
COMMITTEE ON HEALTH
VINCENT C. GRAY, CHAIRPERSON
FISCAL YEAR 2023 COMMITTEE BUDGET REPORT



TO: Members of the Council of the District of Columbia

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

DATE: April 20, 2022

SUBJECT: **DRAFT** Report and Recommendations of the Committee on Health on the Fiscal Year 2023 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 2023 (“FY 2023”) 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 2023 Budget Support Act of 2022, as proposed by the Mayor.

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I. SUMMARY

A. EXECUTIVE SUMMARY

The Fiscal Year 2023 proposed budget from the Executive Branch continued a series of investments in public health with the aim of advancing health equity for residents in the District of Columbia. Recognizing the need for more support for students

Supports Healthy Returns for School Children

- The Committee increases the investment in school nurses an additional \$1,462,336 over four years on top of the \$3,500,000 of the Mayor's proposed budget increase for this program.
- Invests \$2,400,000 in the School-Based Mental Health Program to increase salaries for school-based mental health clinicians from \$70,000 to \$80,000.

Continued Investments in Birth to Three

- Provides \$700,000 for funding for Healthy Futures to expand this program to additional sites with the ability to reach more families in need of services.
- Provides \$300,000 to fund the expansion of the Healthy Steps Program for another site in wards 5, 7, or 8.

Improvement in Licensure Processing and Health Facility Inspections

- Provides an additional \$841,540 for a total of 10 FTEs to support reviewing and processing professional licenses in the Department of Health.
- Provides an additional \$141,060 to fund an FTE to inspect long term care and rehabilitation facilities to ensure compliance protocols and complaints are properly and timely addressed.

Continued investment in Mental Health and Wellness for Young Girls and Mothers

- Provides an additional \$150,000 in one-time funding to continue a home visiting program for first-time mothers who are eligible for Medicaid benefits.
- Provides \$118,000 in one-time funding for a Maternal Mental Health Task Force
- Provides \$75,000 to support a mental health services position for programs designed to promote healthy development in girls attending DCPS and public charter schools in grades 8-12

Invests in Food Security Programs

- Provides \$150,000 in one-time funding and another \$100,000 in recurring funds for Healthy Corners to support the increase cost of the program
- Provides \$200,000 in recurring funds to increase the program costs for Food and Friends.
- Provides \$129,066 in recurring funds to support program costs for Produce Plus

Continue Community Support for Reducing Opioid Overdoses

- Provides \$250,000 to ensures continuity of services between federal grants aimed at reducing opioid overdoses for the LGBTQ+ community.

Commitment to HIV/AIDS Prevention

- Provides \$700,000 for community organization grants

Creates Crisis Response Pilot

- \$200,000 to support the creation of a pilot program within the Department of Behavioral Health's Crisis Services team to provide counseling support to survivors of natural and human-made disasters

B. FISCAL YEAR 2023 AGENCY OPERATING BUDGET SUMMARY

Operating Budget Summary				
Fund Type	Fund Detail	Mayor's FY 2023		Committee's FY
		Proposed	Committee Variance	2023 Recommendation
Department of Behavioral Health				
DEDICATED TAXES	GAMBLING ADDICTION TREATMENT & RESEARCH	\$200,000	\$0	\$200,000
FEDERAL GRANT FUND	FEDERAL GRANTS	\$39,308,586	\$0	\$39,308,586
FEDERAL GRANT FUND	FEDERAL GRANTS - COVID19	\$8,487,366	\$0	\$8,487,366
FEDERAL GRANT FUND	MEDICAID PUBLIC PROVIDER RECOVERY GRANT	\$7,245,763	\$0	\$7,245,763
FEDERAL MEDICAID PAYMENTS	FEDERAL MEDICAID PAYMENTS	\$2,742,751	\$0	\$2,742,751
FEDERAL PAYMENTS	ARPA - MUNICIPAL	\$7,995,785	\$0	\$7,995,785
FEDERAL PAYMENTS	ARPA - STATE	\$2,162,278	\$0	\$2,162,278
LOCAL FUND	(no fund selected)	\$0	(\$60,651)	(\$60,651)
LOCAL FUND	LOCAL - APPROPRIATED FUNDS	\$298,081,971	\$977,038	\$299,059,009
PRIVATE DONATIONS	PRIVATE DONATIONS	\$36,000	\$0	\$36,000
PRIVATE GRANT FUND	PRIVATE GRANT FUND	\$486,290	\$0	\$486,290
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	AGREEMENT WITH INDEPENDENT AGENCIES	\$50,000	\$0	\$50,000
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	DMH ENTERPRISE FUND	\$25,000	\$0	\$25,000
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	DMH FEDERAL BENEFICIARY REIMBURSEMENT	\$2,098,080	\$0	\$2,098,080
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	DMH MEDICARE & 3RD PARTY REIMBURSEMENT	\$500,000	\$0	\$500,000
TOTAL GROSS FUNDS		\$369,419,870	\$916,387	\$370,336,257
Department of Health				
FEDERAL GRANT FUND	FEDERAL GRANTS	\$137,027,448	\$0	\$137,027,448
FEDERAL GRANT FUND	FEDERAL GRANTS - COVID19	\$21,567,151	\$0	\$21,567,151
FEDERAL PAYMENTS	FEDERAL PAYMENTS - INTERNAL	\$5,000,000	\$0	\$5,000,000
LOCAL FUND	LOCAL FUNDS	\$94,695,913	\$4,274,048	\$98,969,961
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	BOARD OF MEDICINE	\$13,844,667	(\$2,918,369)	\$10,926,298
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	COMMUNICABLE AND CHRONIC DISEASE	\$3,103,246	\$0	\$3,103,246
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	EMS FEES	\$181,200	\$0	\$181,200
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	ICF / MR FEES & FINES	\$276,200	\$0	\$276,200
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	PHARMACY PROTECTION	\$2,540,912	\$0	\$2,540,912
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	RADIATION PROTECTION	\$257,833	\$0	\$257,833
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	SHPDA ADMISSION FEE	\$375,956	\$0	\$375,956
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	SHPDA FEES	\$1,708,743	\$0	\$1,708,743
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	VITAL RECORDS REVENUE	\$2,521,248	\$0	\$2,521,248
TOTAL GROSS FUNDS		\$283,100,519	\$1,355,679	\$284,456,198
Department of Health Care Finance				
DEDICATED TAXES	DC PROVIDER FEE	\$5,544,178	\$0	\$5,544,178
DEDICATED TAXES	HEALTHY DC FUND	\$66,927,696	\$0	\$66,927,696
DEDICATED TAXES	HOSPITAL ASSESSMENT TAX	\$8,454,038	\$0	\$8,454,038
DEDICATED TAXES	NURSING HOMES QUALITY OF CARE FUND	\$17,654,971	\$0	\$17,654,971
DEDICATED TAXES	STEVIE SELLOW'S	\$6,524,194	\$0	\$6,524,194
FEDERAL GRANT FUND	FEDERAL GRANTS	\$5,174,115	\$0	\$5,174,115
FEDERAL MEDICAID PAYMENTS	FEDERAL MEDICAID PAYMENTS	\$2,663,283,088	\$0	\$2,663,283,088
FEDERAL PAYMENTS	ARPA - MUNICIPAL	\$2,000,000	\$0	\$2,000,000
LOCAL FUND	ARPA - LOCAL REVENUE REPLACEMENT	\$480,000	\$0	\$480,000
LOCAL FUND	LOCAL FUNDS	\$927,178,867	(\$100,000)	\$927,078,867
PRIVATE GRANT FUND	PRIVATE GRANT FUND	\$365,701	\$0	\$365,701
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	BILL OF RIGHTS-(GRIEVANCE & APPEALS)	\$2,524,542	\$0	\$2,524,542
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	INDIVIDUAL INSUR MKT AFFORD & STABILITY	\$600,000	\$0	\$600,000
SPECIAL PURPOSE REVENUE FUNDS ('O'TYPE)	MEDICAID COLLECTIONS-3RD PARTY LIABILITY	\$2,519,000	\$0	\$2,519,000
TOTAL GROSS FUNDS		\$3,709,230,390	(\$100,000)	\$3,709,130,390
Health Benefit Exchange Authority				
ENTERPRISE AND OTHER FUNDS	HEALTH BENEFIT EXCHANGE AUTHORITY FUND	\$35,684,055	\$0	\$35,684,055
TOTAL GROSS FUNDS		\$35,684,055	\$0	\$35,684,055
Not-for-Profit Hospital Corporation				
ENTERPRISE AND OTHER FUNDS	ENTERPRISE AND OTHER FUNDS - HWO	\$155,000,000	\$0	\$155,000,000
TOTAL GROSS FUNDS		\$155,000,000	\$0	\$155,000,000
Not-for-Profit Hospital Corporation Subsidy				
LOCAL FUND	LOCAL FUNDS	\$15,000,000	\$0	\$15,000,000
TOTAL GROSS FUNDS		\$15,000,000	\$0	\$15,000,000
Office of the Deputy Mayor for Health and Human Services				
LOCAL FUND	LOCAL FUNDS	\$2,861,218	\$0	\$2,861,218
TOTAL GROSS FUNDS		\$2,861,218	\$0	\$2,861,218
GRAND TOTAL		\$4,570,296,052	\$2,172,066	\$4,572,468,118

