



**Status Report on Home Visiting in
the District of Columbia**

March 23, 2017

Prepared by DC Action for Children on behalf of the
Office of the District of Columbia Auditor
Kathleen Patterson, District of Columbia Auditor



March 23, 2017

The Hon. Vincent Gray, Chair, Committee on Health
The Hon. Brianne Nadeau, Chair, Committee on Human Services
The Council of the District of Columbia
1350 Pennsylvania Ave., N.W.
Washington, DC 20004

Dear Councilmembers:

I am pleased to share with you the attached Status Report on Home Visiting in the District of Columbia prepared by DC Action for Children.

A year ago the national Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) issued its final report, including a series of recommendations for states to reduce child fatalities resulting from abuse and neglect. CECANF recommended that each state:

- Review abuse and neglect fatalities to identify family and systemic circumstances that led to fatalities.
- Review policies on screening reports to make sure those most at risk receive the appropriate response, and that the most at risk – i.e. the very youngest – are made a priority for service.
- Make certain that existing programs, including Medicaid and home visiting, operate in a manner that reduces abuse and neglect fatalities.

Significantly, the Commission reviewed potential solutions to abuse and neglect fatalities and the report summarized current research. The Commission concluded that only one evidence-based practice has been proven – as of now – to reduce such fatalities: the Nurse-Family Partnership (NFP) home visiting program. The Commission's advocacy for evidence-based home visiting prompted me to ask DC Action for Children to assess the extent to which the District is making use of this intervention.

In-home visits by trained providers working with low-income and otherwise vulnerable parents with newborn and young children have been proven to positively impact school readiness and child health and welfare. While we do not currently offer NFP services, we do provide evidence-based home visiting services based on other models. Among the review's most important findings, however, are that the District currently serves only a fraction of our at-risk families and local and federal funding is not assured. The District does not mandate the services, nor does it require that home visiting programs demonstrate positive outcomes, an approach that has been taken in other jurisdictions.

I appreciate the efforts of DC Action for Children and the District agencies that provided information included in this status report. I hope this information will be of use to you in your oversight, and as you make decisions on the FY 2018 budget.

Thank you.

Sincerely,



Kathleen Patterson
District of Columbia Auditor

cc: D.C. Councilmembers
Officers of the Council
Betsy Cavendish, Executive Office of the Mayor
Deputy Mayor HyeSook Chung

Table of Contents

Executive Summary.....	1
Rationale	3
Overview of Home Visiting	3
Methodology.....	6
Landscape of Home Visiting in D.C.	7
Child and Family Services Agency	10
Department of Health.....	14
Other Home Visiting Programs	18
The D.C. Home Visiting Council.....	20
Reflections and Considerations for Next Steps	21
Conclusion.....	22
Appendix I: Interview Participant Profile	24
Appendix II: D.C. Home Visiting Council Overview	25
Appendix III: D.C. Federal MIECHV Awards, FY 2012-FY 2017.....	26
Appendix IV: D.C. Agency-Funded Home Visiting Programs, FY 2015.....	27

Executive Summary

Early childhood home visiting is a family support strategy that can improve child, maternal, and family outcomes in health, education, child welfare, and family sustainability. These programs provide education, parenting techniques, and resources to families through regular in-home visits by trained family support workers. The Administration for Children and Families reviewed the evidence supporting individual home visiting program models and identified 19 models as evidence-based in improving outcomes, including four that are implemented in D.C. Evidence-based home visiting as a strategy enjoys bipartisan support and is federally funded through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and other federal funding streams.

In order to clarify the landscape of home visiting in the District, the Office of the D.C. Auditor commissioned this Status Report on Home Visiting (HVSR) to provide a baseline of information on existing programs and funding. The primary focus of this report is on fiscal year 2015. In FY 2015, the District of Columbia supported home visiting using both federal and local funding through multiple local agencies, including the D.C. Department of Health, the Child and Family Services Agency, and the Office of the State Superintendent for Education. A number of additional programs, including privately funded programs and one direct federally funded program, also existed in D.C.

The HVSR, for the first time, presents a full picture of home visiting in the District through data and synthesis of interviews with key home visiting stakeholders. In FY15, D.C. was home to a variety of early childhood home visiting programs with the combined capacity to serve a total of 1,321 families. This represented a fraction of the total local need for home visiting. Home visiting programs in D.C. primarily served expectant parents and families with children up to age 5. The evidence-based program models implemented in the District in FY 2015 included Early Head Start Home-Based, Healthy Families America, Home Instruction for the Parents of Preschool Youngsters, and Parents as Teachers.

This report identifies the following strengths of home visiting in the District:

1. Funding for home visiting targets services primarily to families that exhibit the highest need.
2. A variety of program options is available in each ward, increasing the opportunity for families to be matched with a model that meets their specific needs.
3. The D.C. Home Visiting Council is an active and organized body that supports home visiting infrastructure development at the systems level.

These strengths provide tremendous opportunity and advantages for the District to tackle the following challenges:

1. Differing data collection requirements by funding streams, program models, and providers create challenges in evaluating the effectiveness of services, even across different programs implementing the same models.
2. Current funding sources may be at risk and local funding levels are not sufficient to maintain programs at their current capacities in the event of a loss of federal funding.

3. Providers experience challenges hiring and retaining qualified, culturally competent home visitors, which can adversely impact participant retention.
4. The District currently lacks the capacity to reach all families who could benefit from home visiting programs.

Rationale

Home visiting is an effective strategy for providing critical supports and resources to families with young children. The District of Columbia invests both local and federal funds into providing home visiting for residents. This Home Visiting Status Report (HVSR) provides a baseline of data and information about the home visiting services available to young children and their families in the District of Columbia. The report describes how home visiting is implemented as a strategy to empower families with children ages 0 to 5 with targeted education, resources, and supports. This report describes the models available locally, presents data about the capacity of each program and provides funding information for each program implemented in the District during fiscal year 2015.

This report is not intended to assess or evaluate the home visiting models or programs. Rather, it is designed to share critical information about the availability of home visiting to ensure young children in the District have the supports they need to be healthy, safe, and thriving.

Overview of Home Visiting

Early childhood home visiting is a family support strategy that provides education, parenting techniques, and resources to families with children ages 0 to 5 through programs delivered primarily in clients' homes. In these programs, trained home visitors work with families who are expecting or who already have young children to achieve improved outcomes in targeted domains, which can include education, child development, child welfare, and/or health.

Early childhood home visiting models are generally flexible and designed to be tailored to a family's needs. They are defined by their method of home-based program delivery to voluntary participants. Many early childhood home visiting programs incorporate a focus on child development, conduct health and developmental screenings, and provide links and referrals to other community resources that may be appropriate for a family's needs. However, home visiting program models vary with respect to the age of children served, the frequency and length of home visits, the length of the program, expected child and family outcomes, home visitor qualifications and program content.

Strengths of Home Visiting as a Family Support Strategy

A large body of research demonstrates that home visiting can provide a number of benefits as a family support strategy. The Administration for Children and Families within the U.S. Department of Health and Human Services has identified 19 home visiting program models as evidence-based, following a review and rating of the studies demonstrating the effectiveness of each model.¹ Home visiting programs offer a number of advantages to communities seeking to integrate them into their early childhood system, including cost-effectiveness, early access to traditionally difficult-to-reach families, and an expanded opportunity for developing meaningful relationships between families and support workers.

Studies of evidence-based home visiting find that, as a strategy, it can be a cost-effective early intervention. Analyses of individual home visiting program models find that many produce a positive public return on investment through reduced need for publicly-funded services such as special

¹ Sama-Miller, E., Akers, L. Mraz-Esposito, A., Avellar, S., Paulsell, D., and Del Grosso, P. (2016). 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, D.C..

education and child protective services, reduced crime, reduced health care costs.² Home visiting provides early support to families that can help preempt the need for costlier, more intensive remedial care that may come too late to be effective.

Home visiting also provides a unique opportunity for family support workers – in this case, home visitors – to develop more trusting and therefore potentially more supportive relationships than may be possible for center-based family support workers. By coming to the family’s home rather than requiring that families come to a center, home visitors can more readily establish a rapport with their clients that demonstrates respect for the family and an active interest in its well-being. While this rapport may be helpful for engaging all families, it could be essential for families who have had negative prior experiences with social service providers, an advantage confirmed through interviews with home visiting providers for this report.³ In the context of the home, home visitors are able to gain a more comprehensive understanding of families’ needs, and to identify and address health, safety, or other concerns that may otherwise go undetected.

