

2019 Annual Report of the District of Columbia Home Visiting Council



Introduction

A common thread runs through the DC Home Visiting Council's approach: community. Home visiting, as a strategy, often broadens and deepens families' ties to community, from their relationships with home visitors to the group activities with other families to links with networks of health, social, and economic support.

It is consistent, then, that the DC Home Visiting Council (HV Council) would take a collective approach to strengthening home visiting. The HV Council brings together individuals and institutions across the District's government, direct service, advocacy, philanthropy, and health care sectors. These groups, with their commitment to strengthening families, collaborate strategically to improve the District's application of home visiting within the broader landscape of family support structures.

COVID-19 creates barriers to accessing supports in group and center-based settings and creates conditions that exacerbate racial inequities and can lead to family isolation. Home visiting is a strategy well-positioned to connect

families with the supports they need to promote good health, child development, and family economic security; strengthen their parenting skills and parent-child attachment; and prevent harm and negative outcomes for children and families. As families navigate the impact of this pandemic, few family strengthening programs are better prepared than home visiting to help families reestablish community and connectedness.

This 2019 Annual Report of the DC Home Visiting Council - which covers a time before COVID-19 - updates information shared in the 2018 Annual Report on Home Visiting in the District and presents the progress the HV Council has made toward our goals in the second year of our three-year strategic plan, due to end December 2020.



“As families navigate the impact of this pandemic, few family strengthening programs are better prepared than home visiting to help families reestablish community and connectedness.”

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Defining Home Visiting in the District of Columbia

In 2019, the HV Council developed a District-specific definition for home visiting. A clarified definition was important for three reasons:

1. **Focusing the HV Council:** By coming to a common understanding of what home visiting is and is not, the HV Council sought to crystallize the focus of our work. This will enable the HV Council to better tailor our approach, programmatic initiatives, advocacy, and collaborations to strengthen the District's strategic use of home visiting.
2. **Reducing confusion:** A wide variety of programs use the term "home visit" to describe services delivered in the home. However, only some of these programs share the characteristics that align with the predominant understanding of those in the home visiting field. To clarify the role of government, the positions of advocates, and the needs of families and family support workers in these programs, a firm definition was key.
3. **Facilitating local legislation:** Birth-to-Three for All DC required DC's Department of Health (DC Health) and the HV Council to develop a coordinated and centralized intake system for home visiting beginning in fiscal year 2019. In order to do so, the HV Council needed a way to assess individual programs to determine if each was appropriate to incorporate into a home visiting referral decision tree for the system. When complete, this decision tree will serve as a clear decision pathway for referring families to home visiting. A set definition allows for such an assessment process.

During 2019, the HV Council convened to agree upon and articulate a DC-specific definition of home visiting. The representatives of local agencies, including DC Health, the DC Department of Behavioral Health, DC's Child and Family Services Agency (CFSA), DC's Office of the State Superintendent of Education (OSSE); Managed Care Organizations (AmeriHealth, Health Services for Children with Special Needs, Trusted Health Plan); home visiting providers; and advocates participated in this process. These stakeholders convened as a general body, in subcommittees, and in one-on-one discussions. They reviewed the approaches of other states and national groups in defining home visiting, analyzed the key elements of programs and models commonly understood to be home visiting, and discussed the strengths, needs, and aspirations of DC's home visiting landscape to develop an inclusive and precise definition. In December 2019, the HV Council voted to accept the definition that follows.

Home Visiting Definition

Home visiting is a service delivery strategy that serves as a prevention and early intervention support for expecting parents and families of young children from before birth until kindergarten entry. In these voluntary programs, trained home visitors and participants regularly meet in the home or another comfortable setting designated by the family.

A key characteristic of these programs is that each implements a model for addressing specific maternal, family, and child outcomes through education, counseling, coaching, and other services. Home visitors also provide families with connections to community-based services and resources relevant to their goals.

Home visiting programs must meet all of the following criteria:

- Visits are home-based, meaning that more than half of the visits should be at the family's home or in another setting designated by the family, according to model design.
- Home visits occur according to a program model and/or curriculum, with flexibility to address the goals and needs of participants.
- The age range of children in participant families falls in the prenatal period up to approximately kindergarten entry, although not all programs serve the entire age range.
- Participation is voluntary.
- Models must target improvement in one or more of the following areas:
 - Child and family safety
 - Pregnancy outcomes
 - Timing of subsequent births
 - Maternal or child health
 - Parenting skills and practices
 - School readiness
 - Social, emotional, and cognitive development of children
 - Parental education, employment, and other parental factors linked to child development

Impact of Home Visiting

The early years of a child's life are critical to their cognitive, emotional, and social development.¹ Home visiting services support parents and caregivers of young children during this important and often challenging time. These programs can be instrumental in addressing the needs of expecting parents

¹ Centers for Disease Control and Prevention. 2020. *Early Brain Development And Health* | CDC. [online] Available at: <<https://www.cdc.gov/ncbddd/childdevelopment/early-brain-development.html>>

and families of infants and toddlers, creating a nurturing foundation for children, and mitigating the impact of racial inequities on families.

