A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To require the Deputy Mayor for Health and Human Services to expand and coordinate health care for infants and toddlers under age 3 in the District of Columbia including increasing the utilization of breastfeeding among new mothers, strengthening the existing lactation support infrastructure in the East End of the District, to require participating primary care and prenatal care providers to provide patient centered care to pregnant women, new mothers, and babies to prevent peripartum mental health problems, enhance parent-child relationships, enhance parenting skills, and address social determinants of health, establishing the lactation professional certification preparatory program, to require OSSE to assess the state of existing child care facilities and government-owned facilities capable of serving as child care facilities in Wards 7 and 8, to require OSSE to select child development providers to operate at least 4 child development homes and child development centers, and to require OSSE to develop a competitive compensation scale for lead teachers and teaching assistants.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Infant and Toddler Developmental Health Services Act of 2017".

TITLE I. DEFINITIONS; HEALTHYSTEPS PEDIATRIC PRIMARY CARE DEMONSTRATION; HELP ME GROW EXPANSION; LACTATION PROFESSIONAL CERTIFICATION PREPARATORY PROGRAM; COMMUNITY RESOURCE CENTER
PILOT.

Sec. 101. Definitions.

For the purposes of this act, the term:

(1) "Certified Lactation Counselor" means a certified health professional has received training and competency verification in breastfeeding counseling and management support.

(2) "CFSA" means the Child and Family Services Administration.

(3) "Child development center" shall have the same meaning as provided in section 2(2) of the Day Care Policy Act of 1979, effective September 19, 1979 (D.C. Law 3-16; D.C. Official Code § 4-401(2)).

(4) "Child development home" shall have the same meaning as provided in section 2(3) of the Day Care Policy Act of 1979, effective September 19, 1979 (D.C. Law 3-16; D.C. Official Code § 4-401(3)).

(5) "Community based social services" services that address the social determinants of health and contribute to the well-being of families, communities, and populations.

(6) "Community health worker" means a public health worker who provides community navigation services.

(7) "Community navigation services" means connecting to services intended to help individuals access care in their home and community by identifying and reducing barriers including appointment scheduling, transportation, other wrap-around community and agency support services, medical support where appropriate, home environment assessments when appropriate, accompaniment, referrals, health education, and counseling.
(8) "Community resource center" is a virtual entity employing a software platform which enables healthcare providers and community-based social services that work with high needs populations to use a web based tool to screen for trauma, developmental health, behavioral health, and social determinants of health needs that affect health outcomes, such as poverty, food insecurity, housing instability, and domestic and community violence.

(9) "DBH" means the Department of Behavioral Health.

(10) "D.C. Interagency Coordinating Council for Part C of IDEA" means the council established by The Individuals with Disabilities Education Act 2004 (IDEA) Code of Federal Regulations (CFR) 34 §303.600 - §303.604 and §303.650 - §303.654 which requires each state participating in IDEA Part C Early Intervention Services to establish an Interagency Coordinating Council.

(11) "DHCF" means the Department of Health Care Finance.

(12) "Early Stages" is a District of Columbia Public Schools assessment center for children that helps identify any delays that children may have and arranges services to address them.

(13) "Early and Periodic Screening Diagnostic and Treatment" or "EPSDT" is the child health component of Medicaid which stipulates that children under the age of 21 who are enrolled in Medicaid are entitled to EPSDT benefits and that states must cover a broad array of preventative and treatment services.

(14) "DMHHS" means the Office of the Deputy Mayor for Health and Human Services.

(15) "DOH" means the Department of Health.
(16) "Early Head Start" is a federally funded community-based program for low-income families with pregnant women, infants, and toddlers up to age 3.

(17) "HealthySteps" is a pediatric primary care model that implements a child development professional, to the practice who partners with families during well-child visits, coordinates screening efforts, and problem-solves with parents for common and complex child-rearing and other challenges.

(18) "Home visiting" means services, including services provided through Strong Start and home visiting programs for parents with intellectual disabilities who have children, that reach pregnant women, expectant fathers, parents, and caregivers of children for the purposes of fostering a healthy home environment.

(19) "International Board Certified Lactation Consultant" or "IBCLC" is a healthcare professional certified by the International Board of Lactation Consultant Examiners and independently accredited by the National Commission for Certifying Agencies of the Institute for Credentialing Excellence who specializes in the clinical management of breastfeeding.

