

**Shawn Longoria, Parents as Teachers Program Director, Community Healthcore
Testimony before the U.S. House of Representatives Ways and Means Committee,
Subcommittee on Work & Welfare
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Early Support,
Lifelong Impact**

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Good afternoon, Chairman LaHood, Ranking Member Davis, and Members of the U.S. House Committee on Ways and Means Subcommittee on Work and Welfare.

My name is Shawn Longoria, and I am the Parents as Teachers Program Director for Community Healthcore in Longview, Texas, where I have worked for the past 20 years.

Community Healthcore provides a place for recovery, resilience, and empowerment, offering mental, emotional, and behavioral health services to residents across East Texas. Through our network serving 23 counties, our professionals deliver treatment, prevention, and outreach to more than 16,000 individuals each year, helping children build resilience, adults live more independently, and families grow healthier.

Community Healthcore received one of the first Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grants to bring Parents as Teachers to East Texas in 2012, and I was responsible for program start up and development. We began in Gregg County in 2012, making up Longview and the surrounding areas, which are mostly urban and suburban.

In 2018, we expanded our MIECHV Parents as Teachers program to Smith County, which is anchored by the city of Tyler and is mostly urban and suburban, although it has more rural parts than Gregg County. In 2024, we were able to expand our program again to two rural East Texas counties- Harrison and Bowie. This expansion was due to the *Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022*, which increases MIECHV funding incrementally over five years.

I have been working in early childhood my whole career. When I started at Community Healthcore in 2005, I was an Early Intervention Specialist. I provided comprehensive in-home support services for families with children ages 0–3 who had a diagnosed developmental delay or a qualifying medical condition, focusing on strengthening early development through a family-centered approach. My work included helping families develop and implement routine-based goals and strategies, connecting them with community resources, coordinating all Early Childhood Intervention services, and conducting screenings and assessments to determine eligibility. I also supported families through transitions as they exited the program to ensure continuity and quality of care.

When I heard we would be standing up a Parents as Teachers program, I was excited because I wanted to stay in early childhood but impact a wider array of families. I was responsible for the startup and development of the Parents as Teachers program in Gregg County in 2012, Smith County in 2018, and Harrison and Bowie Counties in 2024, expanding access to evidence-based

home visiting across the region. While we started small, we currently employ 12 parent educators, enabling us to partner with 240 families across our four county sites. That will expand to 260 when we hire for our current vacancy.

I oversee daily program operations to ensure model fidelity while supporting a team of supervisors and home visitors across four counties, managing and monitoring budgets, and serving as a liaison between Community Healthcore and the State agency. I have developed and maintained collaborative relationships with our State agency and community partners to strengthen program impact, complete staff evaluations, and provide reflective supervision to both home visitors and supervisors. Drawing on my working knowledge of Parents as Teachers Essential Requirements and Quality Endorsement Standards, I support staff in implementing the model with fidelity and maintaining Blue Ribbon status, the highest national endorsement awarded to Parents as Teachers program sites. I also participate in the process to secure grant renewal and pursue expansion opportunities.

For six years I also served as a Parents as Teachers Texas Regional Trainer, where I collaborated with a team of national and regional trainers to deliver model fidelity training to Texas Parents as Teachers sites, with a focus on East Texas sites.

Prior to the availability of MIECHV-supported services, East Texas families had no access to evidence-based support in our region. Once MIECHV was established and available regionally, Community Healthcore stood up Parents as Teachers in 2012. Together with Home Instruction for Parents of Preschool Youngsters and the Nurse Family Partnership models, we collaborate with the home visiting models to make sure that families are referred to the model that can best support their needs. For example, if we encounter a family that is a first-time expecting mother, we will present Nurse Family Partnership as an option so the family can make an informed choice. Similarly, other models connect families to Parents as Teachers if we are a better fit for their family dynamic or needs. It's hard to imagine a time when our community went without access to Parents as Teachers and the other models that support our families.

We refer families to the Texas Workforce Commission to ensure those who need childcare assistance to enter the workforce, or an educational institution can do so. We have also connected families with the Commission's job training programs, which has enabled them to increase their job skills and obtain employment with higher wages that increase family self-sufficiency. We are often utilized as a referral source by Child Protective Services. We have worked hard to develop relationships with our local Child Protective staff to provide education around the Parents as Teachers model and provide support to eligible families involved in the child welfare system.

The Parents as Teachers Model

In 2024-2025, Parents as Teachers partnered with over 2,000 family-serving organizations in all 50 States. Services were implemented by over 9,700 professionals in a variety of organizations including social service nonprofits, health departments, school systems, military installations organizations, and tribal organizations.

Nationally, the model has 858 affiliates implementing the evidence-based model, supporting 4,379 parent educators, and partnering with 77,368 families. In addition to affiliates, which implement

the evidence-based model to fidelity, Parents as Teachers also has curriculum partners and subscribers who use the Parents as Teachers evidence-informed curricula within a variety of parenting programs or evidence-based models, such as Early Head Start. Our partners and subscribers served an additional 109,132 families during our last fiscal year.

