



**Testimony for 2019 Department of Health Budget Hearing before the DC Committee on Health
(Vincent Gray, Chair)**

Mary's Center staff, including Chief Program Officer Joan Yengo and workers, managers, and supervisors from the Healthy Start Family Support Team, testified about the importance of Mary's Center's Home Visiting Program to the Committee on Health. Staff members spoke about specific patients they worked with and how they were able to improve their lives. Family Support Workers often begin relationships with participants in the Home Visiting Program through providing prenatal care, but they become bridges to many other services and providers including pediatricians, primary care providers, and specialists. The Family Support Workers become a resource for the entire family and often meet clients all over the city at their jobs, libraries, local parks, or daycares, allowing them to fit care into their schedules when they otherwise might not. The consensus among the testimonies is that the work is hard but rewarding and essential, as Home Visiting serves people with great need, especially clients in Southeast D.C. who live in a prenatal and maternal healthcare desert. The testimonies argue for more funding so they can expand the program and continue improving the lives of some of D.C.'s neediest residents.

Joan Yengo, Chief Program Officer at Mary's Center:

Good day Chair Gray and members of the committee. My name is Joan Yengo, Chief Program Officer from Mary's Center. Today I will speak to the importance of maintaining the local investment in the strategy of home visitation.

Thirty years ago, Mary's Center for Maternal and Child Care, Inc., was founded to address maternal health concerns of newly arrived immigrants to DC. The vision for Mary's Center incorporated the understanding that providing health care alone cannot improve health and well-being; healthcare must be part of a system that addresses indicators that can lead to poor outcomes. They include providing services to address economic, educational, psychosocial, violence and other concerns.

By building a social change model, Mary's Center served almost 50,000 participants in 2017, and was recognized by HRSA for achieving some of the best health outcomes in the nation. We know our results are directly correlated to our social change model. Thirty years later, our city, is still struggling to support healthy women, to have healthy relationships, plan for their children and have healthy births of children who will succeed in school and become our future leaders.



We have seen closures of key maternity programs, women ill-informed of these changes, and still facing barriers to access to care. Our system of care must be inclusive and ensure equity across the city. Today, like I have done for 16 years, I advocate for the continued investment of home visitation as a strategy that can weave together essential services in support of families in our city.

Home Visitation meets families where they are, helps achieve their goals, builds on what works for the families to help them achieve the best outcomes for themselves and their children. These programs often work with members of our community who have found complex systems that are unresponsive, judgmental, and/or stigmatizing.

Over 30 years, financing home visitation has never been consistent. There is always a lack of dollars to sustain existing programs and investment in the necessary infrastructure to support training, staff development, and evaluation without interfering in family engagement and care.

In 2012 through the ACA, the federal government recognized the merits and successes of home visitation and identified formula funding grants to support each state. DC received funding; although it took almost two years to release those dollars. There was hope that finally an infusion of dollars would strengthen our continuum of care for families and our early childhood system. Sadly, the silos still exist, and the justification for home visitation and ongoing investment outside of the federal dollars is still needed.

I was disheartened to hear the testimony provided by the Director of DC Health during the budget oversight hearing last month. I was not able to discern the vision for the city of how home visitation would be interwoven into the services of prenatal care, early childhood programs, Help Me Grow and place-based initiatives as a continuum of support for families. Instead I heard concerns about Mary's Center's staff turnover, concerns about engagement of participants and participant's lack of caring for home visitation

While there was turnover within Mary's Center's MIECHV funded HFA program, the turnover this past year was related to the many changes within the DC Health local administration of the program, data entry demands that were consistently changing and having to enter information into two systems and confusion over information related to protocols and policies. Additionally, data gathered by DC Health since 2014 and shared in 2017 was very punitive without constructive advice. Of note, these stressors did not occur with our Prince George's Home Visiting MIECHV program. The way in which our evaluation and data is managed for that program is different. I can provide at your leisure details of the streamline process used there.



It is important to note that we did not see this turnover within our Healthy Start program funded through DC Health. The DC Health Healthy Start team worked with Mary's Center to support data entry, share information they had gathered and sought input from the team from the start on implementation of the program allowing the staff to feel supported and focus on their work with participants.

