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**Testimony of Ed Lazere, Executive Director
At the Public Oversight Hearing on the Department of Health
DC Council Committee on Health
February 8, 2019**

Chairman Gray and other members of the Council, thank you for the opportunity to testify today. My name is Ed Lazere, and I am the Executive Director of the DC Fiscal Policy Institute. DCFPI is a non-profit organization that promotes budget choices to address DC's economic and racial inequities and to build widespread prosperity in the District of Columbia, through independent research and policy recommendations.

I'm here today to address DC's home visiting programs and to encourage the District to strengthen this important, effective resource to support pregnant women and families with young children. The DC Fiscal Policy Institute is a member of DC's Home Visiting Council and we appreciate the Department of Health's leadership of this body. DCFPI also is a member of the Birth to Three Policy Alliance, a network of institutions committed to transforming how DC invests in infants, toddlers, and families from pregnancy through age three. The Birth to Three Policy Alliance knows it is essential for DC to ensure affordable access to high-quality health, education, and developmental support through the first 1,000 days of a child's life.

We applaud the Council's leadership on this issue, with the development and passage of the Birth to Three for All in DC Act last year. This groundbreaking and comprehensive legislation will transform the system of supports for young children and help ensure that every DC child gets off to the right start from birth. Birth to Three for All builds on the effort a decade ago, under your leadership Chairman Gray, to create universal access to pre-K education for all 3- and 4-year-olds in DC.

We look forward to working with you to ensure full funding of Birth to Three for All, including home visiting, and making important progress toward implementation in the FY 2020 budget. Home visiting programs support families with young children as they transition from pregnancy to parenting, getting mothers and babies off to a stronger, healthier start. Many pregnant women and young families need help understanding and supporting their child's development and may not know how to find the resources they need to care for themselves and their children. Home visiting programs can serve as a bridge to these critical resources.

Home visiting programs help ensure children enter school ready to learn, improve early mental and physical development, and increase use of needed health services and immunizations. High quality home visiting programs can also contribute to the prevention of child abuse and family violence.

Yet existing home visiting services in the District are not reaching all the families who could most benefit from them, and the District's local investment in home visiting is too low to adequately support the programs. In addition, the people who work in home visiting often earn very little and have limited opportunities for professional development, as is the case with workers in early

childhood education. This makes it hard to attract and retain a qualified home visiting workforce. High turnover can interfere with program uptake and effectiveness.

The Birth to Three for All Act calls for strengthening the role of home visiting, and we encourage the Mayor and Council to move forward with this in FY 2020. The Birth to Three Policy Alliance believes that an investment of \$6 million is needed to make progress. That would include \$2 million for Early Head Start home visiting for families experiencing homelessness, \$2 million for Early Head Start for immigrant families, and \$2 million for general home visiting programs. An increase of \$6 million will raise the *quality* of programs by adding resources to attract and retain qualified staff; expand *access* to services for families needing support, and advance *equity* by improving health outcomes for families facing the biggest barriers.

Beyond that, DCFPI supports the goals and conclusions of the Home Visiting Council's 2018 Annual Report, some of which also are reflected in the Birth to Three for All in DC Act. In particular, it is important to build a more coordinated home visiting system, rather than a collection of different programs, including creating a coordinated referral and intake system for families, to ensure that families are connected with the programs that are best for them.

Creating a more intentional and coordinated home visiting system also should consider exploring other effective models, such as Nurse-Family Partnership. NFP is in many ways the gold standard of home visiting, using licensed nurses for all visits, doing a very rigorous tracking of services and outcomes, and having very solid proven outcomes in terms of child health and development. It is costly on a per-family basis, but research shows that there are big long-term savings for every dollar invested.

DCFPI also supports the requirement of the Birth to Three for All Act to study the home visiting workforce and explore ways to better support it, and we appreciate the work of the Home Visiting Council to conduct a survey of providers. (Results are pending.) Home visiting's success depends on a workforce that is knowledgeable and that builds trusting relationships with families.

Thank you for the chance to testify.