

**Healthy Families❖Thriving Communities Collaborative Council**

**1112 11th Street NW, Suite B**

**Washington, DC 20001**

Phone: (202) 299-0900

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**Testimony of Richard Flintrop**  
**Representing the Healthy Families❖Thriving Communities Collaborative**  
**Council**  
before the  
**Committee of the Whole, DC Council**  
Concerning the Fiscal Year 2009 Budget for  
**The Office of the State Superintendent of Education**  
April 11, 2008

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Good morning, Chairperson Gray and members of Committee of the Whole. I am Richard Flintrop, policy analyst for the Healthy Families❖Thriving Communities Collaborative Council, and I am appearing before you today on behalf of The Collaborative Council, which provides training, technical assistance and advocacy for the seven HFTC Collaboratives in the District.

My testimony before you today is stimulated by the very informative discussion Committee members had with the Deputy Mayor of Education last Wednesday when reviewing the budget for his office and for ICSIC, the Interagency Collaborative and Services Integration Commission. Specifically, I want to speak to issues around the plan he presented to use requested ICSIC funds to support a number of new evidence based models for home visitation services.

I want to begin by applauding the goals of ICSIC to advance programs that have been documented as successful by stringent research standards. However, I respectfully suggest that the current ICSIC approach to advancing home visitation programs in the city as presented by the Deputy Mayor should be expanded to include the development of a strategic plan that would move us toward universal home visitation.

Let me make clear that the reason I'm raising these concerns at the OSSE budget hearing is that we fully support strengthening the role of the Early Care and Education Administration, now under OSSE, to meet its mission, which is, "...provides support for and collaborates with other public and private child and family advocacy organizations to formulate an effective continuum of services and care for children five years of age and younger." The move to reframe this administration's charge beyond

supporting traditional day care services was right on target. We want to recognize the vision of Director Barbara Kamara who over the past years has directed what discretionary funds she could to home visitation programs.

From our perspective, there is not one ideal model for home visitation. Rather, our goal should be to develop a continuum of supports, from less intensive to very intensive, assuring access to services that are appropriate to the needs of each family. Missing from the conversation last week was recognition that highly regarded pieces of this continuum already exist in this city, funded by both public and private funds and supported by numerous city agencies. For example, the Healthy Start program within the Department of Health serves families with children 0-2, has a health focus staffed by nurses, and is offered both by DOH and contract agency staff. These time-limited services are best directed to families presenting with low to moderate risk factors. For families at higher risk, the Mary's Center has for the past eleven years been operating a home visitation program based on the Healthy Families America model. This program is nationally certified and has been evaluated rigorously over the years. For families at even greater risk, the in-home supports provided by the Collaboratives and many of our partners are a major resource in which the District has made a significant investment. When taken in the whole, there is still a sizable gap between need and capacity. While a thorough needs assessment has not been done, I would estimate that we are currently serving less than a third of the mothers with infants and young children with supports appropriate to their level of need.

Unfortunately, one common element of home visitation services in the District is that the public funds that support them are exclusively federal grant dollars. There is no stable funding stream for home visitation. Many other jurisdictions, even under the tightening restraints of federal Center for Medicaid Services , successfully leverage the EPSDT component of Medicaid to support home visitation. The District has never seriously explored this option.

As this committee reviews the budgets and responsibilities of both the OSSE and the Deputy Mayor for Education's office, we would recommend the following:

- Advance the goal of universal home visitation for all mothers with new-borns in the city, and urge the development of a strategy would move us toward meeting that goal in three years;
- Recognize the critical role that the OSSE and the Early Care and Education Administration should play in managing the implementation of such a plan;
- Assure that expanded support for home visitation fully honors those programs already

- operating in the city that have a proven records of success;
- Fund a position in ECEA to support discharge screening of all women who are District residents and give birth in area hospitals to determine if they have needs for support that could be met by an existing home visitation programs; and,
  - Request that a strategic plan include a funding strategy that isn't dependent exclusively on appropriated dollars but leverages as many new federal funds as possible.

We know from past conversations that State Superintendent Gist recognizes the important contribution home visitation programs can play in assuring the best outcomes for infants, young children and their families. We are prepared to support the efforts of both Deputy Mayor Reinoso and Superintendent Gist as they work to increase access to home visitation services to at-risk families in the District. Together, we can assure that all children are healthy, safe from abuse and neglect, and fully prepared to succeed in school.

Thank you for this opportunity to share our observations with you.