A strong and growing body of research demonstrates positive outcomes for families and children who receive home visiting services². Early childhood home visiting benefits the entire family. For parents, home visiting can improve birth outcomes, parenting skills, and a family's economic self-sufficiency. Home visitors meaningfully engage expectant parents and families who may be difficult to reach or may be facing challenges that put them at greater risk for negative outcomes through these programs. For the child, studies have shown improved child health and development, improved school readiness, and reduced rates of child neglect and abuse. These outcomes can have positive, long-term impacts on the child's growth and development.³



There is not just one way to implement home visiting, and these programs can be used to achieve a wide range of positive outcomes for families and children. Certain home visiting models require specific curriculum, while other models offer more flexibility. While models vary, home visiting is an effective approach that can be adapted to fit the particular needs of the communities it serves.

DC Home Visiting Programs

In 2019, 13 organizations implemented 16 home visiting programs in the District. In total, these programs had the capacity to serve about 1,347 children and families.^{4,5} Fifteen of these programs were publicly funded, including nine programs receiving federal funding directly or as a subgrantee of a private entity receiving direct federal funds and seven receiving local funding or locally administered federal funding. These programs are detailed in Figure 1.

² Michalopoulos, Charles, Kristen Faucetta, Carolyn J. Hill, Ximena A. Portilla, Lori Burrell, Helen Lee, Anne Duggan, and Virginia Knox. 2019. [Impacts on Family Outcomes of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation](#). OPRE Report 2019-07. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

³ Avellar, S. and Supplee, L., 2013. Effectiveness Of Home Visiting In Improving Child Health And Reducing Child Maltreatment. [online] Pediatrics. Available at: <https://pediatrics.aappublications.org/content/132/Supplement_2/S90>

⁴ Home visiting capacity and enrollment tracking differs across programs, with some programs counting the total number of families (regardless of number of children) they have the capacity to enroll and others counting the total number of children (regardless of how many of them come from the same families). Because this is not consistent across programs, this total represents a combined count of both slots for children and slots for families

⁵ This includes one provider, Mamatoto Village, that was not counted in the 2018 Annual Report

Figure 1: DC Home Visiting Programs in 2019*

Organization	Program	Capacity	Target Population	Funding Sources
Bright Beginnings	Early Head Start-Home-Based Option	64 families at a time	Families experiencing homelessness with children under age three	Federal Head Start funding
CentroNía	Early Head Start-Home-Based Option	72 families at a time	Servicing pregnant women with low incomes or families of children up to the age three	Federal Head Start funding
Community of Hope	Healthy Families America	40 families at a time	Women experiencing high-risk pregnancies and families with children under age three who are residents of Wards 5, 7, or 8	Federal Healthy Start funding, local DC Health funding, and private funding
	Parents as Teachers	60 families at a time		
Community Family Life Services	Nurturing Skills for Families	75 families annually	Families with low incomes and mothers who are incarcerated or returning home to their children after a period of incarceration	Local public funding from CFSA and private funding
The Family Place	Home Instruction for Parents of Preschool Youngsters	20 families at a time	Families in Wards 1, 4, and 5 with children under age five, primarily living in Spanish-speaking households	Local public funding from the DC Mayor's Office for Latino Affairs and CFSA, and private funding
Georgetown University Center for Child and Human Development	Parenting Support Program	40 families at a time	Parents with intellectual and developmental disabilities	Local funding from DC Health
Generation Hope	Parents as Teachers	30 families annually	Adolescent mothers and families with children age 5 and under	Private funding
Healthy Babies Project, Inc	Healthy Families America / Growing Great Kids	52 children at a time	Adolescent mothers and families with children under age three	United Planning Organization - Early Head Start Subgrantee
Mamatoto Village	Mothers Rising Home Visiting	300 families annually	Medicaid-eligible pregnant people with moderate to high risk pregnancies, primarily from Ward 5, 7, and 8	Local funding from DC Health, DCHF, MCO contracts; and private funding

