



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

Testimony Before the District of Columbia Council
Committee on Health
July 11, 2024

Public Hearing:
B25-0759 - Child Behavioral Health Services Dashboard Act of 2024

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 on B25-0759 - Child Behavioral Health Services Dashboard Act of 2024 (“Dashboard Act”). Children’s Law Center attorneys serve as guardians-ad-litem for children in the care and custody of CFSA.¹ Currently, we represent over half the children involved with CFSA – several hundred children in foster care and protective supervision each year.² Children’s Law Center also has teams of attorneys dedicated to helping families secure special education services for their children, address unhealthy housing conditions, and obtain custody or guardianship of children in their extended family.³ As a result, we not only have expertise in the issues

impacting children who are already in the care and custody of CFSA, we also have insight into systemic issues affecting the broader population of families in the District.

In our work, we see children and families consistently struggling to access the behavioral health services they need.⁴ In 2021, Children’s Law Center co-authored *A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*,⁵ which documents the many challenges our clients and their families experience and provides a blueprint for improving the public behavioral health system – including the creation of a centralized, user-friendly platform to navigate behavioral health services in the District.⁶

We want our clients – and every child in the District – to be able to access the appropriate services, treatments, and programs to meet their behavioral health needs. For this to happen, the District must have a full continuum of services that are navigable, accessible, and have adequate capacity to meet the needs of District children and their families.

For this reason, Children’s Law Center supports the Dashboard Act, which will create an online, user-friendly, publicly available dashboard of behavioral health services in the District. The Dashboard Act is a step in the right direction to address the District’s current piecemeal approach to behavioral health services navigation.⁷

My testimony today will explain the current, disjointed landscape of the navigation tools in the District. Further, I will discuss how the Dashboard Act mandates

a pathway for better integration of the existing landscape to streamline navigation and improve access to behavioral health services. Finally, my testimony will address implementation considerations to ensure an effective, user-friendly dashboard for all – from individuals to older youth, to parents and caregivers, to community health workers, to health care providers, attorneys, and social workers.

The District’s Existing Navigation Platforms are Not Integrated, Making it Harder to Access Services

The lack of navigation for District services including behavioral health is not a new problem.⁸ Children’s Law Center’s experiences, partners’ experiences, and the broader community’s experiences of struggling to find and access service providers in a timely manner are well documented in *A Path Forward*, previous Children’s Law Center testimonies, and Community Needs Assessments, to name a few.⁹

Several DC government agencies, including the Department of Behavioral Health (DBH), the Department of Health (DC Health), and the Department of Health Care Finance (DHCF), have sought to remedy this through the separate creation of navigation websites for their individual agency. Currently, DBH has the Access HelpLine which is a 24-hour, seven-day-a-week telephone line staffed by behavioral health professionals who can refer a caller to immediate help or ongoing care.¹⁰ DBH also operates a website, Network of Care, to help District residents navigate the behavioral health system.¹¹ Finally, DBH requires that the vendor of the District of Columbia Mental Health Access in Pediatrics (DC MAP) maintain a comprehensive resource and referral guide for

behavioral health providers in the District.¹² DC Health operates LinkU, a referral platform that is powered by findhelp.org.¹³ LinkU is also used by several other government agencies to simplify the navigation of many resources in the District. CFSA, as part of their 211 Warmline initiative, has switched to utilizing LinkU.¹⁴ Additionally, DC's Managed Care Organizations (MCO) are required to have accessible and navigable directories for their users.¹⁵ Finally, the Department of Insurance, Securities and Banking (DISB) requires all insurance plans operating in the District to submit annual reports with similar measures including providing a current provider directory and wait times.¹⁶

Unfortunately, none of these navigation tools or reporting mechanisms are integrated. Providers, residents, the government, and community-based organizations are not aligned on a single system. This causes an immense amount of confusion. A simple question – “who is available now to provide this service?” – becomes a labor-intensive task that often leads to discontent with the behavioral health system. One Children's Law Center Guardian *ad litem* shared, “Tracking down the service can be an ordeal for my clients. Imagine a teen trying to wade through the bureaucracy in the midst of major life upheaval, to get a service they may or may not want. The majority of clients and caregivers start out being referred to a DBH CSA via the Access HelpLine – where they may be told to go back to CFSA – or they have to search for a provider through Medicaid.”¹⁷

So, while the District has a plethora of navigation websites and tools, this piecemeal approach continues to cause people in need of services to fall through the cracks. We experience this most acutely in the child welfare system, but our partners and community members across spaces share similar frustrations with the lack of an integrated, user-friendly search engine in the District.

