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Testimony Before the District of Columbia Council
Committee on Health
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District of Columbia Department of Health

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Introduction

Good morning Councilmember Gray and members of the Committee. My name is Anne Cunningham. 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 nearly 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. We are members of the Early Childhood Innovation Network (ECIN),[2] the Bainum Birth-to-Three Policy Alliance,[3] and the Home Visiting Council.[4] Thank you very much for the opportunity to testify about the proposed budget for DC's Department of Health (DC Health).

Birth to Three for All Act of 2018

We would first like to thank you again, Chairperson Gray, for your hard work toward developing a coordinated and comprehensive system of support for infants and toddlers in DC. The Birth to Three for All Act of 2018[5] envisions an innovative early childhood system for the District that spans early learning, health, and family support services. Last year, this bill passed with unanimous support and this Committee allocated recurring funding for several small but key components of the law beginning in Fiscal Year 2019 (FY2019), including DC Health funding for the first HealthySteps Demonstration site and investment in a local home visiting fund. You accomplished

these budgetary investments by augmenting DC's tobacco tax. We were disappointed to see the Mayor's proposed FY2020 budget did not fund the remaining components of the bill and were even more disappointed to see the Mayor's failure to direct revenue from the new sports betting laws toward this legislation (and the NEAR Act[6]), as many Councilmembers understood and intended.

With respect to today's hearing, two components of the Birth-to-Three legislation would be overseen by DC Health: HealthySteps and home visiting.

HealthySteps Demonstration

We were pleased by how efficiently DC Health dispatched FY2019 funding for the first HealthySteps Demonstration site, and we hope this Committee will allocate another $300,000 in the FY2020 budget to expand the Demonstration. Our colleague, Randall Baylor, a HealthySteps Family Services Coordinator, testified on behalf of Children's National Health System and ECIN earlier today. He provided excellent insight into HealthySteps, stemming both from his on-the-ground perspective as well as with broader data and information about the model's success, both nationally and as implemented through our local demonstration.

HealthySteps is a proven early childhood pediatric primary care model which focuses on providing supports to parents and caregivers in order to ensure that infants and toddlers are nurtured and have healthy development.[7] HealthySteps achieves this, in part, by embedding a developmental specialist in to the child's primary care team.[8]

This "HealthySteps Specialist" works with families both during and in between well-child visits to address more time-intensive concerns, such as feeding, sleep, attachment, and social determinants of health, and are trained to provide family-specific care coordination, referrals, and support between visits.[9]

Another important component of the HealthySteps model is its emphasis on caregivers buffering children from adverse childhood experiences.[10] An adverse childhood experience is a potentially traumatic event, such as abuse, divorce, incarceration of a parent or guardian, community violence, and poverty. The stress effect of these events can impede the brain's physical development and can negatively impact a child's health and well-being all the way into adulthood. The good news is the trauma of these events can be minimized or prevented through positive adult support and strong relationships between children and caregivers. HealthySteps, through its expanded primary care team, works closely with caregivers to identify risk factors and cultivate strategies for shielding their children from the adverse impact of these events.

As an addition to the traditional HealthySteps model, the Birth-to-Three Act calls for the integration of a public health worker into our local demonstration to provide "community navigation services," for helping individuals access care in their home and community.[11] This is where individuals like Mr. Baylor come in. As a Family Services Coordinator, Mr. Baylor assists caregivers with appointment scheduling, transportation, home environment assessments, referrals, and more.[12]

Research strongly supports the short and long-term efficacy of HealthySteps for the health and well-being of children who receive their primary care through the model.[13, 14] For example, children involved in the model were approximately twice as likely to receive a well-child visit on time, 23% less likely to visit the emergency room for injury-related causes in a one-year period, and 1.4 times as likely to be up-to-date on vaccinations by age two. Additionally, Mothers were 22% more likely to show picture books to their infants every day and 12% more likely to have read to their infant in the previous week.[15] Parents were also 22% less likely to rely on harsh punishment, and 27% less likely to use severe discipline.[16] Finally, HealthySteps has also been shown to result in substantial healthcare cost savings in both the short-term and long-term.[17]

We hope this Committee will budget $300,000 for an FY2020 expansion of the Demonstration to a new site in Ward 5, 7, or 8. The Act opens the program to all primary care providers in those wards serving at least 50% Medicaid-eligible families,[18] and the hope has always been to expand the Demonstration by one site each year until all eligible providers are covered.

Home Visiting

In addition to funding the early childhood education components of the Birth-to-Three Act, we ask this Committee work with the Committee on Education to invest $6 million to support the prenatal, infant, toddler, and preschool home visiting services outlined in the Act, approximately $4 million of which would be implemented by the

Office of the State Superintendent of Education (OSSE), and $2 million of which would be administered through DC Health.

Home visiting programs are vital to an innovative early childhood system of care. As you know, home visiting programs work in coordination with other family supports and interventions to help pregnant women, mothers and fathers, young children aged zero to five years, and their families, achieve the best possible outcomes in maternal and child health, child development, and more. Home visitors do many things, including ensure parents know how to obtain prenatal care and medical care for their children, educate parents about child development so they can recognize delays, work with parents on building strong parent-child attachments, provide a supportive relationship during a time of family transition or distrust of other systems, and help parents access other needed services for their children.