C. FISCAL YEAR 2023 AGENCY FULL-TIME EQUIVALENTS

<i>Fund Type</i>	<i>FY 2021 Actual</i>	<i>FY 2022 Approved</i>	<i>FY 2023 Proposed</i>	<i>Sum of Committee Variance</i>	<i>Committee Approved</i>
<i>Department of Health</i>					
Local	139.8	157.7	177.1		
Special Purpose Revenue	113.8	141.9	144.1		
Federal Payments	0.0	0.0	0.0		
Federal Grants	420.4	378.5	425.2		
Private Grant	1.2	.3	0.0		
Intra-District	4.1	5.7	0.0		
Total	679.3	684.0	746.4		
<i>Department of Behavioral Health</i>					
Local	1130.3	1229.8	1235.2		
Dedicated Taxes	0.0	0.0	0.0		
Special Purpose Revenue	13.6	16.2	16.5		
Federal Payments	0.0	55.0	55.0		
Federal Grants	94.0	88.6	147.5		
Private Grant	.8	0.0	0.0		
Intra-District	66.2	61.0	0.0		
Total	1310.0	1454.6	1457.7		
<i>Department of Health Care Finance</i>					
Local	117.2	142.9	168.2		
Dedicated Taxes	4.7	6.0	6.6		
Special Purpose Revenue	13.0	16.4	16.2		
Federal Payments	0.0	0.0	0.0		
Federal Grants	0.0	0.0	2.0		
Private Grant	0.0	0.0	0.0		
Intra-District	1.2	3.7	0.0		
Total	285.8	351.0	372.2		
<i>Office of the Deputy Mayor for Health and Human Services</i>					
Local	12.6	15.8	14.8		
Intra-District	0.0	0.0	0.0		
Total	12.6	15.8	14.8		
<i>Not-for-Profit Hospital Corporation</i>					
Enterprise and Other Funds	0.0	0.0	0.0		
Total	0.0	0.0	0.0		
<i>Not-for-Profit Hospital Corporation Subsidy</i>					
Local	0.0	0.0	0.0		
Total	0.0	0.0	0.0		
<i>DC Health Benefit Exchange Authority</i>					
Enterprise and Other Funds	96.0	109.0	117.0		
Federal Payments	0.0	0.0	0.0		
Total	96.0	109.0	117.0		

D. FY 2023 - 2028 AGENCY CAPITAL BUDGET SUMMARY

Row Labels	Allotment as of 16							
	Mar 2022 (includes Pre- Encumbrances)	Sum of FY 2023 Planned Allotment	Sum of FY 2024 Planned Allotment	Sum of FY 2025 Planned Allotment	Sum of FY 2026 Planned Allotment	Sum of FY 2027 Planned Allotment	Sum of FY 2028 Planned Allotment	Sum of FY 2023-FY 2028 Total Planned Allotment
DEPARTMENT OF BEHAVIORAL HEALTH								
VEHICLE ACQUISITION-DBH								
Existing Balances	30,161	0	0	0	0	0	0	0
VEHICLE ACQUISITION-DBH Total	30,161	0	0	0	0	0	0	0
DATA WAREHOUSE SAN, SERVER REPLACEMENT,								
Mayor's Proposed FY23 Change	0	1,000,000	0	0	0	0	0	1,000,000
DATA WAREHOUSE SAN, SERVER REPLACEMENT, Total	0	1,000,000	0	0	0	0	0	1,000,000
DBH FACILITIES SMALL CAPITAL IMPROVEMENT								
Existing Balances	703,029	0	0	0	0	0	0	0
DBH FACILITIES SMALL CAPITAL IMPROVEMENT Total	703,029	0	0	0	0	0	0	0
ELECTRONIC HEALTH RECORD SYSTEMS REPLACE								
Mayor's Proposed FY23 Change	0	4,800,000	0	0	0	0	0	4,800,000
Existing Balances	500,000	0	0	0	0	0	0	0
ELECTRONIC HEALTH RECORD SYSTEMS REPLACE Total	500,000	4,800,000	0	0	0	0	0	4,800,000
FACILITY UPGRADES								
Approved FY22 CIP for FY23-27	0	1,150,000	0	0	0	0	0	1,150,000
Mayor's Proposed FY23 Change	0	5,750,000	2,600,000	0	0	0	0	8,350,000
Existing Balances	7,595,401	0	0	0	0	0	0	0
FACILITY UPGRADES Total	7,595,401	6,900,000	2,600,000	0	0	0	0	9,500,000
HVAC MODERNIZATION AT SAINT ELIZABETHS H								
Existing Balances	1,333,199	0	0	0	0	0	0	0
HVAC MODERNIZATION AT SAINT ELIZABETHS H Total	1,333,199	0	0	0	0	0	0	0
INTERCOM SYSTEM								
Existing Balances	655,000	0	0	0	0	0	0	0
INTERCOM SYSTEM Total	655,000	0	0	0	0	0	0	0
PHARMACY MEDICINE DISPENSING UPGRADE (PY								
Existing Balances	974,240	0	0	0	0	0	0	0
PHARMACY MEDICINE DISPENSING UPGRADE (PY Total	974,240	0	0	0	0	0	0	0
ST. ELIZABETHS HOSPITAL EHR CAP IMPROVME								
Existing Balances	1,007,284	0	0	0	0	0	0	0
ST. ELIZABETHS HOSPITAL EHR CAP IMPROVME Total	1,007,284	0	0	0	0	0	0	0
THERMAL DOCKING STATION SYSTEM								
Existing Balances	1,755,000	0	0	0	0	0	0	0
THERMAL DOCKING STATION SYSTEM Total	1,755,000	0	0	0	0	0	0	0
DEPARTMENT OF BEHAVIORAL HEALTH Total	14,553,314	12,700,000	2,600,000	0	0	0	0	15,300,000
DEPARTMENT OF HEALTH								
COMPREHENSIVE HEALTH ASSESSMENTS								
Existing Balances	0	0	0	0	0	0	0	0
COMPREHENSIVE HEALTH ASSESSMENTS Total	0	0	0	0	0	0	0	0
DC ANIMAL SHELTER RENOVATION & EXPANSIO								
Existing Balances	4,162,500	0	0	0	0	0	0	0
DC ANIMAL SHELTER RENOVATION & EXPANSIO Total	4,162,500	0	0	0	0	0	0	0
EMERGENCY CARE CAPITAL ENHANCEMENT								
Existing Balances	0	0	0	0	0	0	0	0
EMERGENCY CARE CAPITAL ENHANCEMENT Total	0	0	0	0	0	0	0	0
FOOD SAFETY AND HYGIENE INSPECTION SERVI								
Approved FY22 CIP for FY23-27	0	250,000	0	0	0	0	0	250,000
FOOD SAFETY AND HYGIENE INSPECTION SERVI Total	0	250,000	0	0	0	0	0	250,000
FUTURE DC HEALTH ANIMAL SHELTER								
Mayor's Proposed FY23 Change	0	4,500,000	4,000,000	0	0	0	0	8,500,000
FUTURE DC HEALTH ANIMAL SHELTER Total	0	4,500,000	4,000,000	0	0	0	0	8,500,000
DEPARTMENT OF HEALTH Total	4,162,500	4,750,000	4,000,000	0	0	0	0	8,750,000
DEPARTMENT OF HEALTH CARE FINANCE								
CLINICAL CASE MANAGEMENT SYSTEM REFRESH								
Mayor's Proposed FY23 Change	0	200,000	200,000	0	0	0	0	400,000
CLINICAL CASE MANAGEMENT SYSTEM REFRESH Total	0	200,000	200,000	0	0	0	0	400,000
DCAS RELEASE 3								
Existing Balances	32,630,016	0	0	0	0	0	0	0
DCAS RELEASE 3 Total	32,630,016	0	0	0	0	0	0	0
ENTERPRISE DATA INTEGRATION SYSTEM/MEDIC								
Approved FY22 CIP for FY23-27	0	1,475,000	1,475,000	0	0	0	0	2,950,000
Existing Balances	724,346	0	0	0	0	0	0	0
ENTERPRISE DATA INTEGRATION SYSTEM/MEDIC Total	724,346	1,475,000	1,475,000	0	0	0	0	2,950,000
MEDICAID DATA WAREHOUSE- GO BOND								
Existing Balances	2,562,268	0	0	0	0	0	0	0
MEDICAID DATA WAREHOUSE- GO BOND Total	2,562,268	0	0	0	0	0	0	0
MES - FEDERAL MATCH								
Existing Balances	24,558,241	0	0	0	0	0	0	0
MES - FEDERAL MATCH Total	24,558,241	0	0	0	0	0	0	0
MMIS UPGRADED SYSTEM								
Existing Balances	81,122,323	0	0	0	0	0	0	0
MMIS UPGRADED SYSTEM Total	81,122,323	0	0	0	0	0	0	0
PHARMACY BENEFIT MANAGER SYSTEM REFRESH								
Existing Balances	360,000	0	0	0	0	0	0	0
PHARMACY BENEFIT MANAGER SYSTEM REFRESH Total	360,000	0	0	0	0	0	0	0
PROVIDER DATA MANAGEMENT SYSTEM REFRESH								
Existing Balances	400,000	0	0	0	0	0	0	0
PROVIDER DATA MANAGEMENT SYSTEM REFRESH Total	400,000	0	0	0	0	0	0	0
REPLACE CASE MANAGEMENT SYSTEM								
Existing Balances	1,113,405	0	0	0	0	0	0	0
REPLACE CASE MANAGEMENT SYSTEM Total	1,113,405	0	0	0	0	0	0	0
SAINT ELIZABETHS MEDICAL CENTER								
Approved FY22 CIP for FY23-27	0	126,000,000	87,900,000	0	0	0	0	213,900,000
Mayor's Proposed FY23 Change	0	0	5,000,000	10,000,000	0	0	0	15,000,000
Existing Balances	126,558,290	0	0	0	0	0	0	0
SAINT ELIZABETHS MEDICAL CENTER Total	126,558,290	126,000,000	92,900,000	10,000,000	0	0	0	228,900,000
UNITED MEDICAL CENTER IMPROVEMENTS								
Existing Balances	3,048,313	0	0	0	0	0	0	0
UNITED MEDICAL CENTER IMPROVEMENTS Total	3,048,313	0	0	0	0	0	0	0
DEPARTMENT OF HEALTH CARE FINANCE Total	273,077,204	127,675,000	94,575,000	10,000,000	0	0	0	232,250,000
Grand Total	291,793,018	145,125,000	101,175,000	10,000,000	0	0	0	256,300,000

