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INTRODUCTION

Good morning Chairman Gray and members of the Committee on Health. My name is Damon King. I am a Senior Policy Attorney at Children's Law Center¹ 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 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

I am pleased to testify today regarding performance of the Department of Health and will focus my testimony today on the need for high-quality home visiting programs here in the District and the Department's role in supporting these programs.

Home visiting programs send trained professionals to the homes of expecting parents and parents of young children to offer support during children's earliest years. For families who receive home visiting services, home visits can serve a number of different purposes, creating a range of positive outcomes for children. Home visitors can ensure that babies and young children are receiving the medical care that they need, which is key to addressing the poor health outcomes that disproportionately affect the District's poorest families. Home visitors can also track the development of children in the homes they visit, observing how children are reaching (or failing to reach) developmental milestones, teaching parents what to look for as their children grow, and

assisting parents in connecting to early childhood services to address developmental delays. As the Department notes in its oversight responses, identifying developmental delays early in a child's life and connecting that child to services can reduce the need for more intensive, disruptive, and costly special education services later in childhood.² And, home visitors can play an important role in identifying and addressing parents' needs – from screening for maternal depression, to providing education about parent-child interaction, to connecting parents to community-based supports that address challenges that might impact their parenting. From our work, we know that children have the best chance to succeed when their parents and caregivers are fully supported and equipped to meet their needs.

More broadly speaking, home visiting is important because it has the potential to fill a gap that exists in the District's continuum of services for children living in poverty. One of the major trends that we have noticed in our work over many years is that there is a population of children here in the District who struggle with poverty and its accompanying challenges, but who do not need to be served by more intensive, disruptive, crisis-oriented interventions (like child welfare services), and whose families struggle to access the fragmented array of less intensive but silo-ed services that might address their needs. These children could be positioned for success, but identifying the right services at the right time is difficult for families to do on their own. Given the challenges of parenting, access to home visiting is something that could benefit all

parents, but particularly for children living in poverty, home visiting programs have the potential to be that missing link for thousands of children.³ These programs can build stable working relationships between professionals and families, improve parental capacity in a collaborative and non-intrusive way, and ultimately, assist parents as they navigate what can be a confusing collection of public and community-based services for themselves and their children. When we expand access to home visiting, we expand access to the full range of supports, parental and otherwise, that children need in order to succeed.

In light of the role that home visiting can play, both for individual families and within our larger child-serving system, when we look at the performance of DOH in funding, supporting, and overseeing home visiting programs, we have to ask how the agency can help to grow home visiting into a truly gap-filling and game-changing intervention for the thousands of young children who live in poverty.⁴ When we look at the data that the Department has provided, we see some encouraging signs, but also, signs that we have a long way to go.

As the Department notes, its Maternal Infant and Early Childhood Home Visiting (MIECHV) program currently focuses on pregnant women and families with children under the age of three.⁵ The program funds two evidence-based interventions -- Parents as Teachers (PAT) and Healthy Families America (HFA) -- through a grant from the federal government.⁶ Performance oversight data shows that enrollment in

these programs has increased over the last year, with significant increases in enrollment in the HFA home visiting model.⁷ Both interventions were enrolled at or above 85% of capacity, and in fact, appear to have approached full capacity, over the last four months of the Department's reporting.⁸ Meanwhile, since raising concerns during last year's oversight hearing regarding retention of families in home visiting programs, the Department, in collaboration with Georgetown University and Mary's Center, has applied for and received a two-year Innovation Grant from the federal government to implement measures that will improve retention while continuing to improve recruitment of families.⁹ We hope that the Committee will closely monitor implementation of this grant, as effective implementation will likely mean that programs will remain at or near their current capacities in the coming year.

While this news is encouraging, however, it is important to put it in context and ask whether we are doing enough to help home visiting reach its full potential as an intervention here in the District. As of June, 2016, the combined capacity of MIECHV-funded HFA, PAT, and Home Instruction for Parents of Preschool Youngers (HIPPY) programming appeared to be around 350 slots, with HIPPY in the midst of being phased out.¹⁰ Not only does this limited capacity have the potential to present challenges if enrollment in HFA and PAT continues its recent upward trend, but it falls far short of the number of families that these evidence-based home visiting programs have the potential to reach.

In light of this, it is important for the Committee to ask the Department the following questions:

1. What role does the Department see home visiting playing within the larger continuum of child and family-oriented services that exist in the District?
2. What is the full range of outcomes – across domains like child health, amelioration of developmental delays, parent education, and prevention of abuse and neglect – that it believes home visiting can help achieve?
3. What role does the Department see itself playing in ensuring that home visiting programs in the District achieve these outcomes for as many District children as could benefit from them?
4. What next steps does the Department plan to take in order to help home visiting reach its full potential?

We hope that the Committee will use this hearing as an opportunity to delve into these questions. We also urge the Committee to use its oversight role to ensure that the Department and its sister District agencies make the expansion of home visiting in the District – and the building of an infrastructure to support that expansion – a priority in the coming year.

CONCLUSION

Thank you for the opportunity to testify about this important intervention for District children. We look forward to working with you on this issue, Mr. Chairman, and would be happy to answer any questions.

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 9 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 DOH-CHA FY16 Performance Oversight Responses, Q13.

³ This is supported by data on child poverty – particularly poverty among young children – in the District. In 2015, there were 12,000 children under the age of five living in poverty. See, National KIDS COUNT. (2016). *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/false/573,869,36,868,867/17,18,36/12263,12264>

⁴ *Id.*

⁵ DOH-CHA FY16 Performance Oversight Responses, Q9.

⁶ *Id.*

⁷ DOH-CHA FY16 Performance Oversight Responses, Q12.

⁸ *Id.*

⁹ DOH-CHA FY16 Performance Oversight Responses, Q9.

¹⁰ The charts provided in response to Q12 suggest a capacity of 150 for the HFA model, roughly 120 for HIPPY, and 80 for PAT. DOH-CHA FY16 Performance Oversight Responses, Q12. DOH notes in response to Q9, that between April and September, 2016, it phased out the HIPPY model. DOH-CHA FY16 Performance Oversight Responses, Q9.