616 H Street, NW · Suite 300
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
www.childrenslawcenter.org

Testimony before the District of Columbia Council
Committee on Health
March 7, 2014

Performance Oversight Hearing
Department of Health

Judith Sandalow
Executive Director
Children's Law Center

Good morning Chairman Alexander and members of the Committee on Health. My name is Judith Sandalow. I am the Executive Director of Children's Law Center[1] (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 such organization devoted to a full spectrum of children's legal services. Every year, we represent more than 2,000 low-income children, focusing on children who have been abused and neglected and children with special health and educational needs. The children we serve face a range of challenges, from the lingering effects of abuse and neglect, to complex mental health needs, to the need for a variety of services to put them on the path to long-term stability. I appreciate this opportunity to testify regarding the performance of the Department of Health, and will focus today on two areas that are especially important to our children and families: The need for high-quality home visiting programs in the District and the growing need for interagency collaboration to meet children and families' needs.

Home Visiting

Children born in the District face a number of risk factors in early childhood that are associated with poor health and other negative outcomes. Roughly 30% of all children between the ages of zero and five live in poverty,[2] and 15% of all live births in the District in 2010 were to mothers under the age of 21.[3] These are both well above the national averages of 21% and 9%, respectively.[4] Studies show that children born and raised in poverty are at risk for a range of challenges, including poor prenatal care, inadequate nutrition, low quality childcare, and exposure to trauma, abuse, and violent crime, among other things.[5] Children born to young parents are more likely to be born into poverty and with health concerns (including premature

birth and low birth weight).[6] These risk factors have the potential to lead to developmental and other delays if left unaddressed. In short, there are thousands of children in the District who are at risk for health issues and developmental delays, and are in need of further support in order to avoid, or at least mitigate, the poor health outcomes associated with poverty.

It is for these children that quality home visiting programs can make a life-altering difference. Home visiting is a simple idea with a big payoff: send a trained professional to visit regularly with a new or expecting parent to provide education and support. Home visiting programs cover a number of areas, including educating parents about their children's developmental milestones, teaching parents how to build strong parent-child attachments, ensuring that parents know how to obtain medical care for their children, and helping parents access services they need in order to build their parenting capacity.[7] 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.[8] 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.[9] 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.[10] Ultimately, quality home visiting programs can play a vital role in supporting families early in children's lives, thereby preventing more intensive and disruptive interventions later.

Expansion of Home Visiting in the District

There have been some positive developments in the growth of DC's home visiting programs in the last year.

DOH reports that in May, 2012 it awarded contracts to Mary's Center and The Family Place to implement the evidence-based Home Instructions for Parents of Preschool Youngster (HIPPY) and Parents as Teachers (PAT) program models.[11] Over the course of FY 13, these providers recruited and enrolled a combined 192 families.[12] In October, 2012, the District was also awarded $4.5 million via a competitive federal grant from the U.S. Department of Health and Human Services Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to expand existing home visiting services using the evidence-based Healthy-Families America model.[13] While, as this Committee is aware, there were considerable unexplained delays in the contracting and procurement process for this grant,[14] in January, 2014, two providers, Mary's Center and The Healthy Babies Project, were awarded contracts, and are expected to add 60 families each in 2014, and up to 100 each in 2015.[15] As of 2012, the combined capacity of all evidence-based home visiting programs was a little over 600 families[16] – a small fraction of the number of District families living in poverty – so these recent investments, despite their small numbers, are a welcome development for families. We look forward to full implementation of the MIECHV grant in the coming year.

In addition to increasing program size, DOH has worked closely with the DC Home Visiting Council, an on-going partnership among DC agencies, providers, and family-serving organizations, to make it easier for families to locate home visiting services in the District. So far, these efforts have included the launch of a website that identifies all existing home visiting

programs in DC and gives visitors information about home visiting and its benefits, as well as a brochure that can be handed out to individuals interested in home visiting programs.[17] We applaud DOH's continued willingness to work with stakeholders, and hope that these efforts continue.

Challenges to Further Growth

While recent developments in home visiting have been promising, the last year has also revealed some challenges that need to be overcome in order for home visiting to continue to grow.

First, although we are pleased that contracts for the federal MIECHV grant were ultimately awarded, it is unacceptable that it took the DC Government 14 months from the time that it received the grant to issue a Request for Applications (RFA) so that providers could be selected.[18] During that time, the Home Visiting Council was in regular contact with DOH and received a succession of confusing explanations for the delay, including that the delay was due to unspecified Office of Contracting and Procurement (OCP) procedures.[19] These delays made it difficult for providers and stakeholders to plan for future programming, and more importantly, left children and parents who could benefit from home visiting programs unserved for more than a year. Ultimately, when DOH finally awarded contracts, its projections of the number of families that would be added through the MIECHV grant were well short of what was expected when the Department received the grant more than a year earlier.[20] While we are still unclear as to what caused such a long delay in the selection of providers and the release of funds, we hope that DOH and OCP will work together to ensure

that delays such as this do not occur in the future, as they could have dire consequences for home visiting's long-term sustainability.

