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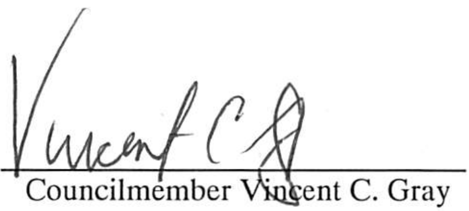
3 
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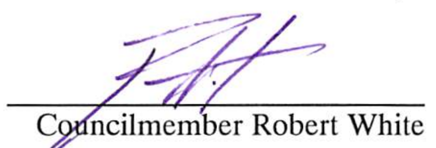
7 
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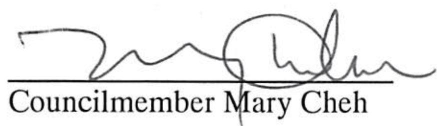
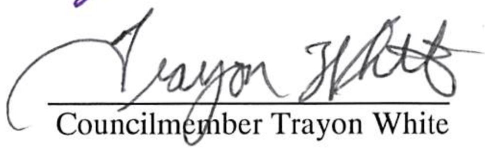
11  
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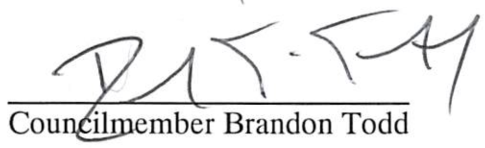
15 
16 Councilmember Brandon Todd

A BILL

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17
18 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
19
20 ____________________
21
22
23 To require the Deputy Mayor for Health and Human Services to expand and coordinate health
24 care for infants and toddlers under age 3 in the District of Columbia including increasing
25 the utilization of breastfeeding among new mothers, strengthening the existing lactation
26 support infrastructure in the East End of the District, to require participating primary care
27 and prenatal care providers to provide patient centered care to pregnant women, new
28 mothers, and babies to prevent peripartum mental health problems, enhance parent-child
29 relationships, enhance parenting skills, and address social determinants of health,
30 establishing the lactation professional certification preparatory program, to require OSSE
31 to assess the state of existing child care facilities and government-owned facilities
32 capable of serving as child care facilities in Wards 7 and 8, to require OSSE to select
33 child development providers to operate at least 4 child development homes and child
34 development centers, and to require OSSE to develop a competitive compensation scale
35 for lead teachers and teaching assistants.
36
37 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
38 act may be cited as the "Infant and Toddler Developmental Health Services Act of 2017".
39 TITLE I. DEFINITIONS; HEALTHYSTEPS PEDIATRIC PRIMARY CARE
40 DEMONSTRATION; HELP ME GROW EXPANSION; LACTATION PROFESSIONAL
41 CERTIFICATION PREPARATORY PROGRAM; COMMUNITY RESOURCE CENTER

42 PILOT.

43 Sec. 101. Definitions.

44 For the purposes of this act, the term:

45 (1) "Certified Lactation Counselor" means a certified health professional has

46 received training and competency verification in breastfeeding counseling and management

47 support.

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

49 (3) "Child development center" shall have the same meaning as provided in

50 section 2(2) of the Day Care Policy Act of 1979, effective September 19, 1979 (D.C. Law 3-16;

51 D.C. Official Code § 4-401(2)).

52 (4) "Child development home" shall have the same meaning as provided in

53 section 2(3) of the Day Care Policy Act of 1979, effective September 19, 1979 (D.C. Law 3-16;

54 D.C. Official Code § 4-401(3)).

55 (5) "Community based social services" services that address the social

56 determinants of health and contribute to the well-being of families, communities, and

57 populations.

58 (6) "Community health worker" means a public health worker who provides

59 community navigation services.

60 (7) "Community navigation services" means connecting to services intended to

61 help individuals access care in their home and community by identifying and reducing barriers

62 including appointment scheduling, transportation, other wrap-around community and agency

63 support services, medical support where appropriate, home environment assessments when

64 appropriate, accompaniment, referrals, health education, and counseling.

