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Committee on Health
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Public Roundtable:
Maternal and Infant Health: Continued Challenges in Addressing Coverage and Cares in the District

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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, Chairperson Henderson, for convening this roundtable on maternal health in the District – a part two to the roundtable you convened in December 2023. I appreciate the opportunity to reflect on the past 2.5 years and identify where the District has improved and where gaps remain. One thing that has remained true over the last 2.5 years is our strong partnership with the Department of Health (DC Health) and the Department of Health Care Finance (DHCF). We appreciate the investment of staff time across several programs working to improve maternal health.

There have been some notable improvements since the 2023 roundtable. For example, the District's grade from Policy center for Maternal Mental Health on their Maternal Health Report Card improved from a D+ in 2023 to a B- in 2026.[1] The 2023 report found that DC had insufficient reimbursement for screening to identify perinatal mental health conditions and lacked the programs and providers needed to prevent or address a perinatal mental health diagnosis.

However, the 2026 report noted improvements in screening for maternal mental health.[2] Moreover, a recent DC Health report found that, between 2019 and 2023, DC demonstrated "meaningful improvements in key perinatal health indicators in recent years. In particular, the District of Columbia continues to experience decreases in rates of teen births, preterm births, low birth weight, and – most notably – infant mortality."[3]

Despite these improvements, significant disparities in perinatal outcomes persist across racial and geographic lines.[4] Unfortunately, data on perinatal health outcomes are limited.[5] As a result, our insights – and thus our solutions – rely on client experiences and anecdotal evidence from partners working in maternal health. For example, Cedar Hill's opening offered significant hope for the families in Ward 7 and 8 who had long lacked access to healthcare near their homes. However, we have no data or reports on birth outcomes from the hospital's first year of operations. Without consistent, clear, accessible, and well-analyzed date across maternal health, we are left with more questions than clarity. The lack of consistent data both reflects and perpetuates DC's continued piecemeal approach to maternal health. While I am glad that DHCF and DC Health have taken advantage of new opportunities from the federal government to improve maternal health, I am disappointed that these efforts have not resulted in a roadmap or unified vision for maternal health in the District. As a result, much of Children's Law Center's 2023 testimony is still true today.

As the District prepares for both Executive and Council administration changes, this roundtable provides an opportunity to take stock of recent progress and persistent gaps in DC's maternal health landscape. Looking forward, we offer several recommendations for a new administration to consider: (1) continued and improved investment in the implementation of the

doula benefit into Medicaid; (2) sustained funding for HealthySteps through both local and federal dollars; and (3) centralized home visiting efforts in the District. We also urge the Committee to follow up with the agencies regarding previous and ongoing efforts including the Perinatal Mental Health Task Force Report including the establishment of a perinatal mental health access line, new hospital discharge rules for post-birth, Transforming Maternal Health Model (TMaH), and the Title V Block Grant.[6]

More Is Needed to Implement the Doula Medicaid Benefit and to Ensure Residents have Meaningful Access to Care

Doulas play a critical role in ensuring that pregnant and postpartum people who face the greatest risk of discrimination and mistreatment in the medical system receive the additional support they require.[7] Research has demonstrated the benefits of doulas on birth outcomes and reducing racial disparities in perinatal health outcomes.[8] Doula-assisted births are four times less likely to have a low birth weight (LBW) baby, pregnant people are two times less likely to experience a birth complication involving themselves or their baby, and are significantly more likely to initiate breast/chestfeeding.[9] In both the prenatal and postpartum period, studies have indicated that social support provided by a doula is closely associated with improved maternal mental health and wellbeing.[10]

Therefore, we were thrilled when Councilmember Henderson introduced Budget Support Act language requiring DHCF to submit a State Plan Amendment to include doulas as a covered benefit for Medicaid beneficiaries. We had high hopes this would allow many low-income DC residents giving birth to have support from doulas. Unfortunately, this has not been the case – the District has seen very low doula and beneficiary engagement with the benefit. At the time of

the last roundtable, DHCF reported that seven doulas started registration, two enrolled, and two billed claims for reimbursement for services rendered.[11]

