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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 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 2027 (FY27) budget for the Department of Health (DC Health). DC Health is an agency of diverse responsibilities – touching the lives of DC residents across all neighborhoods, socioeconomic statuses, and needs.¹ Every performance oversight season we hear of the vast responsibilities of DC Health.² DC Health plays a critical role from providing key health and mental health prevention initiatives such as HealthySteps and home visiting, to ensuring a sufficient behavioral health workforce by licensing professionals, to reducing and eliminating environmental hazards within homes. DC Health acts as a key provider as well as an accountability mechanism in the District

ensuring residents are able to access health, wellness and equity across the city. Through our work representing clients in healthy housing, special education, and various types of family law cases, Children's Law Center sees firsthand how these numerous responsibilities play out for DC residents.

We are appreciative of DC Health's partnership. The agency makes significant time and investment in meeting with Children's Law Center and partnering on these important programs – working with us to improve interagency coordination, understanding of implementation, and their role as grantor for critical programs. We look forward to continuing to partner with DC Health as they continue to navigate their role in the District.

We were disheartened to see the Mayor's proposed FY2027 budget include such a significant decrease in DC Health's overall budget – a reduction of 12.5% between FY26 and FY27. The largest change in DC Health's proposed FY27 budget is the significant decrease in federal grants from \$190M to \$159M. The local funds within DC Health's proposed FY27 budget were reduced from \$97M to \$89M. Understanding the shifting funding for DC Health – particularly with respect to federal funding – is critical as the Committee works to ensure the DC Health budget works for all residents. We, therefore, urge the Committee to ask DC Health for a detailed breakdown of the \$31M reduction in federal grants and a \$10M reduction in local budget to understand the true impact of such a steep reduction on such a critical agency's proposed budget.

Despite reductions, we are generally pleased to see that the line for Indoor Environment is maintained for FY27. We are concerned, however, by the reduction in FTEs by 3.5.³ Indoor Environment is the Healthy Housing Program, previously located within the Department of Energy and Environment (DOEE) that aims to reduce and eliminate environmental hazards within homes. The Healthy Housing Program encompasses both the Childhood Lead Poisoning Prevention Program (CLPPP) and the Healthy Homes initiative. Ensuring stable funding in FY27 means that DC Health can focus on the implementation of the Healthy Housing Program. We ask the Committee to scrutinize the impact of 3.5 FTEs being cut on implementing the Healthy Housing Program. As we identified during performance oversight this year, the program shows meaningful strengths, but also structural weaknesses that limit its effectiveness and undermine lead enforcement across the District.⁴ We welcome the opportunity to work with DC Health and this Committee to address these issues going forward.

Moreover, we need clarification on the proposed FY27 budget in several areas to understand impact on the agency's current and future operations. For example, there is a cut to health licensing of \$2.03 million but an increase of 5.3 FTEs. We are thrilled to see an increase in FTEs but want to ensure the cuts do not impact the progress of DC Health in improving their licensing process – including significant decreases in the licensure application process times from FY24 to FY25.⁵ We also wish to ensure that the additional FY26 funds for an FTE to work with LinkU to implement the Child Behavioral Health

Services Dashboard Act of 2024 still remain for FY27. Finally, as DC Health continues to move forward with their work on Community Health Workers (CHWs), we look forward to continuing to work with the agency to ensure funding to support successful implementation of CHWs.

Finally, when it comes to critical prevention services, DC Health's proposed FY27 budget does not paint a rosy picture – instead it sets back years of investment and progress. One of the largest cuts in DC Health is to their Community Health and Services budget line – over \$14 million. These cuts include a complete cut to local funds for DC HealthySteps programming, a significant reduction of local funds for home visiting, and the potential end to the DC Mental Health Access in Pediatrics (DC MAP) program due to loss of federal and local dollars. 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 – like these three programs. In difficult budget times it can feel easy to cut prevention in favor of intervention. We, however, would discourage this mindset. From a financial perspective return on investment for prevention is well documented. These cuts will diminish the District's strong foundation and years long investments for our youngest residents and their families to set them up for long term success.

