

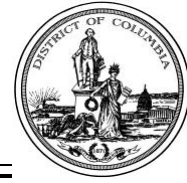
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**COMMITTEE ON HEALTH**  
VINCENT C. GRAY, CHAIRPERSON  
FISCAL YEAR 2021 COMMITTEE BUDGET REPORT

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**TO:** Members of the Council of the District of Columbia

**FROM:** Councilmember Vincent C. Gray  
Chairperson, Committee on Health

**DATE:** June 23, 2020

**SUBJECT:** **DRAFT** Report and Recommendations of the Committee on Health on the Fiscal Year 2021 Budget for Agencies Under Its Purview

The Committee on Health (“Committee”), having conducted hearings and received testimony on the Mayor’s proposed operating and capital budgets for Fiscal Year 2021 (“FY 2021”) for the agencies under its purview, reports its recommendations for review and consideration by the Committee of the Whole. The Committee also comments on several sections in the Fiscal Year 2021 Budget Support Act of 2020, as proposed by the Mayor.

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# I. SUMMARY

## A. EXECUTIVE SUMMARY

## B. FISCAL YEAR 2021 AGENCY OPERATING BUDGET SUMMARY

(Dollars in Thousands)

| <i>Fund Type</i>                                | <i>FY 2019 Actual</i> | <i>FY 2020 Approved</i> | <i>FY 2021 Proposed</i> | <i>Sum of Committee Variance</i> | <i>Committee Approved</i> |
|---|-----------------------|-------------------------|-------------------------|----------------------------------|---------------------------|
| <b><i>Department of Health</i></b>              |                       |                         |                         |                                  |                           |
| Local   | \$84,397              | \$86,917                | \$91,195                |                                  |                           |
| Special Purpose Revenue                         | \$19,965              | \$22,846                | \$31,333                |                                  |                           |
| Federal Payments                                | \$5,147               | \$4,750                 | \$3,000                 |                                  |                           |
| Federal Grants                                  | \$116,205             | \$140,498               | \$139,161               |                                  |                           |
| Private Grant                                   | \$4                   | \$136                   | \$71                    |                                  |                           |
| Intra-District                                  | \$5,370               | \$2,121                 | \$860                   |                                  |                           |
| <b>Gross Funds</b>                              | <b>\$231,0888</b>     | <b>\$257,266</b>        | <b>\$265,418</b>        |                                  |                           |
| <b><i>Department of Health Care Finance</i></b> |                       |                         |                         |                                  |                           |
| Local   | \$774,524             | \$830,016               | \$868,284               |                                  |                           |
| Dedicated Taxes                                 | \$81,015              | \$81,532                | \$98,195                |                                  |                           |
| Special Purpose Revenue                         | \$1,611               | \$4,028                 | \$6,597                 |                                  |                           |
| Federal Medicaid Payments                       | \$2,263,036           | \$2,209,118             | \$2,513,745             |                                  |                           |
| Federal Grants                                  | \$1,191               | \$77                    | \$6,068                 |                                  |                           |
| Intra-District                                  | \$102,485             | \$107,580               | \$138,716               |                                  |                           |
| <b>Gross Funds</b>                              | <b>\$3,223,861</b>    | <b>\$3,232,350</b>      | <b>\$3,631,605</b>      |                                  |                           |
| <b><i>Department of Behavioral Health</i></b>   |                       |                         |                         |                                  |                           |
| Local   | \$248,557             | \$266,741               | \$262,353               |                                  |                           |
| Dedicated Taxes                                 | 0                     | \$200                   | \$200                   |                                  |                           |
| Special Purpose Revenue                         | \$2,289               | \$2,352                 | \$2,650                 |                                  |                           |
| Federal Payments Medicaid Payments              | \$5,455               | \$2,844                 | \$2,991                 |                                  |                           |
| Federal Grants                                  | \$28,551              | \$35,758                | \$15,135                |                                  |                           |

| <i>Fund Type</i>   | <i>FY 2019 Actual</i> | <i>FY 2020 Approved</i> | <i>FY 2021 Proposed</i> | <i>Sum of Committee Variance</i> | <i>Committee Approved</i> |
|--|-----------------------|-------------------------|-------------------------|----------------------------------|---------------------------|
| Private Grant  | \$323                 | \$436                   | \$446                   |                                  |                           |
| Private Donations  | \$109                 | \$161                   | \$161                   |                                  |                           |
| Intra-District   | \$13,424              | \$14,207                | \$14,059                |                                  |                           |
| <b>Gross Funds</b>   | <b>\$298,707</b>      | <b>\$322,699</b>        | <b>\$297,996</b>        |                                  |                           |
| <b><i>Not-for-Profit Hospital Corporation</i></b>                      |                       |                         |                         |                                  |                           |
| Enterprise and Other Funds   | 0                     | \$152,137               | \$155,000               |                                  |                           |
| <b>Gross Funds</b>   | <b>0</b>              | <b>\$152,137</b>        | <b>\$155,000</b>        |                                  |                           |
| <b><i>Not-for-Profit Hospital Corporation Subsidy</i></b>              |                       |                         |                         |                                  |                           |
| Local  | \$34,261              | \$22,137                | \$15,000                |                                  |                           |
| <b>Gross Funds</b>   | <b>\$34,261</b>       | <b>\$22,137</b>         | <b>\$15,000</b>         |                                  |                           |
| <b><i>Health Benefit Exchange Authority</i></b>                        |                       |                         |                         |                                  |                           |
| Enterprise and Other Funds   | \$34,275              | \$31,769                | \$30,948                |                                  |                           |
| <b>Gross Funds</b>   | <b>\$34,275</b>       | <b>\$31,769</b>         | <b>\$30,948</b>         |                                  |                           |
| <b><i>Office of the Deputy Mayor for Health and Human Services</i></b> |                       |                         |                         |                                  |                           |
| Local  | \$1,763               | \$1,878                 | \$2,116                 |                                  |                           |
| Intra-District Funds   | \$765                 | 0                       | 0                       |                                  |                           |
| <b>Gross Funds</b>   | <b>\$2,528</b>        | <b>\$1,878</b>          | <b>\$2,116</b>          |                                  |                           |

## C. FISCAL YEAR 2021 AGENCY FULL-TIME EQUIVALENTS

| <i>Fund Type</i>  | <i>FY 2019 Actual</i> | <i>FY 2020 Approved</i> | <i>FY 2021 Proposed</i> | <i>Sum of Committee Variance</i> | <i>Committee Approved</i> |
|---|-----------------------|-------------------------|-------------------------|----------------------------------|---------------------------|
| <b><i>Department of Health</i></b>                        |                       |                         |                         |                                  |                           |
| Local   | 161.5                 | 168.5                   | 155.2                   |                                  |                           |
| Special Purpose Revenue                                   | 124.4                 | 147.0                   | 155.3                   |                                  |                           |
| Federal Payments  | 0.0                   | 0.0                     | 0.0                     |                                  |                           |
| Federal Grants  | 318.1                 | 249.4                   | 349.4                   |                                  |                           |
| Private Grant   | 0.0                   | 0.0                     | 0.0                     |                                  |                           |
| Intra-District  | 4.3                   | 4.0                     | 4.8                     |                                  |                           |
| <b>Total</b>  | <b>608.2</b>          | <b>613.8</b>            | <b>664.8</b>            |                                  |                           |
| <b><i>Department of Health Care Finance</i></b>           |                       |                         |                         |                                  |                           |
| Local   | 109.5                 | 139.9                   | 135.7                   |                                  |                           |
| Dedicated Taxes   | 5.0                   | 5.5                     | 5.5                     |                                  |                           |
| Special Purpose Revenue                                   | 12.6                  | 15.6                    | 17.5                    |                                  |                           |
| Federal Medicaid Payments                                 | 139.1                 | 188.8                   | 191.6                   |                                  |                           |
| Federal Grants  | 0.0                   | 0.0                     | 0.0                     |                                  |                           |
| Intra-District  | 2.3                   | 4.3                     | 3.7                     |                                  |                           |
| <b>Total</b>  | <b>268.5</b>          | <b>354.0</b>            | <b>354.0</b>            |                                  |                           |
| <b><i>Department of Behavioral Health</i></b>             |                       |                         |                         |                                  |                           |
| Local   | 1,229.1               | 1,214.1                 | 1,222.7                 |                                  |                           |
| Dedicated Taxes   | 0.0                   | 0.0                     | 0.0                     |                                  |                           |
| Special Purpose Revenue                                   | 16.2                  | 15.2                    | 16.2                    |                                  |                           |
| Federal Medicaid Payments                                 | 5.0                   | 5.0                     | 5.0                     |                                  |                           |
| Federal Grants  | 82.8                  | 90.8                    | 77.6                    |                                  |                           |
| Private Grant   | 1.0                   | 0.0                     | 0.0                     |                                  |                           |
| Intra-District  | 79.8                  | 72.8                    | 68.9                    |                                  |                           |
| <b>Total</b>  | <b>1,412.9</b>        | <b>1,397.9</b>          | <b>1,390.4</b>          |                                  |                           |
| <b><i>Not-for-Profit Hospital Corporation</i></b>         |                       |                         |                         |                                  |                           |
| Enterprise and Other Funds                                | 0.0                   | 0.0                     | 0.0                     |                                  |                           |
| <b>Total</b>  | <b>0.0</b>            | <b>0.0</b>              | <b>0.0</b>              |                                  |                           |
| <b><i>Not-for-Profit Hospital Corporation Subsidy</i></b> |                       |                         |                         |                                  |                           |

| <i>Fund Type</i>   | <i>FY 2019 Actual</i> | <i>FY 2020 Approved</i> | <i>FY 2021 Proposed</i> | <i>Sum of Committee Variance</i> | <i>Committee Approved</i> |
|--|-----------------------|-------------------------|-------------------------|----------------------------------|---------------------------|
| Local  | 0.0                   | 0.0                     | 0.0                     |                                  |                           |
| <b>Total</b>   | 0.0                   | 0.0                     | 0.0                     |                                  |                           |
| <b><i>Health Benefit Exchange Authority</i></b>                        |                       |                         |                         |                                  |                           |
| Enterprise and Other Funds   | 97.1                  | 101.0                   | 109.0                   |                                  |                           |
| <b>Total</b>   | 97.1                  | 101.1                   | 109.0                   |                                  |                           |
| <b><i>Office of the Deputy Mayor for Health and Human Services</i></b> |                       |                         |                         |                                  |                           |
| Local  | 11.8                  | 11.8                    | 12.8                    |                                  |                           |
| Intra-District Funds   | 2.0                   | 0.0                     | 0.0                     |                                  |                           |
| <b>Total</b>   | 13.8                  | 11.8                    | 12.8                    |                                  |                           |

## D. FY 2021 - 2026 AGENCY CAPITAL BUDGET SUMMARY

(Dollars in Thousands)

| Project No.                              | Project Title                                    | Scenario           | Unspent Allotment | FY 2021  | FY 2022   | FY 2023   | FY 2024  | FY 2025 | FY 2026 | 6-year total |
|--|--|--------------------|-------------------|----------|-----------|-----------|----------|---------|---------|--------------|
| <b>Department of Health</b>              |  |                    |                   |          |           |           |          |         |         |              |
| HC102                                    | Animal Shelter Renovation & Expansion            | Mayor's Submission | 0                 | \$3,300  | 0         | 0         | 0        | 0       | 0       | \$3,300      |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Approved |                   |          |           |           |          |         |         |              |
| FSH01                                    | Food Safety and Hygiene Inspection Services      | Mayor's Submission | 0                 | 0        | \$250     | \$250     | 0        | 0       | 0       | \$500        |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Approved |                   |          |           |           |          |         |         |              |
| Department of Health                     |  |                    | 0                 | \$3,300  | \$250     | \$250     | 0        | 0       | 0       | \$3,800      |
| <b>Department of Health Care Finance</b> |  |                    |                   |          |           |           |          |         |         |              |
| MPM03                                    | MMIS Upgraded System                             | Mayor's Submission | \$53,413          | \$2,500  | 0         | 0         | 0        | 0       | 0       | \$2,500      |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Approved |                   |          |           |           |          |         |         |              |
| UMV01                                    | Saint Elizabeths Medical Center                  | Mayor's Submission | \$870             | \$36,800 | \$114,300 | \$126,000 | \$87,900 | 0       | 0       | \$365,000    |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Approved |                   |          |           |           |          |         |         |              |
| UMC02                                    | United Medical Center Improvements               | Mayor's Submission | \$48              | \$3,000  | 0         | 0         | 0        | 0       | 0       | \$3,000      |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Markup   |                   |          |           |           |          |         |         |              |
| Department of Health Care Finance        |  |                    | \$54,331          | \$42,300 | \$114,300 | \$126,000 | \$87,900 | 0       | 0       | \$370,500    |
| <b>Department of Behavioral Health</b>   |  |                    |                   |          |           |           |          |         |         |              |
| HX990                                    | Facility Upgrades                                | Mayor's Submission | \$915             | \$3,500  | 0         | 0         | 0        | 0       | 0       | \$3,500      |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Approved |                   |          |           |           |          |         |         |              |
| DB203                                    | Intercom System                                  | Mayor's Submission | \$300             | \$355    | 0         | 0         | 0        | 0       | 0       | \$355        |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Approved |                   |          |           |           |          |         |         |              |
| HX992                                    | St. Elizabeths Hospital EHR Capital Improvements | Mayor's Submission | 0                 | \$2,600  | 0         | 0         | 0        | 0       | 0       | \$2,600      |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Markup   |                   |          |           |           |          |         |         |              |
| DB202                                    | Thermal Docking Station                          | Mayor's Submission | \$500             | \$1,255  | 0         | 0         | 0        | 0       | 0       | \$1,255      |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Markup   |                   |          |           |           |          |         |         |              |
| HX703                                    | DBH Facilities Small Capital Improvements        | Mayor's Submission | 0                 | \$500    | 0         | 0         | 0        | 0       | 0       | \$500        |
|  |  | Committee Variance |                   |          |           |           |          |         |         |              |
|  |  | Committee Markup   |                   |          |           |           |          |         |         |              |
| Department of Behavioral Health          |  |                    | \$1,715           | \$8,210  | 0         | 0         | 0        | 0       | 0       | \$8,210      |

