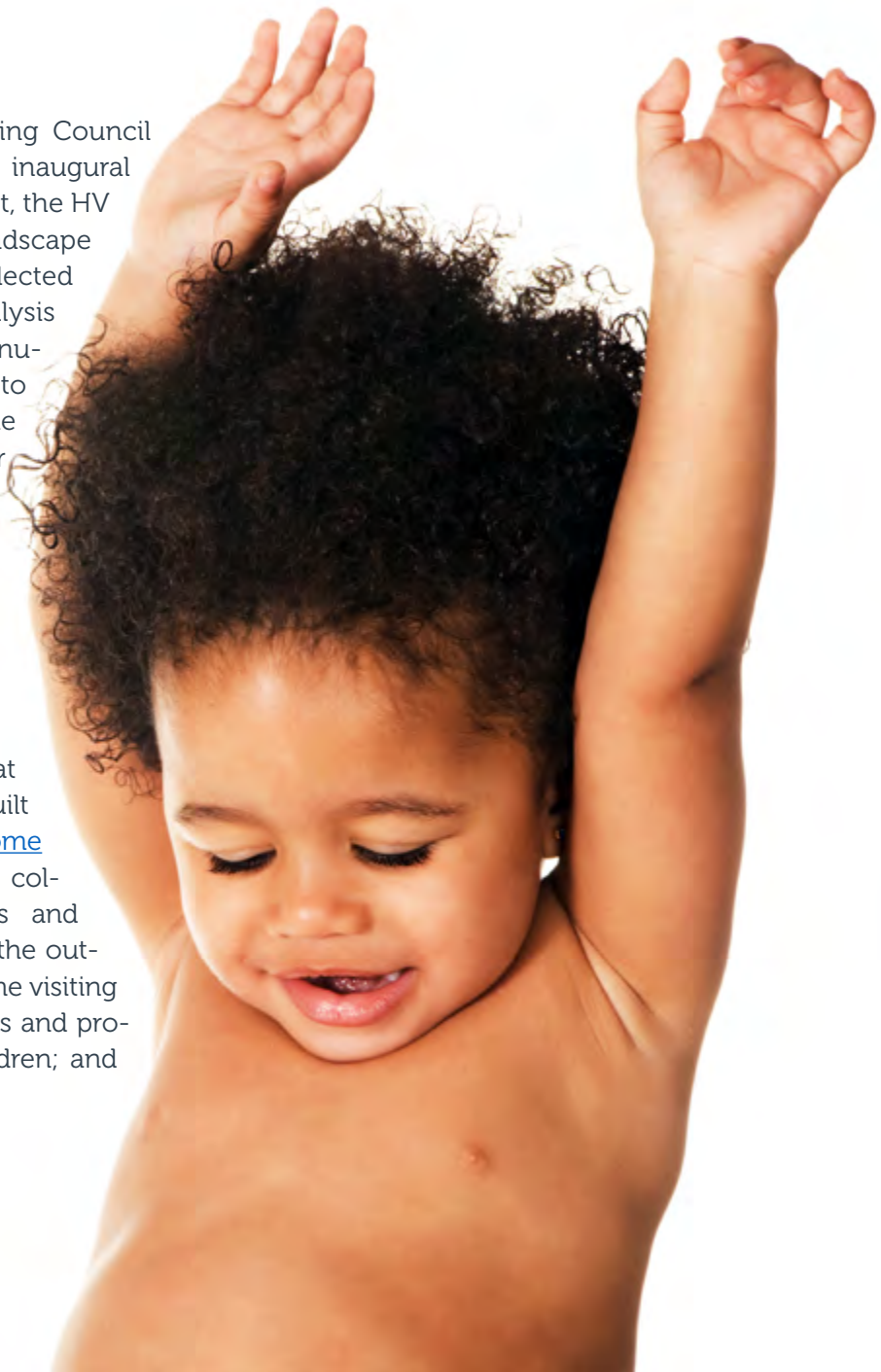




## Introduction

The District of Columbia Home Visiting Council (HV Council) is pleased to release this inaugural Annual Report. Each year, via this report, the HV Council will provide updates on the landscape of home visiting, including data collected from home visiting programs and analysis of policy and funding changes. This Annual Report will also highlight challenges to implementing and coordinating home visiting in the District, opportunities for improvement, and system strengths. Finally, the Report will present the current work of the HV Council to address the collective needs of home visiting programs, the providers who staff them, and the families who could most benefit from them.

