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Testimony Before the District of Columbia Council
Committee Health and Human Services
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Department of Health

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Introduction

Good morning Chairwoman Alexander and members of the Committee on Health and Human Services. My name is Judith Sandalow. I am the Executive Director of Children's Law Center[1] and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

I appreciate this opportunity to testify regarding the performance of the Department of Health. My testimony today will focus on two interventions that are vital to meeting the needs of children here in the District: Mental health services for children in schools and home visiting programming for parents of young children. The latest developments regarding the expansion of school-based mental health services (SBMP) represent a promising example of cross-agency collaboration that we hope will yield positive results for District students. Meanwhile, we believe there is still much work to be done to ensure the promise of evidence-based home visiting programs is realized for the thousands of District children who could benefit from them.

Mental Health Services in Schools

As we noted in testimony earlier this month regarding the Department of Behavioral Health (DBH), there remains a profound need to improve the delivery of mental health services to District children. DBH notes as many as 20% of District children and adolescents may have a mental health disorder that can be identified and requires treatment,[2] and with approximately

102,000 children and youth under the age of 21 enrolled in DC Medicaid alone, [3] that translates to more than 20,000 children who are likely in need of mental health services and support.[4]

One relatively recent development in the District's efforts to address this great need has been an increase in collaboration among District agencies to provide mental health services in schools. The *South Capitol Street Memorial Amendment Act of 2012* required that a comprehensive plan with a strategy for expanding early childhood and school-based behavioral health programs and services to all schools be developed by SY2016-2017.[5] As part of this mandate, the District, under the leadership of DBH has been slowly expanding the SBMP, with the program now in place in 68 schools and a plan to reach 70 schools by the end of this school year.[6] This is an increase from 64 schools in SY2014-2015[7] and 52 schools in SY2013-2014.[8] However, even with this growth, SBMP is still only in approximately 31% of schools in DC, and with no comprehensive list of services available at each school,[9] it is difficult to identify, let alone address, gaps in existing services.

Our hope is that this has begun to change. In December 2015, representatives from DOH, DBH, DC Public Schools (DCPS), the Public Charter School Board (PCSB), and community partners held a meeting to discuss the creation of a Comprehensive Plan for Expanding Early Childhood and School-Based Behavioral Health Services.[10] DBH reports that during this meeting, the agencies "explore[d] vision, current resources and services, and resources required to expand programs."[11] DOH reports, going forward, it will work with these agencies, as well as OSSE, DHS, and advocates, to "better align [their] efforts to provide school-based mental health services in the District."[12]

If these agencies are able to maintain a long-term working relationship around early childhood and school-based mental health and develop a truly comprehensive plan for serving children in schools, it will be tremendously beneficial to children across the District struggling with mental health issues. This recent development is exciting, and we hope it is made a priority and moves quickly from plan to action.

Home Visiting

Home visiting, a proven intervention for young children and their families, is one we need to fully support in order to create better outcomes for the District's most vulnerable children. Home visiting is a simple idea with a big pay-off: Send trained professionals into the homes of young children and expecting parents to offer support. Home visitors do many things, including ensuring parents know how to obtain medical care for their children, educating parents about child development to better recognize delays, working with parents to build their parenting capacity, and assisting parents in identifying other services their children will need in order to thrive.[13] As we have noted in the past, perhaps the greatest strength of home visiting programs is their versatility – once a child's or parent's challenges are identified, a home visitor can adapt his/her service delivery to ensure the family receives the support it needs.

The evidence shows home visiting programs work. Studies conducted in other jurisdictions 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.[14] Home visiting can also 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.[15] Programs benefit not only children, but parents as well. As studies have shown, 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.[16]

Home visiting programs have the potential to fill an important need here in the District. In 2014, there were 11,000 children in the District between birth and age five living in poverty.[17] Studies show children who are 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.[18] These risk factors have the potential to lead to developmental delays and other health issues if not identified early and addressed. Making matters more complicated for these families, the range of different District agencies offering services to overcome these challenges can be difficult for parents to navigate, particularly if they are not already involved with a particular agency. As we have noted in past testimony, the fragmentation of services for children here in the District makes it easier for children to fall through the cracks if families don't have help identifying and connecting to District programming.[19]

These families – families living in poverty with young children – are precisely the families for whom home visiting has been proven to work in other jurisdictions.[20] Further, with respect to District families confronting fragmented services, home visitors can serve as the "missing link" between families and the supports they need; building up parents' abilities to recognize their children's challenges and helping them to connect to services that address these challenges.