Federal Support for Home Visiting

Though members of Congress sponsored legislation to provide federal support for home visiting, it was not until the Obama Administration that a specific federal grant program was authorized in the Maternal and Infant Early Childhood Home Visiting (MIECHV) program. MIECHV has been extended twice, and grantees are currently funded through fiscal year 2017. Given ongoing changes within the federal administration, it is unclear how MIECHV funding might change during upcoming funding cycles.

MIECHV designed to support evidence-based programs and promising new approaches. Given this recognition and support, several states have crafted their own evidence base for funding home visiting, working from the federal guidelines. The Pew Charitable Trusts published a framework for legislators to use in enacting requirements that guarantee funds are allocated to programs that evidence has shown have positive impact on children and families.⁴ To fulfill their grant requirements, MIECHV-funded states report on systems and program benchmarks indicating success.

² See, for example:

Washington State Institute of Public Policy. (2016) Benefit-Cost Results;

Karoly, L, et al. (2005). Early Childhood Interventions: Proven Results, Future Promise. RAND Corporation. Santa Monica, California. Retrieved from <http://www.rand.org/pubs/monographs/MG341.html>; and

Burwick, Andrew, Heather Zaveri, Lisa Shang, Kimberly Boller, Deborah Daro, and Debra A. Strong. (2014) Costs of Early Childhood Home Visiting: An Analysis of Programs Implemented in the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Initiative. *Mathematica Policy Research*. Retrieved from

<https://www.mathematica-mpr.com/our-publications-and-findings/publications/costs-of-early-childhood-home-visiting-an-analysis-of-programs-implemented-in-the-supporting>

³ Burwick, Andrew, Heather Zaveri, Lisa Shang, Kimberly Boller, Deborah Daro, and Debra A. Strong. (2014) Costs of Early Childhood Home Visiting: An Analysis of Programs Implemented in the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment Initiative. *Mathematica Policy Research*. Retrieved from

<https://www.mathematica-mpr.com/our-publications-and-findings/publications/costs-of-early-childhood-home-visiting-an-analysis-of-programs-implemented-in-the-supporting>

⁴ Pew Charitable Trusts. (2011). Policy Framework: To Strengthen Home Visiting Programs. Retrieved from

http://www.pewtrusts.org/~media/legacy/uploadedfiles/pca_assets/2011/homevisitingmodelpolicyframeworkpdf.pdf?la=en

MIECHV benchmarks⁵ include:

- Improvements in maternal, newborn, and child health.
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reductions of emergency room visits.
- Improvements in school readiness and child academic achievement.
- Reductions in crime or domestic violence.
- Improvements in family economic self-sufficiency.
- Improvements in the coordination and referrals for other community resources and supports.

This report describes the variety of home visiting programs in the District and is not an evaluation of the success of MIECHV and other home visiting programs. It is important to note that other federal funding streams have been used to support home visiting nationally and in the District, but MIECHV is the first federal program specifically supporting home visiting.

Common Challenges Facing Home Visiting Programs

The diversity of program models and the flexibility to select programs based on outcomes can present both advantages and challenges for communities. Because there is no one-size-fits-all program model, a community implementing home visiting must determine and prioritize the outcomes that it would like to target for improvement. This includes making decisions about how to fund home visiting and which funding mechanisms would be most feasible and sustainable.

The term “evidence-based” describes the home visiting program model, but it does not assure success nor does it indicate whether specific programs are implemented with fidelity to the model. This is significant because the research that supports the improved child and family outcomes associated with evidence-based home visiting program models is relevant only when models are implemented to fidelity. To achieve fidelity, providers must meet specific guidelines for home visitor caseload, length of participation time, frequency and duration of visits (sometimes described as dosage), and other requirements. Funding and staff capacity often can be barriers to providers in meeting fidelity requirements.

Home visiting program models are often developed and tested in specific environments with qualities and challenges that are likely not universal. Communities seeking to implement home visiting therefore must be prepared to creatively select program models, adapt them to meet family and community-specific needs and carefully monitor results.⁶

Additionally, acquiring, training, and retaining high-quality home visitors presents challenges that also exist in a center-based provider setting. The role of the home visitor requires flexibility, cultural competency, and expertise in a wide range of topics related to children and families⁷. These may include, depending on the requirements of the home visiting program model and the needs of each family, knowledge of child development, maternal and child health, community resources and services,

⁵ Health Resources & Services Administration (2016). Performance Reporting and Evaluation Resources. Retrieved from: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources>

⁶ Osborne, C. (2016). Home visiting programs: Four evidence-based lessons for policymakers. *Behavioral Science & Policy*, 2(1), pp. 29–36.

⁷ Head Start Office of Early Childhood Learning and Knowledge Center. Home Visitor’s Handbook. Retrieved from <http://eclkc.ohs.acf.hhs.gov/ods/book/head-start/roles-of-a-home-visitor/>

in addition to the ability to go into families' homes with respect and an engaging attitude. In order to maintain and build upon home visitors' diverse skill sets, home visiting programs provide extensive training, sometimes supplemented by the local home visiting system. Despite the rigorous requirements for a quality home visitor and program investments in the development of their knowledge and skills, program funding is often insufficient to compensate home visitors at an adequate rate to retain them. Therefore, home visiting programs can experience high turnover rates that may reduce their capacity to serve families and may negatively impact program relationships with clients of home visitors who leave the program.⁸

Home visiting programs present an opportunity for communities to invest in flexible, preventative, and potentially cost-saving social service delivery to families expecting or who already have young children. Given the diversity of populations served and of the desired outcomes targeted in each evidence-based home visiting program, communities have the unique opportunity to thoughtfully and strategically select and modify program models to meet the specific needs of their families.

Methodology

Work on the Home Visiting Status Report (HVSR) began in fiscal year 2016 and used fiscal year 2015 as its baseline. More recent data has been included, where available. This report is based on:

1. Systematic review of peer-reviewed literature.
2. Analysis of key informant interviews.
3. Acquisition and analysis of secondary data.

In order to thoroughly understand the landscape of home visiting programs, DC Action engaged in an electronic search to identify a diverse and representative selection of peer-reviewed academic articles. The literature review identified more than 45 scholarly articles on topics relevant to home visiting programs and their implementation in the District. DC Action placed emphasis on those articles that elaborated on best practices and outcomes of evidence-based home visiting models.⁹

We followed interview protocols designed to facilitate robust discussion of home visiting services from the particular perspectives of each stakeholder group. DC Action conducted 11 interviews with a wide variety of individuals whose work centers on home visiting. This includes personnel from D.C. government agencies, as well as home visiting providers (see Appendix A). These interviews serve as original data and function as the foundation of the HVSR.

DC Action also engaged in secondary data acquisition and analysis. Through a combination of data from the American Community Survey gathered by the United States Census Bureau and data from the KIDSCOUNT data center, DC Action compiled data on indicators relevant to child and family well-being.

⁸ Some studies on this impact include:

J. Korfmacher, B. Green, M. Spellmann, et al. (2007) The Helping Relationship and Program Participation in Early Childhood Home Visiting. *Infant Mental Health*, 28(5), and Home Visiting: Recent Program Evaluations: Analysis and Recommendations. *The Future of Children*, 9(1). Retrieved from http://futureofchildren.org/publications/docs/09_01_Analysis.pdf

⁹ See full literature review here:

https://www.dcactionforchildren.org/sites/default/files/HVSR_lit_review_FINAL_web.pdf

This included data on household and family composition, education, and economic security. Finally, DC Action obtained data from the agencies and privately funded programs about their home visiting work.

Limitations

In order to interpret this status report, the following limitations should be considered:

- Home visiting programs in D.C. currently define data points according to the needs and preferences of their implementing organizations or funding sources. Therefore, while DC Action requested the same data from each program, the meaning of the data provided varied. DC Action identifies, where necessary, how categories of data were defined by agencies and implementing organizations.
- Given its limited scope, the report does not include the perspective of some home visiting stakeholders and the views of home visiting program participants in particular may be appropriate to include in future reports on home visiting in the District.
- It also is possible that this report did not capture all programs. These may include small, privately-funded home visiting programs with few links to the larger home visiting community in D.C.

Landscape of Home Visiting in D.C.