Martha's Table	Family Visiting (Early Head Start/Parents as Teachers)	55 families at a time	Families with children under age three, primarily in Wards 7 and 8	Federal Head Start funding and private funding
Mary's Center	Father-Child Attachment Program	50 families at a time	Soon-to-be fathers and fathers with children under age five	Local funding from CFSA
	Parents as Teachers	160 families at a time	Pregnant women, including those experiencing high-risk pregnancies, and families with children under age five, including families experiencing homelessness, immigrant families, and families in which children are currently in foster care	Federal MIECHV funding and local funding from DC Health
	Healthy Families America	180 families at a time	Pregnant women and families with children under the age of 5 residing in all wards of DC and identified as high social and/or medical risk.	Federal MIECHV funding from DC Health
Rosemount Center	Early Head Start-Home-Based Option	77 families at a time	Pregnant women with low incomes and families with children under age three	Federal Head Start and private funding
United Planning Organization	Early Head Start	72 families at a time	Families with low incomes who have children under age three	Federal Head Start funding

*This table includes all home visiting programs known to the Home Visiting Council. The Perry School provided home visiting services in 2018 but the Home Visiting Council was unable to confirm the program's status in 2019.

Public Funding and Sustainability

As in previous years, home visiting funding experienced fluctuations in 2019, with some programs experiencing funding increases and others experiencing decreases, some of which caused interruptions in services for families enrolled in programs. Below, we detail the current status of public home visiting funding and changes since 2018.

Local Public Funding

Office of the State Superintendent for Education (OSSE)

OSSE has not administered home visiting funding since FY 2015. While FY 2019 was anticipated to be the final year in which the agency did not receive funding for home visiting services, the impact of COVID-19 has placed OSSE's return to use of the strategy of home visiting on hold. For FY 2020, the DC Council allocated approximately \$4 million to fund expansions of existing Early Head Start Home-Based programs to increase their capacity to serve two primary populations: families experiencing homelessness and immigrant families.⁶ However, as of publication of this report, OSSE's Division of Early Learning has recalled its request for proposals for this funding, due to the financial impact of COVID-19.⁷ These funds do not appear in the FY 2021 budget.⁸



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Child and Family Services Agency (CFSA)

CFSA used a small amount of local funding to support home visiting programs in 2019, as has historically been true of the agency. These funds, combined with federal Community-Based Child Abuse Prevention (CBCAP) and Title IV-E waiver funds, supported three providers to implement five home visiting programs in FY 2019.

In December 2018, as CFSA transitioned to implementing the Family First Prevention Services Act (Family First), the agency ceased funding some programs. Without these funds, one program (the Father-Child Attachment Program at Mary's Center) was unable to continue providing services. Community Family Life Services and The Family Place were able to continue providing some services at reduced capacity. Following a Home Visiting Roundtable conducted jointly by the Committee on Human Services and the Committee on Education, in which home visiting providers, participants, and advocates shared the importance of these programs, DC Council allocated a small amount of one-time funding to CFSA to continue or restart some of these programs in the Child and Family Services Agency Prevention Services Grants Act of 2019. This investment included \$160,000 for a home

⁶ Council of the District of Columbia, Committee of the Whole, Committee Report on Bill 23-208, "Fiscal Year 2020 Local Budget Act of 2019, Table 9. Retrieved from <http://jims.dccouncil.us/Download/42119/B23-0208-CommitteeReport1.pdf>

⁷ Testimony of Hanseul Kang, Superintendent for Education, Performance Oversight Hearing for the Office of the State Superintendent for Education, Feb. 26, 2020

⁸ Government of the District of Columbia, Murial Bowser, Office of the Chief Financial Officer. (2020). Fiscal Year 2021 Proposed Budget And Financial Plan. Retrieved from https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/DC_OCFO_2021_Budget_Vol_1.pdf

visiting program for parents who are formerly homeless, survivors of domestic violence, or returning citizens, and \$150,000 to help fathers build and maintain healthy relationships with their children.

In recent years, CFSA has prioritized deepening its partnership with DC Health around use of a home visiting approach to meet its objectives. In FY 2019, the agencies partnered to deliver home visiting services for pregnant and parenting youth in foster care, aging out of care, or known to CFSA, by expanding a DC Health administered Parents as Teachers program at Mary's Center, using CFSA funds.⁹

DC Department of Health (DC Health)

DC Health has supported home visiting services in the District since 1989. In FY 2019, DC Health's local funding for home visiting supported five home visiting programs, including adding capacity to the federally funded MIECHV Parents as Teachers program.¹⁰

Among these five programs are two new DC Health home visiting programs funded as part of the Birth-to-Three for All DC law.¹¹ For FY 2019, the agency received \$710,000 from the DC Council to support the creation and implementation of The Parenting Support Program at the Georgetown Center for Child and Human Development (GUCCHD) for parents with intellectual disabilities, and Parents as Teachers at Community of Hope, a federally qualified health center (FQHC).¹² In addition to funding programs, the agency referred families to home visiting through its Help Me Grow DC centralized access point call center in 2019. The agency anticipates piloting a dedicated referral process for home visiting through Help Me Grow DC in 2020.

