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Testimony Before the District of Columbia Council
Committee on Health & Human Services
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Introduction

Good afternoon Chairman Alexander and members of the Committee on Health and Human Services. My name is Damon King. I am a Senior Policy Attorney at 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 will focus my testimony today on the Department of Health's role in supporting evidence-based home visiting programs. Home visiting is a remarkably versatile intervention; one that can help families with young children who are at risk of a range of poor health, developmental, and other outcomes. Given that many District children and families continue to struggle against the adverse effects of poverty (which can lead to these outcomes), home visiting can play an important role in ensuring that children receive needed medical care and early educational support, and that parents are fully empowered to meet their young children's needs. However, home visiting programs in the District face an important challenge in the coming years: The need for greater interagency planning and coordination to ensure that this intervention is available and accessible to the thousands of families who would benefit from it. We urge this Committee to ask Department of Health leadership how it is working collaboratively with other District agencies and the provider community to ensure that:

1. Home visiting programs will be scaled up to align program capacity with community need;

2. Families who would benefit from home visiting are identified and quickly connected to appropriate programs;

3. Home visiting funds are targeted at evidence-based programs and include a requirement to show outcomes; and

4. There is a plan in place to sustain home visiting programs financially, particularly as portions of current federal funding expire in the coming years.

We look forward to working with the Department of Health's new leadership to achieve these goals and hope that this Committee will hold the Department to them in the coming months.

Home Visiting: An Intervention That Works

There are thousands of children in the District who are at risk of being abused or neglected, of having health or developmental problems, or of reaching kindergarten without being ready to learn. Poverty and being born to a teen parent are among the most serious risk factors for these poor outcomes.

Roughly 30% of the more than 38,000 District 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 delays and other health issues if not identified early and addressed. In order to avoid these negative outcomes, children and parents who are struggling need supports that quickly connect them to needed health services, identify and address developmental delays as early as possible, educate parents and caregivers about child development, and help parents and caregivers to navigate the at times confusing array services offered by various public agencies and private providers.

While it is not a cure-all, high-quality home visiting can be the first step to meeting this range of needs. Home visiting is a simple idea with a big pay-off: Send a trained professional to visit regularly with a new or expecting parent to provide education and support. Home visitors do many things, including ensuring that parents know how to obtain medical care for their children, helping parents access services they need in order to build their parenting capacity, educating parents about their children's developmental milestones so that they can recognize delays or other issues, and teaching parents how to build strong parent-child attachments and play an active role in their children's growth and development.[7] High-quality home visiting programs are incredibly versatile and, on an individual family basis, can be adapted to serve children and parents facing a variety of different challenges.

The evidence shows that 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.[8] 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.[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]

The proven effectiveness of high-quality home visiting programs, when combined with their ability to address a range of family challenges, means that home visiting can and should be a foundational intervention for District families with young children who are at risk of poor health or other outcomes. For families in need of maternal/infant health services and other services offered by District agencies or private providers, home visiting can be the "missing link" that ensures that families are connected to these supports. Further, home visiting represents an effective approach to reaching, building relationships with, and supporting families who are not currently being served by a District agency, but are nonetheless struggling with the effects of

poverty. As we noted in our testimony a few weeks ago regarding the Office of the Deputy Mayor for Health and Human Services, these families are often "invisible" to our current health and human services system, but are nonetheless at risk of falling into crisis if they do not receive timely support. The District's health and human services cluster needs to think comprehensively about the needs of our poorest and most vulnerable families and home visiting is one way of reaching these families and serving them in a more holistic way.

Home Visiting in the District: What We Need to Move Forward

The good news for home visiting in the District is that we already have a collection of home visiting service providers and multiple District agencies appear to recognize home visiting's potential as an intervention. The combined capacity of home visiting providers is projected at 935 families,[11] and in recent years, the Department of Health has obtained federal funding through the Department of Health and Human Services' MIECHV program to fund increases in the capacity of evidence-based home visiting programs. As the Committee is aware, this funding includes a competitive grant awarded in 2012 to support adding capacity, as well as improvements around training and evaluation of providers using the evidence-based Healthy-Families America program model.[12] While the Department of Health has been the primary manager of home visiting funding, other DC agencies have provided funding and support as well, including CFSA (which utilizes home visiting as a child abuse prevention service) and

OSSE. This reflects a recognition of home visiting's potential to improve families' circumstances across a number of different domains.