(20) "Medicaid managed care organization" or MCO means an organization that provides for the delivery of Medicaid health benefits and additional services through a contracted arrangement with the Department of Health Care Finance.

(21) "Medical neighborhood" means a clinical-community partnership that includes the medical and social supports necessary to enhance health, including home visiting programs, food access programs, housing programs, employment programs, mental and behavioral health resources for parents and children, and child care facilities, with the family-
centered medical home serving as the family’s primary hub and coordinator of health care delivery.

(22) “Medicaid program” means the program authorized by title 19 of the Social Security Act and by §1-307.02, and administered by the Department of Health Care Finance.

(23) “National Committee for Quality Assurance recognition” or “NCQA recognition” means recognition provided by the National Committee for Quality Assurance to acknowledge practice or clinicians that implement the latest clinical procedures to ensure quality comprehensive health care delivery.

(24) “OSSE” means the Office of the State Superintendent for Education.

(25) “Patient-centered medical home” is a care delivery model whereby patient’s treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand.

(26) “Primary care” means care provided by a physician, including a family practice physician, an internal medicine physician, a pediatricians, and an OB/GYN physician, specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis.

(27) “Program” means the HealthySteps Pediatric Primary Care Demonstration.

(28) “QIN” or “Early Childhood Quality Improvement Network” means the network through which groups of providers share resources and receive training and coaching to improve the level of quality in their programs.

(29) “SECDCC” means the State Early Childhood Development Coordinating Council.
Social determinants of health” means the structural determinants and conditions in which people are born, grow, live, work and age including socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

(31) “Strong Start DC Early Intervention Program” or “Strong Start” is a district-wide, comprehensive, coordinated, multidisciplinary system that provides early intervention therapeutic and other services for infants and toddlers with disabilities and developmental delays and their families.

Sec. 102. HealthySteps Pediatric Primary Care Demonstration.

(a) DMHHS shall establish and lead a 2 year HealthySteps Pediatric Primary Care Demonstration Program (“Program”) to implement:

(1) HealthySteps; and

(2) Co-located lactation support services in selected primary care facilities.

(b) Primary care clinics located in Wards 7 or 8 serving a population of 50% Medicaid-eligible families with children under 3 are eligible to apply.

(c) In addition to the primary care clinics described in §102(b), at least one prenatal care clinic, regardless of location, serving a significant number of Ward 7 and 8 mothers evidenced through the home address of the patients under its care, shall be selected to participate in the Program. In selecting the prenatal care clinic for participation in the program, DMHHS shall give great weight to the applying clinics serving the highest number of Ward 7 and Ward 8 mothers.

(d) Each application submitted to DMHHS for participation in the Program shall include a detailed description of:

(1) Demographic data on the current pediatric population served including:
(A) Race;
(B) Ethnicity;
(C) Income level;
(D) Languages spoken;
(E) Geographic location by Ward and state; and
(E) Education
(2) The current approaches to health promotion, screening, prevention, and
wellness for families with children under 3.
(3) The current engagement within health provider network including referral
relationships with community based social service providers and home engagement services;
(4) Plans to integrate a child development specialist and a community health
worker to engage with families and children into the practice.
(5) Plans for referrals, care coordination, and data sharing with Early Head Start
aligned programs, QIN, home visiting programs, and Strong Start;
(6) Plans to coordinate with family support services to address challenges such as
parental depression, mental and behavioral health, substance use, domestic abuse, food, housing,
and other social determinants of health;
(7) Plans to engage an entity with expertise in implementing the HealthySteps for
initial and ongoing training of the pediatric primary care staff;
(8) Plans to provide support to parents around improved parent-child interactions,
child language development, and complex parenting challenges;
(9) Plans to offer lactation support services including consultative services and
individual and group education classes;
(10) Staffing plans for lactation support services;
(11) Plans for care coordination with and referrals to co-located lactation support services;
(12) Current follow through rate of behavioral health referrals;
(13) Plans to improve the health literacy of their patients when necessary; and
(14) Other information as required by DMHHS.
(d) Participating clinics will receive funding to implement the Program, including:
(1) Funding to implement HealthySteps;
(2) Funding to obtain or maintain National Committee on Quality Assurance Patient Centered Medical Home recognition;
(3) Funding assistance for International Board Certified Lactation Consultants, Certified Lactation Counselors, or other lactation support professionals commensurate with the number of families served;
(4) Funding to obtain a community health worker for the purposes of providing community navigation services;
(5) Funding to obtain and operate the community resource center; and
(6) Funding for training, evaluation, and service delivery.
(e) DMHHS shall coordinate with agencies under its purview and consult with selected primary care facilities to determine and provide effective incentives to families for utilization of the lactation support services and follow through on referrals to organizations providing community based social services.
(f) DMHHS shall determine the feasibility of the co-location of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinic site in the selected facilities.
Sec. 103. Evaluation, Advisory Committee.