Therefore, my testimony today will discuss: the need to ensure sufficient funding for DC Health licensing particularly for behavioral health providers to ensure a

supported workforce; ensuring necessary funding for the integration of community health workers in the FY2027; preserving funding for the FTE supporting the implementation of the Dashboard Act; and restoring funding for prevention services including HealthySteps, home visiting, and DC MAP.

Proposed FY27 Budget Should Be Sufficient Enough to Support Behavioral Health Workforce Growth

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 receive or renew a license. In particular, we have highlighted the need to better support the Behavioral Health Boards in the District – the Board of Professional Counseling, the Board of Psychology, and the Board of Social Work.

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 reviews 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 specifically raised the need to better support staffing for the Behavioral Health Boards in the District,⁶ and there has been recent improvement. The Boards of Professional Counseling, Psychology, and Social Work now each have six staff supporting the processing of applications, although the Health Licensing Specialists are not exclusively assigned to one Board.⁷ While this is an improvement from years past, further investment should be made to allow each Board to have dedicated staff.

DC Health's Health Systems and Preparedness Administration (HSPA) reported significant decreases in licensure application process times from FY24 to FY25. Times for Licensed Independent Clinical Social Workers decreased from 58 days to 9 days, and for Licensed Professional Counselors decreased from 62 days to 15 days.⁸ There was, however, a startling and unexplained increase for Psychologists from 15 days to 63 days.⁹ HSPA credited several structural and procedural changes for reducing processing times, including implementing staggered renewal cycles according to licensee birth month that spread out the processing work.¹⁰ The agency identified future interventions they plan to implement and related staffing needs. The FY27 budget

should be sufficient to enable HSPA to maintain and implement new strategies that continue the trend of decreasing license application and renewal processing times.

The proposed FY27 budget includes a 2 million decrease in funding for Health Licensing with an addition of 5 FTEs. As noted above, FTEs, especially licensing specialists, play a critical role in the licensure process and the District. Therefore, we ask this Committee to ask DC Health how the funding cut will affect the licensure process, particularly for FTEs 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.

Funding for the Integration of Community Health Workers in the FY2027 Budget is Critical for the District's Healthcare Workforce

Community health workers (CHWs) are a workforce investment in community-based care being leveraged around the country, but not sufficiently in DC.¹¹ 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.¹² 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. More recently, other agencies, including DBH, have also started to look at how CHWs could support their work¹³ and Georgetown University offers a continuing studies course for CHWs in infant, early childhood, and family mental health.¹⁴ 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.

We have learned that CHW certification will be included in updated Health Occupations Revision Act (HORA) legislation. A crucial piece of this legislation will be deciding which health professional Board will regulate CHWs. We have reservations about the suggestions that CHWs could be regulated by either the Board of Medicine or Board of Social Work. We propose that a Board of Non-Clinical or Paraprofessionals be created to house CHWs and other licenses, certifications, and registrations like it. An example of what this could look like exists in Virginia where the Virginia Certification Board functions as an independent credentialing body.¹⁵ Costs of creating a new Board can vary based on structure, so we encourage the Committee to work with DC Health on exploring options that would best fit in DC's ecosystem.

We are in another difficult budget year that will negatively impact the health sector, but the opportunity to invest in CHWs cannot be missed. CHWs play a critical role in ensuring residents are able to access services and remain connected with critical

health information. DC Health has previously 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.”¹⁶ This is spot on analysis, and we would like to see the agency ensure sufficient investment in CHWs in FY27 through a well-structured HORA.

Maintaining the 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.¹⁷ 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 Child Behavioral Health Services Dashboard Act of 2024 (“the Dashboard Act”) helps address this problem by requiring DC Health to lead on improving LinkU’s functionality.¹⁸ LinkU is the District’s free online resource directory and referral platform for District residents, clients, and community providers. LinkU is powered by Findhelp and administered by DC Health.¹⁹ 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.²⁰

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. We applaud this Committee's efforts to utilize existing resources and figure out ways to build from investments the District has already made.