The District of Columbia is a growing and diversifying city that is home to 110,600 children under the age of 18. Of these children, 61 percent are black, 25 percent are non-Hispanic white, and 14 percent are Hispanic/Latino.¹⁰

As the city has experienced sizable growth, it has trended younger: 47,300 children under the age of 6 call D.C. home, representing 43 percent of the child population.¹¹ In 2014, this included 9,500 births across the city.¹² Of the 50,700 diverse households and family units with children under 18 in the District, approximately half have at least one child age five and under.¹³ Understanding family units is an advantage of home visiting as a family support strategy and is also central to successful home visits.

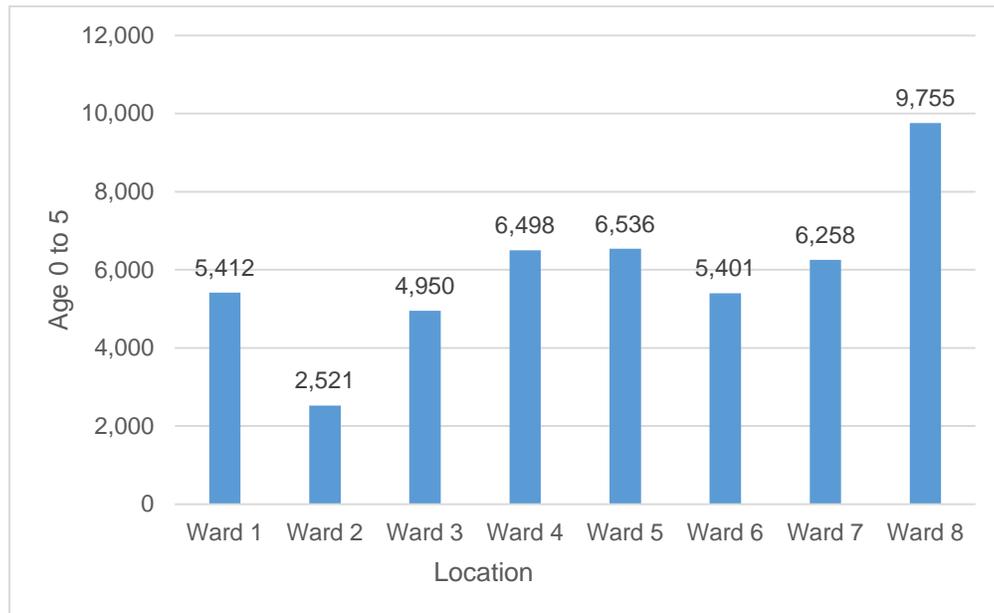
¹⁰ U.S. Census Bureau. (2016). Children Characteristics, 2011-2015 American Community Survey 5-Year Estimates: District of Columbia. Retrieved from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/S0901/0400000US11.

¹¹ U.S. Census Bureau. (2016). Children Characteristics, 2011-2015 American Community Survey 5-Year Estimates: District of Columbia. Retrieved from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/S0901/0400000US11.

¹² D.C. Department of Health. (2016). 2014 Infant Mortality Report. Retrieved from <http://datacenter.kidscount.org/data/tables/7451-births-citywide?loc=10&loct=3#detailed/3/any/false/869,36,868,867,133/any/14540,14541>

¹³ U.S. Census Bureau. (2016). Children Characteristics, 2011-2015 American Community Survey 5-Year Estimates: District of Columbia. Retrieved from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/S0901/0400000US11, and U.S. Census Bureau. (2015). Households and Families, 2011-2015 American Community Survey 5-Year Estimates: District of Columbia. Retrieved from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/S1101/0400000US11

Figure 1: Children Age Five and Under by Ward in D.C., 2015



Source: US Census Bureau 2011-2015 American Community Survey 5-Year Estimates

Research indicates that children reach crucial developmental milestones between birth and age 5, milestones that are highly influenced by the child’s home environment and the family’s access to resources. D.C. children live in families that have access to varying social and economic resources. The median income of D.C. families with children is \$66,297.¹⁴ By family type, however, median income ranges from \$25,906 for families headed by a single female householder to \$164,380 for married couple families.¹⁵ Almost 19,000 children under 6 (40 percent) live in households headed by a single female householder.¹⁶

Economic hardship is a reality for many District children. A total of 29,200 children under the age of 18 live at or below the federal poverty level, and 43,700 children live in households that receive federal benefits including Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and/or Supplemental Security Income (SSI), all of which are based on income levels.¹⁷ Child poverty rates vary by ward, from 3 percent to 50 percent and, disaggregated by race, 39 percent of black children and 3 percent of non-Hispanic white children in D.C. live in poverty.¹⁸ Just under 24 percent of the almost 40,000 children under age 5 in the District live below the poverty level.¹⁹

¹⁴ Ibid.

¹⁵ Ibid.

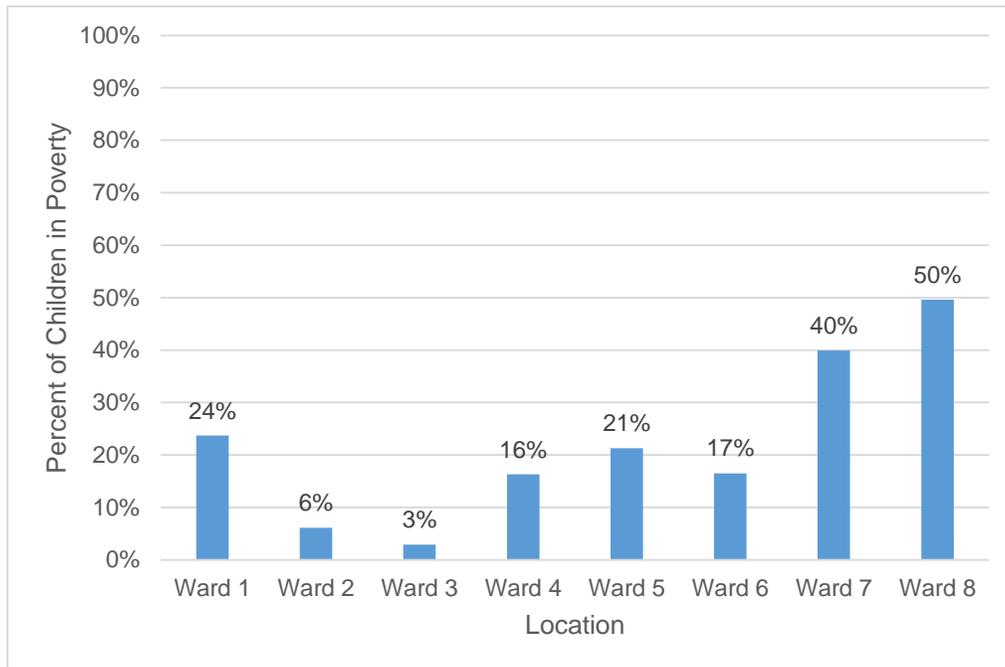
¹⁶ U.S. Census Bureau. (2016). Children Characteristics, 2011-2015 American Community Survey 5-Year Estimates: District of Columbia. Retrieved from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/S0901/0400000US11.

¹⁷ Ibid.

¹⁸ U.S. Census Bureau. (2016). Race/ethnicity of young child population, by Ward, 2011-2015 American Community Survey 5-Year Estimates. Retrieved from <http://datacenter.kidscount.org/data/tables/8873-race-ethnicity-of-young-child-population-by-ward?loc=10&loct=3#detailed/3/any/false/573,869,36,868,867/3498,2161,2159,2157,2663,3499,3307,2160/17759,17760>

¹⁹ U.S. Census Bureau. (2016). Poverty status in the past 12 months, 2011-2015 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/S1701/0400000US11

Figure 2: 2016 Child Poverty Rate by Ward in D.C.



Source: US Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

As parenting education and skills building is a crucial piece of many home visiting models, the educational backgrounds of D.C. parents are relevant to home visiting programs. Fourteen percent of householders with children have not graduated from high school, 40 percent have a high school diploma or the equivalent, 5 percent have an Associate’s degree, and 41 percent have a Bachelor’s degree or higher.²⁰ Additionally, in the District, 74 percent of children age five and under have both parents in the labor force.²¹ Awareness of the demands on parents’ time and resources is especially relevant to home visiting programs in the District.

The Need for Home Visiting in D.C.