(a) Participating clinics shall report the following to DMHHS:

(1) Adherence to a schedule of well-baby visits in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT);

(2) Quantity and quality of referrals to and data sharing with QIN;

(3) Percentage of children who are up-to-date on their immunizations;

(4) Parent-child interactions;

(5) Parental support;

(6) Coordination and data-sharing within patients’ medical neighborhood;

(7) Referrals to providers within patients’ medical neighborhood, including:

(A) Number of referrals made to Strong Start, development health and behavioral health services;

(B) Number of referrals made to CFSA and community based social services;

(C) Number of referrals in which the patient followed through for behavioral health services

(D) Number of referrals in which the patient followed through for social services;

(E) Numbers of individuals screened for behavioral health needs;

(F) Number of individuals screened for social service needs;

(G) Numbers of individuals connected to mental health services;

(H) Number of children connected to social services;

(I) Number of children involved in a home visiting program;
(J) Number of children that were not placed in a home visiting program
due to lack of available slots; and

(K) Mothers referred to lactation support services.

(8) Number of breastfeeding clients served;

(9) Breastfeeding initiation and duration rates; and

(10) Progress on ensuring a health literate patient population.

(b) DMHHS shall work with participating clinics and an external evaluation partner to
produce an annual report submitted to the Mayor, Council of the District of Columbia, QIN
Inter-agency Steering Committee, D.C. Interagency Coordinating Council for Part C of IDEA,
and OSSE.

(c) The external evaluation partner shall be selected within 180 days after the effective
date of this act.

(d) DMHHS shall convene, on a quarterly basis, the participating clinics and associated
managed care organizations to identify:

(1) Medicaid reimbursement needed for providers to achieve scale and
sustainability of the Program;

(2) Primary care and prenatal care clinics in the District that require the Program;

(3) Barriers to implementing Program in current District Medicaid program; and

(4) Metrics to assess long-term savings to Medicaid and healthcare.

(e) DHCF shall direct MCOs to provide needed reimbursement to clinics participating in
the Program for associated services.

(f) DMHHS shall establish an advisory committee to be led by the external evaluation
partner to convene participating clinics to support each other on implementation of HealthySteps
with at least 50% representation from parents, Early Head Start providers or child care providers participating in the Quality Improvement Network, and home visitation providers


(a) DOH shall implement the Help Me Grow Program District wide by October 1, 2018.

(b) DOH shall ensure the Help Me Grow program serves as a resource and referral system to address the developmental and health needs of young children by providing a dedicated communication line for health professionals, families, and service providers.

(c) This program shall include the following:

(1) A centralized, culturally competent, toll-free phone line for families, health professionals, and service providers;

   (A) At a minimum, the toll free line should include services in English, Spanish, Vietnamese, Chinese, Amharic, and French.

(2) An up-to-date directory of programs and services, including all those administered by the DOH, CFSA, DBH, OSSE, DHCF;

(3) A data system that allows Help Me Grow to report on the health and developmental status of children ages birth to five, service gaps, and effectiveness of the referral process, including home visiting referrals and enrollment;

(4) Support implementation of a common screening tool that systematically identifies families’ needs and the corresponding home visitation program, and subsequently refers them to the appropriate home visitation or Strong Start program;

   (A) DOH shall determine whether the community resource center can be utilized as the screening tool described in §105(4)(A).

(5) Conducts culturally and linguistically appropriate outreach and materials to
enhance families’ knowledge of child development and available services; and

(6) Identifies gaps in knowledge among pre-natal and pediatric primary care providers regarding developmental screening and provide training to District based providers to increase knowledge of screening and of Help Me Grow.

c(c) DOH, in collaboration with DHCF, shall develop a plan to provide a unique child identifier upon generation of a birth certificate by October 1, 2019 and implement within 18 months of completion for the purpose of tracking data on children’s developmental screening results, referrals, and other data related to child health and well-being.

Sec 105. Reporting, Help Me Grow evaluation, and coordination.