In the FY26 budget, the DC Council approved the funding for the FTE – a data analyst – required in the Dashboard Act to maintain and update the directory regularly.²¹ We appreciate this investment made by this Committee and we ask that it be maintained in FY27. The FTE has been hired and is beginning to move forward with the work of the Dashboard Act including improving navigation of school based behavioral health services.²² We look forward to continuing to work with DC Health on these efforts and strengthening our navigation system.

The Proposed FY27 DC Health Budget Makes Devastating Cuts to Prevention Programming, Including HealthySteps, Home Visiting, and DC MAP

The proposed FY27 budget makes significant cuts to three critical prevention programs – HealthySteps, Home Visiting, and DC MAP. These three distinct programs help to build a continuum of services that ensure families are being connected to physical

health, behavioral health, and human services to strengthen their foundations and set their families on the path of success. These programs invest prenatally through age 18 – ensuring continuous access for parents, caregivers, and providers to resources, treatment, and specialized guidance and insights for navigating parenthood. HealthySteps, home visiting, and DC MAP are not only investments in the District’s children but in those who provide them care – their parents, their doctors, and their community.

Therefore, we were troubled to see such significant cuts across DC Health to these programs. Cuts to HealthySteps and DC MAP will completely eliminate these programs. While cuts to Home Visiting will continue to shrink an already small budget. The District will be walking back on years of investment. All three programs have legislation that supports their importance and the commitment the District has made to these programs. Both HealthySteps and home visiting were included in the groundbreaking legislation – Birth-to-Three for All DC Amendment Act of 2018 (Birth to Three).²³ Birth to Three intended to create a comprehensive system of services for infants and toddlers and their families.

As for DC MAP, the DC Act 20-539 Fiscal Year 2014 Budget Support Act of 2013 (DC Act 20-539) required the District to establish a Behavioral Health Access Project in order to improve the mental health of youth in the District by promoting the integration of mental health and primary care through increasing pediatric primary care providers’

understanding and ability to treat children and adolescents with mental health issues that can be appropriately managed in primary care.

The District has spent millions of dollars building these workforces, connecting with families, and ensuring fidelity of these programs. The proposed FY27 budget walks back on this work – weaking our investments in the District’s youngest residents, their families, and caregivers. The next three sections will outline our specific asks for HealthySteps, home visiting, and DC MAP.

HealthySteps Funding Must Be Restored to \$1.3M to Ensure the District Does Not Turn Back on Years of Investment in a Critical Program for Children and Families

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.²⁴ 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.²⁵

DC now has nine HealthySteps sites,²⁶ eight of which leverage local DC funds.²⁷ With the newest site – Community of Hope – joining in FY25, which expanded HealthySteps programming to four distinct providers across the District. All locally-funded HealthySteps sites are located in – and serving residents of – Wards 7 and 8. With

the consistent support of this Council, HealthySteps has made significant progress since the passage of Birth to Three which originally envisioned five locally funded sites.²⁸

You will hear across testimonies from Unity, Children's National, Community of Hope, and MedStar the successes of HealthySteps – from physical to mental health. HealthySteps increases attendance at well-child visits, increased vaccine compliance, and improves maternal self-efficacy, perceived social support, and parenting stress.²⁹ Not only does HealthySteps provide critical prevention, early intervention, and treatment services but it supports parents navigating the complexities of parenthood as well as DC systems to ensure they are connected with invaluable resources for their children.

HealthySteps has maintained level funding with minimal increases to expand the number of sites. The funding for the grant amount for HealthySteps has never increased. We have sited this has a concern – for example sites have not been able to increase the salary of the clinician or the family service coordinator through the grant.³⁰ Aside from raising existing grant amounts to address the costs of HealthySteps, such as retaining care coordination services and the realities of hiring in behavioral health, which this Committee is very familiar with, increased grant amounts may support recruitment to additional sites who are not confident that they can absorb additional costs of static grants.

