Testimony for the Record to the Committee on Ways and Means Subcommittee on Human Resources on the Maternal Infant and Early Childhood Home Visiting Program

Submitted by the Center for Law and Social Policy

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The Center for Law and Social Policy (CLASP) develops and advocates for policies at the federal, state, and local levels that improve the lives of low-income people, with a focus on strengthening families and creating pathways to education and work. Through careful research and analysis and effective advocacy, we foster and promote new ideas, mobilize others, and help advocates and government implement strategies that deliver results for people across America.

CLASP would like to thank Congress for taking an important step in extending MIECHV by passing the "Protecting Access to Medicare Act." The MIECHV program has been essential for the development of statewide home visiting systems, with states building the infrastructure needed to support lasting, effective programs for vulnerable children and families. Continued support will ensure these families keep receiving the services that help enhance parenting and support young children's early development—critical components of future success.

MIECHV Targets the Most Vulnerable Children and Families

MIECHV targets vulnerable families with very young children residing in at-risk areas. Targeted families include those at risk for negative child outcomes, pregnant adolescents from underserved minority groups, and families at risk for maltreatment, among others. Without federal funding, fewer families in at-risk communities would be served. MIECHV targets high-risk families who are most likely to benefit from intensive home visiting services, through which trained professionals (often nurses, social workers, or parent educators) help parents acquire the skills to promote their children's development. The home visiting programs help families connect to necessary services, such as health care or community resources, and monitor child development and progress on developmental milestones. MIECHV provides the federal funds to support the programs, while states and localities implement them.

MIECHV Utilizes Evidence-Based Programs

MIECHV puts a high premium on evidence-based family support programs, providing most of its funds to support rigorously evaluated programs for which there's well-documented evidence of success. These programs have proven an effective strategy for strengthening families and saving money over the long term. Research shows they can lead to reduced health care costs, reduced need for remedial education, and increased family self-sufficiency. MIECHV was originally authorized and funded for five years at a total of $1.5 billion, with $400 million for fiscal year 2014.

MIECHV Supports a Variety of Evidence-based Models to Best Meet the Varying Needs of Families

MIECHV prioritizes use of home visiting models with demonstrated effectiveness while providing states important flexibility to tailor their approach to their local communities' needs. HHS contracted with Mathematica Policy Research to conduct a rigorous review of the home visiting research and provide an assessment of the evidence of the effectiveness for home visiting program models that serve families with pregnant women and young children. The review has identified (to date) 14 home visiting models that meet the evidence-based criteria. The models target different populations and support a variety of interventions. Recognizing the diversity of needs among high-risk families, 41 states have implemented more than one evidence-based model.

All evidence-based models provide voluntary, home-based services to families with young children, but they differ with respect to whom they reach and what services they provide. (See Appendix.) Most models target parents or children with particular risk factors, including low-income parents, first-time mothers, teen parents, and children exhibiting developmental concerns. Some models allow mothers to enroll prenatally, while others provide services post-birth based on the child's age. Models may provide services for one year or may continue based on need or until a child reaches a certain age. The goals of each model vary and include improving child and/or parental health, addressing school readiness, fostering healthy child development, and improving family self-sufficiency. The activities that occur during visits vary by model and are informed by the model goals. Examples of home-visiting activities include: parent education, referrals to community resources, activities to support and encourage parent-child interaction, and screenings for parents and children to identify additional potential risk. The frequency of visits with families varies by models but is often weekly or every other week.

Several home visiting models target families who are vulnerable because they are experiencing challenges that put children at risk for unhealthy development, such as economic hardship, child abuse and neglect, and parental depression. The specific goals of home visiting programs vary with the model used, but typically home visiting programs seek to improve family outcomes for both adults and children by strengthening the parent-child relationship for some or all of the years between the prenatal period and kindergarten entry. Having multiple available models is critical to the success of vulnerable families as many models target families or children who meet specific criteria and families are incredible diverse. States can choose to employ multiple models within their state to best meet the needs of their unique populations.