Parents as Teachers' evidence-based home visiting model has 36 affiliates in Texas where 267 parent educators serve approximately 6,000 families and conducted 65,560 home visits in 899 zip codes last year.

The Parents as Teachers evidence-based home visiting model is a great fit for East Texas. Community Healthcore selected the model because we liked that the program was designed to serve a broad population. Eligibility is linked to a child, prenatal through kindergarten entry, at any point during that age span. Parent educators partner with and support the primary caregiver and also work with any other caregiver in the household. I have worked with mothers, fathers, aunts and uncles, grandparents, foster parents, and more. I find that when we acknowledge dads, in particular, they get really into the program. Our goal is to impact a family as much as possible, optimally partnering with them for at least two years.

The model consists of four interrelated components:

- 1) **Personal Visits**: Home visiting professionals, which we refer to as “parent educators,” meet with families in a setting that is safe and comfortable, typically in their home. The model recommends one to two visits a month- at Community Healthcore we strive to meet with families twice a month because we find it to be the most optimal for making an impact. During the initial visits, parent educators partner with families to assess their needs and set family goals. Each family receives individualized services based on their unique needs and goals. Home visitors provide information and resources to ensure that caregivers are confident in the emotional, behavioral, and physical development of their children.

Each personal visit includes a focus on the interactions between parent and child, with a parent educator, and a fun, age-appropriate activity that the parent and child can do together. A Parents as Teachers activity often uses materials that are readily available in the home. An example of one activity is Balloon Tennis, which uses paper plates, popsicle sticks, tape, a balloon, and crayons. Families make a racquet with their plate and stick and hit the balloon. We have families color their plates, which supports fine motor development and creativity. Gross motor development and hand-eye coordination are supported by chasing and swinging at the balloon. Social emotional development is supported by working together to hit the balloon. Cognitive and language support can be incorporated by adding directional words and counting how often the balloon is hit. Parents have designated time with their child, which fosters the parent-child bond.

During home visits, the parent educator also discusses developmental milestones and what caregivers can expect in future developmental phases of the child. For example, a parent may need support when a toddler is experiencing a meltdown. A parent educator would provide helpful options so the parent can navigate the behavior with the child in the moment and also provide information about how the child is learning how to regulate emotion along with the importance of labeling feelings with words so parents can

understand what is happening behind the child's behavior. Parent educators also focus on strengthening resilience, identifying stressors, and, when needed, finding community resources to support caregivers.

Parent educators use partnering, facilitating, and reflecting in the way they interact with families to build strong relationships with caregivers and ensure caregivers are in the driver's seat.

- 2) **Health and Development Screenings**: Screening is an opportunity for families to get real-time data about their child's development—giving a clear picture of their strengths, areas for growth, and any specific concerns. The short-term goals of screening are to review the child's developmental progress with the family; to provide parents with helpful information and guidance about their child's development and emerging skills; and to identify possible developmental delays or physical challenges.

The long-range benefits of screening include improved health and development of young children; early identification of, and attention to, developmental delays; earlier access to resources and supports that can reduce the impact of delays even before the child enters formal schooling; and reduction in missed diagnosis later in school years.

Parent educators also conduct screenings for caregivers, and, if needed, provide referrals to community-based resources. These screenings include depression and post-partum depression, and intimate partner violence. Screenings for caregivers can be highly sensitive, and our parent educators are trained in how and when to conduct each screening safely and with consent.

- 3) **Resource Referral**: Parents as Teachers builds bridges to organizations, agencies, coalitions, government-supported programs, schools, and faith-based communities that offer resources and support to families. To be most effective, parent educators must have good knowledge—and be an active part—of this resource network. Parent educators are familiar with community health, mental health, education, and social service organizations, as well as the names of individuals in those organizations who can assist families, to facilitate connections most effectively for families. Working agreements with community agencies that explicitly address how a program will connect families to the agencies' resources can also formalize resource networks for families being supported by both organizations.

At each personal visit, parent educators take time to talk with families about their needs and then facilitate connections with community resources that meet those needs. Parent educators' active collaboration with community resources complements and extends Parents as Teachers services. The network of community partners that parent educators may refer families to in East Texas can include food banks, shelters, mental health services, early intervention services for children with disabilities, veteran's services, and more.

- 4) **Group Connections**: Group connections offer an opportunity for families to connect with other families around a relevant topic. Through these relationships, group connections

contribute to a family's social capital- a family's network in the community. It may consist of other parents and caregivers, friends, peer groups, and more. Social capital is a protective factor, which contributes to prevention of child abuse and neglect. Other important reasons for offering group connections include that the gatherings provide opportunities for parents to learn from each other, share common experiences and concerns, develop lasting friendships, and form added support networks. Some group connection formats give parents opportunities to gain experience by observing their own and other children. Group connections offer a way to connect families to local resources and offer unique experiences.

Families are most likely to attend group connections when they are relevant to their current stage of parenting, and when they meet other family needs. Offering a variety of types of group connections, as well as covering a variety of topics, makes it more likely that families will find something that fits for them.

