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Committee on Health
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Introduction

Good morning, Chairperson Henderson, and members of the Committee. My name is Leah Castelaz. I am a Senior 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 on the performance of the Department of Health (DC Health) during FY2024 and FY2025, to date. During 2024, 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 the need for access to high-quality health services to achieve

stability. Additionally, we see firsthand – through our work with families seeking remediation of poor rental housing conditions – how conditions in a child's physical environment, especially their home, can deeply impact their health and well-being.[2] For example, exposure to lead through lead-based paint or lead-contaminated drinking water can inhibit a child's mental and physical development.[3]

Our clients rely on DC Health to provide critical services that improve navigation and access, strengthen a child's youngest years and support their caregivers, increase workforce capacity, and remedy poor, unhealthy housing conditions. Ensuring high-functioning, accountable, accessible government programming at DC Health is therefore vital to our clients' health and well-being.

DC Health works to strike a balance between addressing immediate needs while making investments in critical prevention services in the District. For example, addressing chronic absenteeism in the District requires both prevention services and intervention services. Programs like HealthySteps and home visiting support children and families' future engagement in school and educational success. [4] Ensuring there is a sufficient behavioral health workforce to support students currently in school is also important to improving student attendance outcomes.[5] In short, for families to succeed, the District must invest in both meeting immediate needs and providing services that prevent negative outcomes or experiences from arising in the future.

To this end, my testimony will address several ways in which DC Health is currently striking the balance of intervention and prevention efforts and opportunities for improvement in three specific areas. Specifically, my testimony will speak to (1) the investments needed to ensure DC Health's LinkU enables District residents to successfully navigate and access services, resources, and information; (2) opportunities to deepen prevention work through HealthySteps and home visiting programs facilitated by DC Health; (3) DC Health's critical role in ensuring a sufficient behavioral health workforce; and (4) the importance of a successful transition to the newly created Environmental Health Administration to DC Health.

LinkU Plays a Critical Role in the Successful Implementation of the District's 211 Warmline

LinkU is a free online resource directory and e-referral platform for District residents, clients, and community providers. LinkU is powered by Findhelp[6] and administered by DC Health.[7] The platform works to connect users with social care resources across the DC, Maryland, and Virginia region, while also tracking search trends and client outcome.[8]

DC Health first rolled out LinkU to address gaps in navigation for residents living with HIV/AIDS. Originally, DC Health's Health, HIV/AIDS, Hepatitis, STD, & TB Administration (HASTA) designed LinkU to support the case managers helping residents navigate HIV/AIDS prevention and care services and ensure close looped referrals. DC Health, seeing the utility of having a centralized navigation platform with

closed loop referrals, has, in recent years, worked to expand LinkU to more District agencies to utilize in their own case management and referral efforts.

Most recently, in Summer 2024, the Child and Family Services Agency (CFSA) moved to using LinkU for the 211 Warmline – the District's unified social services network that supports residents with centralized access to resources and referrals. The 211 Warmline aims to shift from a traditional child welfare model to a child and family well-being system with the goal of connecting families to needed resources without the trauma of unnecessary child welfare involvement.[9] DC Health's partnership with CFSA to support CFSA's shift from one referral to LinkU is an excellent example of the partnership that is needed to make the 211 Warmline successful.

CFSA is implementing a Community Response Model through the Warmline. This means that Warmline callers seeking help with a social need – such as food, housing, medical benefits, etc., – will either be provided with the detailed information and guidance they need to resolve the problem (e.g. contact information for shelter intake, or date/time/location information for grocery distributions), or they will be connected with a Community Responder from one of the District's Collaboratives who can provide more in-depth case management support and assist with navigating the relevant District-funded and community-based services. All referrals from Community Responders will be made through LinkU to track referrals through handoff, engagement, and closure.

Shifting the 211 Warmline referral platform to LinkU is an example of how DC Health is working with other government agencies to create a more unified navigation and referral system in the District. Creating a more unified navigation system is a critical need in the District. We, therefore, ask this Committee to support DC Health's efforts to expand LinkU in the District by making any relevant connections and providing spaces for DC Health to share about LinkU.

The Child Behavioral Health Services Dashboard Act Provides a Funding and Structural Mechanism to Expand LinkU's Critical Work in the District

As we testified to in July 2024, the District currently has a piecemeal approach to support navigation and referral services.[10] While DC has a variety of navigation tools, none of them are unified. 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 like – "who is available now to provide this service?" – becomes a labor-intensive task that often leads to discontent for those seeking assistance.