Seeing these dismal engagement numbers, Children's Law Center partnered with A Queen Momma Doula Services (AQMS) to apply to the Institute of Medicaid Innovation (IMI) Doula Learning and Action Collaborative to receive technical assistance on the implementation of the doula Medicaid benefit.[12] We were awarded a three year grant in 2024 – thus starting the DC Doula Learning and Action Collaborative (DC DLAC). We are proud to lead this initiative with AQMS and have taken significant strides through DC DLAC to improve the implementation of the doula Medicaid benefit.

In FY2025, DHCF reported that 24 beneficiaries have used doula services, 43 doulas have enrolled in DC Medicaid (not including those who have successfully enrolled with Managed Care Plans), and 4 doulas have successfully billed for their services. While we celebrate this marked improvement over 2023, continued growth is limited by the complicated process required to become a Medicaid provider

Currently the process to become a Medicaid doula, one who can bill Medicaid for services provided to a Medicaid beneficiary, starts with enrollment with DHCF.[13] So long as a doula meets the requirements for DHCF enrollment, the doula can then begin to bill as a fee-for service (FFS) provider for births. After becoming an FFS provider, the doula can begin the enrollment process for the District's Managed Care Plans (MCPs).[14] The District's current system allows each MCP to conduct their own credentialing process. Therefore, doulas must navigate each MCP's separate process for credentialing in order to bill for their services.

Recognizing that support was needed at each point of this complicated process, DC DLAC built several initiatives to directly support doulas with enrollment, credentialing, and billing. First, DC DLAC co-lead Crystal Jackson of AQMS created a guide for doulas to support their navigation of this process – "A Queen Momma's Manual Becoming a DC Medicaid Doula Provider with Confidence." Next, we established key partnerships with Community Concentric Care (CCC) and Maximus, DHCF's enrollment vendor. With these resources in place, DC DLAC hosted five sessions and engaged 40 doulas needing support with enrolling as Medicaid providers. In the Fall, we plan to host more trainings to meet continued demand. These trainings also provided an opportunity to strengthen community, reduce stigma of being a doula in Medicaid, and engage Spanish-speaking doulas. After the trainings AQMS and CCC offered further one-on-one sessions.

We believe that DC DLAC support was key to growing the number of enrolled doulas from 16 FFS enrolled doulas in August 2025 to 43 FFS enrolled doulas in April 2026.[15] However, enrollment in DHCF is just the first step. Recognizing this, DC DLAC partnered with the MCPs to provide trainings to doulas on their credentialing and enrollment process. As of the writing of this testimony, HSCSN and AmeriHealth have provided their training with the other scheduled. To ensure accessibility and continued engagement after the trainings, DC DLAC is building a website to host online trainings and provide other critical resources. We are hopeful that these trainings are a step in the right direction to see the number of doulas credentialed with MCPs and billing grow from 4 MCP enrolled doulas to 40 plus MCP enrolled doulas to meet demand.[16]

We know that there are many aspects to ensuring that the doula benefit is effective and utilized by beneficiaries. Getting doulas enrolled, credentialing, and billing is just the first step.

Therefore, we have worked with DC DLAC members to determine what further supports would be helpful as they continue to navigate the Medicaid space. One proposal that we continue to circle back to is the creation of a doula hub in the District. A doula hub is a place for doulas to receive necessary support and resources to best serve their clients and sustain their practices. Hubs can serve as a third party billing agency or provide resources to support providers with billing, claims and appeals for Medicaid reimbursement. A doula hub can also help with other critical supports like certification, enrollment, workforce, and public awareness.[17]