Navigation continues to be a significant barrier to access of behavioral health services. An unnavigable behavioral health system prevents children, youth, and their families from accessing appropriate treatment services and behavioral health supports. The difficulty in navigating the services often means our clients do not access services in a timely manner or at all. In our experience, delays in finding the right provider ultimately disconnects clients from accessing needed services.¹⁸ We hope that by improving navigation of the behavioral health system through system integration, the District may improve access to timely, appropriate behavioral health services for our clients and all DC children and families.

For the Dashboard to be Successful, There Must Be Community Engagement, Understanding of Existing Requirements and Upcoming Opportunities, and Sufficient Investment

The Dashboard Act requires the Deputy Mayor of Health and Human Services (DMHHS) to “create a publicly available online directory that reports on the currently available behavioral health screening, behavioral health prevention and early intervention services, and behavioral health treatment services in the District to ensure a

system of care for children, youth, and their families.”¹⁹ Meaning, the DMHHS must create alignment across the board – from community members to providers to program managers – so that everyone can access the system easily.²⁰ To do so, the DMHHS must understand the existing landscape, integrate current navigation tools, and create cohesion across the District. This is no small task, but one that is needed. In order for easier navigation and access to become a reality there are several key pieces of implementation that we ask this Committee to consider including: (1) ensuring community and key stakeholder engagement to inform the usability and ease of the dashboard; (2) existing requirements and upcoming opportunities that impact the creation of the dashboard; and (3) sufficient investment of funds for the dashboard to ensure its functionality.

Community and Key Stakeholder Engagement

The DMHHS cannot create the dashboard alone. We, therefore, appreciate the inclusion of the requirement to consult with key stakeholders including several government agencies, managed care organizations, health associations, and community members.²¹ Stakeholder feedback will be invaluable to ensure the goals of the dashboard are met.

Community Members Have a Significant Role to Play in the Creation of the Dashboard

In particular, the requirement that DMHHS must consult with community members including those with lived experience provides an opportunity to appropriately

assess the creation of a dashboard.²² The dashboard must be designed with the user in mind to ensure it is functional and useful for all who need to access behavioral health services in the District – from older youth, to parents, to community health workers, to health care providers. Those who will be providing the services, supporting residents, and using the website will inform the dashboard from multiple angles and provide a balanced idea of how the dashboard should function.

Ensuring Stakeholder Engagement Will Help Balance Provider Burden with Usability of the Dashboard

The Dashboard Act requires that the dashboard provide the real-time status of: (1) the number of beds available for behavioral health inpatient treatment services in the District; and (2) the estimated wait time and capacity by provider and/or organization for behavioral health screening, prevention and early intervention, or treatment services in the District.²³ Currently, none of the existing government navigation tools, like LinkU and Network of Care, provide this real time update, and instead people must call around to determine availability. Wait times are a significant barrier in connecting children and families with appropriate behavioral health services. Our clients are frequently unable to find providers offering the services they need – or if they manage to find a provider, the waitlist for an appointment is prohibitively long.²⁴ By creating a centralized, user-friendly, searchable dashboard, people like Children’s Law Center’s guardians *at litem* would be able to filter through providers and access wait times to meet the needs of their clients in a timely manner.

However, maintaining and updating the website to reflect accurate real-time status of wait times and availability will be an immense task. Within the dashboard, the existing navigation systems not only need to speak to each other, but they must also speak to provider's scheduling systems and calendars. This requires the dashboard to connect with the technologies that they use to create provider's schedules – like Epic, Fern, Salesforce, Next Gen, etc. Therefore, the DMHHS has a difficult task of ensuring provider buy-in while not creating a burden on providers. We, therefore, appreciate the inclusion of organizations in the DMHHS working group like the D.C. Primary Care Association, the D.C. Behavioral Health Association, and the D.C. Hospital Association to help inform how DMHHS can strike this critical balance.²⁵

Existing Requirements and Upcoming Opportunities

Beyond stakeholder engagement, we would encourage the DMHHS to think through how this may be accomplished by using existing efforts. For example, in its next contract, DC Health's LinkU is working to integrate scheduling technologies into its search engines. There is no need for the DMHHS to be duplicative in its efforts but instead it should be collaborative and expansive to bring online a functional, user-friendly dashboard. DMHHS should think through existing initiatives that touch on fixing navigation and how they can coordinate systems to minimally speak with each other in a centralized place. Additionally, DMHHS should consider other parts of DC's health

care landscape including existing requirements and upcoming opportunities that will inform or support the creation of a dashboard.

