501 3rd Street, NW · 8th Floor
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
childrenslawcenter.org

Testimony Before the District of Columbia Council
Committee on Health
September 18, 2017

Public Hearing:
BILL 22-0350, "HOME VISITING SERVICES PILOT PROGRAM ESTABLISHMENT ACT OF 2017"

Renee Murphy
Supervising Attorney - Policy
Children's Law Center

INTRODUCTION

Good morning Chairperson Gray, Councilmember Nadeau, and members of the Committee on Health. My name is Renee Murphy. I am a Supervising Attorney in the Policy team 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 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

I am pleased to testify today in support of the "Home Visiting Services Pilot Program Establishment Act of 2017," Bill 22-0350. As a longstanding member of DC's Home Visiting Council, we would like to thank Councilmember Nadeau for introducing this legislation and for working with experts from the DC Home Visiting Council in drafting sections of the bill. We wholeheartedly agree with the goal to improve, expand, and sustain evidence-based home visiting programs.[2] We are pleased that this bill would engage DC in a thoughtful analysis about home visiting and innovative new funding, provide grants for programs to provide the highest quality services, and solidify a central intake for home visiting within Help Me Grow.

A child's earliest years of life are a critical time of rapid development, building the foundation of social, emotional, and cognitive skills. 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.[3] Home visiting is an important part of the continuum of early childhood services, which also includes available and high quality child care, quality health care services, and many other connected services for nutrition, housing, and strong communities. 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 that various programs produce improvements in, for example, parent-child relationships, child school readiness, child health, and reductions in child maltreatment.[4]

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. 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, 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 and costly special education services later in childhood.[5] 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.

More broadly speaking, home visiting is important because it has the potential to fill gaps in the District's continuum of services for children living in poverty. Many families do not send their infants and toddlers to child care settings, for a variety of reasons, making health care settings the place where such young children are most seen for services. Yet, some families also struggle to access office-based services, so home visiting is a strategy to reach them. In addition, 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 struggle with poverty and its accompanying challenges, but who do not need to be served by more intensive, disruptive, crisis-oriented interventions (like child welfare services). Given the challenges of parenting, access to home visiting is something that could benefit all parents, but particularly for children living in poverty, home visiting programs have the potential to be the missing link to meet a variety of needs for thousands of children.[6] These programs can build stable working relationships between professionals and families, improve parental capacity in a

collaborative and less intrusive way, and ultimately, assist parents as they navigate what can be a confusing collection of public and community-based services for themselves and their children. When we expand access to home visiting, we expand access to the full range of supports, parental and otherwise, that children need in order to succeed.

Therefore, we support several of the ways that this legislation seeks to create expansions and improvements in early childhood home visiting in DC. The District needs to engage in a thoughtful assessment about home visiting, given its tremendous promise. The feasibility study for pay for success financing is an opportunity to do such thoughtful assessment. Not only do we need a comprehensive examination of need, demand, evidence-based models we are using and could use, and who benefits most in DC, but examination of program capacity and financing.[7] As stated by the DC Auditor this spring, "The District currently serves only a fraction of our at-risk families and local and federal funding is not assured."[8] 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 and the evaluation panel, to ensure the feasibility study gathers all the information that the District needs.

In DC, funding for evidence-based home visiting has had various permutations, with different agencies contributing funds at different times, and some privately-funded programs. Some funding that came through OSSE stopped in fiscal year 2016.[9]

In the Department of Health, the Federally-funded Maternal Infant and Early Childhood Home Visiting (MIECHV) program currently focuses on pregnant women and families with children under the age of three.[10] The program funds two evidence-based interventions -- Parents as Teachers (PAT) and Healthy Families America (HFA) -- through a grant from the federal government.[11] 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.[12] CFSA has funded various home visiting strategies, including least three evidence-based models, although only one of those models is exclusively for early childhood.[13]

Enrollment in the DOH-funded programs increased over the last year.[14] As of June 2016, the combined capacity of MIECHV-funded programming appeared to be only 350 slots, although one funded program was in the midst of being phased out.[15] Not only does this limited capacity have the potential to present challenges if enrollment continues its recent upward trend, but it falls far short of the number of families that these evidence-based home visiting programs have the potential to reach.[16] We are intrigued by the idea of pay for success financing,[17] and the feasibility study and its components as written in the bill would provide valuable information about our home visiting landscape and possibilities to diversify funding streams to expand this vital service.

