
Government of the District of Columbia



Child and Family Services Agency

Public Hearing on
“The Status of Home Visiting Services in the
District”

Testimony of
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Council of the District of Columbia
Committee on Human Services,
Brienne Nadeau, Chairperson
and
Committee on Education,
David Grosso, Chairperson

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John A. Wilson Building
1350 Pennsylvania Avenue, NW • Room 412
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Good morning, Chairwoman Nadeau, Chairman Grosso, and members of the Committees on Human Services and Education. I am Natalie Craver, Program Manager of Community Partnerships at the Child and Family Services Agency (CFSA). Thank you for the opportunity to speak with you today to discuss the status of Home Visitation services in the District and how CFSA is partnering across the cluster to implement a coordinated approach to providing home visitation services to families.

CFSA has embarked on a city-wide planning process to prepare for the implementation of the new federal law, the *Family First Prevention Service Act (Family First)*. Traditionally, Title IV-E funding has been reserved to pay for foster-care placements. Under *Family First*, which takes effect on October 1, 2019, states are permitted to use Title IV-E funding for evidence-based services to strengthen families and prevent children from being removed from their families and entering the child welfare system. *Family First* covers a range of activities and programs provided by child welfare agencies, but keenly focus on prevention activities to provide targeted, evidence-based services to “candidate” families who, without services in place, would be at risk for foster-care placement. The specific interventions allowed under *Family First* are within the domains of mental health, substance use disorder, and critical to our topic today, in-home parenting programs, including parenting skills training, education, and counseling.

As we prepare for *Family First*, CFSA is building upon the important foundation already set by our work implementing the District’s Title IV-E waiver demonstration project (waiver) over the past five years. The waiver allowed the District to leverage federal funding to expand early-intervention community-based services to families to prevent child abuse and neglect and positively impact families’ safety, well-being, and permanency. Waiver services included community-based and in-home parent education and support, crisis stabilization, substance use disorder treatment, and intensive family preservation. While this robust foundation of services and partnerships has prepared CFSA to be one of the leading jurisdictions able to implement *Family First*, we are also keenly aware of the gap in funding created by the transition from the Title IV-E waiver demonstration project, which asks jurisdictions to define “candidacy” for services. We are concerned that what may be accepted for the definition of “candidacy” may be much narrower than who we currently serve under the waiver. Waiver-implementing jurisdictions across the country are examining similar fiscal challenges in anticipation of this transition and are looking to discuss ways to ensure prevention-ready jurisdictions are not adversely impacted by *Family First*.

As part of the city-wide *Family First* planning process we began in June 2018, we formed a Prevention Work Group, comprised of stakeholders across our key sister agencies, the Council, the Executive Office of the Mayor, and our community-based partner organizations. The Prevention Work Group has been charged with making key recommendations about our Family First Prevention Plan. The Work Group has been convening regularly to determine the target populations for services and select the evidence-based programs best designed to meet families’ needs. While the selected strategies may include a wide-array of services, CFSA is exploring how we can best connect families to evidence-based home visitation programs as part of this menu of prevention programs and services.

Today, I will discuss our planning efforts, current partnerships, and the programs we are putting in place in FY19 to serve families using evidence-based home visitation program models.

FY19 Evidence-Based Home Visitation Programs

CFSA currently receives a small amount of federal funding through the Community-Based Child Abuse Prevention (CBCAP) grant. CBCAP is designed to provide states with funds to implement primary, or upstream, prevention services to serve families currently not known to child welfare agencies. In the past, CFSA awarded these grant funds to a number of providers implementing home visitation and parent education program models. This summer, CFSA decided to use the *Family First* prevention planning process to take a more targeted approach to determining FY19 service needs and interventions. CFSA convened an upstream prevention services subgroup, in partnership with our technical assistance provider, Chapin Hall, to evaluate and make recommendations about how best to target our limited FY19 funds (just under \$500,000 between our federal allocation and local match).

The subgroup recommended targeting services to young parents with young children, including an emphasis on fathers, immigrant families, and incarcerated or recently released parents. The subgroup believed evidence-based home visitation programs were an important intervention to serve this population and recommended two models: Healthy Families America (HFA) and Parents-As-Teachers (PAT). Based on these recommendations, CFSA has decided to allocate a portion of CBCAP funds to implement a targeted evidence-based home visitation program in partnership with DC Health. The home visitation program will leverage DC Health's resources to implement the Parents-As-Teachers (PAT) evidence-based model. The program will specifically target CFSA's teen parents in foster care to support and strengthen the skills of these young parents and ultimately prevent their children from coming into care. This program will create up to 40 program slots for pregnant or parenting teens currently in foster care with children up to age five.

Research has shown that high-quality home visitation programs can have profound impacts on children's development and positive family outcomes and can be an effective intervention to provide the necessary family supports and child development services.¹ Teen parents in foster care are particularly vulnerable and at a higher risk for trauma, depression, anxiety, and other behavioral health challenges.² Targeting evidence-based home visitation services to this population not only provides these young parents with concrete social supports as they navigate parenthood, but also seeks to reduce the likelihood of future involvement with CFSA.³ Between home-visits, group connections, child screening, and a resource network, the PAT model is designed to increase parent knowledge of early childhood development, improve parenting skills, provide early detection of developmental delays and health issues, increase children's school readiness, and prevent child abuse and neglect. CFSA is currently in the process of finalizing the implementation model with DC Health and their PAT model provider and will begin the new program in the coming months.

¹ <https://www.zerotothree.org/resources/144-the-research-case-for-home-visiting#downloads>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4340584/>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4340584/>

In addition to partnering with DC Health to allocate CBCAP funds, CFSA awards capacity-building mini-grants to non-profit providers to bolster prevention services within the District. In alignment with *Family First* in FY19, CFSA has targeted funds to providers that implement programs already rated on the evidence-based scale, or whose program models show promise of effectiveness. One of the three capacity-building grants was awarded to The Family Place to implement The H.I.P.P.Y. Model. The H.I.P.P.Y Model uses home visits and group meetings as a core vehicle for parent empowerment in children’s education and development. During these visits, parents and the home visitor meet to review tools and materials to support child development and build a lasting parent support network. This home visitation program is also targeted to young parents with young children and, more specifically, to Latino and other immigrant parents. The program is funded through a partnership with Collaborative Solutions for Communities, a Healthy Families Thriving Communities Collaborative, and is operated independently of DC Health.

Through these two home visitation programs, CFSA is using FY19 to fill service gaps, further evaluate what works well, and determine what programs may still be needed to meet families’ needs. The FY19 partnership with DC Health is a targeted intervention to meet the needs of our young families in care. The capacity building mini-grant to implement The H.I.P.P.Y. model is designed to bolster existing evidence-based programs in the District as we prepare for Family First. We are committed to using these partnerships to strengthen our referral pipeline to existing services and better understanding what our families need to access and participate in existing home visitation.

Conclusion

In conclusion, we know the importance of maintaining a coordinated approach to offering home visitation programs throughout the District, and we believe that CFSA is a key partner in identifying families who can benefit from these important service interventions. As CFSA prepares for the implementation of evidence-based services as part of our city-wide Prevention Plan, we will continue working closely with DC Health to identify service needs and provide a clear and consistent referral pipeline for families to engage with designated providers across the District. CFSA is actively participating in the Home Visitation Council and will continue to partner to provide these important services to families known to CFSA, and as much as possible, to families who have never made contact with CFSA, strengthening our upstream prevention activities.

As always, we appreciate your support for the District’s most vulnerable children and families and your partnership to assist in expanding accessible services. Thank you for your attention today. I am happy to answer any questions you have.