The work of the doula hub would build directly on the work of DC DLAC to drive implementation in the District. As we testified in 2023, successful implementation requires consistent buy-in across key stakeholders – not just doulas but also beneficiaries, healthcare providers, government agencies, hospitals and birthing centers. Many jurisdictions have recognized this need and created a hub that is funded by the government but is led by the community for the community. For example, California has created the Los Angeles County Medi-Cal Doula Hub, "a joint project of Frontline Doulas, Diversity Uplifts, Inc. and the LA County Department of Public Health (DPH),supports the rollout of the Medi-Cal Doula Benefit by providing workforce development for doulas and public education to county residents about the positive impact of doula care in efforts to address the current perinatal and infant health disparities."[18] The hub provides five key areas of support: (1) Training and System Integration; (2) Public Awareness; (3) Technical Assistance for Doulas; (4) Workforce Development; and (5) Model Evaluation.[19] Washington State is currently designing their own doula hub.[20]

Other jurisdictions have taken a broader approach to their hub – leveraging it as a space to engage non-clinical workforce who are navigating the Medicaid and healthcare space. A non-

clinical hub could be utilized to support doulas, community health workers, home visitors, care coordinators – all non-clinical providers who can bill for their services through Medicaid.[21] Incorporating other non-clinical providers feels particularly timely given DC Health's eventual introduction of Health Occupations Revision Act (HORA) amendments that will include a path to certification for Community Health Workers (CHWs) – including perinatal and mental health CHWs. In turn, this will open the door for these CHWs to seek Medicaid reimbursement. Relatedly, we remain hopeful that DHCF will consider the implementation of the Home Visiting Services Reimbursement Act of 2023 which would allow home visitors to seek Medicaid reimbursement for their services. A strong non-clinical hub could support the growth of the non-clinical workforce in the District to expand the capacity of our healthcare system so it can better treat residents, particularly those on Medicaid.

We therefore urge the Committee to work with DHCF and DC Health to better understand the feasibility of creating a hub for doulas and/or non-clinical roles to sustain the work of DC DLAC and other community efforts to improve implementation in the Medicaid system. DC DLAC is proud to serve as the Doula Advisory Council through the Transforming Maternal Health (TMaH) model. As our grant from IMI winds down, we look forward to continuing to work with DHCF on sustaining the Doula Advisory Council, ideally evolving into a hub. By the next Roundtable, we would love to be able to testify that DC has a hub in place supporting this unique and vital workforce. In the meantime, we look forward to our final year of leading DC DLAC and ensuring this work continues – building a strong doula Medicaid benefit with more doulas enrolling, credentialing, and billing for services. Ultimately, we believe that having a sufficient continuum of care that includes doulas will grow the number of

beneficiaries receiving these critical services, and, most importantly, improve maternal health outcomes.

Current Efforts to Move Towards Sustained Funding for HealthySteps Will Impact Implementation of the Model

Maternal health does not end after a healthy birth. Our system of care must also ensure that new parents have the information and support necessary to thrive during their child's early years. HealthySteps is a critical support in this area – providing infants and toddlers with social-emotional and development support by integrating child development specialists into primary care through a national, evidence-based model.[22] 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.[23] We know from our work that children have the best chance to avoid child maltreatment when their parents and caregivers are fully supported and equipped to meet their needs.

Through screening, HealthySteps Specialists can identify and provide support to those with postpartum depression and connect families with critical resources that support children during their foundational years. For example, undiagnosed and untreated mental health issues can strain the parent-child relationship. Screening for postpartum depression can mitigate its impact on families. Notably, across all four HealthySteps providers, a majority of caregivers were screened for postpartum depression.[24] As discussed during the 2023 Roundtable, the emphasis by health providers is often placed on connecting the newborn with a provider but overlooks whether the birthing person has the same supports. Because HealthySteps meets parents where

they already are – the pediatrician's office – the program provides an intermediary who can ensure parents are connected to behavioral health professionals who can further help parents establish their own healthcare supports.[25]