Therefore, we were glad to see the passage of Child Behavioral Health Services Dashboard Act of 2024 ("the Dashboard Act") through the DC Council and the Executive.[11] As originally introduced in Spring 2024, the Dashboard Act required the Deputy Mayor of Health and Human Services (DMHHS) to create an online, user-friendly, publicly available dashboard of behavioral health services in the District to help address the District's current piecemeal approach to behavioral health services navigation to create a more cohesive approach to navigation.[12]

The July 2024 hearing and further discussions with the Committee made clear, however, that a new dashboard was not needed. Instead building upon the work DC Health has already done with LinkU would be the best way to meet the goal of the Dashboard Act. As noted in the Committee Report, given the overlaps between LinkU's functionality and the proposed legislation's goals, the Dashboard Act was amended to designate DC Health as the lead for this initiative, rather than the DMHHS.[13] The search filters and functionality of the LinkU platform can be modified to meet the needs of the Dashboard Act's requirements.

Additionally, the amended legislation requires the Department of Behavioral Health (DBH) to serve as a consulting agency to support improving navigation of behavioral health services on LinkU.[14] Thus finding a way to ensure other agencies are engaging in and working together to create centralized navigation. We applaud this Committee's efforts to utilize existing resources and figure out ways to build from investments the District has already made.

The Dashboard Act has a modest fiscal impact of $459,000 over the four-year financial plan. LinkU is currently funded via a federal grant that runs through fiscal year 2028. Therefore, the only additional funding is for DC Health to hire one additional Data Analyst to maintain and update the directory regularly. We are hopeful there will be funding for the Dashboard Act in the FY26 budget.

We know DC Health is getting ready to launch a marketing campaign to more publicly advertise LinkU. We hope that its sister agencies will support these efforts and share information with residents and providers they work with. DC Health has been an excellent partner in this work – including making numerous presentations on LinkU. Additionally, at the request of community partners, DC Health developed a YouTube informational and training video.[15] We applaud DC Health for their efforts.

We ask that DC Health, DBH, and DMHHS work together to improve LinkU by addressing usability and relevancy as well as conducting outreach to other government agencies, DC residents, and DC service providers to ensure they participate in the platform. We also ask this Committee to work with the relevant agencies on the effective implementation of the Dashboard Act. Finally, we ask this Committee to ensure funding for the Dashboard Act in FY26.

HealthySteps is an Essential District Program for Improving Access to Behavioral Health Supports and Needs Continued Investment and Engagement

HealthySteps,[16] 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.[17] 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.

The Birth-to-Three for All DC Amendment Act of 2018 (Birth-to-Three) required the expansion and evaluation of HealthySteps in the District. Five years after this legislation was signed into law, there are 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.[18] This is exciting progress and goes beyond the original goal of Birth-to-Three for All. However, there is more work to be done. First, Birth-to-Three envisioned expansion to Ward 5, 7, and 8 – there are still no HealthySteps sites in Ward 5. Secondly, DC Health has identified need for HealthySteps to exist in the Upper Cardozo area of Ward 1.[19] Next, DC Health has not raised the grant amounts since 2019. Finally, DC Health, per Birth-to-Three, is required to have an annual "external evaluation contractor to conduct a community-based evaluation of the effectiveness of the Program."[20] We have not yet seen an evaluation and it is our understanding that any pieces of the evaluation are being moved internally.

At the time of the passage of Birth-to-Three there was a lot of attention on the programs included in the legislation. We need a renewed sense of attention on HealthySteps to continue to strengthen the program. While we are excited by the progress over the last five years, we know there is more work to be done. Therefore, we ask this

Committee to keep HealthySteps front of mind when thinking about opportunities for early intervention investments and when discussing key supports for District families.

Home Visiting is a Critical Program for the District's Perinatal to Five Population, But Needs Continued Support to Improve Implementation

Similarly, home visiting programs could use a renewed sense of energy and investment to support their implementation and growth. Home visiting programs are voluntary programs that pair families with in-home support workers during children's earliest years.[21] Home visiting supports the development of meaningful and sustained relationships with families to improve 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."[22]

There are 17 home visiting programs in the District operated by 13 organizations.[23] All the programs are funded through a variety of local, federal, and private funding – often braided together.[24] Specifically, DC Health use local funds for two programs at Community of Hope and Georgetown University and administers federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding for two additional programs through Mary's Center.[25] DC Health also funds the evaluation of Mamatoto Village's home visiting program.

Home visiting is also included in Birth-to-Three. In the five years since home visiting was included in this legislation, the funding as remained confusing and opaque. 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.[26] Programs head into each year feeling uncertain about what they will be able to accomplish given the way the budgets fluctuate throughout the year. Last year, when some grantees received cuts they were told by DC Health that the cuts to their programs were due to there being vacant positions.[27] Vacant positions continue to persist because of low wages and lack of investment in the home visiting workforce.[28] DC Health's decision to cut grants instead of working with programs to fill vacant positions exacerbates the ongoing workforce issues.[29] Creating a better understanding of the funding available to home visiting programs in the District (even those outside DC Health) would be tremendously helpful in creating transparency on home visiting programs.

