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Testimony Before the District of Columbia Council
Committees on Health, Education, and Finance & Revenue
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Public Hearing:

BILL 22-203, the Infant and Toddler Developmental Health Services Act of 2017, and

BILL 22-355, the Bolstering Early Growth Investment Amendment Act of 2017

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Thank you Chairpersons Gray, Grosso, Evans, and members of the Committees on Health, Finance and Revenue, and Education for holding this hearing. My name is Sharra E. Greer. I am the Policy 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 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

Children's Law Center is also a member of the Bainum Birth-to-Three Policy Alliance, and I appreciate this opportunity to testify today with many of my Alliance colleagues on the Infant and Toddler Developmental Health Services Act of 2017, Bill 22-203 ("Infant and Toddler Act") and the Bolstering Early Growth Investment Act of 2017, Bill 22-355 ("Bolstering Early Growth Act").[2] We are excited about the significant attention the Council is giving to early childhood. The earliest years of a child's life are a critical time of rapid development, and we know that parents who get the support and services they need, as early as conception, set their children on the best possible trajectory for their future.[3] To make meaningful change in DC to ensure that all children have the strong supports they need, the District needs a coordinated, well-financed system of support for infants and toddlers that spans early learning, health, and family support services. These bills address key parts of this system. We encourage

the Council to merge these bills where possible to model systems-building and collaboration, and to eliminate the potential confusion and inefficiency of implementing two similar laws. We also encourage the Committees to look at other bills affecting early childhood to ensure efforts in this area are well coordinated.

These bills address many different areas. I am going to focus my testimony on just a few: the HealthySteps Primary Care Demonstration; Home Visiting; Mental health consultation for child development centers; data collection and information sharing; and the State's Early Childhood Developmental Coordinating Council ("SECDCC").

HealthySteps Demonstration Program

We are very supportive of the Infant and Toddler Act's proposed establishment of a two-year HealthySteps Demonstration Program.[4] Children's Law Center is part of the Early Childhood Innovation Network that is currently piloting HealthySteps at Children's National's primary care clinic in Anacostia and THEARC.[5] 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.[6] HealthySteps achieves this, in part, by embedding a developmental specialist in to the child's primary care team.[7] 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.[8]

Another important component of the HealthySteps model is its emphasis on prevention of adverse childhood experiences.[9] 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 brain development, and can negatively impact a child's health and well-being all the way into adulthood. The great news is that 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 teach them strategies for shielding their children from the adverse impact of these events.

Research strongly supports the short and long-term efficacy of HealthySteps for the health and wellbeing of children who receive their primary care through the model.[10, 11] 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 2. 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.[12] Parents were also 22% less likely to rely on harsh punishment, and

27% less likely to use severe discipline.[13] Finally, HealthySteps has also been shown to result in substantial healthcare cost savings in both the short-term and long-term.[14]

As an addition to the traditional HealthySteps model, the Infant and Toddler Act also calls for the integration of a public health worker to provide "community navigation services," for helping individuals access care in their home and community.[15] The purpose of the "community health worker" is to assist caregivers with appointment scheduling, transportation, home environment assessments, referrals, and more.[16] This is very similar to the "family champion" the current pilots are using. A family champion is someone from the community who has experience working with children who have developmental or mental health challenges. The family champion has been a key part to the success the pilots are having. Supporting HealthySteps in DC would greatly benefit DC's children and families.

Home Visiting

As a longstanding member of DC's Home Visiting Council, Children's Law Center supports the expansion of, and investment in, evidence-based home visiting programs in the District. Home visiting is an important part of the continuum of early childhood services. Home visiting programs send trained professionals to the homes of expecting parents and parents of young children, or to agreed-upon locations, to offer support during children's earliest years. For families who receive home visiting services, home visits provide caring relationships, support, education, and linkages

with other services, creating a range of positive outcomes for children. Home visiting programs have a rigorous evidence base which shows that various programs produce improvements in, for example, parent-child relationships, child school readiness, child health, and reductions in child maltreatment.[17]

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 for help addressing challenges that might impact their parenting. 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 disproportionally 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. 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.[18] 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.

Section 106 of the Infant and Toddler Act guarantees access to home visiting services to families with children under three and open in-home cases with the Child and Family Services Agency (CFSA).[19] Families with substantiated abuse and neglect are a vulnerable population. It is not clear, however, that families with in-home CFSA cases are the most appropriate target population for home visiting expansion. When CFSA has a case where the child is left at home with the family, a CFSA social worker regularly visits the home. This social worker should provide supports for the family and connect them to services. There is significant overlap between what CFSA is required to do for the family and what a home visiting program would provide.

We suggest conducting a needs assessment to identify the target populations for which expanding home visiting would be the most beneficial.[20] There is another bill pending before the Health Committee, "Home Visiting Services Pilot Program Establishment Act of 2017," Bill 22-0350, that is proposing a feasibility study that would collect most if not all the data needed to determine the priorities for Home Visiting expansion. We hope these efforts can be coordinated so we can effectively expand this important program. We and other members of the Home Visiting Council would be happy to work with the Committees to help ensure that the efforts are coordinated and an appropriate study is done.