Examples of the diverse approaches and eligibility of different home visiting models:

- ***Early Head Start-Home-Visiting*** is a comprehensive, two-generation federal initiative aimed at enhancing the development of infants and toddlers while strengthening families. Early Head Start–Home Visiting targets low-income pregnant women and families with children birth to age 3 years. To be eligible for Early Head Start–Home Visiting, most families must be at or below the federal poverty level.
- ***Home Instruction for Parents of Preschool Youngsters (HIPPY)*** supports parents in their critical role as the first and most influential teacher. The program is designed for parents, with children ages 3 through 5, who have doubts about or lack confidence in their ability to instruct their children and prepare them for school. HIPPY aims to promote preschoolers' school readiness and support parents as their children's first teacher by providing instruction in the home.
- ***Parents as Teachers*** aims to support parents as their children's first teachers by increasing knowledge of early childhood development and improving parenting practices. The model is designed to serve families throughout pregnancy through kindergarten entry. Eligibility criteria,

selected by affiliates, might include children with special needs, families at risk for child abuse, and income-based criteria, among others. The goal of the program is to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness.

- ***Nurse Family Partnership*** serves first-time, low-income mothers who are recruited early in their pregnancy. Program goals include improving pregnancy outcomes, child health and development, and family economic self-sufficiency. Registered nurses provide home visits during critical periods until the child is 2 years old. NFP is designed to improve (1) prenatal health and outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development.
- ***Healthy Families America*** cultivates the growth of nurturing, responsive, parent-child relationships, promotes healthy childhood growth and development, and builds the foundations for strong family functioning, thereby, preventing child abuse and neglect. The program is designed for parents facing challenges (single parenthood; low income; childhood history of abuse and adverse child experiences, for example). HFA requires that families be enrolled prenatally or at birth. The program goals include reducing child maltreatment, increasing utilization of prenatal care, improving parent-child interactions, and promoting children's school readiness.

MIECHV has a Built-in Evaluation to Answer Questions of Impacts and Outcomes

The legislation mandates an evaluation of the MIECHV program. The evaluation uses a randomized controlled design to determine what difference the home visiting program makes in a wide range of outcomes. This study will include roughly 85 program sites and 5,100 families clustered in about 12 states nationwide. Sites in the evaluation will operate one of four models: Early Head Start-Home Visiting, Healthy Families America, Nurse Family Partnership, and Parents as Teachers. These models were chosen for the evaluation because they: (1) meet HHS' criteria for evidence-based models and (2) are being implemented in at least 10 states as part of their MIECHV programs. The study is intended to answer questions of overall impacts of home visiting as well as impacts for individual models. It will examine features of models and their implementation that lead to stronger impacts and will include information on the costs of implementing home visiting models and the cost effectiveness of MIECHV. The first evaluation results are expected in 2015.

MIECHV Provides Flexibility for States to Utilize "Promising Approaches" in Addition to the Evidence-based Models, Making Room for Innovation and Continuous Improvement

Currently, MIECHV allows up to 25 percent to be spent on promising approaches that must be rigorously evaluated. This funding allows states to foster innovation, use locally-grown models, and meet the needs of families in their most vulnerable communities that may not be able to be met through one of the evidence-based models. The flexibility also allows for models that do not yet meet the requirements to be used, evaluated, and work their way towards becoming evidence-based.

This flexibility is crucial to achieve the program's goals and meet the needs of families. It allows for the incorporation of new findings as they become available from the clinical research. It encourages reaching new populations who may fall between the cracks in existing models. (For example, some evidence suggests that mothers who are depressed and their young children – who are at great risk of problems with learning and development in the absence of intervention and therefore should be a high

priority for states -- are hard for traditional models to serve but can be very well-served by enhancements that have so far been experienced limited testing.) And it encourages a philosophy of continuous improvement as the program develops.