Centers for Medicare and Medicaid Services New Rules, Behavioral Health Carve-in, and the 1115 Renewal Application Must Be Considered in Implementation of the Dashboard

The Centers for Medicare and Medicaid Services (CMS) recognized the same difficulties of navigation we have described above and how barriers to navigation impact access to health care providers.²⁶ CMS found there were wide variations in how “user-friendly” States’ websites were – finding that information was scattered on multiple pages, or the information is not publicly available.²⁷ CMS always intended there be one place for interested parties to look for all required information that was consistent and easy to use.²⁸ Therefore, CMS is now requiring States to maintain a single web page that is readily identifiable to the public, easy to use, and contains required information for public transparency of the health care system including behavioral health care.²⁹ The Medicaid and Children’s Health Insurance Program Managed Care Access, Finance, and Quality Final Rule (CMS-2439-F) is effective as of July 9, 2024.³⁰

DHCF has not publicly shared how it will comply with the requirements of CMS-2439-F. We believe, however, there will be significant overlap between the Dashboard Act and CMS-2439-F. We encourage the Committee on Health to work with DHCF to understand how CMS-2439-F and the Dashboard Act to understand how both will address persistent navigation issues and could potentially work together to accomplish both the rule and the legislation requirements.

Notably, CMS-2439-F is focused on the Medicare and Medicaid systems in the District. The Dashboard Act requires a broader scope of all behavioral health systems in the District. So, while CMS-2349-F moves forward a critical missing piece of navigation in the District, the new rule does not go as far as the Dashboard Act to truly ensure all District residents can navigate all behavioral health services. Ensuring that DHCF is integrated into the dashboard's construction is critical for avoiding duplicative efforts and continued siloing of navigation resources in the District.

Second, as it relates to Managed Care Organizations, DMHHS should consider the impact of the eventual carve-in of behavioral health to Medicaid and how the requirements of the Dashboard Act may support these efforts. In 2020, through the District's Section 1115 Medicaid Behavioral Health Transformation Demonstration Waiver, DHCF began preparing to integrate³¹ a "broader continuum of behavioral health treatment" into its managed care contracts.³² "Carving in" behavioral health services to Medicaid would allow the District to pull in federal matching dollars for the carved-in services, as opposed to only using local dollars through the DBH, as well as improve system navigation for patients.³³ The need for the carve-in underscores the current piecemeal approach to behavioral health services in the District and the opportunities afforded by a more centralized approach – like building out network adequacy of behavioral health services in the District. Unfortunately, DHCF has recently halted the carve-in due to budget constraints in FY2025.³⁴ We are disappointed by this indefinite

pause but are hopeful that as DC's fiscal health improves, DHCF will turn back to the carve-in. The eventual carve-in of behavioral health services into the MCOs will need to be considered when building out the dashboard to ensure that people are able to search for and access behavioral health services through their insurance provider.

DMHHS may also want to consider how the Dashboard Act may support the 1115 Waiver Renewal implementation. On June 6, 2024, DHCF submitted a letter to CMS to request a five-year renewal of the District of Columbia's Behavioral Health Transformation Section 1115 Demonstration, which ends on December 31, 2024. The 1115 Waiver Renewal requests an extension of two components from the original demonstration and additional authorities.³⁵

DHCF hopes, through the 1115 Waiver Renewal, to address health related social needs through care delivery as well as improved care coordination for beneficiaries.³⁶ The 1115 Waiver Renewal also hopes to increase access to quality behavioral health services.³⁷ The Dashboard Act provides an avenue to do just that. Having a dashboard to help navigate behavioral health services would support care coordinators by providing them with a centralized, user-friendly platform to connect patients more easily with needed services. A dashboard, as will be discussed later, will provide a better understanding of persistent gaps in the service continuum. Identifying gaps will allow the system to better understand what is needed to create a sufficient continuum to ensure access to quality behavioral health services.