**For the next several charts, numbers will be added in a revised draft in consultation with the Council's budget office**

## E. TRANSFERS IN FROM OTHER COMMITTEES

| Sending Committee | Amount | FTEs | Receiving agency | Amount | FTEs | Program | Purpose | Recurring or One-Time |
|-------------------|--------|------|------------------|--------|------|---------|---------|-----------------------|
|                   |        |      |                  |        |      |         |         |                       |
|                   |        |      |                  |        |      |         |         |                       |
|                   |        |      |                  |        |      |         |         |                       |
|                   |        |      |                  |        |      |         |         |                       |

| <i>Sending Committee</i> | <i>Amount</i> | <i>FTEs</i> | <i>Receiving agency</i> | <i>Amount</i> | <i>FTEs</i> | <i>Program</i> | <i>Purpose</i> | <i>Recurring or One-Time</i> |
|--------------------------|---------------|-------------|-------------------------|---------------|-------------|----------------|----------------|------------------------------|
|                          |               |             |                         |               |             |                |                |                              |
|                          |               |             |                         |               |             |                |                |                              |
| <b>Total</b>             |               |             |                         |               |             |                |                |                              |

**F. TRANSFERS OUT TO OTHER COMMITTEES**

| <i>Receiving Committee</i> | <i>Amount</i> | <i>FTEs</i> | <i>Receiving agency</i> | <i>Amount</i> | <i>FTEs</i> | <i>Program</i> | <i>Purpose</i> | <i>Recurring or One-Time</i> |
|----------------------------|---------------|-------------|-------------------------|---------------|-------------|----------------|----------------|------------------------------|
|                            |               |             |                         |               |             |                |                |                              |
|                            |               |             |                         |               |             |                |                |                              |
|                            |               |             |                         |               |             |                |                |                              |
|                            |               |             |                         |               |             |                |                |                              |
|                            |               |             |                         |               |             |                |                |                              |
| <b>Total</b>               |               |             |                         |               |             |                |                |                              |

**F. REVENUE ADJUSTMENT**

| <i>Agency</i> | <i>Fund Type</i> | <i>Amount</i> | <i>Use</i> | <i>BSA subtitle</i> |
|---------------|------------------|---------------|------------|---------------------|
|               |                  |               |            |                     |
|               |                  |               |            |                     |
|               |                  |               |            |                     |

**G. FUNDING OF LEGISLATION**

| <i>Bill #, Law #, Subtitle #</i> | <i>Status</i> | <i>Agency</i> | <i>Program/Activity</i> | <i>Amount</i> | <i>FTEs</i> |
|----------------------------------|---------------|---------------|-------------------------|---------------|-------------|
|                                  |               |               |                         |               |             |
|                                  |               |               |                         |               |             |
|                                  |               |               |                         |               |             |



**Action #1. Reallocate double counted Mayor's Commission on Healthcare Systems Transformation Recommendations**

| Agency Name                      | Description  | FY 2021     | FY 2022   | FY 2023   | FY 2024   |
|----------------------------------|--|-------------|-----------|-----------|-----------|
| <b>SOURCES - ALL LOCAL FUNDS</b> |  |             |           |           |           |
| DOH                              | Double count of \$2,150,000 in health care budget  | (2,150,000) |           |           |           |
| DMHHS                            | Make contractual services enhancement one-time   |             | (99,983)  | (99,983)  | (99,983)  |
| DBH                              | Designate \$486,017 of CSG 20 within Program 5800 as one-time funding in FY2021          |             | (486,017) | (486,017) | (486,017) |
| DOH                              | Designate \$105,000 of CSG 50 within Program 8500 as one-time funding in FY2021          |             | (105,000) | (105,000) | (105,000) |
| <b>USES - ALL LOCAL FUNDS</b>    |  |             |           |           |           |
| DOH                              | B23-0183, Certificate of Need Fee Reduction Amendment Act of 2019                        | 352,000     |           |           |           |
| DOH                              | B23-0250, Professional Art Therapist Licensure Amendment Act of 2019                     | 1,750       |           |           |           |
| DOH                              | B23-0261, Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019 | 260,000     | 105,000   | 105,000   | 105,000   |
| DHS                              | Emergency Rental Assistance Program  | 116,410     |           |           |           |
| DOH                              | New BSA - Commission on Alzheimer's Disease and other Dementia Act of 2020               | 50,000      |           |           |           |
| Rev. Reduction                   | Gap financing of Skyland project to bring a Lidl to Ward 7 (Transfer out to B&ED)        | 420,840     |           |           |           |
| DOH                              | Leverage for Our Future Act funding  | 150,000     |           |           |           |
| DOH                              | Teen pregnancy peer education grant  | 213,000     |           |           |           |
| DBH                              | Fully restore 4.5 School Mental Health FTEs  | 586,000     | 586,000   | 586,000   | 586,000   |
|                                  | <b>Subtotal - Committee Balance</b>  | -           | -         | -         | -         |

**Action #2. Department of Health Position Swap**

| Agency Name                      | Description   | Recurring \$ | FTE       |
|----------------------------------|---|--------------|-----------|
| <b>SOURCES - ALL LOCAL FUNDS</b> |   |              |           |
| DOH                              | Eliminate Position - Admin Srvs Mgr - #00010041, Program 3000, Activity 3010                    | (191,646)    | (1.0 FTE) |
| DOH                              | Eliminate Position - Sanitarian - #00088467, Program 4500, Activity 4515                        | (122,504)    | (1.0 FTE) |
| DOH                              | Eliminate Position - Sanitarian - #00079399, Program 4500, Activity 4515                        | (95,742)     | (1.0 FTE) |
| DOH                              | Eliminate Position - Code Enforcement Inspector- #00002310, Program 4500, Activity 4515         | (77,386)     | (1.0 FTE) |
| DOH                              | Eliminate Position - Program Manager - Program Manager - #00088903, Program 8500, Activity 8505 | (109,674)    | (1.0 FTE) |
| <b>USES - ALL LOCAL FUNDS</b>    |   |              |           |
| DOH                              | B23-0202, Certified Professional Midwife Act of 2020  | \$216,457    | 2.0 FTE   |
| DOH                              | B23-0250, Professional Art Therapist Licensure Amendment Act of 2019                            | \$75,927     | 1.0 FTE   |
| DOH                              | B23-0261, Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019        | \$300,531    | 2.0 FTE   |
| DOH                              | Add funding to Sanitarian - #00088449, Program 4500, Activity 4515                              | 4,037        | 0.0 FTE   |
|                                  | <b>Subtotal - Committee Balance</b>   | 0            |           |

**COMMITTEE ON HEALTH FY 2021 FUNDING REALLOCATIONS**

**Action #3. Re-establish a Medicaid Reserve (MRO) as a paper agency of DHCF to improve transparency of increased Medicaid funds due to COVID-19**

|                  |   |              |
|------------------|---|--------------|
| DHCF - Local     | Reduce from Program 5000, CSG 50 (One-Time) | (17,540,089) |
| DHCF - Fed. Med. | Reduce from Program 5000, CSG 50 (One-Time) | (40,926,873) |
| MRO - Local      | Increase as CSG 50 (One-Time)               | 17,540,089   |
| MRO - Fed. Med.  | Increase as CSG 50 (One-Time)               | 40,926,873   |

**Action #4.** Request that \$5 million be added to Department of Health Care Finance in Fiscal Year 2024 for the operating reserve requirement of the new GW Health hospital and ambulatory center at St. Elizabeths per the Mayor's *errata* letter.

**Action #5.** Transfer the Medical Marijuana Program (\$955,972 and 6.0 FTEs) from the Department of Health to the Alcoholic Beverage Regulation Administration per an inter-Committee transfer to the Committee on Business and Economic Development.

**Action #6.** Transfer the Produce Rx Program (\$250,000) from the Department of Health to the Department of Health Care Finance.

**Action #7.** The Committee accepts all transfers-in from other Committees marking up later. The Committee directs Committee staff to amend the report to incorporate these transfers-in in consultation with the Council Budget Office.

## H. SUMMARY OF COMMITTEE BUDGET RECOMMENDATIONS

### DEPARTMENT OF HEALTH

A. The Committee approves the operating budget with the following changes:

- 1) A decrease of \$2,150,000 in one-time funding to reallocate three double-counted initiatives in the Mayor's Commission on Healthcare Systems Transformation recommendations, including:
  - A decrease of \$586,000 that is sent to the Department of Behavioral Health to restore 4.5 School Mental Health FTEs. This is similar to the Mayor's errata letter, except the positions are now designated as recurring through re-designations of out-year funding.
  - In the *errata* letter, the Executive attempted to redirect \$1,143,160 to restore 11.0 vacant positions within activity Support Staff Services of DBH that were eliminated in the proposed budget. However, since this was done through the use of one-time funds, which is not appropriate for funding FTEs, the Committee reallocates this funding for appropriate one-time uses, as follows:
    - Within the Department of Health, \$352,000 to implement B23-0183, the "Certificate of Need Fee Reduction Amendment Act of 2019"
    - Within the Department of Health, \$1,750 to implement B23-0250, the "Professional Art Therapist Licensure Amendment Act of 2019"
    - Within the Department of Health, \$260,000 to implement B23-0261, the "Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019"
    - Within the Department of Health, \$150,000 to continue the Leverage for Our Future Act funding, which was one-time funding in FY 2020
    - Within the Department of Health, \$213,000 to continue the teen pregnancy peer education grant, which was one-time funding in FY 2020.
    - Within the Department of Health, \$50,000 to implement the Budget Support Act subtitle, the "Commission on Alzheimer's Disease and other Dementia Act of 2020".

- An inter-Committee transfer-out of \$116,410 to the Committee on Human Services to fund the Emergency Rental Assistance Program at the Department of Human Services. Once the public health emergency ends, there is widespread concern that there will be a large number of evictions of persons who could not afford to pay their rent because of a loss of employment due to COVID-19's impact on the District's economy.
  - An inter-Committee transfer-out of \$420,840 of double-counted funding that was not re-designated within the Committee on Health via the *errata* letter. This funding is transferred to the Committee on Business and Economic Development to support the financing of the Skyland project to bring a Lidl to Ward 7, which will end a significant food desert. The funding will be used to support a Budget Support Act subtitle that will reduce local revenue to help fund the project.
- 2) Designate \$105,000 of CSG 50 within Program 8500 as one-time funding in FY2021 to make \$105,000 of non-personal services funding for B23-0261, Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019 recurring.
  - 3) The Medical Marijuana Program (\$955,972 and 6.0 FTEs) is transferred out of the Department of Health to the Alcoholic Beverage Regulation Administration per an inter-Committee transfer to the Committee on Business and Economic Development.
  - 4) Reduce \$250,000 for the Produce Rx Program from the Department of Health and shift this program to the Department of Healthcare Finance.
  - 5) The Committee eliminates five funded vacant positions and creates five new funded positions to implement B23-203, B23-0250, and B23-0261. The positions impacted are shown in the table below:

| Agency Name                      | Description   | Recurring \$ | FTE       |
|----------------------------------|---|--------------|-----------|
| <b>SOURCES - ALL LOCAL FUNDS</b> |   |              |           |
| DOH                              | Eliminate Position - Admin Srvs Mgr - #00010041, Program 3000, Activity 3010                    | (191,646)    | (1.0 FTE) |
| DOH                              | Eliminate Position - Sanitarian - #00088467, Program 4500, Activity 4515                        | (122,504)    | (1.0 FTE) |
| DOH                              | Eliminate Position - Sanitarian - #00079399, Program 4500, Activity 4515                        | (95,742)     | (1.0 FTE) |
| DOH                              | Eliminate Position - Code Enforcement Inspector- #00002310, Program 4500, Activity 4515         | (77,386)     | (1.0 FTE) |
| DOH                              | Eliminate Position - Program Manager - Program Manager - #00088903, Program 8500, Activity 8505 | (109,674)    | (1.0 FTE) |
| <b>USES - ALL LOCAL FUNDS</b>    |   |              |           |
| DOH                              | B23-0202, Certified Professional Midwife Act of 2020  | \$216,457    | 2.0 FTE   |
| DOH                              | B23-0250, Professional Art Therapist Licensure Amendment Act of 2019                            | \$75,927     | 1.0 FTE   |
| DOH                              | B23-0261, Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019        | \$300,531    | 2.0 FTE   |
| DOH                              | Add funding to Sanitarian - #00088449, Program 4500, Activity 4515                              | 4,037        | 0.0 FTE   |

B. The Committee approves the capital budget as proposed by the Mayor.

## DEPARTMENT OF HEALTH CARE FINANCE

A. The Committee approves the operating budget with the following changes:

- 1) Reduce \$17,540,089 in one-time Local Funds from Program 5000, CSG 50 and \$40,926,873 in one-time Federal Medicaid funds from Program 5000, CSG 50 and shift to the Medicaid Reserve (MR0). This funding is calculating by shifting half of the one-time local fund enhancement of \$35,080,177 to support increased enrollment in healthcare services due to increased unemployment from the COVID-19 pandemic, and the 70% federal Medicaid match.
- 2) Transfer-in \$250,000 for the Produce Rx Program from the Department of Health.

B. The Committee approves the capital budget as proposed by the Mayor.

C. The Committee requests that the Committee of the Whole add \$5 million to Department of Health Care Finance in Fiscal Year 2024 for the operating reserve requirement of the new GW Health hospital and ambulatory center at St. Elizabeths per the Mayor's *errata* letter. There is sufficient capacity in the Local funds operating margin of FY 2024 to add this funding without an offsetting reduction to other programs. This funding increase cannot be implemented at the Committee level, because of the requirement for the 4-year budget and financial plan to remain balanced.

## MEDICAID RESERVE

The Committee re-establishes the Medicaid Reserve as a paper agency of the Department of Health Care Finance with the following budget: \$17,540,089 in one-time Local Funds in CSG 50 and \$40,926,873 in one-time Federal Medicaid funds in CSG 50.