Over the past few months, we have started to see positive changes. DC Health has incorporated our concerns about the numerous data systems, strengthen their data system to reflect what the home visiting program model requirements are to ensure we meet the standards of the model, and strengthening the data and evaluation training of protocols and policies to avoid confusion. This has increased morale with the team and is raising hope among us that we are back on track with our hiring and engagement of staff which in turn supports on-going engagement of families. I hope this explanation addresses the concerns the Chairman raised while talking with the Director last month.

In conclusion, we have very serious issues facing our DC community with the loss of prenatal providers in the city, most notably the lack of a labor and delivery hospital in southeast, and the challenges for families to be seen timely for prenatal care, let alone ensuring the health of women prior to pregnancy. Home Visitation works effectively to respond to these challenges when it becomes part of a continuum of care for families, when there is constant investment and when we invest in the professional development of home visitors to engage more effectively with families. We hope this testimony and all the others provided today will strengthen the understanding of home visitation as a strategy to support families and why sustaining the \$2M in local funding is essential for the well-being of our existing parents and the next generation. We look forward to our continued partnership with DC Health to support a maternal health and early childhood vision that integrates the strategy of home visitation into our system of care.

Thank you for the opportunity to testify before you today.

Fernanda Ruiz, Healthy Start Director at Mary's Center:

Good morning Chairman Gray and Members of the Committee.

Thank you for the opportunity to testify today. My name is Fernanda Ruiz, and I am the Healthy Start Director for the Home Visiting program at Mary's Center for Maternal and Child Care Inc. Also I am a District resident from Ward 4. I have been employed at Mary's Center's Home Visiting program for the past 12 years. During that time I have served different roles: home



visitor, supervisor and management positions. I have had the honor to be invited into many homes, and witness first-hand the positive impact home visiting has on families.

Earlier today you heard the testimony of our Chief Program Officer, Joan Yengo and other advocates from the Home Visiting Council speak about the importance of home visiting as a strategy of a comprehensive early childhood system, as well as the need here in the District; especially at this time of pressing need. As a District we are facing a desert of prenatal care and maternal health services. You will also listen today to my colleagues' testimonies. You will hear about their day to day work, their commitment to families, and of incredible success stories they have been part of as home visitors. I hope you feel as touched and inspired as I feel every day I work alongside them.

I do not intend to preach to the choir. I know Chairman Gray and other Councilmembers are champions of the strategy of home visiting for the District. Just in the past year, bills supporting home visiting were introduced and throughout the years' efforts like the Clinton Global Initiative- Healthy Babies Healthy City have been done. I know you believe in our work and I am grateful for that.

At Mary's Center we have developed our own system of care and we currently implement four different home visiting models. In that system, ideally families would be paired to the program that best fits their needs. However, that is only true for families who live in wards 5, 7 and 8 due to funding restrictions. Healthy Start is best suited to work with families who are medically high risk as our ultimate goal is to reduce infant mortality; we employ nurses and family support workers as home visitors. As the only program serving families' birth to two years old District wide we are often challenged to serve every family that is referred to us. We also recognize that at times our program may not be the best fit for that particular family due to their needs and characteristics. Families with complex psychosocial needs and no medical risks are better served through the HFA or PAT models due to their intensity and structure.

I am here today to support the proposed FY2019 budget for the Department of Health (DC Health) to continue their investment in the Healthy Start program at Mary's Center, and to include an expansion of local home visiting funding to serve more families District wide. To improve women's health Healthy Start works to ensure access to and delivery of high quality health and social services to women, infants and families by providing case management and care coordination to participants, and supporting systems integration on the community level.

Since late 2015, DC Health has invested in Mary's Center to support families in the District through home visiting services. In fiscal year 2017, the Healthy Start program served over 450



Mary's Center

Quality healthcare. Stronger communities.

individuals through short term and long term support. The investment resulted in the following outcomes:

- Increased number of birth outcomes with a healthy birth weight and full-term delivery by 90%;
- Increased the proportion of Healthy Start women and child participants with a medical home by 95%;
- Increased the number of women who initiated breastfeeding by 90%;
- Increased the proportion of women participants who receive a postpartum visit by 89%;
- Prevented unplanned pregnancies and engaged participants in healthy behaviors before becoming pregnant by developing a reproductive life plan with 87% of active participants;
- Prevented 100% of teen pregnancies at SEED Public Charter School during school year 2016-2017;

For every dollar spent on these efforts, at least \$2.00 dollars in future spending is saved. Moreover, the costs associated with poor birth outcomes are high. In 2012, the Planning Council reported that the societal economic cost associated with preterm birth in the U.S. was at least \$66,218 per infant born preterm.