The need for home visiting can be calculated using various indicators of risk. Based on feedback from local experts and analysis of risk factor data for families with young children – including family poverty, prenatal care utilization, and child developmental delays – we estimated that about 6,300 D.C. households with children aged five years and under could benefit from home visiting programs.²² In FY

²⁰ U.S. Census Bureau. (2016). Children by Household Head’s Educational Attainment, 2011-2015 American Community Survey 5-Year Estimates. Retrieved from <http://datacenter.kidscount.org/data/tables/5203-children-by-household-heads-educational-attainment?loc=10&loct=3#detailed/3/10,55-56,58-61,64-77,79-84,86,88-94,96-109,9428-9429/false/573,869,36,868,867/1312,1313,1314,1315,1316/11679,11680>

²¹ U.S. Census Bureau. (2016). Percent of Children Under 6 Years old with all Parents in the Labor Force, 2011-2015 American Community Survey 5-Year Estimates: District of Columbia. Retrieved from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/15_5YR/GCT2302.ST04/0400000US11

²² Data sources that contributed to estimate:

5 Year Maternal and Child Health Needs Assessment, 2016-2020. Department of Health. District of Columbia. <https://doh.dc.gov/sites/default/files/dc/sites/doh/Needs%20Assessment%202015.pdf>;

2014 Infant Mortality Report (2016). Department of Health. District of Columbia

https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/IMR_2014_Final_10.5.16.pdf; and

2015, home visiting programs in D.C. had the capacity to serve roughly one-fifth of this need, with slots to serve 1,321 families.²³ Notably, a citywide target population for home visiting has not been established, although individual programs and funding streams may have their own targets.²⁴

Evidence-Based Home Visiting Program Models in D.C.

Given its potential to improve child outcomes, home visiting is a strategy that is of particular interest to many District agencies and other organizations working in health and human services. Following is a summary of the organizations and agencies that fund and operate home visiting in the District, based in part on our key informant interviews. The following are the evidence-based home visiting models currently being implemented in D.C. These programs have been reviewed by the federal Administration for Children and Families and have been shown to lead to improved outcomes for participating families.

Healthy Families America (HFA)

HFA provides home visiting services to parents experiencing single parenthood, poverty, substance abuse, mental health issues, and/or domestic violence, as well as parents with experiences that may adversely affect their attitudes or knowledge about parenting. Communities implementing HFA may select specific target groups based on the needs of local families. Home visits begin during pregnancy or before the child is 3 months old and continue until the child is between 3 and 5 years old. HFA's targeted outcomes for children include improved child health, improved school readiness, and improved child welfare, as well as improved parental behaviors and attitudes supporting these outcomes.

Home Instruction for Parents of Preschool Youngsters (HIPPY)

HIPPY serves children, ages 3-5 years, and their parents. The program is designed to work with parents who feel unprepared for their role as parents and includes a curriculum of up to 30 weekly home visits. HIPPY also encourages participating families to attend group meetings with other HIPPY parents to discuss the program and participate in enrichment activities. HIPPY's targeted outcomes for children include improved school readiness and other positive educational outcomes.

Parents as Teachers (PAT)

PAT provides home visiting services to families beginning in pregnancy and continuing through the child's entry into kindergarten. Local programs select their target populations based on the needs of their communities. The PAT curriculum includes a requirement for parent socializations to supplement progress in individual home visits. PAT's targeted outcomes include improved parenting practices, improved detection of developmental and health concerns, reduced child abuse and neglect, and improved school readiness and other positive educational outcomes.

US Census Bureau. (2016). Children in Poverty by Age Group. Retrieved from: <http://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=10&loc=3#detailed/3/any/false/573,869,36,868,867/17,18,36/12263,12264>

²³ According to the 2011-2015 American Community Survey 5-year Estimates, there are 25,329 households with children ages 0 to 5. One quarter, or approximately 6,332, of those households would be deemed at risk. This is a conservative estimate of the number of families in the District because it is limited to households and does not distinguish between multi-family households and single-family households. Homeless families are not accounted for in this number either.

²⁴ MIECHV completed a needs assessment and identified a target population for MIECHV programs; this has not been proposed as or adopted by the broader home visiting community in D.C. as a target population for home visiting, although it is possible that it could be adopted and applied more broadly.

Early Head Start Home-Based (EHS-HB)

The Early Head Start Home-Based model targets positive child development and school readiness outcomes in infants and toddlers supported by improved parenting practices. EHS-HB programs serve low-income pregnant women and families with children ages birth to 3 years old. Through weekly home visits, the EHS-HB model targets improved child welfare, improved school readiness, improved maternal and child health, and improved detection of developmental concerns. The model also includes twice-monthly group socializations for participating families.

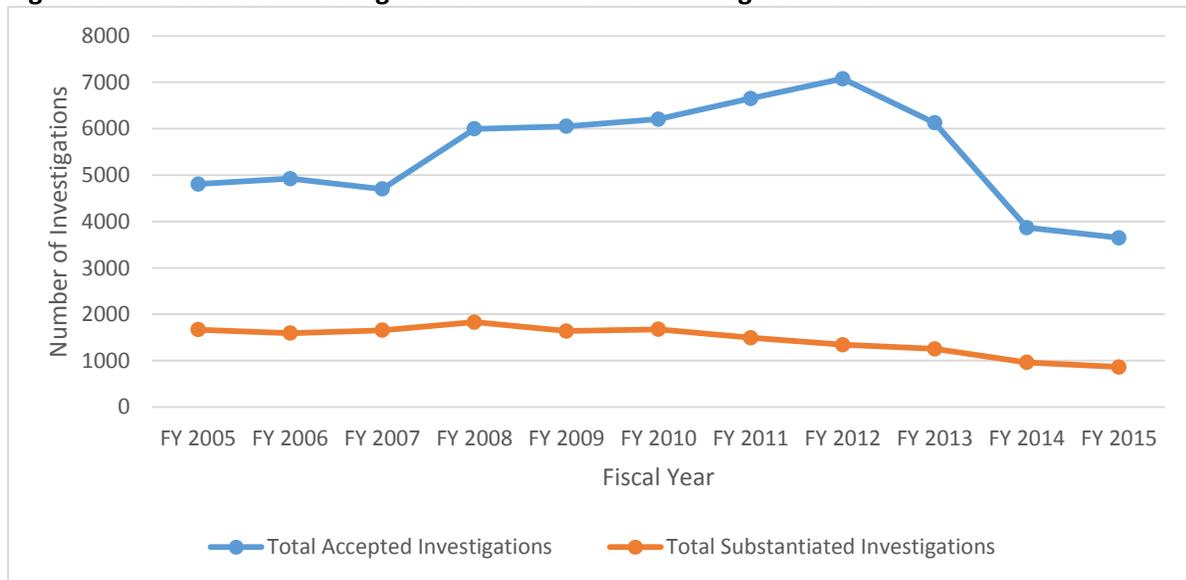
Child and Family Services Agency (CFSA)

CFSA funds home visiting as a strategy to prevent child abuse and neglect, promote positive health outcomes, and empower families to support their children’s growth and development. For these reasons, CFSA targets funding of programs that improve family understanding of child development, foster positive parent-child relationships, identify and address maternal and child health concerns, and connect families to local resources that may be able to further support families.

CFSA Child Welfare Data

Child welfare in the District of Columbia has improved over the last decade, with significant reductions in child abuse and neglect. Home visiting programs targeting the prevention of child abuse and neglect are a part of CFSA’s broader strategy to emphasize prevention to avoid intervention. Through this strategy, CFSA has seen a reduction in substantiated cases of child abuse and neglect and entries into foster care.

Figure 3: FY 2005-2015 Investigations of Child Abuse and Neglect in D.C



Source: D.C. Child and Family Services Agency

In 2015, there were 864 substantiated investigations of child abuse or neglect. During that time period, CFSA admitted or re-admitted 457 D.C. children into foster care.²⁵ Notably, children under one year of age – 96 children – were the largest group in D.C. foster care in 2015. Particularly relevant to early childhood home visiting programs, 294 D.C. children ages 0 to 5 years old were in foster care in 2015; these young children accounted for 28 percent of children in foster care.²⁶

CFSA Home Visiting Programs

Infant and Maternal Health Services (IMHS)

CFSA's Infant and Maternal Health Services program began in 2014 and provides home visits by registered nurses who specialize in infant and maternal health to families with young and medically fragile children. The IMHS program works to prevent child neglect, reduce the number of medical concerns for children, especially those with special health care needs, and improve children's ability to thrive. IMHS's CFSA-employed nurses work with 17-25-year-old mothers of infants and children between 0 to 6 years of age.²⁷ IMHS nurses identify and address the health and developmental needs of the child in visits that occur monthly or as needed. Nurses may return multiple times per week if they observe caregivers experiencing challenges administering medication, unsafe sleep environments, or if they are asked for more help and attention.

