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Subcommittee on Human Resources
Committee on Ways and Means
U.S. House of Representatives
Washington, D.C. 20515

Chairman Smith, Ranking Member Davis, and Members of the Subcommittee on Human Resources:

Thank you for the opportunity to testify before you in connection with your hearing on the reauthorization of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. I am the President of the Ounce of Prevention Fund (the “Ounce”), Co-Chair of the Illinois Home Visiting Task Force (HVTF), and the First Lady of the State of Illinois (the “State” or “Illinois”), although I testify before you in my capacity as the President of the Ounce. In doing so, I wish to voice my strong support for the MIECHV Program, and respectfully urge you and your colleagues to reauthorize MIECHV. The funding Illinois receives from MIECHV has significantly enhanced our State’s robust early childhood and home visiting systems and is a vital component of our infrastructure.

Since 1982, the Ounce has persistently pursued a single goal: that all children living in America—particularly those born into poverty—have quality early childhood experiences in the crucial first five years of life. In addition to our work in early childhood center-based services, the Ounce is the leading provider of professional development and training for home visitors in the State, and with our community-based partners, the Ounce offers voluntary home visiting services to nearly 1,900 families throughout Illinois.

The HVTF is a standing committee of Illinois’ Early Learning Council, which works with the Governor’s Office to provide overall leadership in early childhood systems development. The HVTF is a diverse, collaborative group of nearly 200 members drawn from federal, state, and local governments; academia; representatives from national home visiting models; service providers; advocates; parents; and others. The HVTF’s goals are to expand access to evidence-based home visiting programs for all at-risk children; improve the quality of home visiting services; and increase coordination between home visiting programs at the state and local level, as well as between home visiting and all other publicly-funded services for mothers, infants and toddlers. The HVTF also serves as the advisory body for the State’s MIECHV grants. Positioning this work under the Early Learning Council is one example of how home visiting is connected to the other major early childhood services in Illinois such as preschool, child care and Early Intervention Part C services.

Illinois has long valued evidence-based home visiting programs as an effective and efficient strategy for strengthening expectant and new families who are vulnerable to poor health, educational, economic and social outcomes by increasing children’s readiness for school, reducing the risk for child abuse and neglect, and improving economic self-sufficiency. Over the past three decades, Illinois has reflected this value by developing a cross-sector statewide home visiting system that provides these essential services to over 17,000 families per year, making it a nationally-recognized model of a state system supporting a variety of evidence-based models and innovative practices.

Thank you for the opportunity to submit my written testimony. We appreciate the Subcommittee’s efforts to better understand how MIECHV funding is impacting children and families, including ours in Illinois. In order to share Illinois’ experience with home visiting and MIECHV, I will focus on four issues: (i) why home visiting is effective in Illinois; (ii) why MIECHV is vital to our home visiting system in Illinois; (iii) the need for

home visiting services in Illinois; and (iv) the long-term benefits of home visiting in Illinois on a micro and macro level.

The Effectiveness of Home Visiting in Illinois

In Illinois, home visiting is an effective intervention for children and families due to a number of factors, including the following:

- Our statewide approach and philosophy, which welcomes and uses a variety of evidence-based models that are selected based upon individual community and family needs;
- Our well-trained home visiting workforce;
- Our ability to direct services to at-risk and vulnerable populations; and
- Our ability to leverage other supports and services.

The MIECHV program has greatly enhanced the overall home visiting system as well as each of these areas and has provided the opportunity for Illinois to better serve young children and their families.

Statewide Approach and Philosophy. Illinois' home visiting system is both structured and funded in such a way as to welcome all evidence-based models to the table, and then allow individual communities and programs to select the model(s) best suited to their specific needs. In Illinois, our home visiting system uses a range of effective evidence-based models, including Parents As Teachers (PAT), Healthy Families America (HFA), and Early Head Start-home based (EHS). These models are funded through our *entire* home visiting system, which includes funding from MIECHV, the Illinois Department of Human Services (IDHS), the Illinois State Board of Education (ISBE), and Chicago Public Schools (CPS). It is one of the hallmarks of our Illinois system that we allow communities to choose a model based on their needs.