In closing, we strongly advocate for DC Health to continue to provide funding for maternal child health through Healthy Start and we recommend the investment to support quality birth outcomes by:

- Providing additional funding to increase staff capacity to decrease caseloads; currently FSWs have on average 40 families on their caseload and at times have had up to 55 families each; smaller caseloads would allow the program to provide services based on the need and risks of each family, rather than based on capacity;
- Invest additional funding into the Salesforce database; the Healthy Start data base has had many challenges, impacting the ability of staff to entering and saving data. While we thank the Healthy Start team at DC Health for all the technical assistance and support, we recognize the challenges are beyond their control as those rely on the developers of the data system. As a result, the database does not reflect accurate numbers.

Thank you very much for your attention and time. I am happy to take any questions.



Leah Shoal, Healthy Start Nurse at Mary's Center

Good morning Chairman Gray and Members of the Committee.

Thank you for the opportunity to testify today. My name is Leah Shoal, I am the Healthy Start Registered Nurse and Lactation Consultant for the Home Visiting Program at Mary's Center for Maternal and Child Care Inc. I have been working for Mary's Center for close to 3 years and with my family of 5, I am a resident of Ward 4.

As a home visiting nurse, each day I am fortunate to meet with and serve women, infants, children and families across the entirety of the District from the northernmost parts of Northwest DC to the southernmost parts of Southeast DC. We meet in their homes, at their provider appointments, at Mary's Center, at the hospital when they give birth, in libraries and in coffee shops. We meet in person, on FaceTime and over the phone. We meet on days when it's gray and has snowed a "crippling" ½ inch of snow, and on days when the sun shines brightly, and the weather is sticky and warm. The families I serve invite me into their homes and lives every day – and I feel fortunate to have the opportunity to do so.

Every day in the District, families do the best they can given the circumstances they find themselves in and the resources that they have – and in my work, I see the gamut. I work with families who have all the resources and family support that can be imagined, but who are first time moms suffering with placenta previa and crippling, life-threatening anxiety. I work with families who are homeless and are struggling to coordinate medical resources for their child who will likely not live beyond the age of 10 due to their baby's medical diagnosis. I work with pregnant teenagers grappling with the decision to terminate their pregnancy so that they can graduate high school and maintain their childhood or to keep the baby that they know will love them unconditionally and provide them with a guaranteed stream of income when they turn 18. I serve these women, children and families because regardless of socioeconomic level, or where in the District they live, hardship is a human condition. And with hardship comes the need for support, knowledge and guidance to make the best of the resources they have and to explore new ones.

Fortunately, with the support and resources I offer, I have personally experienced, amongst my participants: improved health outcomes, a significantly lower infant mortality rate than is typical for the District, women who have continued a pregnancy to term that have never been able to do so in the past, and countless other positive impacts. That said, while I have served well over 180 families, I believe we should have the funds and increased capacity to serve more. Especially considering the recent creation of a maternal care desert in Southeast DC,



there are women who desire good prenatal and maternal care, but simply do not know where to gain access to it. I consistently serve as this bridge to care and expand upon it providing additional education throughout their pregnancy on areas such as nutrition, exercise, signs and symptoms of any difficulties and birth planning. Further – I don't disappear six weeks after they have the baby – like most prenatal care does. I serve as a bridge to their pediatricians, to their primary care providers and specialists as needed. I work with them to ensure they remain healthy, their children develop at an appropriate pace, are well cared for when they are sick and get them ready for school and other social interactions.

That said, over the past year, I have repeatedly heard from providers, case managers, school social workers and others that our service is invaluable to families in the District and they want to know how they can enroll more families into our program. Just the other day, while at George Washington Medical Faculty Associates with a participant, the neurologist we were seeing asked how to refer some of his other patients. He said off the top of his head, he alone could think of about 18 women that would meet our criteria for enrollment. I provided my business card and noted that unfortunately, it was unlikely, due to budget and capacity constraints, that we could enroll each of his patients, but that we would do our best to meet their needs. Every woman and family in the District should have the opportunity to enroll in home visiting, if they so desire. Every woman and family should have the opportunity to have a nurse and/or family support worker meet them in their specific circumstance, where they are for their specific needs. And while I thank DC Health, the team at Healthy Start and my Mary's Center colleagues for giving me the opportunity to provide support to as many women and families as I have already, I know that as a community, the District can do better.