Recognizing financial constraints, we have made several suggestions on how to better sustain HealthySteps funding and better leverage funds to meet the funding

needs.³¹ Therefore, we were extremely alarmed to learn that the proposed FY27 budget completely eliminates funding for HealthySteps.³² This is quite the opposite of what we have long advocated for in regard to HealthySteps. We are extremely concerned that almost a decade of investment will be lost with this funding – causing most HealthySteps sites to lose the program. The local funds are often the main or only source of funding for HealthySteps in the District. This loss of funding is abrupt – none of the sites were notified by the agency and no discussions have happened with sites on alternative routes for sustained funding.

This was surprising given DC Health’s partnership particularly over the last year – even asking to join the DC HealthySteps Learning Collaborative – a collective of the leaders across the HealthySteps sites led by Children’s Law Center. Even if the agency is exploring options to for more sustainable funding – May through September 2026 is not enough time to move these efforts forward especially when there have been no prior discussions with sites.³³ The organizations implementing HealthySteps would need significantly more time to prepare and advance any new funding models that the agency is considering exploring.

We thank the Committee for asking DC Health to explain the motivation behind the agencies cut to HealthySteps. Given the flawed justification and the risk for HealthySteps to end in the District – we now must ask the Committee to restore the funding of \$1.3 million to HealthySteps to ensure full restoration of the programs local

funding and continued success of the program. We would welcome the opportunity to work with DC Health and Department of Health Care Finance (DHCF) on building sustained funding for HealthySteps – but time and planning is needed, not an abrupt cut to the program. The DC HealthySteps Learning Collaborative would be happy to engage in these conversations.

Home Visiting Continues to Be Destabilized Year After Year in the DC Health Budget

Home visiting programs are voluntary programs that pair families with in-home support workers during children’s earliest years.³⁴ 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.”³⁵ Home visiting continues to be widely cited as a valuable prevention program – appearing in many recent reports as a critical tool for jurisdictions to invest in to support family stability, improve parent-child attachment, and set a solid foundation.³⁶

DC Health currently funds five organizations – Community of Hope, Georgetown, Mamatoto Village, Lutheran Social Services, and United Planning Organization. Together these programs run several home visiting programs leveraging both local and federal dollars. DC Health has also started their own home visiting program – DC Safe Care.

The proposed FY27 budget includes a \$699,000 cut to local home visiting funds.³⁷ Once again home visiting programs must endure changing budgets. Year after year we testify to the importance of home visiting – citing articles calling for deeper investments in these programs – and year after year we have to testify to cuts.³⁸ Changing budget lines for programs is destabilizing and causes programs to pause hiring, increase caseloads for current home visitors, and, ultimately, lower the number of families they are able to serve. Programs head into each year feeling uncertain about what they will be able to accomplish given the way the budgets fluctuate throughout the year.

Home visiting cannot continue to be a widely cited solution and sustain cuts every year. We thank the Committee for seeking clarity on the impact of these cuts on home visiting programs. The \$699,000 cut come across several programs including all local funds for the newly awarded PAT programs, a \$161,123 cut to Mamatoto Village Mother’s Rising Program and their development and training program, and a cut to DC Health’s SafeCare program.³⁹ It appears that while these cuts will reduce services – they will ensure that all the existing home visiting services continue in the District. We are glad to see this continue but do worry about the impact on services. Therefore, we ask the Committee to scrutinize what these cuts mean for ensuring DC families are connected with critical home visiting services.

Home visiting cannot and should not continue to sustain cuts year after year. The District needs to work together to build a comprehensive home visiting system that

smartly leverages local and federal dollars to ensure families can be connected to these services. This is not on DC Health alone – this requires coordination between Child and Family Services Agency (CFSA), Office of the State Superintendent for Education (OSSE), and Department of Healthcare Finance (DHCF). Together these four agencies fund and provide home visiting across the District. DC Health has been working to bring their sister agencies with no avail. We, therefore, would ask for the Committee to support DC Health’s efforts to coordinate these agencies to build a more comprehensive home visiting system.