It is the hope of the HV Council that this resource, updated yearly and built upon the [2017 Status Report on Home Visiting](#), will serve as a foundation for collaboration amongst District agencies and other policymakers with an interest in the outcomes supported by home visiting; home visiting providers; advocates; health care payers and providers; the families of DC's young children; and other stakeholders.



**2018 ANNUAL REPORT OF THE DISTRICT OF COLUMBIA HOME VISITING COUNCIL**  
Prepared by the DC Home Visiting Council  
January 2019

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## Home Visiting At-a-Glance

Home visiting is a strategy for providing support to expecting parents and families of young children primarily through regular visits to the home or a location of participants' choosing. In these voluntary programs, a family support worker meets with families to complete a curriculum meant to help families achieve target outcomes. Home visiting programs provide families with caring relationships, support, education, and linkages with other services that can smooth critical periods of transition and help families succeed. Target outcome areas advanced by these programs include perinatal health, maternal depression, school readiness, parenting practices, and child abuse and neglect prevention.<sup>1</sup>

Home visiting is unique in its ability to both deliver important curricula to expectant parents and the families of young children, as well as support families as they identify and access critical services and resources that they need to thrive. Thoughtful implementation of this strategy as part of the early childhood system is an opportunity to connect the often uncoordinated health, early education, and child welfare systems that play an important role in the lives of the District's young children and their families.

## Impact of Home Visiting

Home visiting can improve the life trajectory of children and reduce long-term societal costs that can result when children and their families experience inequitable barriers to opportunity. The research supporting evidence-based home visiting models shows that this strategy can have a variety of positive impacts on the outcomes of whole families, parents, parent-child relationships, and children. Depending on the home visiting model being implemented, these outcomes can include improved child health, improved school readiness, reduced incidence of child neglect and abuse, and improved family economic self-sufficiency. The support that home visiting programs provide in these areas can save costs of more intensive treatment or intervention.

Evidence-based program models implemented in the District are supported by a strong base of national research.<sup>2</sup> However, local impact evaluations have not yet been conducted on home visiting programs. The HV Council is exploring the value of home visiting impact studies in the District and opportunities to promote such studies.

Home visiting is unique in its ability to both deliver important curricula to expectant parents and the families of young children, as well as support families as they identify and access critical services and resources that they need to thrive.

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1 Target outcomes vary by home visiting program model- a single home visiting model may target one or more outcomes.

2 Status Report on Home Visiting in the District of Columbia Literature Review. Retrieved from [https://www.dactionforchildren.org/sites/default/files/HVSR\\_lit\\_review\\_FINAL\\_web.pdf](https://www.dactionforchildren.org/sites/default/files/HVSR_lit_review_FINAL_web.pdf)



## Home Visiting in the District of Columbia

In FY 2018<sup>3</sup>, 12 organizations implemented 15 home visiting programs in the District. In total, these programs had the capacity to serve about 850 children and families.<sup>4</sup> Ten of these programs were publicly funded, including four programs receiving direct federal funding and six receiving local funding or locally-administered federal funding.

District home visiting providers take a variety of approaches to delivering home visiting programs. Many local home visiting providers implement evidence-based program models whose impacts have been evaluated and validated at the national level. These models include Early Head Start Home-Based, Healthy Families America, Home Instruction for the Parents of Preschool Youngsters, and Parents as Teachers.<sup>5</sup>

Other local home visiting programs implement homegrown or promising models developed specifically to meet the needs of their communities and target populations such as fathers, immigrant families, families experiencing homelessness, or parenting teens. Many of these models are built upon existing evidence-based curricula and program models and customized for the communities they serve.

Programs funded in FY18 are outlined in Figure 1.

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<sup>3</sup> "FY" refers to the District of Columbia's fiscal year which is October 1 to September 30.

<sup>4</sup> Programs track capacity enrollment either by number of children or number of families. This total represents a combined count of both slots for children and slots for families.