**DEPARTMENT OF BEHAVIORAL HEALTH**

A. The Committee approves the operating budget with the following changes:

1) An increase of \$586,000 of recurring funding to restore 4.5 School Mental Health FTEs. Due to the Council’s Committee structure, the *errata* letter only permitted these positions to be restored on a one time-basis. The approval of FTEs through one-time has been strongly disfavored for over a decade in the District. However, through two reductions in the financial plan, the Committee restores these positions to FTEs with recurring funding.

2) Designate \$486,017 of CSG 20 within Program 5800 as one-time funding in FY2021 to ensure the 4.5 positions are properly funded. This funding for supplies can be restored through the FY 2022 budget process, if necessary.

B. The Committee approves the capital budget as proposed by the Mayor.

**NOT-FOR-PROFIT HOSPITAL CORPORATION**

The Committee approves the operating budget as proposed by the Mayor.

**NOT-FOR-PROFIT HOSPITAL CORPORATION SUBSIDY**

The Committee approves the operating budget as proposed by the Mayor.

**HEALTH BENEFIT EXCHANGE AUTHORITY**

The Committee approves the operating budget as proposed by the Mayor.

**OFFICE OF THE DEPUTY MAYOR FOR HEALTH AND HUMAN SERVICES**

A. The Committee approves the operating budget with the following changes:

The \$99,983 contractual services enhancement shall be one-time funding in FY 2021, instead of recurring funding.

See attached

## **II. AGENCY FISCAL YEAR 2021 BUDGET RECOMMENDATIONS**

### **A. INTRODUCTION**

The Committee on Health is responsible for programmatic and budgetary oversight of matters concerning health and environmental health, the regulation of health occupations and professionals, and health-care inspectors. The Committee reviews and approves the budget for six District agencies, as well as a handful of boards and commissions. The Committee works closely with these agencies, District residents, and community advocates to craft careful and deliberate policies for public health services and programs. The Committee is chaired by Councilmember Vincent C. Gray; the other members are Councilmembers Mary M. Cheh, Brianne K. Nadeau, David Grosso, and Brandon T. Todd.

The District agencies, boards, and commissions that come under the Committee's purview are as follows:

- Advisory Committee on Acupuncture
- Advisory Committee on Anesthesiologist Assistants
- Advisory Committee on Clinical Laboratory Practitioners
- Advisory Committee on Naturopathic Medicine
- Advisory Committee on Physician Assistants
- Advisory Committee on Polysomnography
- Advisory Committee on Surgical Assistants
- Board of Allied Health
- Board of Audiology and Speech-Language Pathology
- Board of Behavioral Health
- Board of Chiropractic
- Board of Dentistry
- Board of Dietetics and Nutrition
- Board of Long-Term Care Administration
- Board of Marriage and Family Therapy
- Board of Massage Therapy
- Board of Medicine
- Board of Nursing
- Board of Occupational Therapy

- Board of Optometry
- Board of Pharmacy
- Board of Physical Therapy
- Board of Podiatry
- Board of Professional Counseling
- Board of Psychology
- Board of Respiratory Care
- Board of Social Work
- Board of Veterinary Medicine
- Commission on Health Disparities
- Commission on Health Equity
- Commission on HIV/AIDS
- Committee on Metabolic Disorders
- Council on Physical Fitness, Health, and Nutrition
- Department of Behavioral Health
- Department of Health
- Department of Health Care Finance
- Deputy Mayor for Health and Human Services
- District of Columbia Health Benefit Exchange Authority
- Health Information Exchange Policy Board
- Health Literacy Council
- Mental Health Planning Council
- Metropolitan Washington Regional Ryan White Planning Council
- Not-For-Profit Hospital Corporation
- Statewide Health Coordinating Council

The Committee held performance and budget oversight hearings on the following dates:

| <i><b>Performance Oversight Hearings</b></i> |  |
|--|--|
| <b>January 15, 2020</b>                      | DC Health Benefit Exchange Authority   |
| <b>January 31, 2020</b>                      | Department of Behavioral Health  |
| <b>February 20, 2020</b>                     | Department of Health   |
| <b>March 3, 2020</b>                         | Department of Health Care Finance<br>Not-for-Profit Hospital Corporation<br>Office of the Deputy Mayor for Health & Human Services |

| <b><i>Budget Oversight Hearing via WebEx (Executive Testimony)</i></b> |   |
|--|---|
| <b>June 5, 2020</b>  | Department of Health<br>Department of Behavioral Health<br>DC Health Benefit Exchange Authority<br>Not-for-Profit Hospital Corporation<br>Office of the Deputy Mayor for Health & Human Services<br>Department of Health Care Finance |

| <b><i>Budget Oversight Hearing via WebEx (Public Testimony)</i></b> |   |
|---|---|
| <b>June 10, 2020</b>  | Department of Health<br>Department of Behavioral Health<br>DC Health Benefit Exchange Authority<br>Not-for-Profit Hospital Corporation<br>Office of the Deputy Mayor for Health & Human Services<br>Department of Health Care Finance |

The Committee received important comments from members of the public during these hearings. Copies of public and executive witness testimony are included in this report as *Attachments C and D*. A video recording of the hearings can be obtained through the Office of Cable Television or at *oct.dc.gov*. The Committee continues to welcome public input on the agencies and activities within its purview.

## **B. DEPARTMENT OF HEALTH**

### **1. AGENCY MISSION AND OVERVIEW**

The mission of the Department of Health (DOH) is to promote health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation’s capital. The agency provides programs and services with the ultimate goal of reducing the burden of disease and improving opportunities for health and well-being for all District residents and visitors. DOH does this through a number of mechanisms that center around prevention, promotion of health, expanding access to health care, and increasing health equity. The department provides public health management and leadership through policy, planning, and evaluation; fiscal oversight; human resource management; grants and contracts management; information technology; government relations; risk management; communication and community relations; legal oversight; and facilities management. The DOH performance plan is based on three priority areas: (1) health and wellness promotion, (2) promoting health equity, and (3) public health systems enhancement. The agency is organized into the following 8 divisions:

**Health Emergency Preparedness and Response Administration (HEPRA)** – provides regulatory oversight of Emergency Medical Services and ensures that DOH and its



partners are prepared to respond to citywide medical and public health emergencies, such as those resulting from terrorist attacks, large accidents, or natural events such as weather-related emergencies. This division contains the following 5 activities:

- **Public Health Emergency Preparedness** – provides the District’s response to the emergency medical needs of its visitors and residents. The responsibilities cover a wide range of activities, including the development and training of emergency response plans, coordination of medical response with federal regional and local partners across the healthcare system, and coordination of volunteers through the Medical Reserve Corps. HEPRA also works with community and community organizations to withstand and bounce back from natural and man-made disasters. Resilient communities leverage community connections, relationships, and resources to ensure optimal health and security for individuals and families in both routine and emergency situations;
- **Public Health Emergency Operations and Program Support** – supports government and private partners with the development of their health and safety plans, emergency operation plans, and training exercises. The program also provides a public health command and control element that coordinates all DOH assets and operations during incidents, special events, and national special security events. Pharmaceutical Procurement and Distribution acquires and distributes over \$58 million of life-saving medications for the DOH programs that will allow as many District residents as possible access to medications. It also provides clinical support, formulary management, and quality assurance monitoring to address the needs of all DOH programs that utilize or distribute pharmaceuticals. The program also maintains the Strategic National Stockpile (SNS) of drugs for the Washington, DC region in the event of a declared national emergency;
- **Epidemiology Disease Surveillance and Investigation** – HEPRA works with community and community organizations to withstand and bounce back from natural and man-made disasters. Resilient communities leverage community connections, relationships, and resources to ensure optimal health and security for individuals and families in both routine and emergency situations; see also the Center for Policy, Planning, and Evaluation (CPPE), which provides surveillance, investigation, and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases (STDs), hepatitis, HIV/AIDS, and tuberculosis (TB));
- **Emergency Medical Services Regulation** – provides oversight and regulation of Emergency Medical Services (EMS), including certification and regulation of District of Columbia EMS providers, ambulance agencies, and EMS educational institutions. The program monitors training standards and certifies instructional

programs and instructors. In addition, it provides inspection and certification of all ambulances operated in the District whether they are governmental, private, or volunteer; and

- **Office of the Senior Deputy Director** – provides overall direction, policy development, and supervision for the four subordinate activities.

**HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)** – partners with health and community-based organizations to provide HIV/AIDS, hepatitis, STD, and TB prevention and care services. Services include prevention tools and interventions, medical care and supportive services, housing services for persons living with HIV/AIDS, HIV counseling and testing, and data and information on disease-specific programs and services. Furthermore, the administration provides information on the impact of these diseases on the community as well as education, referrals, and intervention services. The AIDS Drug Assistance Program (ADAP) provides drugs at no cost to eligible District residents who are HIV-positive or have AIDS. HAHSTA administers the District’s budget for HIV/AIDS, hepatitis, STD, and TB programs; provides grants to service providers; provides direct services for TB and STDs; monitors programs; and tracks the rates of HIV, hepatitis, STDs, and TB in the District of Columbia. This division contains the following 10 activities:

- **HIV/AIDS Support Services** – provides overall management, planning, direction and support for the HIV/AIDS, STD, TB and adult hepatitis surveillance, prevention, treatment, care, and control programs. It also provides HIV/AIDS information to individuals and community organizations, coordinates HAHSTA participation in public events, prepares written and other resources for public distribution, and manages special projects;
- **HIV/AIDS Policy and Planning** – provides community capacity to more effectively respond to the HIV/AIDS and STD epidemics through the Effi Barry program, which provides training and technical assistance to small, ward-based community organizations, a social marketing program aiming to promote health behavior to reduce risk of disease, and a free condom distribution program. It writes reports and creates other written materials for public distribution; and it provides HIV/AIDS, STD, TB, and hepatitis information to government agencies, community organizations, media, and individuals. It also coordinates participation in public events;
- **HIV Health and Support Services** – provides a comprehensive range of primary medical care and supportive services for persons living with HIV and AIDS;

- **HIV/AIDS Data and Research** – provides a comprehensive picture of the HIV/AIDS epidemic in the District of Columbia for purposes of ensuring that the needs of people infected with HIV, or at risk of infection, are met. It collaborates with healthcare providers and laboratories to collect and maintain comprehensive HIV/AIDS data in a confidential and secure manner; analyzes, interprets, and distributes epidemiologic information for use in developing public policy, planning, and evaluating prevention intervention and health care services; and supports funding requests;
- **Prevention and Intervention Services** – provides comprehensive HIV prevention programs and services through community organizations to the residents of the District of Columbia. Prevention programs include health education, HIV testing and counseling services, science-based prevention programs, and other support services, including condom distribution. In addition, the program monitors organizations to ensure that quality prevention services are being delivered through program evaluation and quality assurance activities as well as through the provision of capacity building, training, and technical assistance to sub-grantees;
- **AIDS Drug Assistance Program (ADAP)** – provides assistance with deductibles, co-payments, and health insurance/Medicare Part D premiums. DC ADAP also provides an entry point for other District health programs available to people living with HIV/AIDS;
- **Grants and Contracts Management** – provides fiscal and administrative monitoring of District and federally appropriated funds in the form of over 100 grants and sub-grants to more than 50 providers. Fiscal monitoring includes ensuring that grant funds are expended in accordance with federal and local grant regulations, conducting site visits, providing technical assistance to grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts;
- **Sexually Transmitted Disease (STD) Control** – provides assistance to prevent and control sexually transmitted diseases in the District of Columbia through the provision of clinical services, partnerships with local community providers, and promotion of healthy sexual behavior. The program also conducts surveillance for statistical purposes to track diseases and partner notification;
- **Tuberculosis Control** – provides direct care services to District residents, including clinical follow-up for active and/or suspected tuberculosis cases, directly observed therapy, preventive therapy, chest x-rays, contact investigations, and case management; and

- **HIV/AIDS Housing and Supportive Services** – provides housing support, emergency shelter, and other related services to help persons living with HIV and AIDS and their families achieve independent living.

**Health Regulation and Licensing Administration (HRLA)** – is comprised of the Office of Health Professional Licensing Boards, the Office of Health Care Facilities, the Office of Food, Drug, Radiation and Community Hygiene, and HRLA Support services. This division contains the following 4 activities:

- **Office of Health Professional License Administration** – the Office of Health Professional Licensing Boards administers the licensure of almost 70,000 health professionals in the District of Columbia supporting 19 health professional boards. The Office also executes the investigation of consumer incidents or complaints against health professionals and recommends enforcement, if necessary, to bring licensees into compliance with District and federal law. The health professional boards advise the Department of Health in matters pertaining to the development of rules and regulations for health professionals and provide additional services, including licensure verification and licensure examinations;
- **Office of Food, Drug, Radiation and Community Hygiene Regulation** – provides varied inspection and regulatory services. The Food Safety and Hygiene Inspection Services regulates smoking bans in establishments and food services that are provided in boarding homes, commission merchants, dairies, delicatessens, bakeries, candy and ice cream manufacturers, grocery stores, retail markets, restaurants, wholesale markets, mobile vendors, and hotels. The Division of Community Hygiene provides abatement notices, inspection of premises, code enforcement, premises baited, catch basin larvicide, community education and outreach, investigation of bite cases, issuance of dog and cat licenses, vaccinations, animal adoptions, spay and neutering, dead animal pick-up, and dangerous dog control services in the District. The Division of Radiation seeks to eliminate radiation overexposure of persons from naturally-occurring and man-made radiation by the inspection of dental x-ray tubes and medical x-rays and the regulation of health physicists, suppliers, and radioactive-material users in the District of Columbia;
- **Office of Health Care Facilities Regulation** – the Health and Intermediate Care Facility Divisions administer all District and federal laws and regulations governing the licensure, certification and regulation of all health care facilities in the District of Columbia. In this role, HRLA staff inspects health care facilities and providers who participate in the Medicare and Medicaid programs,

responds to consumer and self-reported facility incidents and/or complaints, and conducts investigations, if indicated. When necessary, HRLA takes enforcement actions to compel facilities, providers, and suppliers to come into compliance with District and federal law; and

- **Medical Marijuana** – allows all qualifying patients to have the right to obtain and use marijuana for medical purposes when his or her primary physician has provided a written recommendation that bears his or her signature and license number. This recommendation must assert that the use of marijuana is medically necessary for the patient for the treatment of a qualifying medical condition or to mitigate the side effects of a qualifying medical treatment.