I would like to extend a sincere invitation to you, Councilmember Gray, and the rest of the DC Councilmembers to come and shadow a day in my life as a Healthy Start Registered Nurse. Come and experience the joy that I feel daily when a two-year-old that I have visited since birth, upon my arrival runs around the corner of his new home – where my team and I helped him to be placed – yelling “EEEEEEAAAAHHH!!!!” Come and walk in my shoes while I discuss a drug treatment program with a mother whose baby has just been removed from her care by CPS. Come and feel the impact and weight of standing in the emergency room providing a medical history to the attending doctors while my patient seizes for upwards of 7 minutes because the mother just can't do it today. Come and smile from ear to ear when I discharge my participant and her family after two years of consistent care and visits when she says, “you know what, I am empowered. I don't feel I need your services any longer. You have helped me to advocate for myself, for my children's health and for my family's lives. We were in crisis, but we aren't there anymore.” I realize that your agenda is quite busy, but I believe that it would be an honor for my participants to meet you, to discuss the importance and impact of this program and to



impress upon you the need for additional resources to be able to serve more families across the District.

Thank you for your investment to this point. Thank you for your partnership. Thank you for the opportunity to testify. I want to do more.

Laura Hillstrom, Healthy Start Family Support Worker at Mary's Center:

Good morning Chairman Gray and Members of the Committee.

Thank you for the opportunity to testify today. My name is Laura Hillstrom, and I am the Senior Family Support Worker in the Healthy Start Program at Mary's Center. I have had the honor of working in this program for close to three years, and truly love the dynamic and everchanging work we do. In my role, I work with individuals and families throughout the district, in all 8 wards, and provide support through home visiting services. Yes, visits happen in the home, but visits happen all around the city.

Here are a few places I have conducted visits outside the home:

- SEED Public Charter school – I provide sexual health education 2x a month to teens and am able to link them to confidential services at Mary's Center.
- Libraries (one of the greatest resources in the city)– I have met with parents privately in study rooms, assisted parents on the computer with their resumes, applying to jobs, and have also been to reading and strong start groups with families
- Local parks – When weather is permitting, we encourage getting outside with families! Not only is the fresh air a nice change from inside – but we can do activities with the children and promote child development through play.
- Various medical appointments and dental appointments – one of the major goals of Healthy Start is to promote Maternal and Child Health. My colleagues and I provide physical and emotional support for families as well as assistance in navigating their appointments.
- WIC - we provide education on what happens at the appointment, nutrition support (which we can bring back to the home), as well as guidance on how, where, and when to use their food vouchers.
- DC Department of Human Services – to ensure families are receiving the benefits that they have the rights to – especially medical insurance.
- Daycares – to support families as they put their children in school for the first time
- CFSA offices and partners such as Catholic Charities and the Collaboratives – to advocate the strengths within each individual family, and provide our services to their fullest extent
- Court – to support a family who may be filing for custody, a protection order, or mediation between parents



- Participant's workplace – because families are busy, and a 30-minute break may only time they have meet with us
- UDC – to enroll them in the Workforce Development Program and help them on their path to their career
- Martha's Table- to help them get free clothing so that their children have shoes that fit their feet, and a jacket to keep them warm.

And remember, this is just a few places that we have conducted visits – in addition to in the home.

We believe in meeting families where they are at – and providing support for them by working with them to complete their identified goals. That is why we have families referring their cousins, friends, and co-workers to our program – because we serve our participants to make the biggest positive impact we can. Participant-Centered, Voluntary, Organization Supported, and Innovative Care. This is why I love my job!

Thank you for the chance to speak today. I hope you have learned a little more about the work we do – and we would love for you to meet some of our families. Many have enclosed written testimonies today and have even shown up to show their support for our program. June 2nd at our Fort Totten site we will be conducting our Annual Home Visiting Cookout – feel free to join us and meet the amazing population we serve.