The uncertain budget is not the only burden programs face, they also experience high administrative burden. A recent report released by DC Action found that "home visitors … spend nearly 75% of the work week reporting data from home visits and collecting family information for internal reporting and funding source."[30] Home visitors reported that the administrative burden negatively affected family visits. The time spent on documentation took away from home visitors being out in the field and conducting home

visits. The report goes on to make recommendations to reduce administrative burden on home visitors. These recommendations and the recommendations of the Voices from the Field: The Experiences of the District's Home Visitors offer concrete solutions to improve home visiting in the District. DC Health has tangible, concrete options to improve home visiting in the District. We ask this Committee work with DC Health to better assess how the District can implement home visiting programs in the District – to reduce administrative burden, improve access to residents, and ensure sufficient funding.

Both HealthySteps and Home Visiting Should be Included in the Implementation of the State Maternal Health Strategic Plan

It is clear that programs like HealthySteps and home visiting could use some reenergization and time spent to address ongoing implementation concerns. Both HealthySteps and home visiting are ripe with opportunities for DC Health to focus in on to improve the way the programs are being implemented and ultimately improve outcomes for families. Ensuring sufficient budgets, ongoing evaluation, and reduction of administrative burdens can help programs run more efficiently. More efficient programs are easier to access and can improve family engagement.[31] Including both HealthySteps and home visiting implementation as priorities in the State Maternal Health Strategic Plan will provide a new sense of energy to allow these programs to continue to thrive, grow, and support DC families.

Specifically, HealthySteps and home visiting can support the seven core priorities for DC Health's Framework for Improving Community health.[32] Both programs have

significant impact on perinatal and early childhood health outcomes.[33] HealthySteps and home visiting both target children 0-3 year of age and their families, noting that home visiting programs can go up to age five. The programs place a specific emphasis on low-income communities in Wards 5, 7 and 8.

Moreover, both programs have been shown to have positive outcomes from the perinatal period through age five.[34] For example, 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. In FY2024, across all six locally funded HealthySteps sites, the average number adult patients screened for post-partum depression was 74 percent.[35] All HealthySteps providers were above their targets for screening – Unity screened 92 percent of their patients.[36] Screening mitigates the strain that undiagnosed and untreated mental health issues can put on the parent-child relationship.

Similarly, 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. In FY2024, on average, across both Mary's Center and Community of Hope, 77 percent of caregivers participating in home

visiting program were screened for depression.[37] Of those caregivers, 71 percent, on average across both providers, that screened positive for depression were successfully linked to services.[38]

Therefore, we encourage DC Health to include HealthySteps and home visiting into the implementation of their State Maternal Health Strategic Plan. Instead of creating new, we have the opportunity to build on and strengthen existing programs in the District. We ask the Committee to continue to champion these programs and hold the agency accountable for their implementation. HealthySteps and home visiting have already made great strides in the District, but there are further opportunities to support these programs and ultimately support the District's youngest children and their families.

DC Health Plays An Integral Role In Developing A Robust Behavioral Health Workforce

In order to adequately meet the behavioral health needs of DC residents, the city needs a robust and stable workforce. DC Health's role in managing the licensing of behavioral health professionals is significant in ensuring that the people providing care are qualified and held to ethical standards. Through this regulatory role, DC Health holds information about the makeup of our workforce, communicates with professionals about what is needed to maintain their licensure status, and has the ability to alter what the workforce looks like. We hope to see a number of improvements in how they carry out this role.

DC Health and DBH can better utilize workforce survey data to inform behavioral health workforce development practices

Issues with staffing behavioral health care settings and people being able to access providers in a timely manner are often associated with there being a shortage of behavioral health professionals, with our local situation mirroring nationwide trends. DC Health's FY24 data shows that there are over 11,000 people licensed in DC in what are generally considered core behavioral health professions (social workers, counselors, marriage and family therapists, psychologists).[39] In order to know to what extent these 11,000 plus professionals are meeting the behavioral health needs of DC residents utilizing our public system, though, we would have to know where they work and what they do. There are job opportunities beyond the public sector and not all involve clinical work. There is potential that the problem DC's public system faces is not simply an issue with the supply of behavioral health professionals, but also their distribution in the job market.

DC Health has licensed health professionals complete a workforce survey every license renewal cycle that includes questions about type of practice, job satisfaction, and even considerations of respondents to leave the healthcare profession.[40] Last year, DC Health stated fact sheets based on the workforce survey answers would be posted on health professional licensing Board websites, but this does not appear to have been done.[41] DC Health should collaborate with the licensing Boards as needed to get these

fact sheets produced because the data collected could help to better understand the current state of our workforce.