65 (8) "Community resource center" is a virtual entity employing a software
66 platform which enables healthcare providers and community-based social services that work
67 with high needs populations to use a web based tool to screen for trauma, developmental health,
68 behavioral health, and social determinants of health needs that affect health outcomes, such as
69 poverty, food insecurity, housing instability, and domestic and community violence.
70 (9) "DBH" means the Department of Behavioral Health.
71 (10) "D.C. Interagency Coordinating Council for Part C of IDEA" means the
72 council established by The Individuals with Disabilities Education Act 2004 (IDEA) Code of
73 Federal Regulations (CFR) 34 §303.600 - §303.604 and §303.650 - §303.654 which requires
74 each state participating in IDEA Part C Early Intervention Services to establish an Interagency
75 Coordinating Council.
76 (11) "DHCF" means the Department of Health Care Finance.
77 (12) "Early Stages" is a District of Columbia Public Schools assessment center for
78 children that helps identify any delays that children may have and arranges services to address
79 them.
80 (13) "Early and Periodic Screening Diagnostic and Treatment" or "EPSDT" is the
81 child health component of Medicaid which stipulates that children under the age of 21 who are
82 enrolled in Medicaid are entitled to EPSDT benefits and that states must cover a broad array of
83 preventative and treatment services.
84 (14) "DMHHS" means the Office of the Deputy Mayor for Health and Human
85 Services.
86 (15) "DOH" means the Department of Health.

87 (16) "Early Head Start" is a federally funded community-based program for low-
88 income families with pregnant women, infants, and toddlers up to age 3.
89 (17) "HealthySteps" is a pediatric primary care model that implements a child
90 development professional, to the practice who partners with families during well-child visits,
91 coordinates screening efforts, and problem-solves with parents for common and complex child-
92 rearing and other challenges.
93 (18) "Home visiting" means services, including services provided through Strong
94 Start and home visiting programs for parents with intellectual disabilities who have children, that
95 reach pregnant women, expectant fathers, parents, and caregivers of children for the purposes of
96 fostering a healthy home environment.
97 (19) "International Board Certified Lactation Consultant" or "IBCLC" is a
98 healthcare professional certified by the International Board of Lactation Consultant Examiners
99 and independently accredited by the National Commission for Certifying Agencies of the
100 Institute for Credentialing Excellence who specializes in the clinical management of
101 breastfeeding.
102 (20) "Medicaid managed care organization" or MCO means an organization that
103 provides for the delivery of Medicaid health benefits and additional services through a contracted
104 arrangement with the Department of Health Care Finance.
105 (21) "Medical neighborhood" means a clinical-community partnership that
106 includes the medical and social supports necessary to enhance health, including home visiting
107 programs, food access programs, housing programs, employment programs, mental and
108 behavioral health resources for parents and children, and child care facilities, with the family-

109 centered medical home serving as the family's primary hub and coordinator of health care

110 delivery.

111 (22) "Medicaid program" means the program authorized by title 19 of the Social

112 Security Act and by §1-307.02, and administered by the Department of Health Care Finance.

113 (23) "National Committee for Quality Assurance recognition" or "NCQA

114 recognition" means recognition provided by the National Committee for Quality Assurance to

115 acknowledge practice or clinicians that implement the latest clinical procedures to ensure quality

116 comprehensive health care delivery.

117 (24) "OSSE" means the Office of the State Superintendent for Education.

118 (25) "Patient-centered medical home" is a care delivery model whereby patient's

119 treatment is coordinated through their primary care physician to ensure they receive the

120 necessary care when and where they need it, in a manner they can understand.

121 (26) "Primary care" means care provided by a physician, including a family

122 practice physician, an internal medicine physician, a pediatricians, and an OB/GYN physician,

123 specifically trained for and skilled in comprehensive first contact and continuing care for persons

124 with any undiagnosed sign, symptom, or health concern not limited by problem origin

125 (biological, behavioral, or social), organ system, or diagnosis.

126 (27) "Program" means the HealthySteps Pediatric Primary Care Demonstration.

