COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
CHRISTINA HENDERSON, CHAIRPERSON

FISCAL YEAR 2024 COMMITTEE BUDGET REPORT

TO: Members of the Council of the District of Columbia

FROM: Councilmember Christina Henderson
Chairperson, Committee on Health

DATE: April 26, 2023

SUBJECT: Report and Recommendations of the Committee on Health on the Fiscal Year 2024 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 2024 ("FY 2024") 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 2024 Budget Support Act of 2023, as proposed by the Mayor, and proposes several new sections.

TABLE OF CONTENTS

I. SUMMARY 3

A. Executive Summary 3
B. FY 2024 Agency Operating Budget 6
C. FY 2024 Agency Operating Budget by Program........ 8
D. FY 2024 Agency Full-Time Equivalents 20
E. FY 2024 - 2029 Agency Capital Budgets 21
F. Transfers In from Other Committees 22
G. Transfers Out to Other Committees 22
H. Revenue Adjustments 23
I. Funding of Legislation 23
J. Summary of Committee Budget Recommendations 23

II. AGENCY FISCAL YEAR 2024 BUDGET RECOMMENDATIONS 24

A. Introduction 24
B. Department of Health (HC0) 27
C. Department of Behavioral Health (RM0) 46
D. Department of Health Care Finance (HT0) 65

E. Office of the Deputy Mayor for Health and Human Services (HG0) 79
F. Not-For-Profit Hospital Corporation & Subsidy (HX0) 83
G. Health Benefit Exchange Authority (HI0) 86

III. BUDGET SUPPORT ACT RECOMMENDATIONS 90

A. Recommendations on Mayor's Proposed Subtitles 90
1. Title V, Subtitle A. Public Health Laboratory 90
2. Title V, Subtitle B. Medicaid Hospital Provider Reimbursement 92

B. Recommendations for New Subtitles 93
1. Title V, Subtitle X. School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2023 94
2. Title V, Subtitle X. First-Time Mothers Home Visiting Program 96
3. Title V, Subtitle X. Substance Abuse and Behavioral Health Targeted Outreach Pilot 97
4. Title V, Subtitle X. Department of Health Care Finance Reporting Requirements 98

IV. COMMITTEE ACTION AND VOTE 101

V. ATTACHMENTS 102

I. SUMMARY

A. EXECUTIVE SUMMARY

This report of the Committee on Health on the Fiscal Year 2024 Proposed Budget for the agencies within its jurisdiction was developed after several months of hearings, testimony, meetings, and other forms of public engagement. The summary below highlights many of the Committee's notable investments in the FY 2024 budget, including the approval of proposed investments by the Mayor.

The Committee's recommended budget makes critical investments to:

Improve Access to Critical Health Care and Services

- Ensures on-time completion and opening of hospital opening in Ward 8 by approving Cedar Hill Medical Center one-year advance investment of **$10,000,000** to account for inflationary increases and supply chain delays of medical equipment
- Expands access to diagnosis and treatment of infertility by providing **$990,000** to implement the Expanding Access to Fertility Treatment Amendment Act of 2023, which would expand Medicaid and Alliance coverage for the diagnosis and medication treatment of infertility and fund the study of expanding coverage to IVF and fertility preservation services
- Provides critical animal rescue and animal control services for the District by restoring **$2,000,000** for the Animal Care and Control contract
- Approves **$300,000** of the Mayor's one-time enhancement for senior dental services
- Ensures individuals with HIV/AIDS or cancer have stable housing and appropriate medical care by restoring a **$250,000** grant to Joseph's House to provide nursing care and housing support to individuals critically ill with HIV/AIDS or cancer
- Accepts a transfer from the Committee on Transportation and the Environment of **$170,000** to require dementia training for direct care workers, implementing the Dementia Training for Direct Care Workers Act of 2019

Increase Support for Behavioral Health and Substance Abuse Treatment

- Addresses the gap in access to behavioral health services by providing **$325,000** for the School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2023
- Accepts a transfer from the Committee on Public Works and Operations of **$200,000** and provides an additional **$400,000**, for a total enhancement of **$600,000** for the Substance Abuse and Behavioral Health Services Targeted Outreach Pilot Act of 2023 that pilots the effectiveness of an influx of direct support, relationship development, and resource brokering for individuals in need of substance abuse and behavioral health services at three locations in Wards 1, 5, and 7
- Addresses pivotal staffing shortages by designating **$100,000** for retention and hiring bonuses to attract and retain qualified staff for the Children and Adolescent Mobile Psychiatric Service (ChAMPS) staff
- Enhances academic support, youth development, health and wellness, and family engagement in Ward 8 by transferring **$100,000** to the Committee on Recreation, Libraries,

and Youth Affairs for a grant to Horton's Kids through the Department of Parks and Recreation.

Strengthen the Public Health Workforce

- Increases the pipeline of talented healthcare professionals in the District by allocating **$1,419,000** to fund L24-0313, the High Need Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022, thereby creating a High Need Healthcare Career Scholarship and Supports program and adding **one FTE** to implement the program
- Enhances the licensing process for healthcare professionals by restoring **2.25 FTEs** to the Health Licensing Professional Boards Division at DC Health
- Increases critical food safety inspections for restaurants, cafeterias, and other food establishments in the District by restoring **one FTE** to the Food Safety Division at DC Health
- Increases opportunities for small food entrepreneurs by funding B25-0068, the Street Vendor Advancement Amendment Act of 2023. **Two new FTEs at DC Health** will create and enforce a new permit for Microenterprise Home Kitchens for small businesses making prepared food in their homes

Improve Perinatal and Children's Health

- Accepts a transfer from the Committee on Public Works and Operations to increase evidence-based home visiting for low-income, Medicaid eligible, first-time mothers through a grant of **$225,000** to Department of Health Care Finance
- Increases distribution of diapers, formula, and other essential supplies for infants by investing **$400,000** in recurring funds as a grant to the DC Diaper Bank
- Ensures more consistent staffing at School Health Suites by restoring **$2,000,000** for the Children's School Services grant to implement a new staffing model and address the high vacancy rate for school nurses
- Enhances healthy meals and nutrition education in schools by transferring **$822,367** to the Committee of the Whole for the Healthy Schools Fund at the Office of the State Superintendent for Education to be spent on school garden grants, nutrition education grants, and school cafeteria equipment and training grants

Addresses the Social Determinants of Health

- Accepts a transfer from the Committee on Transportation and the Environment to increase access to healthy food by restoring the Council's **$375,000** one-time enhancement for the Healthy Food Access Grants at DC Health, including: **$150,000** for the Healthy Corners Program; **$25,000** for Home Delivered Meals; and $**200,000** for Produce Plus, and accepts the Mayor's proposed one-time enhancement of **$324,066** for Joyful Food Markets
- Encourages activity and independence for individuals living in Assisted Living Facilities and Certified Residential Facilities by allocating **$269,280** for a $30 increase of personal needs allowances (PNAs) to cover personal expenses.
- Encourages increased medical respite care for individuals experiencing homelessness by providing **$55,000** to the Department of Health Care Finance to produce a report on opportunities to expand Medicaid coverage for medical respite care.
- Helps low-income tenants remain in their homes by transferring **$500,000** to the Committee on Housing to restore the Emergency Rental Assistance Program

- Restores critical funding for public libraries, which serve as cultural and resource centers for District residents, by restoring **$433,410** for the DC Public Library Revenue Generating Fund for featured author, musical, and other cultural events as well as exhibitions primarily at the MLK Library thus attracting individuals downtown, and **$629,442** for custodial maintenance for DC Public Library for regular cleaning, pest control, and landscape services at all branch locations
- Enhances Access to Justice Initiatives at Office of Victim Services and Justice Grants by transferring **$350,000** to the Committee on the Judiciary and Public Safety for that purpose
- Promotes public safety and modernizes traffic enforcement programs by transferring **$50,000** to the Committee on Public Works and Operations to fund self-releasing boots, bringing the total to $900,000 for this program

B. FY 2024 AGENCY OPERATING BUDGET

Fund Type	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee's FY 2024 Recommendation	Committee Percent Change
Department of Behavioral Health						
DEDICATED TAXES	$0	$200,000	$0	$0	$0	(100.00%)
FEDERAL GRANT FUND	$38,271,832	$55,041,715	$54,525,365	$0	$54,525,365	(0.94%)
FEDERAL MEDICAID PAYMENTS	$2,713,504	$2,742,751	$3,316,674	$0	$3,316,674	20.93%
FEDERAL PAYMENTS	$5,079,315	$10,158,064	$9,613,592	$0	$9,613,592	(5.36%)
LOCAL FUND	$288,570,879	$305,681,032	$314,330,360	($3,615,468)	$310,714,892	1.65%
INTRA-DISTRICT	$14,282,761	$0	$0	$0	$0	0.00%
PRIVATE DONATIONS	$5,002	$36,000	$93,000	$0	$93,000	158.33%
PRIVATE GRANT FUND	$214,926	$486,290	$255,000	$0	$255,000	(47.56%)
SPR FUNDS	$1,604,020	$2,673,080	$3,009,823	$0	$3,009,823	12.60%
TOTAL GROSS FUNDS	**$350,742,239**	**$377,018,932**	**$385,143,814**	**($3,615,468)**	**$381,528,346**	**1.20%**
Department of Health						
FEDERAL GRANT FUND	$186,955,135	$158,594,599	$173,799,377	$0	$173,799,377	9.59%
FEDERAL PAYMENTS	$4,956,065	$5,000,000	$5,000,000	$0	$5,000,000	0.00%
LOCAL FUND	$89,218,502	$98,469,027	$90,893,861	$3,868,905	$94,762,766	(3.76%)
INTRA-DISTRICT	$10,810,090	$0	$0	$0	$0	0.00%
PRIVATE GRANT FUND	$240,869	$0	$0	$0	$0	0.00%
SPR FUNDS	$20,134,541	$21,891,637	$22,308,969	$0	$22,308,969	1.91%
TOTAL GROSS FUNDS	**$312,315,202**	**$283,955,264**	**$292,002,208**	**$3,868,905**	**$295,871,113**	**4.20%**
Department of Health Care Finance						
DEDICATED TAXES	$98,736,598	$105,105,077	$114,535,958	$0	$114,535,958	8.97%
FEDERAL GRANT FUND	$4,918,520	$5,174,115	$4,550,493	$0	$4,550,493	(12.05%)
FEDERAL MEDICAID PAYMENTS	$3,072,184,089	$2,663,283,088	$3,180,056,342	$940,000	$3,180,996,342	19.44%
FEDERAL PAYMENTS	$0	$2,000,000	$0	$0	$0	(100.00%)

Fund Type	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee's FY 2024 Recommendation	Committee Percent Change
LOCAL FUND	$843,270,232	$954,955,220	$986,913,175	($1,706,569)	$985,206,606	3.17%
INTRA-DISTRICT	$93,009,075	$0	$0	$0	$0	0.00%
PRIVATE GRANT FUND	$0	$365,701	$100,000	$0	$100,000	(72.66%)
SPR FUNDS	$2,020,706	$5,643,542	$8,805,546	$0	$8,805,546	56.03%
TOTAL GROSS FUNDS	**$4,114,139,219**	**$3,736,526,743**	**$4,294,961,514**	**($766,569)**	**$4,294,194,945**	**14.92%**
Health Benefit Exchange Authority						
ENTERPRISE AND OTHER FUNDS	$30,194,256	$35,684,055	$37,552,148	$0	$37,552,148	5.24%
TOTAL GROSS FUNDS	**$39,657,848**	**$35,684,055**	**$37,552,148**	**$0**	**$37,552,148**	**5.24%**
Not-for-Profit Hospital Corporation						
ENTERPRISE AND OTHER FUNDS	$0	$155,000,000	$155,000,000	$0	$155,000,000	0.00%
TOTAL GROSS FUNDS	**$0**	**$155,000,000**	**$155,000,000**	**$0**	**$155,000,000**	**0.00%**
Not-for-Profit Hospital Corporation Subsidy						
LOCAL FUND	$22,000,000	$15,000,000	$15,000,000	$0	$15,000,000	0.00%
TOTAL GROSS FUNDS	**$22,000,000**	**$15,000,000**	**$15,000,000**	**$0**	**$15,000,000**	**0.00%**
Office of the Deputy Mayor for Health and Human Services						
LOCAL FUND	$2,095,724	$2,861,218	$2,588,900	($111,338)	$2,477,562	(13.41%)
INTRA-DISTRICT	$213,733	$0	$0	$0	$0	0.00%
TOTAL GROSS FUNDS	**$2,309,458**	**$2,861,218**	**$2,588,900**	**($111,338)**	**$2,477,562**	**(13.41%)**
GRAND TOTAL	**$4,842,763,966**	**$4,606,046,211**	**$5,182,248,582**	**($624,470)**	**$5,181,624,112**	**12.50%**

C. FY 2024 Agency Operating Budget by Program

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
1000 - AGENCY MANAGEMENT						
1010 - PERSONNEL	$1,727,342	$1,842,289	$1,933,524	$0	$1,933,524	4.95%
1015 - TRAINING AND EMPLOYEE DEVELOPMENT	$272,183	$608,322	$604,166	$0	$604,166	(0.68%)
1017 - LABOR RELATIONS	$390,005	$518,584	$506,298	$0	$506,298	(2.37%)
1030 - PROPERTY MANAGEMENT	$972,847	$1,264,637	$1,012,036	$0	$1,012,036	(19.97%)
1040 - INFORMATION TECHNOLOGY	$5,619,100	$5,499,720	$6,548,434	$0	$6,548,434	19.07%
1050 - FINANCIAL MANAGEMENT-AGENCY	$2,292,493	$2,176,073	$2,653,009	$0	$2,653,009	21.92%
1088 - CLAIMS ADMINISTRATION	$721,505	$794,542	$818,323	$0	$818,323	2.99%
1091 - OFFICE OF ADMINISTRATION OPERATIONS	$12,171,348	$13,827,730	$14,550,358	$0	$14,550,358	5.23%
1092 - RECORDS MANAGEMENT	$875,291	$782,863	$815,427	$0	$815,427	4.16%
TOTAL PROGRAM FUNDS	**$24,999,309**	**$27,314,759**	**$29,441,574**	**$0**	**$29,441,574**	**7.79%**
100F - DBH FINANCIAL OPERATIONS						
110F - DBH BUDGET OPERATIONS	$731,268	$1,123,878	$1,395,339	$0	$1,395,339	24.15%
120F - DBH ACCOUNTING OPERATIONS	$862,339	$991,126	$787,171	$0	$787,171	(20.58%)
130F - DBH FISCAL OFFICER	$209,949	$362,955	$312,564	$0	$312,564	(13.88%)
TOTAL PROGRAM FUNDS	**$1,803,556**	**$2,477,958**	**$2,495,073**	**$0**	**$2,495,073**	**0.69%**
1800 - BEHAVIORAL HEALTH AUTHORITY						
1810 - OFC OF THE DIRECTOR/ CHIEF EXEC OFFICER	$1,901,957	$2,501,440	$2,708,261	$0	$2,708,261	8.27%
1820 - CONSUMER AND FAMILY AFFAIRS	$1,177,984	$1,323,344	$993,354	$0	$993,354	(24.94%)
1885 - OFFICE OF OMBUDSMAN	$297,827	$292,428	$302,307	$0	$302,307	3.38%

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
1888 - LEGAL SERVICES	$918,208	$1,003,112	$1,040,560	$0	$1,040,560	3.73%
1889 - LEGISLATIVE AND PUBLIC AFFAIRS	$565,571	$1,261,275	$996,094	($32,266)	$963,828	(23.58%)
TOTAL PROGRAM FUNDS	**$4,861,546**	**$6,381,599**	**$6,040,576**	**($32,266)**	**$6,008,310**	**(5.85%)**
3800 - ST. ELIZABETHS HOSPITAL						
3805 - OFFICE OF THE CHIEF EXECUTIVE	$469,174	$252,661	$255,207	$0	$255,207	1.01%
3810 - OFFICE OF CLINICAL AND MEDICAL SVS - SEH	$22,688,238	$23,207,304	$21,153,193	$0	$21,153,193	(8.85%)
3815 - ENGINEERING AND MAINTENANCE - SEH	$4,238,182	$5,911,932	$4,853,078	$0	$4,853,078	(17.91%)
3820 - FISCAL AND SUPPORT SERVICES - SEH	$208,092	$699,201	$951,917	$0	$951,917	36.14%
3828 - QUALITY AND DATA MANAGEMENT	$1,434,517	$1,489,682	$1,571,602	$0	$1,571,602	5.50%
3830 - HOUSEKEEPING - SEH	$3,227,387	$2,924,550	$2,788,853	$0	$2,788,853	(4.64%)
3835 - MATERIALS MANAGEMENT - SEH	$1,327,373	$1,634,175	$1,586,638	$0	$1,586,638	(2.91%)
3845 - NURSING - SEH	$54,948,858	$45,611,480	$46,290,762	$0	$46,290,762	1.49%
3850 - NUTRITIONAL SERVICES SEH	$3,554,616	$3,789,756	$4,375,449	$0	$4,375,449	15.45%
3860 - SECURITY AND SAFETY - SEH	$5,262,205	$4,761,344	$4,741,694	$0	$4,741,694	(0.41%)
3865 - TRANSPORTATION AND GROUNDS - SEH	$685,763	$769,916	$667,042	$0	$667,042	(13.36%)
3870 - OFF OF THE CHIEF OF STAFF - SEH	$1,200	$110,067	$110,067	$0	$110,067	0.00%
TOTAL PROGRAM FUNDS	**$98,089,445**	**$91,162,067**	**$89,345,501**	**$0**	**$89,345,501**	**(1.99%)**
3875 - OFF OF THE CHIEF OPERATING OFFICER - SEH	$962,702	$908,222	$815,462	$0	$815,462	(10.21%)
3880 - OFFICE OF CHIEF CLINICAL OFFICER-SEH	$12,308,421	$12,242,775	$12,805,160	($199,596)	$12,605,564	2.96%
4900 - ACCOUNTABILITY						
4905 - OFFICE OF ACCOUNTABILITY	$275,400	$109,115	$117,215	$0	$117,215	7.42%

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
4910 - INVESTIGATIONS	$436,292	$525,337	$561,097	$0	$561,097	6.81%
4920 - LICENSURE	$580,643	$586,898	$606,246	$0	$606,246	3.30%
4930 - CERTIFICATION	$1,153,871	$1,082,254	$943,177	$0	$943,177	(12.85%)
4940 - PROGRAM INTEGRITY	$1,515,798	$1,174,857	$1,183,750	$0	$1,183,750	0.76%
TOTAL PROGRAM FUNDS	**$3,962,004**	**$3,478,460**	**$3,411,485**	**$0**	**$3,411,485**	**(1.93%)**
5800 - CLINICAL SERVICES DIVISION						
5810 - OFFICE OF THE CHIEF CLINICAL OFFICER	$6,508,272	$3,247,995	$2,706,701	$0	$2,706,701	(16.67%)
5830 - BEHAVIORAL HEALTH SERVICES	$447,509	$7,000	$115,681	$0	$115,681	1552.59%
5836 - BEHAVIORAL HEALTH SERVICES - PHARMACY	$1,070,521	$810,039	$202,510	$0	$202,510	(75.00%)
5840 - COMPREHENSIVE PSYCH EMER PROG-CPEP	$8,444,369	$5,145,770	$5,174,478	$0	$5,174,478	0.56%
5842 - HOMELESS OUTREACH / MOBILE CRISIS - CPEP	($44,161)	$2,000	$0	$0	$0	(100.00%)
5880 - FORENSICS	$4,376,571	$4,739,017	$4,734,130	$0	$4,734,130	(0.10%)
5890 - ASSESSMENT AND REFERRAL CENTER (ARC)	$1,869,614	$173,899	$180,634	$0	$180,634	3.87%
TOTAL PROGRAM FUNDS	**$23,750,737**	**$14,125,720**	**$13,114,134**	**$0**	**$13,114,134**	**(7.16%)**
5900 - SYSTEM TRANSFORMATION						
6500 - ADULT/TRANSITIONAL YOUTH SERVICES						
6501 - ADULT/TRANSITIONAL YOUTH SERVICES ADMIN	$126,385	$1,449,045	$465,356	$0	$465,356	(67.89%)
6502 - BEHAVIORAL HEALTH SERVICES MH/SUD	$9,272,600	$3,201,388	$3,048,535	$0	$3,048,535	(4.77%)
6503 - GOVT OPERATED SVCS 35 K ST ADULT CLINIC	$0	$2,893,517	$2,783,877	$0	$2,783,877	(3.79%)
6504 - PROVIDER RELATIONS	$1,046,225	$1,348,639	$1,252,045	$0	$1,252,045	(7.16%)
6505 - CO-LOCATED SERVICES	$578,366	$276,173	$289,175	$0	$289,175	4.71%
6506 - RESIDENTIAL SUPPORT & CONTINUITY OF SVCS	$623,788	$583,934	$582,907	$0	$582,907	(0.18%)

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
6507 - HOUSING SUPPORT SERVICES	$30,847,874	$28,397,179	$29,637,309	($873,690)	$28,763,619	1.29%
6508 - COMMUNITY RESPONSE TEAM	$5,924,495	$9,051,625	$7,937,853	$0	$7,937,853	(12.30%)
6509 - STATE OPIOID RESPONSE PROGRAM	$27,973,585	$25,698,023	$29,847,071	$0	$29,847,071	16.15%
6510 - ASSESSMENT & REFERRAL CENTER	$94,202	$2,021,089	$2,092,632	$0	$2,092,632	3.54%
6511 - ACCESS HELPLINE	$1,991,079	$2,402,116	$2,987,375	$0	$2,987,375	24.36%
6512 - SPECIALTY SERVICES	$3,595,081	$7,847,516	$7,416,635	$0	$7,416,635	(5.49%)
6513 - SUBSTANCE USE DISORDER TREATMENT SVCS	$11,340,129	$11,063,584	$10,580,628	$573,852	$11,154,480	0.82%
6514 - MHRS LOCAL ONLY	$9,727,552	$10,954,477	$10,954,476	$0	$10,954,476	(0.00%)
6515 - BEHAVIORAL HEALTH REHAB. - LOCAL MATCH	$35,046,405	$43,240,769	$61,000,966	($3,100,000)	$57,900,966	33.90%
6516 - GAMBLING ADDICTION TREATMENT & RESEARCH	$0	$200,000	$0	$0	$0	(100.00%)
TOTAL PROGRAM FUNDS	**$138,527,633**	**$150,629,075**	**$170,876,838**	**($3,399,838)**	**$167,477,000**	**11.19%**
6600 - CHILD/ADOLESCENT/FAMILY SERVICES						
6601 - CHILD/ADOLESCENT/FAMILY SERVICES ADMIN	$1,987,090	$1,751,148	$907,705	$0	$907,705	(48.17%)
6610 - BEHAVIORAL HEALTH SERVICES MH/SUD	$1,333,901	$1,532,467	$1,378,285	$0	$1,378,285	(10.06%)
6615 - SUD PREVENTION & TREATMENT	$303,168	$2,499,412	$1,267,195	$0	$1,267,195	(49.30%)
6620 - SCHOOL BASED BEHAVIORAL HEALTH SERVICES	$26,680,996	$37,901,894	$38,014,743	$325,000	$38,339,743	1.16%
6625 - CRISIS SERVICES	$350,673	$1,866,544	$1,366,544	$100,000	$1,466,544	(21.43%)
6630 - COURT ASSESSMENT	$529,351	$2,169,514	$1,630,847	$0	$1,630,847	(24.83%)
6635 - EARLY CHILDHOOD SERVICES	$3,118,115	$3,643,591	$2,988,895	$0	$2,988,895	(17.97%)
6640 - SPECIALTY SERVICES	$619,831	$1,098,238	$1,166,899	($100,000)	$1,066,899	(2.85%)
6645 - GOVERNMENT OPERATED SERVICES-HOWARD ROAD	$0	$208,494	$216,507	$0	$216,507	3.84%

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
6650 - EVIDENCE BASED PRACTICES (EBP)	$0	$1,750,375	$1,493,111	($233,824)	$1,259,287	(28.06%)
TOTAL PROGRAM FUNDS	**$34,923,126**	**$54,421,677**	**$50,430,731**	**$91,176**	**$50,521,907**	**(7.17%)**
6700 - POLICY, PLANNING, & EVALUATION ADMIN						
6701 - DATA & PERFORMANCE MEASUREMENT	$0	$2,331,349	$2,062,300	$0	$2,062,300	(11.54%)
6702 - STRATEGIC PLANNING & POLICY	$847,895	$401,057	$409,361	$0	$409,361	2.07%
6703 - TRAINING INSTITUTE	$3,063,347	$1,052,433	$1,272,418	($74,944)	$1,197,474	13.78%
6704 - BEHAVIORAL HEALTH BLOCK GRANT PROGRAM	$3,875,901	$10,091,781	$2,623,198	$0	$2,623,198	(74.01%)
TOTAL PROGRAM FUNDS	**$7,787,143**	**$13,876,620**	**$6,367,278**	**($74,944)**	**$6,292,334**	**(54.66%)**
TOTAL AGENCY FUNDS	**$344,032,480**	**$370,443,433**	**$378,333,503**	**($3,515,670)**	**$374,817,833**	**1.18%**
Department of Health						
1000 - AGENCY MANAGEMENT SUPPORT						
1010 - PERSONNEL	$1,333,662	$1,507,892	$1,742,355	$0	$1,742,355	15.55%
1017 - LABOR MANAGEMENT	$156,145	$156,933	$180,829	$0	$180,829	15.23%
1020 - CONTRACTING AND PROCUREMENT	$748,505	$661,470	$785,676	$0	$785,676	18.78%
1030 - PROPERTY MANAGEMENT	$12,683,927	$19,313,004	$19,639,133	$0	$19,639,133	1.69%
1040 - INFORMATION TECHNOLOGY	$6,562,339	$3,587,150	$4,165,806	$0	$4,165,806	16.13%
1055 - RISK MANAGEMENT	$123,302	$121,644	$132,064	$0	$132,064	8.57%
1060 - LEGAL	$2,253,597	$2,625,559	$2,716,132	$0	$2,716,132	3.45%
1080 - COMMUNICATIONS	$726,545	$895,294	$956,599	$0	$956,599	6.85%
1087 - LANGUAGE ACCESS	$96,504	$100,000	$100,000	$0	$100,000	0.00%
1090 - PERFORMANCE MANAGEMENT	$14,840,660	$1,862,431	$1,700,763	$0	$1,700,763	(8.68%)
TOTAL PROGRAM FUNDS	**$39,525,186**	**$30,831,376**	**$32,119,357**	**$0**	**$32,119,357**	**4.18%**
100F - AGENCY FINANCIAL OPERATIONS						
110F - AGENCY FISCAL OFFICER OPERATIONS	$1,027,999	$1,197,291	$1,272,746	$0	$1,272,746	6.30%