For example, the gathered data could help us pinpoint the proportion of professionals in the public and private sectors and learn at what point in their careers people tend to switch between them. This could better inform efforts such as fully staffing the School-Based Behavioral Health (SBBH) program by understanding what job sectors and work settings schools are competing with and the average career experience of professionals working in schools. Knowing, for instance, that schools tend to be staffed with early career behavioral health professionals can inform an emphasis on training and supervision in school settings. We recommend that the data gathered through the workforce surveys be presented in a clear, broadly accessible manner so stakeholders can use it as needed to inform workforce development strategies.

DC Health needs to clearly communicate any new or altered requirements for licensees based on changes to the licensure renewal cycle

Maintaining licensure as a behavioral health professional includes obtaining a set number of continuing education credits for each renewal cycle. The renewal cycle used to set the expiration dates for behavioral health licenses on the same date of either an odd or even year, depending on the license type[42] Last year, the renewal cycle was changed to make licenses expire on the last day of the birth month of each licensee in either an even or odd year, corresponding with the licensee's even or odd birth year.[43] This change was made based on feedback from health professionals and presumably to spread out

the amount of renewals DC Health has to process throughout the year, rather than doing them all at one time.[44]

While seemingly reducing the administrative burden on DC Health in processing license renewals, the new renewal cycle has created complications for behavioral health professionals accumulating the required continuing education credits to maintain their licenses. Take professional counselors for example, for whom December 31, 2024 was the latest license expiration date before the new policy took effect.[45] For a licensee born in January in an even year, their renewed license would now expire on January 31, 2026. According to DC Municipal Regulations for Professional Counseling, "An applicant for renewal of a license shall submit proof of having completed forty (40) hours of approved continuing education credit during the two-year (2) period preceding the date the license expires".[46] What remains unclear is whether licensees whose birth months leave them with fewer than two years to accumulate the required amount of continuing education credits before renewing their license, can re-submit credits that were already submitted in the previous license renewal cycle, as long as they fall in the two-year period preceding the birth-month-based expiration date. A change that was created in part to ease DC Health's workload has potentially placed a logistical and financial burden on behavioral health professionals to acquire continuing education credits in half the time they typically need to. Without clarity on how this new policy works, it is possible some professionals could have their licensure status disrupted by not having enough credits by the time their

license expires. We ask for DC Health to allow licensees the standard amount of time to accumulate continuing education credits or allow them to re-submit credits that fall within the two-year period preceding their license expiration date. Criteria for continuing education credit submission should be communicated clearly to licensees to avoid potential disruptions to their licensure status.

Establishing bachelor's degree level behavioral health practice guidelines can help expand the workforce

Expanding the behavioral health workforce also includes looking at what categories of professionals are underutilized or non-existent. Therapy, typically seen as the central behavioral health intervention, can only be performed by licensed professionals who have either a master's or doctoral degree. There are other non-clinical interventions, however, that provide behavioral health support that can be carried out by those without a license. These individuals are not meant to replace licensed clinicians where there are vacancies. Rather, they can engage in non-clinical tasks and work with clients with less acute needs. Using the example of the SBBH program again, this could look like providing Tier 1 and 2 services, leaving licensed clinicians to provide Tier 3 services.

A more immediate route to expanding the behavioral health workforce is to establish a Qualified Mental Health Practitioner (QMHP) credential in DC. In Virginia, bachelor's degree holders are eligible for the QMHP credential, which is registered through the Board of Counseling and has a specific scope of practice for the services

provided.[47] A specific service where the benefits of adding QMHPs to the workforce could be seen is with Community-Based Intervention (CBI), a time-limited, intensive service intended to keep children with significant behavioral health needs from utilizing out-of-home placements for treatment. There are similar models of intensive home-based treatment that use a two-person team of a licensed behavioral health professional and a peer support specialist.[48] A QMHP would have even more specialized training than a peer support specialist. In this two-person team, the non-licensed individual becomes responsible for activities that fall under the umbrella of CBI services like skill building, resource connection, and safety planning, leaving the practice of therapy interventions to the licensed professionals. We recommend DC Health connect with appropriate authorities in Virginia and any other jurisdictions with a QMHP credential to explore pathways for establishing the credential in DC.

For a long-term solution in expanding the workforce, we would have to look at the types of undergraduate degrees applicable to providing behavioral health services. Currently, there are bachelor's level degrees and licenses for social work, but not for professional counseling. Growing conversations around establishing bachelor's degrees in counseling point to the potential benefits of allowing people to get experience in the counseling field before seeking master's level education and licensure while also shifting master's counseling programs to provide more advanced, specialized education.[49] Establishing these undergraduate programs would grow the number of people eligible

for credentials such as the QMHP as well. We ask the Committee to work with DC Health, DBH, and other relevant agencies on exploring the development of undergraduate counseling programs.