IMHS nurses operate out of four of the five D.C. Healthy Families/Thriving Communities Collaboratives. The Collaboratives are CFSA-funded neighborhood hubs that provide family strengthening supports to at-risk children and families. The program does not follow a specific curriculum. Nurses receive ongoing training and professional development from CFSA about child abuse and neglect and focus on medication management and care coordination. In FY 2015, the program served 214 families (14 more families than IMHS expected to serve); families in all wards in the District were eligible to participate. For FY 2017, IMHS is expected to serve 310 families.

Healthy Families America (HFA)

CFSA funds Mary's Center to provide the HFA program to prevent child abuse and neglect and maternal depression, to improve child health outcomes, and to help families meet their goals. In FY 2015, CFSA-funded HFA had the capacity to serve 115 families at a time; the program served families who resided in Wards 1, 5, 7, and 8, or who are homeless.²⁸ Interviews reveal that CFSA currently funds HFA to serve 45 families.²⁹

Father-Child Attachment

Mary's Center is also funded by CFSA to provide the Father-Child Attachment program to soon-to-be fathers or fathers with children under the age of 5. The program curriculum works to improve the

²⁵ D.C. Child and Family Services Agency. (2016) Substantiated Child Abuse and Neglect Cases. Data acquired by DC Action for Children.

²⁶ D.C. Child and Family Services Agency. (2016) Children in Foster Care by Age. Retrieved from <http://datacenter.kidscount.org/data/tables/7820-children-in-foster-care-by-age?loc=10&loct=3#detailed/3/any/false/1556,1444,1382,1119,1118/4525,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,1204,214/15090>

²⁷ IMHS nurses will provide care to older children if a need is identified within a family already being served.

²⁸ Only Title IV-E dollars were used to serve families in Ward 1. For a breakdown in funding by source, please see Appendix D. Data sourced: Child Family Services Agency. (2016). Home Visiting Status Report Data. Collected by DC Action.

²⁹ Although CFSA-funded HFA experienced an increase in CBCAP funding and capacity for FY17, the discontinuation of Title IV-E waiver funding for home visiting resulted in an overall decrease in both since FY15.

relationship between father and child. Additionally, it provides education to fathers to prevent child abuse and neglect and parent depression, and to improve child health and development outcomes and family sustainability.

In FY 2015, the Father-Child Attachment program had the capacity to serve 110 families in the District.³⁰ Mary's Center shared in an interview that the Father-Child Attachment program currently has the capacity to serve 30 families.³¹

Home Visiting Program

CFSA funds Community Family Life Services (CFLS) to provide the Home Visiting Program, which targets the prevention of child abuse and neglect. The Home Visiting Program implements the Nurturing Parenting Programs curriculum, which includes monthly home visits to families to increase family knowledge of child development, appropriate discipline tactics, and other information and skills, in addition to group sessions to provide supportive environments to participating families. In interviews, CFLS shared that its Home Visiting Program has the capacity to enroll 75 families per year within Wards 5 through 8, but often exceeds this number.

Funding Sources for CFSA Home Visiting Programs

Title IV-E

In FY 2015, CFSA funded home visiting through the Social Security Act's Title IV-E, which provides support for foster care and related services. The District implemented programs through a waiver that allows states to use Title IV-E funding to test innovative approaches in child welfare service delivery and financing.³² Through the waiver, CFSA funded evidence-based models and the development of alternative models. Title IV-E waiver funding originated as a temporary opportunity and will expire in FY 2019. At the beginning of FY 2016, CFSA discontinued funding for HFA and Father-Child Attachment through the Title IV-E waiver and requested that the D.C. Department of Health (DOH) work with its IV-E grantee to enroll those families in MIECHV. A Memorandum of Agreement between CFSA and DOH for CFSA to make referrals to MIECHV has not been finalized. However, since discontinuation of Title IV-E waiver funding for home visiting, MIECHV has received home visiting referrals from CFSA, all of which were forwarded to MIECHV and other home visiting programs.

Community-Based Child Abuse Prevention (CBCAP)

Additional federal funding comes through the CBCAP grants, which are authorized by the Child Abuse Prevention and Treatment Act Amendment (CAPTA) Reauthorization Act of 2010. CAPTA expired in 2015 and is currently awaiting reauthorization.

³⁰ Child Family Services Agency. (2016). Home Visiting Status Report Data. Collected by DC Action.

³¹ Although the Father-Child Attachment program experienced an increase in funding and capacity for FY17, the discontinuation of Title IV-E waiver funding for home visiting resulted in an overall decrease in both since FY15.

³² D.C. Child and Family Services Agency. (2013). Retrieved from http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/DC%20Title%20IV-E%20Waiver%20Terms%20%26%20Conditions_Signed.pdf

Figure 4: CFSA Programs and Funding in FY 2015

Model	Provider	Wards Served	FY 2015 Capacity*	FY 2015 Funding
IMHS	CFSA	All	200	\$401,520
HFA	Mary's Center	1**, 5, 6, 7, 8	115	\$349,000
Father-Child Attachment	Mary's Center	All	110	\$294,000
Home Visitation Program	Community Family Life Services	5, 6, 7, 8	75	\$145,000

*Capacity refers to the number of families that organizations expected to serve with home visiting services using the FY 2015 funding. The actual number of families that received services may differ.

**Only Title IV-E funds were used to serve Ward 1 families. Please see Appendix D for a breakdown in funding by source.

D.C. Department of Health

DOH funds home visiting as part of its strategy to “ensure that all children and families have access to a continuum of comprehensive, high-quality early childhood programs.”³³ Although home visiting programs target a wide range of child outcomes, DOH leverages federal funding to support local organizations implementing federally-designated evidence-based home visiting program models that have proven to positively impact child and maternal health, as well as other outcomes. DOH supports early childhood home visiting that serves families prenatally through the child’s third year of life.

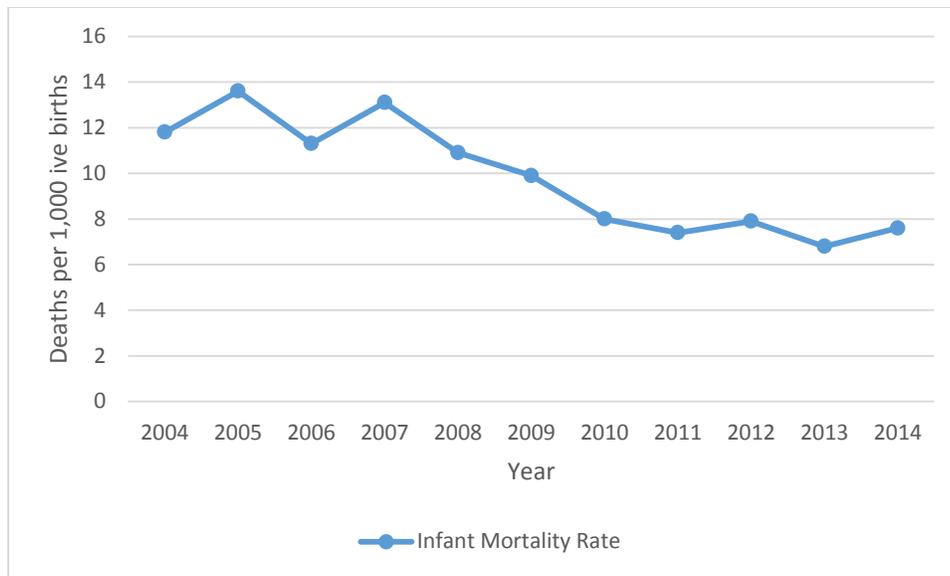
Maternal and Child Health Data

Research indicates that the home visiting models implemented by DOH address poor maternal and child health outcomes, including infant mortality and pre-term and low-weight births. Historically, the District’s infant mortality rate has been persistently high when compared to the national rate.³⁴ However, over the last decade, investments in home visiting and other strategies to improve maternal and child health likely contributed to a significant reduction in infant deaths in the District.