While the District works on coordination, programs should not be subject to further cuts. Home visiting programs should not have to experience another year of instability. We should truly focus on growing a robust home visiting network in the District instead of worrying about funding each year. We recognize this is a tight budget year but any additional funding for home visiting would be warranted given the significant reduction in the budget year after year. We would therefore ask the Committee to work to restore the \$699,000 cut to home visiting services.

After a Decade of Investing in DC MAP the Program Will Shutter at the End of FY2026 Unless Funding is Restored

DC Mental Health Access in Pediatrics (DC MAP) is a long-standing DC program that provides pediatricians who have mental health-related inquiries about specific children real-time phone access to psychiatrists, psychologists, social workers, and care coordinators.⁴⁰ Research shows that integrating mental health care within pediatric

primary care settings has repeatedly improved service delivery and patient health outcomes as well as reduced costs.⁴¹

Critical components of DC MAP include providing education and technical assistance to pediatricians regarding how to identify and address mental health issues in the primary care setting – improving pediatricians' abilities to assess patients and treat patients with anxiety and mood disorders. The program also facilitates referrals and coordination for patients who need community-based specialty services. DC MAP can even be used to identify services for parents who need post-partum depression support services. We have previously testified to the cost-effectiveness and innovation of the DC MAP's population-based, prevention framework and the ways it helps to address the mental health needs of the District's children by reaching them where they already are.

As we testified to in February 2026, DC MAP transitioned from DBH to DC Health without notification to anyone – highlighting just another step in years of mismanagement of the program.⁴² The proposed FY27 budget eliminates the last of the local funds for DC MAP.⁴³ DC Health has reported that the existing federal funding will end September 30, 2026. Thus, the program will come to an end unless the agency is able to apply for and get a new federal grant. After 10 plus years of investment, the District will no longer have a program that was once so important it was written into legislation.⁴⁴

While we have been disappointed by the deuteriation of DC MAP over the years, we do not want to see the program come to an end. Too often in the District, when a

programs implementation is difficult or needs significant improvement, we fold the program. We do not want to see this happen to DC MAP. We would like the transfer to a new agency to breathe new life into the program. Securing funding for DC MAP is an opportunity to allow DC Health to make the program its own – rebuilding it to its prior functionality. This can include restarting the DC Collaborative for Mental Health in Pediatric Primary Care.

We, therefore, would ask the Council to restore local funding of at least \$600,000 for DC MAP to allow DC Health to rebuild the program under its agency’s priorities and mission.⁴⁵ Ensuring local funds for DC MAP and potentially leveraging federal funding will ensure support for DC MAP for years to come. Moreover, there are opportunities to expand mental health access lines like DC MAP. The Perinatal Mental Health Task Force report recommended the development of a perinatal psychiatry access program – that would function like DC MAP but focus on the perinatal population.⁴⁶ Jurisdictions like Virginia have already implemented perinatal and child mental health access lines – the Virginia Mental Health Access Program (VMAP).⁴⁷ Securing local funds for DC MAP is the opportunity to sustain and grow this vital program and work to build robust access points for District providers to better support their patients.

Conclusion

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

¹ The responsibilities of the agency include “identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.”

² In fact, you may be on a panel speaking about rat abatement, animal control, Healthy housing, food access, and critical health services. *See* DC Health Performance Oversight Hearing, February 18, 2026, *available at*: <https://www.youtube.com/watch?v=au-jkkjYhzc&t=1436s>.

³ FY2027 Mayor’s Proposed Budget, Table HC0-4, Budget Line H02034, p. E-40.

⁴ Leah Castelaz, testimony before the DC Council Committee on Health, (February 18, 2026), *available at*: https://childrenslawcenter.org/wp-content/uploads/2026/02/L.-Castelaz_DC-Health-Performance-Oversight_February-18-2026_final.pdf.