**Office of Health Equity (OHE)** – works to address the root cause of health disparities, beyond health care, and health behaviors by supporting projects, policies and research that will enable every resident to achieve their optimal level of health. The Office achieves its mission by informing, educating, and empowering people about health issues and facilitating multi-sector partnerships to identify and solve community health problems related to the social determinants of health. As the newest division of the DOH, this Office is charged with providing leadership to the evidence-based paradigm and practice change effort essential to promoting and achieving health equity, including practitioners not only within DOH, but across District government, as well as with other public, private and non-profit entities, including community residents. This division contains the following 3 activities:

- **Multi Sector Collaboration** – will provide informed, data-driven and evidence-based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity; will use a “health in all policies” (HIAP) approach to improving community health; and will serve as liaison and technical advisor to all DOH Administrations regarding health equity, as well as to external District government agencies and private partners;
- **Community Based Participatory Research and Policy Evaluation** – applies data-driven and evidence-based research methods, tools and practices, including Geographic Information Systems (GIS) and other innovative methodologies, to measure social determinant and population health outcomes, including current and projected opportunities for health, disparate outcomes, and inequities by socioeconomic and demographic subpopulation and geographic location. This core function includes support for design, development and implementation of Health Equity Programs and their evaluation, including community-based participatory research, and publication of reports that inform the policy-making process as well as building the evidence base; and

- **Health Equity Practice and Program Implementation** – develops and delivers selected programs and initiatives with demonstrable strategic health-equity ‘nexus’ and operationalization potential, so as to contribute to and inform the essential paradigm shift in policy and practice to improve population health and promote more equitable opportunities for health, especially amongst vulnerable populations.

**Center for Policy, Planning, and Evaluation (CPPE)** – is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis, and direction setting for department programs; health policy, health planning and development; health research and analysis; vital records; disease surveillance and outbreak investigation; and planning, directing, coordinating, administering, and supervising a comprehensive Epidemiology and Health Risk Assessment program, which involves federal, state, county, and municipal functions. This division contains the following 4 activities:

- **Epidemiology Disease Surveillance and Investigation** – provides surveillance, investigation, and control of reportable diseases, disease outbreaks, and other public health threats within the District of Columbia (excluding sexually transmitted diseases (STDs), hepatitis, HIV/AIDS, and tuberculosis (TB));
- **Research, Evaluation, and Measurement** – plans and coordinates epidemiologic studies and outbreak investigations, defines the health status of residents, and assists with tracking of health events. This includes planning, development and coordination of appropriate methodologies to collect and process data as well as monitoring and evaluation of health and social issues. The division responds to internal and external inquiries about various health events and provides reports on health risk behaviors to both internal and external entities;
- **State Center for Health Statistics** – collects, processes, analyzes, and disseminates birth and death record information and other vital statistics data and information. It is responsible for the statistical analyses of the data generated from birth, death, and other vital records information. In addition, it develops comprehensive statistical and epidemiologic reports on District residents’ health status; and
- **State Health Planning and Development** – develops the District’s State Health Plan and Annual Implementation, and reviews and approves Certificate of Need applications that allow health care providers to establish new services, make certain capital expenditures, or take other actions as specified in the law.

The activity is also responsible for monitoring free care requirements of hospitals and other health care providers.

**Community Health Administration (CHA)** – promotes healthy behaviors and healthy environments to improve health outcomes and reduce disparities in the leading causes of mortality and morbidity in the District. CHA focuses on nutrition and physical fitness promotion; cancer and chronic disease prevention and control; access to quality health care services, particularly medical and dental homes; and the health of families across the lifespan. CHA’s approach targets the behavioral, clinical, and social determinants of health through evidence-based programs, policy, and systems change. This division contains the following 6 activities:

- **Cancer and Chronic Disease Prevention** – develops, implements and evaluates programs and policy aimed at preventing and controlling the leading causes of death in the District. The Bureau implements cancer control and prevention initiatives aimed at reducing the high rates of cancer-related mortality among District residents. Its programs target treatable or preventable cancers, such as breast, cervical, lung, and colorectal, through primary and secondary prevention. The Bureau also works to reduce the impact of chronic conditions such as cardiovascular disease, hypertension, and diabetes mellitus, by developing innovative management approaches and building community partnerships. It supports clinical quality improvement initiatives, which include developing decision support tools and participating in the design of clinical delivery systems, and it provides expert technical assistance to clinical and community settings around best practices for chronic disease prevention and management. The Bureau implements social marketing campaigns to change social norms and introduces long-lasting protective interventions, like cancer screening and tobacco cessation and treatment programs. The Bureau also helps strengthen the infrastructure for chronic disease care and promotes population-based policy strategies to reduce the common risk factors for chronic disease, including tobacco use, poor nutrition, and physical inactivity;
- **Health Care Access Bureau** – supports population-based programs to improve access to quality primary care services for residents. The Bureau works to support and promote medical and dental homes so that all residents can access comprehensive preventive medical and dental services. The Bureau administers the State Oral Health Program, the Immunization program including its Vaccines for Children program and the immunization registry, and health care workforce development programs. By administering the District’s Health Professional Shortage Areas and Medically Underserved Area programs, the Bureau is a key component of the District’s health planning infrastructure. The Bureau also supports innovations in primary care service delivery and quality, diffusion of primary care access to underserved communities, and linkages to primary care

services regardless of resident's ability to pay. The Bureau also ensures that underserved populations maintain access and linkages to healthcare services and the services provided by other CHA bureaus;

- **Family Health Bureau** – works to improve perinatal, early childhood, and child and adolescent health outcomes so that every child in the District of Columbia is healthy and able to thrive in school and beyond. The Bureau supports the development of a coordinated, culturally competent, family-centered health care delivery system; promotes community and clinical linkages for women, parents, children and adolescents; and works to align and integrate services to connect District families with resources they need. It also provides expert technical assistance and builds the capacity of clinical and community-based organizations to deliver evidence-based practices and innovative programs in perinatal, early childhood, child, and adolescent health directly in communities. In addition, the Bureau facilitates school-based health services and coordinates with education partners to implement policies and programs that support healthy school environments that support the whole child;
- **Support Services** – provides overall oversight of all of the programs and operations of CHA. Provides strategic direction for the administration and represents the agency within District government and to community stakeholders. Sets priorities for administration activities and leads policy development, planning, and operational management. It also includes program support services, whose purpose is to ensure efficient and effective daily operations across the administration through the development, implementation, execution, and review of all administrative functions and policies, including administration-specific human resources, information technology, facilities, and customer service activities; a grant and budget monitoring unit, whose purpose is to uniformly address all of the administration's fiscal duties, including responsibility for the development of, oversight over the execution of, and reporting of the fiscal year budget; provision of support for all local and grant-funded Administration programs; procurement, monitoring, and evaluation for all non-personnel activities, such as contracts, memoranda of understanding, and sub-grants; implementation of comprehensive strategic fiscal plans to include allocation of personnel costs across all administration funding sources; and a program evaluation unit, whose purpose is to collaborate with program and fiscal staff to ensure effective and efficient performance of sub grantees. Program analysts will review and provide ongoing feedback on performance metrics and process and outcome measures to program staff and sub grantees, provide technical assistance around evaluation and measurement, and advise on performance improvement activities. They will work closely with grant monitors as well as program staff to ensure positive impact of funded initiatives. A Deputy Director of Programs and Policy (DDPP) unit leads the activities of



CHA that address the determinants of health in the District of Columbia. The DDPP oversees implementation of evidence-based programs and policies to prevent illness and injury, promote healthy behaviors and healthy environments across the lifespan, improve access to medical and dental homes, and foster clinical quality improvement and innovation. The DDPP ensures that CHA programs follow best practices and are aligned with the core public health functions and essential services. The DDPP serves as the Title V Maternal and Child Health Block Grant Director and oversees the four programmatic bureaus within CHA, the Cancer and Chronic Disease Prevention Bureau, the Nutrition and Physical Fitness Bureau, the Health Care Access Bureau, and the Family Health Bureau;

- **Perinatal and Infant Health** – provides comprehensive services to improve perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, and health outcomes for children with special healthcare needs by facilitating access to coordinated primary and specialty health care and other services in partnership with their families and community organizations. The overarching goal is to reduce infant mortality and perinatal health disparities in the District of Columbia primarily through a home visiting approach; and
- **Nutrition and Physical Fitness** – promotes health and reduces obesity among District residents by encouraging behavior change through direct nutrition and physical activity education and by facilitating policy, systems, and environmental changes that make healthy choices the easy choice in every community. The Bureau administers programs that supply food or funds for food such as the Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Produce Plus Program, pop-up community markets, and other programs to impact socioeconomic factors that influence access to healthy foods. The Bureau also provides food, health and nutrition assessments and intervention, as well as education and counseling aimed at improving dietary habits and overall nutrition. Nutritional support is coupled with programs to promote physical activity and to decrease obesity.

**Agency Management** – provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using performance-based budgeting.

**Agency Financial Operations** – provides comprehensive and efficient financial management services to, and on behalf, of District agencies so that the financial integrity of the District of Columbia is maintained. This division is standard for all agencies using performance-based budgeting.

## 2. COMMITTEE BUDGET RECOMMENDATIONS

### a. Fiscal Year 2021 Operating Budget Recommendations

The Committee approves the operating budget with the following changes:

1) A decrease of \$2,150,000 in one-time funding to reallocate three double-counted initiatives in the Mayor's Commission on Healthcare Systems Transformation recommendations, including:

- A decrease of \$586,000 that is sent to the Department of Behavioral Health to restore 4.5 School Mental Health FTEs. This is similar to the Mayor's errata letter, except the positions are now designated as recurring through re-designations of out-year funding.
- In the *errata* letter, the Executive attempted to redirect \$1,143,160 to restore 11.0 vacant positions within activity Support Staff Services of DBH that were eliminated in the proposed budget. However, since this was done through the use of one-time funds, which is not appropriate for funding FTEs, the Committee reallocates this funding for appropriate one-time uses, as follows:
  - Within the Department of Health, \$352,000 to implement B23-0183, the "Certificate of Need Fee Reduction Amendment Act of 2019"
  - Within the Department of Health, \$1,750 to implement B23-0250, the "Professional Art Therapist Licensure Amendment Act of 2019"
  - Within the Department of Health, \$260,000 to implement B23-0261, the "Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019"
  - Within the Department of Health, \$150,000 to continue the Leverage for Our Future Act funding, which was one-time funding in FY 2020
  - Within the Department of Health, \$213,000 to continue the teen pregnancy peer education grant, which was one-time funding in FY 2020.
  - Within the Department of Health, \$50,000 to implement the Budget Support Act subtitle, the "Commission on Alzheimer's Disease and other Dementia Act of 2020".

- An inter-Committee transfer-out of \$116,410 to the Committee on Human Services to fund the Emergency Rental Assistance Program at the Department of Human Services. Once the public health emergency ends, there is widespread concern that there will be a large number of evictions of persons who could not afford to pay their rent because of a loss of employment due to COVID-19's impact on the District's economy.
  - An inter-Committee transfer-out of \$420,840 of double-counted funding that was not re-designated within the Committee on Health via the *errata* letter. This funding is transferred to the Committee on Business and Economic Development to support the financing of the Skyland project to bring a Lidl to Ward 7, which will end a significant food desert. The funding will be used to support a Budget Support Act subtitle that will reduce local revenue to help fund the project.
- 6) Designate \$105,000 of CSG 50 within Program 8500 as one-time funding in FY2021 to make \$105,000 of non-personal services funding for B23-0261, Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019 recurring.
  - 7) The Medical Marijuana Program (\$955,972 and 6.0 FTEs) is transferred out of the Department of Health to the Alcoholic Beverage Regulation Administration per an inter-Committee transfer to the Committee on Business and Economic Development.
  - 8) Reduce \$250,000 for the Produce Rx Program from the Department of Health and shift this program to the Department of Healthcare Finance.
  - 9) The Committee eliminates five funded vacant positions and creates five new funded positions to implement B23-203, B23-0250, and B23-0261. The positions impacted are shown in the table below:

| Agency Name                      | Description   | Recurring \$ | FTE       |
|----------------------------------|---|--------------|-----------|
| <b>SOURCES - ALL LOCAL FUNDS</b> |   |              |           |
| DOH                              | Eliminate Position - Admin Srvs Mgr - #00010041, Program 3000, Activity 3010                    | (191,646)    | (1.0 FTE) |
| DOH                              | Eliminate Position - Sanitarian - #00088467, Program 4500, Activity 4515                        | (122,504)    | (1.0 FTE) |
| DOH                              | Eliminate Position - Sanitarian - #00079399, Program 4500, Activity 4515                        | (95,742)     | (1.0 FTE) |
| DOH                              | Eliminate Position - Code Enforcement Inspector- #00002310, Program 4500, Activity 4515         | (77,386)     | (1.0 FTE) |
| DOH                              | Eliminate Position - Program Manager - Program Manager - #00088903, Program 8500, Activity 8505 | (109,674)    | (1.0 FTE) |
| <b>USES - ALL LOCAL FUNDS</b>    |   |              |           |
| DOH                              | B23-0202, Certified Professional Midwife Act of 2020  | \$216,457    | 2.0 FTE   |
| DOH                              | B23-0250, Professional Art Therapist Licensure Amendment Act of 2019                            | \$75,927     | 1.0 FTE   |
| DOH                              | B23-0261, Electronic Medical Order for Scope of Treatment Registry Amendment Act of 2019        | \$300,531    | 2.0 FTE   |
| DOH                              | Add funding to Sanitarian - #00088449, Program 4500, Activity 4515                              | 4,037        | 0.0 FTE   |

**b. Fiscal Year 2021 Capital Budget Recommendations**

The Committee approves the capital budget as proposed by the Mayor.

