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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 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 2026 (FY2026) budget for the Department of Health (DC Health). DC Health plays a critical role in the lives of children and families in the District. We have appreciated DC Health's partnership across practice areas including maternal health, lead remediation, healthy housing, and the behavioral health workforce.

Children's Law Center is pleased to see the proposed budget for DC Health includes several important investments in healthy housing and children's mental health. Unfortunately, the Mayor's proposed budget also includes several concerning cuts to the

Community Health Services division, which includes the District's local home visiting service funds, as well as full time employee (FTE) cuts to the Health Licensing division.

My testimony today will provide further detail on each of these investments and cuts, as well as a request for this Committee to fund the Child Behavioral Health Services Dashboard Act of 2024 – legislation critical to improving District residents' access to behavioral health services for children.

The FY2026 Budget for DC Health has Key Funding Strategies that Will Support Long-Term Health for Children and Families

The Proposed Budget Enables DC Health to Move Forward with its 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.”¹ As part of this restructuring, the District's Healthy Housing program was set to move from its previous home within the Department of Energy and Environment (DOEE) to the EHA's Division of Indoor Environment.²

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 homes. It helps families identify and mitigate hazards, including lead-based paint and lead contaminated drinking water, which can cause immediate and lifelong health problems, as well as mold and allergens, which can exacerbate asthma.³

For example, nearly 150 District children had a confirmed elevated blood lead level (EBLL) in 2023, 67 of which were new cases.⁴ The Healthy Housing program provides those families with a lead risk assessment to identify any sources of lead exposure in the home and further provides ongoing case management for education on lead poisoning, care coordination, and assistance in securing appropriate remediation of lead hazards.⁵ We believe the incorporation of the Healthy Housing program into DC Health's new EHA is an opportunity to improve these services by connecting them with more public health expertise.

However, as of February 2025, the agencies had still not completed the transition, with Healthy Housing program staff and services seemingly operating under both DOEE and DC Health. We appreciate this Committee's engagement with DC Health during performance oversight to clarify the status of and plans for the Healthy Housing program. We were also pleased to see that the Mayor's proposed budget officially transfers the Healthy Housing program funding and FTEs from DOEE to DC Health for the beginning of FY26, so it is firmly established within its new home in DC Health.⁶

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.⁷ We are eager to ensure that none of its critical services are lost in the move to DC Health. Therefore, we ask the Committee to ensure that the \$1,179,917 and 10 FTEs moved from DOEE to DC Health in the Mayor's propose budget is sufficient to enable the Healthy Housing

program to continue operating the same initiatives and serving the same number of families in FY2026.⁸

Funding for HealthySteps in FY2026 Proposed Budget Must be Maintained to Ensure Locally Funded Sites Continue to Support Parents in Children Having a Strong Start to Life

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.⁹ 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.¹⁰

DC now has ten HealthySteps sites, seven of which are locally funded.¹¹ All locally-funded HealthySteps sites are located in – and serving residents of – Wards 7 and 8.¹² Most recently, local funding has gone to support HealthySteps at Community of Hope.¹³ This expands HealthySteps programming to four distinct providers across the District. 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).¹⁴

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 1.¹⁵ As the District continues to explore ways to expand

HealthySteps, we are pleased to see the Mayor's proposed budget does not make any cuts to HealthySteps funding in FY2026.¹⁶ The current funding levels ensure that HealthySteps can continue to positively impact District families and provide stability to support any future growth opportunities in the coming years.¹⁷ We 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.

Proposed FY2026 Budget Cuts May Have Long-Term Impacts on the Behavioral Health Workforce and Prevention Programming

Proposed Reduction in Licensing FTEs May Exacerbate Behavioral Health Workforce Shortage

Licensing plays a critical role in building and sustaining the behavioral health workforce in the District. Over the past few years, we have advocated for an increase in the number of licensing specialists who review applications, so that applications can be reviewed more expeditiously and decrease the wait time for a professional to be licensed. In particular, we have highlighted the need to better support the Behavioral Health Boards in the District – the Board of Social Work, the Board of Professional Counselors, and the Board of Psychology.