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
120F - ACCOUNTING OPERATIONS	$1,055,106	$1,294,438	$1,329,845	$0	$1,329,845	2.74%
130F - ACFO	$353,723	$337,420	$358,470	$0	$358,470	6.24%
140F - AGENCY FISCAL OFFICER	$280,781	$499,332	$510,535	$0	$510,535	2.24%
TOTAL PROGRAM FUNDS	**$2,717,609**	**$3,328,480**	**$3,471,596**	**$0**	**$3,471,596**	**4.30%**
2500 - HLTH EMERG PREPAREDNESS AND RESP.ADMIN						
2540 - PUBLIC HEALTH EMERGENCY PREPAREDNESS	$3,194,461	$2,401,278	$1,502,138	$0	$1,502,138	(37.44%)
2550 - PUBLIC HEALTH EMERG. OPS. AND PGM SUPT	$473,070	$773	$462,117	$0	$462,117	59717.14%
2560 - EPIDEMIOLOGY DISEASE SURVL. AND INVESTIG	$340,287	$362,328	$339,532	$0	$339,532	(6.29%)
2570 - EMERGENCY MEDICAL SERVICES REGULATION	$212,814	$292,209	$201,301	$0	$201,301	(31.11%)
2580 - SENIOR DEPUTY DIRECTOR	$7,187,596	$4,680,418	$3,919,363	$0	$3,919,363	(16.26%)
TOTAL PROGRAM FUNDS	**$11,408,228**	**$7,737,007**	**$6,424,452**	**$0**	**$6,424,452**	**(16.96%)**
3000 - HIV/AIDS HEPATITIS STD AND TB ADMIN						
3010 - HIV/AIDS SUPPORT SERVICES	$2,045,683	$1,635,515	$2,047,423	$0	$2,047,423	25.19%
3015 - HIV/AIDS POLICY AND PLANNING	$1,176,477	$3,222,744	$3,430,210	$0	$3,430,210	6.44%
3020 - HIV HEALTH AND SUPPORT SERVICES	$31,044,082	$32,126,750	$39,975,052	$0	$39,975,052	24.43%
3030 - HIV/AIDS DATA AND RESEARCH	$2,339,063	$2,822,906	$4,165,821	$0	$4,165,821	47.57%
3040 - PREVENTION AND INTERVENTION SERVICES	$11,335,794	$11,741,234	$10,849,079	$250,000	$11,099,079	(5.47%)
3060 - DRUG ASSISTANCE PROGRAM (ADAP)	$11,216,066	$11,972,161	$9,081,291	$0	$9,081,291	(24.15%)
3070 - GRANTS AND CONTRACTS MANAGEMENT	$1,500,414	$1,082,592	$1,918,229	$0	$1,918,229	77.19%
3080 - STD CONTROL	$2,721,785	$3,361,771	$3,191,638	$0	$3,191,638	(5.06%)
3085 - TUBERCULOSIS CONTROL	$1,778,638	$1,636,062	$1,751,308	$0	$1,751,308	7.04%

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
3090 - HIV/AIDS HOUSING AND SUPPORTIVE SERVICES	$11,711,282	$13,823,136	$13,664,395	$0	$13,664,395	(1.15%)
TOTAL PROGRAM FUNDS	**$76,869,285**	**$83,424,871**	**$90,074,448**	**$250,000**	**$90,324,448**	**8.27%**
4500 - HEALTH REGULATION AND LICENSING ADMIN.						
4200 - HEALTH PROFESSIONAL LICENSE ADMIN	$9,289,690	$9,542,138	$10,184,256	$1,669,122	$11,853,378	24.22%
4515 - FOOD DRUG RADIATION AND COMM. HYGIENE	$11,680,330	$14,055,628	$11,875,724	$2,258,177	$14,133,901	0.56%
4530 - HEALTH CARE FACILITIES REGULATION	$5,307,985	$7,942,154	$8,045,422	$170,000	$8,215,422	3.44%
TOTAL PROGRAM FUNDS	**$26,278,004**	**$31,539,920**	**$30,105,402**	**$4,097,299**	**$34,202,701**	**8.44%**
7000 - OFFICE OF HEALTH EQUITY						
7010 - MULTI SECTOR COLLABORATION	$601,690	$491,387	$567,539	$0	$567,539	15.50%
7020 - COMM BASED PART. RSRCH AND PLCY EVAL.	$116,548	$225,499	$231,663	$0	$231,663	2.73%
7030 - HEALTH EQUITY PRACTICE AND PGM IMPLEMENT	$3,220	$87,759	$102,390	$0	$102,390	16.67%
TOTAL PROGRAM FUNDS	**$721,459**	**$804,645**	**$901,593**	**$0**	**$901,593**	**12.05%**
8200 - CTR FOR POLICY, PLANNING AND EVALUATION						
8240 - EPI DISEASE SURVEY & INVESTIGATION	$1,143,002	$1,909,491	$2,254,080	$0	$2,254,080	18.05%
8250 - RESEARCH EVALUATION AND MEASUREMENT	$35,992,441	$21,424,803	$24,329,152	$0	$24,329,152	13.56%
8260 - STATE CENTER HEALTH STATISTICS	$15,921,012	$5,606,144	$5,074,580	$0	$5,074,580	(9.48%)
8270 - STATE HEALTH PLANNING AND DEVELOPMENT	$1,110,652	$1,788,038	$1,582,930	$0	$1,582,930	(11.47%)
TOTAL PROGRAM FUNDS	**$54,167,108**	**$30,728,477**	**$33,240,742**	**$0**	**$33,240,742**	**8.18%**
8500 - COMMUNITY HEALTH ADMINISTRATION						
8502 - CANCER AND CHRONIC DISEASE PREVENTION	$9,484,659	$9,990,357	$9,710,496	$0	$9,710,496	(2.80%)

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
8505 - HEALTH CARE ACCESS BUREAU	$28,454,818	$11,364,178	$11,800,158	($2,211,148)	$9,589,010	(15.62%)
8506 - FAMILY HEALTH BUREAU	$35,397,007	$44,251,281	$37,868,174	$1,750,000	$39,618,174	(10.47%)
8510 - SUPPORT SERVICES	$1,807,335	$8,903,530	$9,481,382	$0	$9,481,382	6.49%
8511 - PERINATAL AND INFANT HEALTH	$295,484	$93,422	$326,381	$0	$326,381	249.36%
8513 - NUTRITION AND PHYSICAL FITNESS	$24,146,320	$20,957,721	$21,789,173	$375,000	$22,164,173	5.76%
TOTAL PROGRAM FUNDS	**$99,965,700**	**$95,560,488**	**$90,975,764**	**($86,148)**	**$90,889,616**	**(4.89%)**
TOTAL AGENCY FUNDS	**$312,315,049**	**$283,955,264**	**$292,002,208**	**$3,868,905**	**$295,871,113**	**4.20%**
Department of Health Care Finance						
1000 - AGENCY MANAGEMENT						
1010 - PERSONNEL	$1,518,285	$2,230,954	$2,047,874	$0	$2,047,874	(8.21%)
1015 - TRAINING AND DEVELOPMENT	$0	$24,013	$16,809	$0	$16,809	(30.00%)
1020 - CONTRACTING AND PROCUREMENT	$2,200,538	$2,197,640	$1,875,735	$0	$1,875,735	(14.65%)
1030 - PROPERTY MANAGEMENT	$2,866,361	$4,297,612	$4,533,618	$0	$4,533,618	5.49%
1040 - INFORMATION TECHNOLOGY	$7,521,753	$16,240,802	$19,410,559	$0	$19,410,559	19.52%
1060 - LEGAL	$981,706	$1,577,506	$1,633,025	$0	$1,633,025	3.52%
1080 - COMMUNICATIONS	$567,589	$1,436,639	$1,219,551	$0	$1,219,551	(15.11%)
1085 - CUSTOMER SERVICE	$3,019,151	$4,818,357	$4,700,046	$0	$4,700,046	(2.46%)
1087 - LANGUAGE ACCESS	$0	$10,000	$36,000	$0	$36,000	260.00%
1090 - PERFORMANCE MANAGEMENT	$18,267,369	$14,614,363	$15,389,233	$0	$15,389,233	5.30%
TOTAL PROGRAM FUNDS	**$36,942,751**	**$47,447,885**	**$50,862,451**	**$0**	**$50,862,451**	**7.20%**
100F - AGENCY FINANCIAL OPERATIONS						
110F - BUDGETING OPERATIONS	$619,728	$770,760	$740,233	$0	$740,233	(3.96%)
120F - ACCOUNTING OPERATIONS	$3,171,451	$4,996,634	$7,133,253	$0	$7,133,253	42.76%
140F - AGENCY FISCAL OFFICER	$345,255	$342,538	$356,386	$0	$356,386	4.04%
TOTAL PROGRAM FUNDS	**$4,136,435**	**$6,109,932**	**$8,229,872**	**$0**	**$8,229,872**	**34.70%**

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
2000 - HEALTHCARE DELIVERY MANAGEMENT						
2002 - MANAGED CARE MGT	$7,308,942	$11,919,846	$12,819,010	$0	$12,819,010	7.54%
2003 - PREVENTIVE AND ACUTE CARE	$1,030,292	$1,234,750	$1,564,887	$0	$1,564,887	26.74%
2004 - DIV OF QUALITY AND HEALTH OUTCOMES	$2,248,496	$3,268,061	$3,166,714	$0	$3,166,714	(3.10%)
2007 - CLINICIANS, RX AND ACUTE PROVIDER SVS	$7,173,737	$9,830,275	$9,861,474	$0	$9,861,474	0.32%
2010 - HEALTH CARE DELIVERY MGT SUPPORT SVCS	($1,032,177)	$1,372,160	$1,486,607	$0	$1,486,607	8.34%
TOTAL PROGRAM FUNDS	**$16,729,289**	**$27,625,093**	**$28,898,692**	**$0**	**$28,898,692**	**4.61%**
200L - LONG TERM CARE PROGRAM						
201L - LONG TERM CARE SUPPORT SERVICES	$11,817,479	$23,022,944	$20,934,246	$0	$20,934,246	(9.07%)
210L - OVERSIGHT	$1,659,449	$1,725,290	$1,807,223	$0	$1,807,223	4.75%
220L - OPERATIONS	$1,819,717	$1,879,279	$1,816,335	$0	$1,816,335	(3.35%)
230L - INTAKE AND ASSESSMENT	$1,075,685	$1,111,731	$1,133,956	$0	$1,133,956	2.00%
TOTAL PROGRAM FUNDS	**$16,372,329**	**$27,739,244**	**$25,691,760**	**$0**	**$25,691,760**	**(7.38%)**
3000 - HEALTHCARE POLICY AND PLANNING						
3001 - POLICY UNIT MANAGEMENT	$627,264	$815,713	$899,139	$0	$899,139	10.23%
3003 - DATA ANALYSIS	$746,856	$150,000	$215,100	$0	$215,100	43.40%
3004 - MEMBER MANAGEMENT	$1,027,375	$1,693,349	$1,301,808	$0	$1,301,808	(23.12%)
3010 - HEALTH CARE POLICY AND PLANNING SUPPORT	($392,586)	$2,624,904	$4,456,582	$55,000	$4,511,582	71.88%
TOTAL PROGRAM FUNDS	**$2,008,909**	**$5,283,966**	**$6,872,630**	**$55,000**	**$6,927,630**	**31.11%**
300A - DCAS PROGRAM MANAGEMENT ADMINISTRATION						
310A - PROGRAM MANAGEMENT	$1,171,179	$2,503,580	$3,106,084	$0	$3,106,084	24.07%
320A - PROJECT MANAGEMENT	$99,182	$10,467,997	$8,626,369	$0	$8,626,369	(17.59%)
330A - ORGANIZAIONAL CHANGE	$7,515,222	$9,270,560	$13,477,387	$0	$13,477,387	45.38%

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
340A - INFORMATION TECHNOLOGY MANAGEMENT	$40,194,309	$50,821,269	$55,099,725	($3,355,849)	$51,743,876	1.82%
TOTAL PROGRAM FUNDS	**$48,979,891**	**$73,063,407**	**$80,309,565**	**($3,355,849)**	**$76,953,716**	**5.32%**
5000 - HEALTH CARE FINANCE						
5001 - MEDICAID PROVIDER PAYMENT	$3,694,247,893	$3,276,749,506	$3,835,890,836	$1,612,280	$3,837,503,116	17.11%
5002 - MEDICAID PUBLIC PROVIDER PAYMENTS	$80,147,462	$73,359,100	$75,211,595	$0	$75,211,595	2.53%
5003 - ALLIANCE PROVIDER PAYMENTS	$157,084,195	$127,276,202	$117,199,057	$297,000	$117,496,057	(7.68%)
TOTAL PROGRAM FUNDS	**$3,931,479,550**	**$3,477,384,808**	**$4,028,301,488**	**$1,909,280**	**$4,030,210,768**	**15.90%**
6000 - HEALTH CARE OPERATIONS						
6001 - MEDICAID INFORMATION SYSTEMS	$42,487,850	$52,170,216	$51,036,289	$0	$51,036,289	(2.17%)
6006 - DIV. OF PUBLIC AND PRIVATE PROVIDER SVS	$2,950,943	$3,257,002	$3,221,722	$0	$3,221,722	(1.08%)
6010 - HEALTH CARE OPERATIONS SUPPORT	($1,079,770)	$482,849	$444,909	$0	$444,909	(7.86%)
TOTAL PROGRAM FUNDS	**$44,359,023**	**$55,910,067**	**$54,702,920**	**$0**	**$54,702,920**	**(2.16%)**
8000 - HEALTH CARE REFORM AND INNOVATION						
8002 - AFFORDABLE CARE REFORM AND GRANTS DEV.	$6,885,462	$6,829,252	$2,437,404	$625,000	$3,062,404	(55.16%)
8010 - HC REFORM AND INNOVATIVE SUPPORT SVS	$6,260,639	$9,133,090	$8,654,733	$0	$8,654,733	(5.24%)
TOTAL PROGRAM FUNDS	**$13,146,101**	**$15,962,342**	**$11,092,137**	**$625,000**	**$11,717,137**	**(26.60%)**
9960 - YR END CLOSE						
TOTAL AGENCY FUNDS	**$4,114,139,219**	**$3,736,526,743**	**$4,294,961,514**	**($766,569)**	**$4,294,194,945**	**14.92%**
Health Benefit Exchange Authority						
1000 - AGENCY MANAGEMENT						
1010 - PERSONNEL	$354,081	$360,624	$377,369	$0	$377,369	4.64%
1020 - CONTRACTS AND PROCUREMENT	$669,785	$581,146	$651,920	$0	$651,920	12.18%

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
1030 - PROPERTY MANAGEMENT	$1,291,296	$1,446,442	$1,506,499	$0	$1,506,499	4.15%
1040 - INFORMATION TECHNOLOGY	$176,336	$153,192	$158,883	$0	$158,883	3.71%
1060 - LEGAL SERVICES	$848,742	$1,134,199	$1,278,375	$0	$1,278,375	12.71%
1090 - PERFORMANCE MANAGEMENT	$5,563,621	$2,298,607	$2,392,033	$0	$2,392,033	4.06%
TOTAL PROGRAM FUNDS	**$14,371,273**	**$5,974,210**	**$6,365,078**	**$0**	**$6,365,078**	**6.54%**
100F - AGENCY FINANCIAL OPERATIONS						
110F - BUDGET OPERATIONS	$200,454	$200,318	$207,584	$0	$207,584	3.63%
120F - ACCOUNTING OPERATIONS	$198,550	$200,318	$207,584	$0	$207,584	3.63%
140F - AGENCY FISCAL OFFICER	$343,686	$405,858	$413,879	$0	$413,879	1.98%
TOTAL PROGRAM FUNDS	**$742,689**	**$806,495**	**$829,047**	**$0**	**$829,047**	**2.80%**
5000 - CONSUMER EDUCATION AND OUTREACH PROGRAM						
5010 - CONSUMER EDUC. AND OUTREACH SUPPORT SVC	$1,339,300	$1,266,130	$1,340,759	$0	$1,340,759	5.89%
5020 - MARKETING AND COMMUNICATION	$532,229	$965,576	$972,946	$0	$972,946	0.76%
5040 - NAVIGATORS COUNSELORS AND IPA	$999,100	$1,000,000	$1,050,000	$0	$1,050,000	5.00%
TOTAL PROGRAM FUNDS	**$2,870,629**	**$3,231,707**	**$3,363,705**	**$0**	**$3,363,705**	**4.08%**
7000 - MARKETPLACE INNOVATION POLICY AND OPS						
7010 - CONTACT CENTER	$2,034,669	$4,220,103	$3,906,947	$0	$3,906,947	(7.42%)
7020 - PLAN MANAGEMENT	$2,212,530	$2,353,981	$2,235,723	$0	$2,235,723	(5.02%)
7030 - ELIGIBILITY AND ENROLLMENT	$855,719	$1,339,206	$1,785,931	$0	$1,785,931	33.36%
7040 - MEMBER SERVICES	$1,527,074	$1,782,832	$1,977,168	$0	$1,977,168	10.90%
7050 - DATA ANALYTICS AND REPORTING	$132,369	$177,574	$182,253	$0	$182,253	2.64%
7060 - S.H.O.P OPERATIONS	$2,591,482	$3,451,930	$3,680,894	$0	$3,680,894	6.63%
TOTAL PROGRAM FUNDS	**$9,353,844**	**$13,325,626**	**$13,768,917**	**$0**	**$13,768,917**	**3.33%**
8000 - IT RELATED OPERATIONS						
8010 - IT RELATED OPERATIONS	$12,319,413	$12,346,018	$13,225,400	$0	$13,225,400	7.12%

Activity	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	Committee % Change (FY24 Committee vs FY23 Approved)
TOTAL PROGRAM FUNDS	**$12,319,413**	**$12,346,018**	**$13,225,400**	**$0**	**$13,225,400**	**7.12%**
TOTAL AGENCY FUNDS	**$39,657,848**	**$35,684,055**	**$37,552,148**	**$0**	**$37,552,148**	**5.24%**
Not-for-Profit Hospital Corporation						
1000 - NOT FOR PROFIT HOSPITAL CORPORATION						
1001 - NOT FOR PROFIT HOSPITAL CORPORATION	$0	$155,000,000	$155,000,000	$0	$155,000,000	0.00%
TOTAL PROGRAM FUNDS	**$0**	**$155,000,000**	**$155,000,000**	**$0**	**$155,000,000**	**0.00%**
TOTAL AGENCY FUNDS	**$0**	**$155,000,000**	**$155,000,000**	**$0**	**$155,000,000**	**0.00%**
Not-for-Profit Hospital Corporation Subsidy						
1000 - NOT FOR PROFIT HOSPITAL CORP. SUBSIDY						
1100 - NOT FOR PROFIT HOSPITAL CORP. SUBSIDY	$22,000,000	$15,000,000	$15,000,000	$0	$15,000,000	0.00%
TOTAL PROGRAM FUNDS	**$22,000,000**	**$15,000,000**	**$15,000,000**	**$0**	**$15,000,000**	**0.00%**
TOTAL AGENCY FUNDS	**$22,000,000**	**$15,000,000**	**$15,000,000**	**$0**	**$15,000,000**	**0.00%**
Office of the Deputy Mayor for Health and Human Services						
1000 - AGENCY MANAGEMENT						
1090 - PERFORMANCE MANAGEMENT ACTIVITY	$1,920,119	$2,343,376	$2,183,229	($111,338)	$2,071,891	(11.59%)
TOTAL PROGRAM FUNDS	**$1,920,119**	**$2,343,376**	**$2,183,229**	**($111,338)**	**$2,071,891**	**(11.59%)**
2000 - HUMAN SUPPORT SERVICES						
2010 - AGENCY OVERSIGHT AND SUPPORT	$328,799	$517,841	$405,671	$0	$405,671	(21.66%)
TOTAL PROGRAM FUNDS	**$328,799**	**$517,841**	**$405,671**	**$0**	**$405,671**	**(21.66%)**
TOTAL AGENCY FUNDS	**$2,309,458**	**$2,861,218**	**$2,588,900**	**($111,338)**	**$2,477,562**	**(13.41%)**
GRAND TOTAL	**$4,836,054,054**	**$4,599,470,713**	**$5,175,438,271**	**($524,672)**	**$5,174,913,599**	**12.51%**

D. FY 2024 Agency Full-Time Equivalents

Fund Type	FY 2022 Actuals	FY 2023 Approved	Mayor's FY 2024 Proposed	Committee Variance	Committee FY 2024 Approved	% Change (FY24 Committee vs FY23 Approved)
Department of Behavioral Health						
LOCAL FUND	1,104.78	1,225.90	1,203.79	0.00	1,203.79	(1.80%)
FEDERAL PAYMENTS	55.00	55.00	54.00	0.00	54.00	(1.82%)
FEDERAL GRANT FUND	75.57	147.53	150.02	0.00	150.02	1.69%
FEDERAL MEDICAID PAYMENTS	3.44	3.50	7.19	0.00	7.19	105.43%
SPR FUNDS	13.05	16.50	16.50	0.00	16.50	0.00%
INTRA-DISTRICT FUNDS	59.88	0.00	0.00	0.00	0.00	*0.00%*
TOTAL FTE	**1,311.72**	**1,448.43**	**1,431.50**	**0.00**	**1,431.50**	**(1.17%)**
Department of Health						
LOCAL FUND	148.24	188.10	190.38	6.25	196.63	4.53%
FEDERAL GRANT FUND	309.96	425.20	455.85	0.00	455.85	7.21%
PRIVATE GRANT FUND	0.47	0.00	0.00	0.00	0.00	*0.00%*
SPR FUNDS	121.89	144.11	143.36	0.00	143.36	(0.52%)
INTRA-DISTRICT FUNDS	4.66	0.00	0.00	0.00	0.00	*0.00%*
TOTAL FTE	**585.22**	**757.41**	**789.59**	**6.25**	**795.84**	**5.07%**
Department of Health Care Finance						
LOCAL FUND	101.52	172.08	165.04	0.00	165.04	(4.09%)
DEDICATED TAXES	4.10	6.52	8.17	0.00	8.17	25.31%
FEDERAL GRANT FUND	0.00	2.00	0.00	0.00	0.00	(100.00%)
FEDERAL MEDICAID PAYMENTS	146.74	182.09	177.84	0.00	177.84	(2.33%)
SPR FUNDS	12.25	16.15	15.60	0.00	15.60	(3.41%)
INTRA-DISTRICT FUNDS	3.63	0.00	0.00	0.00	0.00	*0.00%*
TOTAL FTE	**268.24**	**378.84**	**366.65**	**0.00**	**366.65**	**(3.22%)**
Health Benefit Exchange Authority						
ENTERPRISE AND OTHER FUNDS	103.69	117.00	123.00	0.00	123.00	5.13%
TOTAL FTE	**103.69**	**117.00**	**123.00**	**0.00**	**123.00**	**5.13%**
Not-for-Profit Hospital Corporation						
ENTERPRISE AND OTHER FUNDS	0.00	0.00	0.00	0.00	0.00	*0.00%*
TOTAL FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	***0.00%***
Not-for-Profit Hospital Corporation Subsidy						
LOCAL FUND	0.00	0.00	0.00	0.00	0.00	*0.00%*
TOTAL FTE	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	***0.00%***
Office of the Deputy Mayor for Health and Human Services						
LOCAL FUND	14.92	14.75	13.75	(1.00)	12.75	(13.56%)
INTRA-DISTRICT FUNDS	3.65	0.00	0.00	0.00	0.00	*0.00%*
TOTAL FTE	**18.57**	**14.75**	**13.75**	**(1.00)**	**12.75**	**(13.56%)**
GRAND TOTAL	**2,287.44**	**2,716.43**	**2,724.49**	**5.25**	**2,729.74**	**0.49%**

E. FY 2024 - 2029 AGENCY CAPITAL BUDGETS

Owner Agency	Old Project No	Project Title	Scenario	Existing Balances	FY 2024 Planned Allotment	FY 2025 Planned Allotment	FY 2026 Planned Allotment	FY 2027 Planned Allotment	FY 2028 Planned Allotment	FY 2029 Planned Allotment	FY 2024-FY 2029 Total Planned Allotment
HT0-DEPARTMENT OF HEALTHCARE FINANCE	**UMV01C**	SAINT ELIZABETHS MEDICAL CENTER	Mayor's Prop. FY24-FY29 CIP	0	125,500,000	0	0	0	0	0	125,500,000
			Existing Balances	141,849,463	0	0	0	0	0	0	0
	DIM01C	ENTERPRISE DATA INTEGRATION SYSTEM/MEDIC	Mayor's Prop. FY24-FY29 CIP	0	860,810	0	0	0	0	0	860,810
			Existing Balances	12,709,546	0	0	0	0	0	0	0
	CM103C	CLINICAL CASE MANAGEMENT SYSTEM REFRESH	Mayor's Prop. FY24-FY29 CIP	0	200,000	0	0	0	0	0	200,000
			Existing Balances	200,000	0	0	0	0	0	0	0
	MPM05C	MEDICAID DATA WAREHOUSE- GO BOND	Existing Balances	2,582,613	0	0	0	0	0	0	0
	CM102C	REPLACE CASE MANAGEMENT SYSTEM	Existing Balances	1,113,405	0	0	0	0	0	0	0
	PBM01C	PHARMACY BENEFIT MANAGER SYSTEM REFRESH	Existing Balances	360,000	0	0	0	0	0	0	0
	UMC02C	UNITED MEDICAL CENTER IMPROVEMENTS	Existing Balances	3,049,433	0	0	0	0	0	0	0
	MES12C	MES - FEDERAL MATCH	Existing Balances	28,198,642	0	0	0	0	0	0	0
	PDM01C	PROVIDER DATA MANAGEMENT SYSTEM REFRESH	Existing Balances	400,000	0	0	0	0	0	0	0
	MES23C	DCAS RELEASE 3	Existing Balances	10,456,867	0	0	0	0	0	0	0
	MPM03C	MMIS UPGRADED SYSTEM	Existing Balances	81,246,691	0	0	0	0	0	0	0
HT0-DEPARTMENT OF HEALTHCARE FINANCE Total				**282,166,661**	**126,560,810**	**0**	**0**	**0**	**0**	**0**	**126,560,810**
RM0-DEPARTMENT OF BEHAVIORAL HEALTH	**RM0SCC**	SECOND STABILIZATION AND SOBERING CENTER	Mayor's Prop. FY24-FY29 CIP	0	9,500,000	0	0	0	0	0	9,500,000
	DB202C	THERMAL DOCKING STATION SYSTEM	Existing Balances	1,755,000	0	0	0	0	0	0	0
	XA655C	AVATAR UPGRADE	Existing Balances	10,721	0	0	0	0	0	0	0
	HX703C	DBH FACILITIES SMALL CAPITAL IMPROVEMENT	Existing Balances	626,184	0	0	0	0	0	0	0
	HX201C	ST. ELIZABETHS GENERAL IMPROVEMENTS (HX2	Existing Balances	1	0	0	0	0	0	0	0
	HX805C	VEHICLE ACQUISITION-DBH	Existing Balances	30,161	0	0	0	0	0	0	0
	HX999C	SERVER ROOM AND DATA WAREHOUSE	Existing Balances	1,000,000	0	0	0	0	0	0	0
	HX990C	FACILITY UPGRADES	Existing Balances	12,874,327	0	0	0	0	0	0	0
	HX992C	ST. ELIZABETHS HOSPITAL EHR CAP IMPROVME	Existing Balances	226,570	0	0	0	0	0	0	0
	DB203C	INTERCOM SYSTEM	Existing Balances	655,000	0	0	0	0	0	0	0
	HX993C	PHARMACY MEDICINE DISPENSING UPGRADE (PY	Existing Balances	184,400	0	0	0	0	0	0	0
	HX998C	HVAC MODERNIZATION AT SAINT ELIZABETHS H	Existing Balances	1,825,000	0	0	0	0	0	0	0
	HX995C	ELECTRONIC HEALTH RECORD SYSTEMS REPLACE	Existing Balances	3,283,986	0	0	0	0	0	0	0
	HX501C	NEW MENTAL HEALTH HOSPITAL	Existing Balances	62,500	0	0	0	0	0	0	0
	HX997C	FLOORING REPLACEMENT	Existing Balances	699,944	0	0	0	0	0	0	0
RM0-DEPARTMENT OF BEHAVIORAL HEALTH Total				**23,233,793**	**9,500,000**	**0**	**0**	**0**	**0**	**0**	**9,500,000**
HC0-DEPARTMENT OF HEALTH	**HFL24C**	FLEET REPLACEMENT	Mayor's Prop. FY24-FY29 CIP	0	493,483	239,028	246,199	253,585	348,257	841,112	2,421,665
	HC102C	DC ANIMAL SHELTER RENOVATION & EXPANSIO	Existing Balances	4,162,500	0	0	0	0	0	0	0
	FSH01C	FOOD SAFETY AND HYGIENE INSPECTION SERVI	Existing Balances	250,000	0	0	0	0	0	0	0
	RA840C	APRA PATIENT RECORDS SYSTEM	Existing Balances	16,751	0	0	0	0	0	0	0
	NAS23C	FUTURE DC HEALTH ANIMAL SHELTER	Existing Balances	4,500,000	0	0	0	0	0	0	0
HC0-DEPARTMENT OF HEALTH Total				**8,929,251**	**493,483**	**239,028**	**246,199**	**253,585**	**348,257**	**841,112**	**2,421,665**
Grand Total				**314,329,705**	**136,554,293**	**239,028**	**246,199**	**253,585**	**348,257**	**841,112**	**138,482,475**