127 (28) "QIN" or "Early Childhood Quality Improvement Network" means the

128 network through which groups of providers share resources and receive training and coaching to

129 improve the level of quality in their programs.

130 (29) "SECDCC" means the State Early Childhood Development Coordinating

131 Council.

132 (30) "Social determinants of health" means the structural determinants and
133 conditions in which people are born, grow, live, work and age including socioeconomic status,
134 education, the physical environment, employment, and social support networks, as well as access
135 to health care.
136 (31) "Strong Start DC Early Intervention Program" or "Strong Start" is a district-
137 wide, comprehensive, coordinated, multidisciplinary system that provides early intervention
138 therapeutic and other services for infants and toddlers with disabilities and developmental delays
139 and their families.
140 Sec. 102. HealthySteps Pediatric Primary Care Demonstration.
141 (a) DMHHS shall establish and lead a 2 year HealthySteps Pediatric Primary Care
142 Demonstration Program ("Program") to implement:
143 (1) HealthySteps; and
144 (2) Co-located lactation support services in selected primary care facilities.
145 (b) Primary care clinics located in Wards 7 or 8 serving a population of 50% Medicaid-
146 eligible families with children under 3 are eligible to apply.
147 (c) In addition to the primary care clinics described in §102(b), at least one prenatal care
148 clinic, regardless of location, serving a significant number of Ward 7 and 8 mothers evidenced
149 through the home address of the patients under its care, shall be selected to participate in the
150 Program. In selecting the prenatal care clinic for participation in the program, DMHHS shall give
151 great weight to the applying clinics serving the highest number of Ward 7 and Ward 8 mothers.
152 (d) Each application submitted to DMHHS for participation in the Program shall include
153 a detailed description of:
154 (1) Demographic data on the current pediatric population served including:

155 (A) Race;

156 (B) Ethnicity;

157 (C) Income level;

158 (D) Languages spoken;

159 (E) Geographic location by Ward and state; and

160 (E) Education

161 (2) The current approaches to health promotion, screening, prevention, and

162 wellness for families with children under 3.

163 (3) The current engagement within health provider network including referral

164 relationships with community based social service providers and home engagement services;

165 (4) Plans to integrate a child development specialist and a community health

166 worker to engage with families and children into the practice.

167 (5) Plans for referrals, care coordination, and data sharing with Early Head Start

168 aligned programs, QIN, home visiting programs, and Strong Start;

169 (6) Plans to coordinate with family support services to address challenges such as

170 parental depression, mental and behavioral health, substance use, domestic abuse, food, housing,

171 and other social determinants of health;

172 (7) Plans to engage an entity with expertise in implementing the HealthySteps for

173 initial and ongoing training of the pediatric primary care staff;

174 (8) Plans to provide support to parents around improved parent-child interactions,

175 child language development, and complex parenting challenges;

176 (9) Plans to offer lactation support services including consultative services and

177 individual and group education classes;

178 (10) Staffing plans for lactation support services;

179 (11) Plans for care coordination with and referrals to co-located lactation support

180 services;

181 (12) Current follow through rate of behavioral health referrals;

182 (13) Plans to improve the health literacy of their patients when necessary; and

183 (14) Other information as required by DMHHS.

184 (d) Participating clinics will receive funding to implement the Program, including:

185 (1) Funding to implement HealthySteps;

186 (2) Funding to obtain or maintain National Committee on Quality Assurance

187 Patient Centered Medical Home recognition;

188 (3) Funding assistance for International Board Certified Lactation Consultants,

189 Certified Lactation Counselors, or other lactation support professionals commensurate with the

190 number of families served;

191 (4) Funding to obtain a community health worker for the purposes of providing

192 community navigation services;

193 (5) Funding to obtain and operate the community resource center; and

194 (6) Funding for training, evaluation, and service delivery.

195 (e) DMHHS shall coordinate with agencies under its purview and consult with selected

196 primary care facilities to determine and provide effective incentives to families for utilization of

197 the lactation support services and follow through on referrals to organizations providing

198 community based social services.