On the family level, a priority of the Illinois home visiting system is to ensure that each family is connected with the home visiting program that best suits its individual needs. For example, in the initial meeting with the family, an eligibility screening tool is used that takes into account the family's current needs and geographic considerations. Particularly for our at-risk families, it is important that a good match is made right from the start because if we do not, the family may not continue with the services and we may lose the opportunity to partner with them during a critical time in their child's development.

The coordinated intake system introduced to Illinois communities through the MIECHV program has played a critical role in ensuring that families referred to home visiting are matched with the program and the model that best meets their particular needs and that they have access to myriad other services that will help to support them. This concept has generated such great interest that several communities not funded directly through MIECHV have chosen to become "voluntary" communities and develop coordinated intake systems with technical assistance from the MIECHV implementation team.

Home Visiting Workforce. Home visiting programs are grounded in the belief that young children, families, and staff grow and learn best in the context of trusting, supportive relationships. Home visiting staff are hired with education and training in early childhood development, as home visiting services are anchored in child development and psycho-social support to mother, baby, and extended family. Using a relationship-based model of intervention, trained home visitors focus on promoting a strong mother-infant attachment right from the start. Home visiting programs and funders dedicate considerable resources to supporting home visiting staff, through professional development, access to professional consultants, and reflective supervision.

Through purposeful and systematic efforts, Illinois has a well-trained and diverse home visiting workforce with a variety of cultural, linguistic, and educational backgrounds. The State's home visiting system has demonstrated a commitment to building a highly-skilled home visiting workforce capable of improving outcomes for the children of Illinois. For example, the Ounce is the recognized training provider for all home visitors in core model training (i.e., HFA and PAT programs in Illinois), as well as wraparound trainings that help to enhance their practice. Funding for Ounce training is provided through MIECHV, IDHS, ISBE and CPS.

MIECHV funding is also being used to provide supplemental training around specific issues in response to stated needs from the field, such as intimate partner violence, child abuse prevention, substance abuse, and maternal stress through the *Futures without Violence*, *4Ps Plus*, and *Mothers and Babies* curricula, respectively. MIECHV funding is also being used to build the capacity of home visiting staff through Infant Mental Health Consultation (IMHC), which is a multi-level preventative intervention that teams mental health professionals with home visitors and supervisors. While these specialized trainings and IMHC are provided to all MIECHV funded programs in Illinois, they are also available to any home visiting program in the State, and they serve as an example of how MIECHV funding helps the entire home visiting system in Illinois.

Directing Services to At-Risk Populations. The latest Illinois MIECHV data show that we are serving families who need home visiting services the most and who benefit the most from them. For example, 988 additional families in federal fiscal year 2016 received home visiting services due to MIECHV funding. These families face a variety of risk factors, including pregnancy before age 21, child and maternal emergency room visits, child maltreatment, poverty, domestic violence, substance abuse, and educational and vocational disadvantage.

In order to direct services to at-risk populations, all home visiting programs use eligibility screening tools and the home visiting system implements the models with fidelity. We continue to try to direct services to some of our most vulnerable families, such as homeless families and pregnant and parenting youth in care, through the use of pilot and demonstration projects (as described in more detail below under "MIECHV's Vital Role in Illinois").

Leveraging Other Supports and Services. Home visitors in Illinois play an important role in referring families to other services when available. For example, home visitors can serve as a bridge to services for families. Because they see families regularly, home visitors are often the first to witness and respond to emerging family concerns, such as maternal depression, child development issues, or household needs, all of which can negatively affect the developing parent-child relationship. In turn, parents, because of their trust in the home visitor, are more likely to share their own concerns and to accept linkages to other services, including early intervention and center-based early childhood programs for their children, and education, job-training, and counseling programs for themselves.

In order to help home visitors become more informed with regard to other systems and services in Illinois, a series of cross-trainings have been held and continue to be organized to better support cross-system collaboration. In addition, as mentioned above, MIECHV-funded communities as well as several non-MIECHV funded communities in Illinois implement coordinated intake, which serves as a hub for home visiting to streamline services within each community.