For FY 2020, DC Council amended Birth-to-Three for All DC to include an additional home visiting program: Home Visiting for First-Time Mothers. This pilot program, which was authorized in the Fiscal Year 2020 Budget Support Act of 2019 and allocated \$150,000, was intended to serve first-time mothers with low incomes, beginning before their 28th week of pregnancy. As of publication of this report, DC Health has cancelled funding for this pilot in FY 2020, as a response to the budgetary impact of COVID-19. The DC Council Committee on Human Services has proposed renewing funds for this program in the FY 2021 budget, currently under review by the DC Council.

Federal Funding

The District receives or could receive federal funding for home visiting from three main sources: the Maternal Infant and Early Childhood Home Visiting (MIECHV) program, Head Start, and the Family First Prevention Services Act.

⁹ <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>

¹⁰ DC Health FY 2019 Performance Oversight Responses. Retrieved from: <https://dccouncil.us/wp-content/uploads/2020/02/doh.pdf>

¹¹ DC Law Library - D.C. Law 22-179. Birth-To-Three For All DC Amendment Act Of 2018. Available at: <https://code.dccouncil.us/dc/council/laws/22-179.html>

¹² Council of the District of Columbia, Committee of the Whole, Committee Report on Bill 23-208, "Fiscal Year 2020 Local Budget Act of 2019, Table 9. Retrieved from <http://ims.dccouncil.us/Download/42119/B23-0208-CommitteeReport1.pdf>

Maternal Infant and Early Childhood Home Visiting (MIECHV)

MIECHV has supported home visiting services in the District through grants to DC Health since 2010. This program, administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF), has played a critical role in the landscape of home visiting in DC. In FY 2019, DC Health received \$1.8 million in MIECHV funding.¹³ This funding supports home visiting services and implementation evaluation, as required by MIECHV.

In addition to this work, DC Health received an additional \$200,000 in MIECHV funds to support a state needs assessment for home visiting, as required by MIECHV reauthorization. The agency awarded these and some local dollars to Georgetown University's Center for Child and Human Development, which plans to publish this needs assessment in Fall 2020. The information in this report will inform DC Health as it selects the program models and populations to prioritize using MIECHV funding, based on model fit, family need, and preference. The report will also share an analysis of evidence-based models in these categories for District-wide use in program selection.

At the federal level, efforts are underway to increase MIECHV funding. In October 2019, United States Representative Danny Davis and 26 Democratic cosponsors introduced H.R. 4768, the Home Visiting to Reduce Maternal Mortality and Morbidity Act.¹⁴ This legislation would double MIECHV funding from \$400 million to \$800 million by 2022 to expand the reach of home visiting services, with the goal of preventing mothers' deaths as well as physical and mental illness related to pregnancy, birth, and parenting. As of publication of this report, H.R. 4768 is under review in the Committee on Energy and Commerce Subcommittee on Health.

As of publication of this report, the federal government has issued increased flexibilities in implementation of MIECHV home visiting programs to account for the need to deliver home visiting programs virtually due COVID-19. On May 15, 2020, the US House of Representatives passed the Health and Economic Recovery Omnibus Emergency Solutions Act, or HEROES Act, to provide \$3 trillion in relief for Americans struggling amid the coronavirus pandemic, including an increase in MIECHV home visiting funding by \$100 million. This bill is currently awaiting a vote in the United States Senate.

Family First Prevention Services Act (Family First)

In FY 2020, a new opportunity through the federal Family First Prevention Services Act (Family First) allows CFSA to invest additional federal dollars into services for families at risk of entering the child welfare system. As part of this law, which passed in February 2018, states are required to submit five-year Family First prevention plans to implement evidence-based programs to prevent children from being removed from their homes and placed into foster care. This act reforms Title IV-E and other related funding streams and allows federal reimbursement for mental health services, substance use treatment, and in-home parenting skills training (including home visiting) included in states' prevention

¹³ Department Of Health FY17/18 Oversight Responses. Retrieved from: <<https://dccouncil.us/wp-content/uploads/2018/10/doh.pdf>> .