(a) DOH shall produce an annual report submitted to the Mayor, Council, DC Interagency Coordinating Council for Part C of IDEA, SECDCC, and the QIN Inter-agency Coordinating Committee providing information on the health status of children under 3 and other metrics consistent with the goals of this program.

(b) DOH shall provide a semi-annual report on progress towards implementing Help Me Grow districtwide by October 1, 2018, including barriers to implementation, to Mayor, Council, DC Interagency Coordinating Council for Part C of IDEA, SECDCC, and the QIN Inter-agency Coordinating Committee.

(c) DMHHS shall coordinate with DOH, DHCF and OSSE to create a data sharing agreement to provide ongoing data on the developmental and health screening at one-year intervals through age 5 to be utilized across Strong Start, Early Stages, OSSE, and health centers, in coordination with OSSE’s Early Development Inventory data.

Sec. 106. Home visitation.

(a) DMHHS shall coordinate with DOH, CFSA, and community based home visiting
programs for the purposes of guaranteeing access to home visitation services to all families with
children under 3 in in-home CFSA placements.

(b) DMHHS shall utilize the Help Me Grow database to provide an annual report
regarding CFSA participation in home visiting programs and outcomes as well as progress
towards providing access to home visiting services to all CFSA involved families with children
under 3.

Sec. 107. Lactation professional certification preparatory program.

(a) DMHHS shall coordinate with an institute of higher learning and an existing provider
of a lactation consultant preparatory course to establish a Lactation certification preparatory
program (LPCPP).

(b) The LPCPP shall offer the following:

(1) A culturally and linguistically competent coursework module providing
instruction in required educational areas necessary to become a certified International Board
Certified Lactation Consultant.

(2) Assistance with identifying sites to obtain the required clinical practice
experience; and

(3) Mentorship from experienced IBCLCs to help prepare for the IBLCE exam
and a career in lactation support.

(b) Completion of the module shall not require the obtainment of a degree or
certification.

(c) DMHHS shall provide a subsidy for the cost of placement in the LPCPP.

Sec. 108. Community resource center pilot.

(a) DMHHS shall lead a 3-year community resource center pilot program with agencies
under its purview, OSSE and FEMS.

(b) DMHHS shall develop a plan to:

(1) Ensure the community resource center is utilized to screen residents for behavioral health, developmental health, and social determinants of health needs, including housing needs, trauma, food access needs, and child care needs, across agencies where residents access care and when and where appropriate;

(2) Screening results associated with home visiting services shall be shared with the database established though the Help Me Grow program.

(3) Refer residents to appropriate federal, District, and community resources to address their needs including to clinics participating in the Program.

(c) DMHHS shall submit a plan to the Mayor and the Council detailing how the community resource center will be deployed across the agencies within 180 days after the effective date of this act.

(d) DMHHS shall identify all screening tools used to screen residents for health needs and determine the feasibility of utilizing a universal tool for all health screenings.

(e) DMHHS must deploy the plan within 1 year after the effective date of this act.

Sec. 109. Mental Health Consultation for child development facilities.

(a) DBH shall expand the Healthy Futures program to provide mental health consultation in all child care subsidy program provider facilities.

(b) Within 180 days of the effective date of this act, the DBH must create a plan to achieve this goal that will be shared with the Mayor, Council, DC Interagency Coordinating Council for Part C of IDEA, SECDCC, and the QIN Inter-agency Coordinating Committee.

TITLE II. CHILD CARE DEVELOPMENT FACILITIES; EXPANDING QUALITY
IMPROVEMENT NETWORK.

Sec. 201. Identification of District child development centers.

(a) The Department of General Services shall conduct an assessment of all property
owned by the government of the District of Columbia, vacant property, or property available for
rent or lease in Wards 7 and 8 to determine the feasibility and appropriateness of use for a child
development center capable of serving at least 85 infants and toddlers.

(b) OSSE shall develop recommendations using data obtained from the assessment to
determine which locations should be selected as potential child development centers as well as
recommendations for creating a facilities fund for the purposes of developing child care
development centers including providing rental, lease, and utilities assistance.

(c) OSSE shall select at least 4 different sites appropriate for use as a child development
center.

(d) OSSE shall select child care subsidy program providers to serve as operators of each
of the identified child development facilities selected through the assessment in subsection (a) of
this section.

(1) Providers selected under this section must provide home visiting and
community navigation services.