The District's 211 Warmline Initiative Can Inform the Dashboard Creation

Third, DMHHS must be aware of ongoing efforts like the 211 Warmline, a partnership between CFSA and the Office of Unified Communications (OUC) soft launched in October 2023, that serves as the District's unified social service resource and referral line.³⁸ 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.³⁹

The Warmline not only highlights the need for the dashboard but also is an existing system that can inform the creation of a dashboard. The Warmline helps with navigating District-funded and community-based services to address their needs such as food assistance, housing needs, or behavioral health services. Therefore, the dashboard will also be critical resource of the Warmline responders to make appropriate, seamless connections for 211 Warmline callers. With the centralized dashboard, a 211 Warmline worker will be able to more easily search for and directly connect children, families, and youth looking for services.

The Warmline also requires the integration and coordination between District-funded and community-based services to meet the needs of an individual or family calling the 211 Warmline.⁴⁰ This is similar to what is needed to ensure an effective dashboard. We encourage the DMHHS when building out the dashboard to work closely

with CFSA to learn from and utilize their interagency coordination strategies. Improving navigation and access to the behavioral health system requires the active support and involvement of many other government agencies. Both the Executive and the Council must buy into this vision. There must be clear support for a shift towards coordination and integration for it to take hold and truly make a difference in the experience of DC residents.

The Warmline is an example of the plethora of existing requirements and opportunities for improving the navigation of the behavioral health system in the District. We, therefore, ask that the Warmline and the others identified throughout this testimony be considered when working on the dashboard to ensure a dashboard that is easy to access and user-friendly. Moreover, understanding of the existing platforms will allow DMHHS to pull more seamlessly from what is working, what is not working, and identify where there continues to be gaps.

Sufficient Investment to Fund the Dashboard

Finally, The Dashboard Act must have sufficient investment to ensure the dashboard truly eliminates the gaps in navigating the behavioral health system for children and families. The dashboard is not a small undertaking. It requires a sufficient digital platform with all the required features that allows people to easily filter and make connections. Additionally, ensuring accurate, readily available wait times is a significant lift and may require additional staff to ensure coordination between the dashboard, the

government, community-based organizations, and providers. We recognize that the District just wrapped one of the toughest budget seasons.⁴¹ The recovery will not instantaneous, but we are hopeful that as the District's financial health improves, we are able to see new investments like the dashboard. The need is clear, the District must just ensure investment is there.

The Dashboard Will Provide Important Insights into the Needs of District Residents as well as the Continued Gaps in the District's Continuum of Care

Addressing navigation is one piece of the puzzle for behavioral health in the District. There also continues to be a need for a sufficient continuum of care.⁴² Even when a caregiver or provider can navigate the system finding an appropriate, available caregiver is difficult. The dashboard will therefore not only ease use of search engines, but it will also provide critical data and feedback on the needs of District residents and the continued gaps in the District's behavioral health system to meet those needs. For example, the dashboard will be able to collect data on the searches of user. These searches will inform where the needs are for the users of the dashboard. Searches may include services like family therapy, in person, Spanish-speaking therapist, etc.; these search terms show the DMHHS what people are most looking for when seeking behavioral health services.⁴³ In turn, the DMHHS can use this information to assess the current behavioral health workforce in the District. For example, if a user searches for in person family therapy in the evening and the only available provider in the evening only sees families virtually. Based on these search results, we now know that we likely do not have

a sufficient after-hours family therapy workforce, as there is only one provider with that availability. Moreover, we have identified a gap in family therapists that provide evening, in-person sessions.

Through the searches and results in the dashboard, the District has invaluable insights into the persistent gaps in our behavioral health system. Truly understanding where the gaps are will help us begin to fill them to build out and strengthen the District's continuum of care. Children flourish when they receive the right behavioral health care at the right time. We, therefore, must continue to work together to strengthen navigation and ultimately access to timely, accessible, high quality, culturally appropriate, or affordable behavioral health care. The Dashboard Act provides an opportunity to begin to identify and address persistent failings in our behavioral health system by better understanding need.

Conclusion

While there is more work to be done to truly transform the District's behavioral health system, we believe that the Dashboard Act moves forward improvements in the navigation of and access to behavioral health services in the District. We ask that the Council pass and fund this legislation, as well as provide continued oversight of the eventual dashboard to ensure effective implementation and easy utilization for District children, youth, and their families. Thank you for the opportunity to testify today. I welcome any questions the Committee may have.