<sup>5</sup> Evidence-based Models Eligible to Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grantees. Retrieved from <https://homvee.acf.hhs.gov/HRSA/11/Evidence-based-Models-Eligible-to-Maternal--Infant--and--Early-Childhood-Home-Visiting--MIECHV--Grantees/69>

**FIGURE 1: HOME VISITING PROGRAMS IN WASHINGTON, DC, FY 2018**

	PROGRAM	CAPACITY	TARGET POPULATION	FUNDING SOURCES
Bright Beginnings	Early Head Start-Home Based	64 children and pregnant women at a time	Families experiencing homelessness with children under age three	Federal Head Start (direct funding)
CentroNía	Early Head Start-Home Based	56 children and pregnant women at a time	Low income pregnant women or families of children under age 3; 10% of slots for children with disabilities	Federal Head Start (direct funding)
Community Family Life Services	Home Visiting Program (using Nurturing Parenting Programs curriculum)	75 families annually	Families in wards 5-8 with children under age 18 that are in transitional housing or domestic violence shelters and mothers in wards 5-8 who are incarcerated or are returning home after a period of incarceration.	CFSA
Community of Hope	Healthy Families America	38-50 families at a time	Pregnant women or families of young children under age five who are residents of Wards 5,7, or 8 based on results of parent survey that measures family risk and protective factors, and family strengths	DC Health; Private
Generation Hope	Parents as Teachers	20 families	Generation Hope Scholars who are parents of children five and under	Private
Healthy Babies Project	Healthy Families America	52 families	Pregnant teens or teen mothers with infants, based on results of parent survey that measures family risk and protective factors, and family strengths	Private
Martha's Table	Parents as Teachers	42 children at a time	Children under age of three currently enrolled in Martha's Table's center-based child care program	Private

	PROGRAM	CAPACITY	TARGET POPULATION	FUNDING SOURCES
Mary's Center	Father-Child Attachment Program	50 families at a time	Soon-to-be fathers and fathers with children under age five	CFSA
	Healthy Families America	150 families at a time	Pregnant women or families of young children under age five who are residents of Wards 5,7, or 8, or are experiencing homelessness, based on results of parent survey that measures family risk and protective factors, and family strengths	DC Health (Federal MIECHV dollars); Local DC Health dollars
	Healthy Families America	35 families annually	Pregnant women or families of young children under age five who are residents of Wards 5,6,7, or 8 and families experiencing homelessness, based on results of parent survey that measures family risk and protective factors, and family strengths	CFSA
	Parents as Teachers	80 families at a time	Pregnant woman and families with children under the age of five; In FY18, targeted Wards 5,7, and 8 and families experiencing homelessness	DC Health (Federal MIECHV dollars); Local DC Health dollars
Perry School	Home Instruction for the Parents of Preschool Youngsters	20 children annually	Parents of children ages three to five years who need help preparing their children for school	Private
The Family Place	Home Instruction for the Parents of Preschool Youngsters	20 children annually	Target population focus on young Latino (or other immigrant) families with young children (age 0-6), Wards 1, 4, and 5, who need help preparing their children for school.	Private; CFSA
Rosemount Center	Early Head Start-Home Based	56 children and pregnant women at a time	Low income pregnant women or families of children under age three (at or under 100% FPL); 10% of slots for children with disabilities	Federal Head Start (direct funding)
United Planning	Early Head Start-Home Based	72 children and pregnant women at a time	Low income pregnant women or families of children under age three (at or under 100% FPL); 10% of slots for children with disabilities	Federal Head Start (direct funding)

# LOCAL PROGRAM FUNDING AND SUSTAINABILITY

## Public Funding

Since DC Action for Children completed the Status Report on Home Visiting in the District of Columbia for the DC Auditor, covering FY 2015, public investment in home visiting has transformed considerably. Below is a summary of the status and changes to public funding in DC between FY 2015 and FY 2018.<sup>6</sup>

### LOCAL

#### Office of the State Superintendent for Education (OSSE)

Currently, OSSE does not fund any home visiting programs. Beginning in FY 2020, the Birth to Three for All DC Act of 2018 (B-3 DC) will require OSSE to administer the Early Head Start Home-Based (EHS-HB) services.<sup>7</sup> See “New funding opportunities” for more information about B-3 DC.