Mental Health Consultation for Child Development Centers

The Infant and Toddler Act proposes expanding DBH's Early Childhood Mental Health Consultation project, Healthy Futures, to all child care subsidy program providers' facilities.[21] We fully support the expansion and funding of Health Futures and other mental health supports/consultation for child development programs. Healthy Futures places mental health specialists in child development centers across the District. This program was developed with assistance from Georgetown University Center for Human Development and follows a nationally-recognized model.[22] The program offers both center-based and child and family-centered consultation services, provided by a mental health professional, to early care and education providers and family members to promote social emotional development, prevent escalation of challenging behaviors and provide appropriate referrals and services.[23] Healthy Futures is currently in 49 centers and five home-based sites,[24] which constitute 12% of the child development centers and home-based child care providers in the District.[25]

Program data has consistently shown positive results, including expulsion rates which are lower than the national average, and improved self-regulation in children with challenging behaviors.[26] While we are very supportive of Healthy Futures, there are other high-quality, evidenced-based strategies for increasing mental health/wellness supports in child development programs, and so suggest the legislation leave open

which model will be expanded to give the Office of the State Superintendent the flexibility to get appropriate supports in all centers.

Data Collection and Information Sharing

The Infant and Toddler Act envisions ambitious data collection and sharing. This includes the expansion of Help Me Grow to include a broad data collection and data reporting system; the "community resource center" pilot, which calls for sharing of certain screening results with the Help Me Grow database; and significant interagency data sharing requirements.[27] We support the idea of a seamless screening and referral system for connecting DC families with social services resources for addressing behavioral health, developmental health, and social determinants of health needs. In addition, better data collection and interagency sharing could be very helpful. However, in order to be most effective, we want to ensure that these efforts are not duplicating existing systems or creating burdens that will hamper efforts for better outcomes. We would welcome an opportunity to work with the Committees and other partners to ensure that there are clear goals for these systems and effective ways to create them and integrate them into current systems.

State's Early Childhood Developmental Coordinating Council

The Bolstering Early Growth Act contains a provision which expands the work of the SECDCC.[28] We are very glad the Council is acknowledging the work of this important body, which exists to improve collaboration and coordination among entities

carrying out Pre-K and other early childhood programs.[29] We think the SECDCC is a good body to do work in this area. The SECDCC could be even more effective and take on additional duties if it had dedicated staff. We hope the Committees will consider providing funding for staffing to the SECDCC.

CONCLUSION

Thank you for the opportunity to testify. We look forward to working with the Committees on these bills and would be 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 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 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-backs-comitment-to-d-c-infants-and-toddlers-with-creation-of-birth-to-three-policy-alliance-initial-grants-of-575000/.

[3] Seminal research on early intervention programs shows they produce long-lasting and substantial gains in outcomes, such as reducing the need for special education placement, preventing grade retention, increasing high school graduation rates, improving labor market outcomes, reducing social welfare program use, and reducing crime. Karoly, L. A., Kilburn, R. M., & Cannon, J. S. (2005). *Proven benefits of early childhood interventions.* Santa Monica, CA: RAND Corporation. http://www.rand.org/pubs/research_briefs/RB9145.html; See also *The foundations of lifelong health are built in early childhood.* Center on the Developing Child at Harvard University, 2010. https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf: "When developing biological systems are strengthened by positive early experiences, healthy children are more likely to grow into healthy adults. Sound health also provides a foundation for the construction of sturdy brain architecture and the associated achievement of a broad range of abilities and learning capacities." (p.2).

[4] B22-203 Infant and Toddler Developmental Health Services Act of 2017 (hereinafter "Infant and Toddler Act"), Sec. 102.

[5] The Early Childhood Innovation Network (ECIN) is a local collaborative of health, education, and community providers promoting resilient 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.

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

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

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

[9] Id.

[10] 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).

[11] "[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).

[12] 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.

[13] "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.

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

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

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

[17] Paulsell, D., Avellar, S., Sama Martin, E., & Del Grosso, P. (2011). Home Visiting Evidence of Effectiveness Review: Executive Summary. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC. One early childhood home visiting program, Nurse Family Partnership, has evidence that it reduces delinquency. http://www.blueprintsprograms.com/factsheet/nurse-family-partnership

[18] DOH-CHA FY16 Performance Oversight Responses, Q13.

[19] This is our understanding of the goal of this section, which states "…for the purposes of guaranteeing access to home visitation services to all families with children under three in in-home CFSA placements." Id. at Sec. 106(a).

[20] The Department of Health, through their partnership with Georgetown University, completed Phase One in a two-phase a needs assessment last fall, analyzing neighborhood cluster level data. Although DOH has not shared the results of Phase One publically, any home visiting needs assessment should include the Phase One analysis.

[21] Infant and Toddler Act, Sec. 109.

[22] DBH FY15 Performance Oversight Responses, Q41, 42b.

[23] Id.

[24] DBH FY16 Performance Oversight Responses, Q24, 26.

[25] There are 338 Licensed Child Development Centers and 112 Licensed Child Development Homes and Expanded Homes in the District. *See* http://childcareconnections.osse.dc.gov/providersearch.aspx.

[26] Id.

[27] Infant and Toddler Act, Sec. 104, 105, 108.

[28] B22-355, the Bolstering Early Growth Investment Amendment Act of 2017. Sec. 203(h).

[29] *See* https://osse.dc.gov/service/state-early-childhood-development-coordinating-council-secdcc.