Home visiting is effective—evidence shows that home visiting leads to improved health care utilization by families, earlier identification of developmental delays in children, fewer subsequent pregnancies, increased rates of return to (or continuation in) school, and decreased criminal behavior and parental impairment due to substance abuse.[19]

The District's home visiting programs need increased investment and stability for home visitors and the parents and children who benefit from their services. Home visitors, like early childhood educators, are often undervalued for their important work.

Similar to the early child education reforms envisioned in the Birth-to-Three Act, it is important that DC creates a stable and adequately resourced system that enables us to recruit and retain the best possible home visiting work force.

Currently, the District relies heavily on federal grants to fund home visiting, including grants from the U.S. Department of Health and Human Services' Maternal, Infant, and Early Childhood (MIECHV) Program; however, these grants are both impermanent and inadequate. Many other jurisdictions recognize the value of home visiting programs and use the federal MIECHV funding more as a supplement to significant state, local, and private investments.[20] DC, by comparison, dedicates only a small amount of local funding to our home visiting programs. A stable local investment in home visiting would increase job security for home visitors, strengthen home visiting supports for families in DC, and expand access for pregnant women and families who choose home-based supports. Local funding would also enable the District to work with the community to develop innovative home visiting programs that meet local needs and desires, and solve some challenges of the home visiting models attached to our Federal funding.

For FY2020, we estimate the District has lost about $1 million in DC Health and Child and Family Services Agency (CFSA) funding due to shifting and lost federal funding for two programs: Healthy Start and CFSA's Community-Based Child Abuse Prevention Program. We reiterate our ask that this Committee budget $6 million for

home visiting initiatives outlined in the Birth-to-Three Act, including $2 million for DC Health-administered programs.

BUILD Health DC

Thank you, Chairperson Gray, for attending our BUILD Health Challenge event at THEARC last summer. We look forward to continuing our partnership with DC Health as we work to finalize our joint submission for BUILD Health 3.0.

As you know, today in DC, a child with asthma living in Wards 7 or 8 is twenty times more likely to go to the emergency room for asthma as a child in Ward 3.[21] Children who go to the emergency room miss school, their parents miss work, and the entire family experiences significant stress. Through our work, we saw a significant correlation between children who go to the emergency room for asthma and those who have serious housing conditions issues like mold and insect and rodent infestation in their home. This led us to our current collaboration with DC Health to try to decrease the asthma disparity—BUILD Health DC.

DC is one of 19 cities funded through the BUILD Health Challenge. BUILD Health is a collaboration of funders that is contributing to the creation of a new norm in the U.S., by putting multi-sector, community-driven partnerships at the center of health to reduce health disparities caused by system-based or social inequity.[22] Children's Law Center is partnered with DC Health and IMPACT DC, Children's National's emergency room asthma program, to form BUILD Health DC.

We are currently in our second year of this multi-level collaboration. Children's Law Center now has an attorney on-site with IMPACT DC, so we can provide direct legal services to patient families in a community setting. Through intensive return on investment data analysis, we have found that addressing housing conditions through the legal intervention is preventing children from going to the ER and from being hospitalized, with the added benefit of saving insurance companies significant amounts of money.[23] We are also working with DC Health and IMPACT to analyze both the extent of the disparity and to identify DC hot spots where other interventions can be useful.[24]

We would like to thank DC Health staff for their ongoing contribution to BUILD Health DC. It has been a pleasure partnering with the agency, and we look forward to continued success in this important work as we finalize our joint proposal for the next cycle of this grant—BUILD Health 3.0.

Maternal Mental Health Task Force (DBH)

While not relevant to DC Health, we wanted to be sure to request this Committee ensure funding for a task force with potential to provide important insight to this body without a high fiscal cost. In February, 2018 this Committee passed the Maternal Mental Health Task Force Act of 2018.[25] If funded, this Task Force will produce a valuable report for policy-makers to use in creating and enacting policy to address our city's very real maternal mental health crisis. It would bring together a cross-sector

collection of 19 experts which would not only study substantive ways of improving diagnosis and treatment of maternal mental health disorders, but would also report on models for "private and public funding of maternal mental health initiatives." Coupling substantive recommendations with non-local funding mechanisms would make those recommendations practically viable by establishing a realistic avenue for implementation of the Task Force's recommendations. This bill has a Fiscal Impact of only $109,400, which the Department of Behavioral Health would implement. We believe it could have real value[26] and we hope Councilmember Todd and this Committee will work together to fund and implement this legislation for FY2020.

Conclusion

Thank you for the opportunity to testify, and I welcome 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 advocate 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 more than 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] "The Early Childhood Innovation Network (ECIN) is a local collaborative of health and education providers, community-based organizations, researchers, and advocates promoting resilience in families and children from pregnancy through age 5 in Washington, DC. During this critical period of brain development, children are deeply affected by their experiences and environment. ECIN's approach affirms the tremendous opportunity to promote and ensure healthy development of young children," *see* https://www.ecin.org/.