¹ Children’s Law Center attorneys represent children who are the subject of abuse and neglect cases in DC’s Family Court. CLC attorneys fight to find safe homes and ensure that children receive the services they need to overcome the trauma that first brought them into the child welfare system. DC Children’s Law Center, About Us, available at: <https://www.childrenslawcenter.org/content/about-us>. The term “protective supervision” means a legal status created by Division order in neglect cases whereby a minor is permitted to remain in his home under supervision, subject to return to the Division during the period of protective supervision. D.C. Code § 16-2301(19).

² DC Children’s Law Center, About Us, available at:

<https://www.childrenslawcenter.org/content/aboutus>.

³ Children’s Law Center, Our Impact, available at: <https://childrenslawcenter.org/our-impact/>.

⁴ Sharra E. Greer, Testimony before the District of Columbia Council Committee of the Whole, (July 12, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/07/CLC_B25-0055-Pathways-to-Behavioral-Health-Degrees-Act_July-2023_FINAL.pdf; Leah Castelaz, Testimony Before the District of Columbia Council Committee on Health, (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;

Children’s Law Center, Testimony the District of Columbia Council Committee on Health and Committee on Facilities and Family Services public hearing on Alternative Restorative Therapy Options for Youth Amendment Act of 2023 and Mental Health in the Child Welfare System, (December 6, 2023), available at:

<https://childrenslawcenter.org/resources/testimony-behavioral-health-for-children-and-youth-in-foster-care/>;

Amber Rieke, Testimony Before the District of Columbia Council Committee on Health, Committee on the Judiciary and Public Safety, Committee on Recreation, Libraries and Youth Affairs, (December 13, 2023), available at: https://childrenslawcenter.org/wp-content/uploads/2023/12/Amber-Rieke-CLC_Public-Safety-BH-Roundtable-Testimony_Dec-13-2023.pdf;

Leah Castelaz, Testimony Before the District of Columbia Council Committee on Health, (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;

Amber Rieke, Testimony Before the District of Columbia Council Committee on Health, (January 29, 2024), available at:

https://childrenslawcenter.org/wp-content/uploads/2024/01/Amber-Rieke_CLC_Performance-Oversight-Testimony_DBH_Jan-29-2024.pdf;

and Tami Weerasingha-Cote, Testimony Before the District of Columbia Council Committee on Facilities and Family Services, (February 21, 2024), available at:

https://childrenslawcenter.org/wp-content/uploads/2024/02/TWeerasingha-Cote_Childrens-Law-Center-Testimony-for-Feb.-21-2024-CFSA-Oversight-Hearing_FINAL-002.pdf.

⁵ *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.

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.

⁶ *A Path Forward* family engagement efforts document the need for a centralized, user-friendly platform to navigate behavioral health services in the District. Youth in the focus groups were unable to point to specific places to access information about behavioral health services. Both youth and parents are lacking

information not only about the availability and quality of behavioral health services for children in DC but also behavioral health disorders. *A Path Forward*, at p. 128.

⁷ There is no central registry that tracks how many people have licenses in the District, how many care hours a week they're providing, what the cumulative waiting list time is for people seeking care or what the attrition is from that waiting list. See Off. of the D.C. Auditor, *Lessons from COVID-19: The Future of Behavioral Health for D.C. Children and Families*, June 26, 2023, p. 5, available at:

https://dcauditor.wpenginepowered.com/wp-content/uploads/2023/08/COVID19.DC_MentalHealth.6.26.23.Web_-1.pdf.

⁸ DC Health Matters Collaborative's Community Health Needs Assessment, 2022, available at: <https://www.hopkinsmedicine.org/-/media/about/documents/community-health/health-needs-assessment/dc-health-matters-chna-2022.pdf>; District of Columbia Community Health Needs Assessment (DC Health), 2020, available at: https://ourhealthydc.org/wp-content/uploads/2020/02/DOH_CHNA_ExecSummary_WEB_spreads-2-14-2020.pdf;

MedStar Health Community Health Needs Assessment, 2021, available at: https://www.medstarhealth.org/-/media/project/mho/medstar/pdf/community-health-needs-assessment/medstar_health_2021_chna_report.pdf;

District of Columbia Department of Health, COVID-19 Pandemic Health and Healthcare Recovery Report, May 2021, available at:

https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/Pandemic-Recovery-Report_May-2021.pdf; and *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.