The wait time to be licensed in the District can vary depending on numerous factors, including the individual applicant and the professional board.¹⁸ During the waiting period for a license to be issued or denied, new behavioral health professionals and those licensed in other jurisdictions transferring into DC cannot work.¹⁹

Because professionals cannot work without a District license, slow or delayed licensure approvals have an impact on professionals entering the behavioral health workforce. For some, they may ultimately decide not to complete licensure if it is delayed for too long because even if qualified, they have a more urgent need for employment and income.²⁰ Otherwise-qualified health professionals are then removed from the pool of the District's behavioral health workforce due to the inefficiencies of the District's health professional licensing process.²¹

An area of particular concern, as raised by our partners in the provider community, is the wait time experienced by those applicants whose license is not initially accepted by the licensing board. In these cases, the applicant applied, the appropriate board reviewed the application, and determined that the application was either incomplete, missing a document, or the board had further questions for the applicant, etc. The applicant must then go back to remedy any outstanding issues before the board will review the application again, and hopefully this time approve them for a license. To address application issues, applicants typically reach out to a licensing specialist for their respective boards to help address gaps or errors in the application.

Both the Mayor and the Council have made important investments in health licensing over the last several years. We have testified about the need to ensure equitable distribution of those funds and FTEs across the 19 professional boards in the District.²² We have specifically raised the need to better support staffing for the Behavioral Health

Boards in the District. Currently, the Board of Social Work has just one assigned staff person and Board of Psychology does not even have a full-time staff person.²³

Based on reported experiences by providers to our partners, it appears this is insufficient, and without more staff, the performance of Health Licensing will continue to hurt. Applicants are frequently unable to get in touch with the licensing specialists in a timely manner to have questions answered, seek clarity on documentation requirements, or speak with a specialist to identify any incomplete sections of the application. Additionally, applicants must wait long periods to be approved for their licenses. The average number of days for the Board to approve Independent Clinical Social Workers climbed from 18 days in FY2023 to 45 days in FY2024.²⁴ For Graduate Social Workers, the average was 23 in FY2023 and almost doubled to 42 days in FY2024.²⁵ These were among the longest approval times of any reported license type.²⁶

The proposed FY2026 budget moves Health Licensing from Professional Licensing to Health Systems and Preparedness. The move to a new department includes a \$1.7 million increase in funding for Health Licensing. However, it also includes a decrease of 4.8 FTEs.²⁷ As noted above FTEs especially licensing specialists play a critical role in the licensure process and the District. Therefore, we ask this Committee to work with DC Health to understand what, if any, impact the cut to FTEs will have on licensure processing time.

In the past, DC Health has recognized that additional staff for the three Behavioral Health Boards would be beneficial but chose not to allocate staffing to them.²⁸ We do not want to see this happen in FY2026. Therefore, we ask this Committee to discuss with DC Health how it will use the additional funds to support the licensure process in the District, particularly those on Boards that license behavioral health professionals. 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.²⁹

Large Cuts to Community Health Services Division Could Have Drastic Impact on DC Health's Mission to Serve Children and Families' Health Needs Across Various Settings

We were disheartened to see cuts to the Community Health Services line, including a zeroing out of Perinatal and Infant Health for \$335,000, a \$2.1 million cut to Family Health, and \$2.9 million cut to Health Care Access.³⁰ The Perinatal and Infant Health division oversaw: (1) the new born screening program; (2) the safe sleep program; (3) Healthy Start; (4) Perinatal Quality Collaborative; and (5) Title V Maternal and Child Health Services Block Grant Program.³¹ Family Health works to improve perinatal, early childhood, and child and adolescent health outcomes in the District. Family Health also funds numerous programs that make critical community and clinical linkages for women, parents, children and adolescents, and works to align and integrate services to connect District families with the resources they need.³² The Health Care Access division provides critical support for primary care services regardless of a resident's ability to pay.³³

It is difficult to tell the true impact of these cuts from the available budget materials. To the best of our understanding, the cut to the Perinatal and Infant Health Division is likely a result of DC Health's transition of this division to other pieces of the agency; however, what is not clear is the manner of the transition or the impact of the transferred money.³⁴ As for the cuts from Health Care Access, those appear to be due primarily to a significant decrease in federal funding – in FY2025 the District received \$6.8 million in federal funding, but in FY2026 the District will only receive \$4.1 million.³⁵ Finally, the cuts to Family Health, unlike Health Care Access, appear to be primarily cuts to local funding. In FY2025, DC Health's Family Health received \$6,111,000 in federal funding and \$35,767,000 in local funding.³⁶ So while Family Health is proposed to receive \$6,486,000 in FY2026, which is a \$375,000 increase in federal funding, the local funding for Family Health in FY2026 is proposed to decrease to \$33,206,000, a \$2.5 million decrease.³⁷

We, therefore, ask this Committee to ask DC Health to walk through how the cuts were decided and analyze the impact of these cuts, especially the local cuts to Family Health. Additionally, we ask this Committee to understand the agency's decision to zero out perinatal and infant health as well as their decision to make some of the agency's most significant cuts to this division.