We also support the grant program that this legislation would establish to improve and expand home visiting programs. Over the years, some have raised concern about retention of families in DC's home visiting programs. However, programs throughout the nation have been tackling retention, because not only do factors about participating families lead to challenges with participation, but factors about the home visitor (such as high turnover) and the community contribute.[18] For example, home visitors are trained professionals with deep knowledge, yet their pay (similar to others in early childhood services) remains low and desire for advancement spurs movement to other careers. We know that, in collaboration with Georgetown University and Mary's Center, the Department of Health applied for and received a two-year Innovation Grant from the federal government to implement common training and other measures that will improve retention of families while continuing to improve recruitment.[19] The capacity building grants would allow programs to do a variety of additional activities to improve quality and expand services, such as innovate for workforce retention, sustain joint professional development, promote advancement in the field, bring services to new organizations, or implement coaching and other practices to build the highest quality service. Because home visiting needs to continue its quality improvement and expand to reach more families, we encourage the Council to enact and find funding for the home visiting capacity enhancement grants.

The legislation's proposed central intake and referral process for evidence-based

home visiting is also welcome. At times, families who would be best suited for one home visiting program end up enrolled in another, on a wait list, or not connected, because referrals come from various community partners who may not understand each program fully. A centralized intake system would alleviate this problem and allow better tracking of need for different program models. Part of the Innovation Grant is to support work on a centralized system, but solidifying that system in law will ensure that it is maintained past the two-year Federal grant.

In addition, the attention that this bill and others pending before this Committee brings to the years-long efforts to implement Help Me Grow in DC are encouraging. We hope that this Committee will foster collaboration about Help Me Grow in the Council and seek public updates from the Department of Health about current status of Help Me Grow.

We, as members of the Home Visiting Council and from our work with vulnerable children in DC, appreciate the much-needed attention from Councilmember Nadeau, this Committee and the DC Council on home visiting. Home visiting programs are a vital part of the early childhood services system, targeting improvements in parent-child relationships and in parents and young children, at the time when intervention can make the highest impact on the child's future.

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 Committee on this bill and would be happy to answer any questions.

---

[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] Bill Section 3(a)

[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; Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/.

[4] 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. See, http://www.blueprintsprograms.com/factsheet/nurse-family-partnership

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

[6] 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

[7] 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.

[8] Patterson, K., Office of the District of Columbia Auditor Cover Letter on the *Status Report on Home Visiting in the District*, March 23, 2017, accessed at http://www.dcauditor.org/sites/default/files/Home.Visiting.Final_.Report.3.23.17.pdf

[9] 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, accessed at

http://www.dcauditor.org/sites/default/files/Home.Visiting.Final_.Report.3.23.17.pdf. Hereinafter referred to as *Auditor's Report*.

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

[11] *Id*.

[12] 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

[13] 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.

[14] DOH-CHA FY16 Performance Oversight Responses, Q12.

[15] 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.

[16] 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.

[17] We have some concern that depending on the length of time that private investors would wait for return, the pay for success model might focus the District on outcomes from home visiting that are close in time. This would divert focus from the promise that home visiting, in particular one program that has not been implemented in DC, has for outcomes that are farther in the future, such as reductions in late-childhood needs for special education, or reductions in delinquent behavior.

[18] *See*, Rabinovitz, L., Kaye, S., Aquino, A.K., & Perry, D., (Summer 2016), *Challenges to Retaining Participants in Evidence-Based Home Visiting Programs: A review of the Literature,* Emotional & Behav. Disorders in Youth, 55, 6.

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