E. TRANSFERS IN FROM OTHER COMMITTEES

<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>
Committee on Government Operations and Facilities	\$700,000	0	DC Health	\$700,000	0	3000	Restore HASTA Grants to Community Organizations	One-Time
Committee on Government Operations and Facilities	\$150,000	0	DC Health	\$150,000	0	8500	Enhance funding for Healthy Corners	One-Time
Committee on Government Operations and Facilities	\$250,000	0	Department of Behavioral Health	\$250,000	0	6500	Ensure continuity of services to reduce opioid overdoses	One-Time
Committee on Transportation and the Environment	\$100,000	0	DC Health	\$100,000	0		Enhance funding for Healthy Corners	Recurring
Committee on Transportation and the Environment	\$129,066	0	DC Health	\$129,066	0		Enhance funding for Produce Plus	Recurring
Committee on Transportation and the Environment	\$200,000	0	DC Health	\$200,000	0		Enhance funding for Food and Friends	Recurring
Committee on Transportation and the Environment	\$75,000	0	Department of Behavioral Health	\$75,000	0		To fund a mental health services position with Crittenton for matching fund eligibility	Recurring
Committee on Transportation and the Environment	\$100,000	0	DC Health	\$100,000	0		To fund a diaper bank program	Recurring
Committee on Judiciary and Public Safety	\$118,000	1	Department of Behavioral Health	\$118,000	1		Maternal Mental Health Task Force	One-Time
Committee on Judiciary and Public Safety	\$200,000	0	Department of Behavioral Health	\$200,000	0	6000	To support the creation of a pilot program within DBH's Crisis Services team to provide counseling support to survivors of natural and human-made disasters	One-Time
Total	\$2,022,066	1.0		\$2,022,066	1.0			

H FUNDING OF LEGISLATION

<i>Bill #, Law #, Subtitle #</i>	<i>Status</i>	<i>Agency</i>	<i>Program/Activity</i>	<i>Amount</i>	<i>FTEs</i>
Subtitle X. First-Time Mothers Home Visiting Program	BSA	DC Health	8500/8506	\$150,000	
Subtitle X. Maternal Mental Health Task Force	BSA	DBH	6700/6702	\$118,000	1.0

II. AGENCY FISCAL YEAR 2023 BUDGET RECOMMENDATIONS

A. INTRODUCTION

The Committee on Health is responsible for matters concerning health and environmental health, the regulation of health occupations and professions, 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, Charles Allen, and Christina Henderson.

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>Performance Oversight Hearings</i>	
January 24, 2022	<ul style="list-style-type: none"> • DC Health Benefit Exchange Authority • Department of Behavioral Health
February 23, 2022	<ul style="list-style-type: none"> • Department of Health
February 28, 2022	<ul style="list-style-type: none"> • Office of the Deputy Mayor for Health & Human Services • Department of Health Care Finance • Not-for-Profit Hospital Corporation

<i>Budget Oversight Hearings</i>	
March 21, 2022	<ul style="list-style-type: none"> • DC Health Benefit Exchange Authority • Department of Behavioral Health
March 28, 2022	<ul style="list-style-type: none"> • Office of the Deputy Mayor for Health & Human Services • Department of Health Care Finance • Not-for-Profit Hospital Corporation
April 4, 2022	<ul style="list-style-type: none"> • Department of Health

The Committee received important comments from members of the public during these hearings. Copies of witness testimony are included in this report as Attachment C. 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 (DC HEALTH)

1. AGENCY MISSION AND OVERVIEW

The District of Columbia Department of Health (DC Health) promotes 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. DC Health 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 DC Health performance plan is based on three priority areas: (1) health and wellness promotion, (2) promoting health equity, and (3) public health systems enhancement.

The Department of Health operates through the following 8 divisions:

Health Emergency Preparedness and Response Administration (HEPRA) – provides regulatory oversight of Emergency Medical Services and ensures that DC Health 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 or weather-related emergencies, for example.

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. Its 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 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 DC Health assets and operations during incidents, special events, and national special security events. Under this program is Pharmaceutical Procurement and Distribution, which acquires and distributes over \$58 million of life-saving medications for the DC Health 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 DC Health 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 respond to the HIV/AIDS and STD epidemics more effectively 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 3 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; and
- **Office of Health Care Facilities Regulation** – includes the Health and Intermediate Care Facility Divisions which administers 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.

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 DC Health, this Office is charged with providing leadership to the evidence-based paradigm and practice change effort that is essential to promoting and achieving health equity. This work includes practitioners not only within DC Health, 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** – provides informed, data-driven and evidence-based leadership in convening and sustaining effective multi-sector collaborative partnerships essential to promote and achieve health equity, uses a “health in all policies” (HIAP) approach to improving community health; and serves as liaison and technical advisor to all DC Health 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 the planning, development, and coordination of appropriate methodologies to collect and process data as well as monitoring and

evaluation of health and social issues. This 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 CHA's programs and operations. 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.

MAYOR’S FISCAL YEAR 2020-2023 OPERATING BUDGET SUMMARY

<i>Description</i>	<i>FY 2021 Actual</i>	<i>FY 2022 Approved</i>	<i>FY 2023 Proposed</i>	<i>% Change from FY22</i>
<i>The Department of Health</i>				
Operating Budget	\$301,076,987	\$282,292,322	\$283,100,519	0.3
FTEs	679.3	684.0	746.4	9.1
Capital Budget	\$0	\$862,500	\$4,750,000	450.7
FTEs	\$0	\$0	\$0	N/A

COMMITTEE COMMENTS AND ANALYSIS

School Nurses Program: The District provides school nurses to public and public charter schools with eligible accommodations for a health suite. The Committee has taken a keen interest in ensuring that every school has a full-time school nurse on site. The Committee advanced the Public-School Health Services Amendment Act of 2018, ¹to provide each public and public charter school with a full-time registered nurse or licensed practical nurse. Due to the nationwide nursing shortage affecting the availability of nurses in the District, Maryland, and Virginia, it has proven difficult to find enough nurses to fill the positions. The nursing shortage has been stressed further by the demands of the COVID-19 pandemic.

Children’s National Hospital (“Children’s Hospital”), which has been awarded a three-year grant for providing school nurses, noted the difficulty previously in recruiting school nurses. However, recently Children’s Hospital shared that hiring conditions have improved as surges in COVID has decreased and some nurses are more interested in the working environment of school nursing. Currently school nurses are available in all DC public schools at least part-time.

In August 2021, District students returned to full-time, in-person learning. While some parents were relieved to have their children back in the classroom, there were even more parents of those who had returned that expressed concerns about the health and safety of the return to school policy considering most nurses were in person part-time especially due to COVID. Parents noted some confusion in the return to school program because the school nurse was no longer the person testing the children on-site for COVID and almost any sickness that a child presented was viewed as a possible symptom of COVID, which protocols required the child be isolated for testing, not evaluated by the school nurse.

Dr. Andrea Boudreaux, the Executive Director of Children’s School Services at Children’s Hospital testified that they have been able to increase the presence of school nurses at schools through telehealth visits. However, Dr. Boudreaux noted that if parents and schools wanted a school nurse to be physically present full-time that it would require additional funding on top of the \$4.5M one-time increase that DC Health has put toward this program. The Committee is supportive of having a school nurse in every eligible public and public charter school and will provide additional funding toward the goal of ensuring full time coverage.



Following a tour of every school nurse site, Dr. Boudreau noted that school nurses needed to have Narcan on site to assist students who are suffering for opioid use and Glucagon for students who are trying to manage their diabetes. The Committee is interested in learning more about emergency assistance drugs that schools and school nurses may need to have to support students in urgent need.

Healthy Steps: The Committee has been focused on advancing all aspects of the “Birth to Three for All DC” legislation. In previous years, the Committee has added funding to the Healthy Steps Program with the goal of adding an additional site every year. Dr. LaQuandra Nesbitt, Director of DC Health indicated that the Department intends to add two additional Healthy Steps sites by the end of FY22. Numerous advocates testified to the benefits of the program and have requested that the program expand to another site in FY 23. Some advocates have placed emphasis that they would like a site to open in ward 5 as to date, all of the Healthy Steps sites which by law could open in either wards 5, 7 or 8 are opening in Wards 7 and 8 exclusively. The Committee encourages DC Health to look for opportunities for a Healthy Steps site to open in Ward 5 where it is possible to be placed in an area of high need and supports the efforts DC Health has made with implementing this program to date.

New Animal Shelter: DC Health intends to open a new animal shelter to replace the current shelter site on New York Ave NE. To date, animal services are predominantly completed in an annexed site due to poor conditions of the shelter. The Committee is thrilled that the Mayor has allocated \$4.5M to this new site which was slated to be at 6500 Blair Rd NE. A follow up with DC Health has revealed that the location and therefore the opening date slated for the new shelter are still to be determined. The Committee wholeheartedly supports the work of the Human Rescue Alliance, which is the contractor for District animal care and control, which offers its services for domestic animals and wildlife. The Committee applauds their effort to reach out to the community to do mobile animal visits to offer services annually for those who cannot travel to their clinic on New York Ave NE and their work to protect District residents and visitors from potentially dangerous wildlife.² The Committee will take careful note of the planning for a new shelter to open in the District with the hope that it is located in a place easily accessible for animal owners in the East End.

2. COMMITTEE BUDGET RECOMMENDATIONS
Fiscal Year 2023 Capital Budget Recommendations

The Committee approves the proposed capital budget for DC Health.

3. COMMITTEE POLICY RECOMMENDATIONS

The Committee on Health makes the following policy recommendations regarding the work of DC Health:

² Recently, DC Animal Control made national news with its capture of a fox on Capital Hill that had been attacking pedestrians. Upon reports of the animal’s unusual behavior, DC Animal Control worked quickly to capture the fox which was later determined to be rabid. The Committee commends DC Animal Control and for their efforts to keep residents and visitors safe. <https://www.washingtonpost.com/dc-md-va/2022/04/06/capitol-fox-euthanized-kits-found/>

1. The Department should continue its efforts to increase scheduled vaccinations for children before the rush to return to school. This should also include COVID-19 vaccinations on school for eligible children and interested families.
2. The District should make great efforts to have the new animal shelter in a site that is accessible for all District residents, particularly those in the East End and continue efforts to increase mobile clinics to increase vaccinations and wellness checks for residents with pets in Wards 5,7, and 8. Because so much of the new animal shelter is unknown, the Committee would encourage that \$2.35M currently reserved for consultation services at the new Animal Shelter actually go to animal services, regardless if it is connected to the services being offered at the new animal shelter.
3. Recently the District opened COVID-19 centers in the East End to facilitate people access to free masks, free testing kits and portals to register the kits for testing with in-person assistance. The Committee commends these efforts to help residents who may need technical assistance to complete testing registration.
4. The Committee appreciates the efforts DC Health has made to implement the Healthy Steps Program and encourage the Department to continue efforts to open additional sites to meet the community demand, particularly in Ward 5.