Proposed Cuts to Funding for Home Visiting Programs Undermine Implementation and May Decrease Access to Services

One program that falls under the Community Health Services that may be subject to potential cuts is home visiting. DC Home visiting programs are voluntary programs that pair families with in-home support workers during children's earliest years.³⁸ 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.³⁹ 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 potentially impact their parenting.

The landscape of DC Health's home visiting programs is influenced by the funding the agency is able to leverage from the federal government. DC Health uses both local funds as well as Maternal, Infant, Early Childhood Home Visiting Funds (MIECHV) to fund three community-based organizations (CBOs) delivering home visiting services – Georgetown University Center for Excellence in Developmental Disabilities, Community of Hope, and Mary's Center. The funding is also used to conduct an evaluation of Mamatoto Village's Mother's Rising Home Visiting Program as well as to pay Georgetown to conduct the necessary MIECHV evaluations of the programs. Finally, DC

Health is leverage MIECHV dollars to move SafeCare forward which will be a new evidence-based home visiting model in the District.

Unfortunately, it is difficult to ascertain what, if any, impacts there are to home visiting funding in the Mayor's proposed budget. We have heard of a potential \$118,000 cut to local home visiting funds. We have not heard of any shifts in MIECHV funding at this time. We, therefore, ask this Committee to work with DC Health to understand any potential cuts to home visiting and how those cuts will impact the number of families able to be served by home visiting services.

It is important to note that often funding – both local and MIECHV – will be cut from a CBO providing home visiting services; however, DC Health will retain the home visiting money in their agency to use to engage in different home visiting programs. For example, two years ago \$500,000 was cut from a CBO providing home visiting services. The \$500,000 was retained by DC Health, so it was not a cut to their budget, just the CBO. DC Health then released a Request for Application equal to \$500,000 to find a CBO to implement a different type of home visiting service. While we do not wish to prevent DC Health from being innovative in leveraging home visiting dollars, the inconsistency and lack of clear communication puts a strain on the ultimate success of the program.

We ask that DC Health be transparent with the funding for home visiting in a way that allows partners to understand the available funds and how they will be distributed. We appreciate that DC Health has begun to engage in these conversations with us and

other community partners. We also hope that as financial difficulties persist in the District, DC Health works in partnership with the Department of Health Care Finance (DHCF) and Child and Family Services Agency (CFSA) to ensure they are leveraging home visiting dollars in the best way possible for DC children and families to access this critical service.

DC Health’s FY2026 Budget Requires Small, Key Investments to Ensure the District’s Future Success

Investment in B25-0759, the Child Behavioral Health Services Dashboard Act of 2024, is Necessary to Improve Access to Services in the District

The District has a piecemeal approach to support navigation and referral services.⁴⁰ While DC has a variety of navigation tools, none of them are unified. Providers, residents, the government, and CBOs 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 is often an insurmountable barrier for those seeking assistance.

The recently passed Child Behavioral Health Services Dashboard Act of 2024 (“the Dashboard Act”) addresses this problem by requiring DC Health to lead on improving LinkU’s functionality.⁴¹ LinkU is the District’s free online resource directory and e-referral platform for District residents, clients, and community providers. LinkU is powered by Findhelp⁴² and administered by DC Health.⁴³ The platform works to connect

users with social care resources across the DC, Maryland, and Virginia region, while also tracking search trends and client outcomes.⁴⁴

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 who work with residents navigating 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 so that more District agencies can utilize it in their own case management and referral efforts.

This includes agencies like the CFSA, which is using LinkU for the 211 Warmline – the District's unified social services network that supports residents with centralized access to resources and referrals. 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.⁴⁵ This ensures that 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 FY28. Therefore, the only additional funding is for DC Health to hire one additional Data

Analyst to maintain and update the directory regularly. We, therefore, are asking this Committee to make a small investment in the Dashboard Act to support the progress DC Health is making to create a more centralized navigation system in the District.⁴⁶

Including Funding for the Expansion of Community Health Workers in the FY2026 Budget is Critical for the District's Future

Community health workers (CHWs) are a workforce investment in community-based care being leveraged around the country, but not sufficiently in DC.⁴⁷ CHWs are trusted and trained individuals who serve as a bridge between health care systems and their communities. There is strong evidence that the integration of CHWs into health care teams to provide services such as care coordination and system navigation leads to improved health care outcomes and cost reductions.⁴⁸ CHWs are often referred to as “nontraditional” positions because while they are a critical piece of the health care landscape, they are lay people who do not have health-related professional degrees like nurses, doctors, therapists, dentists, etc.