DC Health Plays a New and Critical Role in Protecting DC Children from Health-Harming Conditions in Their Home

At the start of Fiscal Year 2025, DC Health launched a new Environmental Health Administration (EHA) "to protect the health of residents of the District of Columbia, visitors and those that do business here, by targeting environmental factors through education, research and regulation."[50] As part of this restructuring, the District's Healthy Housing program was moved from its previous home within the Department of Energy and Environment (DOEE) to the EHA's Division of Indoor Environment.[51] The Healthy Housing program provides crucial support and services to DC families who want to ensure their children are not harmed by environmental health hazards in their home. It helps families identify and mitigate hazards including lead-based paint and lead contaminated drinking water, which can cause immediate and lifelong health problems, and mold and allergens, which can exacerbate asthma.[52] For example, nearly 150 District children had a confirmed elevated blood lead level (EBLL) in 2023, 67 of which were new cases.[53] The Healthy Housing program provides those families with a lead risk assessment to identify any sources of lead exposure in the home and ongoing case management for education on lead poisoning, care coordination, and assistance securing appropriate remediation of lead hazards.[54]

For years, the Healthy Housing program has been a valued partner in Children's Law Center's efforts to promote healthier housing for all DC families.[55] We have especially appreciated the opportunity to share information and input with Healthy Housing program staff through our joint participation in the DC Healthy Housing Collaborative[56] and Lead Poisoning Elimination and Healthy Homes Advisory Committee.[57] To that end, we are eager to ensure that the program has had an efficient transition to its new home in DC Health and how it is leveraging the new public health expertise and resources available to it through DC Health. We hope the Committee will take this opportunity to get a detailed update from DC Health on the transition of the Healthy Homes program including:

- Which District programs and services related to childhood lead poisoning prevention are now in DC Health and which remain in DOEE;[58]

- How the Healthy Housing program is making referrals to and sharing pertinent information with programs that remain in DOEE, including the Lead Hazard Reduction Branch[59] for financial and technical lead remediation assistance and the Licensing and Certification Branch for indoor mold assessment;[60]

- What if any changes or updates DC Health has made, or plans to make, to the Healthy Housing program and the services it administers to DC residents;

- How DC Health envisions combining the Healthy Housing program with the other programs within the EHA and the rest of DC Health to "more effectively tackle environmental health issues" for DC families.[61]

Children's Law Center looks forward to continuing our collaboration with the Healthy Housing program in its new base in DC Health. We welcome the opportunity to further educate the Committee on why the program is such an important resource for DC families and how the Committee, DC Health, and DOEE can work together to promote healthy housing for DC children and families.

Conclusion

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

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[1] We help over 4,000 children and families tackle seemingly insurmountable problems each year. When we bump up against the limits of insufficient laws and policies, we advocate for systemic changes to help all DC kids. *See* Children's Law Center, Our Impact, *available at*: https://childrenslawcenter.org/our-impact/.

[2] Center on the Developing Child, Harvard University, Place Matters: The Environment We Create Shapes the Foundations of Healthy Development, (2023), available at: 16 https://developingchild.harvard.edu/place-matters-the-environment-we-create-shapes-the-foundationsof-healthy-development/; Schmeer KK, Yoon AJ. Home sweet home? Home physical environment and inflammation in children. Soc Sci Res. 2016 Nov; 60:236-248. doi: 10.1016/j.ssresearch.2016.04.001. Epub 2016 Apr 6. PMID: 27712682; PMCID: PMC5116303.

[3] Centers for Disease Control and Prevention, National Center for Environmental Health, Preventing Lead Exposure in Children, *available at*: https://www.cdc.gov/lead-prevention/prevention/index.html; Harvard T.H. Chan School of Public Health, Study finds link between childhood lead exposure and mental illness, (2019), *available at*: https://www.hsph.harvard.edu/news/hsph-in-the-news/childhood-lead-exposure-mental-illness/; Centers for Disease Control and Prevention, Childhood Lead Poisoning Prevention, Health Effects of Lead Exposure, available at: https://www.cdc.gov/nceh/lead/prevention/health-effects.htm.

[4] Leah Castelaz, Testimony before the District of Columbia Council Committee on Health, (April 10, 2024), *available* at: https://childrenslawcenter.org/wp-content/uploads/2024/04/L.Castelaz_Childrens-Law-Center-Testimony-Before-the-DC-Council-Committee-on-Health_DC-Health_Budget-Oversight_4.1.24_final.pdf.

[5] Recent research has shown that students with behavioral health challenges miss more school than their peers and that absences due to behavioral health issues account for more than 10% of all absences. Locally, DCPS reports that "student health, including student mental health and COVID concerns or diagnoses, is the most common barrier to regular attendance cited during [Student Attendance Conferences]." *See* Danielle Robinette, Testimony before the District of Columbia Council Committee of

the Whole, (June 26, 2024), *available* at: https://childrenslawcenter.org/wp-content/uploads/2024/07/CLC-Testimony_Attendance-Omnibus-Hearing-6-26-24_FINAL.pdf.