Second, in the coming years, DOH and its partners will need to work together to continue the expansion of home visiting programs and ensure that such programs continue to receive the financial support they need. Even with recent and on-going expansion, the Home Visiting Council estimates that, given the high numbers of children living in poverty in DC, there are far more young children in the District who could benefit from evidence-based home visiting programs than could be served with existing capacity. Further, while the MIECHV grant will support expansion in 2014 and 2015, it is not a permanent funding source. In short, DC will need to find funding sources that, over the long -term, sustain and expand home visiting so that it reaches the maximum number of families who would benefit from it. This will require a continued commitment by DC Government agencies that fund home visiting, such as DOH and the Child and Family Services Agency (CFSA), as well as interagency coordination to ensure that when an agency acquires funding for home visiting, it is directed into high-quality programming that reaches families as quickly and efficiently as possible.

Finally, as the District seeks to ensure the continued expansion and sustainability of home visiting, it will also need to ensure that there is an on-going process for evaluating the effectiveness of home visiting programs as well as infrastructure to maintain the quality of home visiting programs. As part of the MIECHV grant, DOH will allocate resources toward an extensive evaluation of the Healthy Families America program and, in collaboration with the Home Visiting Council, has worked to identify core competencies and improve access to training for home visitors.[21] We are hopeful that DOH, in partnership with other agencies who

fund and rely on home visiting programs, will work with providers to expand evaluation of other models currently used in District home visiting programs, as well as quality assurance and professional development for providers.

Interagency Collaboration

For many of the children and families we work with, the services and supports they need span the offerings of multiple agencies and private providers. Because of this, it is essential that agencies work together so that children and families can benefit from agencies' shared expertise and resources. I am pleased to report the DOH has recognized this need for interagency collaboration, particularly in its work with CFSA.

Over the last two years, CFSA has shifted to a service model in which the agency works with increasing numbers of families in their homes and communities, linking them to local services so that children do not ultimately have to be removed and placed into foster care. Accordingly, the District's foster care population has dropped substantially, from 1,827 at the end of FY 11 to 1,215 as of December 31, 2013.[22] This significant change in agency practice has led to the need to greatly improve prevention services for families who are at risk of becoming involved in the child welfare system. DOH has worked closely with CFSA to answer the call for more of these services, collaborating with CFSA in a way that we believe will benefit the District's most vulnerable families. With assistance from DOH, CFSA plans to locate infant and maternal health specialists in all five Healthy Families/Thriving Communities Collaboratives.[23] Further, as DOH reports in its oversight responses, the Agency is coordinating with CFSA and Mary's Center to create a referral protocol for families that would benefit from home visiting programs.[24] This collaborative approach is a great example of how agencies can work together

to improve access and linkage to services, and we look forward to further interagency collaboration in the coming year.

Conclusion

Thank you again for the opportunity to testify and I welcome 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. Our 80-person staff partners with local pro bono attorneys to serve more than 2,000 at-risk children 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] Department of Health, *Maternal Infant & Early Childhood Home Visiting Program* (2012), p. 6. http://www.dcfpi.org/wp-content/uploads/2012/11/ProjNarrative-1.pdf

[3] *Id*., at 7.

[4] *Id*., at 6-7.

[5] *Id*., at 6.

[6] *Id*., at 7.

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

[8] 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

[9] 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

[10] *See*, *supra*, note *8*.

[11] Department of Health, Community Health Administration FY 13 Responses to the Health Committee's Oversight Questions, Q3.

[12] *Id.*

[13] Department of Health, Community Health Administration FY 13 Responses to the Health Committee's Oversight Questions, Q7.

[14] Letter from the District of Columbia Home Visiting Council to Councilmember Alexander and Councilmember McDuffie. Sent, via E-mail, December 4, 2013.

[15] Department of Health, Community Health Administration FY 13 Responses to the Health Committee's Oversight Questions, Q4.

[16] *See, supra,* note 2, Department of Health, *Maternal Infant & Early Childhood Home Visiting Program* (2012), p. 5.

[17] The Home Visiting Council's website, as well as a copy of the brochure, can be found at http://www.dchomevisiting.org/

[18] *See*, *supra*, note 14.

[19] *Id.*

[20] *See*, *supra,* note 2, Department of Health, *Maternal Infant & Early Childhood Home Visiting Program* (2012), p. 5. At that time, DOH projected that delivery of evidence-based services would increase from 629 families to 1100 families.

[21] Department of Health, Community Health Administration FY 13 Responses to the Health Committee's Oversight Questions, Q7.

[22] CFSA FY 14 Responses to the Human Services Committee's Oversight Questions, Q31.

[23] CFSA FY 14 Responses to the Human Services Committee's Oversight Questions, Q1.

[24] Department of Health, Community Health Administration FY 13 Responses to the Health Committee's Oversight Questions, Q4.