³³ D.C. Department of Health. (2016). Early Childhood. Retrieved from <http://doh.dc.gov/service/early-childhood>

³⁴ Center for Disease Control and Prevention, National Center for Health Statistics. (2016). Infant Mortality. Retrieved from <http://datacenter.kidscount.org/data/tables/6051-infant-mortality?loc=10&loct=3#detailed/3/10/true/869,36,868,867,133/any/12718,12719>

Figure 5: Infant Mortality Rate in D.C., 2004-2014



Source: D.C. Department of Health. (2016). 2014 Infant Mortality Report

Although the infant mortality rate and other negative birth outcomes are higher than those in most states, they are on par with the rates in other major metropolitan areas, and have declined in recent years.³⁵ In 2014, 9,500 babies were born in the District of Columbia; of these births, 10 percent were preterm births and 11 percent were low birthweight births.^{36,37,38,39}

³⁵ Ibid.

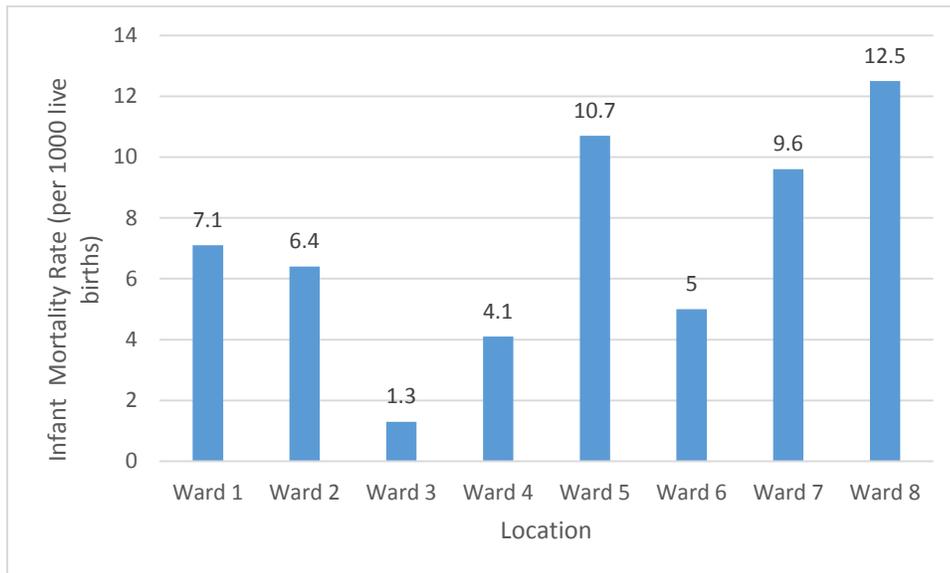
³⁶ D.C. Department of Health. (2016). 2014 Infant Mortality Report. Retrieved from <http://datacenter.kidscount.org/data/tables/7451-births-citywide?loc=10&loct=3#detailed/3/any/false/869,36,868,867,133/any/14540,14541>

³⁷ D.C. Department of Health. (2016). 2014 Infant Mortality Report. Retrieved from <http://datacenter.kidscount.org/data/tables/4792-infant-death-rate-per-1000-live-births-by-race-ethnicity?loc=10&loct=3#detailed/3/any/false/869,36,868,867,133/144,816,817,3,818/11162>

³⁸ D.C. Department of Health. (2016). 2014 Infant Mortality Report. Retrieved from <http://datacenter.kidscount.org/data/tables/7455-preterm-births-by-ward?loc=10&loct=3#detailed/3/any/false/869,36,868,867,133/any/14544,14545>

³⁹ D.C. Department of Health. (2016). 2014 Infant Mortality Report. Retrieved from <http://datacenter.kidscount.org/data/tables/7459-low-weight-births-by-ward?loc=10&loct=3#detailed/3/any/false/869,36,868,867,133/any/14550,14551>

Figure 6: 2014 Infant Mortality Rate by Ward in D.C.



Source: D.C. Department of Health, 2014 Infant Mortality Report

As the figure above indicates, large disparities continue to exist in infant mortality rates and other maternal and child health across the District. In Wards 7 and 8, D.C.'s rate of low birthweight births is much higher, at 15 percent each, than the rates in Wards 1 (7 percent) and 3 (5 percent).⁴⁰ D.C.'s preterm birth rate is similarly unevenly distributed, with higher rates in Wards 5 (10 percent), 7 (14 percent) and 8 (12 percent) than in other parts of the city; all other Wards had preterm birth rates lower than 10 percent.⁴¹

This disaggregated data is used to inform DOH and other District agencies' decisions in targeting services in areas with the greatest need in order to achieve the biggest impact.

D.C. Department of Health Home Visiting Programs

Healthy Families America

Using MIECHV dollars, DOH funded Mary's Center to implement HFA in Wards 5, 7, 8, and for families who are homeless. In FY 2015, the program had the capacity to serve 60 families. Currently, the program can serve up to 150 families.⁴²

Parents as Teachers

DOH funded Mary's Center to implement PAT in Wards 5, 7 and 8, and for families who are homeless. In FY 2015, the program had the capacity to serve 80 families. The program currently has the capacity to serve 80 families.

⁴⁰ Ibid.

⁴¹ D.C. Department of Health. (2016). 2014 Infant Mortality Report. Retrieved from <http://datacenter.kidscount.org/data/tables/7455-preterm-births-by-ward?loc=10&loct=3#detailed/3/any/false/869,36,868,867,133/any/14544,14545>

⁴² D.C. Department of Health-Community Healthy Administration. (2016). FY2015 Performance Oversight Questions. Accessed at: http://dccouncil.us/files/user_uploads/budget_responses/questions.pdf

Home Instruction for Parents of Preschool Youngsters

In FY 2015, DOH funded the Family Place to deliver the HIPPY program to 120 families from across the city; however, 30 percent of the families served were required to be in Wards 7 and 8. In FY 2017, DOH prioritized home visiting for families with infants and toddlers (prenatal to 3 years); because HIPPY serves children ages 3-5 years, organizations implementing the model were no longer eligible to continue to receive funding through DOH.⁴³

Currently, HIPPY does not receive D.C. government funding. The remaining HIPPY program is privately funded and has experienced reduced staffing and caseloads since FY 2016 as a result of its loss of public funding.

Funding Sources for D.C. Department of Health Home Visiting Programs

Maternal and Infant Early Childhood Home Visiting (MIECHV)

Since FY 2010, the Department of Health has received and allocated funding from MIECHV to local organizations to support implementation of evidence-based home visiting programs. MIECHV provides formula and competitive funding to 55 states, territories and non-profit organizations to implement and expand home visiting services for pregnant women and families of children up to 5 years old.

In FY 2015, DOH distributed \$1,033,315 in MIECHV formula funding to Mary's Center to implement the Parents as Teachers and Healthy Families America program models, and to The Family Place to implement the HIPPY program.⁴⁴ In FY 2016, DOH distributed \$1,642,146 in federal funding to MIECHV.⁴⁵ More detailed funding information for MIECHV can be found in Appendix C.

As of FY 2017, the Department of Health is also recipient of \$1,494,700 in federal Home Visiting Innovation Award funding.⁴⁶ With this funding, which may not be allocated for direct services, DOH will work with its existing partners to implement innovative strategies for recruitment, retention and engagement of MIECHV home visiting participants, as well as continuous quality improvement efforts.

Healthy Start

Healthy Start is a federal maternal and child health program that began in 1991 and funds communities with high infant mortality rates to implement programs to reduce infant mortality and other negative birth outcomes as well as to improve maternal and child health. The D.C. Healthy Start program provides case management and nurse home visiting to enrolled families to reduce the rate of low and very low birth weight births, and the infant mortality rate. Women residing in all wards are eligible to participate, but the program conducts targeted outreach in Wards 5, 6, 7, and 8. It is important to note that not all participants in the Healthy Start program receive home visiting services. Healthy Start enrolls participants at various stages: preconception, pregnancy, postpartum

⁴³ FY16 was the last year that D.C. received MIECHV development funding (which ended nationwide). In order to accommodate this loss of funding, DOH reduced the scope of D.C.'s MIECHV program to focus primarily on infant and toddlers.