F. TRANSFERS IN FROM OTHER COMMITTEES

Sending Committee	*Amount*	*FTEs*	*Receiving agency*	*Program*	*Purpose*	*Recurring or One-Time*
Public Works and Operations	$ 225,000		Department of Health Care Finance	8000/8002/ 0050	To fund BSA Subtitle: First time home visiting grants to DHCF	One Time
Public Works and Operations	$ 200,000		Department of Behavioral Health	6500/6513/ 0050	To fund BSA Subtitle Substance Abuse Targeted Outreach Pilot at T Street Plaza and Ward 5 Location	One Time
Transportation and the Environment	$ 150,000		Department of Health	8500/8513/ 0050	Restore Healthy Food Access Grants to FY2023 levels--Healthy Corners	One Time
Transportation and the Environment	$ 25,000		Department of Health	8500/8513/ 0050	Restore Healthy Food Access Grants to FY2023 levels--Nutritional Home Delivery of Meals	One Time
Transportation and the Environment	$ 200,000		Department of Health	8500/8513/ 0050	Restore Healthy Food Access Grants to FY2023 levels--Produce Plus	One Time
Transportation and the Environment	$ 170,000		Department of Health	4500/4530/ 0041	DC Health implementation of legislatively required dementia training for direct care workers	One Time
Total	$ 970,000					

G. TRANSFERS OUT TO OTHER COMMITTEES

Receiving Committee	*Amount*	*FTEs*	*Receiving agency*	*Program*	*Purpose*	*Recurring or One-Time*
Business and Economic Development	$ 50,000		Department of Insurance, Securities and Banking	2000/2080/ 0041	Implementation of B25-034 Expanding Access to Fertility Treatment Amendment Act of 2022 pending approval by Council: DISB Counsel and Actuary Study	One Time
Recreation Libraries and Youth Affairs	$ 433,410		District of Columbia Public Library	6160 Special Purpose Revenue Fund	Restore Mayor's Sweep of SPR DCPL Revenue Generating Fund	One Time
Recreation Libraries and Youth Affairs	$ 21,425		District of Columbia Public Library	L400/L410/ 0020	Restore Mayor's cut to custodial maintenance DCPL	Recurring
Recreation Libraries and Youth Affairs	$ 608,017		District of Columbia Public Library	L400/L410/ 0020	Restore Mayor's cut to custodial maintenance DCPL	Recurring
Housing	$ 500,000		Department of Human Services	5000/5014/ 0050	To enhance the FY24 amount for the Emergency Rental Assistance Program	One Time
Judiciary and Public Safety	$ 350,000		Office of Victim Services and Justice Grants	3000/3010/ 0050	To enhance Access to Justice Initiatives at the Office of Victim Services and Justice Grants	One Time
Recreation Libraries and Youth Affairs	$ 100,000		Department of Parks and Recreation	1000/1020/ 0050	To provide a one-time grant to the organization Horton's Kids, which serves Ward 8 students, including mental health supports, high impact tutoring, and violence intervention	One Time
Committee of the Whole	$ 621,747		OSSE	E500/E505/ 0050	To partially restore reductions to the Healthy Schools Fund	One Time
Committee of the Whole	$ 200,620		OSSE	E500/E505/ 0050	To partially restore reductions to the Healthy Schools Fund	Recurring
Public Works and Operations	$ 50,000		Department of Public Works	5000/5010/ 0041	To fund self-release boots at the Department of Public Works	One Time
Total	$ 1,822,367					

H. Revenue Adjustments

Agency	*Fund Type*	*Amount*	*Description*	*Legislation*

I. Funding of Legislation

Bill, Law, or Subtitle #	*Status*	*Agency*	*Attributes*	*FY 2024 Amount*	*FTEs*
L24-313 High Need Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022	Law Effective March 10, 2023, subject to Appropriations	DC Health	4500/4200/0041 4500/4200/0011 4500/4200/0014	$1,419,789	1.0
L23-201 Dementia Training for Direct Care Workers Act of 2019	Law Effective April 2, 2021, subject to Appropriations	DC Health	4500/4530/0041	$170,000	0.0
B25-68 Street Vendor Advancement Amendment Act of 2023	Under Mayoral Review	DC Health	4500/4515/0012	$174,960	2.0
B25-034 Expanding Access to Fertility Treatment Amendment Act of 2023	Under Council Review	Department of Health Care Finance	5000/5003/F600/0050 500/5001/F020/0050	$1,640,000 ($940,000 federal)	0.0
FY 2024 Budget Support Act of 2023, Title V, Subtitle X. School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2023	Proposed in BSA	Department of Behavioral Health	6600/6620/0050	$325,000	0.0
FY 2024 Budget Support Act of 2023, Title V, Subtitle X. First-Time Mothers Home Visiting Program	Proposed in BSA	Department of Health Care Finance	8000/8002/R420/50	$225,000	0.0
FY 2024 Budget Support Act of 2023, Title V, Subtitle X. Substance Abuse and Behavioral Health Targeted Outreach Pilot	Proposed in BSA	Department of Behavioral Health	6500/6513/0050	$600,000	0.0
FY 2024 Budget Support Act of 2023, Title V, Subtitle X. Department of Health Care Finance Reporting Requirements	Proposed in BSA	Department of Health Care Finance	3000/3010/0041	$55,000	0.0

J. Summary of Committee Budget Recommendations

Please see Attachment A for a spreadsheet detailing all the changes made to agencies under the committee’s purview.

II. AGENCY FISCAL YEAR 2024 BUDGET RECOMMENDATIONS

A. INTRODUCTION

The Committee on Health is responsible for responsible for matters concerning health, including environmental health; the regulation of health occupations and professions, and health care inspectors; and joint jurisdiction with the Committee on Hospital and Health Equity on matters and agencies within the purview of the Committee on Hospital and Health Equity.

The following agencies are within the jurisdiction of the Committee:

- Department of Health
- Department of Behavioral Health
- Department of Health Care Finance
- Office of the Deputy Mayor for Health and Human Services
- Not-for-Profit Hospital Corporation (United Medical Center)
- DC Health Benefit Exchange Authority

The Committee also oversees the following Boards and Commissions. These entities do not have their own budget chapters, but many have dedicated funding within the agencies listed above:

- 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
- Boards 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
- Cedar Hill Hospital on the St. Elizabeth's Campus
- Commission on Health Disparities
- Commission on Health Equity
- Commission on HIV/AIDS
- Committee on Metabolic Disorders
- Council on Physical Fitness, Health, and Nutrition
- Food Policy Council
- Health Information Exchange Policy Board
- Health Literacy Council
- Medicaid Reserve
- Mental Health Planning Council
- Metropolitan Washington Regional Ryan White Planning Council
- Perinatal and Infant Health Advisory Committee
- Statewide Health Coordinating Council

The Committee is chaired by Councilmember Christina Henderson. The other members of the Committee are Councilmembers Charles Allen, Vincent C. Gray, Brianne K. Nadeau, and Zachary Parker.

The Committee held performance and budget oversight hearings for the agencies under its purview on the following dates:

Performance Oversight Hearings	
February 1, 2023	DC Health Benefit Exchange Authority; Department of Behavioral Health (public witnesses only)
February 9, 2023	Not-for-Profit Hospital Corporation – United Medical Center; Department of Behavioral Health (government witnesses only)
February 16, 2023	Deputy Mayor for Health and Human Services; Department of Health Care Finance
February 28, 2023	Board of Medicine; Board of Nursing; Board of Pharmacy; Board of Psychology; Board of Social Work
March 2, 2023	Department of Health

Budget Oversight Hearings	
March 30, 2023	DC Health Benefit Exchange Authority Not-for-Profit Hospital Corporation – United Medical Center Department of Behavioral Health (public witnesses only)
April 5, 2023	Department of Health Care Finance Deputy Mayor for Health and Human Services
April 6, 2023	Department of Behavioral Health (government witnesses only)
April 10, 2023	Department of Health (public witnesses only)
April 12, 2023	Department of Health (government witnesses only)

The Committee received important comments from members of the public during these hearings. Copies of witness testimony are included in this report as *Attachments C through G*. 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 (HC0)

1. AGENCY MISSION & 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 Department of Health 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 9 divisions:

Health Emergency Preparedness and Response Administration (HEPRA) – provides regulatory oversight of Emergency Medical Services and ensures that DOH and its partners are prepared to respond to citywide medical and public health emergencies, such as those resulting from terrorist attacks, large accidents, or natural events such as weather-related emergencies.

This division contains the following 5 activities:

- Public Health Emergency Preparedness
- Public Health Emergency Operations and Program Support
- Epidemiology Disease Surveillance and Investigation
- Emergency Medical Services Regulation
- Office of the Senior Deputy Director

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
- HIV/AIDS Policy and Planning
- HIV Health and Support Services
- HIV/AIDS Data and Research
- Prevention and Intervention Services
- AIDS Drug Assistance Program (ADAP)
- Grants and Contracts Management
- Sexually Transmitted Disease (STD) Control
- Tuberculosis Control
- HIV/AIDS Housing and Supportive Services

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
- Office of Food, Drug, Radiation and Community Hygiene Regulation
- Office of Health Care Facilities Regulation

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 essential to promoting and achieving health equity, including 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
- Community Based Participatory Research and Policy Evaluation
- Health Equity Practice and Program Implementation

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
- Research, Evaluation, and Measurement
- State Center for Health Statistics
- State Health Planning and Development

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
- Health Care Access Bureau
- Family Health Bureau
- Support Services
- Perinatal and Infant Health
- Nutrition and Physical Fitness

Public Health Laboratory – provides testing of biological and chemical samples that relate to public health and safety, such as infectious diseases, hazardous chemicals, or biological contamination, up to and including biological or chemical terrorist attacks. This is a new division of DC Health being proposed in the FY2024 budget.

This division contains the following 2 activities:

- Administrative and Support Services
- Laboratory Services

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

Agency Financial Operations – provides comprehensive and efficient financial management services to, and on behalf, of District agencies so that the financial integrity of

the District of Columbia is maintained. This division is standard for all agencies using performance-based budgeting.

2. COMMITTEE BUDET RECOMMENDATIONS

a. Fiscal Year 2024 Operating Budget Recommendations

The Mayor's FY 2024 proposed operating budget for DC Health is $292,002,208, which represents a 2.8% increase compared with the approved FY 2023 budget. This is largely due to the transfer of the Public Health Laboratory from the Department of Forensic Sciences to DC Health, including the Laboratory's 31.0 FTEs, and an increase of federal grant funds of $15,204,778 and 30.6 FTEs. The FY 2024 funding supports a total of 789.6 FTEs at DC Health, a 4.2% increase from the FY 2023 approved level.

Public Health Laboratory

The Mayor's proposed FY 2024 Budget Support Act of 2023 transfers the Public Health Laboratory (PHL) from the Department of Forensic Sciences (DFS) to DC Health. This would align the District with 45 other states whose public health laboratories are located within their public health agencies. During the budget hearing, DC Health has testified that this transfer will allow DC Health to better respond to public health emergencies and creates efficiencies in funding, since most federal funding for the PHL must come through DC Health to be transferred through MOUs to DFS. Under this new model, DC Health will keep the federal funding in house. Although the Committee is generally supportive of the transfer, it urges the Executive to resolve several outstanding issues related to the transition.

Currently, the PHL is part of the combined Forensic Sciences and Public Health Laboratory at DFS, located in a state-of-the-art facility that opened in 2012.[1] After this transition, the PHL would remain in the facility, but be under the oversight and management of DC Health. The stated purpose of co-locating these laboratories in 2012 was to "improve efficiency, delivery, and customer service" and to increase efficiencies around operations, facilities, equipment, security, and other shared costs. The Committee is concerned that there has been very little discussion within DC Health and between DC Health and DFS about what this transition will mean. In its pre-hearing written responses, DC Health stated that it will be conducting an organizational assessment for the PHL and exploring how to use the PHL to support other agency activities. The Committee urges the agency to include in its assessment an analysis of the best way to coordinate with DFS going forward on aspects of the colocation of facilities, including related to shared equipment, fixed facility and security costs, and how the laboratories will interact with each other going forward.

Further, the proposed budget includes the transfer of $4.69 million and 31 FTEs for the PHL from DFS to DC Health, including 12 vacant FTEs. This high vacancy rate for a state public health laboratory is concerning, particularly because DC Health has been given no additional

[1] Shelow, Taitia. "D.C. Facility Consolidates Public Health, Medical Examiner, and Forensic Sciences." *Tradeline,* (Oct. 2013), *available at*: https://www.tradelineinc.com/reports/2013-10/dc-facility-consolidates-public-health-medical-examiner-and-forensic-sciences (accessed Apr. 24, 2023).

administrative resources for recruiting and hiring for these vacant positions, retaining the current staff, or providing other supports like IT assistance. These administrative challenges will be more complex given the location of the PHL separate from the rest of the agency. DFS is also retaining 9 FTEs from the PHL that are funded by the federal Department of Homeland Security's BioWatch program. This division of PHL staff and supervisors across two agencies will likely cause additional confusion. The Committee urges DC Health to include in its organizational assessment a thorough organizational strategy and chart, and recommendations for recruiting and retaining high quality PHL staff. To this end, the Committee is amending the proposed BSA subtitle to include a reporting requirement for DC Health to provide the final organizational assessment to Council, with detailed plans for the staffing and operations of the PHL.

The Committee was surprised to learn that the Mayor swept most of the salary and fringe funding ($1,006,440 out of $1,398,686) from the 12 vacant FTEs within the PHL being transferred to DC Health. Although DC Health testified that the PHL will have no disruptions to operations, this sweep seems to illustrate that the Mayor believes the transition will lead to significant delays in filling vacancies and a general slowdown of operations. Given that the Mayor acknowledges that these positions will not likely be filled in FY 2024, **the Committee recommends a reduction of $392,246 in recurring funding for Program 8600 Public Health Laboratory, Activity 8620 Laboratory Services, CSG 11, to increase vacancy savings.**

DC Health's FY 2024 proposed budget includes the transfer of $4.9M of federal grant funding to DFS through MOUs for the PHL. At the budget oversight hearing, DC Health testified that this transfer will not be required now that the PHL is being transferred to DC Health. DC Health provided the correct accounting lines for this federal grant funding, and the Council Budget Office will move the funding to the correct line before the budget is finalized.

Health Professional Licensing Boards

The Health Regulation and Licensing Administration within DC Health oversees the District's Health Professional Licensing Boards, including establishing the qualifications and process for health professionals to be licensed in the District. The Committee regularly hears from health professionals who are frustrated with the licensing process, complaining that it takes too long or requires documentation that is difficult or impossible to procure from other states. The Committee applauds DC Health staff on their efforts to improve the online portal and the process for health professional licensure but believes the agency does not have the adequate staff to ensure timely processing of applications. This is why the Committee added 10 FTEs to support the licensing boards in the FY2023 approved budget. During the performance oversight hearings, DC Health also acknowledged that this office is underfunded, requesting additional FTEs including:

- 3-4 Health Licensing Specialists (HLS) that would focus solely on compliance and discipline which would allow their colleagues the opportunity to focus completely on licensure;
- A dedicated customer service team of specialists;
- A Business Analyst (BA) for all of Health Professional Boards; and
- Additional staff for the three Behavioral Health Boards: the Board of Social Work, the Board of Psychology and the Board of Professional Counseling.

The FY 2024 proposed budget does not add any of these staffing requests and instead cuts three vacant positions (2.25 FTEs), one of which this Committee added last year, from the Health Professional Licensing Boards:

- Grade 12 Complaint Coordinator (Supports all boards)
- Grade 12 Supervisory Health Licensing Specialist (Supports Board of Medicine)
- Grade 12 Investigator (Supports all boards)

As the District considers other ways of incentivizing more health professionals to become licensed in DC, such as entering regional or national licensing compacts and amending examination requirements for social workers, it is particularly essential that the staff tasked with overseeing these licenses is adequately staffed. **Therefore, the Committee recommends an enhancement of in recurring local funds of $203,869 in CSG 11 and $45,464 in CSG 14 for Program 4500 Health Regulation and Licensing Admin., Activity 4200 Health Professional License Admin, to restore salaries and fringe benefits for the 2.25 FTEs to help with processing health professional licensing applications.** Specifically, this restores positions 106919 Complaint Coordinator; 42425 Health Services Program Coordinator; and 92179 Investigator.

The Committee also recommends an enhancement of $1,300,000 in recurring funding for Program 4500 Health Regulation and Licensing Admin, Activity 4200 Health Professional License Admin, CSG 41, $97,947 in recurring funding for CSG11, and $21,842 in recurring funding for CSG 14 to fully fund L24-0313, the High Need Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022. This legislation creates a High Need Healthcare Career Scholarship and Supports program available for costs related to education, training, transportation, and examinations. The program would preference District residents, those who agree to be educated in the District, and those who demonstrate a desire to reside in the District. The Act requires that those who benefit from this program must commit to working in the healthcare industry in the District for at least two years. The Act lists specific careers that would be designated as a high-need healthcare career eligible for participation for this scholarship, but also allows the Mayor the flexibility needed to add or remove listed health care careers.

The Committee urges DC Health to implement the legislation in a timely manner. According to the Financial Impact Statement for the legislation,[2] funding will be used to pay for credentialing expenses for 150 nursing assistive personnel, 25 emergency medical technicians (EMT), and 25 Paramedics. DC Health will continue to add individuals to the program over a three-year span with a targeted total of 600 nursing assistive personnel, 75 EMTs, and 75 paramedics by fiscal year 2026. DC Health also needs to hire a program specialist to administer the program.

[2] Lee, Glen. "Memorandum to Chairman Mendelson: Fiscal Impact Statement – Bill 24-903, High Need Healthcare Career Scholarship and Health Professional Loan Repayment Program Amendment Act of 2022." (Nov. 15, 2022) *available at*: https://lims.dccouncil.gov/downloads/LIMS/51036/Other/B24-0943-FIS_-_High_Need_Healthcare_Career_Scholarship.pdf (accessed Apr. 24, 2023).

	FY 2024	FY 2025	FY 2026	FY 2027	Total
Health Professional Recruitment Fund Enhancement	$1,300	$1,675	$1,675	$0	$4,650
Salary	$91	$92	$94	$96	$373
Fringe	$19	$20	$21	$22	$82
Total	$1,410	$1,788	$1,790	$118	$5,105

Table provided via email by Kevin Lang, Office of the Chief Financial Officer, April 5, 2023.

Food Safety

The Food Division (FD) within DC Health's Health Regulation and Licensing Administration regulates food services that are provided in commission merchants, delicatessens, bakeries, candy manufacturers, grocery stores, retail markets, ice cream manufacturers, restaurants, wholesale markets, mobile vendors, cottage food businesses, and hotel kitchens. FD is responsible for inspecting the approximately 6,500 food establishments in the District for routine inspections as well as responding to complaints. At the FY 2022 performance oversight hearing, DC Health testified that the 16 FTEs allocated for FD are insufficient for conducting the required food safety inspections, and that in FY 2022 the Division only conducted the required annual inspection for about one third (2,374) of food establishments. DC Health also testified that FD sanitarian positions are some of the hardest positions to fill at the agency, given the specialized experience needed and the requirement of night and weekend hours.

Instead of providing recruiting or retention incentives for these positions, the Mayor's FY 2024 proposed budget sweeps two of FD's vacant FTEs, bringing the total workforce for this Division to just 14 FTEs. When asked about this cut, DC Health responded that the agency will have to select which food establishments to inspect, prioritizing high risk establishments, like nursing home cafeterias and sushi restaurants, but skipping convenience stores and establishments with primarily fried food. The need to prioritize establishments in this manner raises equity concerns, given that food establishments in predominantly low-income neighborhoods generally offer more packaged and fried food, and also raises significant food safety concerns for all District residents. The Committee recognizes that at the current staff-to-inspection ratio, it would require doubling of FD's workforce from 14 to 28 FTEs to conduct all of the required inspections. Given the difficulty of hiring for these positions, the Committee does not believe the agency could hire that many additional positions in one fiscal year, but does encourage the agency to gradually increase the capacity in this Division, as well as explore technology and systems improvements to increase efficiencies. Further, the Committee urges the agency to work with DC Human Resources to utilize hiring incentives for these positions. **To kickstart this gradual expansion of this Division's capacity, the Committee recommends an enhancement in recurring local funds of $67,995 in CSG 11 and $15,222 in CSG 14 for Program 4500 Health Regulation and Licensing Administration, Activity 4515 Food Drug Radiation And Comm. Hygiene, to restore the salary and fringe benefits for the position 0039467 Sanitarian.**

The Committee is also pleased to fund the portion of the Fiscal Impact Statement for DC Health to implement B25-0068, the Street Vendor Advancement Amendment Act of 2023. This legislation is a landmark victory for street vendors who have struggled to operate legally for

decades in the District, often facing harassment from regulators and law enforcement. Among other changes, the legislation creates a new permit within DC Health for Microenterprise Home Kitchens for small businesses making prepared food in their homes. The Financial Impact Statement for the legislation stated that DC Health would require two FTEs to create and enforce this new permit. **The Committee therefore recommends an enhancement of $135,975 in recurring funding in CSG 12 and $39,025 in recurring funding in CSG 14 for Program 4500 Health Regulation and Licensing Admin, Activity 4515 Food Drug Radiation And Comm. Hygiene to add 2 FTEs to implement B25-68, the Street Vendor Advancement Amendment Act of 2023.**

Animal Care and Control Services

The Mayor's FY 2024 proposed budget significantly reduces funding for animal rescue and control services in the District which is under the purview of DC Health. First, it sweeps the remaining fund balance for two capital projects: HC102C – DC Animal Shelter Renovation & Expansion ($4,162,500) and NAS23C – Future DC Health Animal Shelter ($4,500,000). Second, it reduces the animal care and control contract to $2.8 million, $3 million less than the FY 2023 amount of $5.8 million.

The Committee was surprised to see DC Health list the "DC Animal Shelter Renovation & Expansion" in its Capital Budget "Recent Accomplishments," when in fact the agency has made very little progress in building a new shelter in the last several years. In FY 2023, the Mayor allocated $4.5M to build a new animal shelter to replace the current shelter site on New York Ave NE. The current animal is old, crowded, and in disrepair, and advocates and the contractor have long been asking for a new shelter. The District has struggled to find a site for the new shelter—in FY 2023, it appeared the District had identified a site at 6500 Blair Road NE, but plans for that site fell through. This year, the Executive seemed confused about whether it had identified a new site, with DC Health including in its pre-hearing written responses a detailed description of a new site on New York Ave NE, but later clarifying that there was no new site identified. The current contractor, Humane Rescue Alliance (HRA), has offered to work with the District to develop HRA's property on Oglethorpe St. NW, but the District has yet to show interest in that proposal. The Mayor's proposed sweep of the capital funds means that even if a new site is identified, there is now no capital funding for building a new shelter. Further, the Mayor proposes sweeping the capital funding to make renovations for the existing shelter. During the budget oversight hearing, Chairperson Henderson asked DC Health who would be liable if the roof on the existing shelter were to collapse. DC Health acknowledged that if the roof was damaged or there were other major renovations needed, they now have no way to make them. What was even more concerning was that DC Health admitted they recently sent a crew to assess the roof after a strong windstorm in the region. The Committee urges the Executive to prioritize identifying a new site and adding back funds to the capital project in FY 2025.

The Mayor also proposes significant reductions in FY 2024 to the Animal Shelter labor hours competitive contract, which has been held by Humane Rescue Alliance (formerly Washington Humane Society) for 43 years. The FY 2024 proposed contract funding is $2,785,523, approximately $3 million less than the FY 2023 contracted amount of $5,934,581, and the FY

2024 Option Period Amount of $5,900,000.[3] HRA reports that this cut would force them to lay off 30 staff members, or 50% of their total staff, and significantly reduce their services for District residents and animals. At the budget oversight hearing, the DC Health Agency Fiscal Officer testified that the agency had proposed a $4.9 million contract to the Mayor's Budget Office, but that only $2.8 million was ultimately allocated. The contract for the Animal Shelter has not fallen under $4.5M since FY 2019, as shown in this table provided by DC Health:

Humane Rescue Alliance (HRA) Invoices Paid		
Fiscal Year	Invoices Paid	Months Invoiced
FY19*	$3,761,087	12
FY20	$4,970,663	12
FY21	$4,531,599	12
FY22	$5,007,217	12
FY23 through 3/24/23	$2,493,239	6

**This amount was significantly lower due to several vacant positions at HRA.*

The Committee is concerned that in trying to balance priorities in a tight fiscal year, the Mayor has reduced core services that affect the health and safety of District residents. A compromised animal rescue and control program does not just impact animals (although the resulting harm to animals would be severe); it also puts District residents at higher risk of animal bites and attacks that could go unaddressed and be repeated. The Committee urges the Executive to allocate sufficient recurring funding for this contract so that HRA is able to adequately protect District residents and animals. **The Committee recommends an enhancement of $2,000,000 in recurring funds for Program 4500 Health Regulation and Licensing Admin., Activity 4515 Food Drug Radiation And Comm. Hygiene, CSG 41 to restore the Mayor's the Animal Care and Control contract so align the contract amount with FY 2020 - FY 2022 levels.**

Sexual Health and HIV/AIDS

Although the majority of the funding for the District's HIV/AIDS, Hepatitis, STD and TB Administration is federal funding ($82.13M of the $90.07M total budget), the District also uses local dollars to invest in prevention, education, treatment, and recovery that fall outside of federal grant allocations.

Until 2019, DC Health provided a locally funded grant for in-person, school-based Sexual Health Peer Education. This program stopped during the COVID-19 pandemic and there is currently no funding for the program. But as middle school and high school youth participate in more in-person activities again, the need for peer-led sexual education will become increasingly crucial. According to a recent Young Women's Project Sexual Health Survey of 600 students from 22 schools, 84% of high school students in the District received less than one hour of sex education

[3] CA25-0055 – Proposed contract with Washington Human Society, d.b.a. Humane Rescue Alliance, *available at*: https://lims.dccouncil.gov/Legislation/CA25-0055 (accessed Apr. 24, 2023).

in 2022.[4] Further, of the 24% of teens who reported being sexually active, only 46% reported using a condom in their last encounter (down from 57% in 2019). At performance oversight and budget hearings, the Committee heard from high school students who are not aware of any condom distribution happening at their schools. DC Health reports that they are working through an MOU with OSSE to fund a sexual health peer educator program. The Committee urges DC Health and OSSE to ensure that this program reaches as many middle and high school campuses as possible, particularly in schools with high STD and pregnancy rates.

The Mayor's FY 2024 proposed budget does not restore the one-time enhancement of $250,000 to Joseph's House. At the budget oversight hearing, the Executive Director of Joseph's House, Kowshara Thomas, testified that residents with advanced HIV disease are referred to Joseph's House. About 90% of them have experienced chronic homelessness and a history of trauma, substance abuse, and mental illness. Joseph's House provides safe housing and 24-hour nursing and personal care, as well as assistance to access benefits, address trauma and addictions, and find appropriate housing after discharge. As one of the only dedicated respite centers in DC, Joseph's House provides a unique level of intensive and personal care to clients, the majority of whom are from Wards 5, 7, and 8. Joseph's House had formerly received federal Ryan White funding from DC Health, but new administrative requirements made it impossible for Joseph's House to continue receiving that funding. **The Committee recommends an enhancement of $250,000 in one time funding for Program 3000 HIV/AIDS Hepatitis STD And TB Admin, Activity 3040 Prevention and Intervention Services, CSG 50 to restore the Mayor's proposed sweep of the grant for Joseph's House.**

Healthy Food Access

Although the overall food insecurity rate in the District has recovered to near pre-pandemic levels at 11%, this generalized data hides the continued elevated food insecurity rates of Black and Latinx residents in the District. According to the DC Food Policy Council, households with children, and seniors, remain at a higher risk of food insecurity than the general population. DC Health plays a critical role in addressing food insecurity and increasing healthy food access in the District. DC Health administers several federal nutrition assistance programs, including:

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- The Commodity Supplemental Food Program (CSFP), also known as Grocery Plus, for low-income seniors;
- The Supplemental Nutrition Assistance Program Education (SNAP-Ed), which provides nutrition education to populations eligible for SNAP benefits; and
- the Senior and WIC Farmers Market Nutrition Programs.