DC Health has at different points utilized CHWs to support various health initiatives and programs.⁴⁹ More recently, other agencies, including DBH, have also started to look at how CHWs could support their work⁵⁰ and Georgetown University offers a continuing studies course for CHWs in infant, early childhood, and family mental health.⁵¹ As the health provider shortage looms large in DC, these efforts reflect strategic interest in growing the CHW workforce to better support the healthcare system as a whole.

There are two impediments to integrating CHWs: (1) the lack of a certification of CHWs;⁵² and (2) the inability to reimburse for CHWs through commercial insurance, as with Medicaid. DC Health has been convening stakeholders for many years to try to formalize the infrastructure and financing for CHWs – as Maryland and Virginia have done – but we have yet to see implementation of the resulting recommendations.⁵³ We have heard that the agency may be ready to move forward with some recommendations this summer. Therefore, we want to ensure that the budget is sufficient to support these efforts. We ask this Committee to ask DC Health how they plan to implement CHWs in the coming fiscal year and if the FY2026 budget is sufficient to support this work.

Even during a difficult budget year, the time to invest in CHWs is now. As the health system is bound to change due to both federal and local pressures, residents will need more support navigating their healthcare. CHWs will play a critical role in ensuring residents are able to access services and remain connected with critical health information. DC Health has explicitly recognized that “the expansion of reimbursable CHW services would allow an increase in care coordination for those with urgent, short-term needs. Additionally, it would be a cost-effective strategy in a more comprehensive and patient-centered approach to healthcare.”⁵⁴ We agree and would like to know how the agency is ensuring sufficient investment in CHWs in FY2026 and beyond.

Conclusion

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

¹ 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>.

² DC Health, Healthy Housing Program, *available at*: <https://dchealth.dc.gov/service/healthy-housing-program-0>.

³ 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%20variable>; 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>.

⁴ 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.

⁵ 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.

⁶ See Proposed FY 2026 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part 3, DC Health, p. E-46 and E-51.

⁷ 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.

⁸ Proposed FY 2026 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part 3, DC Health, p. E-51.

⁹ 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; 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-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; 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. *See also* ZERO to THREE, *HealthySteps*, *available at*: <https://www.healthysteps.org/>.

¹⁰ 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>.

¹¹ FY2024 Department of Health Performance Oversight Responses, response to Q47, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>.

¹² *Id.*

¹³ FY2024 Department of Health Performance Oversight Responses, response to Q47, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>.

¹⁴ D.C. Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.

¹⁵ “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* FY2024 Department of Health Performance Oversight Responses, response to Q47, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>. 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>.

¹⁶ 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.

¹⁷ 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. 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%202%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>. 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 FY2024, across all three HealthySteps providers, Children's National, Unity Healthcare, and Georgetown MedStar, the majority of parents were screened for postpartum depression. FY2024 Department of Health Performance Oversight Responses, response to Q47, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>. 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. Id.

¹⁸ FY2024 DC Health Performance Oversight Responses, response to Q109, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>.

¹⁹ A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District, page 110, *available at*:

https://childrenslawcenter.org/wpcontent/uploads/2021/12/BHSystemTransformation_Final_121321.pdf.

²⁰ Id.

²¹ 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.

²² Leah Castelaz, Testimony before the DC Council Committee on Health, (April 4, 2022), *available at*: https://childrenslawcenter.org/wp-content/uploads/2022/04/LCastelaz_Childrens-Law-Center-Testimony-for-April-4-2022-DC-Health-Budget-Hearing_FINAL-1.pdf; Leah Castelaz, 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; Leah Castelaz, Testimony before the DC 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_Budget_DC-Health_4.10.24.pdf.

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²³ FY2024 DC Health Performance Oversight Responses, response to Q109, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>.

²⁴ FY2023 DC Health Performance Oversight Responses, response to Q123, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>; FY2024 DC Health Performance Oversight Responses, response to Q109, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>.

²⁵ FY2023 DC Health Performance Oversight Responses, response to Q123, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>; FY2024 DC Health Performance Oversight Responses, response to Q109, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>.

²⁶ *Id.*

²⁷ Proposed FY 2026 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part 3, DC Health, p. E-40.

²⁸ Leah Castelaz, Testimony before the DC 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; FY2022 DC Health Performance Oversight Responses, response to Q109, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/232>.

²⁹ 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.

³⁰ Proposed FY 2026 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part 3, DC Health, p. E-38.

