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Testimony Before the District of Columbia Council
Committee on Human Services & Committee on Education
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Public Hearing:
The Status of Home Visiting Services in the District

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Introduction

Good afternoon Chairperson Nadeau, Chairperson Grosso and members of the Committees. My name is Aubrey Edwards-Luce and I am a senior policy attorney at the Children's Law Center.[1] 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 – nearly 5,000 children and families each year. For many years, we have advocated for continued investigation and investment in home visiting programs because home visiting is an important piece of the District's child abuse and neglect prevention services array.

Thank you to Chairperson Nadeau and Chairperson Grosso for looking into this issue. We hope this is the beginning of in-depth examination of how DC can develop more robust home visiting programs – and more broadly an effective child abuse prevention plan. As the District engages in a thoughtful assessment about home visiting, given its tremendous promise, the Home Visiting Council, which is a group that includes all major providers and government funders of home visiting, should be included in the planning.

We know from our work that children have the best chance to avoid contact with the child abuse and neglect system when their parents and caregivers are fully

supported and equipped to meet their needs. Young children are at higher risk of experiencing maltreatment when their parents or caregivers are stressed and not sufficiently supported.[2] The first few years of a child's life typically are full of rapid change and development for the child and stress and uncertainty for the parent or caregiver. Additionally, "[i]ncreased parenting stress can contribute to child behavior problems or can further exacerbate existing behavior problems,[3] which presents additional risk for maltreatment."[4] Parents and children who get the supports they need at the earliest time can set the child on the best possible trajectory, even if the child experiences stressors and vulnerabilities.[5]

Generally, 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. In DC, we have had various permutations of evidence-based home visiting programs and different agencies and private organizations contributing funds to these programs at different times. Some funding that came through the Office of the State Superintendent of Education (OSSE) stopped in fiscal year 2016.[6] In 2017, DC Health utilized funding from the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) program to fund two evidence-based interventions -- Parents as Teachers (PAT) and Healthy Families America (HFA).[7] DC Health has restricted MIECHV funding to programs that focus on pregnant women and families with children under the age of three.[8] Home visiting is also a program within some Early

Head Start grantee programs, providers of which in DC include United Planning Organization, Rosemount Center, and Bright Beginnings.[9] DC's Child and Family Services Agency (CFSA) has funded various home visiting strategies, including at least three evidence-based models, one of which is exclusively for early childhood.[10] For families who receive home visiting services, home visits can serve multiple different purposes, creating a range of positive outcomes for children in child welfare, health, and education systems by supporting their parents.[11]

Home Visiting Prevents Child Abuse and Neglect

Home visiting prevents child abuse and neglect by "enhanc[ing] parenting skills to promote healthy child development."[12] Home visiting is both a primary and secondary form of prevention, meaning that it directly prevents a child from being abused or neglected and it also reduces risk factors for child abuse or neglect. The relevant child maltreatment outcomes of home visiting include "improved maternal and child health; prevention of child injuries, child abuse or maltreatment; improvement in school readiness and achievement; reduction in crime or domestic violence; and improvements in family economic self-sufficiency."[13]

One way that home visiting prevents child abuse and neglect is by supporting and educating parents. 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.

Additionally, home visiting prevents child abuse and neglect by improving the early identification of a child's needs. 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.[14]

Finally, home visiting prevents child abuse and neglect by helping families overcome some of the stressors that accompany living in poverty. "[P]overty can increase the likelihood of maltreatment, particularly when poverty is combined with other risk factors, such as depression, substance use, and social isolation."[15] Home visiting can 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 are living in poverty and have one or two risk factors for child maltreatment. They do not need

expensive, intensive, disruptive, crisis-oriented interventions (like child welfare services). Their parents need to be able to identify and access the right services at the right time.

It is difficult for many families to accomplish these tasks in our complex service landscape. It is an especially difficult feat for families living with the stress of poverty and without an abundance of resources to navigate the fragmented array of less intensive, but silo-ed services that might address their needs. Home visiting programs can help parents navigate what can be a confusing collection of public and community-based services for themselves and their children. Given the challenges of parenting, access to home visiting is something that could benefit all parents, but particularly parents living in poverty.[16]

DC Home Visiting Programs Need Variety, Investment, and Coordination

In the Fiscal Year 2019 budget hearings, multiple home visiting program providers and advocates, including the Children's Law Center, called upon the District to increase and stabilize its support for home visiting. Sources and amounts of District funding for home visiting have decreased over the last few years, which has contracted the offerings to families.[17] At the same time, government officials attempted to consolidate all home visiting programs under DC Health without positing any increases in funding.[18] Specifically, CFSA's proposed budget eliminated all CFSA-supported home visiting. This will eliminate an effective investment in the futures of young

children and parents. While this funding has not been restored, we are thankful that Chairperson Nadeau has partnered with Chairperson Grosso to open this roundtable to allow further discussion about the benefits and the complexities of DC's home visiting program.