C. 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 agency 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.

The Department of Behavioral Health operates through the following 10 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, research 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** – manages legislative initiatives and acts as the liaison to the District Council. Also, coordinates the agency’s public education, internal and external communications, and public engagement and outreach initiatives; 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 psycho-social 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 – SEH** – 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 – SEH** – receives and delivers materials, supplies, and 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;
- **Incident Management and Investigations** – conducts major investigations of sentinel events and major unusual incidents, presents a disposition of the matter, and develops the final investigate 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 7 activities:

- **Office of the Chief Clinical Officer** – supervises and sets clinical care standards for provision of the full range of substance use, mental health and gambling addiction services throughout the agency and public behavioral health system for children, youth, and adults; oversees community hospitals that treat agency consumers on an involuntary basis; serves as the petitioner in guardianship cases.
- **Behavioral Health Services** – directs and manages mental health services at two agency-operated locations;
- **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 stabilization services for adults 18 years of age and older experiencing a mental health crisis, 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. Individuals may be of voluntary or involuntary status;
- **Homeless Outreach/Mobile Crisis (CPEP)** – Homeless Outreach connects homeless individuals and families with behavioral health sciences and assists in the District’s encampment protocol. Mobile Crisis provides crisis intervention and stabilization services to residents and visitors who are experiencing psychiatric crisis 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;
- **Forensics** – provides and oversees continuum of behavioral health and other 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)** – a walk-in Clinic, comprised of multi-disciplinary team of medical and behavioral health professionals, which provides assessment and referral service for those seeking treatment for Substance Use Disorders (SUD). The ARC also provides COVID rapid testing at the point of care for those seeking SUD treatment.

Adult/Transitional Youth Services Administration – develops, implements, and monitors a comprehensive array of prevention, early intervention and community-based behavioral health services and supports for 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 16 activities:

- **Adult/Transitional Youth Services Administration** – develops, implements, and monitors a comprehensive array of prevention, community-based behavioral health services, and substance abuse services to support resiliency, recovery and overall well-being for District residents who have mental health and substance use disorders;
- **Behavioral Health Services MH/SUD** – 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, youth, and their families.
- **Government Operated Services 35 K Street Adult Clinic** – 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;
- **Provider Relations** – provides oversight, technical assistance and training to enhance the success and effectiveness of DBH’s certified behavioral health provider network,

monitors provider performance, ensures delivery of quality service, on-boards new providers and manages provider closures;

- **Co-Located Services** – oversees the co-location of DBH clinicians at various District government agencies and community-based sites to conduct behavioral health screenings, assessments, consultations, and to make referrals to the provider network;
- **Residential Support and Continuity of Services** – 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 individuals to more independent, least restrictive community-based settings of their choice when appropriate;
- **Housing Support Services** – develops housing options and administers associated policies and procedures governing eligibility, access to housing, and issues vouchers for eligible individuals with behavioral health diagnoses; 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 the funding of housing vouchers;
- **Community Response Team** – operates a 24 hour, 7 days a week multi-disciplinary community-based team which offers services to individuals and communities experiencing psychiatric emergencies, trauma, grief, mental health issues, or substance use disorders;
- **State Opioid Response Program** – leads the District’s State Opioid Response which focuses on reducing opioid-related deaths by increasing access to medication-assisted treatment (MAT), reducing unmet treatment needs through the provision of prevention, treatment, and recovery support services (RSS) to individuals with opioid use disorder (OUD). Expanded services and supports are also provided to individuals with stimulant use disorders (STUD);
- **Assessment and Referral Center** – provides a walk-in Clinic, comprised of multi-disciplinary team of medical and behavioral health professionals, which offers assessment and referral service for those seeking treatment for Substance Use Disorders (SUD). The ARC also provides COVID rapid testing at the point of care for those seeking SUD treatment;
- **Access Helpline** – operates the 24 hour / 7 days a week, Mental Health Crisis Hotline which fields calls from the National Suicide Prevention Lifeline, provides on the spot crisis counseling, enrollment and authorizations to care, as well as dispatching Crisis and Outreach teams to individuals in the community as needed;
- **Specialty Services** – develops, implements, and ensures sustainability of specialized and evidence-based behavioral health programs for adults, adolescents, transition-aged youth, children, and their families;
- **Substance Use Disorder Treatment Services** – 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 individuals to more independent;

- **Mental Health Rehabilitation Services (MHRS) Local Only** – provides local funding for the payment of claims to providers for District residents who receive mental health rehabilitation services who are not eligible for Medicaid;
- **Behavioral Health Rehab - Local Match** – offers Medicaid match for paid claims submitted by providers for District residents who are Medicaid-eligible and receive mental health and substance use disorder services that are funded by Medicaid; and
- **Gambling Addiction Treatment and Research** – provides support services for the prevention, treatment, and research of gambling addictions.

Child/Adolescent/Family Services – develops, implements, and monitors a comprehensive array of prevention, early intervention and community-based behavioral health services and supports for 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 10 activities:

- **Child/Adolescent/Family Services Administration** – develops, implements and monitors a comprehensive array of prevention, early intervention and community-based behavioral health services and supports for 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;
- **Behavioral Health Services MH/SUD** – 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. This program leads the oversight and management of the agency's integrated community-based, prevention, early intervention, and specialty behavioral health programs;
- **SUD Prevention and Treatment** – 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. It also, oversees the provision of substance use treatment for children and adolescents and transition-aged youth by ASTEP providers;
- **School Based Behavioral Health Services** – provides school-based, primary prevention services to students and school staff, early intervention and treatment services to students and parents, and consultation to individual teachers and school administrators;
- **Crisis Services** – offers through a contract crisis intervention and stabilization services to residents and visitors who are experiencing psychiatric crisis in the community or at home; services include linkage to DBH, psycho education, treatment compliance support, and grief and loss services to individuals after a traumatic event;
- **Court Assessment** – provides the Superior Court of the District of Columbia with court-ordered, high-quality, comprehensive, and 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;

- **Early Childhood Services** – provides in home 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;
- **Specialty Services** – 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. Supports Juvenile Court by providing JBDP and HOPE Court Juvenile Behavioral Diversion Program and Hope Court that conduct mental health and substance use disorder screening, assessments, and referrals for youth, and families involved with the courts ensuring they have easy access to a full continuum of quality behavioral health services and supports. DC MAP-Through contract support the provision of screening and psychiatric consultation in pediatric practices. Co-Located Services: Oversees the co-location of DBH clinician at CFSA to facilitate early behavioral health screenings, assessments, and consultations with CFSA social work staff and to make service referrals to the behavioral health provider network
- **Government Operated Services-Howard Road** – provides early childhood treatment services through the Parent Infant Early Childhood Enhancement Program (PIECE) program for children ages 0-7. Provides same day Urgent Care Psychiatric Evaluations for youth ages 0-18 years of age; and
- **Evidence Based Practice (EBP)** – provides oversight of the design, development, implementation, and evaluation of a comprehensive continuum of evidence-based practices offered to children and youth with mental health and substance-related issues which includes 7 Evidence-Based Practices. In addition, the division provides oversight and support of Community Based Intervention (CBI) services for youth in crisis up to age 21. The Division also assists in the implementation and monitoring of children’s assessment tools, Child and Adolescent Functional Assessment Scale and Preschool Early Childhood Functional Assessment Scale.

Policy, Planning, and Evaluation Administration – aggregates and analyses data to evaluate performance; develops strategic plans and programmatic regulations, policies and procedures; develops and implements learning opportunities to advance system change; identifies needs, resources and strategies to improve performance.

This division contains 4 activities:

- **Data and Performance Measurement** – The Evidence-Based Services Division provides oversight of the design, development, implementation, and evaluation of a comprehensive continuum of evidence-based practices offered to children and youth with mental health and substance-related issues which includes 7 Evidence-Based Practices. In addition, the division provides oversight and support of Community Based Intervention (CBI) services for youth in crisis up to age 21. The Division also assists in the implementation and monitoring of children’s assessment tools, Child and Adolescent Functional Assessment Scale and Preschool Early Childhood Functional Assessment Scale;
- **Strategic Planning and Policy** – develops programmatic regulations, policies and

procedures to support the agency's mission and direction from executive leadership; supports the development and implementation of the agencies strategic goals and priorities;

- **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 and activities; and
- **Behavioral Health Block Grant Program** – leads development, implementation, and annual reporting on the Mental Health Block Grant and the Substance Abuse Block Grant; manages the agency's process for identifying and responding to federal grant opportunities; and provides ongoing support to the Behavioral Health Planning Council.

District Recovery Plan – leads the District Recovery Plan initiatives, which include COVID-19 Public Health Emergency Direct Response Costs; Economic Recovery for Residents and Businesses; Build and Preserve Affordable Housing; Learning Acceleration; Reduction of Healthcare Disparities; Gun Violence Prevention; Youth Safety; and Alternative 911 Response. These initiatives are funded by District Recovery Plan Funds, which include the following sources: the American Rescue Plan Act and the Coronavirus Aid, Relief, and Economic Security Act.

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.

MAYOR’S FISCAL YEAR 2020-2023 OPERATING BUDGET SUMMARY

<i>Description</i>	<i>FY 2021 Actual</i>	<i>FY 2022 Approved</i>	<i>FY 2023 Proposed</i>	<i>% Change from FY22</i>
<i>The Department of Behavioral Health</i>				
Operating Budget	\$329,451,014	\$553,232	\$369,419,870	3.7
FTEs	1,310.0	1,454.6	1,457.7	.2
Capital Budget	\$553,232	\$4,420,383	\$12,700,000	187.3
FTEs	0.0	0.0	0.0	N/A

COMMITTEE COMMENTS AND ANALYSIS

Substance/Opioid Abuse: According to DBH Director Barbara Bazron, there were 422 opioid deaths in 2021, representing an over 40% increase in opioid deaths in the District from 2020 despite a pledge from the Mayor’s Live. Long. DC. Plan to cut deaths in half. The agency testified at its budget oversight hearing that individuals often turned to alcohol, opioids, and other drugs to help them cope with the COVID-19 pandemic. For people already facing mental illness, opioid addiction or other substance use disorders, Director Bazron testified that pandemic related disruptions in treatment regimes, social networks, and daily routines challenge their recovery.