[3] The Bainum Birth-to-Three Policy Alliance aims to increase access to quality, comprehensive early childhood services and other supports for infants and toddlers and their families in DC, and ensuring that health, education, early learning and human services systems work in a coordinated fashion to improve outcomes for young children. See https://bainumfdn.org/bainum-family-foundation-backscomitment-to-d-c-infants-and-toddlers-with-creation-of-birth-to-three-policy-alliance-initial-grants-of575000/.

[4] The DC Home Visiting Council includes advocates, community-based providers, and agency leaders, including DC Health leadership. The Council works to strengthen home visiting in the District by

building a cross-sector network of support for programs, advocating for resources and funding for programs' stability and growth, and collaborating to address systemic challenges to implementation of home visiting services. *See* https://www.dchomevisiting.org/.

[5] B22-203, formerly the Infant and Toddler Developmental Health Services Act of 2017, *available at* http://lims.dccouncil.us/Legislation/B22-0203.

[6] The Neighborhood Engagement Achieves Results Act of 2016, *available at* http://lims.dccouncil.us/Download/34496/B21-0360-Amendment1.pdf/.

[7] *See* http://modernmedicaid.org/medicaid_solutions_healthysteps/.

[8] *See* https://www.healthysteps.org/the-model.

[9] *See* http://modernmedicaid.org/medicaid_solutions_healthysteps/.

[10] Id.

[11] Infant and Toddler Act, Sec. 102(d)(4).

[12] Id. at Sec. 101(6-7).

[13] Guyer, B., Barth, M., Bishai, D., Caughy, M., Clark, B., Burkom, D., Genevro, J., Grason, H., Hou, W., Huang, K., Hughart, N., Jones, A.S., McLearn, K.T., Miller, T., Minkovitz, C., Scharfstein, D., Stacy, H., Strobino, D., Szanton, E., & Tang, C. (2003). *Healthy Steps: The First Three years: The Healthy Steps for Young Children Program National Evaluation.* Johns Hopkins Bloomberg School of Public Health, February 28, 2003. Retrieved May 5, 2016, from http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/projects/Healthy_Steps/frnatleval.html. This study was conducted in 2003 and involved a 15-site national evaluation of HealthySteps programs, and involved a sample of 5,565 children. (Ch. 1-5).

[14] "[HealthySteps] also enhanced the experiences of providers. Physicians were highly satisfied with the program and thought it helped families, improved their own listening skills, and empowered their staff to support child development."(https://www.healthysteps.org/article/healthysteps-outcomes-summary-20).

[15] Johnston, B.D., Huebner, C.E., Tyll, L.T., Barlow, W.E., & Thompson, R.S. (2004). Expanding developmental and behavioral services for newborns in primary care: Effects on parental well-being, practice and satisfaction. American Journal of Preventative Medicine, 2004(26), 4th ser., 356-366.

[16] "Severe discipline strategies" is defined in the study as "slapping [the] child in the face or spanking [the] child with an object such as a belt," and "harsh punishment" is defined as "yelling, threatening, slapping [the] child's hands, or spanking [the] child with [a] hand." *See* supra note 9. Ch. 10-18.

[17] Evidence of HealthySteps' cost-savings has been documented in a number of sources, including Id. at Chapter 15, http://modernmedicaid.org/medicaid_solutions_healthysteps/.

[18] Id., Sec. 102.

[19] *See* Zero to Three. Libby Dogget. (January 2013). *New Research Strengthens Home Visiting Field*. p. 7-8. *See also* Status Report on home Visiting in the District of Columbia Literature Review, prepared by DC Action for Children (Sept. 2016), https://www.dcactionforchildren.org/sites/default/files/HVSR_lit_review_FINAL_web.pdf.

[20] *See* Early Care and Education State Budget Actions FY 2017, National Conference of State Legislatures, Apr. 28, 2017, *available at* http://www.ncsl.org/research/human-services/early-care-and-education-state-budget-actions-fy-2017.aspx.

[21] This is based on data provided by DC Health and IMPACT DC as part of BUILD Health DC. See https://www.childrenslawcenter.org/sites/default/files/CLC_BUILD_Brochure_IndvPgs.pdf.

[22] Information on BUILD Health is available here: https://buildhealthchallenge.org/.

[23] Presentation by Holly Stevens, PHD, Director of Evaluation and Learning, Children's Law Center, at the American Association of Medical Colleges Annual Meeting 2018. http://www.cvent.com/events/learnserve-lead-2018-the-aamc-annual-meeting/speakers-c05c35193f5b4201b94d6081f3e6f121.aspx.

[24] More information about our partnership is available at BUILD Health DC Partnership information, https://www.childrenslawcenter.org/resource/clcs-build-health-dc-partnership.
[25] D.C. Act 22-366, Maternal Mental Health Task Force Establishment Act of 2018. *Available at* http://lims.dccouncil.us/Download/37595/B22-0172-SignedAct.pdf.
[26] Fiscal Impact Statement – Maternal Mental Health Task Force Act of 2018. *Available at* http://lims.dccouncil.us/Download/37595/B22-0172-Fiscal-Impact-Statement1.pdf.