Ultimately, HealthySteps is a critical resource in the continuum of care for perinatal and infant health – as recognized nationally and locally – including in the Perinatal Mental Health Task Force Report.[26] Given the critical gap HealthySteps fills, we were very alarmed when the Mayor's proposed budget fully cut the local grant that supports HealthySteps. The Executive's proposal would have instead relied on the Collaborative Care Model (CoCM) – a Medicaid reimbursement model in the District that has yet to be successfully reimbursed by any practice after two years.[27] During the budget oversight hearings, witnesses raised significant concerns regarding the feasibility of CoCM's applicability to HealthySteps.[28]

There are several key distinctions between CoCM and HealthySteps. First, CoCM focuses on patients with established mental health concerns, while HealthySteps focuses on providing support as early as possible to prevent more entrenched, long-term mental health concerns. HealthySteps promotes early relational health for the caregiver-child dyad. While some children/dyads may present with concerns, in general, the acuity levels are lower than are typically managed by CoCM, where diagnostic criteria, and therefore clinically significant levels of impairment, have already been met. Second, CoCM is not universal but instead focuses on disease management for a subset of individual patients (e.g., those with depression or anxiety). HealthySteps, on the other hand, is universal. It has a two-generation focus and supports all children within the practice from birth through age three. Third, CoCM emphasizes the tracking of measurement-based care. Measurement-based care relies on tracking screening scores over

time, which is an often-used proxy for treatment progress. This is not a focus in the HealthySteps model. While HealthySteps requires screenings, their primary purpose is to identify child and/or family concerns and to initiate supportive interventions. Finally, while both models utilize team-based care, a core component of CoCM is involvement of a Psychiatrist Consultant – a role not currently required in a HealthySteps implementation team (core members include a Physician Champion, Practice Manager, and the HealthySteps Specialist) – and which may be difficult to add due to existing workforce and funding infrastructure for this role.[29] Given these concerns and the general unknown regarding CoCM, we are extremely grateful to the Council for finding one-time funding to sustain HealthySteps grants for FY27.[30]

We are working with both DC Health and DHCF on the potential implementation of the CoCM for HealthySteps. We submitted a list of questions to DC Health and DHCF regarding the abovementioned distinctions. At the end of July, the agencies will hold a session to better understand concerns about aligning HealthySteps and CoCM and to begin discussing what, if any, technical assistance could overcome these clear differences. We are grateful that both DC Health and DHCF are working in partnership with the DC HealthySteps Collaborative to provide technical assistance and assess the feasibility of implementing CoCM. However, as we have long testified, we continue to seek a sustainable funding model that works for HealthySteps.[31] We hope to work with both agencies towards this broader goal and we ask the Committee support these efforts through continued engagement on sustainable funding models feasibility and oversight of DC Health and DHCF.

Home Visiting in the District Requires a Clear Vision and Improved Coordination Amongst DC Agencies

Like HealthySteps, home visiting programs support maternal health by pairing families with in-home support workers during their children's earliest years.[32] This voluntary program supports the development of meaningful and sustained relationships with families to improve outcomes 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."[33] Home visiting continues to be widely cited as a valuable prevention program – appearing in many recent reports as a critical tool to support family stability, improve parent-child attachment, and set a solid foundation.[34]

Home visiting in the District is spread across four government agencies in the District — Child and Family Services Agency (CFSA), DC Health, Office of the State Superintendent of Education (OSSE), and DHCF. Currently, CFSA, DC Health, and OSSE leverage federal dollars. Hopefully, DHCF may also be able to leverage federal Medicaid dollars to support home visiting in the future.[35] Specifically, CFSA leverages Community-Based Child Abuse Prevention (CBCAP) federal grant dollars, DC Health leverages Maternal, Infant, and Early Childhood Home Visiting (MIECHV) federal grant dollars, and OSSE leverages Head Start federal grant dollars. All four agencies also leverage local dollars to support home visiting in the District. There are approximately 14 community-based organizations (CBO) implementing a variety of home visiting programs in the District. And every year, home visiting programs across the board face cuts despite opportunities from the federal government to leverage increased federal funding.[36] For example, DC Health cut $699,000 from home visiting in FY2027 despite federal increases to MIECHV funding.[37]