The Committee was pleased to see an investment of \$41 million in substance abuse treatment services, which includes \$28 million in federal dollars by way of the State Opioid Response (SOR) grant. In addition, the proposed budget includes \$250,000 to fund prevention of opioid use disorders in the LGBTQ community. The Committee recognizes the ongoing challenges of reaching these various populations, and hopes that with continued investments in treatment, combined with the implementation of focused legislation and the policy recommendations set forth in this report, the District can begin to see the reversal of opioid related deaths.

As the responsibility of Nalaxone distribution has now transitioned from the Department of Health to the Department of Behavioral Health, the Committee would like to be kept updated on exactly how the life-saving drug is being made available, information on testing and administration, and coordinating efforts on the part of DBH.

School Based Behavioral Health Program: The pandemic has exasperated the mental trauma that many District children were already facing; this is especially true for many children in low-income families who, on top of the isolation of a global pandemic, also must grapple with the effects of economic uncertainty and unstable housing caused by the pandemic, food insecurity, more violent crime in their neighborhoods, and the effects COVID-19. The need for mental health professionals to be available for our public and

public charter students is vital to truly heal the trauma experienced by our younger residents and give them a chance to succeed.

The Committee was pleased to see a proposed investment of \$33.6 million in the School-Based Behavioral Health (SBBH) program, which includes an 8 FTE and \$3.7 million increase to expand support for students' mental health through wrap-around services, as well as a strengthening of the workforce pipeline towards a career in school-based clinicians to ensure demand for clinicians can be met. Currently, community-based organizations (or CBOs) are in 158, or 63% of public schools, and the added investment allows for the addition of clinicians in 25 schools with the most significant needs.

Though the agency reports that the program is on track to being able to provide behavioral health services in all 251 projected schools, the Committee believes the program is still underfunded and in desperate need of long-term stabilization. The grant funding the program originally created in 2016 was based on projections that drastically underestimated its needs and did not take into account inflation and a future viral pandemic. The current funding provides \$70,344 per year for each school, which has been insufficient to cover the costs of the program. For the last two years, the District has used one-time funding supplements to stabilize the community-based organization grant program and address the financial strain of the pandemic on providers. These supplements should be made permanent, and the community-based organization grant amount should also cover the inflationary cost increases over the next three years, while a cost study is conducted. Each of the 251 schools in the program will require roughly \$80,000, which is \$9,656 more per school than is currently in the Mayor's proposed budget. To cover this budget shortfall, the Committee reallocated resources to add \$2.42 million in recurring funding to the program for FY23. By providing this additional recurring funding, the District can build a workforce pipeline, expand information sharing and family engagement efforts, and provide for the most effective school-based behavioral health program for District children and their families.

The Committee was also pleased to learn that DBH has plans to conduct a rate study to determine if current funding is sufficient to support the program. It is the Committee's recommendation that the agency conducts this study in consultation with the members of the Coordinating Council on School-Based Behavioral Health, including the Deputy Mayor of Education, the Office of the Superintendent of State Education, DC Public Schools, the Public Charter School Board, and other District agencies or organizations, and ensures that it identifies and evaluates the costs associated with fully implementing the school-based behavioral health program and its components. The study would, in effect, determine current and future CBO operating costs, including clinician salaries and benefits, supervision costs, and overhead costs, among others, and engage all stakeholders.

Healthy Futures: The Healthy Futures Program, administered by the Department of Behavioral Health, offers child and family-centered consultation services to care providers and family members that build their skills and capacity to promote social emotional development in young children. Most sites that participate in the program are traditional child development centers and serve children ages 0 to 5; however, other sites, such as home-based providers, pre-kindergarten incentive, and the District's Quality Improvement Network, participate as well. Working in tandem with the Birth-to-Three Act, which was introduced by Chairperson Gray in 2018, the Healthy Futures program greatly benefits childhood educators. Schools often report significant improvements in teacher-child interactions and significant reductions in negative behaviors towards staff. The Committee was pleased to see an investment of \$480,412 and 2.0 FTEs to support the expansion of the program, but still views the program as being underfunded. Therefore, the Committee reallocated \$700,000 from the Mayor's proposed budget to the program in order to expand and continue administering these critical early childhood services.

Integration of Managed Care: The Committee was pleased to see that work is underway with the Department of Healthcare Finance to integrate behavioral health services into the Medicaid managed care program, effective October 1, 2023. According to DBH's Director, DBH and the Department of Health Care Finance are engaging in planning and readiness activities with providers to ensure the smooth transition of behavioral health services to managed care. They are surveying providers to identify their needs and providing multiple technical assistance opportunities and grants to support IT development. In addition, the agency is conducting a rate study to determine the appropriate payment for behavioral health services. It is the agency's hope that bringing these services into the managed care program supports better care coordination and alleviates the need for residents to navigate multiple systems, leading to healthier people living longer lives.

The Committee would also like to highlight the following investment made in the FY23 proposed budget that will help further DBH in meeting its mission of providing community based, culturally competent behavioral health services that support prevention, resiliency, and recovery:

- \$36.5 million for mental health services
- \$28.4 million to maintain supported housing for 1,700 residents
- \$8.9 million to support behavioral health transformation services and increased utilization by Medicaid eligible residents
- \$10.9 million for mental health services for uninsured residents
- \$18.3 million for crisis services
- \$104.4 million to support Saint Elizabeths Hospital

- \$7.3 million in grants for victims of sexual assault and other victim services, including crisis intervention, advocacy, and trauma-informed mental health services
- \$40.7 million in ARPA funds to support broad gun violence prevention initiatives within the District, ranging from public works employment for at-risk individuals to grants to expand mental health services for victims of gun violence
- \$6 million to support violence prevention and diversion among at-risk, non-incarcerated youth
- \$2.5 million for the Sobering and Stabilization Center
- \$213,000 to support health promotion and public engagement

2. COMMITTEE BUDGET RECOMMENDATIONS

Fiscal Year 2023 Capital Budget Recommendations

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

3. COMMITTEE POLICY RECOMMENDATIONS

1. Continue to equip all police officers and EMS workers with naloxone in high overdose areas of city, particularly in Wards 7 and 8
2. Continue expanding mental health crisis intervention and pre-arrest diversion initiatives as part of the District's comprehensive approach to police reform, and help steer individuals with acute and chronic behavioral health issues away from the criminal legal system
3. Develop an evidence-based and cost-effective program to help individuals diagnosed with Hoarding Disorder (HD)
4. Develop a comprehensive report on gambling addictions in the District, including prevention and treatment. The Committee would like to be kept informed on how DBH is spending the \$200,000 it receives in Dedicated Taxes to support its Gambling Addiction Treatment program.
5. The Committee was pleased to learn that DBH has plans to conduct a rate study to determine if current funding is sufficient to support the School Based Behavioral Health program. DBH should conduct this study in consultation with the members of the Coordinating Council on School-Based Behavioral Health, including the Deputy Mayor of Education, the Office of the Superintendent of State Education, DC Public

Schools, the Public Charter School Board, and other District agencies or organizations, and ensure that it identifies and evaluates the costs associated with fully implementing the school-based behavioral health program and its components. This study should determine current and future CBO operating costs, including clinician salaries and benefits, supervision costs, and overhead costs, among others, and engage all stakeholders.

6. Provide the Committee on Health with an up-to-date report on opioid-related deaths thus far in 2022.
7. Work with the District Medical Examiner's Office to develop a semi-annual report on opioid related deaths in the District and report these statistics to the Council every 6 months.
8. Develop and provide the Committee on Health with a new model discharge plan for Community Residential Facilities, which would ensure that all parties, including providers and ACT teams, are providing consistent and appropriate support to CRF residents throughout their discharge process.
9. Create a student loan repayment assistance program for current and prospective clinicians. Much like the District's Health Professional Loan Repayment Program (HPLRP), administered by the DC Department of Health, this program would provide loan repayment to eligible health professionals practicing full-time at certified sites in health professional shortage and medically underserved areas in the District. These licensed and credentialed mental health providers would include clinical social workers, clinical psychologists, and professional counselors.
10. Continue to develop strategies that help to increase the number of licensed mental health professionals in the workforce, i.e. expediting the review and approval process for professional licensing board applications.
11. Continue to develop multi-year affiliation agreements with local universities to host graduate-level interns.
12. Hire an analyst who collects priority mental health data from DC Public and Public Charter Schools and Department of Behavioral Health, and report to Council on a quarterly basis. Priority data should include Student mental health or ACE (Adverse Childhood Experience) assessment results, the number of students and parents requesting support, the number of mental health staff on the ground in each school, and the content and availability of web-based information at the school and system level, among other information

13. Increase the number of Community Response Teams to enhance engagement of residents with behavioral health needs, connect them to care, and address crisis.
14. The Mayor's budget includes \$2.2 million to continue operating the Sobering and Stabilization Center expected to open this summer. Please provide the Committee with a comprehensive report on the function and types of services that will be available at the center, and continue to update the Committee on its opening.

D. 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 agency 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.

The Department of Health Care Finance operates through the following 10 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/EPSTDT, 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 Long Term Care Services and Support Assessments (LTCSS) including Delmarva assessments, Qualis Health Level of Care reviews, coordination with Aging and Disability Resource Center (ADRC), and Intellectual or Developmental Disabilities (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.

District Recovery Plan – provides the District Recovery Plan initiatives, which include COVID-19 Public Health Emergency Direct Response Costs; Economic

Recovery for Residents and Businesses; Build and Preserve Affordable Housing; Learning Acceleration; Reduction of Healthcare Disparities; Gun Violence Prevention; Youth Safety; and Alternative 911 Response. These initiatives are funded by District Recovery Plan Funds, which include the following sources: the American Rescue Plan Act and the Coronavirus Aid, Relief, and Economic Security Act.

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.