⁴⁴ Health Resources and Services Administration. (2016). Home Visiting Program FY2015 Grant Awards. Retrieved from <https://www.hrsa.gov/about/news/2015tables/homevisiting/>

⁴⁵ Maternal and Child Health Bureau. (2016). MIECHV Formula Grant Program. Retrieved from [https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/MIECHV_Formula_Grant_Program_\(X10\).pdf](https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/MIECHV_Formula_Grant_Program_(X10).pdf)

⁴⁶ Maternal and Child Health Bureau. (2016). FY2017 Home Visiting Innovation Awards. Retrieved from <https://mchb.hrsa.gov/home-visiting/innovationawards>

up to six months, and interconception (from infancy to 24 months). A risk assessment determines which participants qualify for home visiting services.

DOH received \$1,800,000 annually for FY 2015 through FY 2017 in federal Healthy Start funding and anticipates receiving \$750,000 in FY 2018.^{47,48} However, DOH transformed the Healthy Start program during FY 2015, moving from a direct service model implemented by the agency in FY 2014 to a community-based model funding two federally-qualified health centers to implement the program in FY 2016. In FY 2016, federal Healthy Start funds were not used to implement home visiting services, but local dollars were granted to the Healthy Start providers to integrate home visiting into their programs.

Figure 7: D.C. Department of Health Home Visiting Programs and Funding in FY 2015

Model	Provider	Capacity	Target Wards Served	FY 2015 Funding*
HFA	Mary's Center	60	5, 7, 8 and families who are homeless	\$342,000
PAT	Mary's Center	80	5, 7, 8 and families who are homeless	\$262,759
HIPPY	Family Place	120	All	\$428,556

* DOH funds home visiting programs to fidelity

Other Home Visiting Programs

In addition to the programs funded by the two major agencies above, there are several other organizations that provide home visiting services in the District. These programs serve specific families based on the mission of the organization.

Early Head Start Home-Based

As described earlier in the description of home visiting models, Early Head Start is an evidence-based program model that provides comprehensive supports to families with children from birth to age 3. The home-based program provides the same supports and resources available in a center-based program. In FY 2015, D.C.'s four Early Head Start Home-Based (EHS-HB) grantees received direct federal funding to serve a combined total of 264 families citywide. This represents 34 percent of all D.C. EHS funding, which also included funding for center-based services. EHS-HB is available to families in all wards of the District. All organizations funded to provide EHS-HB in FY 2015 continue to receive federal funding from the Office of Head Start.

⁴⁷ Health Resources and Services Information. Eliminating Disparities in Prenatal Health - Fiscal Year 2015. Retrieved from https://perf-data.hrsa.gov/mchb/DGISReports/Abstract/AbstractDetails.aspx?cbAbstractSummary=H49MC00117_2015_NonResearch_2&tbKeyword=&rbKeyword=All

⁴⁸ D.C. Department of Health-Community Healthy Administration. (2016). FY2015 Performance Oversight Questions. Accessed at: http://dccouncil.us/files/user_uploads/budget_responses/questions.pdf

Figure 8: Early Head Start Home-Based Capacity FY 2015⁴⁹

Grantee	Capacity
Bright Beginnings	64
CentroNía	72
Rosemount Center	56
United Planning Organization	72
Total	264

**Georgetown University Center for Child and Human Development—
University Center for Excellence in Developmental Disabilities**

The Georgetown University Center for Child and Human Development—University Center for Excellence in Developmental Disabilities (GUCCHD-UCEDD) provides targeted home visiting services to families headed by parents with intellectual disabilities. This program is funded by the District of Columbia Department on Disability Services Developmental Disabilities Administration Health Initiative. In FY 2015, this program received \$149,325 in local dollars. The program is modeled after Project IMPACT, which is designed to provide intensive in-home services to parents with intellectual disabilities who have allegations of child maltreatment.⁵⁰

The program employs two home visitors who are also certified in Parents as Teachers (PAT) and combines both home visiting models in order to best meet families’ needs. Because of the unique needs of these parents, home visits are more frequent and services are not limited to custodial parents, and include fathers whose children do not live with them. Furthermore, several families receive additional home visiting through a partnership with Mary’s Center. These services complement and reinforce lessons for parents that need additional supports. At any given time, the program serves 25-35 families across the city.

Martha’s Table

Martha’s Table provides Parents as Teachers (PAT) home visiting services to 42 families in Ward 1. This work is funded entirely through private donations. Families must already be enrolled in Martha’s Table’s early childhood program to receive home visiting services. Services will expand to Ward 8 in the future when Martha’s Table opens additional offices. To increase family engagement, Martha’s Table incorporated PAT into its early care and education program in 2014. The model aligns with Martha’s Table’s early childhood philosophy of integrating early learning at the center with early learning at home.

⁴⁹ Administration for Children and Families. Early Head Start Services Snapshots, 2016. The Office of Head Start.

⁵⁰ California Evidence-Based Clearing House for Child Welfare. (2016). Project Impact. Retrieved from <http://www.cebc4cw.org/program/project-impact/>

Office of the State Superintendent of Education

The D.C. Office of the State Superintendent of Education (OSSE) last funded home visiting in FY 2015. Beginning in FY 2016, OSSE ceased funding home visiting programs. The agency viewed home visiting as a cost-effective family support strategy to encourage children's success in school. OSSE funded home visiting programs with the goal of helping families develop stronger home-school connections, empowering parents in their role as a child's first teacher and helping parents understand and encourage their child's development. Additionally, OSSE valued home visiting as an opportunity to connect families with other resources and to help families form communities with other participants. The programs provided services to families prenatally through the child's entry into kindergarten.

OSSE funded implementation of both HIPPY and HFA in FY 2015. The Perry School and the Family Place ran HIPPY programs that served families in Wards 1, 5, 7 and 8, and in FY 2015 each had the capacity to serve 60 families. Currently, HIPPY programs are not funded by OSSE. Mary's Center provided home visiting to 100 families in Wards 1, 5, 7 and 8 using the Healthy Families America (HFA) program model.⁵¹

OSSE funded home visiting primarily with local dollars, supplemented by a small amount of federal funding. In FY 2015, OSSE funded home visiting programs with a total of \$470,000, including approximately \$14,000 in federal dollars from the Improving Head Start for School Readiness Act of 2007 and the American Recovery and Reinvestment Act of 2009. In FY 2016, OSSE ceased funding all home visiting programs and services were consolidated at DOH.

The programs above provide additional examples of how home visiting is or has been used to support families in the District. The diversity of programs and funding streams supporting them indicate a need to ensure that an infrastructure for home visiting in D.C. can accommodate a landscape that extends beyond any single provider or source of funding.

The D.C. Home Visiting Council

The District's home visiting programs are supported by the D.C. Home Visiting (HV) Council, which is comprised of early childhood stakeholders. The HV Council operates as an advisory body that supports home visiting sustainability by promoting long-term and consistent funding, delivery of high-impact, high-quality home visiting programming, and alignment of home visiting with the early childhood system (See Appendix B).

Beginning in late FY 2016, the HV Council has transitioned from a primary focus on providing program support to a more comprehensive systems-level support role. Currently, the HV Council has five subcommittees focused on programs and professional development, evaluation and continuous quality improvement support, advocacy, sustainability, and coordinated intake for home visiting. Subcommittees have identified work plans for FY 2017 and are beginning to enact these plans in concert with the appropriate D.C. government agencies.

⁵¹ In FY16, DOH funded OSSE's former programs (HIPPY at The Family Place and Perry School, and HFA Mary's Center) to prevent a disruption of services.

Reflections and Considerations for Next Steps

Stakeholders view home visiting as an integral part of a comprehensive early childhood system, citing it as an effective strategy to provide families with young children the support they need to thrive. Based on the data collected, the following sections describe elements of the District’s approach to home visiting.

Current Strengths in Home Visiting

District agencies employ needs assessments to determine where to target services in the city. These data guide providers to identify and serve families with the greatest needs. This approach ensures that families living in Wards 5, 7, and 8, the Wards with the highest concentrations of poverty and fewest resources, can access services. Both DOH and CFSA use data from needs assessments, as well as data from their internal systems, to identify geographical service areas and support home visiting model development and/or selection. This practice contributes to an additional strength of home visiting in the District in that multiple home visiting programs are available in each ward, increasing the opportunity for families to be matched with a good fit model that can be adapted to meet the family’s unique needs.

