



Testimony to the Committee on Health, Chairperson David A. Catania

Joan Yengo Vice President for Programs Mary's Center Maternal and Child Care, Inc.

Good Morning Councilman Catania and members of the Committee on Health. My name is Joan Yengo, Vice President for Programs representing Mary's Center for Maternal and Child Care. I want to first thank and recognize the support that the Department of Health has provided through funding for home visiting programs and the work toward healthy birth outcomes, linkages with medical homes, on time immunizations, and healthy child development. Through community partnerships they have worked to expand home visiting, and through their funding for the discharge planners programs, they continue to try to work with area hospitals to screen women at the time of delivery for a home visiting program or other resource that may meet their needs.

I would also like to thank you for your past BSA dollars to 1) jointly implement an HIV Navigation Project with La Clinica del Pueblo and direct funds to 2) build the cultural capacity of Latino immigrant-serving clinicians in the District in regards to HIV Screening. As a result of these efforts during the 07 fiscal year, we have been able to link to care, navigate, and ensure that 16 HIV positive individuals who were screened to be positive out of 2,300 tests administered only through Mary's Center, stay in care and treatment services. Through the Clinician Capacity Building BSA funds, we were able to complete a needs assessment to identify the training needs among primary care clinicians serving immigrant clients, to identify existing curriculums, and thus, put together a pragmatic joint training with DC Primary Care Association, La Clinica del Pueblo and Mary's Center collaborative. The training, attended by 15 Clinicians from 8 different DC HIV serving and Primary Care Centers, was very well received, with the clinicians expressing a need and desire to have more opportunities to discuss these and other issues with their colleagues. Tomorrow, we will be implementing the first of three trainings for Clinicians on challenges and strategies for communicating effectively about HIV/AIDS with African Immigrant patients.

We ask that both organizations continue to receive the \$85,000 each for the Navigator Project and if funds were to become available, for the expansion of the shared \$100,000 for the immigrant-serving Clinician Capacity Building project. We need to emphasize that the strength of this program is that it is a collaborative partnership and a true community-based, participatory approach involving all stakeholders. These are crucial and successful projects that benefit from your ongoing operational sustainability and the support of the HIV/AIDS Administration.



Unfortunately, with regards to home visiting, there continues to be a need for services that far exceeds the current funding, and it is unclear in the current budget if there are additional dollars to support the expansion of home visiting programs that are proven effective in the city. The cost of implementing a quality home visiting programs that are proven effective in the city.

The cost of implementing a quality home visiting program that meets standards for best practice in service delivery is approximately \$3,500 - \$4,000 per family per year. It is estimated that about 20% of the District's families would benefit from such a program based upon national research that reviews birth outcomes and identified need. The research takes into consideration factors such as lack of knowledge in parenting, being abused or neglected as a child, substance or mental health concerns, or other indicators that could lead to poor childhood outcomes. With a city of about 8,000 births per year, that would cost the city an estimated six million four hundred thousand dollars [\$6,400,000]. Currently, given the existing investment in home visiting by the Early Care and Education Administration, the Department of Health, Child and Family Services Administration, plus the federal dollars that support the Healthy Start model both at Mary's Center and the Department of Health, there are over 2 million already being invested. We propose an incremental financial increase in investment for home visiting over the next 3 to 5 years. This would allow us to meet the objective of ensuring every family who needs additional support at the time of birth of their child, receives that support. Specifically:

Year one to add 400 more families would cost the city 1.2 million dollars.

Included in those costs would be the time to develop a strategy for identifying the existing home visiting programs, developing a universal