These cuts mean that programs must reduce operations year over year. Consequently, the lack of funding stability causes workforce turnover and impacts the ability for programs to operate at full capacity. Given the impact home visiting has on the lives of DC families, such cuts can be devastating (noting most home visiting models operate with a single family over years). For example, as one program testified, the loss of $200,000 in one-time funding from FY2026 will return them to FY2009 funding levels.[38] This means the program will shrink, and fewer families will be served.

There has never been a sufficient unified effort across the four agencies, community-based organizations, and other stakeholders to meaningful address these concerns. Notably, the DC Home Visiting Council was terminated in 2024 because it lacked investment across all the government agencies and stakeholders. In response, Children's Law Center and home visiting organizations are partnering to rebuild the Home Visiting Council to address implementation concerns. We must work together to end the District's piecemeal approach to home visiting that currently leads to disconnected funding, disinvestments, and less connections with families. We ask that the Committee continue to support these efforts. We appreciate the continued engagement and partnership across the Council and Executive to get home visiting right in the District. We look forward to ensuring robust home visiting programs that support both in the perinatal and postpartum period.

Conclusion

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

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[1] Policy Center for Maternal Mental Health District of Columbia 2023 Report Card, *available at*: https://state-report-cards.mmhmap.com/; Policy Center for Maternal Mental Health District of Columbia 2026 Report Card, *available at*: https://policycentermmh.org/state-report-cards/#viewreportcard.

[2] Policy Center for Maternal Mental Health District of Columbia 2026 Report Card, *available at*: https://policycentermmh.org/state-report-cards/#viewreportcard.

[3] Department of Health, 2019-2023 Perinatal Health Data and Records, *available* at: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/PHIM%20Report_2019-2023.pdf.

[4] *Id.*

[5] Likely PO responses are the most up-to-date availability of data.

[6] DC Health has recently applied for a grant to develop a District Perinatal Psychiatry Access Program, as recommended in the Perinatal Mental Health Task Force. *See* Department of Health Care Finance, Perinatal Mental Health Task Force, (January 17, 2024), *available at*: https://dhcf.dc.gov/publication/perinatal-mental-health-task-force. DC Health has also updated new hospital discharge rules for post-birth. We would appreciate the Committee on Health to monitor the implementation of the discharge rules including the impact these news rules have on connecting families with community resources. Additionally, DC Health continues to implement the Title V Maternal and Child Health Services Program: Supporting Healthy Families & Strong Communities in DC. Under this DC Health did a needs assessment from 2021-2025. There has not been an updated needs assessment since then. We would ask the Committee on Health to ask for an update. We would also ask the Committee on Health to monitor DC Health's FY2023 Annual Report & FY2025 Application-See how Title V is making an impact in DC and
DC FY2025 State Action Plan for effective implementation. *See* DC Health, Title V Maternal and Child Health Services Program: Supporting Healthy Families & Strong Communities in DC, *available at*: https://dchealth.dc.gov/page/title-v-maternal-and-child-health-services-program. Finally, the Department of Health Care Finance continues to move forward their Transforming Maternal Health (TMaH) model. There were a series of questions posed in February 2026 meeting that have yet to be answered. We would ask the committee on Health to monitor if/how DHCF plans to answers these and other questions within the TMaH model. *See* Department of Health Care Finance, Transforming Maternal Health, *available at*: https://dhcf.dc.gov/page/transforming-maternal-health.