⁹ *Id.*

¹⁰ Department of Behavioral Health, Access HelpLine, available at: <https://dbh.dc.gov/service/access-helpline#:~:text=The%20Access%20HelpLine%20at%201,certified%20behavioral%20health%20care%20providers>.

¹¹ Network of Care for Behavioral Health, available at:

<https://washington.dc.networkofcare.org/mh/index.aspx>.

¹² Office of Contracting and Procurement (OCP) On Behalf of the Department of Behavioral Health, Implement the District of Columbia Mental Health Access in Pediatrics (DC MAP) Services, CW#93966, (2021), available at:

<https://contracts.ocp.dc.gov/contracts/attachments/Q1c5Mzk2NsKmT3B0aW9uIDLCpntEREU0RTFGMC1CNzRELTOzQTQtQkQ1MS0xNzdBNTc3NDU1QjZ9>.

¹³ DC Health, LinkU, available at: <https://linkudmv.org/>.

¹⁴ 211 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. 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. FY2023 Child and Family Services Agency, responses to Q113(c) and Q114(b) available at:

<https://lims.dccouncil.gov/Hearings/hearings/253>.

¹⁵ 42 CFR § 438.10 - Information requirements.

¹⁶ The Department of insurance, Securities and Banking (DISB), Network Adequacy, available at:

<https://disb.dc.gov/page/network-adequacy>.

¹⁷ Megan Conway, Testimony Before the District of Columbia Council Committee on Health and Committee on Facilities and Family Services, (December 6, 2023), available at:

https://childrenslawcenter.org/wp-content/uploads/2023/12/Megan-Conway-Testimony-for-Dec-6-2023-Hearing-on-Bill-B25-0500-and-Foster-Youth-Bheavioral-Health_FINAL.pdf.

¹⁸ Children’s Law Center, Testimony the District of Columbia Council Committee on Health and Committee on Facilities and Family Services public hearing on Alternative Restorative Therapy Options for Youth Amendment Act of 2023 and Mental Health in the Child Welfare System, (December 6, 2023), available at: <https://childrenslawcenter.org/resources/testimony-behavioral-health-for-children-and-youth-in-foster-care/>.

¹⁹ A system of care means a community support system for children or youth with mental health problems and their families, which is developed through collaboration in the administration, financing, resource allocation, training, and delivery of services across all appropriate public systems. B25-0759 - Child Behavioral Health Services Dashboard Act of 2024. Sec. 2. Definitions. (5).

²⁰ B25-0759 - Child Behavioral Health Services Dashboard Act of 2024. Sec. 4.

²¹ *Id.*

²² B25-0759 - Child Behavioral Health Services Dashboard Act of 2024. Sec. 4. (11).

²³ B25-0759 - Child Behavioral Health Services Dashboard Act of 2024. Sec. 3. (a)(1)-(2).

²⁴ Children’s Law Center, Testimony the District of Columbia Council Committee on Health and Committee on Facilities and Family Services public hearing on Alternative Restorative Therapy Options for Youth Amendment Act of 2023 and Mental Health in the Child Welfare System, (December 6, 2023), available at: <https://childrenslawcenter.org/resources/testimony-behavioral-health-for-children-and-youth-in-foster-care/>.

²⁵ B25-0759 - Child Behavioral Health Services Dashboard Act of 2024. Sec. 4.

²⁶ Centers for Medicare & Medicaid, Medicaid and Children’s Health Insurance Program Managed Care Access, Finance, and Quality Final Rule (CMS-2439-F), (April 22, 2024), available at: <https://www.cms.gov/newsroom/fact-sheets/medicaid-and-childrens-health-insurance-program-managed-care-access-finance-and-quality-final-rule>.

²⁷ Department of Health and Human Services, Centers for Medicare & Medicaid Services, CMS-2439-F, Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality, (May 10, 2024), p. 37, available at: <https://www.govinfo.gov/content/pkg/FR-2024-05-10/pdf/2024-08085.pdf>.

²⁸ *Id.*

²⁹ *Id.*

³⁰ Department of Health and Human Services, Centers for Medicare & Medicaid Services, CMS-2439-F, Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality, (May 10, 2024), p. 1, available at: <https://www.govinfo.gov/content/pkg/FR-2024-05-10/pdf/2024-08085.pdf>.