If, however, home visiting is to reach its full potential as a primary intervention for all at-risk families with young children, we must face and address a fundamental problem: That, at present, the number of families who would benefit from home visiting is much greater than the number of families now served by existing home visiting programs, and in fact, far exceeds the combined capacity of all evidenced-based programming currently available in the District. As noted above, there are thousands of District children under the age of five who are currently living in poverty, and given the range of challenges these children often face, many would benefit from some form of professional support. Indeed, 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.[13] This is but one subsection of a large child population that would benefit from home visiting, yet much of this population is not being reached, and there is insufficient capacity to serve it.

This sizeable gap can be traced to a couple of causes. The first is that there is a need for greater interagency coordination, not just across the agencies that currently fund home visiting, but across the entire health and human services cluster, to identify at-risk families with young children, ensure that families and any professionals who work with them are aware of the availability of home visiting, and link families to

programming. There are currently some efforts under way within the Department of Health to improve identification and linkage in this way. For example, Department staff report that they are moving forward with the initial stages of implementing the Help Me Grow model, which is designed to, among other things, create a single telephone access point for connecting District children and families to relevant services[14] – including home visiting. However, such work is still on-going, and this Committee has an important role to play in monitoring the Department's progress and ensuring that the end result is a fully-integrated, multi-agency system for identifying families, reaching out to them, and linking them to the right supports.

The second is that although the Department has been active in seeking federal funds to support the expansion of home visiting, these funding sources are not permanent. Indeed, as the Department notes in its oversight answers, at the end of FY16, MIECHV funding for home visiting slots will drop precipitously, as one of the two federal grants on which the Department's efforts rely expires, leaving a gap of 120 unfunded slots.[15] The temporary nature of the funding sources on which DC's home visiting system is currently built makes it difficult for providers to plan beyond very short time horizons, and therefore, build capacity and expand outreach. This sustainability problem must be addressed well in advance of the loss of federal funds, and future funding decisions must be based on an understanding of the full extent of community need for home visiting across all populations served by cluster agencies (as

well as among families who are not currently served by an agency). We urge the Committee to ask the Department what role it will play in ensuring the long-term sustainability of home visiting programs, so that providers can align the supply of services with true community demand.

Before I close, I must also note that ensuring the long-term effectiveness and sustainability of home visiting programs also means that the Department must ensure that there is an on-going process for evaluating the outcomes and effectiveness of individual programs. As we noted in our testimony last year, program expansion under the MIECHV competitive grant contains program evaluation, training, and quality improvement components for the Healthy Families America model. We are hopeful that the Department, in partnership with other District agencies and providers, will work to expand these components to other program models as well.

Conclusion

Thank you for the opportunity to testify and I look forward to answering 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 Health, *Maternal Infant & Early Childhood Home Visiting Program* (2012), pp. 1, 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).

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

[11] DC Fiscal Policy Institute, *Expanding Maternal and Child Health Home Visiting To Ensure Kids Enter School Ready to Succeed, Recommendations to the New Mayor and DC Council*, January 5, 2015, http://www.dcfpi.org/wp-content/uploads/2015/01/1.5.15-8-of-11_Expanding-Maternal-and-Child-Health-Home-Visiting.pdf.

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

[13] *See*, *supra*, note 11.

[14] A "centralized telephone access point" is one of the "Core Components" of the Help Me Grow Model. If fully implemented, Help Me Grow would also provide for greater outreach to families and health professionals, and data collection regarding families' attempts to access services. For me information about the Help Me Grow national model, *see*, http://www.helpmegrownational.org/pages/what-is-hmg/core-components.php.

[15] Department of Health, Community Health Administration FY 14 Responses to the Committee on Health & Human Services' Oversight Questions, Q16.