[6] Findhelp is the company that provides the software and platform. *See* Findhelp, About Us, *available at*: https://company.findhelp.com/about/.

[7] Councilmember Christina Henderson, the District of Columbia Council Committee on Health, Committee Report on B25-0759, Child Behavioral Health Services Dashboard Amendment Act of 2024, (October 22, 2024), *available at*: https://lims.dccouncil.gov/downloads/LIMS/55080/Committee_Report/B25-0759-Committee_Report1.pdf?Id=200066.

[8] *Id.*

[9] 211 Warmline, About 211, *available* at: https://211warmline.dc.gov/page/about-211.

[10] Leah Castelaz, Testimony before the District of Columbia Council Committee on Health, (July 11, 2024), *available at*: https://childrenslawcenter.org/wp-content/uploads/2024/07/L.-Castelaz__Testimony-before-the-Committee-on-Health__B25-0759-Child-Behavioral-Health-Services-Dashboard-Act-of-2024_July-11.pdf.

[11] The bill is still under congressional review. *See* Legislative History, B25-0759 - Child Behavioral Health Services Dashboard Act of 2024, *available* at: https://lims.dccouncil.gov/Legislation/B25-0759.

[12] Councilmember Christina Henderson, the District of Columbia Council Committee on Health, Committee Report on B25-0759, Child Behavioral Health Services Dashboard Amendment Act of 2024, (October 22, 2024), *available at*: https://lims.dccouncil.gov/downloads/LIMS/55080/Committee_Report/B25-0759-Committee_Report1.pdf?Id=200066.

[13] LinkU, *available at*: https://linkudmv.org/; LinkU training, *available at*: https://www.youtube.com/watch?v=HLalIJtKGtE; Further LinkU training, *available at*: https://www.youtube.com/watch?v=PcJZ7Ou6cDY.

[14] We appreciate that the legislation adds in DC Health to include behavioral health resources available through DBH's School-Based Behavioral Health (SBBH) program in the directory. This addition responds to testimony during the hearing as well as longstanding feedback from students and caregivers, who have struggled to access information on SBBH services. Including this information in the directory addresses a significant gap in available resources for families seeking school-based care. *See* Councilmember Christina Henderson, the District of Columbia Council Committee on Health, Committee Report on B25-0759, Child Behavioral Health Services Dashboard Amendment Act of 2024, (October 22, 2024), *available at*: https://lims.dccouncil.gov/downloads/LIMS/55080/Committee_Report/B25-0759-Committee_Report1.pdf?Id=200066.

[15] LinkU training, *available at*: https://www.youtube.com/watch?v=PcJZ7Ou6cDY.

[16] 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, (April 10, 2023), *available at*: https://childrenslawcenter.org/resources/fy24-budget-testimony-dc-health/; Leah Castelaz, Children's Law Center, Testimony before the District of Columbia Council, (March 2, 2023), *available at*: https://childrenslawcenter.org/resources/fy23-oversight-testimony-dc-health/; Leah Castelaz, Children's Law Center, Testimony before the District of Columbia Council, (April 1, 2022), *available at*: https://childrenslawcenter.org/resources/fy23-budget-testimony-dc-health/; Leah Castelaz, Children's Law Center, Testimony before the District of Columbia Council, (February 23, 2022), *available at*: https://childrenslawcenter.org/resources/fy22-oversight-testimony-dc-health/; Sharra E. Greer, Children's Law Center, Testimony before the District of Columbia Council, (June 11, 2021), *available at*: https://childrenslawcenter.org/resources/oversight-testimony-dc-health-1/; Sharra E. Greer, Children's

Law Center, Testimony before the District of Columbia Council, (February 20, 2020), *available at*: https://childrenslawcenter.org/resources/oversight-testimony-dc-health-0/; Anne Cunningham, Children's Law Center, Testimony before the District of Columbia Council, (April 9, 2019), *available at*: https://childrenslawcenter.org/resources/budget-testimony-dc-health/; Kathy Zeisel, Children's Law Center, Testimony before the District of Columbia Council, (February, 2019), *available at*: https://childrenslawcenter.org/resources/oversight-testimony-dc-health/.

[17] HealthySteps DC ensures access to behavioral health services in a setting child frequent, their pediatric primary care practice. Children are more likely to go to their primary care provider due to scheduled well-child visits, thus a primary care provider is well positioned to detect the early onset of behavioral problems. However, a primary care provider may not have the knowledge or skill set to address developmental, behavioral, social, and emotional needs of a child. See HealthySteps, Our Model, available at: https://www.healthysteps.org/what-we-do/our-model/.

