

☐ Code of the District of Columbia

§ 7–1234.02(Perm). Perinatal Mental Health Task Force.

- (a) There is established a Perinatal Mental Health Task Force to provide comprehensive policy recommendations for the improvement of perinatal mental health in the District. The Task Force shall study and make recommendations regarding:
- **(1)** Vulnerable populations and risk factors for perinatal mental health disorders that may occur during the perinatal period;
- **(2)** Evidence-based and promising practices for those with or at risk of perinatal mood and anxiety disorders, including related clinical and nonclinical care such as peer support and community health workers through the public and private sectors that promotes access to care, including screening, diagnosis, intervention, treatment, recovery, and prevention services;
- (3) Barriers to access to care during the perinatal period for birthing people and their partners and identifying evidence-based and promising practices for care coordination, systems navigation, and case management services that address and eliminate barriers to accessing care and care utilization for birthing people and their partners;
- **(4)** Evidence-informed practices that are culturally congruent and accessible to eliminate racial and ethnic disparities that exist in addressing prevention, screening, diagnosis, intervention and treatment, and recovery from perinatal mood and anxiety disorders;
- **(5)** National and global models that successfully promote access to care, including screening, diagnosis, intervention, treatment, recovery, and prevention services for perinatal mood and anxiety disorders in the pregnant or postpartum person and non-birthing partner;

- **(6)** Community-based or multigenerational practices that support individuals and families affected by a maternal mental health condition;
- (7) Successful initiatives regarding workforce development encompassing the hiring, training, and retention of a behavioral health care workforce as it relates to perinatal mental health, including maximizing non-traditional behavioral health supports such as peer support and community health workers;
 - (8) Models for private and public funding of perinatal mental health initiatives; and
- **(9)** A landscape analysis of available perinatal mental health programs, treatments, and services, and notable innovations and gaps in care provision and coordination, encompassing the ability to serve the diversity of perinatal experiences of unique populations, including Black birthing people, Hispanic birthing people, pregnant and postpartum people of color, perinatal immigrant populations, adolescents who are pregnant and parenting, LGBTQIA+ birthing people, child welfare involved birthing people, disabled, justice involved, incarcerated, and homeless birthing people, and their non-birthing partners.
- **(b)** By August 31, 2023, the Task Force shall submit to the Mayor and the Council a comprehensive report setting forth its findings and providing recommendations regarding legislation, policy initiatives, and the funding requirements of initiatives to address perinatal mental health needs in the District.
 - (c) The Task Force shall consist of 21 members as follows:
 - (1) The Deputy Mayor for Health and Human Services or his or her designee;
 - (2) The Director of the Department of Behavioral Health or his or her designee;
 - (3) The Director of the Department of Health or his or her designee;
 - (4) The Director of the Department of Health Care Finance or his or her designee;
 - (5) The Chairperson of the Council's Committee on Health or his or her designee; and
- **(6)** The Chairperson of the Council's Committee on Human Services or his or her designee; and

- (7) The following members appointed by the Mayor in accordance with $\frac{1-523.01(f)(71)}{1}$:
- **(A)** At least 4 members that are members of the community or advocates and meet at least one of the following standards:
 - (i) An individual with current or past perinatal mood and anxiety disorders;
- (ii) A caregiver or partner to those with current or past perinatal mood and anxiety disorders; or
- (iii) An advocate informed about perinatal mental health in the District, who is also a beneficiary of perinatal mood or anxiety disorder treatment;
- **(B)** At least one representative from a managed care organization contracted in the District;
- **(C)** At least 3 representatives from nonprofit health centers serving birthing populations;
- **(D)** A registered nurse experienced in providing perinatal mental health services in the District;
- **(E)** A licensed pediatrician experienced in providing perinatal mental health services in the District;
- **(F)** An obstetrician experienced in providing perinatal mental health services in the District;
- **(G)** A licensed clinical psychologist or psychiatrist with experience providing perinatal mental health services in the District;
 - (H) A doula;
 - (I) One of the following:
 - (i) A certified midwife practicing in the District;
 - (ii) A certified nurse-midwife practicing in the District; or

- (iii) A certified professional midwife practicing in the District; and
- (J) A representative of a home visiting program operating in the District.
- **(d)** In constituting the Task Force, the Mayor should consider geographic and socioeconomic representation.
- **(e)** The Mayor shall designate 2 co-chairs of the Task Force, one each from the government and non-government sectors.
- **(f)** Vacancies shall be filled in the same manner as the original appointment to the position that became vacant.
- **(g)** The Department of Health Care Finance shall publish on its website a public listing of Task Force members, meeting notices, and meeting minutes.
- **(h)** The Task Force shall dissolve after submitting the report required pursuant to subsection (b) of this section.

(Sept. 21, 2022, D.C. Law 24-167, § 5043, 69 DCR 9223.)

PUBLICATION INFORMATION

Current through

Dec. 28, 2022

Last codified Emergency Law:

Act 24-716 effective Dec. 28, 2022

Last codified D.C. Law:

Law 24-234 effective Dec. 21, 2022

Last codified Federal Law:

Public Law 115-334 approved Dec. 20, 2018

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