#### Child and Family Services Agency (CFSA)

Historically, CFSA has funded home visiting programs as a strategy to support positive parenting and prevent child abuse and neglect. Through FY 2018, CFSA administered home visiting programs that served populations of interest to the agency aimed at preventing child abuse and neglect through primary or “upstream” prevention services including fathers, parenting teens, and incarcerated parents. CFSA programs were implemented using federal child abuse and neglect prevention dollars, including the Community-Based Child Abuse Prevention (CBCAP) program and the Title IV-E waiver demonstration project (waiver).

As CFSA plans for the transition of prevention services from the Title IV-E waiver funding to implementation of the Family First Prevention Services Act (Family First) a new federal law for the prevention of child abuse and neglect, CFSA is using available funds to make strategic investments in partnerships to serve target populations identified in the Family First prevention planning process. As of December 2018, funds CFSA used to implement home visiting services have concluded and CFSA is working with grantees to support them in their transition to program close-out or other funding sources.

CFSA is collaborating with DC Health to develop a program for parenting and pregnant teens in foster care. This program will use the Parents as Teachers model and a curriculum customized for adolescent parents.<sup>8</sup> Additionally, the agency is providing a capacity-building mini-grant to one organization to provide Home Instruction for the Parents of Preschool Youngsters home visiting to immigrant families. CFSA is also currently evaluating opportunities to improve child abuse and neglect prevention through home visiting and other programs as part of its Family First prevention plan. See “New funding opportunities” for more information about Family First.

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6 For more information on the history of home visiting funding at DC agencies, see the [DC Auditor’s Status Report on Home Visiting in the District of Columbia](#)

7 Birth-to-Three for All DC Act of 2018, DC Law 22-0179. <http://lims.dccouncil.us/Legislation/B22-0203>

8 Testimony of Natalie Craver, Program Manager of Community Partnerships, DC Child and Family Services Agency, at the DC Council Public Roundtable: The Status of Home Visiting in the District (November 2018). Retrieved from <http://lims.dccouncil.us/Download/41468/HR22-0163-HearingRecord.pdf>



## DC Department of Health (DC Health)

DC Health continues to administer federal and local dollars to sustain and expand services as part of its approach to decreasing perinatal health disparities and improving maternal and child health.<sup>9</sup>

In FY 2018, DC Health administered the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding – which increased by \$200,000 for DC when funding was reauthorized in February 2018 – that supports two evidence-based home visiting programs.<sup>10</sup> Additionally, DC Health expanded MIECHV home visiting programs with a portion of the local dollars allocated for home visiting. The remaining amount of local home visiting funding was used to fill gaps in MIECHV funding, as well as to support non-home-visiting programs that provide place-based services.<sup>11</sup>

## Federal Funding

### Early Head Start Home-Based

Four local organizations receive direct federal funding to implement the Early Head Start- Home Based home visiting model. In FY 2018, these programs supported 250 children and families and comprised more than a quarter of home visiting slots in the District. If funded, B-3 for All DC will expand EHS-HB locally to up to 115 children in families experiencing homelessness and up to 700 children in immigrant families beginning in FY 2020.<sup>12</sup>

### On Federal Funding Variability

Federal funding for home visiting continues to fluctuate. As noted previously, CFSA's historic investment of federal CBCAP program funds will conclude with the end of the FY18 grant cycle, creating funding gaps for home visiting programs once funded by CFSA with these dollars. Providers are now seeking alternative funding for their programs.

Uncertainty around federal home visiting funding renewal in FY 2018 highlighted a challenge of dependence on a federal funder to sustain programs locally. Authorization for the federal MIECHV program expired on September 30, 2017 and was not renewed until February 2018. Fortunately, delays in MIECHV's reauthorization did not result in a loss of programming in DC. However, they created a level of uncertainty amongst providers that highlighted the need for increased local stability in home visiting funding. In response, early childhood advocates asked for a recurring local funding commitment for home visiting to support more sustainable home visiting services.