Thank you.

Felix Hernandez, Healthy Start Family Support Worker at Mary's Center:

Good morning Chairman Gray and Members of the Committee.

Thank you for the opportunity to testify today. My name is Felix Hernandez, and I am the Healthy Start Family Support Worker for the Home Visiting program at Mary's Center for Maternal and Child Care Inc.

Firstly, I want to say a big thank you to the Healthy Start team at DC Health for making my work possible. As valuable as data collection and analysis is to the program, I'm glad I'm not the one to do it. I hope, however, that the data, informed by my personal experiences engaging families, can adequately reflect the positive impact of the work I do.

Secondly, I will state that the purpose of my testimony is to speak on the impact and importance of home visiting and why funding for the purpose of expansion would make many folks very healthy and happy. You may already know that the purpose of home visiting is to



Mary's Center

Quality healthcare. Stronger communities.

provide support to families directly in the home, or wherever convenient. When a family is struggling with home insecurity, hunger, unplanned pregnancy, family strife, and or depression the support from home visitors can ease the minds of family members looking to connect to resources that may seem out of reach. The aim of my home visiting program is inform and connect participants with options, and or resources to help reduce the infant mortality rate in the district. I will share that in situations that education or connection is not enough, the participants and I work on creative ways of problem solving to healthy family goals. The reality is that the work I do is not meant to be a band-aid, or cure. It is, however, a viable means to bring positive impact in the lives of participants.

Family A is comprised of Mom, Dad, Baby, Brother and Sister; all were eager to meet and welcome me into their lives after going months without a home visitor. The reason for the gap is, in part, due to the high turnover rate for home visitor positions that require costly training who also earn significantly less than what is recommended to live comfortably in DC. When I met Family A we agreed that we'd work on getting mental health support, birth control, support for her 11-year olds academic success and smoothing out issues with expired voucher and landlord. Quickly, as time progressed the landlord felt it necessary to use questionable legal methods to evict the family from the house over the span of a year - which negatively affected the health of the family and strained it to the point of near separation. Monthly hour long visits were not enough. Frequent half-hour visits were not enough to curb the mental breakdowns that occur to a mother with unmedicated mental health issues. If you have ever tried looking for housing on a low-income bracket for a family of 5 in the district you will find yourself on 50 waitlists with 100 families seeking the same. It is not easy having to compete for limited resources and gain access to the most suitable ones. However, the tenacity of the human spirit confronts each obstacle. Family A was still hopeful, creative, and persistent to reach their goals, coupled with my support through research , medical appointment reminders, 3 hour long wait time at Virginia Williams Family Resource Center watching Major Payne with the family to coordinate care, and developmental screens to celebrate the baby's milestones and catch delays that could develop into disabilities. Fast forward to now, Family A has found a small apartment in SE, Mom and Dad are working, and Baby is close to 2 years old, the age at which the family graduates from my specific program. To say that I am relieved and joyous, is not enough. It was thrilling to see Family A happy in that moment of prosperity, and health. Again, I thank the people who allowed me the opportunity to be a part of this success story, my colleagues, and the other service providers that manage the limited resources they offer to support families in need.

It would be nice to say that all of my cases end as stable as Family A feels currently, but that is not my lived experience. There have been days that I found myself absolutely crushed by what some of my participants have shared with me. When the mother from Family B shared the



impact of the recent death of a daughter, there were words I tried to surface but could not. My lived experience had not prepared me to summon the least consoling words, so all I could do was listen. My first response was the grief I let out in my car after that visit. The first response of my team gave me the strength to be compassionate and find the means to continue this work. I am still trying the best way to support her in her journey to health, despite the barriers.

I hope to reconnect her to mental health support. I will appreciate your well wishes in her journey to health and happiness; I believe that the power of people working together can guide us all to happy and healthier lives. I hope that my testimony was able to adequately capture the importance and impact of this work. With your help I believe that expanding the work home visiting does for DC can transform the narratives of its at-risk populace.

Lastly, I would like to invite the people in the room, councilmembers and their respective families included, to reach out if they are in need of home visiting support. We may be at capacity, stretched thin, and underpaid, but, if I've expressed anything at all, my colleagues and I will do our best to support you on your journeys. Thank you for your time.

