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**Testimony before the District of Columbia Council
Committee on Health
May 1, 2014**

**Budget Oversight Hearing
Department of Health**

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Good morning Chairman Alexander and members of the Committee. My name is Judith Sandalow. I am the Executive Director of Children's Law Center (CLC) and a resident of the District. I am testifying today on behalf of CLC, the largest non-profit legal services organization in the District and the only devoted to a full spectrum of children's issues.¹ Last year, we provided services to more than 5,000 low-income children and families, with a focus on abused and neglected children, and on those with special health and educational needs.

Thank you for the opportunity to testify regarding the Mayor's proposed FY15 budget for the Department of Health. My testimony today will focus on home visiting, specifically, the importance of ensuring the financial sustainability of the District's home visiting programs, as well as the need to ensure the continued expansion of home visiting so that these programs reach all families who can benefit from them. With regard to the budget, I applaud the Mayor's proposed \$2.5 million investment to replace expiring federal funds for home visiting, and I urge the Council to approve this investment. Further, I urge the Committee to work with DOH and its sister Agencies to ensure that there is a long-term plan to ensure the continued expansion and sustainability of home visiting.

Introduction

As I testified during the Department of Health's Performance Oversight hearing earlier this year, home visiting programs send trained professionals into the homes of parents with young children, and serve a number of important purposes for families living in poverty.² Home visiting programs educate parents about child development and their children's developmental milestones, work with parents on building strong and healthy parent-child

relationships, ensure that parents are able to access medical care for their children, and connect parents and children to services in their communities that can meet their needs.³

Several studies have shown the positive impacts of home visiting programs in a variety of areas, including improved pre-natal health, improved birth weight and growth in babies, improved parent-child interactions, improved performance in measures of child development, and decreased frequency of abuse and neglect.⁴ More recent research has shown that home visiting can have a positive impact on a child's level of school readiness at the level of kindergarten and reduce the frequency of retention in first grade.⁵ Programs benefit not only children, but parents as well, as studies have shown that mothers who receive home visiting experience fewer subsequent pregnancies, increased rates of return to (or continuation in) school, and less criminal behavior and parental impairment due to substance abuse.⁶ Ultimately, home visiting is a way to reach families early, building parenting capacity, ensuring healthy child development, and reducing the need for more intensive and disruptive interventions later on in a child's life.

Challenges Facing Home Visiting

From a budgetary standpoint, the major challenge facing the District's home visiting programs is identifying stable, long-term funding sources to keep the availability of home visiting in line with demand. Although District providers have recently received funding to support program expansion, infrastructure improvements, and evaluation of programming, much of this funding is not permanent, and DOH needs to coordinate with other DC agencies who fund home visiting, as well as the provider community, to ensure that there is a long-term plan to fund home visiting and that the availability of programming will not be adversely

affected as current funding expires. This need for funding to ensure home visiting's long-term sustainability is even more pressing because, even with on-going expansion, there are still far more families in the District who could benefit from home visiting than there are slots in existing programs. The DC Home Visiting Council estimates that each year, there are over 1,800 children born in the District who are considered high risk developmentally due to a variety of factors, including inadequate prenatal care, premature birth, being born to teen parents,⁷ and the effects of poverty.⁸ These children and their families are precisely the population who would benefit from access to high-quality home visiting programs. The number of children in need, however, far outstrips the combined annual capacity of all home visiting programs in the District – about 935 families per year.⁹ Sustainability, therefore, is not just a question of maintaining current capacity; District agencies must collectively assess the level of need for home visiting among vulnerable children and families and fund programming at levels that meet community demand.

We are pleased to see that the Mayor has proposed an additional \$2.5 million in local funding for home visiting, which will replace federal funding set to expire in 2015.¹⁰ While this does not represent the type of long-term plan that will ultimately be needed, it should prevent a precipitous drop-off in existing programming and give the DC Government and stakeholders time and an opportunity to find a workable solution to the sustainability challenges ahead. I hope that DOH and its sister agencies seize the opportunity to put home visiting on a stable foundation for the long run and properly align program capacity with the number of children and families in the District who are in need.

Thank you for the opportunity to testify and I look forward to any questions.

¹ Children’s Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. We are the largest provider of free legal services in the District and the only to focus on children’s comprehensive needs. Our 90-person staff partners with local pro bono attorneys to serve more than 5,000 at-risk children and their families each year. We use this expertise to advocate for changes in the District’s laws, policies and programs. Learn more at www.childrenslawcenter.org.

² Children’s Law Center’s Testimony before the Committee on Health, March 7, 2014.

³ Home Visiting Council, *Home Visiting Questions & Answers*. http://www.dchomevisiting.org/wp-content/uploads/2013/11/DCHVC_br_FNLlo.pdf

⁴ American Academy of Pediatrics, *The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families* (1998). <http://pediatrics.aappublications.org/content/101/3/486.full>

⁵ Libby Dogget, *New Research Strengthens Home Visiting Field, Zero to Three*, p. 7-8 (January, 2013). <http://zerotothree.org/zttjournal/new-research-strengthens-home-visiting.pdf>

⁶ *See, supra*, note 4.

⁷ Children born to young parents are more likely to be born into poverty and with health concerns, including low birth weight. Department of Health, *Maternal Infant & Early Childhood Home Visiting Program* (2012), p. 7. <http://www.dcfpi.org/wp-content/uploads/2012/11/ProjNarrative-1.pdf>

⁸ DC Fiscal Policy Institute, *Local Investment in Home Visiting Will Sustain Critical Supports for Early Childhood Development*, April 24, 2014. <http://www.dcfpi.org/local-investment-in-home-visiting-will-sustain-critical-supports-for-early-childhood-development>

⁹ *Id.*

¹⁰ DOH Proposed Budget FY15, E-67.