MAYOR’S FISCAL YEAR 2020-2023 OPERATING BUDGET SUMMARY

<i>Description</i>	<i>FY 2021 Actual</i>	<i>FY 2022 Approved</i>	<i>FY 2023 Proposed</i>	<i>% Change from FY22</i>
<i>The Department of Health Care Finance</i>				
Operating Budget	\$3,754,311,588	\$3,657,030,545	\$3,709,230,390	1.4
FTEs	285.8	351.0	372.2	6.0
Capital Budget	\$82,654,247	\$125,221,539	\$127,675,000	2.0
FTEs	0.0	0.0	0.0	N/A

COMMITTEE COMMENTS AND ANALYSIS

Alliance Health Insurance Program

The DC Healthcare Alliance Program (Alliance) is a locally funded program designed to provide medical assistance to District residents who are not eligible for Medicaid. This program serves low-income District residents who have no other health insurance and are not eligible for either Medicaid or Medicare. The vast majority of the beneficiaries for Alliance are undocumented residents.

The Department has long struggled with determining how it could financially provide the same or similar application and rectification process under Alliance as those seeking Medicaid or Medicare benefits. Before the pandemic, District residents had to apply for the Alliance program and recertify in-person, a difficult process considering that English was not the first language for many applicants and it frequently meant several appointments were necessary to gather documentation for the application. The Committee passed B23-

890, the “Prescription Drug Monitoring Program Query and Omnibus Amendments Act of 2020” which if funded would have allowed Alliance applicants to apply over the telephone, or website. Recertifications would have been limited to once a year.

Funding the law proved challenging with a steep financial impact despite the Committee push back on the cost analysis. However, when the District government halted all non-essential in-person government services, DHCF allowed for remote application to Alliance and suspended recertification requirements and allowed all enrolled beneficiaries to remain in the program. The Committee commends the Mayor and DHCF Director, Deputy Mayor Wayne Turnage for their leadership and commitment in ensuring health benefits for the District’s undocumented residents during the pandemic which likely saved many lives as people with chronic illness could continue to receive care.

Following the Committee’s budget markup for FY22, Deputy Mayor Turnage, in his capacity as Director of DHCF assured the Committee that there would be an additional study to review the data of enrollees into the Alliance program to determine the true cost of removing in-person enrollment and the six-month recertification requirements. Further, he clarified that DHCF would no longer remove beneficiaries from Alliance while their application was being processed or pending review. Last fall, efforts to resume in-person and remote recertification failed due to numerous issues with processing paper and electronic applications. DHCF suspended the recertification plans. In March 2022, the Council passed Rulemaking for the Alliance program that ended in person application for the program. The six-month recertification requirement was also removed if funding was provided in the FY23 budget. The Committee applauds the Mayor for funding the language which removed the six-month recertification requirement. The Committee believes that this action will encourage more preventive health visits and lead to a healthier community as was envisioned by extending health care access under the Affordable Care Act of 2010.

Workforce Development

The Department has taken steps to increase the wages for certain health care professionals using federal healthcare funds from the American Rescue Act (ARPA). In Subtitle A. the “Medicaid Home and Community Based-Services Enhancement Fund” the Mayor proposes to create a special fund to hold the federal funding. While some of the funds are allocated for one-time bonuses dedicated to named purposes such as for hiring,

retention, training, transportation of healthcare workers and vaccination incentives, the majority of the funding will help increase wages for the designated healthcare populations. The Committee applauds any effort to increase wages for healthcare workers. However, the Committee is concerned that unless there is a concentrated and sustained effort to increase health care wages, especially for entry level work, people will not be attracted to the health care profession especially those largely funded by Medicaid reimbursement. It was noted by several witnesses during the budget oversight hearing that it is easier to take a job as a dog walker and earn more money with less stress than become a health care worker which requires training that people often have to pay out of pocket.

The Committee appreciates Deputy Mayor Turnage efforts to increase wages for healthcare workers however, the Committee is concerned that not enough is being done to ensure this critical workforce is protected and there is a strong pipeline for new workers. The healthcare profession has been strained tremendously by COVID-19. Calls for home health workers to assist people in the community are too often going unanswered because of the shortage in the workforce. This workforce shortage impacts hospitals' ability to discharge patients to rehabilitation or homes in the community, the ability for people to return to work because they must care for family at home, and further stresses employees who are trying to cover work when others quit due to the demands of the job.

The Committee believes that every effort should be made to increase wages for health care workers, particularly those who are largely reimbursed by Medicaid. Further, the Committee would like to work with providers and DHCF to find a path to increase entry level pay to a sufficient level to strengthen the workforce pipeline.

2. COMMITTEE BUDGET RECOMMENDATIONS

Fiscal Year 2023 Capital Budget Recommendations

The Committee makes no changes to the capital budget for this agency.

3. COMMITTEE POLICY RECOMMENDATIONS

1. The Committee supports DHCF's commitment in increase healthcare wages but urges DHCF to work with providers to ensure the base wages for entry level health care workers reimbursed by Medicaid are at least 120% above the living wage or minimum wage, whichever is higher.
2. The Committee applauds DHCF's work to remove barriers to healthcare with Alliance reforms removing in-person applications and six-month recertification requirements. The Committee is still concerned that there is a break down in the application and recertification process which leaves many unsure if they have insurance. The Committee urges DHCF to work with the Department of Human Services to find solutions to improve the application and recertification process.

4.

E. 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)

Human Support Services – supports the agency’s mission to provide oversight and support for all citywide health and human services-related policies, activities, and initiatives under its jurisdiction, by;

- Developing and supporting policies and programs to improve the delivery of services by government agencies and contracted providers;
- Coordinating inter-agency activities and initiatives;
- Identifying opportunities for reducing redundancies, leveraging resources, creating economies of scale, and improving outcomes; and
- Ensuring compliance with local and federal mandates.

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.

Program Structure Change

The Office of the Deputy Mayor for Health and Human Services has moved the Thrive By Five Coordinating Council to the Office of Woman’s Policy and Initiatives. The change has been reflected in the FY23 proposed budget.

MAYOR’S FISCAL YEAR 2020-2023 OPERATING BUDGET SUMMARY

<i>Description</i>	<i>FY 2021 Actual</i>	<i>FY 2022 Approved</i>	<i>FY 2023 Proposed</i>	<i>% Change from FY22</i>
<i>The Office of the Deputy Mayor for Health and Human Services</i>				
Operating Budget	\$2,726,195	\$2,922,542	\$2,861,218	-2.1
FTEs	12.6	15.8	14.8	-6.3
Capital Budget	0.0	0.0	0.0	N/A
FTEs	\$0.0	\$0.0	\$0.0	N/A

COMMITTEE COMMENTS AND ANALYSIS

The agency’s encampment response

DMHHS continues to help combat homelessness in the District by providing outreach services and programs to many encampments within the District. The Encampment Team conducts welfare checks and provides services to over 280 encampment sites in the District. In addition to these services, DMHHS has implemented Mayor Bowser’s CARE Pilot Program to decrease homelessness in the District. This is a “Housing First” model for persons living in encampments.

The goal of this Pilot Program is to establish permanent housing as the platform from which all other needs of those experiencing homelessness can be addressed. It is a cross agency coordination with DBH, DPW, DHS, and the federal government through the National Park Service (NPS) along with Community Based Organizations (Pathways to Housing and Miriam’s Kitchen). The Program’s goal is to clear encampments by housing people either in leased housing or in bridge housing (motels or hotels). This allows the homeless to gain the stability necessary to deal with any other issues impacting their lives.

The Program has focused on four encampments in the District. First, outreach teams would reach out and meet with residents of the encampments over several weeks to inquire into their needs and interest in joining the program. Those who engaged with the Program were given opportunities to gain housing. Then, agencies and outreach services would provide housing over several weeks for those who had expressed interest at some point

during the program. Finally, the encampments are completely cleared, which includes any of the people, tents, belongings, and services that are present.

According to Deputy Mayor Wayne Turnage and his team at DMHHS, the CARE Pilot Program has been successful so far in their mission. There are 139 people in the program from certain identified encampments and of those 139, there were 109 people who engaged with the program. The other 30 persons declined services. Of those 109 who successfully engaged, 74 are in leased housing and 17 are in bridge housing. The success rate of those who engaged in the program is 84%. Additionally, the success rate of the whole pilot including those who engaged and those who did not engage in the program from the start is 64%. This success frees up space in the city and most importantly, moves homeless District residents into housing. This has ended homelessness for many people.

However, there are still many concerns and criticisms for this program by many advocates and advocacy groups in the District. Some advocates are from Miriam's Kitchen and D.C. Fiscal Policy, while others are from Sunrise D.C. and the National Homelessness Law Center. The biggest concern is that these encampments clearings and no encamping zones are harmful to those who are homeless and to those who are not engaging in the program. Those who refuse engagement are forced to clear out of the area they have set up as their home, a place where they feel safe, a place that houses their belongings their paperwork, and themselves. Additionally, there have been several incidents where people have been inside tents that were taken and cleared by forklifts and other construction vehicles. These forced clearings also damage the relationship between outreach programs and services and those persons who are homeless. It has built distrust and other negative feelings between the groups by destroying belongings, forcing people to move somewhere else, and using the police and large groups of people to enforce the clearings and prevent harm.

There are also some economic concerns about the expense of this program. Advocates for the homeless raised the possibility that there are less harmful and more cost-effective methods that are not being used. Advocates continue to appreciate the trash pick-up, porter potties, and handwashing stations services, but want these services to be extended. Some advocates want the program to be terminated as it goes against the Center for Disease Control guidelines enacted during COVID-19 and violates their rights.

DMHHS has responded to these concerns and criticisms by providing numerical data regarding the program's success rate and disagreeing with many of the criticisms. This Agency focuses on the goal of housing those who are homeless in these encampments through the program's methods. Due to the program's success, the Agency will want to expand the program to other encampments within the District. DMHHS will report to the Mayor's Office once all four encampments have been cleared.

2. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2023 Operating Budget Recommendations

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

b. Fiscal Year 2023 Capital Budget Recommendations

The Mayor's proposed budget for the Office of the Deputy Mayor for Health and Human Services does not include any capital funds.

3. COMMITTEE POLICY RECOMMENDATIONS

DMHHS has continued to respond to the needs of District residents considering the continued effects COVID-19 has had on the health and safety of its citizens, especially those most vulnerable. The Committee makes the following policy recommendations:

1. Incorporate an objective for outreach to acquire responses or reviews from individuals in and out of the Pilot Program before, during, and after encampment clearing. The agency should adapt the Care Program as needed to better align with the needs of those in and outside the Program.
2. The Committee recommends that the Care Pilot Program not destroy or throw-out the belongings of those living in the homeless encampments. Instead, to allow the homeless to collect their belongings from a warehouse or storage facility if they are not present during the clearing or refusing to engage in the program.