Abayea Pelt, Health Families America Program Manager at Mary's Center:

Good day Chair Gray and members of the committee, my name is Abayea Pelt, Healthy Families America Program Manager from Mary's Center for Maternal and Child Care. I joined the home visiting team at Mary's Center in February 2017 as program manager after serving as a home visitor and home visiting coordinator. In all of these roles, I have seen the impact that home visiting has in reducing the stress experienced by caregivers and in promoting the growth of protective factors within families. The parents in our program have often had high-risk pregnancies and some of their babies are born premature. For these families, to have someone come to their home where they feel most comfortable to provide parent education, connection to resources, fun activities for older children, and a listening ear can make a huge difference between feeling supported rather than isolated and overburdened. Family Support Workers are trained to use an evidenced based curriculum which provides information on their child's growth and development, as well as tools that the parent can use to reach the goals that they set for themselves. Family Support Workers are trained to continually observe the interaction between parent and child and provide positive feedback and coaching to increase their confidence in using nurturing parenting approaches.

In my current role, I provide direct supervision to our team of Parent Resource Workers who conduct the initial outreach to families and administer a family stress assessment. As I meet with them on a weekly basis to discuss their interactions with families, the need for home visiting is evident. Recently, an assessment was conducted for a teen mother with a three-



week-old baby. During the assessment, this new mother told the Parent Resource Worker of her exhaustion and that she had thought about shaking her baby twice. The Parent Resource Worker, having been trained in Maternal and Infant care, was able to coach this mom in techniques to calm the baby, including swaddling, shushing, and gently rocking her. The worker also made a referral to behavioral health services at the DC Dream Center (a partner of Mary's Center) based on this mom's expressed desire for therapy. Because this teen mother lives within one of our serviceable Wards, we were able to quickly enroll her in our program and connect her with a home visitor for ongoing support.

Currently, our Parent Resource Workers can meet with pregnant mothers and families in any Ward of Washington, DC. We regularly assess high risk families who live outside of Wards 5, 7, and 8. Since October 2016, there have been more than 85 families living outside of Wards 5, 7, and 8 that were assessed by Parent Resource Workers as high risk. There have been twenty families assessed as high risk in recent months living outside of the Wards that Healthy Families serves who are not able to access home visiting.

The Healthy Families home visiting program at Mary's Center has experienced a notable turnover of staff over the course of the past 2 years. Many factors contributed to this. Although Family Support Workers are encouraged to practice self-care, home visiting is a stressful job. In addition to working with families who are experiencing stressors, there are the demands of documentation and adhering to a schedule for administering multiple assessments and screenings. The Family Support Worker position is entry level and staff often desire to attend graduate school after some time within the role. There has been a learning curve in the implementation of the program, leading lack of clarity around requirements, which impacted staff. We have seen an increase in the responsiveness to our needs as the local implementing agency with the addition of Kim Morrison as the DC MIECHV Program Coordinator.

In closing, I believe that home visiting and particularly the Healthy Families model is a valuable strategy within the system of care for maternal and child health, as well as early childhood intervention. With continued support, we can increase our reach to even more families throughout the District of Columbia. Thank you.

Marian Hancock, Healthy Families America Program Supervisor at Mary's Center:

Good morning Chairman Gray and Members of the Committee, My name is Marian Hancock. I have been an HFA Program Supervisor at Mary's Center for three months, and for the year prior, I was a Family Support Worker.



Mary's Center

Quality healthcare. Stronger communities.

I want to share with you about my work with a family I had the opportunity to visit as their Family Support Worker. I began working with a mom last year, and for the entire first visit, her newborn had furrowed brows. The mom described her newborn as an angry baby who only smiled when she slept. The mom shared that she did not know how to make her baby happy. In that first visit, I saw the mom respond once to her baby's fussing by rocking the baby. For a moment, the baby had a calm face, and I highlighted that the mom read the cue, and the baby visibly relaxed. The mom smiled proudly at successfully calming her newborn, if only for a minute.

The mom and I continued to have weekly visits, and after completing a depression screen the mom opened to me about frequently feeling down and alone because she recently moved to the United States without friends and family. The baby and her mom, over time grew to have a strong bond, and the mom and I frequently celebrated when mom responded to the baby's wants and needs. The mom shared that she can now tell what the baby needs based on the sound of the baby's noises and movements. The baby no longer had furrowed brows, and the mom started describing her as a happy baby.