¹⁴H.R.4768 - Home Visiting To Reduce Maternal Mortality And Morbidity Act. Retrieved from: <https://www.congress.gov/bills/116th-congress/house-bill/4768/text?q=%7B%22search%22%3A%5B%22HR+4768%22%5D%7D&r=1&s=1>>

plans. The federal government developed a clearinghouse of approved model therapies and services for implementation as part of Family First. Home visiting models with strong evidence for preventing child abuse and neglect, including Parents as Teachers, Healthy Families America, and Nurse-Family Partnership, appear in this clearinghouse. Family First also allows investment in promising practices.

Early Head Start Home-Based

In 2019, the federal Administration of Children and Families' Office of Head Start directly granted funding to five organizations in the District to implement Early Head Start - Home Based. These programs served 280 families.

One new Early Head Start Home-Based provider joins the four who served families in 2018. Martha's Table, a long-time provider of home visiting programs for families with children enrolled in its child development center, is a new Head Start grantee receiving funds to implement Early Head Start home visiting to 55 families.

Work of the District of Columbia Home Visiting Council in 2019

The HV Council works collaboratively to strengthen home visiting in the early childhood system to support positive child and family outcomes in the District of Columbia. The HV Council consists of home visiting providers, local government agencies, advocates, managed care organizations, researchers, and other partners who convene regularly to fulfill this mission.

To meet the goals for the second year of our 2018-2020 strategic plan, the HV Council carried out the following activities in 2019:

Data and Reporting

- Tracked home visiting data to inform the work of the HV Council
- Translated and presented data for key audiences, including the general public and DC Council

Home Visiting Program Support

- Acted in an advisory board capacity by developing and implementing a schedule of advisory board meetings for programs with identified needs
- Identified professional development and training opportunities for home visiting staff by surveying training needs and cataloging current trainings
- Conveyed regular updates about home visiting programs in DC and their needs through program presentations during meetings
- Conducted focus groups to better understand the experiences of home visitors and ultimately support home visitor retention
- Coordinated a panel of home visitors and parent participants in home visiting at the Maternal and Infant Health Summit

Coordinated and Centralized Intake

- In partnership with DC Health, continued to develop a coordinated, centralized intake system (c-intake) for home visiting through the District's Help Me Grow system
- Developed and implemented a survey of home visiting programs to inform a referral decision tree for the c-intake system.
- Collaborated across the HV Council to develop a standard local definition of home visiting to be used in developing a coordinated intake system for home visiting and disseminated in public education efforts in 2020.



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Advocacy

- Promoted alignment around home visiting across early childhood initiatives and opportunities
- Developed messaging to communicate the importance of home visiting as a component of the early childhood system to external stakeholders
- Developed and distributed a yearly status report on home visiting

Conclusion

This report was published under different circumstances than those it describes. In July 2020, the District of Columbia, along with the rest of the world, is reeling from the impact of COVID-19. Families are facing an economic crisis potentially rivaling the 2009 Great Recession, exposing them to new stressors or exacerbating existing ones that can serve as barriers to their goals and the positive outcomes the District seeks to support, particularly for Black and brown families.^{15,16} Meanwhile, as shelter in place orders are lifted and as families make decisions about their own safety, place-based services and congregate settings like schools, child care facilities, and community organizations continue to be limited in their ability to serve families. As the District navigates this public health emergency and the aftershocks sure to follow, home visiting is uniquely positioned to be able to

¹⁵ Hansen, Sarah. *Here's How The Coronavirus Recession Compares To The Great Recession*. Forbes Magazine. <https://www.forbes.com/sites/sarahhansen/2020/05/08/heres-how-the-coronavirus-recession-compares-to-the-great-recession/#417d919057a7>

¹⁶ Office of the State Superintendent Of Education. (2019). *District of Columbia's Early Childhood System Approach to Child Health, Development, Education and Well-being*. Retrieved from https://osse.dc.gov/sites/default/files/dc/sites/osse/service_content/attachments/DC%E2%80%99s%20Early%20Childhood%20System%20Visual.pdf

continue serving families and help navigate the uncertainties, and warrants thoughtful incorporation into long-term recovery and reconstruction planning. Notably, use of this strategy will be important to a racially equitable recovery, as signs indicate that Black and brown families - who faced systemic racism and structural barriers to opportunity prior to COVID-19 - are hardest hit by the pandemic.¹⁷ The Home Visiting Council will continue to serve as a resource during these times, facilitating discussion and action about how best to wield the strategy of home visiting through this crisis and beyond.

¹⁷ The COVID Tracking Project (2020). Retrieved from: <https://covidtracking.com/race/dashboard#state-dc>