F NOT-PROFIT-HOSPITAL CORPORATION & SUBSIDY

1. AGENCY MISSION AND OVERVIEW

The Not-For-Profit Hospital Corporation (NFPHC), commonly known as United Medical Center (UMC), 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. 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.

NFPHC is governed by a Fiscal Management Board, which serve as a control board, consisting of 9 members, 7 of whom are voting members and 2 of whom are non-voting members. Voting members of the Fiscal Management Board include:

- A. The Chief Financial Officer of the District of Columbia, or his or her designee, who shall serve as chair of the Fiscal Management Board;
- B. The Deputy Mayor for Health and Human Services, or his or her designee;
- C. One citizen member from either Ward 7 or Ward 8, appointed by the Mayor, who has experience in public health or health care delivery;
- D. A citizen member, appointed by the Mayor, who has experience serving as the City Administrator of the District of Columbia;
- E. An individual with expertise in hospital management or finance, appointed by the Mayor; and
- F. One representative from each of the two unions, selected by each representative union, maintaining the largest collective bargaining units at United Medical Center; and

The Chief Executive Officer of the Corporation and the Chief Medical Officer of the Corporation serve as non-voting ex officio members.

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.

The Not-For-Profit Hospital Corporation Subsidy provides a direct payment to the Not-For-Profit Hospital Corporation (NFPHC).

MAYOR’S FISCAL YEAR 2020-2023 OPERATING BUDGET SUMMARY

<i>Description</i>	<i>FY 2021 Actual</i>	<i>FY 2022 Approved</i>	<i>FY 2023 Proposed</i>	<i>% Change from FY22</i>
<i>The Not-for-Profit Hospital Corporation</i>				
Operating Budget	\$0.0	\$155,000,000	\$155,000,000	0.0
FTEs	0.0	0.0	0.0	N/A
Capital Budget	\$0.0	\$0.0	\$0.0	N/A
FTEs	0.0	0.0	0.0	0.0

<i>Description</i>	<i>FY 2021 Actual</i>	<i>FY 2022 Approved</i>	<i>FY 2023 Proposed</i>	<i>% Change from FY22</i>
<i>The Not-for-Profit Hospital Corporation Subsidy</i>				
Operating Budget	\$40,000,000	\$15,000,000	\$15,000,000	0.0
FTEs	0.0	0.0	0.0	N/A
Capital Budget	\$0.0	\$0.0	\$0.0	N/A
FTEs	0.0	0.0	0.0	N/A

COMMITTEE COMMENTS AND ANALYSIS

2. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2023 Operating Budget Recommendations

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

b. Fiscal Year 2023 Capital Budget Recommendations

The Mayor's proposed budgets for the NFPHC and NFPHC Subsidy do not include any capital funds.

3. COMMITTEE POLICY RECOMMENDATIONS

1. The Fiscal Management Board of United Medical Center shall submit an operational plan for the Corporation with an implementation schedule that has been certified by the Office of the Chief Financial Officer no later than the statutorily required date of July 16, 2021.
2. In proposing any reductions to United Medical Center, the Fiscal Management Board shall preserve the emergency department and behavioral health services and should ensure that the preservation of management positions is not prioritized over front-line staff.
3. Mazars needs to correct the contracting and procurement problems they have had and hire staff who can submit contracts to the Council in a timely manner.

G. DC 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 tenth year of operation and concluded its ninth open enrollment period for people purchasing individual insurance on January 31, 2022.

The Health Benefit Exchange Authority 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. The program researches complex customer service problems and works with multiple stakeholders to resolve those issues. It also 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.

MAYOR’S FISCAL YEAR 2020-2023 OPERATING BUDGET SUMMARY

<i>Description</i>	<i>FY 2021 Actual</i>	<i>FY 2022 Approved</i>	<i>FY 2023 Proposed</i>	<i>% Change from FY22</i>
<i>DC Health Benefit Exchange Authority</i>				
Operating Budget	\$49,239,520	\$32,841,979	\$35,684,055	8.7
FTEs	96.0	109.0	117.0	7.3
Capital Budget	\$0.0	\$0.0	\$0.0	N/A
FTEs	0.0	0.0	0.0	N/A

COMMITTEE COMMENTS AND ANALYSIS

2021 American Rescue Plan: The Committee commends Director Mila Kofman and her staff at the DC Health Benefit Exchange Authority for their continued efforts in facilitating a nearly 100% insured rate in the District, as well as maintaining one of the most cost-effective and state of the art health insurance marketplaces in the nation. In 2021, the Biden administration brought a new level of optimism for health care; while the prior four years created serious threats to the Affordable Care Act, this new administration has already worked to increase access to quality affordable health care, particularly during the COVID-19 pandemic. In March of last year, President Joe Biden signed into law the American Rescue Plan, which effectively reduced premiums for health insurance through DC Health Link and provides health insurance for as little as \$11 per month. The American Rescue Plan enhanced premium tax credits for 2021 and 2022, and placed caps on insurance

premiums for people at all income levels who purchased individual health insurance coverage through an Affordable Care Act exchange, resulting in approximately \$36 million in lower premiums for District residents. The Committee applauds the Health Benefit Exchange for its efforts in keeping insurance premiums as low as possible for District residents and hopes that Congress extends the ARP expansion past December 31, 2022.

Social Justice Working Group: Also worth highlighting is the agency’s efforts with its Executive Board’s Working Group and its focus on analyzing outcomes and promoting health equity in the District. Comprised of stakeholders committed to social justice and health equity, including DC Health Link carriers, patient advocates, health equity experts, members of the broker community, and providers, the Social Justice and Health Disparities Working Group was convened in February of 2021 and met bi-monthly until its recommendations were adopted by the Executive Board in July of 2021. The report, titled “How Health Insurance Companies Offering Coverage through DC Health Link are Taking Steps to Improve Access to Services for District Residents East of the River” issues recommendations for expanding access to providers and health systems for communities of color in the District, eliminating health outcome disparities for communities of color in the District, and ensuring equitable treatment for patients of color in health care settings and in the delivery of health care services in the District. Recommendations also put an emphasis on increased cultural competency training among carriers and promote providing incentives for both primary care and specialist physicians to practice in underserved areas in DC. The Committee applauds the HBX Executive Board for adopting these initiatives and for its continued work to expand access to providers for communities of color in the District.

2. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2023 Operating Budget Recommendations

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

b. Fiscal Year 2023 Capital Budget Recommendations

The Mayor’s proposed budget for the Health Benefit Exchange Authority does not include any capital funds.

3. COMMITTEE POLICY RECOMMENDATIONS

1. Continue to monitor the stability of District health insurance rates and explore opportunities to health care more accessible.
2. Continue developing strategies around addressing health equity and racism in health care.
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. Ensure the long-term implementation of President Biden’s American Rescue Plan, and keep the Committee apprised of any future advancements the federal administration makes in the health insurance marketplace.
5. Increase utilization of Certified Business Enterprises (CBE) in the procurement of services.

III. TRANSFERS TO OTHER COMMITTEES

The Committee has no transfers to other Committees.

IV. BUDGET SUPPORT ACT RECOMMENDATIONS

On Wednesday, March 16, 2022, Chairman Mendelson introduced, on behalf of the Mayor, the “Fiscal Year 2023 Budget Support Act of 2022” (Bill 24-0714). The bill contains two subtitles for which the Committee has provided comments. The Committee also recommends the addition of two new subtitles. The Committee on Health describes the purpose, fiscal impact, committee reasoning, and a section-by-section analysis for each of the subtitles it recommends for inclusion in the Budget Support Act and has attached the legislative language in Attachment B to this report.

A. RECOMMENDATIONS ON MAYOR’S PROPOSED SUBTITLES

The Committee provides comments on the following subtitles of the “Fiscal Year 2023 Budget Support Act of 2022”:

1. Subtitle V-A. Medicaid Home and Community-Based Services Enhancement Fund
2. Subtitle V-C. Alliance Enrollment

The legislative language is included in Attachment B.

1. Subtitle V-A. Medicaid Home and Community-Based Services Enhancement Fund

a. Purpose, Effect, and Impact on Existing Law

This subtitle would establish the new special fund, the Medicaid Home and Community-Based Services Enhancement Fund, which the District CFO will deposit federal funds received as authorized by section 9817 of the approved March 11, 2021 (135 Stat. 216; 42 U.S.C. 1396d, note) (the “Section 9817 Enhancement Amount”). Money in the Fund shall only be used to fund the implementation of activities that enhance, expand, or strengthen Medicaid home and community-based services, as described in the District’s Initial Spending Plan and Narrative for Enhanced Funding for Medicaid Home and Community-Based Services under Section 9817 of the American Rescue Plan Act of 2021 (ARPA) or as authorized by the Centers for Medicare and Medicaid Services (CMS).

b. Committee Reasoning

The District continues to receive federal funding through ARPA. The Department of Healthcare Finance (DHCF) has created the District’s Initial Spending Plan and Narrative for Enhanced Funding for Medicaid Home and Community-Based Services which details how the federal healthcare funding will be spent. By creating this special fund, the money the District receives for healthcare under ARPA will be secured in a non-lapsing fund and available for the purposes offered and approved by CMS regardless of the fiscal year.

The plan, which is publicly available on the DHCF website details some one-time bonuses that can be used for retention for employees who worked through the height of the COVID-19 pandemic, hiring bonuses to attract new employees into the healthcare field, reimbursement funds for vaccine and booster incentives, among other incentive funding. The bulk of the funds are expected to bolster the average wages in the District for certain categories of health professionals to 117.6% if the living wage or minimum wage,

whichever is higher. While the wages for healthcare professionals need to be at least 120% of the living wage to continue to attract people to this field, the Committee finds that this is a good beginning and use of funds. Therefore, the Committee recommends inclusion of this subtitle in the Budget Support Act, which would establish this new special fund.

c. Section-by-Section Analysis

Sec. 5001. Short title.