199 (f) DMHHS shall determine the feasibility of the co-location of Special Supplemental

200 Nutrition Program for Women, Infants, and Children (WIC) clinic site in the selected facilities.

201 Sec. 103. Evaluation, Advisory Committee.

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

203 (1)Adherence to a schedule of well-baby visits in accordance with Early and

204 Periodic Screening, Diagnostic and Treatment (EPSDT);

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

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

207 (4) Parent-child interactions;

208 (5) Parental support;

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

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

211 (A) Number of referrals made to Strong Start, development health and

212 behavioral health services;

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

214 services;

215 (C) Number of referrals in which the patient followed through for

216 behavioral health services

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

218 services;

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

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

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

222 (H) Number of children connected to social services;

223 (I) Number of children involved in a home visiting program;

224 (J) Number of children that were not placed in a home visiting program

225 due to lack of available slots; and

226 (K) Mothers referred to lactation support services.

227 (8) Number of breastfeeding clients served;

228 (9) Breastfeeding initiation and duration rates; and

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

230 (b) DMHHS shall work with participating clinics and an external evaluation partner to

231 produce an annual report submitted to the Mayor, Council of the District of Columbia, QIN

232 Inter-agency Steering Committee, D.C. Interagency Coordinating Council for Part C of IDEA,

233 and OSSE.

234 (c) The external evaluation partner shall be selected within 180 days after the effective

235 date of this act.

236 (d) DMHHS shall convene, on a quarterly basis, the participating clinics and associated

237 managed care organizations to identify:

238 (1) Medicaid reimbursement needed for providers to achieve scale and

239 sustainability of the Program;

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

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

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

243 (e) DHCF shall direct MCOs to provide needed reimbursement to clinics participating in

244 the Program for associated services.

245 (f) DMHHS shall establish an advisory committee to be led by the external evaluation

246 partner to convene participating clinics to support each other on implementation of HealthySteps

247 with at least 50% representation from parents, Early Head Start providers or child care providers
248 participating in the Quality Improvement Network, and home visitation providers
249 Sec. 104. Expansion of Help Me Grow.
250 (a) DOH shall implement the Help Me Grow Program District wide by October 1, 2018.
251 (b) DOH shall ensure the Help Me Grow program serves as a resource and referral
252 system to address the developmental and health needs of young children by providing a
253 dedicated communication line for health professionals, families, and service providers.
254 (c) This program shall include the following:
255 (1) A centralized, culturally competent, toll-free phone line for families, health
256 professionals, and service providers;
257 (A) At a minimum, the toll free line should include services in English,
258 Spanish, Vietnamese, Chinese, Amharic, and French.
259 (2) An up-to-date directory of programs and services, including all those
260 administered by the DOH, CFSA, DBH, OSSE, DHCF;
261 (3) A data system that allows Help Me Grow to report on the health and
262 developmental status of children ages birth to five, service gaps, and effectiveness of the referral
263 process, including home visiting referrals and enrollment;
264 (4) Support implementation of a common screening tool that systematically
265 identifies families' needs and the corresponding home visitation program, and subsequently
266 refers them to the appropriate home visitation or Strong Start program;
267 (A) DOH shall determine whether the community resource center can be
268 utilized as the screening tool described in §105(4)(A).
269 (5) Conducts culturally and linguistically appropriate outreach and materials to

270 enhance families' knowledge of child development and available services; and

271 (6) Identifies gaps in knowledge among pre-natal and pediatric primary care

272 providers regarding developmental screening and provide training to District based providers to

273 increase knowledge of screening and of Help Me Grow.

274 (c) DOH, in collaboration with DHCF, shall develop a plan to provide a unique child

275 identifier upon generation of a birth certificate by October 1, 2019 and implement within 18

276 months of completion for the purpose of tracking data on children's developmental screening

277 results, referrals, and other data related to child health and well-being.

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

279 (a) DOH shall produce an annual report submitted to the Mayor, Council, DC

280 Interagency Coordinating Council for Part C of IDEA, SECDCC, and the QIN Inter-agency

281 Coordinating Committee providing information on the health status of children under 3 and other

282 metrics consistent with the goals of this program.