Young Women's Project. "YWP Sexual Health & Wellness Survey: Preliminary Results." (Dec. 26, 2022) *available at*: https://docs.google.com/document/d/1MOuwMBVfKRLt1V3ToH8dKiNHONwQhL_jMQ7XyHKWzNg/edit (accessed Apr. 24, 2023).

DC Health also administers several locally funded nutrition assistance programs, including:

- Produce Plus, which provides low-income DC residents with $40 per month to purchase local produce at farmers markets;
- Healthy Corners, which empowers small businesses in underserved neighborhoods to sell nutritious, affordable food, and provides a $5 SNAP match at several locations;
- Joyful Food Markets, which hosts monthly free markets at 53 elementary schools in Wards 7 and 8; and
- Home Delivered Meals, which provides medically tailored meals to homebound DC residents with chronic diseases, including HIV/AIDS, cancer, and diabetes.

This year and in FY 2024, these programs are particularly important as federal pandemic-related boosts to the Supplemental Nutrition Assistance Program (or SNAP) ended in February 2023, causing decreases in benefits of $90 for individuals and $250 or more for families, even as food prices continue to rise. This decrease impacted 134,000 District residents who rely on SNAP, who are now at higher risk of food insecurity. Yet, the Mayor's FY 2024 proposed budget does not restore the majority of the one-time funding allotted for these programs and invests no additional funding to address food insecurity in the District.

At the March 24, 2023 Committee of the Whole Public Briefing on the FY 2024 Budget, the Executive could only provide one example of new funding to address food insecurity: capital funding to support the construction of a new grocery store in Ward 7. The Executive's position that funding new grocery stores alone will address food insecurity is misguided, both because grocery stores take years to open, and because many District residents cannot afford to shop at the grocery stores across the street from where they live. Food insecurity is a symptom of poverty, unemployment, and rising costs of living, and must be addressed as such. **The Committee therefore recommends restoring the one-time enhancements for several Local Nutrition Assistance grant programs within Program 8500 Community Health Administration, Activity 8513 Nutrition and Physical Fitness, CSG 50:**

- **$150,000 for Healthy Corners;**
- **$25,000 for Home Delivered Meals; and**
- **$200,000 for Produce Plus.**
- ***Note: The Mayor restored the $324,066 one-time enhancement for Joyful Food Markets.***

The Committee was happy to hear that DC Health successfully applied to use $156,000 of federal funding through the U.S. Department of Agriculture's Local Food Purchasing Agreement to enhance Grocery Plus boxes of shelf-stable food for low-income seniors with fresh produce, an effort initially piloted with ARPA funding in FY 2022. DC Health testified at the budget oversight hearing that this funding will be sufficient to provide fresh produce to all Grocery Plus customers (approximately 5,400 seniors) for the next three years, starting in FY 2024.

Home Visiting

The Committee heard from a significant number of individuals at the performance oversight and budget oversight hearings for DC Health testifying on the challenges of recruiting and retaining home visiting program staff for the programs that receive grant funding through DC Health. The Mayor's FY 2024 proposed budget does not restore $150,000 of one-time funding for home visiting programs for first-time mothers, but the spending for the rest of the program remains consistent. The chart below details the allocations for the home visiting grants over the last several fiscal years:

DC Health Home Visiting Grantee	**Fiscal Year 2021**	**Fiscal Year 2022**	**Fiscal Year 2023**	**Proposed Fiscal Year 2024**
Mary's Center for Maternal and Child Health - HFA/PAT*	$ 1,879,748.62	$ 1,834,147.00	$ 1,641,369.00	TBD
Mary's Center for Maternal and Child Health - First Time Mothers	$ 150,000.00	$ 150,000.00	$ 150,000.00	Not funded
Community of Hope - Parents as Teachers	$ 355,000.00	$ 355,000.00	$ 300,000.00	TBD
Georgetown University - Parents as Teachers	$ 357,019.00	$ 357,019.00	$ 339,515.00	TBD
Georgetown University - Evaluation	$ 167,800.00	$ 167,798.00	$ 154,651.00	TBD
MAMATOTO	$ 238,499.00	$ 311,899.00	$ 300,000.00	TBD
TOTAL	**$ 3,148,066.62**	**$ 3,175,863.00**	**$ 2,885,535.00**	**$ 3,295,785.00**

**Healthy Families America/Parents as Teachers*

DC Health testified that it provides grant funding to the programs, but does not set the salaries for program staff or dictate what the funding goes towards. While the Committee acknowledges that DC Health does not set salaries for grantees, it also recognizes that DC Health's grant application process creates pressure for grantees to stretch their services to cover as many people as possible, often to the detriment of underpaid program staff. The Committee urges the agency to take this concern seriously and consider ways to work with grantees to reduce turnover and increase compensation for these essential workers.

The Committee plans to explore in the next year how Department of Health Care Finance (DHCF) could incorporate evidence-based home visiting programs into the Medicaid program. Although this likely would not take effect until at least FY 2025, the Committee believes it is beneficial to start funding some evidence-based home visiting programs through DHCF grants. Thus, the Committee proposes transferring the First Time Mothers Home Visiting Grant to DHCF (please see more details in the DHCF Chapter).

School Nurse Program

DC Health awards a non-competitive grant to Children's School Services (CSS) to provide school nurses for the District's 178 school health suites and approximately 90,000 public school

children. The FY 2024 proposed budget for CSS is $23,133,727, a decrease of $4,500,000 from FY 2023. The school nursing program is burdened by the national nurse workforce shortage that has impacted our healthcare system. High vacancy rates mean that 40% of participating health suites do not have full-time in-person coverage, and even full-time nurses are often temporary and cannot develop relationships in the school community. The FY 2023 supplemental budget sweeps $2 million from the school nursing grant due to projected underspending due to high vacancy rates, and the Executive explains the FY 2024 proposed reduction also as adjusting for the high vacancy rates and nursing shortage, which likely would not be resolved in the next fiscal year.

However, DC Health and CSS are planning to roll out a new staffing model for school year 2023-2024 aimed at addressing the high vacancy rates in the program. The new model, which is still in development and undergoing stakeholder engagement, would essentially create clusters of four schools close in geography that share 2 nurses and 2-3 school health associates, who can provide acute first aid and basic care under the supervision of a licensed nurse. The Committee is generally supportive of this model as it believes this will increase coverage in school health suites, while also providing a healthcare workforce pipeline for young professionals exploring future healthcare careers. However, the Committee is deeply concerned that the FY 2024 proposed funding level will inhibit CSS' implementation of the new model, including the hiring of new school health associates. CSS Executive Director Dr. Andrea Boudreaux testified at the budget oversight hearing that CSS would need the FY 2023 grant funding to remain consistent for CSS to implement the new staffing model. DC Health shared in an Internal presentation to the Committee on Health that the new model would require CSS to hire 128 new School Health Associates, but does not build in additional HR support.

The Committee would like to provide sufficient resources for DC Health and CSS to be able to make significant progress in implementing this new model in the 2023-24 school year. **Although the Committee cannot restore the full $4.5 million reduction, the Committee recommends an enhancement of $2,000,000 in recurring funding for Program 8500 Community Health Administration, Activity 8506 Family Health Bureau, CSG 50, which will enable CSS to hire for more than half of the 128 planned new School Health Associate positions.**

Dementia Training for Direct Care Providers

Approximately 10,000 residents in the District are living with Alzheimer's Disease and approximately 14,000 residents are taking care of loved ones with Alzheimer's. Alzheimer's disproportionately affects women and people who identify as African American and Hispanic. In 2020, the Council passed the Dementia Training for Direct Care Workers Act requiring dementia training for direct care workers, but the law has not yet been implemented because DC Health's Health Regulation & Licensing Administration has not adopted regulations. DC Health reports that the regulations are in the final review phase and should be published before the end of FY 2023. The FY 2022 budget included $170,000 in DC Health's budget to implement the law be requiring direct care providers to receive sufficient dementia care training, but the funds were never spent because the regulations had yet to be published.

Therefore, the Committee is pleased to accept a transfer from the Committee on Transportation and the Environment in the amount of $170,000 to require dementia training

for direct care workers, implementing the Dementia Training for Direct Care Workers Act of 2019.

Howard Centers for Excellence

The Howard Centers for Excellence (COE) was created to develop innovative, measurable, and sustainable programs, educational curricula, outreach initiatives, and clinical research focused on health disparities, focused on five areas: 1) Sickle Cell Disease, 2) Oral Health, 3) Trauma and Violence Prevention, 4) Behavioral Health, and 5) Women's Health. The District provided COE a $30.8 million operating investment to develop and operationalize COE. The funding was allocated as follows:

- Centers of Excellence Infrastructure: $10 million will be allocated to staff, equipment, and facility build out over first two years to operationalize the Centers
- Sickle Cell Disease: $4.5 million over the funding period
- Women's Health: $4.8 million over the funding period
- Oral Health: $ 6.0 million over the funding period
- Trauma and Violence Prevention: $3.0 million over the funding period
- Behavioral Health: $2.5 million over the funding period

Thus far, the District has allocated a total of $26.96 million to COE over four fiscal years, and COE has spent $4.94 million of those funds, to date. During the budget process, the Committee has been perplexed as DC Health officials struggled to describe the work of the COE and its deliverables or impact over the last three fiscal years. Although the Committee understands that the COVID-19 pandemic delayed some of the programmatic initiatives, there still do not seem to be significant deliverables coming out of COE.

In the COE FY 2024 Plan Summary provided by COE and DC Health to the Committee, COE describes that of the $12,558,517 allocated in FY 2023, $6,569,995.78 is being used to support programs in FY 2023, and the remaining $5,988,521.02 will be used in FY 2023 and FY 2024 to implement key infrastructure projects such as the build out of the sickle cell disease day hospital, hire clinical and support staff for the day hospital, and increase staffing within the community telepsychiatry program. The DC Health FY 2024 proposed budget adds an additional $2,211,148 in local funds and $3,787,795 in non-lapsing funds to the COE. After multiple requests for spending plans for these funds, the Committee is skeptical that there is a firm spending plan for these funds, and given historical spending levels, does not foresee COE spending this entire amount. The 3,787,795 in non-lapsing funds in FY 2024 combined with half of the $5,988,521.02 in non-lapsing funds for FY 2023-2024, combined, provides COE a total of $6,782,955.51 for its FY 2024 spending, nearly double what it spent in FY 2022. The Committee believes this funding level gives COE the capacity to scale at a realistic, ambitious pace. **Therefore, the Committee recommends a reduction of $2,211,148 in recurring funding for Program 8500 Community Health Administration, Activity 8505 Health Care Access Bureau, CSG 50, to reduce the local grant funding for Howard Center of Excellence.**

Funding for Howard University Centers of Excellence

Funding	FY 2021	FY 2022	FY 2023	FY 2024
Budget - **Local**	$ 4,200,000	$ 4,200,000	$ 3,787,795	$ 2,211,148
Budget - **ARPA**	$ -	$ -	$ 8,372,500	$ -
Budget - **Non-Lapsing Account**			$ 398,222	$ 3,787,795
TOTAL	**$ 4,200,000**	**$ 4,200,000**	**$ 12,558,517**	**$ 5,998,943**
YTD - Expenditures	**$ -**	**$ (3,801,778)**	**$ (1,134,124)**	

Smoking Cessation Fund

The Smoking Cessation Fund is a non-lapsing fund that collects revenue from taxes on cigarette sales in the District. In FY 2023, the Fund currently has a balance of $432,017. DC Health reports that they had previously lacked authorization to use these funds, which is why they have never spent them in the past. The agency just received authorization to spend down the funds, but has no current spending plan. **The Committee therefore recommends a reduction of $289,451 from the Smoking Cessation Fund due to annual underspending and will look forward to seeing the agency develop a spending plan for the remaining $142,466 and FY 2024 expected revenue.**

Senior Dental Services

The Mayor's FY 2024 proposed budget allocates $550,000 in one-time funding to support dental services for seniors. This is an increase from the FY 2023 approved budget of $500,000 for this program. This funding goes to support Community of Hope's dental services for low-income seniors, which the organization has been operating since 2019. The funding is designed to support approximately 250 seniors with either no dental insurance or insufficient insurance that does not cover more advanced dental procedures, like implants. While the Committee is supportive of this program, it was surprised to learn that as of March 31, 2023, the program had only served 33 seniors. If these trends continue, the program would serve less than 70 seniors in FY 2023, well under the estimate of 250 seniors. **Therefore, the Committee proposes a reduction of $250,000 in one-time funding in FY 2024, which still leaves $300,000 for this grant program.**

b. Fiscal Year 2024 - 2029 Capital Budget Recommendations

The Mayor's proposed FY 2024 – FY 2029 capital budget request for DC Health is $2,422,000. This represents a decrease of $2,308,000, or 48.8%, from the FY 2023 – FY 2028 Capital Plan. The FY 2024 – FY 2029 Capital Plan includes only one capital project, HC0-HFL24-Fleet Replacement, which will purchase new vehicles for Food Safety and Rodent Control. All vehicles being replaced are over 10 years old and have endured wear and tear and significant city mileage. The tables below provided by DC Health in the pre-hearing written responses show how many vehicles DC Health plans to purchase each year, and the approximate cost of the vehicles.

Agency	Category	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	TOTALS
		Mayors Budget	Mayors Budget	Mayors Budget	Mayors Budget	Mayors Budget	Mayors Budget	Mayors Budget
DOH	LIGHT DUTY	11	6	4	7	9	20	57
	MEDIUM DUTY	1	-	1	-		1	3
	HEAVY DUTY AND OFF ROAD	1		1	-		1	3
		13	6	6	7	9	22	63

DPW FY24 Fleet Assessment	
$38,678	LIGHT DUTY
$158,433	MEDIUM DUTY
$257,695	HEAVY DUTY AND OFF ROAD

COMMITTEE POLICY RECOMMENDATIONS

1. *Identify strategies to encourage more social workers to enter the field and fill critical vacancies.*

There is a shortage of social workers in the District, which has resulted in heavy caseloads and burnout for those in the field. DC is home to a large number of low-income residents who face a wide range of social and economic challenges, including poverty, unemployment, housing insecurity, and access to quality healthcare. As a result, there is an urgent need for skilled social workers who can provide a wide range of services, from direct client care to case management and community engagement. However, despite the need, many social workers in DC face significant challenges, including low salaries, high caseloads, and limited access to training and professional development opportunities.

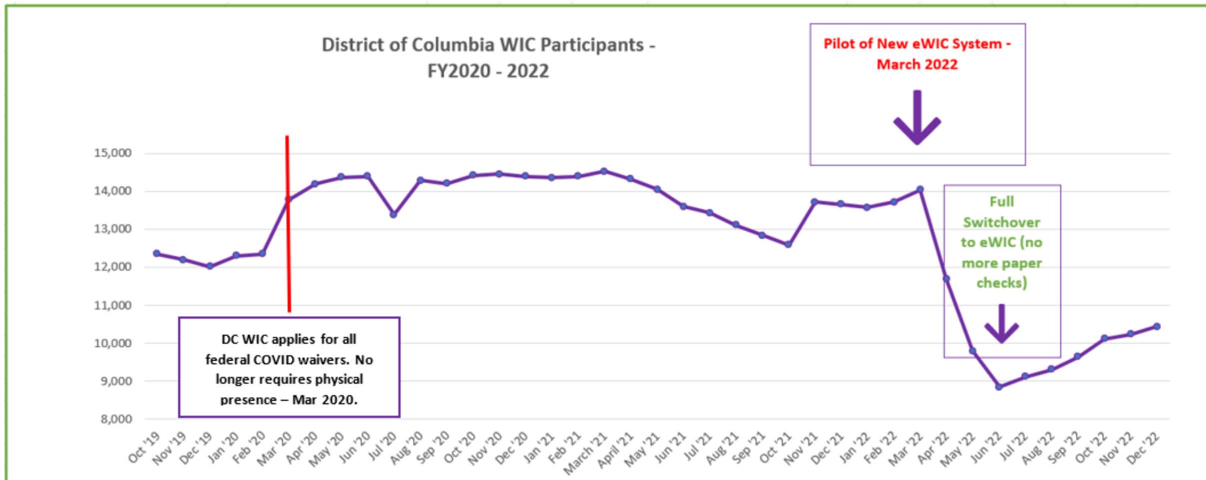
The Committee encourages DC Health and the Board of Social Work to recognize their roles as not only the regulatory and licensing body for social workers, but also as an entity that should facilitate and encourage more social workers to enter the field as a strategy to improve public health. This could include amending the exam requirements for social workers, which currently serve as a significant barrier to entry for many aspiring social workers, particularly those from historically marginalized communities; increasing funding and support for social work education and training programs; and working with non-profit organizations to increase salaries, benefits, or recruitment/retention benefits for social workers. The Committee has a keen interest in increasing the number of talented, passionate social workers in the District and looks forward to working with the agency on this topic going forward.

2. *Identify and invest in strategies to increase enrollment in the Special Supplemental Nutrition Program for Women, Infants, and Children.*

The most recent federal enrollment data for WIC shows that in 2020, approximately 14,000 out of 24,100 eligible residents were enrolled in WIC, a 58% participation rate. Since then, WIC enrollment steeply declined, as seen in the graph below, dipping under 9,000 enrollees during the switchover to electronic WIC (eWIC) benefits and away from paper checks. Although, over time, the transition to eWIC will facilitate the use of WIC benefits by beneficiaries, the initial transition

caused confusion and also required all WIC customers to attend in-person nutrition counseling appointments at WIC clinics.

DC Health is already making efforts to increase WIC enrollment, including through a data sharing agreement with TANF and Medicaid to simplify enrollment; extended weekend and weeknight hours at Program sites; and expanding digital options for enrollment and appointment scheduling. The Committee is eager to work with the DC Health WIC team to identify further ways to increase WIC enrollment and to identify funding where needed to pilot new strategies.



3. *Implement B25-0068, the Street Vendor Advancement Amendment Act of 2023, and identify other ways to decrease red tape for small food entrepreneurs in the District.*

The Committee appreciated DC Health's willingness to collaborate on an amendment to the Street Vendor Advancement Amendment Act of 2023 to create a new microenterprise home kitchen permit process for street vendors preparing food in their home kitchens. As noted above, the Committee has funded the 2 FTEs that DC Health needs to implement the legislation, according to the Fiscal Impact Statement. With these resources, the Committee urges DC Health to develop the required regulations in a timely and thoughtful manner, ensuring any regulatory requirements reflect food science best practices while being realistic for small scale food producers. The Committee also urges the agency to work collaboratively with street vendors to develop an application system that is not overly cumbersome and is accessible in the diverse languages spoken by the street vendor community, including, at the least, Spanish and Amharic.

The Committee also encourages DC Health to consider other regulatory changes that the agency could make to streamline the permitting and licensing process for DC food entrepreneurs, including cottage food businesses, food trucks, and brick and mortar establishments, who often find the DC Health permitting process costly and unnecessarily restrictive. The Committee looks forward to working with the agency to identify strategies to both ensure food safety while not hampering the efforts of District residents to start their own businesses and preserve the District's rich and diverse food culture.

4. *Develop and disseminate a plan for addressing COVID-19 seasonal peaks and new variants.*

The Committee appreciates the dedicated efforts of DC Health to address the COVID-19 pandemic, including previous vaccine and booster rollouts and the operation of the Ward COVID Centers during the peak of the public health emergency. The Committee also agrees with DC Health that this is the right time to scale back costly operations like the COVID centers, particularly as the federal public health emergency ends and the city has experienced many months of low COVID rates and hospital admissions.

That said, the Committee urges DC Health to develop and disseminate to the public a detailed, concrete plan for continuing to monitor local COVID rates and for preparing for seasonal surges and new variants of COVID-19. At the performance and budget oversight hearings, the Committee heard from residents with health conditions that put them at continued high risk of complications from COVID-19. These residents expressed concern that DC Health had not committed to reporting on COVID-19 wastewater monitoring, and that without the DC Health COVID dashboard, these residents were losing a crucial tool that helped them plan for when to be in public spaces. Similarly, the Committee has heard from many residents concerned about the closing of the Ward COVID Centers. Although the Committee agrees with DC Health that continuing to operate these costly Centers, which cost roughly $500,000 per month and were not highly used outside of the release of new boosters, does not make sense, the Committee has yet to hear a clear plan from DC Health about alternatives to these Centers.

In the pre-hearing written responses, DC Health described COVID-19 Walk-In Vaccination Access pilots at the Ward 8 Urgent Care Center and two Safeway locations, but these locations seem difficult to scale up in the event of a seasonal surge or new booster. DC Health also mentioned that it was working with pharmacies and primary care medical homes on Pediatric Vaccine Access, but not details were provided on how many sites and plans to scale when needed. Lastly, DC Health is providing grants to CBOs to increase vaccinations for hard-to-reach populations, and providing limited at-home vaccination options. The Committee applauds all of these efforts, but urges the agency to provide more specifics to the public so residents are clear on their options for accessing vaccines, PCR testing, at-home rapid testing, and masks.

5. *Improve the timeliness of publication of reports and updated data.*

A core component of a public health agency is research, data analysis, and reporting on key indicators of public health in its jurisdiction. Yet over performance and budget oversight, the Committee has been struck by how many DC Health reports are significantly delayed or lost in the internal review process. The Committee acknowledges that aspects of the Executive report development process fall outside of DC Health's control, including delays by the Office of Contracting and Procurement, delays from contractors, and delays from the Deputy Mayor and Executive Office of the Mayor. However, the Committee urges DC Health to identify ways to streamline the processes within its control and publish reports in a timelier manner.

Timely DC Health reports are crucial for the Council, research and advocacy organizations, and healthcare industries to make informed decisions. In the absence of these reports, the Committee has heard from researchers relying on five-year-old data to study childhood asthma,

long-term care advocates lacking data on how many more nursing beds are needed to meet the needs of our aging population, and Death with Dignity advocates struggling to understand the impact of this important law.

After Chairperson Henderson asked about them at hearings and in a letter to the Office of the City Administrator, several DC Health reports were finally published, including the Death with Dignity 2021 Data Summary and the Perinatal Health and Infant Mortality Report 2019-2020.

Despite Chairperson Henderson asking for them repeatedly, the following reports are still outstanding:

- Long Term Care Facilities and Services Report on the supply and demand of long term care facilities and services in the District. According to Mark Miller, the Long Term Care Ombudsman, this report has been completed for a year but has not been published;
- Healthcare Workforce Task Force Report/Recommendations on recommended strategies and investments necessary to address current supply and demand challenges in the healthcare workforce. The Task Force completed its recommendations in early February 2023; and
- DC Calling All Sectors Initiative (CASI) Report (DC Health) on addressing housing insecurity during pregnancy, based on a research project that ended in summer 2022.

C. DEPARTMENT OF BEHAVIORAL HEALTH (RM0)

1. AGENCY MISSION & 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.

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

DBH operates through the following 9 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
- Consumer and Family Affairs
- Office of Ombudsman
- Legal Services
- Legislative and Public Affairs

Saint Elizabeth's 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
- Office of Clinical and Medical Services – SEH
- Engineering and Maintenance – SEH
- Fiscal and Support Services – SEH
- Quality and Data Management

- Housekeeping – SEH
- Materials Management – SEH
- Nursing Services – SEH
- Nutritional Services – SEH
- Security and Safety – SEH
- Transportation and Grounds – SEH
- Office of the Chief of Staff – SEH
- Office of the Chief Operating Officer – SEH
- Office of the Chief Clinical Officer – SEH

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
- Incident Management and Investigations
- Licensure
- Certification
- Program Integrity

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
- Behavioral Health Services
- Behavioral Health Services – Pharmacy
- Comprehensive Psychiatric Emergency Program (CPEP)
- Homeless Outreach/Mobile Crisis (CPEP)
- Forensics
- Assessment and Referral Center (ARC)

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

- Behavioral Health Services MH/SUD
- Government Operated Services 35 K Street Adult Clinic
- Provider Relations
- Co-Located Services
- Residential Support and Continuity of Services
- Housing Support Services
- Community Response Team
- State Opioid Response Program (SOR)
- Assessment and Referral Center
- Access Helpline
- Specialty Services
- Substance Use Disorder Treatment Services
- Mental Health Rehabilitation Services (MHRS) Local Only
- Behavioral Health Rehab - Local Match
- Gambling Addiction Treatment and Research

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
- Behavioral Health Services MH/SUD
- SUD Prevention and Treatment
- School Based Behavioral Health Services
- Crisis Services
- Court Assessment
- Early Childhood Services
- Specialty Services
- Government Operated Services-Howard Road
- Evidence Based Practice (EBP)

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
- Strategic Planning and Policy
- Training Institute
- Behavioral Health Block Grant Program

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

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

2. COMMITTEE BUGET RECOMMENDATIONS

a. Fiscal Year 2024 Operating Budget Recommendations

The Mayor's FY 2024 proposed operating budget for the Department of Behavioral Health is $385,143,814, which represents a 2.2% increase in operating funds, compared with the approved FY 2023 budget. This is largely due to increases in the State Opioid Response Program and the Behavioral Health Local Match for Medicaid. The funding supports 1,431.5 Full-Time Equivalents (FTEs), a 1.2% decrease from the FY 2023 approved level.

Opioid Response

In 2017, the District launched its Live.Long.DC. campaign in response to the growing opioid epidemic. According to the CDC, the District currently ranks first in all drug overdoses and second in opioid overdose deaths per capita. According to the Office of the Chief Medical Examiner (OCME), in 2022, there were 448 opioid-related fatal overdoses with an average of 27 deaths per month. The OCME also reported that in 2022, 96% of overdoses involved fentanyl, representing a significant increase since 2017. Fentanyl is a powerful synthetic opioid drug that is used medically for pain relief, particularly in cancer patients. It is about 50-100 times more potent than morphine, which means that even a small amount can cause respiratory depression and potentially fatal overdose. Furthermore, OCME reported that 85% of those who died from opioid overdoses in the District were Black residents. As part of the government's response, DBH has increased the availability of naloxone and fentanyl testing strips. Naloxone is available in many pharmacies and locations across the District at no cost to residents. Various agencies and contractors distribute fentanyl testing strips to District residents. The distribution of more than 150,000 naloxone kits has resulted in the reversal of more than 2,600 overdoses in 2022 alone. While the Committee is encouraged by DBH's commitment to addressing the opioid crisis in the District, it is concerned that the FY 2024 proposed budget and the proposed programmatic initiatives are insufficient to meet the need.

The District, like several other states, is expected to receive funds from opioid litigation settlements over the next 18 years. With nearly $50 million in settlement agreements, the District's Opioid Abatement Fund was created in 2022 and is administered by the Office of the Attorney General. The fund is intended to support programs and initiatives that address the opioid crisis in the District. It is a valuable resource that has the potential to make a significant impact on the lives of people at risk of or struggling with opioid addiction. In the District, the use of the opioid

settlement funds is governed by the Opioid Litigation Proceeds Amendment Act of 2022. Under this law, DBH is required to establish an Office of Opioid Abatement, which will work with the Mayor and the DC Council to establish an Opioid Abatement Advisory Commission. The Commission will make recommendations to the Mayor on how to use the funds to support evidence-based and evidence-informed opioid prevention, treatment, recovery, and harm reduction programs.

