knowledge; “(A) Is research-based and grounded in relevant empirically based “(B) Has demonstrated program-determined outcomes; “(C) Is associated with a national organization, institution of higher education, or other organization that has comprehensive home visitation program standards to ensure high quality service delivery and continuous program quality improvement; and “(D) Meets the U.S. Department of Health and Human Services’ criteria for evidence of effectiveness as determined by a Home Visiting Evidence of Effectiveness review or meets substantially equivalent criteria for evidence of effectiveness as determined by a credible, independent academic or research organization.” DC Act 25-0390, Home Visiting Services

---

Reimbursement Act of 2023, Sec. 111. Reimbursement for home visiting services. (c)(3)(A)-(D). *See also* Healthy Families America, Find a HFA Site, *available at:* <https://www.healthyfamiliesamerica.org/sites/>; Parents As Teachers, Find a Location, *available at:* <https://parentsasteachers.org/program-locator/>; U.S. Department of Health & Human Services, Models eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding, 2024, *available at:* <https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees>; Nurse-Family Partnership, District of Columbia, *available at:* <https://www.nursefamilypartnership.org/locations/district-of-columbia/>; The Family Place, HIPPY Home Visiting, *available at:* <https://www.thefamilyplacedc.org/hippy-home-visiting>.

<sup>30</sup> HRSA, Managing Multiple Funding Sources to Supporting Home Visiting Programs, *available at:* <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/managing-multiple-funding.pdf>; Elisabeth Burak and Vikki Wachino, *Promoting the Mental Health of Parents and Children by Strengthening Medicaid Support for Home Visiting*, Think Bigger Do Good, May 9, 2023, *available at:* <https://thinkbiggerdogood.org/promoting-the-mental-health-of-parents-and-children-by-strengthening-medicaid-support-for-home-visiting/>; and National Academy for State Health Policy, *Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis*, May 1, 2023, *available at:* <https://nashp.org/state-medicaid-reimbursement-for-home-visiting-findings-from-a-50-state-analysis/>.

<sup>31</sup> National Academy for State Health Policy, *Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis*, May 1, 2023, *available at:* <https://nashp.org/state-medicaid-reimbursement-for-home-visiting-findings-from-a-50-state-analysis/>.

<sup>32</sup> At least 19 states cover some form of skill building provided by home visiting, including Maryland. *See* National Academy for State Health Policy, *Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis*, May 1, 2023, *available at:* <https://nashp.org/state-medicaid-reimbursement-for-home-visiting-findings-from-a-50-state-analysis/>.

<sup>33</sup> National Academy for State Health Policy, *Medicaid Reimbursement for Home Visiting: Findings from a 50-State Analysis*, May 1, 2023, *available at:* <https://nashp.org/state-medicaid-reimbursement-for-home-visiting-findings-from-a-50-state-analysis/>; Elisabeth Wright Burak, *How Are States Using Medicaid to Pay for Home Visiting? New Paper Offers More Clarity*, Georgetown University McCourt School of Public Policy Center for Children and Families, January 24, 2019, *available at:* <https://ccf.georgetown.edu/2019/01/24/how-are-states-using-medicaid-to-pay-for-home-visiting-new-paper-offers-more-clarity/>.

<sup>34</sup> For example, the administrative aspect of billing Medicaid can at times be burdensome, especially for community-based organizations that do not currently bill for services and may lack the experience or staff to properly bill. Home visiting programs across the District must be able to access funds other than Medicaid to support their administrative capacities. *See* Rachel Herzfeldt-Kamprath, et. al., *Medicaid and Home Visiting Best Practice from States*, CAP 20, January 25, 2017, *available at:* <https://www.americanprogress.org/article/medicaid-and-home-visiting/>.

<sup>35</sup> 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](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-](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](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](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/>.

<sup>36</sup> HealthySteps Specialists can deliver clinic-based mental health visits with families to address critical needs in areas such as maternal depression, grief and loss, and child behavior management. Specialists can also answer questions about behavioral health as well as facilitate the development of attachment, self-regulation skills, and family resiliency. Early Childhood Innovation Network, Innovation Spotlight: HealthySteps DC, May 2019, ECIN Newsletter, *available at*: <https://www.ecin.org/newsletter-may-2019>. Family Service Coordinators provide dedicated case management and care coordination for families through the support of DC residents with lived experience navigating systems. Early Childhood Innovation Network, Innovation Spotlight: HealthySteps DC, May 2019, ECIN Newsletter, *available at*: <https://www.ecin.org/newsletter-may-2019>.

<sup>37</sup> Nationally, children in the first year of their life are 15% of all victims, and more than a quarter (28%) of child maltreatment victims are no more than 2 years old. See National Children’s Alliance, National Statistics on Child Abuse, *available at*: <https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/#:~:text=Children%20in%20the%20first%20year,more%20than%20%20years%20old>. In DC, children ages zero to three represent 20 percent (104/496) of all children removed by the Child and Family Services Agency (CFSA). See FY2023 Child and Family Services Agency Performance Oversight Responses, response to Q146(a), *available at*: <https://lims.dccouncil.gov/Hearings/hearings/253>.

<sup>38</sup> FY2023 Department of Health Performance Oversight Responses, response to Q46, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>.

<sup>39</sup> *Id.*

<sup>40</sup> FY2023 Department of Health Performance Oversight Responses, response to Q46, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>.

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

<sup>42</sup> FY2023 Department of Health Performance Oversight Responses, response to Q46, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>.

<sup>43</sup> D.C. Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.

<sup>44</sup> “Healthy Steps grantees have communicated that there is an unmet need for an additional HealthySteps Site in Ward 1, Upper Cardozo, as most of their pediatric population resides in that area.” See FY2023 Department of Health Performance Oversight Responses, response to Q46, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>. Additionally, there are opportunities for sustained financing for HealthySteps in the District. Several other jurisdictions have pursued this type of financing. 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-101family-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%2030-23%20Coverage%20of%20CenteringPregnancy%20and%20HealthySteps%20Services.pdf>.

<sup>45</sup> Mayor’s Proposed FY 2022 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Human Support Services, Operations and Infrastructure, Financing and Other, and Enterprise and Other, p. E-40.

<sup>46</sup> Cuneyt Fil, *D.C. got used to big budgets, but deep cuts are back*, AXOIS DC, March 7, 2024, *available at*: <https://www.axios.com/local/washington-dc/2024/03/07/budget-cuts-layoffs-tax-hike>.