**3. COMMITTEE POLICY RECOMMENDATIONS**

1. DOH should continue implementing a science-driven data-based process for reopening the District. The Committee urges DOH to continue efforts to strike the right balance of reopening the District businesses and protecting those vulnerable to COVID-19.
2. This pandemic has highlighted the need of residents in Ward 7 and 8 to have greater access to health care that connects to a state of art hospital and health system. The proposed plans for a new hospital on the St. Elizabeths campus unveiled by the Mayor would help meet that need. The Committee recommends that DOH conduct a prompt and thorough Certificate of Need review of new hospital proposal.
3. DOH’s proposed FY21 budget identifies funding to help with technology costs associated with improving SHPDA. The Committee supports efforts by DOH to make SHPDA’s process digital, which is long overdue and will be particularly helpful to applicants.
4. As more businesses in the District reopen, the risk of community spread increases. The Committee supports more COVID-19 testing be made widely available to residents. The committee encourages mobile COVID-19 testing of residents and staff in nursing homes, assisted living, senior facilities, and those in the community who are less mobile.

5. Recently, DOH began free antibody testing in the District. The Committee supports COVID antibody testing and recommends DOH to maintain a database for testing results and antibody results. The Committee believes there is value in learning the percentage of District residents who have tested positive for COVID-19 and positive for the COVID-19 antibody to determine the likelihood of reinfection and allow for informed decision making.
6. The Committee recognizes that there is a dearth of federal leadership on how to best avert the spread of COVID-19, the effectiveness of certain medications to thwart it and misinformation comparing this virus to the common flu. The Committee urges Dr. Nesbitt, as the chief physician for the District, be a voice for dispelling myths about COVID-19 and emphasize the importance of testing, cooperating with contact tracers and treatment.
7. The Committee understands that as people become less inclined to self-isolate, there may be more visits to the emergency room, particularly if they are no longer covered by their insurance. The Committee recommends DOH monitor emergency room overcrowding for any patterns to be able to prevent any one hospital from bearing the brunt of a lack of first-class hospital in ward 7 or 8.
8. To continue bringing necessary resources to eligible women and their young families while the District and the world grapple with the health concerns and economic decline due to COVID-19, the Committee recommends the immediate implementation of legislation passed and funded by the Council. In particular, the Committee recommends swift action to implement 1) the “Leverage for Our Future Act of 2019” which would provide high quality home visiting services to first time low-income mothers and 2) B22-666, the “Women, Infants and Children Expansion Act of 2019” which, among other things, would connect WIC eligible families to healthy foods through increased access and outreach. These two bills leverage federal funding and private grants which would allow the District to help more families with less local dollars.
9. DOH should improve their efforts to ensure that District children are fully compliant and timely with required vaccinations. In particular, the Committee recommends DOH convene a working group with schools, community health centers and parents on strategies to increase the percentage of school age children who are vaccinated to at least 95% of the population. The success of this effort will help reach families when there is a viable vaccine for COVID-19.

10. Many services in DOH, like much of the District, were done remotely upon declaration of the public health emergency, for which the Committee supports. The Committee urges DOH and all District agencies to continue efforts to make government services available remotely and to examine ways those services can be improved.
11. The Committee commends the Mayor, the City Administrator, and Director Nesbitt for the phenomenal job of shutting down the District within days while ensuring that District services were still available to serve residents and businesses. Specifically, the Committee recognizes the difficult task of trying to find and secure the scarce resources to test for COVID-19 as well as secure the necessary PPE and medical equipment needed for to fight the virus and protect essential workers with oftentimes limited information and conflicting messages from the White House. The Committee urges the Department to continue its effort to test residents more broadly. In particular, the Committee urges the Department to implement testing procedures for residents who are home-bound or less mobile and engage the support of contact tracers to help limit community spread and prevent the next outbreak of the COVID-19.
12. The Committee recommends the Mayor and DOH support investments with public - private funding to create full service grocery stores in wards 7 and 8 so that residents will enjoy the opportunity to purchase goods and groceries of their choice and improve their diet and health. The Committee recognizes the economic drawbacks that have led to developers being hesitant to invest large capital, especially at this time, however, this global pandemic has revealed that access to a full service grocery stores within walking distance or brief public transportation services are essential to make communities more resilient to the stress of a health pandemic with a disparate impact of communities of color.
13. The successful re-opening of the District ultimately rests on a plan to safely educate students from pre K-12 and universities in the fall. The Committee urges DOH to protect vulnerable students and students with vulnerable caregivers by collaborating with DC Public Schools to create effective distance learning options. Additionally, DOH should communicate with universities to develop and approve prompt plans to reopen in the fall with appropriate face covering and social distancing protocols.
14. While the role of the school nurse has always been important to the general wellbeing of District students, they are even more essential considering the potential exposure to

COVID-19. The Committee urges DOH to work to expand school nurses to ensure every school has access to a 40-hour a week nurse.

15. The Committee commends DOH for its work to reduce infant mortality in the District and urges that they continue with these efforts.
16. There is a significant senior population in the District grappling with conditions of Alzheimer's and other forms of dementia alone. The committee urges DOH to adopt a Commission on Alzheimer's and Other Dementia which would be tasked with developing a District plan and with keeping the plan updated.
17. There will be a severe impact due to the loss of a federal grant in the HASTA division on the District's work to limit and reduce HIV exposure in the District. The lost in federal funding is expected to have a programmatic impact which cannot be met with local funding; therefore the Committee recommends DOH explore other sources of funding to support HASTA programs.
18. Recognizing the difficulty of obtaining personal information from virtual strangers, contact tracers will have an important role in the fight against the spread of COVID-19. The Committee urges DOH to develop a contingency plan for retaining some contact tracers if additional federal funding does not arrive by October 1, 2020.

## **C. DEPARTMENT OF HEALTH CARE FINANCE**

### **1. AGENCY MISSION AND OVERVIEW**

The mission of the Department of Health Care Finance (DHCF) is to improve health outcomes by providing access to comprehensive, cost-effective, and quality health care services for residents of the District of Columbia.

The Department of Health Care Finance provides health care services to low-income children, adults, the elderly, and persons with disabilities. More than 280,000 District of Columbia residents (approximately 40 percent of all residents) receive health care services through DHCF's Medicaid and Alliance programs. DHCF strives to provide these services in the most appropriate and cost-effective settings possible. DHCF is organized into the following 9 divisions:

**Health Care Delivery Management (HCDM)** – ensures that quality services and practices pervade all activities that affect the delivery of health care to beneficiaries served

by the District's Medicaid, Children's Health Insurance Program (CHIP), and Alliance programs. HCDM accomplishes this through informed benefit design; use of prospective, concurrent and retrospective utilization management; ongoing program evaluation; and the application of continuous quality measurement and improvement practices in furnishing preventive, acute, and chronic/long-term care services to children and adults through DHCF's managed care contractors and institutional and ambulatory fee-for-service providers. This division contains the following 5 activities:

- **Managed Care Management** – provides oversight, evaluation, and enforcement of contracts with organizations managing the care and service delivery of Medicaid and Alliance beneficiaries, along with providing oversight and enrollment of eligible beneficiaries;
- **Preventive and Acute Care (Children's Health Services)** – develops, implements, and monitors policies, benefits and practices for children's health care services, including HealthCheck/EPSDT, CHIP, and the Immigrant Children's Program;
- **Division of Quality and Health Outcomes** – continuously improves the quality (safe, effective, patient-centered, timely, efficient, and equitable services) of health care delivered by programs administered by DHCF; and ensures that quality and performance improvement principles and practices pervade all the components and activities that impact the delivery and outcomes of health care services to patients served by the District's Medicaid, CHIP, and Alliance programs;
- **Division of Clinicians, Pharmacy and Acute Provider Services** – develops, implements, and oversees the programming for primary and specialty providers, hospitals, and other acute and preventive care services; and manages the non-emergency transportation contract; and
- **Health Care Delivery Management Support Services** – provides administrative support functions to the Health Care Delivery Management division.

**Long-Term Care Administration (LTCA)** – provides oversight and monitoring of programs targeted to the elderly, persons with physical disabilities, and persons with intellectual and developmental disabilities. Through program development and day-to-day operations, the LTCA also ensures access to needed cost-effective, high-quality extended and long-term care services for Medicaid beneficiaries residing in home and community-based or institutional settings. The office also provides contract management of the long-term care supports and services contract. This division contains the following 4 activities:

- **Long-Term Care Support Services** – provides administrative support functions to the Long-Term Care division;



- **Oversight** – provides quality assurance (including compliance with six Centers for Medicare and Medicaid Services (CMS) assurances) and outcomes, oversight and audits/site visits, and corrective action plans;
- **Operations** – provides day-to-day operations to ensure service delivery for both providers and beneficiaries; issue resolutions, ensuring timeliness of prior authorizations; training and technical assistance to providers; provider readiness; and compliant triage and resolution; and
- **Intake and Assessment** – oversees nurse unit responsible for access to LTCSS including Delmarva assessments, Qualis/LOC reviews, coordination with ADRC, and IDD acuity level reviews/approvals.

**Health Care Policy and Planning** – maintains the Medicaid and CHIP state plans that govern eligibility, scope of benefits, and reimbursement policies for the District's Medicaid and CHIP programs; develops policy for the Health Care Alliance program and other publicly funded health care programs that are administered or monitored by DHCF based on sound analysis of local and national health care and reimbursement policies and strategies; and ensures coordination and consistency among health care and reimbursement policies developed by the various divisions within DHCF. The division also designs and conducts research and evaluations of health care programs. This division contains the following 4 activities:

- **Policy Unit Management (Regulation and Policy Management)** – maintains the Medicaid State Plan, which governs the eligibility, scope of benefits, and reimbursement policies of the Medicaid and CHIP programs; creates State Plan Amendments, waivers, and regulations that form the foundation of Medicaid policy and programs administered or monitored by DHCF; and ensures the coordination and consistency of health care and reimbursement policies developed by various divisions within DHCF;
- **Data Analysis (Division of Analytics and Policy Research)** – gathers information, analyzes data, and evaluates all activities related to multiple District-wide components of Medicaid, CHIP, the Alliance, and future healthcare delivery systems, including data collection systems; and designs and conducts research and evaluation of health care programs, studying their impacts on beneficiaries, providers, plans, and other partners and customers, designing and assessing potential improvements, and developing new measurement tools;
- **Member Management (Eligibility Policy)** – serves as liaison to District and federal agencies regarding eligibility-related matters; ensures collaboration and coordination between the agencies and facilitates compliance by the Department of

Human Services' Economic Security Administration with DHCF eligibility policy; interprets federal and state eligibility rules and regulation; establishes eligibility policies and criteria for the Medicaid and CHIP programs, as well as the Health Care Alliance and the Immigrant Children's Program; interprets and helps draft legislative changes, rules and regulations for the District regarding eligibility requirements; and manages the Optional State Supplement Payment Program for eligible District of Columbia residents residing in an adult foster care home; and

- **Health Care Policy and Planning Support (Health Care Policy and Research Support)** – provides administrative support functions to the Health Care Policy and Planning Administration.

**DCAS Project Management Administration** – has responsibility to design, develop, implement and manage the DC Access System (DCAS), which is an integrated eligibility system for all health and human services for the District. In addition, this administration is responsible for supporting the functionality and funding for all components of DCAS and their seamless interface with the Health Benefits Exchange and Department of Human Services program components. This division contains the following 4 activities:

- **Program Management** – manages all operational and functional activities related to the DCAS project;
- **Project Management** – manages all project management and functional activities related to the DCAS project;
- **Organizational Change** – manages all historical, current, and forecasted project initiatives associated with Organization Change Management; and
- **Information Technology** – manages the operational tasks and maintenance for the DCAS project.

**Health Care Finance** – provides provider payments for the following provider types: Medicaid providers, public providers, and Health Care Alliance providers. This division contains the following 3 activities:

- **Medicaid Provider Payment** – provides payment to Medicaid providers;
- **Medicaid Public Provider Payment** – provides payment to Medicaid public providers; and
- **Alliance Provider Payment** – provides payment to Alliance providers.

**Health Care Operations** – ensures the division of programs that pertain to the payment of claims and manages the fiscal agent contract, the administrative contracts, systems, and provider enrollment and requirements. The office provides contract management of the Pharmacy Benefits Manager, the Quality Improvement Organization contract, and the Medicaid Management Information System (MMIS) Fiscal Intermediary contract as well as additional administrative contracts. This division contains the following 3 activities:

- **Medicaid Information Systems (Claims Management)** – oversees MMIS operations; systems requests; member services, including member out-of-pocket reimbursements; Consolidated Omnibus Budget Reconciliation Act (COBRA) payments; third-party liability processing; and processing of financial transactions. The division also manages all internal and external data requests and data involving agency audits (local and federal), as well as MMIS training for all DHCF employees and system security;
- **Division of Public and Private Provider Services** – manages the Administrative Services Organization contract, provider enrollment and recruitment, and internal and external provider services and inquiries. The office also maintains positive ongoing coordination and continuity with all public provider agencies of the District of Columbia government to enhance each agency’s understanding of Medicaid reimbursement policies; is the accountable office within DHCF for implementation of policy that directly impacts other District agencies that serve as Medicaid providers; identifies opportunities to improve the reimbursement procedures of each agency; and works closely with these agencies to review federal policy to ensure that federal reimbursement is being maximized and compliance assured through claims processing and through program development; and
- **Health Care Operations Support (Health Care Operations Support Services)** – provides administrative support functions to the Health Care Operations division.

**Health Care Reform and Innovation (HCRIA)** – identifies, validates, and disseminates information about new health care models and payment approaches serving Medicaid beneficiaries with the goal of enhancing health care quality, improving care and outcomes, promoting health equity, and enhancing the value and efficiency of DHCF programs. The division creates and tests new delivery system and payment models among providers in the District and builds collaborative learning networks to facilitate innovation, implement effective practices, and facilitate technology improvements to support delivery system re-design and improvement. This division contains the following 2 activities:

- **Affordable Care Reform and Grants Development** – develops and executes strategies for payment and delivery system reform in the District, including developing, implementing, and monitoring health reform activities as well as

developing demonstration projects and grants to support various value-based purchasing and practice transformation strategies; and

- **Health Care Reform and Innovative Support Services** – is responsible for advancing the use of information technology among health care providers in the District. These activities include HCRIA’s responsibility to design, develop, implement, and sustain Health Information Exchange (HIE) activities. HIE’s infrastructure provides the technology, processes, and operations needed to facilitate exchange of health information between health stakeholders. HCRIA’s Health Information Technology (HIT) program offers incentives, outreach, and technical assistance to drive the adoption and use of Certified Electronic Health Records Technology by District health care providers. The program aligns with CMS’s Meaningful Use framework.