Most states have already established advisory commissions to begin planning for spending these funds on prevention, treatment, and recovery. The Committee appreciates that DBH has initiated preparations for the establishment of the Office of Opioid Abatement. However, the Committee is concerned about the FY 2024 proposed budget, which appears to wrongfully divert approximately $2 million that is already in the Opioid Abatement Fund to the General Fund. It is important that these funds are utilized for their intended purpose and not diverted to balance the budget or fund unrelated projects. Further, when the Committee asked DBH about its plans to establish the Office of Opioid Abatement, the agency's response implied that this Office would be separate from the State Opioid Response division. The Committee recommends that DBH instead create a unified division to consolidate the agency's work on opioid prevention, treatment, recovery, harm reduction, and research, regardless of funding source. The Committee believes that such an umbrella division will help DBH avoid duplicative initiatives and reduce the number of staff working in siloes. The Committee was not able to restore the swept funds, but it urges the Mayor to make it a priority to locate funding to return the improperly swept funds and to discontinue the practice of diverting the Opioid settlement funds for purposes other than their intended use.

In terms of the Advisory Commission, the Committee encourages DBH to move quickly to identify and nominate members and call the first meeting before the summer. There have been concerns that DBH does not engage stakeholders in the process of developing and implementing their strategic goals around opioids and substance abuse disorder, and this is an opportunity for DBH to improve in this regard. It is important that those with lived experience and those working on the front lines are included in the decision-making process, such as selecting providers, creating new programs, and determining the locations for targeted outreach.

To provide targeted outreach to areas with high drug use, the Committee is proposing a new Budget Support Act subtitle, the "Substance Abuse and Behavioral Health Services Targeted Outreach Pilot Act of 2023." This subtitle would pilot the effectiveness of an influx of direct support, relationship development, and resource brokering for individuals in need of substance abuse and behavioral health services at the following three locations with concentrated outdoor drug use:

1. **The vicinity of the 600 block of T Street, N.W.:** Over the past year, the Office of Ward 1 Councilmember Brianne Nadeau has been coordinating with the Mayor's Office of Neighborhood Engagement, local Advisory Neighborhood Commissions, businesses, residents, Howard University, Cleveland Elementary Schools, and others to address concerns about the T Street Plaza site. The District has tried several deterrents, including fencing off areas and removing furniture, that temporarily address the issue but do not get to the root of the substance abuse and behavioral health issues faced by these individuals.

2. **The vicinity of the 1100-1300 blocks of Mount Olivet Road, N.E.:** The Office of Ward 5 Councilmember Zachary Parker has received several reports of drug use in alleys and abandoned buildings in the vicinity of the intersection of West Virginia Avenue, N.E. and Mount Olivet Road, N.E. Thus far, the District's response has been to increase police presence in the area, but this only provides a temporary solution. There are reports of overdosing in the area and repeated calls for emergency support. Neighbors also report this area is an open drug market for sales.

3. **The vicinity of the 3800-4000 blocks of Minnesota Avenue, N.E.:** The Office of Ward 7 Councilmember Vincent Gray has received numerous concerns from Ward 7 residents about the serious drug use in the 3800-4000 blocks of Minnesota Ave., N.E. Councilmember Gray's office has collaborated with the Department of Behavioral Health (DBH) and community organizations to develop solutions. It is especially concerning that young children and babies are frequently seen in the area with adults who are under the influence or actively using drugs. This underscores the urgent need for intervention and support in the area.

Each of these areas would greatly benefit from consistent and intensive outreach and support to connect individuals with the necessary services and resources and help them enter treatment and recovery. A targeted outreach team could improve access to treatment, provide harm reduction services, and address the root causes of drug use in the area. **The Committee is pleased to accept $200,000 in one-time local funds from the Committee on Public Works and Operations, and proposes an additional $400,000 one-time enhancement to fund the subtitle. In total, the Committee recommends an enhancement of $600,000 in one-time local funds for Program 6500 Adult/Transitional Youth Services, Activity 6513 Substance Use Disorder Treatment Svcs, CSG 50 to fund the Substance Abuse and Behavioral Health Services Targeted Outreach Pilot Act of 2023.**

Saint Elizabeth's Hospital

DBH's FY 2024 proposed budget for Saint Elizabeth's is $102,966,000 representing a $1,347,000 decrease from FY 2023. DBH reports that this decrease is due to the removal of one-time funding for maintenance projects ($1,000,000), salary adjustments, supply costs reductions, and decreases in a range of fixed costs.

Several increases occurred at Saint Elizabeth's due to the impact of COLA, salary adjustments, and step increases. In addition, there were two one-time enhancements that aimed to support inflationary adjustments for patient medication ($704,816) and nutritional needs ($385,050). While the Committee acknowledges that calculating increases for food and prescription drugs can be a complex process that considers various factors such as supply and demand, production costs, government policies, changes in technology, and market competition, it encourages the DBH to provide more detailed and specific information on proposed funding enhancements in the future.

School-Based Behavioral Health Services

The goal of the School Based Behavioral Health (SBBH) program is to provide a diverse range of behavioral health services and resources to students attending public and public charter schools. To ensure the delivery of preventive and early intervention services that are not covered by Medicaid, the DC government decided to cover 50% of a clinician's salary. This funding model is consistent with the funding approach for community-based behavioral health services.

The program categorizes interventions into three tiers, as follows:

- Tier 1 involves mental health promotion and prevention activities for all students.
- Tier 2 comprises focused interventions for students who are at risk of developing behavioral health problems.
- Tier 3 includes intensive supports and treatment for individual students experiencing behavioral health issues.

Proposed FY 2024 SBBH funding includes grants to community-based organizations (CBOs) at the rate of $89,366 per clinician. This is a $19,491 decrease from FY 2023 funding that included a one-time per clinician increase of $28,037 for recruitment and retention bonuses, bringing the total per clinician FY 2023 funding to $108,857. The Mayor's FY 2024 proposed budget includes $8,546 per clinician for recruitment and retention bonuses. The grants provided by DBH do not represent the actual salaries of clinicians. Instead, they reflect DBH's contribution towards non-Medicaid billable services. Clinicians may receive additional compensation through billable services. Please see below a detailed breakdown, provided by DBH, of CBO grant funding per clinician.

Community Based Organization Grant Funding per Clinician			
Funding per Clinician	FY 23	Proposed FY 24	Comments
Salary	$ 63,153.00	$ 63,153.00	Funds prevention and early intervention
Professional development	1,000.00	1,000	Workforce development (licensure fees, exam test prep classes or CEUs)
Supervisory Support	16,667.00	16,667.00	Free supervision hours required for licensure
Core Funding	**$ 80, 820.00**	**$ 80,820.00**	
One-Time Work force Development	28,037.00 *(Local* 19,491.00 *ARPA* 8,546.00)	ARPA 8,546.00	Recruitment and retention bonuses
Total Funding	**$ 108,857.00**	**$ 89,366.00**	

In FY 2024, the Council made a $150,000 enhancement for DBH conduct a study on the actual costs associated with the complete implementation of the SBBH program. DBH has contracted with a consulting company and although study results were due to the Council by

December 31, 2022, the consultants are still collecting data due to initial poor response rate from providers. DBH anticipates that study results will be available in late spring 2023, and thus those findings were not incorporated into the proposed budget.

The Committee heard testimony at performance and budget oversight hearings from public witnesses advocating for additional funding to increase CBO clinician grants. The Committee agrees that adequate clinician compensation is essential to a strong SBBH program, but the Committee decided against recommending an across-the-board increase for FY 2024 because the Committee is confident that vacancy savings in FY 2024 will allow DBH to provide additional CBO grant payments for signing and retention bonuses, as they did in FY 2022 and FY 2023. The 2022-23 school year is projected to end with over 90 clinician vacancies and 73 partnered schools with a clinician vacancy. Due to workforce shortages in the behavioral health field, it is unlikely that all clinician positions will be filled.

The Committee encourages DBH is to explore whether the financial model for the SBBH program should be altered. The model was not designed to fully fund all services provided by CBOs. Initially, DBH anticipated that their grants would cover 50-60% of clinician costs after factoring in Medicaid billing. However, many CBOs face challenges in providing adequate billable services. The findings of the SBBH rate study should help DBH develop a long-term plan for funding the program, as it will not only analyze salary and benefits, but also expenses involved in providing non-billable services like school-wide and small group services.

Instead, the Committee proposes an alternative strategy for increasing access to behavioral health supports in schools. The Committee recommends the inclusion of a subtitle, the School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2023, that aims to address the gap in access to behavioral health services by involving students in the effort. The pilot taps into evidence that suggests that adolescents often seek informal sources of support, including friends, for their behavioral health needs. During the FY 2022 performance oversight hearing, numerous students from the local non-profit, Young Women's Project, shared the results of a survey completed with their peers. The survey found that many of their peers did not know the name of their mental health clinician, and those who did know had little to no contact with them. The students spoke about their mental health struggles and the lack of support they received from their schools. At Bard DC Early College High School, 56% of respondents reported not receiving any mental health and wellness support from their school in the past three months, with only 2.4% responding "often." The pilot aims to increase access to school and community-based behavioral health services for high school students and caregivers, improve students' ability to cope with stress and trauma, educate them on building resilience, reduce stigma around seeking behavioral health services, and enhance student engagement and input into the SBBH program.

Through this pilot program, DBH will award grants to one or two community-based organizations to recruit, train, and supervise at least 100 peer educators, with a preference for programs that partner with SBBH cohort 1 high schools, or those located in Wards 5, 7, or 8. After undergoing comprehensive training on various behavioral health topics, peer educators will be responsible for presenting in classrooms, distributing educational materials, conducting one-on-one sessions with their peers, and sharing information to help students and caregivers connect with SBBH clinicians and other behavioral health staff.

The Committee recommends an enhancement of $325,000 in one time local - appropriated funds for Program 6600 Child/Adolescent/Family Services, Activity 6620 School Based Behavioral Health Services, CSG 50 to fund the BSA Subtitle establishing a School-Based Behavioral Health Student Peer Educator Pilot Program included in Attachment B.

Community Response Team & Children and Adolescent Mobile Psychiatric Service (ChAMPS)

DBH's proposed FY 2024 budget for the Community Response Team (CRT) (6508) is $7,938,000 reflecting a $1,114,000 decrease from FY 2023. The agency reports that the decrease is due to an FTE reduction and a reduction in temporary staff contracts. The CRT provides round-the-clock crisis response services to District residents, including children and youth. In 2021, a partnership launched between DBH and the Office of Unified Communications (OUC), which allowed for rapid response teams in CRT to be dispatched to mental health-related 911 calls instead of automatically deploying police officers. The partnership has faced challenges but has been successful. As a result, residents have been calling on the CRT for assistance, but response times have lagged due to staffing challenges.

The CRT faces significant challenges in retaining and recruiting staff, given the stressful and demanding nature of their work. At the budget oversight hearing, DBH reported that 22 of the 66 CRT positions were vacant. The CRT works directly with MPD and prioritize hiring staff with lived experiences like those of the populations they serve. In FY 2024, CRT will need to recruit staff with experience providing crisis services to children and youth as the team will provide crisis services to children and youth Monday-Friday 8pm-8am and on the weekends. The reason for this change is a reduction in the contract with the Children and Adolescent Mobile Psychiatric Service (ChAMPS) contractor. In winter 2022-23, DBH reduced the contract for ChAMPS by ending weekend hours and evening hours after 8 pm.

The Committee is greatly concerned about DBH's capacity to address crises affecting children and youth. The proposed reduction of $500,000 to ChAMPS in FY 2024 could result in the organization downsizing their deployment teams. This could lead to longer wait times, or even worse, children and families being left without the support they require. This team has encountered challenges retaining and recruiting staff due to the rigorous and demanding nature of their work. However, their role is crucial in addressing the urgent needs of the District's children and families. **As such, the Committee recommends an enhancement of $100,000 in one time local - appropriated funds for Program 6600 Child/Adolescent/Family Services, Activity 6625 Crisis Services, CSG 41 for hiring/retention bonuses for the Child and Adolescent Mobile Psychiatric Service (ChAMPS).** This enhancement will provide funding for $5,000 hiring and retention bonuses in FY 2024 for the staff of the ChAMPs contractor.

Housing & Residential Treatment Facilities

DBH's FY 2024 proposed budget for Housing Support Services is $29,637,000. This reflects a $1,240,000 increase from FY 2023. This will fund independent and supervised housing in the community for 1,685 individuals with severe mental illness. According to budget oversight

prehearing responses, FY 2024 proposed funding also includes an allocation of $11.5 million for the Housing Voucher program, and $18.1 million to support Mental Health Community Residential Facilities (MHCRFs). The Housing Voucher program pays rental subsidies for individuals and heads of households who can live independently in apartments of their choice, with supports provided by service providers to ensure successful housing tenure.

The Committee recognizes that there are issues with MHCRF provider compensation. MHCRFs are facilities that provide congregate, 24-hour supervised living in a homelike setting for mentally ill individuals who require supervision and supports. MHCHRs have not received an inflationary adjustment to their payment amounts for several years. These contractors are not given the opportunity to bid for contracts with their own proposed pricing, and instead, they must choose between accepting the contract rates proposed by DBH or forfeiting payment entirely. This binary choice places an undue burden on the contractors, who may not be able to sustain their operations under these conditions. During the budget hearing, Mark LeVota, Executive Director of the District of Columbia Behavioral Health Association, testified that an estimated $3.3 million would be required to adjust operator payment rates to reflect inflation since the last update. Additionally, he suggested that a greater amount might be necessary to align with the new regulatory performance expectations. The lack of flexibility in payment amounts and bidding processes may also prevent some contractors from offering their services to DBH, thereby limiting the pool of qualified providers.

Individuals in MHCRF’s receive assistance from MHCRF staff with their activities of daily living, medication management, socialization, and supports from service providers to attain and maintain their mental health recovery. Facilities also collect $1,354 of residents’ monthly Supplemental Security Income (SSI) to pay for food, shelter and living expenses. The resident keeps the remaining $100 per month as their personal needs allowance (PNA). The PNA is the portion of a Social Security recipient's benefits that is allocated for personal expenses, such as clothing, hygiene products, and other daily necessities. The Committee is concerned that such a low PNA in a high-cost area such as the District can lead to financial hardship for individuals who rely on Social Security as their primary source of income and is taking steps under DHCF to increase the PNA to $130 for individuals living in Certified Residential Facilities or Assisted Living Facilities. Low PNA can significantly impact the financial stability and well-being of Social Security recipients, making it difficult for them to afford necessities and potentially leading to negative health outcomes.

The Mayor’s FY 2024 proposed budget included a $1,700,000 allocation to support a new, person-centered, intensive housing case management program. At the budget oversight hearing, the Committee learned that DBH is working with the Deputy Mayor of Health and Human Services and the DC Housing Authority to craft a model and protocol for the population this program aims to service. DBH has not provided the Committee with a spend plan for the funding and it appears that the agency is in the early planning stages. The Committee endorses the augmentation of DBH's housing support services, particularly for individuals experiencing challenges living in the community. While the Committee anticipates the development of these plans, it is apprehensive that the agency does not have a clear, well-defined strategy for the program, given the difficulties in hiring personnel in this sector. The Committee believes that it is unlikely that the program will be fully operational until the second or third quarter of FY 2024. **Therefore, the Committee**

recommends a reduction of $873,690 in recurring local - appropriated funds for Program 6500 Adult/Transitional Youth Services, Activity 6507 Housing Support Services, CSG 41 for a partial reduction of the Mayor's enhancement for a contract for which a vendor has yet to be determined.

Mental and Behavioral Health Rate Increase

DBH's FY 2024 proposed budget includes a one-time increase of $24,485,870 to support the local portion of the Medicaid Match for mental and behavioral health services. Considering that DBH did not restore the one-time FY 2023 increase of $6,725,674 for mental health services, that yields an approximate increase of $17,760,000 from FY 2023 to FY 2024. These funds represent only the local dollars devoted to the increased rate for services. Through the Department of Health Care Finance (DHCF), these funds are matched by the federal government under the Medicaid Federal Matching Assistance Percentage (FMAP).

Generally, the FMAP for the District is statutorily set for most enrollees such that DC pays 30% of Medicaid expenditures from local funds, and the federal government matches with 70% of expenditures. During the COVID public health emergency (PHE), there was an enhancement of the FMAP to 76.2%. Over the rest of calendar year 2023, there is a gradual unwinding of the enhanced FMAP(76.2% through March 2023; 75% through June 2023; 2.5% through September 2023 and 71.5% through December 2023). For some enrollees—those enrolled under the Medicaid expansion made possible under the Patient Protection and Affordable Care Act (ACA)—the federal government matches at a rate of 90% and DC pays just 10% for those enrollees. This federal matching means that the $24,485,870 increase in local funds will overall increase the funding for the mental and behavioral provider rate increase by well over $75 million. But only for FY2024.

This large increase in funding for mental and behavioral health provider payments has not been sufficiently supported and justified by either DBH or DHCF. The rate study on which payment rate increases are to be based is not yet complete, and despite multiple requests to see the preliminary results on which the proposed budget was based, the Committee did not receive any additional information on the expected rates. When the Committee requested the current payment rates and the proposed FY 2024 payment rates for the services included under this budget line, all services had a FY 2024 payment rate of "TBD", or to be determined. Further, when asked how the budget was constructed, DHCF stated that "many assumptions are likely to change or be updated."

The proposed rate increase comes while these services are moving from being paid under a fee-for-service model to being carved into the Medicaid managed care organizations (MCOs). Medicaid will pay a capitated rate to the MCOs, and the MCOs will pay out to providers, based on negotiated rates, for any services provided to the MCO's members. A capitated rate is a method of payment used in the healthcare industry, where a healthcare provider is paid a fixed amount per patient, regardless of the services provided. This means that the provider assumes the financial risk of providing care to the patient, as they are paid a set amount per patient, regardless of the actual cost of care. Any update to the fee schedule resulting from the rate study will take time to implement in the MCOs. First, a new underlying fee-for-service fee schedule will be proposed based on the rate study. Then MCOs will have to incorporate those new rates. Finally, the MCOs and DHCF will have to negotiate new capitated rates so that Medicaid adequately pays the MCOs

for the mental and behavioral services. This will involve actuarial studies to determine the appropriate capitated payment rate.

Ultimately, the proposed budget increase has not been supported with data or explanation despite numerous requests from the Committee. The Committee supports increasing the rates for mental and behavioral health services that have not seen a rate increase for several years. However, before budgeting such a large amount of money in a tight fiscal year, the Mayor, DBH, and DHCF must provide full and complete information that went into calculating the amount of money necessary to support a rate increase. The Committee is concerned that the budget is based on preliminary results which have not been shared and cannot be verified. **Therefore, the Committee recommends a reduction of $3,100,000 in one time local - appropriated funds for Program 6500 Adult/Transitional Youth Services, Activity 6515 Behavioral Health Rehab. - Local Match, CSG 50 for a reduction to Mayoral enhancement for the Behavioral Health Rehabilitation Local Match.** This change will leave a $21.4 million increase in local Medicaid funding for behavioral health services, which will be matched with federal funds under the FMAP to yield a total budget increase for mental and behavioral health services over $70 million.

Across the Agency Reductions

The Committee recommends the following reductions in recurring local funds:

- **$32,266** for Program 1800 Behavioral Health Authority, Activity 1889 Legislative and Public Affairs, CSG 40 to eliminate a contract for which a vendor has yet to be determined;
- **$74,944** for Program 6700 Policy, Planning, & Evaluation Admin, Activity 6703 Training Institute, CSG 40 to eliminate a contract for a training consultant for which a vendor has yet to be determined;
- **$26,148** for Program 6500 Adult/Transitional Youth Services, Activity 6513 Substance Use Disorder Treatment Svcs, CSG 40 to eliminate funding for a substance use disorder support contract for which a vendor has yet to be determined;
- **$199,596** for Program 3800 St. Elizabeth's Hospital, Activity 3880 Office Of Chief Clinical Officer-SEH, CSG 40 for a contract without a stated purpose or description, and without a listed vendor;
- **$100,000** for Program 6600 Child/Adolescent/Family Services, Activity 6640 Specialty Services, CSG 41 for a contract for which a vendor has yet to be determined; and
- **$233,824** for Program 6600 Child/Adolescent/Family Services, Activity 6650 Evidence Based Practices (Ebp), CSG 40 for Reduction to contract for evidence-based services and training, aligning to historic spending for this contract at approximately $800,000.

b. Fiscal Year 2024 - 2029 Capital Budget Recommendations

The Mayor's proposed FY 2024 – FY 2029 capital budget request for DBH is $12,100,000. This represents a decrease of $600,000 from the FY 2023 – FY 2028 Capital Plan. The FY 2024 – FY 2029 Capital Plan includes $9,500,000 for the construction of a second Stabilization and Sobering Center; and $2,600,000 for numerous Saint Elizabeth's Hospital projects. Both projects are discussed in further detailed below.

Stabilization and Sobering Center

DBH's FY 2024 proposed capital budget includes $9,500,000 to support the opening of a second Stabilization and Sobering Center (Sobering Center). The Sobering Center will be located at 1338 Park Road, NW. DBH anticipates that the entire allocation will be expended in FY 2024. The Sobering Center will offer behavioral health interventions, referrals for ongoing community care, and medication-assisted treatment to District residents experiencing substance abuse disorders, as well as other behavioral or psychiatric challenges. The Sobering Center will also provide counseling and linkages to long-term community services and supports, including for individuals with co-occurring disorders.

This project includes renovation of 6,900 square feet of the existing FEMS Engine Company 11 building. The facility will be equipped with dormitory space for clients, office space, showers, a kitchen, ambulatory access, parking, observation rooms, and a nurse's station. The Sobering Centers aim to offer an alternative to involving law enforcement or transferring individuals to an emergency department. This can potentially alleviate the burden on hospitals and reduce wait times.

The Committee welcomed the news that a second Sobering Center will be in Ward 1 near the Columbia Heights Plaza, which has experienced significant substance use issues, including multiple overdoses. Columbia Heights has seen a rise in opioid-related overdoses, including fatal overdoses, and the establishment of a Sobering Center will enhance DBH's capacity to transition individuals into treatment and connect them with community resources. The Sobering Center is expected to address concerns raised by community members and business owners regarding drug use and violence in the vicinity.

Although the Committee supports this project moving forward, we join with residents in of Wards 5,7, and 8 to express concern about the lack of focused attention on those areas when it comes to stabilization and outreach. According to a March 2023 report by the DC Office of the Chief Medical Examiner (OCME) on the presence of opioids in deaths observed by the OCM from 2017-2022, overdoses were most frequent in Wards 5, 7, and 8. Several factors contribute to the high rates of opioid use and opioid-related overdoses in these wards, such as poverty, inadequate access to healthcare, and the availability of illegal opioids. The Committee appreciates DBH's efforts to tackle the opioid crisis in these wards and urges DBH to prioritize one of these wards for the location of the next Sobering Center. The Committee also urges DBH to involve community stakeholders, particularly those with lived experience, in selecting a site for a potential third Sobering Center.

The Committee expresses deep concern regarding the shortage of residential treatment beds, particularly for individuals with substance use disorders (SUDs). As more individuals connect with services through the Sobering Centers, it is possible that demand for SUD residential treatment will increase, exacerbating the shortage of available beds. There are several risk and negative consequences to a lack of residential treatment beds such as limited access to treatment, increased overdose deaths, increased strain on emergency services, increased crime and public safety risks, and an increased cost to District's healthcare system. It is essential that DBH prioritize

the availability of treatment options to ensure that individuals have the access to the care they need to overcome addiction and improve their overall health and well-being.

Saint Elizabeth's Hospital

DBH's FY 2024 proposed capital budget includes $2,600,000 for Saint Elizabeth's Hospital facilities projects. DBH reported that many of the FY 2023 and FY 2024 capital budget projects were delayed due to the pandemic and now that circumstances have improved, the agency is able to move the projects forward. These projects include HVAC modernization, flooring upgrades, replacement of furniture, and other small capital repairs and improvements. The Committee proposes no changes to this funding.

3. COMMITTEE POLICY RECOMMENDATIONS

The Committee recommends the agency adopt the following policy changes:

1. Improve the School Based Behavioral Health Program.

The mental health of youth in the District, like youth across the nation, has been declining steadily for over a decade, and the COVID-19 pandemic has exacerbated this crisis. According to the American Psychological Association, more than half of teens reported feeling more stressed, sad, or hopeless, and more lonely as a result of the pandemic. The Office of the State Superintendent (OSSE) 2021 Youth Risk Behavior Survey (YRBS) revealed that a significant percentage of youth in the District reported feeling sad or hopeless for two consecutive weeks, with an increase from 2017. The data on suicide was alarming, with 25% of females and 10% of males in high school reporting that they thought seriously about suicide; and 21% of females and 10% of males reporting that they had a plan. The survey also found increases in disordered eating behaviors among students, and a concerning percentage (28%) of high school students reporting witnessing physical violence in their neighborhood. Additionally, almost a third of male and female students reported being in a physical fight in the past year.

According to YRBS data, student access to school-based supportive adults has declined, and DBH continues to face challenges filling clinician vacancies. As of the 2022-2023 school year, at least 91 clinician positions are expected to remain vacant. Advocates have testified at both performance and budget oversight hearings about the challenges of clinician hiring, including high rates of burnout and competition from other employers.

During the Committee hearing, parents and caregivers expressed their urgent need for behavioral health services for their children. Sharnetta Boone-Ruffin, a board member of Parents Amplifying Voices (PAVE) in Education Ward 8, emphasized the importance of having these services available in schools, stating that:

> By receiving mental health services in school, students will be able to get the necessary mental health help they so desperately need. Receiving services at school will also help the parents/guardians not feel overwhelmed with trying to find their child mental help. Having these available services in the schools gives the student time to embrace, reflect, and use what was learned during sessions.

The Committee has several recommendations for DBH to improve the SBBH program:

- Increase the FY 2024 grants for CBO clinicians based on the rate study recommendations, utilizing savings from clinician vacancies.
- Revise the CBO clinician contracts to include requirements such as:
  - Proactive engagement of students and caregivers, with technical support from DBH if needed.
  - Development of digital materials (e.g. social media, Google Presentations, websites) to provide contact information, office hours, and schedules of available activities.
  - A minimum number of Tier 1 and 2 activities per month.
- Explore options for increasing the number of mental health practitioners in schools, including non-clinical mental health staff for providing Tier 1 and 2 services.
- Develop a plan to better address the behavioral health needs of students of color and girls within the SBBH program.
- Coordinate with DCPS and charter school leaders to provide dedicated spaces for clinicians to meet with students and lead groups that are quiet, comfortable, well-lit, and personalized.
- Improve accessibility to information about services in schools for students and caregivers, including widely sharing the contact information of clinical staff and School Behavioral Health Coordinators.

2. Identify a location in Wards 5, 7 or 8 to establish a third Stabilization and Sobering Center, and ensure that all Centers are developed with community input, are culturally competent, and have resources for community engagement.

In spring 2023, DBH plans to establish the first Stabilization and Sobering Center ("Sobering Center") at 35 K Street, NE. The Sobering Center aims to provide person-centered care and a recovery-oriented alternative to law enforcement response or transfer to an emergency department for individuals under the influence of alcohol or drugs. The Sobering Center will operate 24/7 and serve individuals 18 years or older. It will offer onsite services to screen and assess medical and behavioral health status and address immediate personal needs.

During the performance and budget hearings, the Committee received testimony from witnesses expressing concerns that the Sobering Centers may not offer culturally sensitive services and may not meet individuals where they are, instead requiring individuals to come to them on their own terms. The Committee strongly encourages DBH to engage community stakeholders, particularly those with first-hand experience, in the design of Sobering Center services, and the selection of a third location. As mentioned above, the Committee also urges DBH to prioritize Ward 5,7, or 8 for the location of the next Sobering Center. Stakeholders have expressed concerns about the first Sobering Center being run by an out-of-state contractor. The committee suggests that DBH establish a stakeholder advisory group, including individuals who are already involved in this area of work, such as the DecrimPoverty DC Coalition. This group should review the previous Sobering Center RFP process and ensure that future selection processes for Sobering Centers are more transparent and equitable.