Yet in the District, it does not appear that home visiting is meeting its full potential. Although, as I've mentioned, the universe of children who might benefit is as large as 11,000, DOH's oversight responses suggest that the home visiting programs it funds are not fully enrolled. In its summary of 2015 Performance Plan objectives met, the agency notes it has succeeded in increasing the number of participants who completed at least one home visit under its Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.[21] However, it also reports the program remains enrolled at less than full capacity, and external evaluators of MIECHV programming have noted difficulties with recruiting and retaining families.[22] While we recognize there are legitimate challenges to identifying families and guiding them through a long-term intervention, given the size of the pool of potential families (which, again, child poverty data would suggest is in the thousands), it is concerning that the program, which funds 350 combined slots, continues to struggle to achieve full enrollment. In light of the sizeable gap between the size of the pool for potential recruitment and the

ultimate level of enrollment in these programs, we urge the agency and the Committee to take a closer look at issues of recruitment and retention. Specifically, we urge the Committee to ask the agency what strategies it plans to employ to overcome the obstacles in retention identified by program evaluators. Further, we urge the Committee to ask the agency what specific challenges it believes exist in the area of recruitment and what strategies it will use to address these challenges and bring more families into its programs.

In addition to these questions, we urge the Committee to ask the agency how it plans to cope with the sizeable reduction in slots that will accompany the expiration of the federal MIECHV Competitive Grant at the end of FY16. DOH acknowledges the end of this grant will potentially reduce total capacity of MIECHV programming by more than half, from 350 families to just 170 families.[23] Given that DOH's oversight responses indicate these programs served 287 families in FY15,[24] such a sharp reduction in evidence-based program slots would be deeply concerning. More generally, it would only serve to move us further away from enrolling families at a level that truly matches community need.

At a time when so many young children in our city are in need of support, we should not allow the opportunity to provide a difference-making intervention for families slip through our fingers.

Conclusion

Thank you for the opportunity to testify. I am happy to answer any questions.

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[1] Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to be the voice for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

[2] Department of Behavioral Health website states: "It is estimated that as many as one in five children and adolescents may have a mental health disorder that can be identified and require treatment." http://dbh.dc.gov/service/children-youth-and-family-services

[3] DHCF FY15 Performance Oversight Responses, Q50.

[4] 20% of the 102,000 children and youth on DC Medicaid is 20,400.

[5] D.C. Code § 2-1517.32(1)(B)(iii)

[6] DBH FY15 Performance Oversight Responses, Q65.

[7] DBH FY14 Performance Oversight Responses, Q66 Attachment.

[8] DBH FY13 Performance Oversight Responses, Q59 Attachment.

[9] Some individual DCPS and charter schools contract with service providers and have staff who provide mental health services.

[10] DOH-CHA FY15 Performance Oversight Responses, Q15.

[11] DBH FY15 Performance Oversight Responses, Q62.

[12] DOH-CHA FY15 Performance Oversight Responses, Q15.

[13] DC Home Visiting Council. (2013). *Home Visiting Questions & Answers*. Retrieved from http://www.dchomevisiting.org/wp-content/uploads/2013/11/DCHVC_br_FNLlo.pdf

[14] American Academy of Pediatrics. (1998). *The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families.* Retrieved from http://pediatrics.aappublications.org/content/101/3/486.full

[15] Libby Dogget, *New Research Strengthens Home Visiting Field*, Zero to Three, p. 7-8 (January, 2013).

[16] *See supra*, note 14.

[17] National KIDS COUNT. (2015). *Children in poverty by age group* [Data table]. Retrieved from http://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=10&loct=3#detailed/3/10,55-56,58-61,64-77,79-84,86,88-94,96-109,9428-9429/false/869,36,868,867,133/17,18,36/12263,12264

[18] Department of Health. (2012). *Maternal Infant & Early Childhood Home Visiting Program*. Retrieved from http://www.dcfpi.org/wp-content/uploads/2012/11/ProjNarrative-1.pdf

[19] See, Children's Law Center's DMHHS 2015 Oversight testimony. http://www.childrenslawcenter.org/testimony/testimony-deputy-mayor-health-and-human-services-2015-oversight

[20] The Pew Charitable Trusts. (2015). *Bringing up Baltimore: One city's approach to strengthening its most vulnerable families*. Retrieved from http://www.pewtrusts.org/~/media/assets/2015/05/bringingupbaltimorecasestudy.pdf?la=en

[21] DOH-CHA FY15 Performance Oversight Responses, Q3 (Initiative 5.1).

[22] DOH-CHA FY15 Performance Oversight Responses, Q11.

[23] *Id.*

[24] *See supra*, note 20.