[7] Alexis Robles-Fradet and Mara Greenwald, Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost, National Health Law Program, August 8, 2022, *available at:* https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/; Mallick LM, Thoma ME, Shenassa ED. The role of doulas in respectful care for communities of color and Medicaid recipients. Birth. 2022 Dec;49(4):823-832. doi: 10.1111/birt.12655. Epub 2022 Jun 2. PMID: 35652195; PMCID: PMC979602; Community-Based Doulas and Midwives, Center for American Progress, April 14, 2022, *available at:* https://www.americanprogress.org/article/communitybased-doulas-midwives/.

[8] Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163; Alexis Robles-Fradet and Mara Greenwald, Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost, National Health Law Program, August 8, 2022, *available at*: https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/.

[9] LaToshia Rouse, Doula Support Improves Maternal and Child Health Outcomes, Patient and Family Engagement, March 24, 2023, *available at*: https://nichq.org/blog/doula-support-improves-maternal-and-child-health-outcomes-patient-and-family-engagement/; Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. J Perinat Educ. 2013 Winter;22(1):49-58. doi: 10.1891/1058-1243.22.1.49. PMID: 24381478; PMCID: PMC3647727; Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163; Alexis Robles-Fradet and Mara Greenwald, Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost, National Health Law Program, August 8, 2022, *available at*: https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/.

[10] Falconi AM, Bromfield SG, Tang T, Malloy D, Blanco D, Disciglio RS, Chi RW. Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching. EClinicalMedicine. 2022 Jul 1;50:101531. doi: 10.1016/j.eclinm.2022.101531. PMID: 35812994; PMCID: PMC9257331. Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163.; Hans, Sydney & Thullen, Matthew & Henson, Linda & Lee, Helen & Edwards, Renee & Bernstein, Victor. (2013). Promoting Positive Mother–Infant Relationships: A Randomized Trial of Community Doula Support For Young Mothers. Infant Mental Health Journal. 34. 10.1002/imhj.21400.

[11] DHCF, Performance Oversight Response to Q59, *available at*: https://dccouncil.gov/wpcontent/uploads/2023/03/Binder1.pdf.

[12] Institute for Medicaid Innovation, Doula Learning and Action Collaborative, *available* at: https://medicaidinnovation.org/state-based-teams-selected-for-doula-learning-and-action-collaborative/.

[13] A doula would first check their eligibility to be a Medicaid doula. In order to qualify as a provider a doula must "be at least 18 years of age, possess a high school diploma or equivalent, and possess a current certification by a doula training program or organization, approved by DHCF." The list of doula training programs and organizations can be found in relevant DHCF transmittals. DHCF also requires a doula to have other pieces like W-9, proof of liability insurance, etc. See Department of Health Care Finance, Transmittal 22-34 - Doula Benefit, Provider Qualifications and Enrollment, Rates and Reimbursement Standard, (September 30, 2022), *available at:* https://dhcf.dc.gov/node/1622911.

[14] Prior to August 1, 2026, the District had four MCPs, AmeriHealth Caritas District of Columbia, Wellpoint District of Columbia, Health Services for Children with Special Needs (HSCSN), and MedStar Family Choice District of Columbia. Wellpoint District of Columbia is transitioning out as a MCP in the District on July 31, 2026.

[15] Department of Health Care Finance, Maternal and Infant Health: Continued Challenges in Addressing Coverage and Cares in the District, Public Oversight Roundtable, (July 8, 2026), *available at*: https://lims.dccouncil.gov/Hearings/hearings/2382.