**Agency Management** – provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using performance-based budgeting.

**Agency Financial Operations** – provides comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This division is standard for all agencies using performance-based budgeting.

## **2. COMMITTEE BUDGET RECOMMENDATIONS**

The budgets under the purview of the Committee on Health combined are \$4.4 billion, which equals 25% of the District \$17.4 billion gross funds budget, and the Department of Healthcare Finance’s budget is \$3.6 billion of that amount. Given the magnitude of these budgets, even under regular times, the importance of evaluating how these fiscal resources are utilized is obvious. However, these are not ordinary times. We are in the midst of a global pandemic, that we have not seen since 1918. This is literally a once in a century health crisis.

In this crisis, African Americans are dying from COVID-19 at rates well above non-Hispanic white residents. In the District, despite being less than 47 percent of the city’s population, over 75 percent of the residents who have died due to complications related to COVID-19 were African American. While the virus does not discriminate on race, our history of being slow or unwilling to ensure African Americans have equal health, food, and housing outcomes are the reasons coronavirus has had a devastating impact in every major city with a significant African American population.

COVID-19 has an insidious way of attacking people with pre-existing health conditions. Residents of Wards 7 and 8 have health outcome disparities in every

statistical category including: obesity, heart disease, diabetes, smoking-related respiratory illnesses, cancer, etc. So, while we must continue to do everything possible to communicate with vulnerable communities of color on how best to protect themselves from COVID-19, even the District's best efforts have not been able to eliminate the disproportionate, adverse impact COVID-19 will have on African American and Latinx communities.

This virus is more threatening to those who with underlying medical conditions such as diabetes, heart disease, asthma and obesity which present higher in African Americans due to a history of poor diets because of a lack of available fresh and healthy foods from conventional stores coupled with less access and use of regular medical care. These are vulnerabilities that are sharply presented in the East End and other areas of the District with higher African American populations.

For four consecutive budget cycles, the Committee on Health, has been leading the way for a state-of-the-art community hospital as part of an improved health care system for Wards 7 and 8. In 2017, this Committee restored a \$300 million capital project to build a desperately-needed state-of-the-art hospital on the St. Elizabeths campus. Later, we added another \$325.5 million to build the hospital using a project-labor agreement. This capital project will serve as the catalyst for a true interconnected health care system of emergency care, urgent care, specialty care, ambulatory care, primary care, medical offices, independent physicians, and dentists. This project will create true health equity in the District. To do this the District will create a comprehensive healthcare system on the East End of the District of Columbia that improves access to care and health outcomes for Wards 7 and 8. Good health should not be determined by your zip code. We know that when we ensure equal access to care we are a healthier and more productive community.

The Fiscal Year 2021 budget adds another \$58.2 million to this project for an ambulatory care facility and additional infrastructure for a total of \$383.7 million. We are at the precipice of something truly transformative, because this hospital will restore trauma care services and obstetrical care to a community hospital that is modelled off national best practices. The Mayor has transmitted two bills, which will create a new hospital on St. Elizabeths campus run by GW University Hospital and a new Howard Hospital, which will be built adjacent to the current Howard Hospital. The legislation is named, Bill 23-0777, the "New Hospital at St. Elizabeths Act of 2020" and Bill 23-0778, the "New Howard University Hospital and Redevelopment Tax Abatement Act of 2020". The legislation for the new hospital on the St. Elizabeths campus has been referred to the Committee on Health and the legislation for the new Howard Hospital has been referred to the Committee on Business and Economic Development, because it involves tax abatements.

In addition to this critically important capital project, The Department of Health Care Finance manages the state-level function of the District's Medicaid Program. The stated mission of the Department of Health Care Finance (DHCF) is to improve health outcomes by providing access to comprehensive, cost-effective, and quality health care services for residents of the District of Columbia. The Department of Health Care Finance provides health care services to low-income children, adults, the elderly, and persons with disabilities. More than 280,000 District of Columbia residents (approximately 40 percent of all residents) receive health care services through DHCF's Medicaid and Alliance programs. DHCF strives to provide these services in the most appropriate and cost-effective settings possible

**a. Fiscal Year 2021 Operating Budget Recommendations**

The Committee approves the operating budget with the following changes:

1) Reduce \$17,540,089 in one-time Local Funds from Program 5000, CSG 50 and \$40,926,873 in one-time Federal Medicaid funds from Program 5000, CSG 50 and shift to the Medicaid Reserve (MR0). This funding is calculating by shifting half of the one-time local fund enhancement of \$35,080,177 to support increased enrollment in healthcare services due to increased unemployment from the COVID-19 pandemic, and the 70% federal Medicaid match.

2) Transfer-in \$250,000 for the Produce Rx Program from the Department of Health.

The Committee requests that the Committee of the Whole add \$5 million to Department of Health Care Finance in Fiscal Year 2024 for the operating reserve requirement of the new GW Health hospital and ambulatory center at St. Elizabeths per the Mayor's *errata* letter. There is sufficient capacity in the Local funds operating margin of FY 2024 to add this funding without an offsetting reduction to other programs. This funding increase cannot be implemented at the Committee level, because of the requirement for the 4-year budget and financial plan to remain balanced.

**Medicaid Reserve (MR0)**

This budget re-establishes the Medicaid Reserve, which previously existed 15 years ago when the District was annually facing significant annual Medicaid disallowances. The Reserve was created because disallowances were happening each year, so additional funds

were likely necessary to avoid Medicaid spending pressures at the Department of Health and the Department of Mental (now Medicaid is in DHCF). So, while OCFO required the money to be budgeted to certify the annual budget, the Council created this paper agency to expand transparency and oversight of these funds.

This year, there exists a wide range of possible scenarios for DHCF's Medicaid expenses because of the unpredictability of COVID-19. This year DHCF received a one-time local fund enhancement of \$35,080,177 to support increased enrollment in healthcare services due to increased unemployment from the COVID-19 pandemic, and the 70% federal Medicaid match. Clearly, DHCF will need a portion of the large increase it received for expanded enrollment, because even under a best-case scenario for how COVID plays out in the fall, they will have more enrollees. Therefore, Committee shifts half of that money to the Medicaid Reserve to require DHCF to verify to OCFO that the remaining half of the funds are required.

The creation of the Reserve is important for two reasons. First, it provides greater Council oversight of these funds by notifying Council when they are transferred to DHCF and providing an explanation as to the use of the funds. Second, DHCF has indicated that there are Alliance and telehealth reforms that they are currently scheduled discontinue after the public health emergency. Currently, there are no funds budgeted to continue waiving the face-to-face recertification requirement for Alliance. The Latinx community, who comprises the majority of the Alliance population, has been hit hard by COVID-19. It's concerning that there exists even a possibility of people waiting in long lines to do a face-to-face recertification with DHS to renew their health care, when everyone is assuming COVID will be around in October. If additional funds are found to be available because enrollment does not increase as much as was projected, then the Reserve allows funds to be used to continue Alliance reforms, continue and expand telehealth reforms, and implement a Medicaid Buy-In Program.

The Committee re-establishes the Medicaid Reserve as a paper agency of the Department of Health Care Finance with the following budget:  
\$17,540,089 in one-time Local Funds in CSG 50 and \$40,926,873 in one-time Federal Medicaid funds in CSG 50.

**b. Fiscal Year 2021 Capital Budget Recommendations**

The Committee approves the capital budget as proposed by the Mayor.

**3. COMMITTEE POLICY RECOMMENDATIONS**

Policy recommendations will be added.

## **D. DEPARTMENT OF BEHAVIORAL HEALTH**

### **1. AGENCY MISSION AND OVERVIEW**

The mission of the Department of Behavioral Health (DBH) is to support prevention, treatment, resiliency, and recovery for District residents with mental health and substance use disorders through the delivery of high-quality, integrated services.

The Department of Behavioral Health will: (1) ensure that every individual seeking services is assessed for both mental health and substance use disorder needs, (2) increase the capacity of the provider network to treat co-occurring disorders, (3) establish and measure outcomes for individuals with co-occurring mental health and substance use disorders as well as single illnesses with recovery as the goal, and (4) enhance provider monitoring to ensure high quality service. DBH is organized into the following 8 divisions:

**Behavioral Health Authority** – plans for and develops mental health and substance use disorders (SUD) services; ensures access to services; monitors the service system; supports service providers by operating DBH’s Fee for Service (FFS) system; provides grant or contract funding for services not covered through the FFS system; regulates the providers within the District’s public behavioral health system; and identifies the appropriate mix of programs, services, and supports necessary to meet the behavioral health needs of District residents. This division contains the following 5 activities:

- **Office of the Director/Chief Executive Officer** – leads management and oversight of the public behavioral health system; directs the design, development, communication, and delivery of behavioral health services and supports; and identifies approaches to enhance access to services that support recovery and resilience;
- **Consumer and Family Affairs** – promotes and protects the rights of individuals with behavioral health disorders; encourages and facilitates consumer and client and family leadership of treatment and recovery plans; and ensures consumer and client voice in the development of the behavioral health system. The Administration also promotes consumer and client leadership, manages the peer certification training, and provides expertise on the consumer and client perspective and is made up of the following teams: Peer Support, Consumer Engagement, Consumer Rights, Quality Improvement and Saint Elizabeths;



- **Office of Ombudsman** – identifies and helps consumers and clients resolve problems, complaints and grievances through existing processes; educates on available services and helps to maximize outreach; refers individuals when appropriate to other District agencies for assistance; and comments on behalf of residents on District behavioral health policy, regulations and legislation;
- **Legal Services** – provides legal advice to the Director on all aspects of DBH’s operations and activities; drafts, researches and/or reviews legislation, regulations, and policies affecting DBH’s mission and programs; and formulates strategic advice on DBH program development and compliance and oversight activities; and
- **Legislative and Public Affairs** – develops, leads and coordinates the agency’s public education, internal and external communications, and public engagement and outreach initiatives; manages legislative initiatives and acts as the liaison to the District Council; facilitates responses to constituent complaints and service requests; and provides information and support for special projects.

**Saint Elizabeths Hospital (SEH)** – provides inpatient psychiatric, medical, and psychosocial person-centered treatment to adults to support their recovery and return to the community. The hospital’s goal is to maintain an active treatment program that fosters individual recovery and independence as much as possible. The hospital is licensed by the District’s Department of Health, and meets all the conditions of participation promulgated by the federal Centers for Medicare and Medicaid Services. This division contains the following 14 activities:

- **Office of the Chief Executive** – provides overall executive management and leadership for all services and departments of Saint Elizabeths;
- **Office of Clinical and Medical Services** – SEH – provides the clinical, operational, strategic, and cultural leadership necessary to deliver care that is high-value (in terms of cost, quality and patient experience) to support their recovery and reintegration into the community;
- **Engineering and Maintenance** – SEH – provides maintenance and repairs to ensure a functional, safe, and secure facility to maximize the benefits of the therapeutic environment;
- **Fiscal and Support Services** – SHE – provides for the formulation, execution, and management of the hospital’s budget, billing and revenue operations; approves and finances all requests for procurements; and oversees the overall financial integrity of the Hospital to ensure the appropriate collection, allocation, utilization and control of resources;

- **Quality and Data Management** – provides quality improvement utilizing performance improvement techniques; uses data and research to guide clinical practices; provides oversight of reporting functions; and manages the reporting functions from the electronic medical record;
- **Housekeeping – SEH** – maintains a clean and sanitized environment to enhance the therapeutic environment and level of clinical performance;
- **Materials Management – SHE** – receives and delivers materials, supplies, postal and laundry services; maintains an inventory of goods, replenishes stock, and performs electronic receiving for all goods and services;
- **Nursing Services – SEH** – provides active treatment and comprehensive, high quality 24-hour nursing care through a recovery-based therapeutic program; establishes the training curriculum for all levels of hospital staff and ensures compliance with training programs for clinical and clinical support staff to maintain the health and safety of patients and staff;
- **Nutritional Services – SEH** – provides optimum nutrition and food services, medical nutrition therapy and nutrition education services in a safe and sanitary environment;
- **Security and Safety – SEH** – provides a safe and secure facility for patients, visitors, and staff to support a therapeutic environment;
- **Transportation and Grounds – SEH** – manages the resources, administrative functions, contracts, and personnel; and provides transportation and maintenance services, including solid and medical waste disposal, and snow and ice removal;
- **Office of the Chief of Staff – SEH** – primarily responsible for the organization, ongoing management and oversight of key hospital administrative functions; regularly interacts and coordinates with medical staff and executive leadership; and serves as liaison with external partners including the Department of Corrections, DC Superior Court, and the District of Columbia Hospital Association;
- **Office of the Chief Operating Officer – SEH** – provides the operational, strategic, and cultural leadership necessary to plan, direct, and manage major administrative functions. This ensures the provision of high-quality services while also meeting the needs of individuals in care and external stakeholders. The Chief Operating Officer regularly interacts and coordinates with finance, information systems, human resources, performance improvement, and risk management; and

- **Office of the Chief Clinical Officer – SEH** – provides clinical leadership and interdisciplinary treatment teams; and ensures the provision of social work services, treatment programs, rehabilitation services, utilization review, and volunteer services.