The Committee recommends that DBH prioritize cultural competency training for all staff members, including contractors. Substance use disorders in the District disproportionately affect Black and Brown residents, LGBTQ+ individuals, and people from lower socioeconomic backgrounds. These groups may face additional barriers to treatment, including cultural stigma, discrimination, or language barriers, which can impact their access to care and the effectiveness of treatment. Cultural competency training can help treatment center staff members understand and address these barriers by providing them with the tools to effectively communicate with and treat patients from diverse backgrounds. The Committee also recommends that, as DBH prepares to launch its first Sobering Center and plans for additional centers, it should implement a community engagement strategy to enhance decision-making, establish trust and credibility, and garner support for the Sobering Centers. During both budget and performance oversight hearings, the Committee heard testimony from numerous witnesses about growing interest in the establishment of harm reduction centers in the District. Harm reduction centers are facilities that provide services and resources to individuals who use drugs and operate under the principle that drug use is a complex health issue that requires a comprehensive and compassionate approach and seek to reduce the harms associated with drug use while respecting the dignity and autonomy of individuals who use drugs.

Tamika Spellman, Policy and Community Engagement Manager with HIPs shared her concerns regarding the Sobering Center model: "[E]veryone who uses substances is not experiencing chaotic using behaviors and 'sobering up' does not stop people from dying, reversing, or preventing an overdose. Providing drug checking services does, which the sobering center does not do, and will never do…Is the point of this place to save lives or make it look like we are?" The Committee strongly encourages DBH to consider various approaches, including the harm reduction center framework, when developing their plans for establishing additional Sobering Centers.

3. *Expedite the establishment the Office of Opioid Abatement and establish a unified DBH division to consolidate opioid prevention, treatment, recovery, harm reduction, and research programs and services, regardless of funding source.*

The District, like several other states, is expected to receive funds from opioid litigation settlements over the next 18 years. With nearly $50 million in settlement agreements, the District's Opioid Abatement Fund was created in 2022 and is administered by the Office of the Attorney General. The fund is intended to support programs and initiatives that address the opioid crisis in the District and it will be a valuable resource in making a significant impact on the lives of people at risk of or struggling with opioid addiction. DBH is required to establish an Office of Opioid Abatement, which will work with the Mayor and the DC Council to establish an Opioid Abatement Advisory Commission, and the Commission will make recommendations to the Mayor on how to use the funds to support evidence-based and evidence-informed opioid prevention, treatment, recovery, and harm reduction programs.

As mentioned above, the Committee recommends that DBH continues with its plan to quickly establish the Office of Opioid Abatement and collaborate with the Commission to oversee the grant process for the use of opioid abatement settlement funds. Although funding was not included in the FY 2023 budget, DBH plans to allocate a portion of the deposited settlement funds

to establish the office. The Committee encourages DBH to move quickly to identify and nominate members and call the first meeting before the summer. There have been concerns that DBH does not engage stakeholders in the process of developing and implementing their strategic goals around opioids and substance abuse disorder, and this is an opportunity for DBH to improve in this regard. It is important that those with lived experience and those working on the front lines are included in the decision-making process, such as selecting providers, creating new programs, and determining the locations for targeted outreach.

The Committee is pleased to learn that DBH plans to dedicate staff to set up the office while they hire staff. However, the Committee expresses concern that establishing an office with separate staff from existing programs could result in a disjointed DBH opioid response. Therefore, the Committee urges DBH to reorganize its opioid response divisions to ensure that staff work together in a way that minimizes duplication of work. This could be achieved by creating cross-functional teams or consolidating teams or staff.

4. *Increase the District's resources and efforts to support individuals struggling with gambling addiction by partnering with gambling addiction organizations to develop a comprehensive plan for addressing problem gambling in the District.*

In 2018, the Council allocated the first $200,000 in revenue from legalized sports betting in the District to fund programs through the Department of Behavioral Health (DBH) aimed at preventing, treating, and researching gambling addiction. However, the DBH's proposed FY 2024 budget did not include the $200,000 that was allocated for Gambling Addiction Treatment and Research in FY 2022 and FY 2023. According to the National Council on Problem Gambling (NCPG), this decision leaves the District as the only state that does not dedicate funds for problem gambling, while neighboring Maryland and Virginia each spend over $2 million on gambling addiction resources.

The NCPG estimates that between 12,000 and 15,000 District residents currently suffer from gambling addiction, which can affect anyone regardless of age, gender, race or socioeconomic status. Several factors increase a person's risk of developing gambling problems, such as a history of trauma or abuse, stressful life events, or a history of other mental health problems like depression, anxiety, or substance abuse. Problem gambling can devastate an individual's life, affecting their finances, relationships, and mental health. In 2022, the NCPG received 4,892 calls from numbers with a 202 area code to their hotline, representing a 35% increase over 2021.

In FY 2022, DBH released a solicitation for a contractor to develop and implement a comprehensive prevention, treatment, and recovery program for problem gambling. However, a contractor was not selected, and the funding went unused. The DBH has indicated that they can support treatment for gambling disorders through existing mental health services and resources, but the Committee recommends that the DBH identify providers with a strong track record of supporting individuals with gambling disorders.

The Committee is encouraged by the DBH's confidence that their existing provider network has the capacity to address the needs of individuals struggling with gambling disorders, but they

are concerned that there are significant barriers preventing those suffering from gambling addiction from accessing support and resources. For instance, the DBH website lacks information on gambling addiction, and internet searches do not provide any District resources.

The Committee urges DBH to partner with gambling addiction organizations like the NCPG to create a plan to educate the public, including children and youth, about problem gambling, provide support for problem gamblers, and support research on problem gambling.

5. Provide targeted support and programming for youth experiencing homelessness.

The Committee heard from witnesses during this year's performance and budget hearing about the challenges that youth experiencing homelessness face when accessing the District's behavioral health services and programming. These challenges include a lack of culturally competent staff and the issue of youth being assigned behavioral health services in wards that differ from their place of residence. According to the Youth Economic Justice and Housing Coalition (YEJHC), led by DC Action: "Youth experiencing or at risk of homelessness have higher rates of mental health issues including suicide, depression, anxiety, and conduct disorders than those in stable homes. Lack of access to behavioral health care further complicates most individuals' ability to seek treatment. Increasing access to mental health supports will save lives." The Committee was pleased to learn that in the past year, DBH and the YEJHC held quarterly meetings, and youth homelessness providers met with DBH staff to educate them on how District youth experiencing homelessness can access behavioral health services and programs. The Committee hopes that this partnership will continue and that their collaborative efforts will result in improvements to access and quality of services for youth experiencing homelessness.

To further improve access to services for youth experiencing homelessness, the Committee recommends that DBH continue to collaborate with homelessness providers and the YEJHC to identify gaps in service access and create a comprehensive plan for servicing this population. Specifically, the Committee recommends exploring the creation of a traveling behavioral health unit staffed by culturally competent clinicians trained in trauma-informed care that would rotate among the District's youth homelessness service programs. This approach would increase access to services for this vulnerable population, particularly those who may face barriers to accessing traditional brick-and-mortar clinics due to transportation or other issues.

6. *Provide improved support and resources to those suffering from hoarding disorder.*

The Committee recommends that DBH develop a comprehensive plan to improve services for individuals with hoarding disorders (HD). According to the International OCD Foundation, it is estimated that between 2% and 6% of the population may suffer from hoarding disorder. Individuals suffering with HD often suffer from stigma that can make it difficult to access the help they need. HD can lead to social isolation, financial problems, and even health problems.

HD disproportionately affects the elderly for several reasons. Firstly, as people age, they tend to accumulate more possessions over time, which can lead to difficulty in letting go of items due to sentimental attachment or perceived value. Also, the loss of loved ones or social connections, as well as physical limitations, can lead to social isolation, loneliness, and a lack of

purpose, causing some individuals to fill the void by collecting objects. Thirdly, age-related cognitive decline, such as memory impairment or decision-making difficulties, can also contribute to hoarding behaviors. Finally, traumatic experiences or significant life events, such as the loss of a spouse, can trigger hoarding behaviors as a coping mechanism, and these events may become more common as people age.

HD can lead to behaviors that put the individual suffering from HD and their family and neighbors at risk of fire-related injury and damage. Individuals suffering with HD often accumulate combustible materials such as paper, cardboard, and other debris that can quickly fuel a fire. Additionally, cluttered and obstructed pathways can impede escape routes and hinder firefighters' access to the building in the event of a fire. The Committee recommends developing resources around fire safety and prevention for people suffering from HD. The materials could be distributed to individuals with HD, their families, and their caregivers, as well as to FEMS first responders.

DBH's plan for addressing HD should also prioritize increasing awareness and education of HD, including the provision of education and training opportunities for mental health professionals and other service providers. This can be accomplished through public education campaigns, professional training workshops, and other outreach efforts. By prioritizing education and prevention efforts, DBH can improve services for individuals with HD, reduce the risk of fires, and promote a safer and healthier environment for all DC residents.

To ensure individuals with HD receive timely and appropriate care, it is also essential to improve coordination between the Department of Aging and Community Living (DACL) and DBH since HD disproportionally affects the elderly, as mentioned above. The Committee recommends developing clear protocols for identifying and referring individuals with HD between the two agencies. This may involve cross-training staff to promote collaboration and ensure that staff have a shared understanding of HD and the services available to support individuals with this condition.

D. DEPARTMENT OF HEALTH CARE FINANCE (HT0)

1. AGENCY MISSION & 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. DHCF provides health care services to low-income children, adults, the elderly, and persons with disabilities. More than 315,000 District of Columbia residents (approximately 45% of all residents) receive health care services through DHCF's Medicaid and Alliance programs. DHCF strives to provide these services in the most appropriate and cost-effective settings possible.

DHCF operates through the following 9 divisions:

Health Care Delivery Management (HCDM) – ensures that quality services and practices pervade all activities that affect the delivery of health care to beneficiaries served by the District's Medicaid, Children's Health Insurance Program (CHIP), and Alliance programs. HCDM accomplishes this through informed benefit design; use of prospective, concurrent, and retrospective utilization management; ongoing program evaluation; and the application of continuous quality measurement and improvement practices in furnishing preventive, acute, and chronic/long-term care services to children and adults through DHCF's managed care contractors and institutional and ambulatory fee-for-service providers.

This division contains the following 5 activities:

- Managed Care Management
- Preventive and Acute Care (Children's Health Services)
- Division of Quality and Health Outcomes
- Division of Clinicians, Pharmacy and Acute Provider Services
- Health Care Delivery Management Support Services

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
- Oversight
- Operations
- Intake and Assessment

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)
- Data Analysis (Division of Analytics and Policy Research)
- Member Management (Eligibility Policy)
- Health Care Policy and Planning Support (Health Care Policy and Research Support)

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
- Project Management
- Organizational Change
- Information Technology

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
- Medicaid Public Provider Payment
- Alliance Provider Payment

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)
- Division of Public and Private Provider Services
- Health Care Operations Support (Health Care Operations Support Services)

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
- Health Care Reform and Innovative Support Services

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

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

2. COMMITTEE BUDGET RECOMMENDATIONS

MAYOR'S FISCAL YEAR 2022 – 2024 OPERATING BUDGET SUMMARY

Description	*FY 2022 Actual*	*FY 2023 Approved*	*FY 2024 Proposed*	*% Change from FY 2022*
Department of Health Care Finance				
Operating Budget	$4,114,139,588	$3,736,526,743	$4,294,961,514	14.9
FTEs	268.3	378.8	366.6	-3.2
Capital Budget	$72,105,406	$127,675,000	$126,560,810	-0.9
FTEs	0.0	0.0	0.0	N/A

COMMITTEE COMMENTS AND ANALYSIS

Medicaid Enrollment and Provider Payments

The Committee has worked closely with the agency to understand the implications of the end of the Medicaid continuous enrollment requirement under the federal COVID public health

emergency on projected Medicaid enrollment and the FY 2024 Medicaid budget. This section describes the process of unwinding from the PHE but does not propose any changes to the budget as proposed.

Key to understanding DHCF's FY 2024 proposed budget is understanding the change in the FY 2023 approved budget to actual spending. The FY 2023 budget was approved with the assumption that the federal COVID public health emergency (PHE) would conclude prior to the start of FY 2023. Therefore, DHCF believed that Medicaid-related expenses would return to pre-PHE status. During the PHE, there was a rule requiring continuous coverage under Medicaid so that there were very few ways that an individual could lose their Medicaid coverage (e.g., death, moving out of state, or enrollee requests coverage be terminated). Over the course of the PHE, Medicaid enrollment grew in the District by approximately 20%. The FY 2023 budget assumed that the enrollment numbers would decrease to approach pre-PHE numbers before the start of FY 2023, but due to continuation of the PHE and subsequent legislation that decoupled the end of the Medicaid continuous enrollment from the PHE, that process did not start until April 1, 2023. This resulted in increased actual expenditures and is projected to continue at a level higher than budgeted through the rest of FY 2023.

This increased enrollment was partially offset by an enhanced federal matching percentage. Generally, the District's Federal Matching Assistance Percentage (FMAP) is statutorily set at 70% such that local funds are used to pay for 30% of Medicaid spending and federal funds pay 70%. However, under the Families First Coronavirus Response Act (FFCRA) of March 2020, the FMAP was enhanced to 76.2% for the duration of the PHE. The FY 2023 budget anticipated returning to the 70% rate, but it has stayed at 76.2% and due to changes in the omnibus spending bill of 2022, will gradually wind down for the remainder of calendar year 2023 (76.2% through March 2023; 75% through June 2023; 72.5% through September 2023; and 71.5% through December 2023).

Thus, although the FY 2024 proposed budget appears to show an operating budget increase of 14.9%, or approximately $558 million, from the FY 2023 approved budget, this proposed budget is actually a decrease from the actual amount projected to be spent in FY 2023 of approximately $4,132,000,000 as of December 31, 2022. This updated projection is approximately $855 million over the FY 2023 approved budget amount.

DHCF has produced the State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions in line with requirements from the Centers for Medicare & Medicaid Services (CMS).[5] Per CMS guidance, DHCF will spread the total District Medicaid population recertifications across 12 months such that the portion of enrollees being recertified in a month never exceeds 1/9 of the total enrollees. DHCF has structured the plan such that there is a two-month ramp-up period with a lower percentage of enrollees being recertified and then conducting a larger share in months three through eight.

[5] DHCF. "State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions." The Department of Health Care Finance. *Available at*: https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/images/DCStateRenewalDistributionPlan%20%281%29.pdf (accessed Apr. 25, 2023).

As recertifications continue, Medicaid enrollees who are no longer eligible under the program requirements will have their coverage terminated and will have to find health insurance coverage elsewhere. While Medicaid enrollment numbers increased by approximately 20% during the PHE, DHCF estimates that the final enrollment after all recertifications have been completed will decrease by between 10-20%. As enrollment decreases over time, Medicaid expenditures should similarly fall over time.

By contrast, as enrollment falls, the enhanced federal contribution under the FMAP will also decrease over time. This decrease in federal funding will require an increase in local funding. So, as overall enrollment falls over time, the local share of expenditures will increase over time.

Alliance Provider Payments

Contrary to the delay of recertifications in the Medicaid program, recertifications for enrollees under the Alliance program resumed July 2022. This has led to a significant reduction in Alliance enrollment, which in turn has contributed to a significant decrease in expenditures for Alliance provider payments. The approved FY 2023 budgeted amount was approximately $30 million less than the actual amount spent in FY 2022. Even with the decrease in budget, FY 2023 expenditures are projected to be approximately $10 million less than the budgeted amount according to DHCF's pre-hearing responses. This contributed to the FY 2024 proposed budget which reflects a $10 million decrease compared to the FY 2023 approved budget amount.

a. Fiscal Year 2024 Operating Budget Recommendations

The Mayor's FY 2024 proposed operating budget for DHCF is $4,294,961,514, which represents an 14.9% increase in operating funds, compared with the approved FY 2023 budget. This is largely due to updated projections for Medicaid expenditures resulting from the delay in resuming recertifications. Other large budget factors include enhancements for information technology services for the DC Access System and accounting services to conduct a set of mandatory provider audits. The funding supports 366.6 Full-Time Equivalents (FTEs) at DHCF, a 3.2% decrease from the FY 2023 approved level.

DC Access System

The DC Access System (DCAS) is an information technology system intended to unify and streamline the application process for public benefits. It is a rules-based engine that standardizes eligibility decisions based on policies, federal and local laws, and compliance requirements. The goal is to provide a single access point for individuals to all public benefits available in the District.

DCAS first went online in October 2013. A second release went online in October 2016, and the final phase three release went online in 2021. Over the past decade of implementation, DCAS has received more than $600 million in budget allocation, according to testimony provided by Director Wayne Turnage at the budget oversight hearing.

The Committee has concerns about the DCAS program overall. These concerns were echoed by the Director Turnage. When asked in the budget oversight hearing whether DCAS was working as it was originally intended, he answered with a simple, “No.”

The question for the Committee, then, is how to bolster the system so that it delivers the best service possible while preserving the public’s resources and not sending budget dollars to a program that is not working as intended. According to DHCF’s post-hearing responses, approximately 326,000 residents are processed through DCAS each year for benefits including the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), the Alliance, the Immigrant Children’s Program, and Medicaid. With a budget of $80,310,000, that calculates to more than $245 per individual who is processed through DCAS. That money supports only the application process and eligibility review. None of that roughly $245 per individual applicant goes to the actual benefits provided to beneficiaries.

At the budget oversight hearing, DHCF pointed to two operational changes that it expects to improve efficiency. There is a $4.3 million enhancement in the Mayor’s proposed budget for information technology management to onboard a technical operations and maintenance vendor who will be responsible for maintaining all IT aspects of DCAS. This will shift the operations and maintenance from in-house contractors to an external vendor.

DHCF claims that these new investments will improve services and make the program more efficient. However, the budget increase is attributed in each case to two quarters of overlap in which DHCF will be paying for both the current contractors to be performing the services and also the new vendors. While the Committee recognizes the importance of a smooth transition and appreciates DHCF’s commitment to not having any breaks in service, this overlap is overly long and overly costly. The Committee believes that six months of complete overlap is excessive.

The Committee believes that one quarter, or three months, of overlap between the outgoing staff and incoming vendor is sufficient to ensure a smooth transition to the new service vendors. **The Committee therefore sweeps a total of $3,355,849 in recurring local funds from the DCAS budget in Program 300A, DCAS Program Management Administration, Activity 340A Information Technology Management: a $1,495,456 reduction from CSG 70 for IT equipment; and a $1,860,393 reduction in from CSG 41 for IT contracts** to reflect the cost savings from reduced redundancy of service during the vendor transition. This change will leave DCAS with more than $51.7 million in the budget for information technology management and provides an increase in the budget over the FY 2022 amount actually spent and the FY 2023 approved budget.

Infertility Treatment Services

The Expanding Access to Fertility Treatment Amendment Act of 2023 will require individual and group health plans to cover diagnosis and treatment of infertility including in vitro fertilization (IVF) services and will require Medicaid and Alliance to cover diagnosis and medication treatment of infertility. Additionally, the Act requires DHCF and the Medicaid program to work with CMS to understand the options and opportunities to expand Medicaid and Alliance coverage to cover all infertility services including IVF and fertility preservation services.

Infertility is a prevalent issue affecting thousands of people nationally and in the District. According to the National Institutes of Health, about 9% of men and 11% of women of reproductive age in the U.S. experience fertility challenges.[6] Despite affecting approximately one out of every ten individuals, health insurance companies provide less coverage and financial support for infertility conditions than they do for other types of medical conditions. This is severely limiting because the cost of diagnosis and treatment is such that treatment becomes financially infeasible for many individuals seeking fertility services. The average cost of a single IVF cycle in the District ranges from $10,500 to $12,625 depending on the clinic.[7] Approximately 80% of people who underwent IVF fertility treatments in 2018 had hardly any or no insurance coverage at all.[8]

This Act will begin to turn the tide on costs prohibiting many individuals experiencing fertility challenges from accessing fertility treatments. In the private insurance market, coverage will expand to include the full suite of fertility treatments including IVF. In the Medicaid and Alliance programs, the District will match New York state with the most comprehensive coverage for diagnosis of infertility and treatment with medication approved for such purpose. Medicaid and Alliance will not be required to cover IVF and fertility preservation services under the Act, but the bill requires DHCF to explore potential pathways to expand Medicaid and Alliance coverage to include these additional fertility services to have parity across all insurance providers.

The Council hosted a public hearing on this legislation on October 24, 2022, and the two Committees to which it was referred plan to host markups soon. To implement this Act, the Committee recommends the following enhancements to Program 5000 - Health Care Finance under CSG 50:

- $17,000 in recurring local funds for Activity 5003 – Alliance Provider Payments, for Alliance fertility diagnosis services
- $69,000 in recurring local funds for Activity 5003 – Alliance Provider Payments, for Alliance ovulation enhancing drugs
- $211,000 in one-time local funds for Activity 5003 – Alliance Provider Payments, for Alliance ovulation enhancing drugs
- $97,000 in recurring local funding for Activity 5001 – Medicaid Provider Payment, for Medicaid ovulation enhancing drugs
- $306,000 in one-time local funds for Activity 5001 – Medicaid Provider Payment, for Medicaid ovulation enhancing drugs
- $904,000 in recurring federal Medicaid payments for Activity 5001 – Medicaid Provider Payment, for Medicaid ovulation enhancing drugs

[6] National Institutes of Health. "A to Z Fact Sheets: Infertility and Fertility." National Institute of Child and Human Development. *available at*:. https://www.nichd.nih.gov/health/topics/factsheets/infertility (accessed Apr. 24, 2023).
[7] IVF Options. "D.C. Fertility Clinics." *available at*: https://ivfoptions.com/d-c/d-c-d-c/ (accessed Apr. 24, 2023).
[8] FertilityIQ, "2021 FertilityIQ Workplace Index." *available at*: https://www.fertilityiq.com/topics/fertilityiq-data-and-notes/fertilityiq-workplace-index (accessed Apr. 24, 2023)

The Committee also transfers $50,000 to the Committee on Business and Economic Development for the Department of Insurance, Securities, and Banking to conduct an actuarial assessment in Program 2000 - Insurance, Activity 2080 - DC Market Operations Insurance, CSG 0041 - Contractual Services-Other.

Personal Needs Allowances

The PNA is the amount of monthly income a Medicaid-funded resident of a nursing home, intermediate care facility, assisted living facility, or certified residential facility can keep of their personal income. This is generally a portion of the social security benefit that the individual is permitted to keep with the remainder going toward funding the facilities services provided to the individual. These funds can be used for any personal expenses not covered by Medicaid such as haircuts, clothing, entertainment, dining out, gifts for friends or family, or personal snacks.

In her FY 2024 proposed budget, the Mayor drew attention to personal needs allowances (PNA) by devoting approximately $745,000 to increase the PNA for individuals with disabilities through the Department of Disability Services. Further, as of February 1, 2023, all PNAs for Medicaid enrollees were set at $100.

Prior to February 2023, residents of assisted living facilities and certified residential facilities had a PNA of $100, while residents of intermediate care facilities for individuals with intellectual disabilities (ICF/IID) and nursing facilities had a PNA of $70. The Committee heard testimony from public witnesses and in meetings with advocates from the long-term-care community that the higher PNA reflected the disparate level of independence between the facilities. While nursing facilities and ICF/IIDs provide almost all of the needs for residents, residents of assisted living facilities or certified residential facilities are more independent and have more ability to engage in life outside of the facility. Along with that independence comes additional costs of activities, goods, and services.

The Committee supports the increase to $100 for the PNAs of nursing facility residents and ICF/IID residents. The Committee believes $100 is still insufficient for Medicaid beneficiaries in all of these settings and will continue working with DHCF to enhance the PNA across the board. However, given the realities of budget constraints for FY 2024, the Committee is focused on increasing the PNA for residents of assisted living facilities and certified residential facilities to reflect their greater independence and higher costs of living. T**he Committee therefore increases the DHCF budget by $269,280 in recurring local funds at Program 5000 - Health Care Finance, Activity 5001 - Medicaid Provider Payment, CSG 50, for the purpose of increasing the PNA for residents of assisted living facilities and certified residential facilities to $130.**

Diaper Bank

The Greater DC Diaper Bank provides a critical source for basic baby needs and personal hygiene products across the District. The Diaper Bank distributes approximately 11 million diapers each year along with period products, baby formula, and wipes. At the budget oversight hearing, Corinne Cannon, the executive director of the Diaper Bank, testified that 63% of participants say they have chosen between diapers and other family necessities like utilities, food, transportation,

or rent. Rationing diapers so that the baby is changed less often than she should be leads to infection, rash, discomfort, and other health issues. While $100,000 of the grant money is recurring, $400,000 of one-time funding was not restored in the Mayor's FY 2024 proposed budget. The Diaper Bank stated that with the full $500,000 grant, they could serve over 15,000 families in DC in FY 2024. **Therefore, the Committee increases the DHCF grants budget by $400,000 in recurring local funds for Program 8000 - Health Care Reform and Innovation, Activity 8002 Affordable Care Reform and Grants Dev., CSG 50, to restore the full $500,000 grant funding for the Diaper Bank.**

Produce Rx

The Committee is pleased to see that the Mayor's FY 2024 proposed budget maintains $500,000 for the Produce Prescription Program (Produce Rx). This grant program, currently awarded to DC Greens, and has expanded to serve 1,319 adults and 898 children in the District annually. Produce Rx enables medical professionals to prescribe fresh fruits and vegetables to low-income patients experiencing or at risk of diet-related chronic illness. Analysis of the program has demonstrated that many participants reported lower body mass index (BMI), and the majority of participants reported improved relationships with their health care provider. This program is one of a suite of locally-funded healthy food access programs aimed at improving health outcomes through incentives to purchase nutritious food, such as Produce Plus, Healthy Corners, and Joyful Food Markets, all of which fall in the DC Health budget. **The Committee supports Produce Rx and encourages the agency also to explore options for funding programs like this through Medicaid (see Policy Recommendation 1 below).**

First-Time Mother Home Visiting

In prior years, home visiting programs for new mothers have received grants through DC Health. The Mayor did not propose to continue funding the portion of the home visiting grant under DC Health that is specific to a home visiting program for first-time mothers who are eligible for Medicaid. The Committee believes that the nurse home visiting program for first-time mothers is an important part of improving maternal health outcomes in the District. Further, the Committee understands that the current provider under the grant program is fully operational and would like additional time and resources to build evidence of effectiveness of the program in the District. The Committee is choosing to locate the enhanced grant funding in DHCF rather than DC Health because, as described in Policy Recommendation 1 below, the Committee believes that DHCF should work to incorporate the home visiting program for first-time mothers into a Medicaid State Plan Amendment so that it can receive Medicaid funding.

Therefore, the Committee accepts $225,000 in one-time local funds from the Committee on Public Works and Operations and increases the DHCF budget by $225,000 for Program 8000 - Health Care Reform and Innovation, Activity 8002 - Affordable Care Reform and Grants Dev., CSG 50 for a grant to support a home visiting program for first-time mothers eligible for Medicaid as described in the BSA subtitle, the First-Time Mothers Home Visiting Program Amendment Act of 2023.

DHCF Reporting Requirements

The Committee is funding a subtitle that would require the Director of DHCF to file reports to the Council regarding payment pathways for certain services under Medicaid. The required reports include one on payment pathways for medical respite care for individuals experiencing homelessness, a report on value-based purchasing under Medicaid MCOs, and quarterly reporting of certain MCO metrics including enrolled beneficiaries, number of beneficiaries without a primary care physician, and utilization metrics.