Conclusion

The MIECHV program has been essential for the development of statewide home visiting systems with states building the infrastructure needed to support lasting, effective programs. Congress took an important step by extending MIECHV and will need to show continued support for this important program next year. The MIECHV program has been essential to the development of statewide home visiting systems, with states building the infrastructure needed to support lasting, effective programs for vulnerable children and families. CLASP urges continued congressional support to ensure these families keep receiving the services that help enhance parenting and support young children's early development—critical components of future success.

Appendix

Target Population and Program Goals of Evidence-Based Models

Model	Target Population	Program Goals
Child FIRST	Pregnant women and families with children from birth to age 6.	The goal of the program is to decrease the incidence of emotional and behavioral disturbance, developmental and learning problems, and abuse and neglect among high-risk young children and their families.
Early Head Start-Home Visiting (EHS-HV)	Low-income pregnant women and families with children birth to age 3. Most families must be at or below the federal poverty level.	The program is a comprehensive, two-generation federal initiative aimed at enhancing the development of infants and toddlers while strengthening families.
Early Intervention Program for Adolescent Mothers	Pregnant adolescents (ages 14-19) from underserved minority groups who are referred to the county health department or another health services agency for nursing care.	The program is designed to help young mothers gain social competence and achieve program objectives by teaching self-management skills, techniques for coping with stress and depression, and skills to communicate effectively with partners, family, peers, and social agencies.
Early Start (New Zealand)	The program targets at-risk families with newborn children up to age 5.	The program is designed to improve child health, reduce child abuse, improve parenting skills, support parental physical and mental health, encourage family economic well-being, and encourage stable, positive partner relationships.

Family Check-Up	Families (with children ages 2 to 17) with risk factors including socioeconomic; family and child risk factors for child conduct problems; academic failure; depression; and risk for early substance use.	The program is designed as a preventative program model to help parents address typical challenges that arise with young children before these challenges become more serious or problematic.
Healthy Families America (HFA)	The program is designed for parents facing challenges (single parenthood; low income; childhood history of abuse and adverse child experiences, for example). HFA requires that families be enrolled prenatally or at birth.	The program goals include reducing child maltreatment, increasing utilization of prenatal care, improving parent-child interactions, and promoting children's school readiness.
Healthy Steps	The program is designed for parents with children from birth to age 3.	The program is designed to support the physical, emotional, and intellectual development of the child by enhancing the relationship between health care professionals and parents.
Home Instruction for Parents of Preschool Youngsters (HIPPY)	The program is designed for parents, with children ages 3 through 5, who have doubts about or lack confidence in their ability to instruct their children and prepare them for school.	HIPPY aims to promote preschoolers' school readiness and support parents as their children's first teacher by providing instruction in the home.
Maternal Early Childhood Sustained Home-Visiting Program (MECSH)	The program targets disadvantaged, pregnant women at risk of adverse maternal and/or child health and development outcomes.	The MECSH program is designed to enhance maternal and child outcomes by providing antepartum services in addition to the traditional postpartum care.
Nurse Family Partnership (NFP)	NFP is designed for first-time, low-income mothers and their children.	NFP is designed to improve (1) prenatal health and outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development.
Oklahoma's Community-Based Family Resource and Support (CBFRS) Program	Oklahoma's CBFRS program targeted first-time mothers living in rural counties.	The CBFRS program, which targeted first-time mothers, was developed to improve maternal and child health and child development.

Parents as Teachers (PAT)	Eligibility criteria, selected by affiliates, might include children with special needs, families at risk for child abuse, and income-based criteria, among others. The model is designed to serve families throughout pregnancy through kindergarten entry.	The goal of the program is to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness.
Play and Learning Strategies (PALS)	Families with children ages 5 months to 3 years.	The program is designed to strengthen parent-child bonding and stimulate children's early language, cognitive, and social development.
Project 12-Ways/SafeCare	SafeCare is designed for families with a history of child maltreatment or risk factors for child maltreatment.	SafeCare aims to prevent and address factors associated with child abuse and neglect among the clients served.

Source: U.S. Department of Health and Human Services, Administration for Children & Families, "Home Visiting Evidence of Effectiveness," http://homvee.acf.hhs.gov/.