³¹ Integrated care can take many forms, but the focus in DC has been to better incorporate behavioral health care and coordination into existing conventional healthcare systems. A team approach to healthcare allows professionals specializing in different areas to working together to enhance a patient’s overall wellbeing. We have seen success across numerous programs from integrating healthcare. For example, through the HealthySteps program, embedding a behavioral health professional in the primary care setting has increased earlier identification of behavioral health issues for both child and caregiver, as well as greater connection to community supports and resources. Integrated care allows for children and families to access care more seamlessly, as well. Patients after giving birth, for example, are more likely to keep a well-child visit than their own postpartum visit. Pediatric care offers parents six or more interactions with their child’s pediatrician within the first year following delivery. Therefore,

pediatrician offices, when integrated with professionals who can care for parents as well, can offer a safe and consistent space for parents to access the support and resources they need for a successful first year.

³² DC Department of Health Care Finance, 1115 Demonstration Waiver, *available at*:

<https://dhcf.dc.gov/1115waiver-initiative>.

³³ KFF State Health Facts Data, Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier: FY 2025, *available at*: <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

³⁴ Notes from Department of Health Care Finance Budget Briefing on Thursday, April 11, 2024, on file with Children’s Law Center.

³⁵ Department of Health Care Finance, District of Columbia Section 1115 Medicaid Demonstration Renewal Request, (June 6, 2024), *available at*:

https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/DC%201115%20Renewal%20Application_20240606.pdf.

³⁶ *Id.*

³⁷ *Id.*

³⁸ Child and Family Services Agency Presentation, on file with the Children’s Law Center.

³⁹ 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 behavioral health services. With the centralized dashboard, a 211 Warmline worker would be more easily able to search and directly connect children, families, and youth looking for services. *See* Ellie Silverman, *D.C. gets funds to expand ‘warmline,’ a social services hotline*, The Washington Post, March 11, 2024, *available at*: <https://www.washingtonpost.com/dc-md-va/2024/03/11/dc-warmline-funding/>; FY2023 Child and Family Services Agency, responses to Q113(c) and Q114(b) *available at*: <https://lims.dccouncil.gov/Hearings/hearings/253>; Jess Arnold, *Yes, DC neighbors are using the new 211 warmline*, WUSE9, January 24, 2024, *available at*: <https://www.wusa9.com/article/news/local/dc/dc-neighbors-call-211-warmline-social-services-violence-intervention/65-cd80795d-43a3-4c83-bfd2-50098aa2584d>.

⁴⁰ While CFSA is taking the lead in building an integrated human services system that provides a “continuum of primary prevention services” accessible to all District families – but CFSA cannot do this alone. In the lead-up to soft-launching the Warmline, CFSA engaged with numerous key health and human services-related agencies, including the Department of Human Services, the Department of Behavioral Health, and District of Columbia Public Schools – seeking their partnership and support for the Warmline. *See* FY2023 Child and Family Services Agency Performance Oversight Responses, response to Q115, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/253>. CFSA envisions “enhanced coordination” with an even broader set of government agencies, including the Department of Youth Rehabilitation Services, the District of Columbia Housing Authority, the Department of Energy and the Environment, the Department of Disability Services, and Metropolitan Police Department. Robert L. Matthews, Testimony before the DC Council Committee on Facilities and Family Services, Performance Oversight Hearing Fiscal Year 2022, Child and Family Service Agency, (February 24, 2023), *available at*: https://www.dropbox.com/sh/kod57y5ukqmwopg/AAAGPTIiA_GzfrtaDmi8CcKca/2023%20Folders/2.24.23%20-%20POH%20for%20CFSA%20and%20Ombuds%20for%20Children/Government%20Testimony?e=3&preview=CFSA+FY22+Performance+Oversight+Hearing+Testimony_Director+Robert+L+Matthews-Final.pdf&subfolder_nav_tracking=1&dl=0.

⁴¹ Difficult budget decisions due to slower revenue growth; the end of federal stimulus funding; significantly higher operating costs; and the impacts of the remote work environment. 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>.

⁴² Greer, *supra* note 4.

⁴³ We have seen the value of this kind of data through the warmline which has very helpfully identified where the need is across the user that call in. *See* Child and Family Services Agency Presentations, Warmline Subcommittee, on file with the Children’s Law Center.