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9 District of Columbia Department of Health Perinatal Health and Infant Mortality Report, April, 2018. [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/DC%20Health%20Perinatal%20Health%20%26%20Infant%20Mortality%20Report\\_FINAL.PDF](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC%20Health%20Perinatal%20Health%20%26%20Infant%20Mortality%20Report_FINAL.PDF)

10 Maternal, Infant, and Early Childhood Home Visiting Program FY 2018 Formula Funding Awards. (September 1, 2018). Retrieved from <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/fy18-home-visiting-awards>

11 Department of Health FY 2017/2018 Oversight Questions (2018). Retrieved from <http://dccouncil.us/wp-content/uploads/2018/10/doh.pdf>

12 Updated Fiscal Impact Statement – Birth-to-Three for All DC Act of 2018. (2018, September 14). Retrieved from <http://lims.dccouncil.us/Download/37704/B22-0203-Updated-Fiscal-Impact-Statement-9-14-184.pdf>

## Private Funding

There continue to be pockets of investment in home visiting through foundations and other private funders. Private dollars fully support programs offered through five community-based agencies. However, in recent years, some privately-funded programs have experienced funding cuts and have been forced to reduce services. Few of these programs have successfully replaced lost private funding with new private or public dollars. Therefore, as outlined in Figure 1, the current capacity of privately funded programs is limited.

## New Funding Opportunities

As noted in the sections above, home visiting funding in the District continues to shift based on changes to federal funding availability and a growing local investment in home visiting. In FY 2020, two new funding opportunities, one federal and one local, have the potential to change the home visiting landscape. These programs are detailed below.

### **Birth-to-Three for All DC (B-3 DC) – Local (DC Health and OSSE)**

B-3 DC (D.C. Law 22-179) was passed by DC Council in June 2018 to strengthen the District's early childhood system. The bill expands and coordinates services and supports for expectant parents, as well as children ages zero to three and their families, with attention to equitable access to opportunity regardless of race, ethnicity or zip code. Home visiting, as a cross-cutting strategy that spans the early childhood system – supporting child and family health, child development, and child welfare – is a key component of B-3 DC. Four sections of the bill expand home visiting programs and District-wide home visiting supports, beginning in FY 2020.<sup>13</sup> These are:

*Section 104: Help Me Grow*, which requires DC Health to work with the HV Council to develop a centralized referral and intake system for home visiting through the District's Help Me Grow program;

*Section 105: Home Visiting Program*, which establishes a Home Visiting Program at DC Health that provides home visiting services and funds activities to support the home visiting system. DC Council allocated \$710,566 for Section 105 for FY 2019. The bill includes a recurring allocation of \$2 million for this portion of the bill beginning in FY 2020, which must be appropriated in the District's budget to go into effect.

*Section 106: Home Visiting Reports*, which requires DC Health to conduct a home visiting needs assessment every five years, an annual report on the status of home visiting, and a study of the home visiting workforce.

*Section 107: Early Head Start*, which creates a local expansion of Early Head Start home-based to support children in families experiencing homelessness and children in immigrant families. The Fiscal Impact Statement for the bill estimates that Section 107 will cost about \$11 million to serve all eligible children in FY 2020.<sup>14</sup>

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<sup>13</sup> Birth-to-Three for All DC Act of 2018, DC Law 22-0179. <http://lims.dccouncil.us/Legislation/B22-0203>

<sup>14</sup> Updated Fiscal Impact Statement – Birth-to-Three for All DC Act of 2018. (2018, September 14). Retrieved from <http://lims.dccouncil.us/Download/37704/B22-0203-Updated-Fiscal-Impact-Statement-9-14-184.pdf>

## **Family First Prevention Services Act – Federal (through CFSA)**

In FY 2020, a new opportunity through the federal Family First Prevention Services Act (Family First) will allow 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 5-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 skill training included in states' prevention plans.

The federal government is in the process of developing 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 are likely to appear in this clearinghouse, which would allow CFSA to deepen home visiting investments. The process to develop DC's Family First prevention plan is ongoing and CFSA is working closely with sister agencies and community-based provider partners in these efforts; states are still awaiting additional guidance from the federal government to complete development of their plans.



# Opportunities to Strengthen Local Home Visiting

Through its work in 2018 and years prior, the HV Council identified several local system-wide home visiting challenges that impact the District's array of home visiting programs. These challenges highlight opportunities for leaders and policymakers to collaborate to better serve DC families.

These opportunities include:

1. A District-wide shared vision and strategy for using home visiting to serve families,
2. A well-supported home visiting workforce, and
3. A family-centered approach to program design and implementation.