The solution to the challenges of complexity and silos is not simplification and consolidation. To the contrary, DC needs a healthy array of home visiting programs that are well coordinated and well supported. Much like a well-developed ecosystem, DC needs different types of home visiting programs that have varied sources of funding to meet the needs of our diverse families. Converting all of DC's home visiting programs into MIECHV eligible programs consolidated under DC Health would eliminate unique programs such as the CFSA-funded Father-Child Attachment program. CFSA's funding supports a Mary Center program Father-Child attachment program that offers home visitation and consultations services to non-custodial fathers of children of various ages to help them "forge lasting bonds with their children in order to improve child development outcomes" and "improve non-custodial father/custodial mother relationships and interactions." [19] This program would not be eligible for MIECHV funding through DC Health because it provides services to fathers of children over the age of three years old.

Not only do we need to explore a wider array of evidence-supported home visiting models, but DC also needs to explore increasing its investment in home visiting

program capacity.[20] DC families are projected to need greater capacity in its home visiting programs. As of June 2016, the combined capacity of MIECHV-funded programming appeared to be only350 slots, although one funded program was in the midst of being phased out.[21] Then in 2017, the DC Auditor stated that, "The District currently serves only a fraction of our at-risk families and local and federal funding is not assured."[22] Currently, we know that some families who would choose home visiting are not able to access it now. Some DC Health-funded programs must turn away some families who do not reside in the priority areas established. Some programs have created wait lists because they don't have the capacity to serve the families who are requesting home visiting services. The data and the program practices indicate that the demand for home visiting programs is on an upward trend and DC's limited capacity falls short of the 6300 of household that could benefit from home visiting program.[23]

Family First: A Funding Opportunity for Home Visiting as One Piece of the Statewide Prevention Plan

The Family First Prevention Service Act (Family First) could offer funding to home visiting programs, but only as one piece of a wider child abuse and neglect prevention plan. Family First, which was signed into law in February 2018, presents DC with an opportunity to be reimbursed for its investments into trauma-informed, evidenced-based (or evidence-supported) prevention programs that provide mental

health treatment and support, substance abuse prevention and treatment, or in-home parenting skills training to the parents or caregivers of children who are "candidates for foster care."[24] Pursuant to Family First, the Department of Health and Human Services will establish a clearinghouse of prevention programs that be eligible for varying percentages of reimbursement beginning in October 2019. It is likely that home visiting programs will be in the clearinghouse and it is important that DC is ready to take advantage of this important funding opportunity by the beginning of the next fiscal year.

Given that CFSA plans to access the funding being made available by Family First,[25] CFSA will be required to submit a statewide prevention services and program plan. The statewide prevention services and program plan has to offer a five-year plan that responds to 10 legislated inquiries that detail the prevention services and programs that DC will utilize, how DC chose the prevention services and programs, how DC will assess children and their caregivers to determine eligibility, and how DC will support and enhance the development of skilled workforce to deliver the services.[26] We understand that CFSA will submit its plan at some point in the first half of 2019. We strongly believe that home visiting should be a part of DC's prevention plan.

However, DC needs a comprehensive statewide prevention plan that also addresses the mental health needs and substance abuse prevention and treatment. Typically, effective prevention planning requires multiple stake holders to gather

together, share data, identify weaknesses in the current system and gain a mutual understanding of the roles that each entity can take to prevent abuse and neglect. We are relying on the Committee on Human Services to take an interest in ensuring that the statewide prevention plan is a success from the planning stage all the way through the implementation stage. To that end, we urge the committees to ask CFSA the following:

1. How will home visiting fit into the forthcoming state-wide prevention plan?
2. What have been the most persuasive data as the Agency decided how home visiting will fit into the forthcoming state-wide prevention plan?
3. Whom has the Agency consulted as it considered the impact home visiting programs could have on the forthcoming state-wide prevention plan?
4. What input did the Agency receive from external stakeholders as it considered the impact home visiting programs could have on the forthcoming state-wide prevention plan?
5. What other services and programs is the Agency considering to include in the forthcoming state-wide prevention plan?

As members of the Home Visiting Council we are especially thankful that Chairperson Nadeau and Chairperson Grosso have set aside time to discuss the nuances of home visiting. However, we urge the council to keep in mind that a collaborative and comprehensive prevention strategy will be necessary in order to optimize the benefits of a statewide prevention plan.

Conclusion

Thank you for the opportunity to testify about this important intervention for the District's youngest children and their families. We look forward to working with the Committees on this issue 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 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 nearly 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] Centers for Disease Control and Prevention (CDC). *Child Abuse and Neglect: Risk and Protective Factors*. Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html.