⁵ Times for Licensed Independent Clinical Social Workers decreased from 58 days to 9 days, and for Licensed Professional Counselors decreased from 62 days to 15 days. There was, however, a startling and unexplained increase for Psychologists from 15 days to 63 days.

⁶ Leah Castelaz, Testimony before the DC Council Committee on Health, (June 6, 2025), *available at*: <https://childrenslawcenter.org/resources/fy26-budget-testimony-dc-health/>.

⁷ FY25 DC Health Performance Oversight Responses, response to Q110g, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/2129>.

⁸ FY25 DC Health Performance Oversight Responses, response to Q110e, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/2129>.

⁹ *Id.*

¹⁰ FY25 DC Health Performance Oversight Responses, response to Q111, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/2129>.

¹¹ 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>.

¹² 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), *available at*: <https://www.annualreviews.org/content/journals/10.1146/annurev-publhealth-071521-031648>.

¹³ Department of Behavioral Health, Coordinating Council Presentation, (2023), on file with the Children’s Law Center.

¹⁴ 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-familyleadership/>.

¹⁵ Virginia Certification Board, *available at*: <https://www.vacertboard.org/>.

The VCB is a private, non-profit entity responsible for setting standards, administering credentialing tests, and establishing safeguards. It is part of the larger International Certification and Reciprocity Consortium, that organizes and manages similar Boards.

¹⁶ FY2024 DC Health Performance Oversight Responses, response to Q32, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/641>.

¹⁷ 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.

¹⁸ DC Act A25-0645. Child Behavioral Health Services Dashboard Act of 2024.

¹⁹ 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.

²⁰ *Id.*

²¹ DC Council Committee on Health, Report and Recommendations of the Committee on Health on the Fiscal Year 2026 Budget for Agencies Under Its Purview, (June 23, 2025), *available at*: https://static1.squarespace.com/static/5bbd09f3d74562c7f0e4bb10/t/6858519ed3c7487ab15a385e/1750618528038/Health_FY26+Budget+Recommendations+and+Report+%28Revised+Draft+1%29.pdf.

²² FY2025 DC Health Performance Oversight Responses, response to Q95, *available at*: <https://dccouncil.gov/wp-content/uploads/2026/02/responses.pdf>.

²³ D.C. Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.

²⁴ Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (February 18, 2026), *available at*: <https://childrenslawcenter.org/resources/2025-26-oversight-testimony-dc-health/>; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (February 24, 2025), *available at*: <https://childrenslawcenter.org/resources/2024-25-performance-oversight-testimony-dc-health/>; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 11, 2024), *available at*: <https://childrenslawcenter.org/resources/fy25-budget-testimony-dc-health/>; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (January 18, 2024), *available at*: <https://childrenslawcenter.org/resources/fy24-oversight-testimony-dc-health/>; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 5, 2023), *available at*: <https://childrenslawcenter.org/resources/fy24-budget-testimony-department-of-health-care-finance/>; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (March 2, 2023), *available at*: <https://childrenslawcenter.org/resources/fy23-oversight-testimony-dc-health/>; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (February 16, 2023), *available at*: <https://childrenslawcenter.org/resources/fy23-oversight-testimony-department-of-health-care-finance/>; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 1, 2022), *available at*: <https://childrenslawcenter.org/resources/fy23-budget-testimony-dc-health/>; Sharra E. Greer, Children’s Law Center Testimony before the DC Council Committee on Health, (March 28, 2022), *available at*: <https://childrenslawcenter.org/resources/fy23-budget-testimony-dhcf/>; Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (February 23, 2022), *available at*: <https://childrenslawcenter.org/resources/fy22-oversight-testimony-dc-health/>; Sharra E. Greer, Children’s Law Center Testimony before the DC Council Committee on Health, (June 11, 2021), *available at*: <https://childrenslawcenter.org/resources/budget-testimony-dc-health-0/>; Tami Weerasingha-Cote, Children’s Law Center Testimony before the DC Council Committee on Health, (February 20, 2020), *available at*: <https://childrenslawcenter.org/resources/oversight-testimony-dc-health-0/>; Anne Cunningham, Children’s Law Center Testimony before the DC Council Committee on Health, (April 9, 2019), *available at*: <https://childrenslawcenter.org/resources/budget-testimony-dc-health/>.