283 (b) DOH shall provide a semi-annual report on progress towards implementing Help Me

284 Grow districtwide by October 1, 2018, including barriers to implementation, to Mayor, Council,

285 DC Interagency Coordinating Council for Part C of IDEA, SECDCC, and the QIN Inter-agency

286 Coordinating Committee.

287 (c) DMHHS shall coordinate with DOH, DHCF and OSSE to create a data sharing

288 agreement to provide ongoing data on the developmental and health screening at one-year

289 intervals through age 5 to be utilized across Strong Start, Early Stages, OSSE, and health centers,

290 in coordination with OSSE's Early Development Inventory data.

291 Sec. 106. Home visitation.

292 (a) DMHHS shall coordinate with DOH, CFSA, and community based home visiting

293 programs for the purposes of guaranteeing access to home visitation services to all families with
294 children under 3 in in-home CFSA placements.
295 (b) DMHHS shall utilize the Help Me Grow database to provide an annual report
296 regarding CFSA participation in home visiting programs and outcomes as well as progress
297 towards providing access to home visiting services to all CFSA involved families with children
298 under 3.
299 Sec. 107. Lactation professional certification preparatory program.
300 (a) DMHHS shall coordinate with an institute of higher learning and an existing provider
301 of a lactation consultant preparatory course to establish a Lactation certification preparatory
302 program (LPCPP).
303 (b) The LPCPP shall offer the following:
304 (1) A culturally and linguistically competent coursework module providing
305 instruction in required educational areas necessary to become a certified International Board
306 Certified Lactation Consultant.
307 (2) Assistance with identifying sites to obtain the required clinical practice
308 experience; and
309 (3) Mentorship from experienced IBCLCs to help prepare for the IBLCE exam
310 and a career in lactation support.
311 (b) Completion of the module shall not require the obtainment of a degree or
312 certification.
313 (c) DMHHS shall provide a subsidy for the cost of placement in the LPCPP.
314 Sec. 108. Community resource center pilot.
315 (a) DMHHS shall lead a 3-year community resource center pilot program with agencies

316 under its purview, OSSE and FEMS.

317 (b) DMHHS shall develop a plan to:

318 (1) Ensure the community resource center is utilized to screen residents for

319 behavioral health, developmental health, and social determinants of health needs, including

320 housing needs, trauma, food access needs, and child care needs, across agencies where residents

321 access care and when and where appropriate;

322 (2) Screening results associated with home visiting services shall be shared with

323 the database established though the Help Me Grow program.

324 (3) Refer residents to appropriate federal, District, and community resources to

325 address their needs including to clinics participating in the Program.

326 (c) DMHHS shall submit a plan to the Mayor and the Council detailing how the

327 community resource center will be deployed across the agencies within 180 days after the

328 effective date of this act.

329 (d) DMHHS shall identify all screening tools used to screen residents for health needs

330 and determine the feasibility of utilizing a universal tool for all health screenings.

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

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

333 (a) DBH shall expand the Healthy Futures program to provide mental health consultation

334 in all child care subsidy program provider facilities.

335 (b) Within 180 days of the effective date of this act, the DBH must create a plan to

336 achieve this goal that will be shared with the Mayor, Council, DC Interagency Coordinating

337 Council for Part C of IDEA, SECDCC, and the QIN Inter-agency Coordinating Committee.

338 TITLE II. CHILD CARE DEVELOPMENT FACILITIES; EXPANDING QUALITY

339 IMPROVEMENT NETWORK.

340 Sec. 201. Identification of District child development centers.

341 (a) The Department of General Services shall conduct an assessment of all property

342 owned by the government of the District of Columbia, vacant property, or property available for

343 rent or lease in Wards 7 and 8 to determine the feasibility and appropriateness of use for a child

344 development center capable of serving at least 85 infants and toddlers.

345 (b) OSSE shall develop recommendations using data obtained from the assessment to

346 determine which locations should be selected as potential child development centers as well as

347 recommendations for creating a facilities fund for the purposes of developing child care

348 development centers including providing rental, lease, and utilities assistance.