[18] In FY2024, HealthySteps was provided by Children's National, Unity Healthcare, and Georgetown MedStar at nine locations across the District. Six HealthySteps locations are locally funded. All locally funded HealthySteps sites are located in – and serving residents of – Wards 7 and 8. *See* FY2024 DC Health Performance Oversight Responses, response to Q47, *available at*: https://lims.dccouncil.gov/Hearings/hearings/641.

[19] FY2024 DC Health Performance Oversight Responses, response to Q47(e), *available at*: https://lims.dccouncil.gov/Hearings/hearings/641.

[20] D.C. Law 22-179. Birth-to-Three for All DC Amendment Act of 2018. Sec. 103. External evaluation contractor. (a).

[21] 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/.

[22] Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, *available at*: https://mchb.hrsa.gov/programs-impact/maternal-infant-early-childhood-home-visiting-miechv-program.

[23] DC Home Visiting, Annual Report, 2024, (February 5, 2024), *available at*: https://under3dc.org/wp-content/uploads/Home-Visiting-Annual-Report-2024.pdf.

[24] *Id.*

[25] *Id.*

[26] Leah Castelaz, Testimony before the District of Columbia 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.

[27] *Id.*

[28] *Id.*

[29] *Id.*

[30] Victoria Kim and Mary Katherine West, THE STATE OF ADMINISTRATIVE BURDEN FOR DC'S HOME VISITORS, DC Action, (2024), *available at*: https://wearedcaction.org/wp-content/uploads/The-State-of-Administrative-Burden-for-DCs-Home-Visitors.pdf.

[31] *Id.*

[32] DC Health, Framework for Improving Community Health, p. 7, *available at*: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Framework%20for%20Improving%20Community%20Health_r10.pdf.

[33] Particularly in the cases of our guardian-ad litem clients, we have identified several instances that if a family had been met with additional supports the children could have stayed in the home. Several of our

guardians-ad litem identified supports to increase parenting capabilities as a need to help children remain in the home. DC Health programs like home visiting, Help Me Grow, and HealthySteps provide early prevention and intervention services that have been proven to increase parent-child attachment and support parents feeling capable to navigate their children's needs. HealthySteps and home visiting 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. These programs can help establish a solid foundation for DC children and families.

[34] 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. "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=K8JH7OoxfJw&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.

[35] FY2024 DC Health Performance Oversight Responses, response to Q47(f), *available at*: https://lims.dccouncil.gov/Hearings/hearings/641.

[36] *Id.*

[37] FY2024 DC Health Performance Oversight Responses, response to Q43(d), *available at*: https://lims.dccouncil.gov/Hearings/hearings/641.

[38] *Id.*

[39] FY2024 DC Health Performance Oversight Responses, response to Q107, *available at*: https://lims.dccouncil.gov/Hearings/hearings/641.

[40] DC Health, User Guide 2020 Renewals, *available at*: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/2020%20ABHB%20NEW%20USER%20GUIDE%20%282%29.pdf.

[41] FY2024 DC Health Performance Oversight Responses, response to Q122, *available at*: https://lims.dccouncil.gov/Hearings/hearings/641.

[42] July 31st of odd years for the Board of Social Work, December 31st of even years for the Board of Professional Counseling, December 31st of odd years for the Board of Psychology

[43] D.C. Mun. Regs. tit. 17, § 40 (2008).

[44] DC Health, Psychology Licensing, *available at*: https://dchealth.dc.gov/service/psychology-licensing.

[45] DC Health, Professional Counseling Licensing, *available at*: https://dchealth.dc.gov/service/professional-counseling-licensing.

[46] D.C. Mun. Regs. tit. 17, § 66 (2015).

[47] COMMONWEALTH OF VIRGINIA, Board of Counseling, *available at*: https://www.dhp.virginia.gov/media/dhpweb/docs/counseling/docs/QMHP_FAQ.pdf.

[48] IHBT Ohio, IHBT Fidelity Preparation Tools | Individual and Team Model, *available at*: https://ihbtohio.org/new-ihbt-fidelity-preparation-tools-team-model/.