[3] M. Margalit & T. Kleitman, (2006). "Mothers' stress, resilience and early intervention." *European Journal of Special Needs Education*, 21(3), 269–283.

[4] J. Rodriguez-JenKins & M.O. Marcenko (2014)." Parenting stress among child welfare involved families: Differences by child placement." *Children and youth services review*, *46*, 19-27. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4498480/.

[5] 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. Retrieved from http://www.rand.org/pubs/research_briefs/RB9145.html; Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/.

[6] Office of the District of Columbia Auditor (prepared by DC Action for Children), *Status Report on Home Visiting in the District*, March 23, 2017, p. 29. Retrieved from http://dcauditor.org/report/status-report-on-home-visiting-in-the-district-of-columbia/. (Hereinafter referred to as *Auditor's Report*.)

[7] DOH-CHA FY16 Performance Oversight Responses, Q9.

[8] DOH-CHA FY16 Performance Oversight Responses, Q9.

[9] Providers located via a Federal search engine for Head Start and Early Head Start providers, at https://eclkc.ohs.acf.hhs.gov/center-locator?latitude=38.919&longitude=-77.036&city=Washington&zip=20009&state=DC&radius=5&type=2

[10] CFSA funds an evidence-based Nurturing Parenting Program, which can serve families of older children. CFSA also funds HOMEBUILDERS® not just for young children, which did not meet the US Department of Health and Human Services criteria for evidence-based early childhood home visiting, although it may be evidence-based for other populations. (*See* US DHHS, Home Visiting Evidence of Effectiveness (HomVEE). https://homvee.acf.hhs.gov/Model/1/HOMEBUILDERS--Birth-to-Age-5--In-

Brief/34.) CFSA also provides home visiting by nurses via four of the five Collaboratives, but that does not utilize an evidence-based curriculum or model. CFSA's current funding of HFA home visiting slots significantly reduced in FY16. *Auditor's Report* at 12.

[11] Evidence also 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. 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).

[12] One of the CDC's five key strategies to preventing child abuse and neglect is:" Enhance parenting skills to promote healthy child development." Home visiting is one important approach in this key prevention strategy and there are multiple home visiting programs that are supported by evidence such as: Nurse Family Partnership, Healthy Families, and Durham Connect. Center for Disease Control and Prevention. "Child Abuse and Neglect: Prevention Strategies." Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/prevention.html

[13] Evidence also 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. 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).

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

[15]Child welfare Information Gateway. "Poverty and Economic Conditions." Retrieved from, https://www.childwelfare.gov/topics/can/factors/environmental/poverty/.

[16] 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

[17] For example, the DC Office of the State Superintendent of Education previously funded some home visiting, including a program targeted to preschool age children, HIPPY, that no longer gets any District funding and continues with much smaller capacity.

[18] Statements at the public CFSA FY 19 Proposed Budget Briefing on April 12, 2018.

[19] Human Services Committee FY19 Budget Report, 28 fn. 8. Retrieved from http://dccouncil.us/wp-content/uploads/2018/11/Committee-on-Human-Services-Fiscal-Year-2019-Budget-Report_Non-Certified-Draft.pdf

[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 it publically, the initial analysis from Phase One should be incorporated to inform the feasibility study.

[21] 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 because DC offers universal prekindergarten for children age three to five. DOH-CHA FY16 Performance Oversight Responses, Q9.

[22] *Auditor's Report* at ii.

[23] *Auditor's Report* at 9. Further supporting the estimates in the *Auditor's Report*, OSSE estimated that 7,500 children could be eligible for an expanded IDEA Part C/Strong Start Early Intervention Program wherein the qualification is risk for developmental delay. In that report, OSSE recommended that Home Visiting be the program response instead of IDEA Part C/Strong Start. OSSE, Report on the Enhanced Special Education Services Amendment Act, November 2015, p. 9. Accessed at http://lims.dccouncil.us/Download/35237/RC21-0063-Introduction.pdf.

[24] Based on our experience as a partner of the State Policy Advocacy and Reform Center, other states are engaging in transparent, interdisciplinary discussions about the definition of "candidate for foster care." The Children's Law Center is very interested in engaging with CFSA, the Council, other District Agencies, and other stakeholders about the scope of this definition.

[25] Statements at the public CFSA FY 19 Proposed Budget Briefing on April 12, 2018.

[26] One legislated inquire is "(**iv)** A description of the consultation that the State agencies responsible for administering the State plans under this part and part B engage in with other State agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described in paragraph (2) and their parents or kin caregivers."42 U.S.C.A. § 671 (e) (5) (B)(iv). See generally, 42 U.S.C.A. § 671 (e) (5) (A) and (B).