## Opportunity 1: A Shared Vision for Success

To create a child- and family-centered system, District agencies and providers must coordinate their efforts to best meet the needs and preferences of families. A shared vision and a coordinated plan for family-centered implementation would strengthen home visiting services and improve the sustainability of home visiting as a strategy within the District's early childhood system. The District invests in a diverse array of programs to support young children and their families. Three agencies - CFSA, DC Health, and OSSE – have developed guiding documents to serve as frameworks for meeting the needs of DC children and families based on their priorities. These are the District of Columbia Early Childhood Systems Approach, developed by OSSE and DC's State Early Childhood Development Coordinating Council (SECDCC); DC Health's Perinatal Health Framework; and CFSA's Four Pillars.<sup>15,16,17</sup> While each guiding document is unique, home visiting is relevant to all of them. Collaboration around home visiting is an opportunity to coordinate these frameworks and their implementation to best serve families according to need and preference.

Specifically, DC agencies are well-positioned to develop a shared home visiting implementation approach based on this vision. This approach might include shared data elements and performance metrics, and clear guidance on how to determine which home visiting programs, based on model, funding guidelines, and desired outcomes, are available to families when they walk through any "door." The c-intake subcommittee of the HV Council, which includes DC Health, CFSA, the Department of Health Care Finance, the Department of Behavioral Health, and other non-governmental members, is currently doing a portion of the latter piece of this work. To best serve families, agencies should build on this collaboration to fully develop a District-wide approach to home visiting.

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15 Testimony of Natalie Craver, Program Manager of Community Partnerships, DC Child and Family Services Agency, at the DC Council Public Roundtable: The Status of Home Visiting in the District (November 2018). <http://iims.dccouncil.us/Download/41468/HR22-0163-HearingRecord.pdf>

16 District of Columbia Department of Health Perinatal Health and Infant Mortality Report, April, 2018. Retrieved from [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/DC%20Health%20Perinatal%20Health%20%26%20Infant%20Mortality%20Report\\_FINAL.PDF](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC%20Health%20Perinatal%20Health%20%26%20Infant%20Mortality%20Report_FINAL.PDF)

17 Child and Family Services Agency Four Pillars. Retrieved from <https://cfsa.dc.gov/page/four-pillars>

## Opportunity 2: A Robust Workforce

Home visitors must have diverse knowledge and skill sets that enable them to support families with a variety of needs, who may be experiencing complex challenges. Home visitors must have strong interpersonal skills; knowledge of early childhood and community resources, child development, and family health; and considerable training at the onset of and throughout employment. Despite these rigorous requirements, home visitors, like many other early childhood service providers, are undercompensated and have limited options for professional development or advancement. These factors lead to challenges attracting, hiring, and retaining well-qualified candidates. The resulting turnover negatively affects participating families, who experience the transition of a home visitor as the loss of a trusted support. B-3 DC requires DC Health to conduct a home visitor workforce study to inform efforts to retain these critical family support workers. Additionally, the HV Council recently completed a survey of providers to better understand their experiences and best advocate for their needs. The HV Council will share the results of this survey, along with findings from upcoming home visitor focus groups, in a report to be released in Summer 2019.

## Opportunity 3: A Focus on Family Need and Family Choice

As public early childhood and home visiting investments increase in the District, stakeholders must center the needs and preferences of families to achieve results. In 2019, the HV Council will work to identify ways to better incorporate family knowledge and leadership into its work. This effort should accompany tangible District-wide strategies to gauge family need and preference and use this information to guide program development, implementation, and referrals.

Home visitors must have diverse knowledge and skill sets that enable them to support families with a variety of needs, who may be experiencing complex challenges. Home visitors must have strong interpersonal skills; knowledge of early childhood and community resources, child development, and family health; and considerable training at the onset of and throughout employment.

# Work of the District of Columbia Home Visiting Council in 2018

The HV Council convenes home visiting providers, local government agencies, advocates, managed care organizations, and other partners who work to strengthen the understanding, implementation, and sustainability of home visiting as a strategy to support positive child and family outcomes in the District of Columbia.<sup>18</sup> See Appendix A for a list of all organizations that participated in the HV Council in 2018.