**Accountability Division** – oversees provider certification, mental health community residence facility licensure, program integrity, quality improvement, major investigations, incident management, claims audits, and compliance monitoring. Issues annual Medicaid and local repayment demand letters, annual quality reviews, and annual provider scorecards. This division contains the following 5 activities:

- **Office of Accountability** – leads the Accountability Division by providing oversight and management of all of the agency’s certification, licensure, incident management, and program integrity activities;
- **Investigations** – conducts major investigations of sentinel events and major unusual incidents, presents a disposition of the matter, and develops the final investigative report submitted to the agency Director, General Counsel, and other appropriate parties to ensure the needs and treatment goals of individuals in care are identified and addressed;
- **Licensure** – reviews and processes applications for licensure for Mental Health Community Residence Facilities (MHCRF), monitors MHCRF operators’ compliance with agency regulations and policies, and generates and enforces statements of deficiencies and corrective action plans when necessary;
- **Certification** – reviews and processes applications for certification and recertification for behavioral health providers, monitors provider compliance with agency certification regulations and policies, and generates and enforces statements of deficiencies and corrective action plans when necessary; and
- **Program Integrity** – provides oversight of certified providers through audits and reviews to ensure that they meet or exceed service delivery and documentation standards for mental health rehabilitation and substance use disorder services, and that they comply with agency policies and procedures and applicable District and federal laws and regulations. Clinical

**Services Division** – provides person-centered, culturally competent outpatient psychiatric treatment and supports to children, youth and adults to support their recovery; and coordinates disaster and emergency mental health programs. This division contains the following 11 activities:

- **Office of the Chief Clinical Officer** – supervises and sets standards for the provision of clinical care throughout the agency and public behavioral health system for children, youth, and adults; oversees community hospitals that treat agency consumers on an involuntary basis; and serves as the petitioner in guardianship cases, and oversees the agency’s disaster response for the city;
- **Behavioral Health Services** – directs and manages mental health services at two agency-operated locations;
- **Behavioral Health Services – Adult** – provides clinical assessment and treatment of persons who are 18 years of age and older who present with mental health concerns, and provides urgent same-day evaluations for persons in crisis that do not arise to the level of needing an emergency room visit;
- **Behavioral Health Services – Child** – provides clinical assessment and treatment for children up to 7 years old who present with challenging social, emotional and disruptive behaviors that cause impairment in functioning at home, in school/daycare, and in the community;
- **Behavioral Health Services – Pharmacy** – provides psychiatric medications for residents enrolled in the public behavioral health system who are uninsured and unable to pay for medications;
- **Comprehensive Psychiatric Emergency Program (CPEP)** – provides emergency mental health services to adults 18 years of age and older, including immediate and extended observation care to individuals who present in crisis, as well as services in the community; and participates in the District’s cold weather alert response;
- **Psychiatric Emergency Services – CPEP** – provides immediate access to multi-disciplinary emergency psychiatric services 24/7, assesses and stabilizes psychiatric crises of patients who present voluntarily or involuntarily who live or visit the District, and formulates appropriate next level of care in the community or at other treatment facilities. Serves as the first contact for behavioral health services in the District and the primary provider of crisis stabilization to high profile and high service utilizer patients;
- **Homeless Outreach / Mobile Crisis – CPEP** – Homeless Outreach connects homeless individuals and families with behavioral health services and assists in the District’s encampment protocol. Mobile Crisis provides crisis intervention and stabilization services to residents and visitors who are experiencing psychiatric crises in the community or at home; services include linkage to DBH,

psychoeducation, treatment compliance support, and grief and loss services to individuals after a traumatic event;

- **Access Helpline** – enrolls consumers into services, authorizes appropriate units and duration of services based on clinical review of medical necessity criteria and capacity limits, ensures District residents receive crisis services, and provides telephonic suicide prevention and other counseling as appropriate;
- **Forensics** – provides and oversees continuum of behavioral health and others services for justice-involved individuals from pre-arrest to post-incarceration to ensure their successful return to the community; and
- **Assessment and Referral Center (ARC)** – assesses and refers adults seeking treatment for substance use disorders to appropriate services, such as detoxification, inpatient, medication-assisted treatment, outpatient substance use disorder treatment programs, or recovery support services.

**Systems Transformation Division** – conducts research, analysis, planning and evaluation leading to defined individual, service, and system outcomes; identification of needs, resources and strategies to improve efficiency as well as collaboration among and between internal and external partners; development and implementation of learning opportunities to advance system change; and greater effectiveness of the overall service delivery system. This division contains the following 5 activities:

- **Office of System Transformation** – leads development and implementation of programmatic, organizational, and system change management process; and manages the agency’s grant process, from identifying opportunities to submitting reports to grantors;
- **ISIDA – Data and Performance Management** – meets the agency’s data reporting and analysis needs by working with staff to identify what information is needed, creating reports and dashboards that present and make the information accessible, and helping staff understand what the information means and how it can be used to improve performance;
- **Strategic Management and Policy** – develops programmatic regulations, policies and procedures to support the agency’s mission, and develops the agency’s Performance Plan and Performance Accountability Report;
- **Network Development** – monitors and provides technical assistance to individual providers and/or the provider network at large on emerging clinical, care coordination, administrative and organizational issues that need to be addressed to ensure and enhance the provision of services; and

- **Training Institute** – enhances the knowledge and competencies of the DBH provider network, and internal and external customers, through performance-based and data-driven learning environments.

**Community Services Division** – develops, implements and monitors a comprehensive array of prevention, early intervention and community-based behavioral health services and supports for adults, children, youth, and their families that are culturally and linguistically competent; and supports resiliency, recovery and overall well-being for District residents who have mental health and substance use disorders. This division contains the following 19 activities:

- **Community Services Administration** – provides support services for community-based programs to ensure the coordination of services among and between internal and external partners to achieve programmatic results;
- **Office of Community Services** – leads oversight and management of the agency’s integrated community-based, prevention, early intervention, and specialty behavioral health programs;
- **Prevention and Early Intervention** – develops and delivers prevention and early intervention services, education, support, and outreach activities to help inform and identify children, youth, and their families who may be affected by some level of mental health and/or substance use disorder issue;
- **Prevention and Early Intervention** – Early Childhood – provides school-based and center-based early childhood mental health supports and child and family-centered consultation to child development center staff and families to build their skills and capacity to promote social/emotional development and to prevent, identify, and respond to mental health issues among children in their care;
- **Prevention and Early Intervention** – School Mental Health– provides school-based, primary prevention services to students and school staff, early intervention, and treatment to students and parents, and consultation to individual teachers;
- **Prevention Substance Use Disorder** – ensures comprehensive prevention systems by developing policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use;
- **Gambling Treatment and Intervention** – provides support services for the prevention, treatment, and research of gambling addictions;

- **Specialty Care** – develops, implements, and ensures sustainability of specialized and evidence-based behavioral health programs for adults, adolescents, transition-aged youth, children, and their families;
- **Specialty Care – Community-Based Services** – oversees development, implementation and monitoring of a comprehensive array of community-based mental health and substance use disorders services including evidenced-based and promising practices, implemented within the behavioral health provider network to address the needs of adults, children, youth, and their families;
- **Specialty Care – New Initiatives** – provides overall technical direction and administration of a broad range of grant-funded projects and other new initiatives, tracks and monitors their progress and outcomes, and makes recommendations on their integration and full-scale implementation;
- **Linkage and Assessment** – provides mental health and substance use disorder screening, assessments, and referrals for adults, children, youth, and families, ensuring they have easy access to a full continuum of quality behavioral health services and supports;
- **Linkage and Assessment – Assessment Center** – provides the Superior Court of the District of Columbia with court-ordered, high-quality, comprehensive, culturally competent mental health consultation, and psychological and psychiatric evaluations, for children and related adults with involvement in child welfare, juvenile justice and family court;
- **Linkage and Assessment – Co-Located Programs** – oversees the co-location of DBH clinicians at various District government agencies and community-based sites, to conduct early behavioral health screenings, assessments, and consultations, and to make service referrals to the behavioral health provider network;
- **Linkage and Assessment – PRTF** – provides centralized coordination and monitoring of placement, continued stay, and post-discharge of children and youth in psychiatric residential treatment facilities (PRTF). Oversees the coordination of the PRTF medical necessity review process;
- **Housing Development** – develops housing options and administers associated policies and procedures governing eligibility, access to housing, and issuance of vouchers for eligible individuals in the agency’s system; monitors providers’ compliance with contracts and provides technical assistance to providers on the development of corrective action plans; and develops and monitors grant agreements pertaining to housing development and funding of housing vouchers;

- **Residential Support Services and Care Continuity** – determines individuals’ housing needs and level of support; provides referrals to landlords; assures properties are inspected and approved; monitors service provision according to individualized clinical treatment plans; assures coordination and resolves problems among landlords, tenants, and providers; and conducts regular reviews to transition ready individuals to more independent, least restrictive community-based settings of their choice;
- **Implementation of Drug Treatment Choice** – provides subsidies and transfers for substance use disorder treatment services only;
- **Behavioral Health Rehabilitation** – provides Local funding for the payment of claims to providers for District residents who receive mental health rehabilitation services that are locally funded only and/or who are otherwise not eligible for Medicaid; and
- **Behavioral Health Rehabilitation – Local Match** – allocates Local funding as the match to Medicaid payment of claims to providers for District residents who are Medicaid-eligible and receive mental health and substance use disorder services that are funded by Medicaid.

**Agency Management** – provides for administrative support and the required tools to achieve operational and programmatic results. This division is standard for all agencies using performance-based budgeting.

**Agency Financial Operations** – provides comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This division is standard for all agencies using performance-based budgeting.

## 2. COMMITTEE BUDGET RECOMMENDATIONS

### a. Fiscal Year 2021 Operating Budget Recommendations

The Committee approves the operating budget with the following changes:

- An increase of \$586,000 of recurring funding to restore 4.5 School Mental Health FTEs. Due to the Council’s Committee structure, the *errata* letter only permitted these positions to be restored on a one time-basis. The approval of FTEs through one-time has been strongly disfavored for over a decade in the District. However,



through two reductions in the financial plan, the Committee restores these positions to FTEs with recurring funding.

- Designate \$486,017 of CSG 20 within Program 5800 as one-time funding in FY2021 to ensure the 4.5 positions are properly funded. This funding for supplies can be restored through the FY 2022 budget process, if necessary.

#### **b. Fiscal Year 2021 Capital Budget Recommendations**

The Committee approves the capital budget as proposed by the Mayor.

#### **4. COMMITTEE POLICY RECOMMENDATIONS**

Since a change in leadership in 2019, the Department of Behavioral Health has made great progress in addressing substance abuse disorder, expanding school-based mental health services, increasing access to early childhood consultation, and strengthening psychiatric services in the District; however, its seen an equal amount of challenges. During the last year, the agency has been tasked with examining and learning from:

- Behavioral health issues that impact residents on the east end of the city;
- The State Opioid Response (SOR) grant and District Opioid Targeted Strategy (DOTS) grant spending and results;
- The progress report on Live.Long.DC;
- A spike in opioid deaths in 20-29 age cohort and 60-69 age cohort
- The expansion of school-based mental health services;
- Behavioral health engagement on Minnesota Avenue, NE;
- Allegations of patient abuse at St. Elizabeths Hospital;
- The recent issue of water contamination at St. Elizabeths Hospital; and
- The monitoring of the release of Hilman Jordan.

The Mayor's FY21 proposed budget reflects a massive cut to DBH's budget, which threatens to undo tenuous progress. The majority of the decrease is due to the end of the first-year federal State Opioid Grant. However, Director Barbara Bazron testified that DBH has applied for a second \$23.8 million federal opioid grant - filling that gap -and has included in the FY21 budget the authority to spend the funds if the grant is awarded. The committee proposes the following policy recommendations so that the Department of Behavioral Health can remain in-line with its mission and improve outcomes:

1. Continue to equip all police officers with naloxone in high overdose areas of city

2. Develop a plan to avoid future grant disallowances
3. Provide the Council an update by September 15, 2020 regarding the progress towards achieving efficiencies in substance abuse treatment, and if not, inform Council of spending pressure entering fiscal year and services that would be put at risk
4. Resolve FY20 spending pressures.
5. Expand faith-based grant utilization under the DC Opioid Response (DCOR) faith-based grant to ensure all funds are spent effectively with no disallowances
6. Examine possibility of expanding mental health crisis intervention as part of comprehensive approach to policing reform
7. Continue implementation of the 1115 waiver and begin the transition of fee-for-service consumers to MCOs
8. Continue to address emotional and mental dimensions during and post COVID-19 pandemic and ensure access and quality care through increased telehealth services
9. Provide a report on how the Forensic Outpatient Division has strengthened oversight and support for court ordered outpatient consumers and built on improvements already made (i.e. additional drug testing).
10. Provide a report on how reports of patient abuse, and misuse of restraint and seclusion have been addressed.
11. Conduct and publicly share a yearly analysis of water safety at Saint Elizabeths.
12. By October 1, 2020, provide an update on the second SOR federal grant that DBH anticipates will fill its \$20 million funding gap.
13. Expand inpatient detoxification services in the District.
14. Develop behavioral health and social emotional service goals and intervention plans that are inclusive of and responsive to data provided through the Youth Behavioral Risk Survey (YRBS) and OSSE's At-Risk Youth Analysis as well as other school-based needs assessments.
15. Create and publicly share via website information that allows youth and families to access mental health services and supports at their school. Service access information should include: 1) An updated list of mental health & wellness staff at each school including name, position, role, email, and cell number; 2) A list of interventions, and wellness opportunities available at each school; and 3)

Information on practitioner hours and how to schedule an appointment; and 4) A link to a scheduling app that students can use to schedule appointments.

16. Create and publicly share an annual mental health & wellness plan that includes goals and targets overall and by school and a timeline for delivery. Targets should reflect the needs and realities reflected the 2019 YRBS data, School Climate Survey, OSSE student at-risk assessment data, and any other behavioral risk or economic data available to school leaders. Data should be collected and posted quarterly. Important data would include (by age and school): 1) the number of children and youth receiving individual and group interventions; 2) The number assessed and results of those assessments; 3) The number of youth connected to community services.

## **E. NOT-FOR-PROFIT HOSPITAL CORPORATION**

### **1. AGENCY MISSION AND OVERVIEW**

The mission of the Not-For-Profit Hospital Corporation (NFPHC) is dedicated to the health and well-being of individuals and communities entrusted to our care. NFPHC will be an efficient, high value, patient-focused provider of high-quality healthcare to improve the lives of District residents. We will employ innovative approaches that yield excellent experiences and will empower healthcare professionals as they work to care for our patients. We will pursue this vision through collaboration with other providers and as part of a larger District-based delivery system.