²⁵ ZERO TO THREE, HealthySteps: Enhancing Pediatric Care and Support, *available at*: <https://www.zerotothree.org/our-work/healthysteps/>.

²⁶ Previously we have reported 10 sites in DC but that included a MedStar site that is in Maryland – MedStar Fort Lincoln. *See* FY2025 DC Health Performance Oversight Responses, response to Q48, *available at*: <https://dccouncil.gov/wp-content/uploads/2026/02/responses.pdf>.

²⁷ FY2025 DC Health Performance Oversight Responses, response to Q48, *available at*: <https://dccouncil.gov/wp-content/uploads/2026/02/responses.pdf>.

²⁸ D.C. Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.

²⁹ FY2025 DC Health Performance Oversight Responses, response to Q48, *available at*: <https://dccouncil.gov/wp-content/uploads/2026/02/responses.pdf>.

³⁰ Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (February 18, 2026), *available at*: <https://childrenslawcenter.org/resources/2025-26-oversight-testimony-dc-health/>

³¹ *Supra* note 24, at p. 22.

³² DC Health FY2027 Budget Oversight Responses, response to Q5, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/2253>.

³³ As describe during the budget oversight hearing, DC Health is justifying this cut through the use of the Collaborative Care model to sustain billing. *See* DC Health FY2027 Budget Oversight Responses, response to Q11, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/2253>. This raises a number of concerns. HealthySteps is integrated care – a behavioral health professional is integrated into the pediatric setting. There are other forms of integrated care throughout the District including the Collaborative Care Model (CoCM). CoCM, also an evidence-based integrated care model, developed at the University of Washington Advancing Integrated Mental Health Solutions (AIMS) Center, is used to treat common adult behavioral health conditions in medical settings like primary care; these conditions include depression, anxiety, post-traumatic stress disorder, alcohol, or substance use disorders and are among the most common and disabling health conditions worldwide. A significant difference between HealthySteps and CoCM is the member composition of the care team. While both models utilize team-based care, a core component of CoCM is involvement of a Psychiatrist Consultant. HealthySteps, with its focus on primary prevention, does not include a Psychiatrist Consultant as part of the required implementation team (core members include a Physician Champion, Practice Manager, and the HealthySteps Specialist). Like CoCM, HealthySteps emphasizes collaboration between different team members, and additionally places significant value on fostering practice transformation with a focus on prevention and health promotion as opposed to treatment or management of a disease. About 2 years ago, DHCF opened billing for the CoCM. There is not a lot of understanding on the implementation of CoCM in the District or the success of healthcare providers to actually bill for CoCM. However, DC Health under the guidance of DHCF has made the decision that HealthySteps could be sustained through CoCM billing with no conversations with relevant providers to truly understand implementation. CoCM *may* be appropriate for HealthySteps but this has not been tested. ZERO to THREE wrote an excellent paper highlighting the difficulty of using CoCM for HealthySteps and what would be needed to test this out. *See* ZERO to THREE, Utilizing Collaborative Care for Infants, Toddlers, and their Caregivers, (2024), *available at*: https://www.healthysteps.org/wp-content/uploads/2024/06/Collaborative-Care-Management_HealthySteps-Models_White-Paper_6.5.24.pdf

The decision to completely defund HealthySteps to try to leverage billing that is not tested is alarming. We have a lot of questions of how this would work like would a child be required to have a diagnosis for the HealthySteps program to reimburse – and not a lot of time to figure it out if funding is not restored.

³⁴ Under 3 DC, Home Visiting, *available at*: <https://under3dc.org/wp-content/uploads/2021/05/U3DCHome-Visiting-5-11-21.pdf>; District of Columbia Home Visiting Council, *available at*: <http://www.dchomevisiting.org/>.