(2) Providers selected under this section must demonstrate the capacity to
effectively serve children with developmental delays and disabilities or demonstrate the capacity
to receive the necessary technical assistance and training to serve children with developmental
delays and disabilities.

(3) Providers selected under this section shall coordinate with the family’s
medical home or primary care provider to share screening results.
(4) Providers must commit to ensuring that no less than 50% of enrollment is of children eligible for the child care subsidy program.

(5) Providers shall use the community resource center to screen for developmental, behavioral, and social determinants of health needs.

(e) Selected operators must already operate a child development center with the highest designation for quality in the District of Columbia and demonstrate capacity to administer expansion.

Sec. 202. Reimbursement for infant and toddler services at child development homes and child development centers.

(a) By October 1, 2018, OSSE shall determine the reimbursement rates for infant and toddler child development centers and child development homes, so that a typical provider would have sufficient funding to operate based on data from the March 11, 2016 study ‘Modeling the Cost of Care in the District of Columbia’ Study authored by OSSE.

(b) By July 1, 2018, OSSE shall develop a competitive lead teacher and teacher assistant compensation scale for child development homes and child development centers in line with the data from the “Modeling the Cost of Care in the District of Columbia” Study.

(1) By October 1, 2018, OSSE shall conduct an analysis of appropriate salaries required to recruit and retain qualified lead teachers and teaching assistants.

(A) An analysis shall be conducted on a biannual basis to update the lead teacher and teacher assistant compensation scale.

(2) Child development centers and child development homes receiving enhanced reimbursements under this act must, at a minimum, compensate teaching assistants and lead teachers on the scale developed by OSSE pursuant to §202(b).
Sec. 203. Expanding the Quality Improvement Network.

(a) OSSE and QIN Interagency Steering Committee shall lead an initiative to ensure the availability of the highest quality infant and toddler child care in Wards 7 and 8 for all Early Head Start eligible infants and toddlers by 2022 and citywide by 2025.

(b) OSSE, with consultation of the QIN Interagency Steering Committee, shall:

(1) Identify all child development home and child development center providers serving 50% or more Early Head Start eligible children in Wards 7 and 8 by 2018;

(2) Analyze whether the child development homes and child development centers identified in §203(b)(1) have the capacity to provide the highest quality, culturally and linguistically competent, early care and education to all children including children with developmental delays and disabilities;

(3) Determine whether the QIN is capable of ensuring all child development homes and child development centers identified in §203(b)(1) have the capacity to provide the highest quality, culturally and linguistically competent, early care and education to all children including children with developmental delays and disabilities;

(A) If the QIN is not capable of ensuring all child development homes and child development centers identified in §203(b)(1) have the capacity to provide the highest quality, culturally and linguistically competent, early care and education to all children including children with developmental delays and disabilities, OSSE shall determine additional resources the QIN needs to accomplish this goal and report its conclusions to the Mayor, Council, DC Interagency Coordinating Council for Part C of IDEA, and SECDCC.

(4) Report annually on progress towards ensuring all child development homes and child development centers identified in §203(b)(1) are capable of providing the highest
quality, culturally and linguistically competent, early care and education to all children including children with developmental delays and disabilities by 2022;

(5) Report annually on progress towards ensuring all child development homes and child development District-wide are capable of providing the highest quality, culturally and linguistically competent, early care and education to all children including children with developmental delays and disabilities by 2025;

(6) The annual report shall include a determination of funding levels required to ensure all child development homes and child development centers identified in §203(b)(1) are capable of providing the highest quality, culturally and linguistically competent, early care and education to all children including children with developmental delays and disabilities by 2022 and to ensure all child development homes and child development centers District wide are capable of providing the highest quality, culturally and linguistically competent, early care and education to all children including children with developmental delays and disabilities by 2025.

Sec. 204. Workforce development.

(a) DMHHS shall make funding available to the Community College at the University of the District of Columbia to select no less than two community based child development centers to partner with the Community College’s Early Childhood Infant and Toddler degree program for on-site classes for early childhood professionals.

(b) The selected child development centers with support from the Community College shall make available facilities and family supports, such as child program participants.

TITLE III. FISCAL IMPACT STATEMENT; EFFECTIVE DATE

Sec. 301. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal
impact statement required by section 4a of the General Legislative Procedures Act of 1975,

Sec. 302. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the
Mayor, action by the Council to override the veto), a 30-day period of congressional review as
provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
Columbia Register.