MIECHV's Vital Role in Illinois

Even though Illinois has long valued evidence-based home visiting programs and receives funding from sources other than MIECHV, MIECHV funding has allowed Illinois to enhance its existing infrastructure through each of the following:

- Reach more at-risk families;
- Make a greater investment in our home visiting workforce;
- Increase coordination and collaboration across funding streams; and,
- Test innovative practices.

Reach More At-Risk Families. MIECHV funding has enabled Illinois to build on existing state investments in home visiting and expand our direct services to families. In federal fiscal year 2016, 988 additional families (of which at least 93% were low-income) received a total of 12,296 home visits in English, Spanish and Arabic through MIECHV funding.

Make a Greater Investment in our Home Visiting Workforce. MIECHV funding has allowed Illinois to make a greater investment in our home visitors through the use of IMHC and enhanced and additional professional development opportunities. See above “The Effectiveness of Home Visiting in Illinois – Home Visiting Workforce” for a more detailed overview.

Increase Coordination and Collaboration across Funding Streams. One of the hallmarks of the Illinois home visiting system has always been the collaborative approach that the funding streams take towards ensuring the quality of the home visiting system. With the introduction of the MIECHV program in Illinois, this coordination and collaboration has increased significantly, in turn enhancing the support of the home visiting system. For example, there is an increasing focus on better aligning the data systems used for home visiting programs and on identifying the most critical and compelling data elements that should be collected and reported. These partnerships, enhanced through MIECHV, are essential in continuing to support the home visiting system.

Test Innovative Practices. Illinois has used MIECHV funds for a variety of innovative projects. MIECHV funding enables Illinois to create laboratories for researching and testing pilots and demonstration projects, as well as valuable trainings, tools and approaches that can be applied more broadly to the entire home visiting system as well as other systems, such as child welfare. Showing the beneficial impacts of these innovative projects on a smaller scale will build a case for expanding them to more programs across the State.

Each of the following innovative projects receives MIECHV funding. These novel strategies have generated significant interest from other states and are already producing results that will be used to drive improvements in practice and continue to strengthen the evidence base of home visiting.

- ***Home Visiting for Homeless Families Demonstration (HVHF) Project*** – Young children who experience homelessness face a host of challenges that threaten their health, development, and ability to succeed in school. Unfortunately, many of the homeless services families may be accessing do not provide child-centered comprehensive services that address child well-being and parent-child attachment. At the same time, these families also face barriers to accessing early childhood services and supports that can improve outcomes, such as evidence-based home visiting. Through high-quality home visiting services, the HVHF Project seeks to improve the developmental trajectories (i.e.,

improvements in breastfeeding rates, developmental screenings, well-child visits, and maternal efficacy rates) of children experiencing homelessness in Chicago. The HVHF Project's approach is to train homelessness providers on home visiting, hire a home visitor whose caseload is exclusively homeless families, and provide training to a shelter on implementing the PAT model. The HVHF Project will collect data that will indicate impact and inform future efforts. To date, learnings include the importance of using the educational definition of homelessness, and that there is significant interest from other parts of the country in doing a similar project.

