

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

**At the Public Hearing on the
Fiscal Year 2016 Budget Oversight Hearing
For the DC Department of Health
District of Columbia Committee on Health and Human Service
April 22, 2015**

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 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 the proposed FY 2016 budget for DC's maternal and child health home visiting program and the related programming of Healthy Start within the Department of Health (DOH). The home visiting program, in particular, offers home-based parental instruction proven to improve a child's health and cognitive development.

The FY 2016 budget would maintain \$2 million in local funding for the home visiting program. There is also \$2.25 million in grant funding from the federal government. Currently the grant funds provide services for 300 families at any given time. The local funding should increase the number of slots available.¹ The Department of Health was also approved for \$1.8 million in federal Healthy Start funding, which DOH suggests will go toward other evidence-based maternal and infant health programming. In all, more than \$6 million is available for effective, early childhood interventions.

The need for home visiting services is great in DC. About 1,800 babies born each year – one fifth of all births in the city — are 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. In addition, nearly one in three DC children lives in poverty, meaning they likely face higher barriers to accessing health care.

The home visiting program is effective because it brings services to families in their most natural environment, the home. The District's program uses three [research-backed](#) models which²:

¹ There are other home visiting services in the District funded by CFSA and other federal grants, but this testimony refers to the evidence-based models funded through the Affordable Care Act.

² The program supports three nationally recognized, effective practices: Healthy Families America, Parents as Teachers, and Home Instruction for Parents of Preschool Youngsters (HIPPPY).

- Target expecting parents and families with children under age five.
- Identify signs that children may be at risk for unhealthy development.
- Teach parenting practices to overcome barriers to success. Home visitors show parents activities that help their child be ready for school, promote healthy play, and provide access to community resources, health screenings and immunizations.

The Department of Health and researchers from Georgetown University are evaluating the implementation and effects of the District's program, but research nationwide has shown that the research-backed programs improve a child's health and intellectual development so that kids enter school better prepared to learn.³

The District's home visiting providers are providing comprehensive training so that their home visitors can serve families well. And the number of families served has increased, nearing closer to the maximum number of funded slots. These are important accomplishments that address problems the program has had in the past. We thank the Department of Health for their active engagement with the Home Visiting Council to help make this possible.

DOH should be taking several steps to sustain the program into the future. These include: maintaining local funding, improving data collection, and expediting procedures to get funds to providers.

- **Funding:** In the long-term DC will have to maintain local funding to expand the program and replace our current federal grants that begin expiring at the end of FY 2016. DC should continue to seek federal funding when available, especially given Congress' recent reauthorization of home visiting grant funds.
- **Data collection:** the federal government requires that DOH develop performance benchmarks – such as family access to health insurance and the number of visits to a pediatrician. Unfortunately DOH could not collect clean data and set solid baseline measures in the first year of the grant. DOH will need to maintain better measures of a home visitor's effectiveness and it will need to improve instructions to providers on how to collect data. These metrics should help demonstrate how well DC's home visiting program meets best practices and how well they are achieving outcomes found in literature.
- **Improved Grant making:** There have been long delays this year in making federal grants available to providers. Rigorous evidence-based programs take time to hire, train, and develop a screening and referral system. The funding delays have impeded providers' ability to staff up and reach capacity – and thus to serve vulnerable families. The Department should work with the Office of Contracts and Procurement to get grants out in a timely way. DOH should also engage with community partners trying to implement these programs – providing technical assistance and educational sessions on program requirements.

Thank you for the opportunity to testify today. I am happy to take any questions.

³ U.S. Administration for Children and Families. Home Visiting Evidence of Effectiveness. <http://homvee.acf.hhs.gov/outcomes.aspx>