These new reporting requirements are similar to prior reporting requirements that were tied to funding for grant programs in previous fiscal years. The present subtitle would separate the reporting requirement from any grant programs. Medical respite care provides acute and post-acute care for individuals experiencing homelessness who are not able to recover from physical illness or injury living on the streets but who are not ill enough to warrant an inpatient stay in the hospital. Medical respite care provides short-term residential care so that individuals have the opportunity to rest and recover in a safe environment with supportive medical care and other services. Not only is medical respite care pivotal for the individual patients, but it can alleviate a burden on the health care system. The Committee has heard from several District hospitals who have provided care to individuals experiencing homelessness and encountered challenges when preparing the individual for discharge. When the individual no longer requires inpatient level of care but is unable to be discharged to a safe location for recovery, the hospital is left to provide additional services beyond the level of intensity the individual requires. This is an inefficient drain on our health care resources. This report will support efforts to provide medical respite care for individuals experiencing homelessness.

The MCO reports are important for understanding how the MCOs are providing value to the Medicaid program. First, the report on value-based payment models will shed light on the current efforts to align financial incentives and accountability with the total costs of health care. Additionally, the MCO information will provide data evidence showing whether MCO case management services are effective. MCOs are expected to connect all enrollees with primary care physicians, and this report will show whether that is in fact happening. Additionally, the emergency department utilization data for MCO enrollees will highlight whether the MCOs are effectively managing cases to avoid use of emergency services.

The Committee therefore increases the DHCF budget by $55,000 in one-time local funds for program 3000 - Healthcare Policy and Planning, Activity 3010 - Health Care Policy and Planning Support, CSG 41, to fund the FIS for the BSA subtitle to complete the reports.

b. Fiscal Year 2024 - 2029 Capital Budget Recommendations

The Mayor's FY 2024 – FY 2029 proposed capital budget for DHCF is $126,560,810. This represents a decrease of 0.9% from the FY 2023 – FY 2028 Capital Plan. The FY 2024 – FY 2029 Capital Plan includes moving the money allotted to the construction of Cedar Hill Medical Center up one year from FY 2025 to FY 2024. This project is discussed in further detail below.

Cedar Hill Medical Center GW Health (Saint Elizabeth's Medical Center)

DHCF works in tandem with the Department of General Services (DGS) to oversee the construction of a new full-service hospital and ambulatory care center at Saint Elizabeth's to improve health care and address inequalities in health access and outcomes. The facility will have 136 beds with the capacity to expand to an additional 48 beds and will be operated by Universal Health Services and George Washington Health.

The Mayor has proposed to move $10,000,000 of capital funding up from FY 2025 to FY 2024. The construction of Cedar Hill Medical Center has encountered cost increases due to inflation in the construction sector, but DHCF and DGS have managed to keep inflation lower than the national average. Additionally, supply chain challenges for large medical equipment has necessitated entering orders a year earlier than originally planned. The project has also obtained private funding to construct an additional floor on the Medical Center that will be an adaptable shell so that the floor can be developed in the future in accordance with the needs of the hospital. The Committee supports this move to ensure the Medical Center opens on time.

3. COMMITTEE POLICY RECOMMENDATIONS

The Committee recommends the agency adopt the following policy changes:

1. *Incorporate Medicaid State Plan Amendments and apply for waivers under section 1115 or 1915 of the Social Security Act to expand Medicaid coverage for additional support services.*

Evidence-Based Home Visiting: The Committee has supported home visiting services for expecting mothers through early childhood under grants from the Department of Health for years. These programs help families provide a nurturing, healthy environment for both the baby and mother. Over the last few years, at least 20 states have added evidence-based home visiting programs and services to their Medicaid coverage through State Plan Amendments. The Committee encourages DHCF to submit a State Plan Amendment to add evidence-based home visiting programs to Medicaid coverage in time for appropriate funding to be allocated for FY 2025. Along with a general effort to expand such coverage, DHCF should provide guidance to providers about qualifying as an evidence-based program. Further, DHCF should work with providers and programs to bolster their evidence by providing grants and technical assistance so that those programs delivering quality care can develop their evidence to qualify for Medicaid funding in the future.

At the budget oversight hearing, Medicaid Director Melisa Byrd indicated that home visiting programs should engage with Medicaid MCOs directly to obtain coverage under those plans. Although the Committee agrees that these programs should do outreach with the MCOs, the Committee believes that DHCF and the Medicaid program should implement formal policy through the State Plan Amendment to ensure coverage for these programs and services across all MCOs and fee-for-service Medicaid.

Violence Interruption Programs: Some violence interruption activities undertaken by the Mayor through the Deputy Mayor for Public Safety and Justice, Office of Neighborhood Safety

and Engagement, Office of the Attorney General, Office of Victim Services and Justice Grants, and other agencies likely qualify for Medicaid reimbursement. The Committee encourages DHCF to apply for any waivers necessary and to offer State Plan Amendments as appropriate to cover these programs through Medicaid. At the budget oversight hearing, DHCF stated they are in discussions with the Office of Neighborhood Safety and Engagement about what violence interruption services currently funded by the District could be covered under Medicaid. We urge DHCF to continue collaborating across the government to secure Medicaid funding for these activities.

Medically Tailored Meals: Under this program, medically tailored meals are delivered to individuals with severe illness as prescribed by a medical professional or healthcare plan. The meals are designed according to tailored recommendations by a registered dietitian nutritionist to address the individual's nutritional needs and improve health outcomes. Participation in a medically tailored meals program is associated with fewer hospital and nursing home admissions and with lower overall medical utilization and spending. The Committee urges DHCF and Medicaid to expand coverage for medically tailored meals so that individuals who need the nutrition support can receive the prepared meals to improve their health conditions.

Medical Respite Care for Individuals Experiencing Homelessness: Medical respite care provides acute and post-acute care for individuals experiencing homelessness who are not able to recover from illness or injury while unhoused, but who are not ill enough to warrant an inpatient stay in the hospital. Medical respite care provides short-term residential care so that individuals experiencing homelessness have the opportunity to rest and recover in a safe environment with supportive medical care and other services. Not only is medical respite care pivotal for the individual patients, but it can alleviate a burden on the health care system. The Committee has heard from several District hospitals who have provided care to individuals experiencing homelessness and, when the individual no longer requires inpatient level of care but has no safe location for recovery, the hospital is left to provide additional services beyond the level of intensity the individual requires. This is an inefficient drain on our health care resources. The Committee therefore urges DHCF to expand Medicaid funding to support medical respite care for individuals experiencing homelessness so that individuals have a safe location to which they can be discharged to receive care and supportive services while they recover.

2. *Explore opportunities to provide long-term care bed placements for Alliance members to be discharged after hospital stays.*

The need for long-term care bed placements for Alliance members echoes the need for medical respite care for individuals experiencing homelessness. Currently, Alliance does not reimburse providers for long-term care stays. When a hospital treats an Alliance member, they may reach a point where the individual no longer needs the hospital inpatient level of care and could safely be discharged to long-term care such as in a skilled nursing facility. However, because Alliance does not pay for these services, the hospital is not able to discharge the patient to such a facility. The result is that the hospital must continue to provide care in the inpatient setting which is beyond the level of intensity needed by the patient. The result is a waste of health care resources and a burden on the hospitals. Members of the DC Hospital Association have cited examples of patients with hospital stays longer than 300 days because of this discharging challenge. The Committee urges DHCF to work with hospitals and long-term care providers like skilled nursing

facilities to ensure there are places for Alliance members to be discharged to and that there is appropriate reimbursement for those services.

3. *Expand Medicaid eligibility to include a Medicaid Buy-In for Workers with Disabilities option.*

Individuals with disabilities who desire to enter the workforce are too often faced with a choice between enrolling in Medicaid and working. This is because in DC, residents with disabilities face a limit on the income they can earn to still qualify for Medicaid. Currently, Medicaid benefits are terminated when an individual earns approximately $14,580 annually for individuals enrolled in the program for Aged, Blind & Disabled, or about $29,000 annually for individuals enrolled in the home and community-based services waiver program. This level is severely insufficient to be able to afford the many services individuals with disabilities may require in a year. Forty-six states have recognized this issue and created a Medicaid Buy-In for Workers with Disabilities program so that individuals with disabilities can work, earn an income, and buy into the Medicaid program. The Committee urges DHCF to explore the pathway to implementing this program in the District.

4. *Continue working to increase wages for direct care providers.*

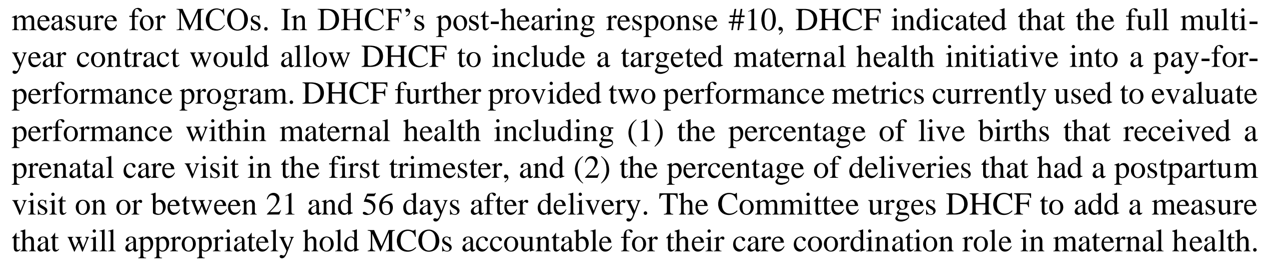
DHCF Director Turnage indicated during performance oversight that DHCF intends to reach an average pay of 117.6% of the living wage in FY 2024. At the budget oversight hearing, Director Turnage confirmed that DHCF is still on track to meet this average pay rate. Advocates have consistently argued that the rate of payment increases is insufficient to draw the necessary staffing levels to provide these important direct support services. While there may not be room in a tight budget to further accelerate the wage growth, the Committee affirms its support for continuing to search for opportunities to enhance the wages of direct care providers.

5. *Restart the Maternal Health Advisory Group.*

The Maternal Health Advisory Group was tasked with a set of primary objectives related to state plan amendments for Medicaid coverage from sixty days to 12 months postpartum, authorizing coverage of doula services, and implementing non-emergency transformation for Alliance and Immigrant Children's Program members. Once these objectives were achieved, the Group was concluded and disbanded. The Committee believes there is a need for ongoing work regarding maternal health to improve outcomes for new mothers and infants. At the budget oversight hearing, DHCF expressed an openness to restarting the Maternal Health Advisory group. The Committee urges DHCF to restart the Group and consider merging this Maternal Health Advisory Group with the Perinatal Mental Health Taskforce so that there is a unified group looking holistically at the mental and physical health of new and expecting mothers and their infants.

6. *Include a maternal health accountability metric for MCOs.*

The Committee recommends DHCF revise the MCO performance measures to include at least one maternal health metric. This would allow DHCF to withhold a portion of the MCO's reimbursement such that the MCO would only receive the withheld portion if it meets the threshold level on that metric. When Chairperson Henderson asked about this at the budget oversight hearing, Director Turnage said it would be a good idea to add a maternal health performance



measure for MCOs. In DHCF's post-hearing response #10, DHCF indicated that the full multi-year contract would allow DHCF to include a targeted maternal health initiative into a pay-for-performance program. DHCF further provided two performance metrics currently used to evaluate performance within maternal health including (1) the percentage of live births that received a prenatal care visit in the first trimester, and (2) the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. The Committee urges DHCF to add a measure that will appropriately hold MCOs accountable for their care coordination role in maternal health.

E. OFFICE OF THE DEPUTY MAYOR FOR HEALTH AND HUMAN SERVICES (HG0)

1. AGENCY OVERVIEW & MISSION

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.

DMHHS 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)

DMHHS manages two special initiatives: Age-Friendly DC and the Interagency Council on Homelessness. DMHHS also oversees the administration's encampment cleaning and closure efforts.

The Office of the Deputy Mayor for Health and Human Services operates through the following 2 programs:

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.

2. COMMITTEE BUGET RECOMMENDATIONS

a. <u>Fiscal Year 2024 Operating Budget Recommendations</u>

The Mayor's proposed FY 2024 operating budget for DMHHS is $2,588,900, which represents a 9.5% decrease in operating funds, compared with the approved FY 2023 budget. This is largely due to a reduction of 1 vacant Full-Time Equivalent (FTE) position in the Agency Management Program and $124,652 in Subsidies in the Human Support Services program. The funding supports 13.8 FTEs, a 6.8% decrease from the FY 2023 approved level. Notably, the agency also employs 8 Interagency FTEs budgeted in other agencies, 2 from Department of Health Care Finance and 6 from the Department of Human Services.

Encampment Cleaning and Closure

DMHHS leads the Executive's efforts to clean and close encampments in the District, where unhoused individuals are living in tents or other non-permanent structures, and to work to connect those individuals with housing, behavioral health resources, and other supports. From August 2021 to July 2022, DMHHS led the Coordinated Assistance and Resources for Encampments (CARE) Pilot Program, which provided intensive case management, behavioral health/substance use support, and expediated affordable housing for individuals who were residing in three encampment sites (see more below). In FY 2022, the CARE Pilot cost $3.9 million, as seen in the Table below provided by DMHHS in their post-hearing written responses. In FY 2023, DHS services associated with encampment cleanings and closure rose to $4.2 million.

DHS	FY21	FY22
Encampment-Specific Outreach Staff and Equipment	208,375	1,252,500
Outreach Staff Equipment (one-time cost)	15,000	N/A
Client Related Costs	$14,000	$86,000
2 DHS FTEs (Housing Navigator and Encampment Liaison)	$35,333	$212,000
Outreach/Communications Campaign Supplies	$1,150	$3,500
DBH		
2 Multidisciplinary Teams (2 teams of 9 staff each)	N/A	$1,560,522
DPW		
Encampment-Specific Trash Route	$84,049	$336,199
Encampment-Specific Cleanup Team (7 staff)	$48,963	$293,780
Expanded Biohazard Contract	N/A	$180,000
Totals	$406,870	$3,924,501

Over performance and budget oversight, the Committee has heard from advocates and individuals experiencing homelessness who strongly oppose DMHHS' encampment cleaning and closure program. They raise several important points about the problems with this program. First, providing expedited affordable housing to individuals in encampments is unfair to individuals

living in shelters, cars, or on benches, who have been waiting for housing assistance for years. Second, and related, offering expedited housing to individuals in encampments drives more people to live in encampments and not seek out safer shelter elsewhere. Third, individuals who do receive expedited housing vouchers are still largely waiting in temporary shelters or hotels because the District has a significant shortage of caseworkers connecting people with vouchers to affordable housing.

To that point, in DMHHS' pre-hearing written responses, the agency reported that out of 135 residents forced to leave encampments in FY 2022, 85 were matched to a housing resource (PSH or RRH) and have been placed in temporary shelter/housing or permanently housed. In FY 2023, only 1 out of 10 individuals removed from encampments had been matched to housing. Many other individuals refuse services from the government, calling into question how effectively DMHHS is building relationships and trust with these individuals, and how the encampment clearing program is compromising the District's outreach.

Most recently, the closure of the large encampment at McPherson Square Park on February 15, 2023, sparked debate across the District. The National Park Service (NPS) property had become home to an encampment of approximately 74 residents. NPS and the District cited significant safety and public health concerns as the rationale for closing the park two months earlier than planned and during hypothermia season. Out of the 74 residents removed from the encampment, 47 refused services, 24 were matched with a housing resource (which, as described above, does not mean matching with housing), and three were not included in DMHHS' report.

The Committee does not make budget recommendations on the encampment cleaning and closure program since most of the budget lies within the Department of Human Services and Department of Public Works budgets. That said, the Committee urges DMHHS to focus its resources on clearing the backlog of individuals with vouchers waiting to be matched with permanent housing, improving its processes to build trust with individuals in encampments so that more will accept services and support, and improving its data collection and reporting on encampment closures, including better tracking how many individuals are successfully housed.

Vacancy Savings

DMHHS provides an important coordinating and oversight role over the agencies within its cluster. That said, it has a relatively large policy team, including three vacancies. The Committee talked to the agency and understands that offers have been made for two of these vacancies. **Therefore, the Committee recommends sweeping the remaining vacant FTE, a reduction in FY 2023 one-time local funds of $95,816 from CSG 11 and $15,522 from CSG 14 for Program 1000 Agency Management, Activity 1090 Performance Management Activity, to create FY 2023 vacancy savings, and a reduction in FY 2024 recurring local funds of $95,816 from CSG 11 and $15,522 from CSG 14 for Program 1000 Agency Management, Activity 1090 Performance Management Activity, to create vacancy savings.**

b. **Fiscal Year 2024 – 2029 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.

2. COMMITTEE POLICY RECOMMENDATIONS

The Committee recommends the agency adopt the following policy changes:

1. *Publish the Coordinated Assistance and Resources for Encampments (CARE) Pilot Program Report and increase transparency on the goals, outcomes, and budget allocated to encampment cleanings and closures.*

From August 2021 through July 2022, the CARE Pilot, managed by DMHHS, provided intensive case management, behavioral health/substance use support, and expediated affordable housing for individuals who were residing in three encampment sites: NoMa (L/M St. Underpasses), the Park at New Jersey Ave and O Street NW, and 20th/21st and E St. NW. Although the Pilot ended in July 2022 and DMHHS testified that its CARE Pilot Program Report was finished and submitted to the Mayor in late FY 2022, the report has yet to be published. In its FY 2024 budget pre-hearing responses, DMHHS described that the report, and next steps on the District's encampment program, are now being held in abeyance as DHS works to reduce the number of existing cases in which residents who are matched to vouchers continue to await case management assignments and permanent housing placement.

The report being left unpublished is troubling for several reasons. First, it hinders the Council and public's ability to understand the outcomes of the program, including how many residents were housed and remain housed. It also means that the Executive will continue its encampment cleaning and closure efforts without the Council or the public understanding the outcomes of the most aggressive push to house residents affected by encampment closures, and how the Executive is incorporated lessons learned by the pilot into its continued encampment cleaning and closure program.

2. *Take a proactive role in ensuring that there is a detailed, feasible transition plan for the closure of United Medical Center and opening of the Cedar Hill Regional Medical Center, particularly related to patient care.*

At the United Medical Center FY 2024 budget oversight hearing, UMC testified that they are developing a transition plan for the closure of the hospital, which should be finalized by fall 2023. The Committee believes it is crucial that this plan is developed long before the planned opening of Cedar Hill Regional Medical Center in early 2025. Specifically, there needs to be a detailed plan for transferring UMC patients to the new hospital, and for safely discharging patients who do not meet the United Health Services' requirements for in-patient care, such as uninsured or underinsured patients who no longer need hospital care but have no funds for caregivers or long-term care. DMHHS should facilitate communication between the two hospital providers to ensure both parties share expectations and protocols, and should also be advising UMC on options for safely discharging patients who cannot be transferred to Cedar Hill.

F. NOT-FOR-PROFIT HOSPITAL CORPORATION & SUBSIDY (HX0)

1. AGENCY MISSION & OVERVIEW

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

NFPHC is governed by a Fiscal Management Board, which serves 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:

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

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

The NFPHC operates through revenues generated primarily, though not exclusively, through its hospital patient 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.

2. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2024 Operating Budget Recommendations

The Mayor's FY 2024 proposed subsidy for the Not-For-Profit Hospital Corporation is $15,000,000. In UMC's testimony submitted to the Committee, they mention that UMC has had staffing challenges pre-dating the pandemic due to the announcement of the hospital's planned closure. During the fourth quarter of FY 2022, there were improvements in nurse staffing in the ED, ICU, and Medical/Surgical/Telemetry units, but the hospital still faces staffing challenges. To address staff shortages, the contract labor budget was significantly increased from $3.5M to $7.8M, and the hospital continues to actively recruit for critical vacancies while using contract labor as necessary to support clinical operations.

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

b. Fiscal Year 2024 - 2029 Capital Budget Recommendations

The Mayor's proposed budgets for the Not-for-Profit Hospital Corporation and the Not-for-Profit Hospital Corporation Subsidy do not include any capital funds. However, a capital budget of $3,049.433 has been set aside by DHCF for UMC improvements, which will primarily be used for eligible repair projects due to the aging physical plant. These projects are essential for maintaining a safe environment for patients and staff, as well as complying with regulatory standards throughout the year. A spending plan is currently being developed and will be distributed by DHCF to ensure effective management of these capital expenses.

3. COMMITTEE POLICY RECOMMENDATIONS

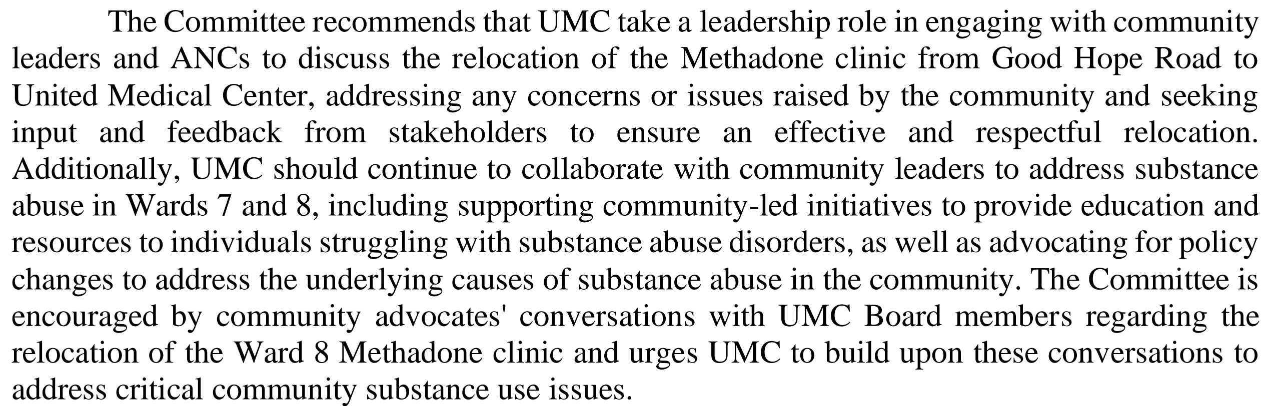
1. *Collaborate with the Deputy Mayor for Health and Human Services and community leaders to develop, publish and execute a comprehensive closure plan that emphasizes transparency and public engagement.*

The Committee recommends that the United Medical Center Board and leadership collaborate with the Deputy Mayor for Health and Human Services to develop and regularly update a comprehensive plan for the closure of the hospital by the end of the third quarter. This plan should include details on managing resources, transferring patients to alternative facilities, and transitioning staff to new positions. In addition, the Committee suggests that UMC hold public meetings to provide transparency and engage with the community to address any concerns or feedback.

2. *Work with Cedar Hill Regional Medical Center and Universal Health Services to ensure the safe transfer of patients, and in accordance with the Cedar Hill Agreements (L23-138), the voluntary training of staff who are interested in working at the new hospital.*

As required by the Council approved Cedar Hill Agreements, UMC should work with Cedar Hill and Universal Health Services on the specific voluntary training program for UMC employees interested in working at the new hospital. The Committee also urges UMC to work with Cedar Hill or other healthcare facilities on plans for the safe transfer of all patients in its care.

3. *Engage with community leaders and ANCs to address concerns regarding the Methadone clinic's relocation from Good Hope Road to United Medical Center, while continuing to partner with community leaders to address substance abuse in Wards 7 and 8.*



The Committee recommends that UMC take a leadership role in engaging with community leaders and ANCs to discuss the relocation of the Methadone clinic from Good Hope Road to United Medical Center, addressing any concerns or issues raised by the community and seeking input and feedback from stakeholders to ensure an effective and respectful relocation. Additionally, UMC should continue to collaborate with community leaders to address substance abuse in Wards 7 and 8, including supporting community-led initiatives to provide education and resources to individuals struggling with substance abuse disorders, as well as advocating for policy changes to address the underlying causes of substance abuse in the community. The Committee is encouraged by community advocates' conversations with UMC Board members regarding the relocation of the Ward 8 Methadone clinic and urges UMC to build upon these conversations to address critical community substance use issues.

G. HEALTH BENEFIT EXCHANGE AUTHORITY (HI0)

1. AGENCY MISSION & OVERVIEW

The mission of the D.C. Health Benefit Exchange Authority (HBX) is to implement a health insurance exchange program in the District of Columbia in accordance with the Patient Protection and Affordable Care Act, thereby ensuring access to quality and affordable health care to all District of Columbia residents.

In March of 2010, the federal Patient Protection and Affordable Care Act of 2010 (ACA) 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 DC Health Benefit Exchange Authority (HBX) is a quasi-governmental agency of the District of Columbia charged with implementing and operating the District's Health Benefit Exchange. HBX 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. HBX enables individuals and small businesses and their employees to find affordable and easier-to-understand health insurance. HBX is now in its eleventh year of operation and concluded its tenth open enrollment period for people purchasing individual insurance on January 31, 2023.

The DC 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
- Marketing and Communication
- Navigators, Counselors, and In-Person Assisters (IPA)

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
- Plan Management

- Eligibility and Enrollment
- Member Services
- Data Analytics and Reporting
- SHOP Operations

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 2022 – 2024 OPERATING BUDGET SUMMARY

Description	*FY 2022 Actual*	*FY 2023 Approved*	*FY 2024 Proposed*	*% Change from FY 2022*
DC Health Benefit Exchange Authority				
Operating Budget	$39,657,848	$35,684,055	$37,552,148	5.2
FTEs	103.7	117	123	5.1
Capital Budget	$0	$0	$0	N/A
FTEs	0.0	0.0	0.0	N/A

COMMITTEE COMMENTS & ANALYSIS

<u>HealthCare4ChildCare</u>

The Committee commends Director Mila Kofman and her staff at HBX for their collaboration with the Office of the State Superintendent of Education to facilitate affordable health insurance coverage for early childhood development facilities. The Committee heard from multiple public witnesses regarding the significant shift in enrollment for the employees at these facilities. As of April 2023, 136 facilities out of the total 394 licensed facilities, or approximately 35% of eligible facilities have enrolled through the program, covering 33% of eligible DC residents who work at OSSE-licensed facilities. At CommuniKids Preschool, which has 5 facilities in the District, 82 of 92 employees were able to enroll in health insurance coverage through HealthCare4ChildCare. Prior to the program, only 17 out of 132 employees systemwide, including those in Virginia, were able to afford coverage. This program has had a major effect on a facility that employees a staff of 99% immigrants and 95% women. The initial investment in the program was $18 million, of which $1,135,000 had been spent to support premiums under the program through March 31, 2023.

Equity-Based Benefit Design

HBX also deserves credit for the significant efforts it has made to improve plan coverage design to address key areas of health disparities. Beginning January 1, 2023, plans enhanced coverage for Type 2 diabetes care to include insulin, lab work, eye and foot exams, prescriptions, and supplies without co-payments, co-insurance, or deductibles. Beginning January 1, 2024, plans will cover pediatric mental and behavioral health at reduced cost sharing. Under this coverage, cost-sharing will be just $5 for office visits, certain lab work, and medication. This reflects a decrease of copay requirements from $45 down to just $5. Each of these programs is an important step to improve health equity, and the Committee supports HBX in these efforts.

2. COMMITTEE BUDGET RECOMMENDATIONS

a. Fiscal Year 2024 Operating Budget Recommendations

The Mayor's FY 2024 proposed operating budget for HBX is $37,552,148, which represents a 5.2% increase in operating funds compared with the approved FY 2023 budget. HBX is entirely self-funded through an assessment fee on health insurers in the District. The $1,882,312 increase in the FY 2024 budget is largely to support an increase of 6.0 FTEs across multiple programs and to fund additional IT operations.

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

b. Fiscal Year 2024 - 2029 Capital Budget Recommendations

The Mayor's proposed budget for HBX 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 make health care more accessible.*

The Committee is proud of DC's second-place ranking in the United States for lowest uninsured rate with more than 96% of DC residents covered under a health insurance plan. HBX testified at the budget oversight hearing that a small number of plans on the Exchange actually have lower premiums in 2023 than they did in 2022. The Committee encourages HBX to continue to advocate for the lowest possible premiums for DC residents. This advocacy will be especially important as the District emerges from the COVID public health emergency. There was significant federal aid providing during the public health emergency that lowered premiums on the Exchange, and HBX should do everything it can to ensure premiums stay as low as possible going forward by implementing and building on the aid continued under the Inflation Reduction Act of 2022.