- ***Illinois Pregnant and Parenting Youth in Care Home Visiting (I-PPYC-HV) Pilot Project*** – Nationally and in Illinois, young children ages birth to five comprise nearly half of all child maltreatment cases. Research shows that early exposure to abuse and neglect can have negative impacts on development and learning. Home visiting has been shown to be an effective intervention in preventing maltreatment. The I-PPYC-HV Project provides pregnant and/or parenting youth in child welfare care with access to voluntary home visiting services that are provided by eight programs located in Illinois. The I-PPYC-HV Project will serve 30 young families over a two year period. The goals of the I-PPYC-HV Project are to promote nurturing parent-child relationships and healthy child development, enhance family functioning by reducing the risk of abuse and building protective factors, break the intergenerational cycle of abuse, neglect and trauma, increase coordination between the child welfare and home visiting systems in Illinois, and create a model that can be replicated throughout Illinois.
- ***Illinois Universal Newborn Support System (UNSS)*** – Based upon the principle that all families need some level of support when a baby is born, a pilot project is being launched to create a system that would offer all newborns and their parents a home visit to provide them with information, supports, and resources to strengthen the capacity of parents to meet their children's needs. Based on an individual family's level of need and personal resources, assistance will range from providing information on how to care for newborns, to offering assistance with breastfeeding, to finding appropriate child care, to referring families to parent support groups, to making referrals to high-intensity services such as home visiting.
- ***Expansion of Doula Services*** – Eight home visiting programs in underserved communities are testing the impact of incorporating a community doula model into their traditional home visiting services. This project helps parents build strong bonds with their babies before the child is born, and preliminary findings show an improvement in maternal and child health outcomes.
- ***"Fussy Baby" Training*** – The Erikson Institute's Fussy Baby Network (FBN) Enhancement Training provides support for families who have concerns about their baby's crying, sleeping, feeding or temperament during the first years of life. The training uses a family-centered approach, and preliminary findings support that this training helps the home visitor be more attentive and attuned to the families they serve and improvements were shown in parental well-being outcomes. The FBN evaluation and scale-up aims to strengthen the capacity of multiple program models to improve child outcomes and will introduce innovations to the statewide system.
- ***Developing a Uniform Quality Rating Tool*** – The Erikson Institute is partnering with over 20 home visiting programs to create a home visiting program quality rating tool, which will develop uniform indicators of quality across Illinois home visiting agencies and models. This research will offer a cross-model approach to quality and quality improvement for the State's multiple-model system.
- ***Randomized Control Trial (RCT) of Doula-Enhanced Home Visiting*** – This research undertaken by the University of Chicago with four well-established home visiting programs uses high-quality research methods to examine the effectiveness of doula-enhanced home visiting for improving maternal and child health, parenting and child development. The RCT will contribute further to the research base

for the doula model, which is being implemented in multiple states as an enhancement to evidence-based home visiting models. Preliminary results of the RCT are promising.

The Need for Home Visiting Services in Illinois

In Illinois, we serve approximately less than 10% of eligible families with our home visiting services, based solely on income level (i.e., 185% of the federal poverty level). We know, however, that income alone does not demonstrate a need for home visiting services. Furthermore, given the complexity of issues and trauma that many of our families face, we know there are numerous and complicated risk factors beyond poverty and, therefore, an even greater need than we can measure using income levels. While 988 additional families in Illinois received home visiting services in federal fiscal year 2016 due to MIECHV funding, we know that the need for home visiting services is greater.

The Long-Term Benefits of Home Visiting

National and Illinois-specific research studies show that high-quality evidence-based home visiting programs result in myriad positive outcomes for children and their families, including the following:

- Increasing rates of breastfeeding, immunization, well-child visit, and developmental screenings;
- Promoting language development and school readiness;
- Improving rates of high school graduation; and
- Increased rates of talking, reading and positive interactions between parent and child.

In addition to the positive short-term benefits of home visiting programs, there is a host of positive longer-term outcomes associated with these services, including reduced risk of chronic health problems later in life (such as obesity, diabetes, heart disease, alcohol consumption, smoking, etc.).

In Illinois, data have consistently indicated that home visiting services are having a significant impact in increasing breastfeeding rates, increasing inter-partum intervals (particularly among teen parents), helping families establish medical homes, and ensuring that children are routinely screened for potential developmental delays. Specifically, among MIECHV-funded programs in 2016, 100% of families were screened for needed services, 93% of children received recommended well-child visits, and 93% of children were screened for developmental delay before 12 months of age. These outcomes, while measured in the short-term, have critical implications for the healthy long-term trajectory of children and families. The MIECHV program has encouraged an increased focus on identifying the outcomes associated with home visiting and improving those outcomes for young children and their families, which (as mentioned above), has created a focus on the same concept among all funders of home visiting in Illinois.

In closing, I would like to reiterate my strong support for the MIECHV Program. Not only does MIECHV undergird and enhance our entire home visiting system, but the lives of at-risk families and children in Illinois have improved directly as a result of our MIECHV funding, and it must continue. Thank you for your time and consideration of my testimony. Please do not hesitate to reach out to me if I can provide any additional information as you move forward with this process.

Sincerely,

Diana Mendley Rauner, PhD
President, Ounce of Prevention Fund