Figure 9: Wards Served with Evidence-Based Home Visiting Programs, FY 2015

Model	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
HFA	X	X	X	X	X	X	X	X
PAT	X*				X		X	X
HIPPY	X	X	X	X	X	X	X	X
EHS-HB	X	X	X	X	X	X	X	X

*The PAT program serving families in Ward 1 refers to Martha’s Table’s clients.

Furthermore, additional programs are available for families with particular needs. These include GUCCHD-UCEDD’s program serving families headed by parents with intellectual disabilities and CFSA’s Infant and Maternal Health Specialists who work closely with parents whose children have special health care needs. By implementing multiple models in targeted areas, District agencies and providers hope to ensure that the families that could benefit the most have access to the resources that best meets their needs.

Another strength of home visiting in D.C. is the HV Council. As a voluntary body whose members include representation from local government agencies, the HV Council is capable of targeting support in areas identified as highest need, such as citywide professional development for home visitors, advocacy for sustainable funding for home visiting programs, and supporting high-quality evaluations and continuous quality improvement efforts.

Current Challenges in Home Visiting

Model and Funding Requirements

The variety of models, funding mechanisms, and District agencies overseeing programs and providers implementing services pose challenges in and of themselves. First, data collection and evaluation must be specific to the model and, at times, to the source of funding. While most providers implement evidence-based models, not all of these models have the same goals. This creates challenges in evaluating the effectiveness of services, even if families are receiving the same models. For example, two families participating in Healthy Families America could receive different assessments because one family receives services through the MIECHV funds and the other receives services through the Healthy Start funds. Although it is the same model with the same provider and funding agency, the grants requirements are different. Members of the HV Council plan to create a set of common indicators to track all D.C. families receiving home visiting services, regardless of the model. This will create an opportunity for cross-model evaluation and will allow all stakeholders to assess how effective home visiting is within the larger early childhood and family supports systems.

Sustainable Funding

Currently, the majority of home visiting funding comes from time-limited federal sources that are not guaranteed for renewal. Despite the demonstrated value of home visiting services, fluctuations in grants can create disruptions in service, attrition, and difficulty retaining home visitors. Stakeholders including advocates, providers, and District agencies are working to identify alternative funding sources and financing mechanisms. In recent years, local funding has been allocated during the District's budget process to supplement federal funding, but local allocations are not required by law.⁵²

Lack of Capacity

As noted above, the capacities of existing programs are currently insufficient to serve all families who could benefit from home visiting services. Furthermore, there are few opportunities to fund additional providers, given the limited number of organizations with the existing knowledge and experience to run a home visiting program. Additionally, existing home visiting providers grapple with a limited home visiting workforce, a concern that is exacerbated by a lack of secure funding. All of the interview participants highlighted difficulty recruiting and retaining home visitors. While credentials and training vary by model and provider organization, home visitors require common traits such as strong interpersonal skills, resilience and patience. Program representatives shared that while many veteran home visitors enjoy their work, low wages and changes in funding cause many to seek more stable alternative employment opportunities. Furthermore, to be effective, home visitors must be culturally competent and familiar with the communities they serve. Some providers reported challenges connecting with communities in need of services because they could not recruit and retain home visitors from the area. Existing home visitors encounter challenges building trust and rapport with families when they are unknown in the community. Providers shared many of these concerns during HV Council meetings, sparking ongoing discussions about marketing and branding services as well as discussion about professionalizing the home visiting workforce.

⁵² D.C. Committee Budget Reports. (FY14, FY15). Retrieved from <http://dccouncil.us/>

Conclusion

DC Action for Children hopes the baseline information regarding home visiting provided in this report serves as an educational tool and conversation starter. As more children are born in the District each year and disparities in health, education and child welfare outcomes persist, stakeholders will want to engage in thoughtful discussion on how to best leverage home visiting resources.

Appendix I: Interview Participant Profile

Agency	Associated Home Visiting Programs
DOH	Healthy Start
DOH	HFA; PAT; HIPPY
CFSA	HFA Father-Child Attachment program; CFLS Home Visiting Program; IMHS
OSSE	HFA; EHS-HB; HIPPY

Provider	Associated Home Visiting Programs
Mary's Center	HFA; PAT; Father-Child Attachment program
United Planning Organization	EHS-HB
Community Family Life Services	CFSA-developed Home Visiting Program
The Family Place D.C.	HIPPY
Georgetown University Center for Child and Human Development	Project Impact model
Martha's Table	PAT
Community of Hope	HFA; Healthy Start

Appendix II: D.C. Home Visiting Council Overview

Mission

All children in the District of Columbia benefit from high quality home-based family support services.

Vision

The D.C. Home Visiting (HV) Council will work in collaboration with partners to improve child outcomes by providing technical assistance to providers, support for program evaluation, coordination of services, and advocacy for sustainable funding for home-based family support services.

Composition and Structure

The HV Council brings together District agency representatives, child advocacy organizations, home visiting programs (inclusive of all providing 0-5 home visiting in the city), Managed Care Organizations, early childhood programs and any others working to strengthen the early childhood system of care in the District. All members are voluntary and serve in an advisory capacity to not only the MIECHV grant, but to home visiting programs in the city. The HV Council meets every other month.

Goals

Long-term and short-term goals of the HV Council include:

- 1) Ensuring long-term sustainability.
- 2) Supporting high quality, data-driven evaluation that encompass targets beyond MIECHV only funding.
- 3) Developing strong community partners and referral networks to support engagement of participants in areas that would most benefit from home visitation services.
- 4) Ensuring access to quality home visiting services through shared training opportunities for home visiting staff.

Priorities for 2016-2017

The following goals have been identified as areas of focus for 2016-2017:

- 1) Create and maintain HV Council rebranding strategies, which may include communications and website strategies.
- 2) Establish citywide home visiting common indicators based on PEW's home visitation framework.
- 3) Build the capacity of home visitation staff, including assessing career ladder opportunities (i.e. certification, etc.).
- 4) Focus on the re-organization of the HV Council to ensure long-term success in achieving goals including the possibility of creating a 501(c)3.

Subcommittees

To achieve the outcomes identified in the HV Council's goals and priorities, the following six subcommittees meet monthly:

- 1) Programs and Professional Development
- 2) Long-term Sustainability
- 3) Advocacy
- 4) Continuous Quality Improvement and Evaluation
- 5) Coordinated Intake
- 6) Rebranding

Appendix III: D.C. Federal MIECHV Awards, FY 2012-FY 2017

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Formula funding	\$440,000	\$393,879	\$676,000	\$691,315	\$830,299	\$855,885
Competitive funding	-	-	\$432,076	\$342,000	\$812,113	-
Total	\$440,000	\$393,879	\$1,108,076	\$1,033,315	\$1,642,412	\$855,885

Appendix IV: Overview of D.C. Agency-Funded Home Visiting Programs, FY 2015

D.C. Agency	Model	Provider	Capacity (# of Families)	Funding Source	Federal Funds	Local Funds	Total Funds (Federal and Local Combined)	Total Funds by Program Model
CFSA	Father-Child Attachment	Mary's Center	50	CBCAP and local	\$45,000	\$105,000	\$150,000	\$294,000
		Mary's Center	60	Title IV-E and local	\$100,800	\$43,200	\$144,000	
	HFA	Mary's Center	30	CBCAP and local	\$25,000	\$120,000	\$145,000	\$349,000
		Mary's Center	85	Title IV-E and local	\$142,800	\$61,200	\$204,000	
	Home Visitation Program	Community Family Life Services	75	CBCAP and local	\$25,000	\$120,000	\$145,000	\$145,000
	Infant and Maternal Health Services	CFSA	200	Title IV-E and local	\$281,064	\$120,456	\$401,520	\$401,520
DOH	HFA	Mary's Center	60	MIECHV (Competitive)	\$342,000	-	\$342,000	\$342,000
	HIPPY	The Family Place	120	MIECHV (Formula)	\$428,556	-	\$428,556	\$428,556
	PAT	Mary's Center	80	MIECHV (Formula)	\$262,759	-	\$262,759	\$262,759

OSSE	HFA	Mary's Center	100	Improving Head Start for School Readiness Act of 2007, the American Recovery and Reinvestment Act of 2009, and local	\$19,800	\$200,200	\$220,000	\$220,000
	HIPPY	Perry School	60	Local	-	\$125,000	\$125,000	\$125,000
	HIPPY	The Family Place	60	Local	-	\$125,000	\$125,000	\$125,000