[16] FY2025 Department of Health Care Finance Performance Oversight Responses, response to Q82, *available at*: https://lims.dccouncil.gov/Hearings/hearings/2125.
[17] WA State Doula Hub & Referral System Community Report, (2026), *available at*: https://doulas4all.org/reports.
[18] LA County Medi-Cal Doula Hub, *available at*: https://www.frontlinedoulas.com/doula-hub#about.
[19] *Id.*
[20] WA State Doula Hub & Referral System Community Report, (2026), *available at*: https://doulas4all.org/reports.
[21] California has a separate resource for CHWs and doulas. *See* Center for Health Care Strategies, *Building and Sustaining Community Health Worker Programs in California – A Resource Center*, (May 2026), *available at*: https://www.chcs.org/resource/building-and-sustaining-chw-p-r-programs-in-california-a-resource-center/?utm_source=CHCS+Email+Updates&utm_campaign=19ac946d23-CHW+Programs+Roundup_6%2F16%2F2026&utm_medium=email&utm_term=0_-3d89afb600-493550705. Given the size of DC a combined hub may be most appropriate with specific staff to support the different workforces.
[22] ZERO to THREE, HealthySteps, *available at*: https://www.healthysteps.org/.
[23] *Id.*
[24] FY2025 Department of Health Performance Oversight Responses, response to Q48, *available at*: https://lims.dccouncil.gov/Hearings/hearings/2129.
[25] ZERO to THREE, HealthySteps Advances Health Equity, *available at*: https://www.healthysteps.org/wp-content/uploads/2021/07/HealthySteps_Advances_Health_Equity.pdf.
[26] Department of Health Care Finance, Perinatal Mental Health Task Force, (January 17, 2024), *available at*: https://dhcf.dc.gov/publication/perinatal-mental-health-task-force.
[27] Department of Health Care Finance, Reimbursement Rates for NEW Behavioral Health Integration Services Effective January 1, 2024, Transmittal 23-26, *available at*: https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Transmittal%2023-62%20-%20Reimbursement%20Rates%20for%20NEW%20Behavioral%20Health%20Integration%20Services%20Effective%20January%201%2C%202024.pdf. The lack of reimbursement not well documented. DHCF has failed to report any data on the implementation of CoCM.
[28] Department of Health, Budget Oversight Hearing, (April 28, 2026), *available at*: https://lims.dccouncil.gov/Hearings/hearings/2250.
[29] Children's Hospital Association, Four Years On: Children's Mental Health Remains A National Emergency, (October 20, 2025), *available at*: https://www.childrenshospitals.org/news/newsroom/2025/10/childrens-mental-health-remains-a-national-emergency.
[30] DC Council Committee on Health, Report and Recommendations of the Committee on Health on the Fiscal Year 2027 Budget for Agencies Under Its Purview, (May 20, 2026), *available at*: https://static1.squarespace.com/static/5bbd09f3d74562c7f0e4bb10/t/6a0cafdb2bfc5663bed02518/1779216348877/DRAFT+FY2027+Committee+on+Health+Budget+Recommendations+Report.pdf.
[31] *See* Endnote 24, Leah Castelaz, Children's Law Center Testimony Before the District of Columbia Council, (April 28, 2026), https://childrenslawcenter.org/wp-content/uploads/2026/05/L.-Castelaz__Childrens-Law-Center__DC-Health-FY27-Proposed-Budget__final.pdf.
[32] Under 3 DC, Home Visiting, *available at*: https://under3dc.org/wpcontent/uploads/2021/05/U3DCHome-Visiting-5-11-21.pdf; District of Columbia Home Visiting Council, *available at*: http://www.dchomevisiting.org/.

[33] Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, *available at*: https://mchb.hrsa.gov/programs-impact/maternal-infant-earlychildhoodhome-visiting-miechv-program.
[34] *Id.*
[35] D.C. Law 25-142. Home Visiting Services Reimbursement Amendment Act of 2024.
[36] Congress approved the FY26 spending package, substantially increasing base and matching funds for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program following its 2022 reauthorization. *See* MIECHV Program Reauthorization, (July 9, 2026), *available at*: https://mchb.hrsa.gov/programs-impact/programs/miechv-reauthorization.
[37] DC Health FY2027 Budget Oversight Responses, response to Q5, *available at*: https://lims.dccouncil.gov/Hearings/hearings/2253.
[38] Fernanda Ruiz, Mary's Center, Testimony before the DC Council Committee on Youth Affairs, (May 12, 2026), *available at*: https://lims.dccouncil.gov/Hearings/hearings/2306.