After years of continuous enrollment under Medicaid due to the COVID public health emergency, in which individuals generally could not be disenrolled from Medicaid, the recertification process for enrollees has resumed starting April 1, 2023. Over the next 12-14

months, the Department of Health Care Finance (DHCF) estimates that between 10-20% of current Medicaid enrollees will no longer be eligible for coverage. Many of those individuals will need to obtain health insurance through DC Health Link. The Committee is glad to hear that HBX is following all recommendations from the federal Centers for Medicare & Medicaid Services (CMS) regarding special enrollment period. The Committee urges HBX to work closely with DHCF to ensure that when individuals are notified that they are no longer eligible for Medicaid, they are simultaneously connected with DC Health Link to obtain health insurance.

2. *Continue developing strategies to address health equity and racism in health care.*

The challenges of health disparities and racism in health care are well-known. The Committee urges HBX to continue to work to address these challenges head-on. As described in the above narrative, HBX has worked with insurance providers to enhance coverage for Type 2 diabetes care without co-payments or co-insurance. This is an important step to address a condition that disproportionately affects Black and Latine residents. HBX should seek additional opportunities to work with health insurance providers to enhance coverage, expand provider networks, and reduce cost-sharing for key conditions that affect communities of color.

3. *Work with DC Health Link insurance carriers to ensure there are sufficient pediatric mental and behavioral health providers to serve members looking to take advantage of the reduced cost-sharing for such services.*

Reducing cost-sharing requirements for pediatric mental and behavioral health services, while vitally important, is only one step in improving access to these services. Coverage with a low cost-sharing requirement does not improve access to those services if there are not sufficient providers within the network to meet the demand for services. The Committee has heard across agencies of staffing shortages for mental and behavioral health providers. It is imperative that insurance providers work with the mental and behavioral health provider community to bring more providers into the covered network so that the coverage with lower cost-sharing can be translated to truly improved access to these important services.

4. *Continue working with the Office of the State Superintendent of Education (OSSE) to bolster the HealthCare4ChildCare program to ensure the program is enduring and sustainably funded.*

As described above in the narrative, the Committee heard great praise for HealthCare4ChildCare at the performance and budget oversight hearings. However, there is concern amongst some eligible facilities that the funding may not be sufficient to ensure the program endures in the medium- to long-term. The Committee knows that funding is available to sustain the program, and the Committee recommends that HBX work with OSSE on a comprehensive engagement strategy with childcare providers to let them know about the program and its benefits.

III. BUDGET SUPPORT ACT RECOMMENDATIONS

On Wednesday, March 22, 2023, Chairman Mendelson introduced, on behalf of the Mayor, the "Fiscal Year 2024 Budget Support Act of 2023" (Bill 25-202). The bill contains two subtitles for which the Committee has provided comments. The Committee also recommends the addition of four new subtitles.

A. RECOMMENDATIONS ON MAYOR'S PROPOSED SUBTITLES

The Committee on Health provides comments on the following subtitles of the "Fiscal Year 2024 Budget Support Act of 2023":

1. Title V, Subtitle A. Public Health Laboratory
2. Title V, Subtitle B. Medicaid Hospital Provider Reimbursement

The legislative language is included in Attachment B.

1. Title V, Subtitle A. Public Health Laboratory

a. Purpose, Effect, and Impact on Existing Law

As proposed by the Mayor, this subtitle would establish the Public Health Laboratory (PHL) within the Department of Health (DC Health). The subtitle defines the scope of the PHL in the District and authorizes the Mayor to establish fees for the provision of services by the PHL and to promulgate regulations for the PHL.

The subtitle also transfers all public health laboratory services within the Department of Forensic Sciences (DFS) to DC Health by October 1, 2023. DFS currently operates the Forensic Sciences and Public Health Laboratory, so this subtitle in effect removes the public health laboratory component from the DFS Laboratory and transfers it to be under the management of DC Health. The subtitle repeals several provisions in the D.C. Code that were recently amended by the Restoring Trust and Credibility to Forensic Sciences Amendment Act of 2022, enacted on January 19, 2023, which restructures the Forensic Sciences and Public Health Laboratory as an independent agency within the executive branch. The subtitle repeals provisions in that Act that refer to the public health laboratory.

The subtitle makes several conforming amendments to the Department of Forensic Sciences Establishment Act of 2011 which, taken together, remove all aspects of public health laboratory services from DFS.

The Committee Print makes several changes to the subtitle as introduced, including enhancing the defined scope of the PHL; requiring DC Health to submit to the Council an organizational assessment of the PHL by December 31, 2023; and establishing a non-lapsing Public Health Laboratory Fund for any revenue collected by the PHL.

b. Committee Reasoning

The Committee is generally supportive of the transfer of the Public Health Laboratory (PHL) from the Department of Forensic Sciences (DFS) to DC Health. The PHL provides testing of biological and chemical samples that relate to public health and safety, such as infectious diseases, hazardous chemicals, or biological contamination, up to and including biological or chemical terrorist attacks. The transfer to DC Health would align the District with 45 other states whose public health laboratories are located within their public health agencies. DC Health has testified that this transfer will allow DC Health to better respond to public health emergencies and creates efficiencies in funding, since most federal funding for the PHL must come through DC Health to be transferred through MOUs to DFS. Under this new model, DC Health saves the administrative costs of transferring the funds to DFS. The Committee also believes there is potential for DC Health to use the PHL to enhance other public health services within the agency.

Currently, the PHL is part of the combined Forensic Sciences and Public Health Laboratory at DFS, located in a state-of-the-art facility that opened in 2012.[9] After this transition, the PHL would remain in the facility, but be under the oversight and management of DC Health. The stated purpose of co-locating these laboratories in 2012 was to "improve efficiency, delivery, and customer service" and to increase efficiencies around operations, facilities, equipment, security, and other shared costs. In its pre-hearing written responses, DC Health stated that it will be conducting an organizational assessment for the PHL and exploring how to use the PHL to support other agency activities. The Committee believes this organizational assessment will be key for understanding the PHL's proper scope, workforce, revenue, and future coordination with the DFS Laboratory and thus the Committee Print adds a requirement for DC Health to publish the assessment in time for the development of the FY 2025 budget.

The Committee Print amends the subtitle as introduced by enhancing the defined scope of the PHL to align it with the U.S. Center for Disease and Control's recommendations for the functions of a state public health laboratory.[10] The Committee print also creates a Public Health Laboratory Fund, a non-lapsing fund for DC Health to deposit revenue collected for public health laboratory services, such as proving expert witness testimony.

The Committee recommends inclusion of this subtitle, including the changes incorporated in the Committee Print, in the Budget Support Act.

c. Section-by-Section Analysis

Sec. 5001. Short Title.

Sec. 5002. Establishes the Public Health Laboratory (PHL) within the Department of Health; defines the services to be provided by the PHL; requires Department of Health to submit to Council by December 21, 2023 an organizational assessment of the PHL.

---

[9] https://www.tradelineinc.com/reports/2013-10/dc-facility-consolidates-public-health-medical-examiner-and-forensic-sciences

[10] https://www.cdc.gov/training/publichealth101/laboratories.html

Sec. 5003. Gives the Mayor the authority to establish fees for the provision of services by the PHL.

Sec. 5004. Gives the Mayor the authority to issue rules to implement this subtitle.

Sec. 5005. Creates a non-lapsing Public Health Laboratory Fund within DC Health for revenue collected pursuant to Section 5003.

Sec. 5006. Transfers public health laboratory services, including all authority, responsibility, duties, assets, and functions, from the Department of Forensic Sciences to DC Health by October 1, 2023. States that rules and regulations related to public health laboratory services at DFS shall continue in force until new rules are issued.

Sec. 5007. Amends the Department of Forensic Sciences Establishment Act of 2011, the Confirmation Act of 1978, the District of Columbia Government Comprehensive Merit Personnel Act of 1978, the Address Confidentiality Act of 2018, the Sexual Assault Victim's Rights Act of 2014, the Retired Police Officer Redeployment Amendment Act of 1992, the Firearms Control Regulations Act of 1975, and Section 23-1910(b)(3) of the District of Columbia Official Code with conforming amendments to remove public health laboratory services from the Forensic Sciences and Public Health Laboratory.

Sec. 5008. States that the provisions in Section 5007 that amend provisions affected by the Restoring Trust and Credibility to Forensic Sciences Amendment Act of 2022, enacted on January 19, 2023, shall take effect on the applicability date of that Act.

d. <u>Fiscal Impact</u>

The changes made by the Committee do not affect the fiscal impact of this subtitle, which was incorporated into the FY 2024 budget and financial plan.

2. Title V, Subtitle B. Medicaid Hospital Provider Reimbursement

a. <u>Purpose, Effect, and Impact on Existing Law</u>

As proposed by the Mayor, this subtitle would cap the capitated Medicaid payments to Medicaid managed care organizations (MCOs) such that MCO payments to hospitals for outpatient services are capped at 110% of the fee-for-service fee schedule rates, and for inpatient services are capped at the rate in effect on March 31, 2023.

Under existing law, there are minimum payments to Medicaid managed care organizations (MCOs) set at 100% of the fee-for-service (FFS) rates, which are themselves prescribed by law based on the underlying hospital costs. This subtitle provides maximum levels of payments from MCOs to hospitals by limiting the amount that can be paid in capitated rates from Medicaid to the MCOs. The cap on payments for inpatient services is intended to freeze in place the status quo and assure that hospitals do not shift the costs from outpatient care to inpatient care and begin charging a higher rate for inpatient care.

As proposed by the Mayor, the cap on maximum payments would apply to all hospitals except (1) hospitals owned by the federal government, (2) specialty hospitals as designated by the Medicaid State Plan, (3) hospitals reimbursed under specialty hospital reimbursement methodology under the Medicaid State Plan, or (4) hospitals serving an economically underserved area as defined by the Medicaid State Plan or by DHCF in the managed care directed payment proposal.

b. **Committee Reasoning**

The Committee is generally supportive of the subtitle's goal to bring down Medicaid costs by capping the payment rates MCOs can pay to hospitals. As the Committee heard in testimony from Director Turnage, the FFS payment rates are generally set at 98-100% of the costs accrued for a given service within the FFS population. However, because of the different risk profiles and utilization rates between the FFS and MCO patient populations, the FFS group generally have costs higher for a given procedure than do the MCO patients. The result is that paying at 100% of FFS costs is paying greater than 100% of the actual costs experienced for MCO patients. Since hospitals are already receiving Medicaid reimbursement in excess of their costs, it stands to reason that the amount above such rates should be limited.

The Committee recommends inclusion of this subtitle in the Budget Support Act without change.

c. **Section-by-Section Analysis**

Sec. 3011. Short Title.

Sec. 3012. Definitions

Sec. 3013. Sets minimum and maximum hospital provider payments by Medicaid MCOs in the inpatient and outpatient setting for covered hospitals.

Sec. 3014. Requires DHCF to publish annual reports for all-payer hospital costs.

d. **Fiscal Impact**

The fiscal impact of this subtitle was incorporated into the FY 2024 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 2024 Budget Support Act of 2023":

1. School-Based Behavioral Health Student Peer Educator Pilot

2. First-Time Mothers Home Visiting Program
3. Substance Abuse and Behavioral Health Targeted Outreach Pilot
4. DHCF Reporting Requirements

The legislative language is included in Attachment B.

1. Title V, Subtitle X. School-Based Behavioral Health Student Peer Educator Pilot Amendment Act of 2023

a. Purpose, Effect, and Impact on Existing Law

This subtitle would amend the Early Childhood and School-Based Behavioral Health Infrastructure Act of 2012, effective June 7, 2012 (D.C. Law 19-141, D.C. Official Code § 2-1517.31 *et seq.*) by creating a peer educator program for at least 100 District public and public charter high school students.

b. Committee Reasoning

The mental health of youth in the District, like youth across the nation, has been declining steadily for over a decade, and the COVID-19 pandemic has exacerbated this crisis. According to the American Psychological Association, more than half of teens reported feeling more stressed, sad, or hopeless, and lonelier because of the pandemic. The Office of the State Superintendent (OSSE) 2021 Youth Risk Behavior Survey (YRBS) revealed that a significant percentage of youth in the District reported feeling sad or hopeless for two consecutive weeks, with an increase from 2017. The data on suicide was alarming, with 25% of females and 10% of males in high school reporting that they thought seriously about suicide; and 21% of females and 10% of males reporting that they had a plan. The survey also found increases in disordered eating behaviors among students, and a concerning percentage (28%) of high school students reporting witnessing physical violence in their neighborhood. Additionally, almost a third of all students reported being in a physical fight in the past year.

Leah Mallard, student at Bard High School Early College DC testified at the FY 2022 performance oversight hearing:

> Mental health isn't emphasized enough at Bard. Most students are involved with a lot of different things, and they have to handle their home lives too. So, when they start feeling stressed at school, it ends up looking like fighting in the hallways or not paying attention in class because we weren't taught any alternative solutions to de-stress and how stress impacts our bodies.

According to YRBS data, student access to supportive adults in schools has declined, and DBH continues to face challenges filling clinician vacancies. As of the 2022-2023 school year, at least 91 clinician positions are expected to remain vacant. Advocates have testified at both performance and budget oversight hearings about the challenges of clinician hiring, including high rates of burnout and competition from other employers.

The School-Based Behavioral Health Student Peer Educator Pilot aims to increase access to school and community-based behavioral health services for high school students and caregivers, improve students' ability to cope with stress and trauma, educate them on building resilience, reduce stigma around seeking behavioral health services, and enhance student engagement and input into the SBBH program.

For years, District students have been advocating for increased access to behavioral health programs and shared their frustrations with not receiving the behavioral health support they need. During the FY 2022 performance oversight hearing, numerous students from the local non-profit, Young Women's Project, shared the results of a survey of their peers. The survey found that many of their peers did not know the name of their mental health clinician, and those who did know had little to no contact with them. The students spoke about their mental health struggles and the lack of support they received from their schools. At Bard DC Early College High School, 56% of respondents reported not receiving any mental health and wellness support from their school in the past three months, with only 2.4% responding "often."

Aniyah Thomas, student at HD Woodson Senior High School spoke at the FY 2022 performance oversight hearing:

> Students at HD Woodson, myself included don't concern themselves with mental health staff or support counselors. Either we don't trust them, we don't know about them, or we don't feel as though confiding in them will be effective. There is a lack of connection between the mental health staff and students…. A month ago, I learned that my school had a therapist. I was shocked that I didn't know about him earlier, especially since I am the Vice President, meaning that I interact with staff daily. This just goes to show how inaccessible our mental health staff are.

The pilot program aims to address the gap in access to behavioral health services by involving students in the effort. Recognizing the significance of social influence and peer attachments during the teen years, the pilot taps into evidence that suggests that adolescents often seek informal sources of support, including friends, for their behavioral health needs.

Through this pilot program, DBH will provide grants to one or two community-based organizations to recruit, train, and supervise at least 100 peer educators, with a preference for organizations that partner with high schools in cohort 1 of the School-Based Behavioral Health expansion plan or high schools in Wards 5, 7, and 8. Schools that were selected for cohort 1 of the SBBH expansion were identified as having the most pressing needs. After undergoing comprehensive training on various behavioral health topics, peer educators will be responsible for presenting in classrooms, distributing educational materials, conducting one-on-one sessions with their peers, and sharing information to help students and caregivers connect with SBBH clinicians and other behavioral health staff.

c. Section-by-Section Analysis

Sec. 5XX1. States the Short Title

Sec. 5XX2. Amends the Early Childhood and School-Based Behavioral Health Infrastructure Act of 2012, effective June 7, 2012 (D.C. Law 19-141, D.C. Official Code § 2-1517.31 *et seq.*) by establishing grants awarded by DBH to non-governmental entities to train and supervise at least 100 high school students as student behavioral health peer educators ("peer educators"). One grantee would be designated as the coordinating organization. All grantees would be required to provide a defined set of activities and interventions. DBH would be required to provide grantees and peer educators with the contact information for public and public charter school clinical staff and school behavioral health coordinators.

d. Fiscal Impact

The Office of Revenue Analysis estimates that the fiscal impact of this program is the funding granted for the School-Based Behavioral Health Student Peer Educator Pilot, which has been funded by the Committee at $325,000.

2. Title V, Subtitle X. First-Time Mothers Home Visiting Program

a. <u>Purpose, Effect, and Impact on Existing Law</u>

Since the Leverage for Our Future Amendment Act of 2019 and the FY 2020 budget, the Council has funded a grant program for a home visiting provider to provide evidence-based home visiting services to first-time mothers who are eligible for Medicaid. This subtitle increases the grant amount for FY 2024 to $225,000 for this program and relocates the grant program to DHCF.

b. <u>Committee Reasoning</u>

The Committee believes that the nurse home visiting program for first-time mothers is an important part of improving maternal health outcomes in the District. Further, the Committee understands that the current provider under the grant program is fully operational and would like additional time and resources to build evidence of effectiveness of the program in the District. The Committee is choosing to locate the enhanced grant funding in DHCF rather than DC Health because, the Committee believes that DHCF should work to incorporate the home visiting program for first-time mothers into a Medicaid State Plan Amendment so that it can receive Medicaid funding. Although this likely would not take effect until at least FY 2025, the Committee believes it is beneficial to start funding some evidence-based home visiting programs through DHCF grants. Relocating the grant to DHCF will begin the relationship between DHCF and the provider of first-time mother home visiting services that will be ongoing once Medicaid coverage is secured for such services. 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 in the District.

c. <u>Section-by-Section Analysis</u>

Sec. 5xxx. States the short title.

Sec. 5xxx. Limits the Department of Health Care Finance from providing an amount that exceeds $225,000 to the home visiting provider who was awarded the competitive grant pursuant to paragraph (1) of this subsection.

d. Fiscal Impact

The Office of Revenue Analysis estimates that 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 $225,000.

3. Title V, Subtitle X. Substance Abuse and Behavioral Health Targeted Outreach Pilot

a. Purpose, Effect, and Impact on Existing Law

The purpose of this subtitle is to require DBH to provide grant funding to a 501(c)(3) by October 31, 2023 to provide direct support, relationship development, and resource brokering to individuals in need of substance abuse and behavioral health services at three sites with high drug activity and substance abuse: (1) the vicinity of the 600 block of T Street, N.W., (2) the vicinity of the 1100-1300 blocks of Mount Olivet Road, N.E., and (3) the vicinity of the 3800-4000 blocks of Minnesota Ave. N.E.

b. Committee Reasoning

The opioid epidemic has had a devastating impact on communities across the country, and the District has been no exception. According to the CDC, the District ranks first in all drug overdoses and second in opioid overdose deaths per capita. From 2021 to 2022, there were over 10,000 non-fatal drug overdoses, and in 2022, there were 448 opioid-related fatal overdoses, with an average of 37 deaths per month. The Office of the Chief Medical Examiner reported that in 2022, 96% of overdoses involved Fentanyl, representing a significant increase since 2017.

Opioid-related deaths can be prevented, and opioid dependency is a treatable medical condition. Moreover, opioid use is linked to an increased risk of HIV infection, and implementing strategies to prevent opioid use can also help to curb the spread of HIV. Across the District, there are public spaces where individuals who are using opioids and other narcotics gather and use drugs together. These concentrated drug use locations are dangerous for those using drugs, and cause frustration for neighbors, schools, and local businesses who do not feel safe walking past. This subtitle would pilot the effectiveness of an influx of direct support, relationship development, and resource brokering for individuals in need of substance abuse and behavioral health services at the following three locations with concentrated outdoor drug use:

1. **The vicinity of the 600 block of T Street, N.W.:** Over the past year, the Office of Ward 1 Councilmember Brianne Nadeau has been coordinating with the Mayor's Office of Neighborhood Engagement, local Advisory Neighborhood Commissions, businesses, residents, Howard University, Cleveland Elementary Schools, and others to address concerns about the T Street Plaza site. The District has tried several deterrents, including fencing off areas and removing furniture, that temporarily address the issue but do not get to the root of the substance abuse and behavioral health issues faced by these individuals.

2. **The vicinity of the 1100-1300 blocks of Mount Olivet Road, N.E.:** The Office of Ward 5 Councilmember Zachary Parker has received several reports of drug use in alleys and abandoned buildings in the vicinity of the intersection of West Virginia Avenue, N.E. and Mount Olivet Road, N.E. Thus far, the District's response has been to increase police presence in the area, but this only provides a temporary solution. There are reports of overdosing in the area and repeated calls for emergency support. Neighbors also report this area is an open drug market for sales.

3. **The vicinity of the 3800-4000 blocks of Minnesota Avenue, N.E.:** The Office of Ward 7 Councilmember Vincent Gray has received numerous concerns from Ward 7 residents about the serious drug use in the 3800-4000 blocks of Minnesota Ave., N.E. Councilmember Gray's office has collaborated with the Department of Behavioral Health (DBH) and community organizations to develop solutions. It is especially concerning that young children and babies are frequently seen in the area with adults who are under the influence or actively using drugs. This underscores the urgent need for intervention and support in the area.

Each of these areas would greatly benefit from consistent and intensive outreach and support to connect individuals with the necessary services and resources, and help them enter treatment and recovery. A targeted outreach team could improve access to treatment, provide harm reduction services, and address the root causes of drug use in the area.

A similar program has been tested and been successful in Columbia Heights, where dedicated funding for focused and regular outreach helped to mitigate conflict and provide services to those who needed it. The Committee seeks a similar impact at these three locations by providing funding to an existing harm reduction or substance abuse outreach organization that has the expertise and capacity to do outreach on an ongoing basis.

c. <u>Section-by-Section Analysis</u>

Sec. 5xx1. Short Title.

Sec. 5xx2. Requires the Department of Behavioral Health to award a grant in the amount of $600,000 to a 501(c)(3) organization to provide direct support, relationship development, and resource brokering to individuals in need of substance abuse and behavioral health services in the vicinity of the 600 block of T Street, N.W., the vicinity of the 1100-1300 blocks of Mount Olivet Road, N.E, and the vicinity of the 3800-4000 blocks of Minnesota Avenue, N.E.

d. <u>Fiscal Impact</u>

The Office of Revenue Analysis estimates that the Financial Impact of this subtitle is $600,000 in one-time funding, which is equal to the cost of the grant.

4. Title V, Subtitle X. Department of Health Care Finance Reporting Requirements

a. <u>Purpose, Effect, and Impact on Existing Law</u>

This subtitle would require the Director of DHCF to file reports to the Council regarding payment pathways for certain services under Medicaid. The required reports include one on payment pathways for medical respite care for individuals experiencing homelessness, a report on value-based purchasing under Medicaid MCOs, and quarterly reporting of certain MCO metrics including enrolled beneficiaries, number of beneficiaries without a primary care physician, and utilization metrics.

b. Committee Reasoning

This subtitle will require DHCF to produce a report on Medicaid payment possibilities for medical respite care for individuals experiencing homelessness.

These new reporting requirements are similar to prior reporting requirements that were tied to funding for grant programs in previous fiscal years. The present subtitle would separate the reporting requirement from any grant programs. Medical respite care provides acute and post-acute care for individuals experiencing homelessness who are not able to recover from physical illness or injury living on the streets but who are not ill enough to warrant an inpatient stay in the hospital. Medical respite care provides short-term residential care so that individuals have the opportunity to rest and recover in a safe environment with supportive medical care and other services. Not only is medical respite care pivotal for the individual patients, but it can alleviate a burden on the health care system. The Committee has heard from several District hospitals who have provided care to homeless individuals and encountered challenges when preparing the individual for discharge. When the individual no longer requires inpatient level of care but is unable to be discharged to a safe location for recovery, the hospital is left to provide additional services beyond the level of intensity the individual requires. This is an inefficient drain on our health care resources. This report will support efforts to provide medical respite care for individuals experiencing homelessness.

The MCO reports are important for understanding how the MCOs are providing value to the Medicaid program. First, the report on value-based payment models will shed light on the current efforts to align financial incentives and accountability with the total costs of health care. Additionally, the MCO information will provide data evidence showing whether MCO case management services are effective. MCOs are expected to connect all enrollees with primary care physicians, and this report will show whether that is in fact happening. Additionally, the emergency department utilization data for MCO enrollees will highlight whether the MCOs are effectively managing cases to avoid use of emergency services.

c. Section-by-Section Analysis

Sec. XXXX. Short Title.

Sec. XXXX. Requires the Director of DHCF to submit reports regarding medical respite care for individuals experiencing homelessness and MCO value-based payment methods and requires MCOs report information to DHCF regarding enrollee utilization.

d. Fiscal Impact

The Office of Revenue Analysis estimates that the fiscal impact of this subtitle is $55,000 in local one-time funding, which has been funded by the Committee, to support an independent contractor completing the report.

IV. COMMITTEE ACTION AND VOTE

On Wednesday, April 26, 2023, at 11:30 a.m., the Committee on Health met virtually to consider and vote on the Mayor's proposed FY 2024 budget for the agencies under its jurisdiction, the provisions of the FY 2024 Budget Support Act of 2023 referred to the Committee for comment, the Committee's budget report, and the ledger of Committee actions. Chairperson Christina Henderson determined the existence of a quorum with the presence of Councilmembers Charles Allen, Vincent C. Gray, Brianne K. Nadeau, and Zachary Parker. Chairperson Henderson provided a brief overview of the draft report, the ledger of committee actions, and the changes recommended to the Mayor's proposed budget, and then invited other members to provide comments on the Committee's report and recommendations.

Councilmember comments

Chairperson Henderson then moved for approval of the Committee's Fiscal Year 2024 Local Budget Act recommendations, the Committee's Fiscal Year 2024 Budget Support Act of 2023 recommendations, the Committee's budget report, and the ledger of committee actions, with leave for staff to make technical and conforming changes to reflect the Committee's actions. The Members voted X to X to ___ the recommendations, voting as follows:

Members in favor:
Members opposed:
Members voting present:
Members absent:

Chairperson Henderson then thanked the members of the Committee for all of their work and support during the budget process. She thanked her staff, including Chief of Staff Michael Shaffer, Deputy Chief of Staff Heather Edelman, Committee Director Ona Balkus, Legislative Director Gabrielle Rogoff, Communications Director Chantal Fuller, Constituent Services Director Ana S. Berríos-Vázquez, Senior Policy Counsel Marcia Huff, Policy Counsel Boyd Jackson, Legislative Assistants Ashley Strange and Nico Pcholkin, and Staff Assistant Taylor Coleman. She also thanked Errol Spence-Sutherland, Anne Phelps, and Jen Budoff of the Council Budget Office and Assistant General Counsel David Guo for their invaluable assistance.

Chairperson Henderson adjourned the meeting at ___ p.m.

V. ATTACHMENTS

A. Chart of the Committee's Recommended Changes to the Budgets of the Agencies under its Jurisdiction
B. Bill 25-202, Fiscal Year 2024 Budget Support Act of 2023 Recommended Subtitles
C. Witness List and Testimony Submitted for the March 30, 2023, Fiscal Year 2024 Budget Oversight Hearing on the DC Health Benefit Exchange Authority
D. Witness List and Testimony Submitted for the March 30, 2023, Fiscal Year 2024 Budget Oversight Hearing on the Not-for-Profit Hospital Corporation (United Medical Center)
E. Witness List and Testimony Submitted for the March 30, 2023 (public witnesses) and April 6, 2023 (government witness), Fiscal Year 2024 Budget Oversight Hearing for the Department of Behavioral Health
F. Witness List and Testimony Submitted for the April 5, 2023, Fiscal Year 2024 Budget Oversight Hearing on the Office of the Deputy Mayor for Health and Human Services and the Department of Health Care Finance
G. Witness List and Testimony Submitted for the April 10, 2023 (public witnesses) and April 12, 2023 (government witness), Fiscal Year 2024 Budget Oversight Hearing for the Department of Health