Sec. 5002. Amends The Department of Health Care Finance Establishment Act of 2007 by establishing as a special fund the Medicaid Home and Community-Based Services Enhancement Fund (“Fund”), which shall be administered by the Department. Money in the Fund shall be used only to fund the implementation of activities that enhance, expand, or strengthen Medicaid home and community-based services, as described in the Initial Spending Plan and Narrative for Enhanced Funding for Medicaid Home and Community-Based Services under Section 9817 of the American Rescue Plan Act of 2021.

d. Fiscal Impact

The fiscal impact of this subtitle was incorporated into the FY 21 Budget and Financial Plan.

2. Subtitle V-C. Alliance Enrollment

a. Purpose, Effect, and Impact on Existing Law

The purpose of this subtitle is to amend Section 7b of the Health Care Privatization Amendment Act of 2001, effective December 13, 2017 (D.C. Law 22-35; D.C. Official Code § 7-1407) to remove language that could allow the Mayor to require enrollees in the Alliance Health Insurance Program to appear in person for enrollment into the program or recertification of their eligibility for the program. Further, this subtitle repeals language that permitted biannual recertification and amends the law so that enrollees of Alliance are only required to recertify annually.

b. Committee Reasoning

The Committee has long since championed the having the Alliance Program, the District’s local health insurance program for low-income residents on parity in enrollment and recertification with the Medicaid program. Without the proposed subtitle,

District residents would be required to apply for the Alliance Program in person and recertify every six months which was an arduous process.

This subtitle now permanently amends the Health Care Privatization Amendment so that it no longer requires resident to apply and recertify for the Alliance program in person or have face-to-face interviews. Further, the requirement for biannual recertification has been repeal. These changes in the subtitle now allows application the Alliance program to be similar to the application process for those seeking Medicaid benefits.

c. Section-by-Section Analysis

Sec. 5021. Short title.

Sec. 5022. Amends Section 7b of the Health Care Privatization Amendment Act of 2001 by striking the phrase “; except that that the Mayor may require enrollees to complete one in-person certification each year in Fiscal Years 2023, 2024, and 2025”, and adding a new subsection that establishes that enrollees in the Alliance shall be required to recertify their enrollment on an annual basis.

d. Fiscal Impact

The fiscal impact of this subtitle was incorporated into the FY 21 Budget and Financial Plan.

B. RECOMMENDATIONS FOR NEW SUBTITLES

The Committee on Health recommends the following new subtitles to be added to the “Fiscal Year 2023 Budget Support Act of 2022”:

- 1. Subtitle X. Behavioral Health Awareness Fund**
- 2. Subtitle X. First-Time Mothers Home Visiting Program**
- 3. Subtitle X. Maternal Mental Health Task Force**

The legislative language is included in Attachment B.

1. Subtitle X. Behavioral Health Awareness Fund

a. Purpose, Effect, and Impact on Existing Law

This subtitle would amend the Department of Behavioral Health Establishment Act of 2013 to establish the new Behavioral Health Awareness Fund, to allow for the collection and dedication of funds received by the District for the new Behavioral Health Awareness motor vehicle identification tag. The subtitle also establishes that money in the fund is to be used solely to support behavioral health prevention and treatment programs administered by the Department of Behavioral Health.

b. Committee Reasoning

On February 9, 2022, Chairman Mendelson, on behalf of the Mayor, introduced the Behavioral Health Awareness Motor Vehicle Identification Tags Amendment Act of 2022, which authorized the Mayor to design and issue motor vehicle license plates with a design promoting behavioral health awareness. Funding from those plates was proposed to flow into a new Behavioral Health Awareness Special Purpose Revenue Fund and dedicated to support the Department of Behavioral Health in its efforts to provide support, prevention, and treatment for those seeking out behavioral health services.

To expedite the creation of this new license plate, the Committee on Transportation has recommended inclusion of a subtitle in the Budget Support Act that would create this new plate. However, because that Committee does not have jurisdiction over the Department of Behavioral Health, it could not establish the new fund necessary to collect and dedicate these funds, as proposed. Thus, the Committee recommends inclusion of this subtitle in the Budget Support Act, which would establish this new fund.

c. Section-by-Section Analysis

Sec. XX01. Short title.

Sec. XX02. Amends the Department of Behavioral Health Establishment Act of 2013 to establish the new Behavioral Health Awareness Fund.

d. Fiscal Impact

The fiscal impact of this subtitle was incorporated into the FY 21 Budget and Financial Plan.

2. Subtitle X. First-Time Mothers Home Visiting Program

a. Purpose, Effect, and Impact on Existing Law

Previously, the Committee funded subtitle “Leverage for Our Future Amendment Act of 2019”. This subtitle limited the funding for the home visiting party awarded the competitive grant to deliver evidence- based home visiting services for organizations that focuses exclusively on low-income, Medicaid eligible, first-time mothers. This subtitle adds additional funds for this Program.

b. Committee Reasoning

DC Health has previously awarded funds through a grant for a home visiting program for first-time mothers who are eligible for Medicaid. A delay in due to COVID meant that the program was not funding promptly. Due to the pandemic, the provider who was awarded the funding began the program in unfavorable circumstances. However, initial reports seem promising.

The Committee heard from the current provider that they are now fully operational and would like additional time and resources to show the effectiveness of the program. The Committee believes limited additional funding is necessary to evaluate the effectiveness of this type of home visiting program in the District. The Committee would like to continue funding this first-time mother’s home visiting program an additional year to review results and determine the success of this type of home visiting program.

c. Section-by-Section Analysis

Sec. 5xxx. Short title.

Sec. 5xxx. Limit's the Department of Health from providing an amount that exceed \$150,000 to the home visiting provider who was awarded the competitive grant pursuant to paragraph (1) of this subsection.

d. Fiscal Impact

The fiscal impact of this program is the funding granted for the First-Time Mother's Home Visiting Program which has been funded by the Committee at \$150,000.

3. Subtitle X. Maternal Mental Health Task Force

a. Purpose, Effect, and Impact on Existing Law

This subtitle would establish a Maternal Mental Health Task Force to study maternal mental healthcare, make recommendations regarding specified matters pertaining to maternal mental healthcare, and report its findings and recommendations to the Mayor and the Council by August 31, 2023.

b. Committee Reasoning

The Council unanimously passed B22-172, the Maternal Mental Health Task Force Establishment Act of 2018 on May 1, 2018, which as passed subject to appropriation. In the Fiscal Year 2022 Budget Support Act of 2021, the law was repealed as it had not been funded within the required amount of time.

At the hearing on B22-172, the former Director of the Department of Behavioral Health, Dr. Tanya Royster, testified that the Department of Behavioral Health recognizes that maternal mental health affects not only the health of mothers, but also the health of their child before and after birth, as well as their entire family. "Recent research has found that 15 percent, or one in seven, new moms face significant symptoms of depression or anxiety, commonly called 'postpartum depression'. For poor or lower income women, the rate jumps to 25 percent" she expressed. If left untreated, maternal mental health disorders can cause serious health risks for both the mother and infant, increasing the risk for costly complications during birth and causing long-lasting impacts on child development and

well-being. Dr. Royster highlighted several ways in which DBH has invested in maternal mental health, noting that the District has a strong base of community-based programs serving pregnant and new moms that provide models and invaluable lessons for future recommendations. Among these initiatives is the Parent Infant Early Childhood Enhancement Program (the PIECE Program), operated by DBH, which screens for mental or emotional challenges, and offers evidence-based practices to strengthen the parent/child bond. Dr. Royster also highlighted Mary's Center's Maternal Mental Health Program, which provides mental health treatment and supports for pregnant women and women with young children. While Dr. Royster expressed that good work is being done across the city, she recognized that more is needed to meet the mental healthcare needs of new mothers.

The language included in this subtitle is nearly identical to the passed language of B22-172 with technical edits. The Committee accepts a transfer in the amount of \$118,000 from the Committee on Judiciary and Public Safety for one-time FY23 funding to support this subtitle.

c. Section-by-Section Analysis

Sec. XX01. States the short title and states the definitions.

Sec. XX02. Establishes the Maternal Mental Health Task Force to provide policy recommendations for the improvement of maternal mental health. The Task Force shall study: vulnerable populations and risk factors, barriers to screening, emerging treatment options, provider and patient needs to improve diagnosis and treatment, effective treatment strategies, successful postpartum recovery, evidence based practices for providers, and models for private and public funding. It further establishes August 31, 2023, as the date by which the Task Force shall submit a comprehensive report to the Mayor and Council making findings and recommendations to address maternal mental health needs. It states that the Task Force shall consist of 19 members and 2 co-chairs. It establishes a process for filling vacancies and states that the Department of Behavioral Health shall publish on its website a public listing of Task Force Members, meeting notices, and meeting minutes. Finally, it establishes the dissolution of the Task Force after compliance with subsection (b) is complete.

Sec. XX03. Amends Section 2(f) of the Confirmation Act of 1978, adding a new paragraph (71) establishing the Maternal Mental Health Task Force by way of the Maternal Mental Health Task Force Establishment Act of 2022.

d. Fiscal Impact

The fiscal impact of this subtitle is \$118,000 to provide for a Grade-13, Step 1 FTE with a salary of \$93,000 and fringe benefits of \$25,000, totaling \$118,000

V. COMMITTEE ACTION AND VOTE (TBD)

VI. ATTACHMENTS

- A. Committee Adjustments (spreadsheet)
- B. Bill 24-0714, Fiscal Year 2023 Budget Support Act of 2022 Recommended Subtitles
 - 1. Subtitle V-A. Medicaid Home and Community-Based Services Enhancement Fund
 - 2. Subtitle V-C. Alliance Enrollment
 - 3. Subtitle X. Behavioral Health Awareness Fund
 - 4. Subtitle X. First-Time Mothers Home Visiting Program
 - 5. Subtitle X. Maternal Mental Health Task Force
- C. Committee on Health Fiscal Year 2023 Hearing Witness Lists and Testimony
 - 1. March 21, 2022 - DC Health Benefit Exchange Authority
 - 2. March 21, 2022 - Department of Behavioral Health
 - 3. March 28, 2022 - Office of the Deputy Mayor for Health & Human Services
 - 4. March 28, 2022 - Department of Health Care Finance
 - 5. March 28, 2022 - Not-for-Profit Hospital Corporation
 - 6. April 4, 2022 - Department of Health (DC Health)