The NFPHC, commonly known as United Medical Center (UMC) and United Medical Nursing Center, is an independent District instrumentality, created by legislation adopted by the Council of the District of Columbia. It provides inpatient, outpatient, psychiatric, and emergency care, and a skilled nursing facility (SNF). NFPHC is located east of the Anacostia River in the Southeast section of Washington, D.C. Its primary service market includes residents of Wards 7 and 8 and the state of Maryland's Prince George's County. Approximately 88 percent of United Medical Center's hospital admissions were paid for by the public programs Medicare or Medicaid.

The NFPHC is governed by a 14-member Board of Directors, 11 of whom are voting members and three of whom are non-voting members. Six members are appointed by the Mayor and three members are appointed by the Council of the District of Columbia. The Chief Financial Officer of the District, or his or her designee, and a representative of the entity maintaining the largest collective bargaining agreement with the corporation serve as ex-officio voting members. The Chief Executive Officer and Chief Medical Officer of NFPHC and the President of the District of Columbia Hospital Association serve as non-voting ex-officio members.

The Board of Directors of the NFPHC adopted a new Strategic Vision and Plan on August 2, 2013, and this Plan was approved by the Mayor and endorsed by the District Council. The Council in that endorsement urged the Board and the Executive to carry out the Plan, including recommendations from Huron Consulting, “swiftly.” Five major areas within this plan of focus remain:

- Align with a partner(s) and position UMC to thrive under healthcare reform;
- Achieve financial stability;
- Recruit, deploy, and retain talented and enthusiastic personnel focused on providing excellent patient experiences;
- Achieve superior quality and patient safety outcomes; and
- Contribute to overall health within the communities that UMC serves

The NFPHC has made several advancements with regard to financial stability and recruiting highly qualified personnel. These advancements have seen the Hospital's quality measures increase over the last three years. The Hospital continues to work with local officials to align with a partner and position UMC to thrive under healthcare reform

The Not-For-Profit Hospital Corporation operates through revenues generated primarily, though not exclusively, through its hospital patient and Skilled Nursing Facility (SNF) resident operations.

**Hospital Services** – NFPHC operates an acute care program with 234 licensed acute care beds, which provides medical, surgical, and psychiatric care. Other hospital services include adult emergency care and outpatient and diagnostic services. Children’s National Medical Center, through a lease arrangement and as a separately licensed organization, provides pediatric emergency care on the campus of NFPHC.

**Skilled Nursing Facility (SNF) Services** – With a capacity of 120 beds, the SNF provides skilled nursing services to chronically ill residents, with a significant percentage of the patients being the elderly.

## **2. COMMITTEE BUDGET RECOMMENDATIONS**

### **a. Fiscal Year 2021 Operating Budget Recommendations**

The Committee approves the operating budget as proposed by the Mayor.

## **3. COMMITTEE POLICY RECOMMENDATIONS**

# **F. NOT-FOR-PROFIT HOSPITAL CORPORATION SUBSIDY**

## **1. AGENCY MISSION AND OVERVIEW**

The Not-For-Profit Hospital Corporation Subsidy provides a direct payment to the Not-For-Profit Hospital Corporation (NFPHC). The NFPHC is an independent District instrumentality, created by legislation adopted by the Council of the District of Columbia to hold the land, improvements, and equipment of the hospital known as United Medical Center. The Not-For-Profit Hospital Corporation Subsidy operates through the following program:

**Not-For-Profit Hospital Corporation Subsidy** – provides a direct payment to the Not-For-Profit Hospital Corporation.

**2. COMMITTEE BUDGET RECOMMENDATIONS**

**a. Fiscal Year 2021 Operating Budget Recommendations**

The Committee approves the operating budget as proposed by the Mayor.

**3. COMMITTEE POLICY RECOMMENDATIONS (TBD)**

## **G. HEALTH BENEFIT EXCHANGE AUTHORITY**

**1. AGENCY MISSION AND OVERVIEW**

In March of 2010, the Patient Protection and Affordable Care Act of 2010 was signed into law with the central goal of ensuring that all Americans have access to quality, affordable health care. It enabled implementation of significant health insurance reforms including the establishment of Health Benefit Exchanges nationwide. The D.C. Health Benefit Exchange Authority is a quasi-governmental agency of the District of Columbia government charged with implementing and operating the District's Health Benefit Exchange.

The Health Benefit Exchange operates DC Health Link, an online marketplace for District residents and small businesses to compare private health insurance plans, learn if they are eligible for tax credits or subsidies to purchase private insurance or qualify for Medicaid, and enroll in a health plan that best meets their needs. The Health Benefit Exchange enables individuals and small businesses and their employees to find affordable and easier-to-understand health insurance. The District of Columbia Health Benefit Exchange Authority is now in its eighth year of operation and concluded its seventh open enrollment period for people purchasing individual insurance on January 31, 2020. The agency currently operates through the following 5 programs:

**Consumer Education and Outreach** – educates and informs District residents, small business owners, and small business employees about health coverage options available through DC Health Link by organizing special events, participating in sponsored activities, conducting educational seminars, partnering with other District agencies and organizations as well as conducting intensive outreach through all of these methods. This program contains the following 3 activities:

- **Consumer Education and Outreach Support Services** – educates District residents, small business owners and small business employees about health coverage options available through DC Health Link by organizing special events, participating in outside events, conducting educational seminars, partnering with other District agencies and organizations, and conducting intensive outreach through all of these methods;
- **Marketing and Communication** – provides support and awareness for DC Health Link through development of an earned media plan, printed materials for distribution, paid media campaigns that may include outdoor advertising, broadcast, newspapers and other publications, digital, and social media avenues; and
- **Navigators, Counselors, and In-Person Assisters (IPA)** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. Navigators, Certified Application Counselors, and In-Person Assisters provide people one-on-one help with enrollment.

**Marketplace Innovation Policy and Operations** – performs functions required of all state-based marketplaces, including plan management eligibility determinations, and certification of qualified health and dental plans, as well as to ensure the efficient operation of an online insurance marketplace where individuals, families, small businesses, and their employees can shop and enroll in health insurance. This program contains the following 6 activities:

- **Contact Center** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. Contact center takes calls to assist consumers with DC Health Link questions and on-line applications. Processes paper applications and provides information for escalated cases to the HBX and Economic Security Administration (ESA);
- **Plan Management** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. Working in conjunction with local and federal regulatory bodies, establishes and oversees the process to certify, recertify, and decertify Qualified Health Plans and Qualified Dental Plans available through DC Health Link. Also manages enrollment issues with Qualified Health Plan and

Qualified Dental Plan carriers including the coordination of all Electronic Data Interchange (EDI)-related transactions to and from DC Health Link;

- **Eligibility and Enrollment** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. With the support of IT, designs and manages the eligibility and enrollment process through a seamless, web-based application to determine individual and family member eligibility for Medicaid and/or advanced premium tax credits and to enable individuals and families to enroll in qualified health plans and qualified dental plans available through DC Health Link, manages and facilitates a legally required consumer appeals process; and, as required by federal law, provides tax reporting information to consumers and the IRS;
- **Member Services** – responsible for core customer service responsibilities essential to successful Exchange operations and evaluated as part of the state-based marketplace certification process. Researches complex customer service problems and works with multiple stakeholders to resolve those issues. Provides assistance to consumers with complex circumstances and to those needing extra help navigating the DC Health Link online marketplace, resolving any technical difficulties a customer may experience, ensuring that changes to eligibility and enrollment information are quickly updated and processed, enabling consumers to conduct certain services (such as address changes, reporting of life events, or special enrollment period transactions) over the phone, and resolving all escalated cases from the Contact Center and other sources;
- **Data Analytics and Reporting** – responsible for the development and implementation of federally required data reporting requirements and consumer-related surveys. This team manages the end-to-end process of developing functionality for electronic federal data reporting as well as the creation and dissemination of required IRS 1095A forms for tax reporting purposes. Develops consumer-related surveys around enrollment and satisfaction with DC Health Link; and
- **S.H.O.P. Operations** – required for state-based marketplaces and is a condition for certification as a state-based marketplace. Develops, operates and manages DC Health Link's Small Business Health Options Program (SHOP). The SHOP facilitates enrollment into qualified health plans for employees of small businesses that purchase coverage through DC Health Link. This team manages that process from end-to-end, designs system improvements, and troubleshoots systems issues to ensure effective operation of the SHOP Marketplace. Works with IT on design, manages broker relationships, training, certification, and cases. Conducts outreach and works with the small business community.

**IT Related Operations** – provides critical development, maintenance and support for DC Health Link. The work includes providing operations and maintenance of HBX systems, managing the team of consultants that develop functionality for DC Health Link, and managing the EDI Operations team that oversees information transmitted between carriers and DC Health Link.

**Agency Management** – provides for administrative support and the required tools to achieve operational and programmatic results. This program is standard for all agencies using performance-based budgeting.

**Agency Financial Operations** – provides comprehensive and efficient financial management services to, and on behalf of, District agencies so that the financial integrity of the District of Columbia is maintained. This program is standard for all agencies using performance-based budgeting.

## **2. COMMITTEE BUDGET RECOMMENDATIONS**

### **a. Fiscal Year 2021 Operating Budget Recommendations**

The Committee approves the operating budget as proposed by the Mayor.

## **3. COMMITTEE POLICY RECOMMENDATIONS**

The Committee on Health is pleased with Director Kofman and the Health Benefit Exchange’s efforts in achieving a 97% health insurance rate for District residents, helping to eliminate financial barriers to coverage and achieving cost savings for the DC Health Link through innovative and collaborative IT efforts. Though the District essentially has universal health coverage, there’s still a disparity between those who have access to the health care that insurance intends to provide. The Committee recommends that HBX:

1. Continue to monitor the stability of District health insurance rates and explore opportunities to health care more accessible.
2. Continue to find ways to eliminate financial barriers to care, especially in the midst of the COVID 19 pandemic
3. Strengthen outreach to DC Health Link health insurance carriers to devise ways to expand access to providers on the East End of the District
4. Increase utilization of Certified Business Enterprises (CBE) in procurement of services.



## **H. OFFICE OF THE DEPUTY MAYOR FOR HEALTH AND HUMAN SERVICES**

### **1. AGENCY MISSION AND OVERVIEW**

The mission of the Office of the Deputy Mayor for Health and Human Services (DMHHS) is to support the Mayor in coordinating a comprehensive system of benefits, goods, and services across multiple agencies to ensure that children, youth, and adults with and without disabilities can lead healthy, meaningful, and productive lives. The Office provides leadership for policy and planning; government relations; and communication and community relations for the agencies under its jurisdiction, including:

1. Child and Family Services Agency (CFSA)
2. Department of Behavioral Health (DBH)
3. Department on Disability Services (DDS)
4. Department of Health (DC Health)
5. Department of Health Care Finance (DHCF)
6. Department of Human Services (DHS)
7. Department of Aging and Community Living (DACL)

The Office also manages three special initiatives: Age-Friendly DC, the Interagency Council on Homelessness, and Thrive by Five DC.

### **2. COMMITTEE BUDGET RECOMMENDATIONS**

#### **a. Fiscal Year 2021 Operating Budget Recommendations**

The Committee approves the operating budget with the following changes:

- 1) The \$99,983 contractual services enhancement shall be one-time funding in FY 2021, instead of recurring funding.

### **3. COMMITTEE POLICY RECOMMENDATIONS (TBD)**

## **III. TRANSFERS TO OTHER COMMITTEES**

In addition to the changes recommended for agencies within its jurisdiction, the Committee has worked with other committees to identify funding needs and recommends transfers to support programs in those other committees as described below.

- The Medical Marijuana Program (\$955,972 and 6.0 FTEs) is transferred out of the Department of Health to the Alcoholic Beverage Regulation Administration per an inter-Committee transfer to the Committee on Business and Economic Development.
- An inter-Committee transfer-out of \$420,840 of double-counted funding that was not re-designated within the Committee on Health via the *errata* letter. This funding is transferred to the Committee on Business and Economic Development to support the financing of the Skyland project to bring a Lidl to Ward 7, which will end a significant food desert. The funding will be used to support a Budget Support Act subtitle that will reduce local revenue to help fund the project.

## **IV. BUDGET SUPPORT ACT RECOMMENDATIONS**

On Monday, May 18, 2020, Chairman Mendelson introduced, on behalf of the Mayor, the “Fiscal Year 2021 Budget Support Act of 2020” (Bill 23-760). The bill contains 47 subtitles for which the Committee has provided comments. The Committee also recommends the addition of 4 new subtitles.

### **A. RECOMMENDATIONS ON MAYOR’S PROPOSED SUBTITLES**

The Committee provides comments on the following subtitles of the “Fiscal Year 2021 Budget Support Act of 2020”:

1. Medical Marijuana Program Amendment Act of 2020

The legislative language is included in Appendix A.

### **B. RECOMMENDATIONS FOR NEW SUBTITLES**

The Committee on Health recommends the following new subtitles to be added to the “Fiscal Year 2021 Budget Support Act of 2020”:

1. Commission on Alzheimer’s and Other Dementia Amendment Act of 2020

2. Department of Health Care Finance Grant-Making Amendment Act of 2020
3. District of Columbia Health Professional Recruitment Program Amendment Act of 2020
4. Medicaid Reserve Re-Establishment Amendment Act of 2020

The legislative language is included in Appendix A.

## **V. COMMITTEE ACTION AND VOTE (TBD)**

## **VI. ATTACHMENTS**

- A. **Committee Adjustments**
- B. **Bill 23-760, Fiscal Year 2021 Budget Support Act of 2020 Recommended Subtitles**
- C. Friday, June 05, 2020 - Fiscal Year 2021 Budget Oversight Hearing Executive Witness List and Testimony.
- D. Wednesday, June 10, 2020 - Fiscal Year 2021 Budget Oversight Hearing Public Witness List and Testimony.