

1

Testimony for  
Public Oversight Roundtable  
A Review of the “Repairing the Safety Net for At-Risk Children and  
Families Reform Plan” One year After the Jacks Tragedy  
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Presented to  
Committee of Human Services  
Tommy Wells, Chair  
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2

Good Morning Chairman Wells and members of the committee of the Human Services. My name is Joan Yengo and I am the Vice President for Programs representing Mary’s Center for Maternal and Child Care. I want to applaud the efforts outlined in the Repairing the Safety Net for At-Risk Children and Families Reform Plan developed one year ago. Specifically, the integrated model, working to bring together all agencies who touch the lives of children, and the collaborative effort to ensure that we are responding to children’s needs to provide the best outcomes. Today I will speak to the efforts of Mary’s Center to expand our home visiting program in order to identify at risk families early so that supports can be provided to prevent poor outcomes for children, including child abuse and neglect.

As you know, Mary’s Center implements the evidence based practice model of Healthy Families America. We have been providing this service to the city since 1995 and have consistently achieved positive outcomes. Our role within the reform plan was to receive funding in order to expand the success of this model to provide services to more families. While expansion did not occur due to losing funding from two other sources, the Council’s support has enabled us to sustain the program, that is, continue to provide services at the same capacity. At the start of FY09, Mary’s Center lost \$182, 630 from the Early Care and Education Administration, and \$250,000 from the Department of Health for a total loss of

3

\$432,630 to the home visiting program. Additional foundation dollars have also been lost.

With the \$500,000 awarded for FY09, Mary’s Center has continued to provide the home visiting service through hiring 2.5 Assessment Workers to provide outreach and assess the level of need and appropriate supports; 4 Family Support Workers to provide home visitation case management and education to families; 1 nurse to provide medical education and assessment in the home; supervisors to ensure staff are held accountable to the program and provided support to effectively implement their role; and an outside evaluator to measure

successes toward outcomes, and challenges. All staff have been trained in the service model, including the standards of best practice, and we have been able to enroll new families. Over the course of the first quarter we have completed 160 assessments, enrolled 32 new families city-wide and through these dollars currently serve 49 families. With the now fully trained high quality team that we have, we anticipate continued growth and an ability to reach the target of enrolling the 125 new families this year, not to mention those who we will assess and provide other supports and referrals.

As we move forward I would make the following suggestions to ensure success of this expansion:

4

1. The proposal in the safety net plan mentioned the need to identify a lead agency to spearhead this effort and a staffing and oversight model that ensures coordination and leadership of the home visiting programs. I reiterate that need. Especially the importance of bringing together those agencies and those home visiting models mentioned as new models to bring to the city. Several years ago we had a Home Visiting Council for the District [information attached], that tried to bring all home visiting programs together to ensure standards were met, there was a universal screening tool, and that communication and collaboration occurred. The council ended due to the lack of interest at that time in citywide home visitation. Now it is of utmost importance for its return to ensure all are on the same page, and understand the goals we are working toward.

2. An assurance that there will be funding for the coming year is critical. The lack of consistent funding has led many of our staff who fear job loss to seek other positions of employment to ensure stability. I ask for the development of a funding plan that identifies where the dollars would come, during which period of time, and the number of families projected to be served. With that plan of course are the universal outcomes that the city will measure to assess the impact and the dollars saved with these prevention efforts.

5

Just to reiterate, unless we plan and plan long term for these services to be implemented and of quality, we won't develop the leadership in this community to carry them forward and we will continue to lose trust from our community members in the programs that are supposed to be there to meet their needs. Thank you for the opportunity to testify before you today.