

**TESTIMONY OF WES RIVERS, HEALTH POLICY ANALYST
DC FISCAL POLICY INSTITUTE**

**At the Fiscal Year 2015 Budget Oversight Hearing
For the DC Department of Health
District of Columbia Council Committee on Health
May 1, 2014**

Chairwoman Alexander and other members of the committee, thank you for the opportunity to testify today. My name is Wes Rivers, and I am a Health Policy Analyst at the DC Fiscal Policy Institute. DCFPI engages in research and public education on the fiscal and economic health of the District of Columbia, with a particular emphasis on policies that affect low- and moderate-income residents.

I am here today to support and applaud the Mayor and the Department of Health's (DOH) efforts to sustain evidence-based home visiting programs for at-risk families across the city. I would also like to comment on the investment to provide District students with access to school nurses and school-based health services. DOH's willingness to work and consult with community stakeholders, especially the DC Home Visiting Council, gives me confidence that the District is building a strong foundation for effective programming. DCFPI supports the FY 2015 budget proposal to invest \$2.5 million in local funding towards home visiting programs and we hope the DC Council will do the same. We also support the \$5 million increase that would support contracts for school-based nurses.

Maternal and child health home visiting is designed to improve early childhood health and development through home-based interventions and instruction for parents. Home visiting targets services to expecting parents and families with children under age five. The District's evidence-based models focus on maternal and child health, early physical and cognitive development, parenting practices, school-readiness and access to community resources and immunizations.

Prior to this fiscal year, DC's home visiting program was primarily funded through private and federal grants, but the majority of those funds were through the Affordable Care Act and are set to expire in 2015. The mayor's local funding commitment of \$2.5 million in FY 2015 means that home visiting programs would continue serving at-risk families, especially those in Ward's 5, 7, and 8.

The mayor's proposed budget also includes a federal grant within the Child and Family Services Administration (CFSA) from which home visiting would draw funding. Title IV-E Waiver funding for foster care services would offer about \$300,000 in grants for home visiting programs. This funding adds to the diversity and sustainability of funding mechanisms within the program.

While the District has a foundation to sustain a comprehensive home visiting program, the main issue facing DOH and the Home Visiting Council will be expanding capacity to meet the District's high needs. Home visiting providers currently have the capacity for about 935 families, but the Home Visiting Council estimates that 3,500 children could benefit from services. Families identified are those at high risk for health and developmental problems due to factors such as late or no prenatal care, preterm delivery, low parental education, or family history of substance abuse.

To move forward with an expansion of the program, DOH needs to coordinate with other agencies to implement a sustainable funding strategy. As mentioned before, CFSA's Title IV-E waiver offers a new stream of federal funding for the program. The Department of Health Care Finance also offers opportunities to tap federal funding through Medicaid, as many of the services offered could be reimbursable through the program. We hope that the DC Council and the Deputy Mayor for Health and Human Services will work together to facilitate these inter-agency communications and that DOH will pursue Medicaid as a funding strategy.

I would also like to comment on the mayor's proposed investment in school nurses and school-based health centers. The proposed budget increases funding to school nurses by \$5 million, supporting a contract with Children's Hospital that provides school nurses in traditional public and public charter schools. While we understand the funding will increase nurses at charter schools primarily, it is unclear how many more nurses will be deployed and how many schools will benefit. We ask that Council and DOH clarify of the nurse staffing levels, so parents and stakeholders can assess where needs are the greatest.

The mayor also proposes an increase of \$375,000 to support the ongoing operation of school-based health centers. These health centers provide critical services such as physical exams, STI and HIV testing, immunizations, and oral health screenings. DCFPI supports these investments as school is a natural setting for youth and can often be a critical point of health care access.

Thank you for the opportunity to testify, and I would be happy to answer any questions.