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

350 center.

351 (d) OSSE shall select child care subsidy program providers to serve as operators of each

352 of the identified child development facilities selected through the assessment in subsection (a) of

353 this section.

354 (1) Providers selected under this section must provide home visiting and

355 community navigation services.

356 (2) Providers selected under this section must demonstrate the capacity to

357 effectively serve children with developmental delays and disabilities or demonstrate the capacity

358 to receive the necessary technical assistance and training to serve children with developmental

359 delays and disabilities.

360 (3) Providers selected under this section shall coordinate with the family's

361 medical home or primary care provider to share screening results.

362 (4) Providers must commit to ensuring that no less than 50% of enrollment is of
363 children eligible for the child care subsidy program.
364 (5) Providers shall use the community resource center to screen for
365 developmental, behavioral, and social determinants of health needs.
366 (e) Selected operators must already operate a child development center with the highest
367 designation for quality in the District of Columbia and demonstrate capacity to administer
368 expansion.
369 Sec. 202. Reimbursement for infant and toddler services at child development homes and
370 child development centers.
371 (a) By October 1, 2018, OSSE shall determine the reimbursement rates for infant and
372 toddler child development centers and child development homes, so that a typical provider would
373 have sufficient funding to operate based on data from the March 11, 2016 study 'Modeling the
374 Cost of Care in the District of Columbia" Study authored by OSSE.
375 (b) By July 1, 2018, OSSE shall develop a competitive lead teacher and teacher assistant
376 compensation scale for child development homes and child development centers in line with the
377 data from the "Modeling the Cost of Care in the District of Columbia" Study.
378 (1) By October 1, 2018, OSSE shall conduct an analysis of appropriate salaries
379 required to recruit and retain qualified lead teachers and teaching assistants.
380 (A) An analysis shall be conducted on a biannual basis to update the lead
381 teacher and teacher assistant compensation scale.
382 (2) Child development centers and child development homes receiving enhanced
383 reimbursements under this act must, at a minimum, compensate teaching assistants and lead
384 teachers on the scale developed by OSSE pursuant to §202(b).

385 Sec. 203. Expanding the Quality Improvement Network.

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

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

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

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

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

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

406 (4) Report annually on progress towards ensuring all child development homes
407 and child development centers identified in §203(b)(1) are capable of providing the highest

408 quality, culturally and linguistically competent, early care and education to all children including

409 children with developmental delays and disabilities by 2022;

410 (5) Report annually on progress towards ensuring all child development homes

411 and child development District-wide are capable of providing the highest quality, culturally and

412 linguistically competent, early care and education to all children including children with

413 developmental delays and disabilities by 2025;

414 (6) The annual report shall include a determination of funding levels required to

415 ensure all child development homes and child development centers identified in §203(b)(1) are

416 capable of providing the highest quality, culturally and linguistically competent, early care and

417 education to all children including children with developmental delays and disabilities by 2022

418 and to ensure all child development homes and child development centers District wide are

419 capable of providing the highest quality, culturally and linguistically competent, early care and

420 education to all children including children with developmental delays and disabilities by 2025.

421 Sec. 204. Workforce development.

422 (a) DMHHS shall make funding available to the Community College at the University of

423 the District of Columbia to select no less than two community based child development centers

424 to partner with the Community College's Early Childhood Infant and Toddler degree program

425 for on-site classes for early childhood professionals.

426 (b) The selected child development centers with support from the Community College

427 shall make available facilities and family supports, such as child program participants.

428 TITLE III. FISCAL IMPACT STATEMENT; EFFECTIVE DATE

429 Sec. 301. Fiscal impact statement.

430 The Council adopts the fiscal impact statement in the committee report as the fiscal

431 impact statement required by section 4a of the General Legislative Procedures Act of 1975,

432 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

433 Sec. 302. Effective date.

434 This act shall take effect following approval by the Mayor (or in the event of veto by the

435 Mayor, action by the Council to override the veto), a 30-day period of congressional review as

436 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December

437 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of

438 Columbia Register.

439