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Introduction

Good morning Chairperson Gray and members of the Committee. My name is Sharra E. Greer. I am the Policy Director 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 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 Under 3 DC Coalition,³ and the Home Visiting Council.⁴

I appreciate this opportunity to testify regarding the Mayor’s proposed budget for DC’s Department of Health (DC Health). My testimony will focus on the need to continue to expand HealthySteps in DC, home visiting, and Resilient Communities District of Columbia.

HealthySteps DC

HealthySteps is an evidence-based national model of a pediatric primary care program that provides infants and toddlers with social-emotional and development support by integrating child development specialists into primary care and strengthening family engagement. Here in the District, an enhanced version of HealthySteps (HealthySteps DC) is currently being implemented at two sites in Ward 8: Children’s Health Center – Anacostia and Children’s Health Center at THEARC.

HealthySteps DC has improved upon the national model in several ways. First, HealthySteps DC includes dedicated case management and care coordination for families through the support of DC residents with lived experience navigating systems, who serve as the Family Services Coordinators or Family Services Associates. Second, HealthySteps DC has hired mental health clinicians (psychologists) as HealthySteps Specialists in order to integrate parental behavioral health support into primary care. These HealthySteps Specialists have the option to deliver clinic-based mental health visits to families to address critical needs in areas such as maternal depression, grief and loss, and child behavior management. DC's HealthySteps program includes the following core components:

- Team-based well-child visits conducted jointly between pediatricians and the HealthySteps Specialist involving child development guidance, parent coaching, and the dissemination of early learning resources;
- Screening that includes assessment of child development, social-emotional skills, and behavioral functioning in addition to family protective/risk factors and social determinants of health;
- Access to community resources through targeted referrals (e. g., to early intervention or community-based behavioral health agencies) and system navigation/care coordination provided by Family Services Coordinators or Family Services Associates; and

- Access to mental health support between well-child visits for families in greater need of support.

We believe HealthySteps DC is an important, innovative, and cost-effective program that reaches DC's most vulnerable families and promotes the health and wellbeing of their children. DC is home to more than 28,000 infants and toddlers, one-third of whom live in extremely low-income households. HealthySteps is uniquely positioned to support the comprehensive health, safety, socioemotional development, and social support needs of babies – and parents – because the program works with pediatric primary care practices that serve babies and toddlers on Medicaid. The program has served over 2,200 children and families since it was launched in 2017, and in FY2020 alone, the HealthySteps team administered over 500 brief parenting/parental mental health interventions and supported over 2,300 screens to assess child development and emotional well-being, and parental depression.⁵ The HealthySteps model adapts well to telehealth, and during the pandemic, the HealthySteps teams in DC pivoted quickly to telehealth formats to continue providing support to families.

Expanding HealthySteps to more health care sites in DC is necessary to meet the comprehensive health needs of all vulnerable families in DC. The services provided by HealthySteps are more essential than ever in light of the mental and emotional burdens on these families due to the pandemic. Demand for the program is continuing to grow, and in response to this need, MedStar Georgetown University Hospital will be

launching HealthySteps at two new sites, and Unity is in the process of standing up two sites through appropriated funding from the Birth-to-Three for All Act. The Act contemplated adding a locally funded site each year, but the Mayor's proposed budget did not add additional funding this year. We urge the Committee to ensure the program is fully funded and add an additional \$300,000 to enable the program to open an additional site this year, as envisioned by the Birth-to-Three for All Act of 2018.⁶

Home Visiting

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.

This past year, the majority of home visiting programs pivoted to virtual-only visits due to the pandemic. Several programs used a combination of virtual and safely-distanced visits, where they were outside and masked. Many programs also delivered basic supplies like diapers, foods, and cleaning supplies to homes. Although the shift to

virtual home visits presented some challenges (including access to technology/Internet, technology learning curves, and maintaining active engagement), virtual visits have generally been working well, and home visitors are finding ways to make them more comfortable and effective. Some home visitors are also finding that the virtual visits are allowing more flexibility to meet families at more convenient times. The experience of shifting to virtual programming this past year is consistent with data available regarding program efficacy in providing virtual services: programs report that they are able to serve most families equally as well or better than they would be able to in-person, depending on the family's unique circumstances.⁷

We believe home visiting programs are vital to an innovative and effective early childhood system of care—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.⁸ Further, home visiting programs are also child abuse-prevention programs.

We want to support the current level of funding in the Mayor's proposed budget and ask the Council to maintain that level of funding in the approved budget.

Resilient Communities District of Columbia

Through a grant awarded by DC Health, Resilient Communities District of Columbia (RC-DC) was launched in 2017 by ECIN in partnership with several

community-based and family-run organizations (i.e., Parent Watch, Total Family Care Coalition, Healthcare Alliance Network, and Far Southeast Family Strengthening Collaborative). RC-DC is a place-based health promotion initiative that relies on peer support specialists, called Neighborhood Family Champions (NFCs), to promote positive behavioral health of under-resourced families with children ages zero to five living in Ward 8. NFCs provide peer support, help connect families to resources, and offer educational workshops. As of January 2021, over 100 families have received educational programming and 30 have been served with ongoing supports through this program.⁹ During the pandemic, the program team and community partners also rapidly implemented adaptations to the program to respond to community needs. This included transitioning to virtual workshops and developing a "COVID-19 Resource Guide" that was made available to the public on the RC-DC mobile-adaptive website. Since its initial launch, the COVID-19 resource guide has received approximately 1,800 unique visitors and over 2,500 page visits.¹⁰

This work is more important than ever as families work to recover from the effects of the pandemic. The RC-DC team received verbal confirmation from DC Health that there is continued funding for FY22. We urge the Council to confirm that this program is funded for FY22.

Conclusion

Thank you for the opportunity to testify today. I am happy to respond to any questions the Committee may have regarding any of the topics covered by my testimony above.

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 Under 3 DC Coalition 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://www.under3dc.org/>.

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 Data provided by Children’s National Hospital.

⁶ Birth to Three for All Act of 2018, D.C. Law 22-179.

⁷ <https://pat.usc.edu/wp-content/uploads/NHVRC-Brief-1113-FINAL.pdf>

⁸ 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.

⁹ See

<https://static1.squarespace.com/static/59a73d596f4ca3affa5d50af/t/60ba8a5a43dd500cdcf2c236/1622837854075/ECIN+Case+Study+Final.pdf>

¹⁰ See <https://www.resilientcommunitiesdc.org/covid19-1>