2018 marks the first year of implementation of the HV Council's three-year strategic plan.<sup>19</sup> This plan includes six goals, which guided the Council's activities in 2018. Those goals are:

1. Promote well-trained and -supported home visitors;
2. Promote home visiting as a family support strategy within the District;
3. Increase capacity of the home visiting system to deliver quality home visiting services;
4. Ensure development and implementation of a coordinated intake and referral system for home visiting;
5. Use data to understand, support, and demonstrate impact of home visiting; and
6. Self-govern sustainably and impactfully.

To meet these goals by the end of 2020, the HV Council carried out the following activities in 2018:

## Home Visiting Program Support:

- Recruited home visiting programs to participate in the HV Council. By year-end, 14 of DC's 15 home visiting programs participated in the HV Council.
- Launched an advisory council to support home visiting programs in meeting home visiting model accreditation requirements.
- Designed and administered the 2018 District of Columbia Home Visitor's Survey to better understand the experiences of home visitors. The findings from this survey will be documented in the 2018 Report on Home Visitors, to be published in Summer 2019.
- Developed and implemented a process to share information about existing and possible trainings to support home visitors and other program staff

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<sup>18</sup> Charter of the District of Columbia Home Visiting Council. Retrieved from [https://www.dchomevisiting.org/uploads/1/1/9/0/119003017/strategic\\_plan\\_final.pdf](https://www.dchomevisiting.org/uploads/1/1/9/0/119003017/strategic_plan_final.pdf)

<sup>19</sup> DC Home Visiting Council Strategic Plan 2018-2020. Retrieved from [https://www.dchomevisiting.org/uploads/1/1/9/0/119003017/strategic\\_plan\\_final.pdf](https://www.dchomevisiting.org/uploads/1/1/9/0/119003017/strategic_plan_final.pdf)

**Advocacy<sup>20</sup>:**

- Coordinated with the District's Birth-to-Three Policy Alliance to support the B-3 DC bill, which legislates a birth-to-three system that includes strong supports for home visiting. The bill passed unanimously and, in its first year of implementation, the District's budget includes \$710,000 in new B-3 DC funding for home visiting programs and supports.
- Educated Councilmembers about the value of home visiting through in-person meetings with Councilmembers and their staff.
- Requested \$2 million in local funding for DC Health to support District home visiting programs in Fiscal Year 2019. This funding was allocated in the DC budget.
- Coordinated members who provided testimony at DC Health and CFSA budget and oversight hearings, and the DC Committees on Human Service and Education's Joint Public Oversight Roundtable on the Status of Home Visiting.
- Recruited more than 20 families to share their experiences in home visiting programs at DC Council hearings

**Data and Coordination:**

- Launched a process to collect annual and quarterly data on the District's home visiting programs that will inform a District-wide strategy to support young children and their families through home visiting.
- Coordinated with DC Health to begin developing a coordinated intake process for home visiting through Help Me Grow DC.

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<sup>20</sup> All advocacy activities are conducted exclusively by the advocacy subcommittee- other members of the Home Visiting Council did not participate in these activities.

## Conclusion

The HV Council hopes that this document will serve as a valuable resource as policymakers, advocates, and other stakeholders work together to strengthen the District's use of the strategy of home visiting to support positive child and family outcomes. In 2019, the HV Council will continue to monitor and support this work according to its 2018-2020 Strategic Plan. The details of this work will be included in the HV Council's forthcoming 2019 work plan.





## APPENDIX A: PARTICIPATING ORGANIZATIONS

TABLE 1: ORGANIZATIONS THAT PARTICIPATED IN THE HV COUNCIL IN 2018

ORGANIZATION NAME
AmeriHealth Caritas District of Columbia
Bainum Family Foundation
Bright Beginnings
CentroNia
Children’s Law Center
Community Family Life Services
Community of Hope
Council for Professional Recognition
DC Action for Children*
DC Affiliate of the National Association for the Education of Young Children
DC Child and Family Services Agency
DC Department of Behavioral Health
DC Department of Health
DC Department of Health Care Finance
DC Fiscal Policy Institute
Generation Hope
Georgetown University Center for Child and Human Development
Healthy Babies Project
Howard and Geraldine Polinger Family Foundation
HSC Home Care
Mamatoto Village
Martha’s Table
Mary’s Center
Office of the Deputy Mayor for Health and Human Services
Perry School
Raise DC
The Family Place
Trusted Health Plans
United Planning Organization
Washington Area Women’s Foundation

\*HV Council Chair