³¹ DC Health, Family Health Bureau, *available at*: <https://dchealth.dc.gov/service/family-health-bureau>.

³² Proposed FY 2026 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part 3, DC Health, p. E-38

³³ *Id.*

³⁴ The Perinatal and Infant Health section has slowly fluctuated over the last three fiscal years (FY23 through FY25). However, each year it has slightly increased. Therefore, it is confusing as to what the agency is doing and how the zeroing out of the division in FY26 will have an impact. Proposed FY 2026 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part 3, DC Health, p. E-38

³⁵ FY2025 Approved Budget for District of Columbia, DC Health Budget Tables; FY2026 Approved Budget for District of Columbia, DC Health Budget Tables.

³⁶ FY2025 Approved Budget for District of Columbia, DC Health Budget Tables.

³⁷ FY2025 Approved Budget for District of Columbia, DC Health Budget Tables; FY2026 Approved Budget for District of Columbia, DC Health Budget Tables.

³⁸ 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/>.

³⁹ 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>.

⁴⁰ 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.

⁴¹ B25-0759 - Child Behavioral Health Services Dashboard Act of 2024, *available at*: <https://lims.dccouncil.gov/Legislation/B25-0759>.

⁴² Findhelp is the company that provides the software and platform. See Findhelp, About Us, *available at*: <https://company.findhelp.com/about/>.

⁴³ 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.

⁴⁴ *Id.*

⁴⁵ 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.

⁴⁶ DC Health launched 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. We applaud DC Health for their efforts.

⁴⁷ Perinatal Mental Health Task Force: Recommendations to Improve Mental Health in the District, January 9, 2024, *available at*: <https://dhcf.dc.gov/publication/perinatal-mental-health-task-force>.

⁴⁸ Molly Knowles, Aidan P. Crowley, Aditi Vasan, Shreya Kangovi, Community Health Worker Integration with and Effectiveness in Health Care and Public Health in the United States, Annual Review of Public Health 2023 44:1, 363-381; Integration of Community Health Workers Improves Care Management Effectiveness, Health Catalyst, *available at*:

https://www.healthcatalyst.com/success_stories/community-health-workericmp-partners-healthcare; Community Health Works, National Academy for State Health Policy, *available at*:

<https://nashp.org/policy/health-care-workforce/community-health-workers/>; DC Health Matters Collaborative, Community Health Needs Assessment, 2022, *available at*:

https://www.dchealthmatters.org/content/sites/washingtondc/2022_CHNA/2022_CHNA_DC_Health_Matters_Collab.pdf; Robertson, H.A.; Biel, M.G.; Hayes, K.R.; Snowden, S.; Curtis, L.; Charlot-Swilley, D.; Clauson, E.S.; Gavins, A.; Sisk, C.M.; Bravo, N.; et al. Leveraging the Expertise of the Community: A Case for Expansion of a Peer Workforce in Child, Adolescent, and Family Mental Health. Int. J. Environ. Res. Public Health 2023, 20, 5921. <https://doi.org/10.3390/ijerph20115921>.

⁴⁹ Robertson, H.A.; Biel, M.G.; Hayes, K.R.; Snowden, S.; Curtis, L.; Charlot-Swilley, D.; Clauson, E.S.; Gavins, A.; Sisk, C.M.; Bravo, N.; et al. Leveraging the Expertise of the Community: A Case for Expansion

26 of a Peer Workforce in Child, Adolescent, and Family Mental Health. *Int. J. Environ. Res. Public Health* 2023, 20, 5921. <https://doi.org/10.3390/ijerph20115921>.

⁵⁰ Department of Behavioral Health, Coordinating Council Presentation, (2023), on file with the Children's Law Center.

⁵¹ Georgetown University School of Continuing Studies, IECMH Family Leadership: Practical Training for Community Health Workers in Infant, Early Childhood and Family Mental Health, *available at*: <https://scs.georgetown.edu/programs/519/certificate-in-infant-early-childhood-mental-health-family-leadership/>.

⁵² Megan Coffinbarger, et. Al., *Risks and Benefits to Community Health Worker Certification*, (July 7, 2022), *available at*: <https://www.healthaffairs.org/content/forefront/risks-and-benefits-community-health-worker-certification>.

⁵³ National Academy for State Health Policy, *State Community Health Worker Policies*, January 11, 2024, *available at*: <https://nashp.org/state-tracker/state-community-health-worker-policies/>.

⁵⁴ FY2024 DC Health Performance Oversight Responses, response to Q32, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>.