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Only a Fraction of D.C.'s At-Risk Families Receive Home Visiting Services Proven to Help Prevent Abuse and Neglect, Status Report Shows

Evidence-based interventions by home visits provide vulnerable parents with support, strategies that improve outcomes for children and families

WASHINGTON, D.C. — The District's home visiting program is utilizing the leading evidence-based interventions that are shown to positively affect school readiness and child health and welfare, but the District lacks the capacity and secure local and federal funding it needs to serve the vast majority of its neediest families, according to a new status report by the Office of the D.C. Auditor (ODCA).

"D.C. provides education, parenting techniques, and resources to families through regular in-home visits by trained family support workers that are proven to improve child, maternal, and family outcomes," said D.C. Auditor Kathy Patterson. "The District needs to build on its efforts, however, to overcome a number of issues and reach as many of our vulnerable families as possible with home visiting support."

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 – the status report shows that some 6,300 D.C. households with children aged five years and under could benefit from home visiting programs, while D.C. had the capacity to serve only 1,321 families in 2015. A citywide target population for home visiting has not been established, although individual programs and funding streams have their own targets.

The national Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) issued its final report in 2016, finding that the Nurse Family Partnership home visiting program, was the only evidence-based practice proven to reduce such fatalities. The Commission's advocacy for evidence-based home visiting prompted the D.C. Auditor to commission this status report from DC Action for Children, the independent research, policy and advocacy organization dedicated to improving child well-being in D.C., to focus on fiscal year 2015 and provide a baseline of information on existing home visiting programs and funding.

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 the District: Early Head Start Home-Based, Healthy Families America, Home Instruction for the Parents of Preschool Youngsters, and Parents as Teachers.

This status report identifies the following strengths and challenges 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.

4. 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.
5. 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.
6. Providers experience challenges hiring and retaining qualified, culturally competent home visitors, which can adversely impact participant retention.
7. The District currently lacks the capacity to reach all families who could benefit from home visiting programs.

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.

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