³⁵ Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, *available at*: <https://mchb.hrsa.gov/programs-impact/maternal-infant-earlychildhood-home-visiting-miechv-program>.

³⁶ *Id.*

³⁷ DC Health FY2027 Budget Oversight Responses, response to Q5, *available at:*

<https://lims.dccouncil.gov/Hearings/hearings/2253>.

³⁸ Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (June 6, 2025), *available at:* https://childrenslawcenter.org/wp-content/uploads/2025/06/L.Castelaz_CLC-Testimony-Before-COH_DC-Health_Budget-Oversight-FY26_final.pdf;

Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 10, 2024), *available at:*

<https://childrenslawcenter.org/resources/fy25-budget-testimony-dc-health/>;

Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 10, 2023), *available at:*

<https://childrenslawcenter.org/resources/fy24-budget-testimony-dc-health/>;

Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 5, 2023), *available at:*

<https://childrenslawcenter.org/resources/fy24-budget-testimony-department-of-health-care-finance/>;

Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 1, 2022), *available at:*

<https://childrenslawcenter.org/resources/fy23-budget-testimony-dc-health/>;

Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (April 1, 2022), *available at:*

<https://childrenslawcenter.org/resources/budget-testimony-dc-health-0/>;

Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (June 11, 2021), *available at:*

<https://childrenslawcenter.org/resources/budget-testimony-dc-health-0/>;

Leah Castelaz, Children’s Law Center Testimony before the DC Council Committee on Health, (June 10, 2020), *available at:*

<https://childrenslawcenter.org/resources/budget-testimony-committee-health/>.

³⁹ DC Health FY2027 Budget Oversight Responses, response to Q5, *available at:*

<https://lims.dccouncil.gov/Hearings/hearings/2253>.

⁴⁰ Paving the Way, DC MAP (Mental Health Access in Pediatrics), *available at:*

<https://www.pavingthewaymsi.org/dc-map>; FY2020 DBH Performance Oversight Responses, responses to Q54.

⁴¹ Leandra Godoy, et al., Behavioral Health Integration in Health Care Settings: Lessons Learned from a Pediatric Hospital Primary Care System, *Journal of Clinical Psychology in Medical Settings* 24, no. 3, 245–58, September 19, 2017, retrieved from: <https://doi.org/10.1007/s10880-017-9509-8>.

⁴² Leah Castelaz, Testimony before the DC Council Committee on Health, (February 18, 2026), *available at:* https://childrenslawcenter.org/wp-content/uploads/2026/02/L.-Castelaz_DC-Health-Performance-Oversight_February-18-2026_final.pdf.

⁴³ FY2027 Mayor’s Proposed Budget, Decrease in Mental Health Access in Pediatrics (MAP) program, p. E-49.

⁴⁴ D.C. Act. 20-539 Fiscal Year 2014 Budget Support Act of 2013. Memo on the legislation on file with Children’s Law Center.

⁴⁵ The original \$537,000 grant is based on 2015 numbers — so \$600,000 is adjusted for inflation (although actual inflation calculators would put it closer to \$700,000, see US Bureau of Labor Statistics Calculator = \$706,000; US Inflation Calculator = \$696,601.93; Smart Assets = \$694,887).

⁴⁶ Department of Health Care Finance, Perinatal Mental Health Task Force, (January 9, 2024), *available at:* https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/Perinatal%20Mental%20Health%20Task%20Force%20Report%20and%20Recommendations.pdf.

⁴⁷ Virginia Mental Health Access Program, *available at:*

https://vmap.org/?gad_source=1&gad_campaignid=23488453103&gbraid=0AAAAA9SVhEzRIXOcE0PjfqGpSBldtNYwD&gclid=Cj0KCOjwk_bPBhDXARIsACiq8R0G3j2NHrNcV0BzWB26lczIVM7DKqCSj3YIP96sHZkpGeCM8JCGHJUaAIKnEALw_wcB.