[49] Lisa R. Rhodes, *The New Classroom,* American Counseling Association, (January 2025), *available at*: https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/ct-jan-2025/the-new-classroom

[50] DC Health, DC Health Launches Environmental Health Administration to Strengthen Public Health and Safety, (October 24, 2024), *available at*: https://dchealth.dc.gov/release/dc-health-launches-environmental-health-administration-strengthen-public-health-and-safety; DC Health, Environmental Health Administration, *available at*: https://dchealth.dc.gov/page/environmental-health-administration.
[51] DC Health, Healthy Housing Program, *available at*: https://dchealth.dc.gov/service/healthy-housing-program-0.
[52] National Institute of Health, Household Molds Linked to Childhood Asthma, (August 20, 2012), *available at*: https://www.nih.gov/news-events/nih-research-matters/household-molds-linked-childhoodasthma#:~:text=For%20a%2010%2Dpoint%20increase,Aspergillus%20unguis%20and%20Penicillium%20variabile; Berkley Public Health, New research shows link between childhood exposure to mold and asthma, (April 7, 2021), *available at*: https://publichealth.berkeley.edu/news-media/researchhighlights/new-research-shows-link-between-childhood-exposure-to-mold-and-asthma; Maria Godoy, When landlords won't fix asthma triggers like mold, doctors call in the lawyers, NPR, November 20, 2023, *available at:* https://www.npr.org/sections/health-shots/2023/11/20/1213555737/asthma-mold-housingmedical-legal-partnership; Centers for Disease Control and Prevention, National Center for Environmental Health, Preventing Lead Exposure in Children, *available at*: https://www.cdc.gov/lead-prevention/prevention/index.html; Harvard T.H. Chan School of Public Health, Study finds link between childhood lead exposure and mental illness, (2019), *available at*: https://www.hsph.harvard.edu/news/hsph-in-the-news/childhood-lead-exposure-mentalillness/; Centers for Disease Control and Prevention, Childhood Lead Poisoning Prevention, Health Effects of Lead Exposure, *available at*: https://www.cdc.gov/nceh/lead/prevention/health-effects.htm.
[53] District of Columbia Lead Screening Report: Fiscal Year 2023, Department of Energy & Environment (January 24, 2025), p. 8-9, *available* at: https://doee.dc.gov/sites/default/files/dc/sites/doee/service_content/attachments/DOEE%20Annual%20Report%20Fiscal%20Year%202023%20Childhood%20Lead%20Screening%20Report.pdf.
[54] DC Health, Healthy Housing Program, *available at*: https://dchealth.dc.gov/service/healthy-housing-program-0; District of Columbia Lead Screening Report: Fiscal Year 2023, Department of Energy & Environment (January 24, 2025), p. 16-17, *available* at: https://doee.dc.gov/sites/default/files/dc/sites/doee/service_content/attachments/DOEE%20Annual%20Report%20Fiscal%20Year%202023%20Childhood%20Lead%20Screening%20Report.pdf.
[55] Makenna Osborn, Testimony Before the District of Columbia Council Committee on Transportation and the Environment, (February 29, 2024), *available at*: https://childrenslawcenter.org/wp-content/uploads/2024/03/2024-DOEE-Performance-Oversight-Hearing-Childrens-Law-Center-Written-Testimony-03.07.2024.pdf; Makenna Osborn, Testimony Before the District of Columbia Council Committee on Transportation and the Environment, (February 21, 2025), on file with Children's Law Center.
[56] The DC Healthy Housing Collaborative (DCHHC) is a multi-sector coalition seeking to address substandard housing conditions that contribute to significant health issues affecting District of Columbia residents. The Collaborative convenes a broad range of partners representing government agencies, healthcare, public health, health insurance providers, housing services, legal services, policy advocacy groups, financial institutions, community members, and many others, united in pursuit of policy and systems changes that will lead to healthier housing conditions. *See* DC Healthy Housing Collaborative, *available at*: https://www.dchealthyhousingcollaborative.org/.

[57] The District of Columbia Department of Energy and Environment's (DOEE) Lead Poisoning Elimination and Healthy Homes Advisory Committee meets bimonthly. The committee is made up of community groups, healthcare providers, environmental experts, and non-profits.

[58] For example, it is not clear which agency will have responsibility for managing the "Twice by Two" childhood lead testing campaign and publishing the District's annual Childhood Lead Screening Report moving forward.

[59] The Lead Hazard Reduction Branch, which is part of the Residential Services Division in DOEE's Utility Affordability Administration, "helps residents make their homes safer by providing technical and financial assistance to help identify and address lead hazards." Notably, the Branch receives and dispenses a federal grant from the Department of Housing and Urban Development (HUD) to finance the remediation of lead-based paint hazards in low-income households with children under 6 years old. *Utility Affordability Administration*, Department of Energy & Environment, https://doee.dc.gov/service/utility-affordability-administration.

[60] The Licensing and Certification Branch in DOEE's Lead-Safe and Healhty Housing Division is responsible for licensing mold professionals in the District and employs several full-time mold inspectors who respond to mold complaints from tenants. *See Mold Information for Tenants,* Department of Energy & Environment, https://doee.dc.gov/node/1257871.

[61] DC Health, DC Health Launches Environmental Health Administration to Strengthen Public Health and Safety, (October 24, 2024), *available at*: https://dchealth.dc.gov/release/dc-health-launches-environmental-health-administration-strengthen-public-health-and-safety.