The mom and I created a Family Goal Plan, including a goal to be happy and a goal for baby to start crawling. To become happy, the mom said, she needed counseling and a hobby. The baby needed plenty of tummy time and encouragement to strengthen her crawling muscles.

In the time after completing the Family Goal Plan, I referred the mom to counseling services that she now regularly attends. The mom decided that she wanted to take English classes so that she can be part of a school community and learn to speak enough English to get a job soon. The baby is not only crawling but standing with her mom's support.

Now in my role as a Supervisor, I refer to my rolodex of previous experiences to support the Family Support Workers on my team: what organizations provide which services to which populations; scoring positive on a depression screen means that these steps need to happen; how to narrow broad goals into small achievable steps.

To maintain families' information up to date in our databases, Family Support Workers ask about doctor appointments, insurance providers, employment information, and education or training programs that the families participate in, etc. For each section of participant information, there are multiple questions that lead to more questions based on the given answers. What started as a seemingly simple update of information in our database turns into a branching tree of related questions. As a supervisor, I advocate for Family Support Workers who without support would have to memorize the database prompts. I created a document



that helps guide the Family Support Workers through the questions for an easier visit for families and Family Support Workers.

Home visiting helps families build trust with an organization, when oftentimes families have repeatedly been shown the untrustworthiness of organizations and systems. Family Support Workers are working with families day in and day out as they resolve past traumas, and plan on healthier safer futures for their babies.

One of my coworkers has shared some experiences with me about her past work with families who did not receive preventative services like home visiting. She shared that it took a toll on her heart, and that working now with preventative services has been restorative. The work we do is difficult, and people often ask me if I feel disheartened. I comfortably respond that I am encouraged by the work of Mary's Center Home Visiting because each day each family makes a little progress towards their personal goals.

Thank you.

Leila Weintraub, Healthy Families America Family Support Worker at Mary's Center:

Good morning Chairman Gray and Members of the Committee.

When I first learned about Mary's Center I was drawn in by its holistic approach to community needs. We provide quality health and dental care, but also recognize that getting someone into a clinic isn't enough. Each individual comes in with a world of strengths, responsibilities, challenges, and goals for the future. Accordingly, the participants that I work with don't fit any one category and neither do the services that I provide. I meet people in their home, at appointments, in English and in Spanish, alone or with dads, grandmas or other supports present. When I walk into a home I take on so many roles. Some days I'm a crisis responder, other days I'm the only ear that will listen, and sometimes I'm even just the fun lady with crayons and coloring sheets.

With this in mind, as a home visitor I've been trained in a wide range of skills to support the wide range of life situations of my participants. This means I'm equipped to provide basic prenatal, maternal, and child health education, family planning and options counseling, first response to suicidal ideation, domestic violence support, motivational and solution focused therapy to set and reach goals, and so much more. I'm also working in an environment where I'm encouraged to problem solve and make cross-agency contacts with city resources that can meet my participants' needs.



Mary's Center

Quality healthcare. Stronger communities.

For example, this one young mom with whom I work will be receiving free legal services to fight her landlord on housing violations that are seriously effecting her and her kids' health. In another home, I support a mom with her newborn, who was 2 months premature. When I see her, we talk about the benefits of her commitment to breastfeeding and how singing, reading, and holding her baby will encourage healthy development. Further, I introduced her to an in-home daycare program that her daycare voucher will pay for, easing her concerns about returning to work while the baby is still so small.

Home visiting has also proven essential as a protective factor for children in homes that are in transition or crisis. In January, a mom of six with whom I work passed away. Home visiting was able to continue without interruption through this time. The activities I brought to the home gave the father a chance to smile and play with the kids and helped us together to identify a developmental delay in their 3 year old and connect her to Early Stages intervention services, ensuring that even with all the stress in the home she is able to start at a daycare next month to continue learning and getting ready for elementary school.

As a family support worker, I'm honored to build relationships with families in their homes, providing an essential link to health and child development education as well as the full spectrum of community resources. I am confident that Mary's Center's home visiting program is succeeding in making Washington DC a healthier city for pregnant people, families and children through services that are genuinely accessible and holistically supportive. Thank you for your time.