Group connections may look like a library story hour or a car seat safety demonstration and an opportunity to network afterward. One excellent group connection we did was an event at the local fire department where firefighters talked about fire safety and how to create a fire safety plan. The fire fighters gave all the children hats and once families provided a fire safety plan, they were given smoke detectors. The children had fun exploring the fire house and fire truck while caregivers walked away with tangible resources and information that will improve safety in their homes.

Parenthood can change a family's friend group, and they can easily become isolated from friends and community. Group connections are especially valuable because they provide families who may feel socially or physically isolated with the opportunity to meet families with kids that are the same age. We have families who have formed friendships where they now babysit each other's children, their kids have play dates, carpool, and more.

Parents as Teachers Evidence-Based Model Goals

[Parents as Teachers model goals](#) ensure the model continues to meet the needs of families and communities. Over 42 years of independent research has demonstrated positive impacts for children, families, and communities that support our model goals. Below are examples of evidence-based model goals:

- **Increase parent knowledge of early childhood development and improve positive parenting practices:** Caregivers in Parents as Teachers were more likely to read aloud, tell stories, recite nursery rhymes, and sing to their children. Over 75% of parents in Parents as Teachers reported taking their children to the library regularly and modeled enjoyment of reading and writing. Parents also engaged in more languages and were more likely to promote reading and have more books in the home. Overall parenting quality and interactive reading scores increased from involvement in Parents as Teachers, and mothers demonstrated more sensitivity to their children, which was directly connected to positive outcomes on child vocabulary. Parents also showed significant improvements in parent knowledge, parenting behavior, and parenting attitudes, indicated a greater awareness of health and safety hazards, and demonstrated more safety practices in the home.

- **Provide early detection of developmental delays and connection to services:** Annually, Parents as Teachers identifies approximately 32,000 newly identified developmental delays or health, hearing, or vision concerns. Early identification of delays can lead to interventions being applied in a timely manner. Over half of children in Parents as Teachers who screened for developmental delays overcame these delays by age 3, eliminating the need for future, costly, special education services.
- **Improve parent, child, and family health and well-being:** Parents as Teachers interrupts the harmful effect of early life stress on the brains of young children and demonstrates long-lasting positive biological effects on the mental health of children living in high-risk families. Parents and families also displayed less parental and family stress than families not in the program. Children were more likely to meet American Academy of Pediatrics well-child visit recommendations, and participation in Parents as Teachers was significantly related to well-child visit attendance rates. Children were better able to sleep through the night and had more adaptive behaviors (e.g., less bottle feeding at night, better behavior/self-control). Caregivers had lower Healthy Families Parenting Inventory (HFPI) Risk Scores and improved health care literacy and self-care indicators. Parents as Teachers delivered with a focus on health and obesity prevention reduced obesity, enhanced health, and improved dietary intake, knowledge, and parental modeling among Parents as Teachers parents compared to a control group. Parents as Teachers mothers gained less weight weekly and total during gestation and through 12 months postpartum compared to the comparison mothers and were significantly more likely to reduce their intake of soda and other sugar sweetened beverages, increase physical activity, and achieve weight loss and reduced weight circumference. Parents as Teachers mothers are also able to be screened for postpartum depression and referred to services when appropriate.
- **Prevent child abuse and neglect:** Parents as Teachers children had a decreased likelihood of child maltreatment substantiations (as measured by Child Protective Services maltreatment data) and were less likely to go to the emergency room to be treated for injury compared to children not in Parents as Teachers. Parents as Teachers participation was also associated with a significantly lower likelihood of Child Protective Services reinvolvement and was related to 50% fewer cases of suspected abuse and/or neglect.
- **Increase children's school readiness and success:** Children before age 3 demonstrated better adaptive behavior and higher levels of self-control, and scored significantly higher on initiative, achievement, social development, cognition, language development, vocabulary, persistence in task mastery, and executive function. As children enter the school system, those who participated in Parents as Teachers perform better on third grade standardized tests in math, phonics, and comprehension as well as reading and writing (for English Language Learners). Additionally, absence rates and suspension rates are lower for children that received Parents as Teachers.
- **Improve family economic well-being:** Education and employment goals are among the top five types of goals set by caregivers at enrollment with Parents as Teachers. Parents as Teachers caregivers are more likely to gain employment (16% higher than comparison caregivers), enroll in high school (69% higher than comparison caregivers), and enroll in college (12% higher than comparison caregivers). In MIECHV-funded Parents as Teachers programs, caregivers were also more likely to receive education or training, to use nonparental childcare, and were less likely to receive Supplemental Nutrition Assistance

Program (SNAP) benefits. Parents as Teachers plus financial empowerment and education resulted in higher knowledge and uptake of Earned Income Tax Credit.

- **Strengthen community capacity and connectedness:** Making referrals to additional community resources and services is an important way for Parents as Teachers to support families. Evaluation findings demonstrate the average number of referrals per family increased from 1.9 to 4.1 with Parents as Teachers. Connections to referrals increased from 86.8% to 93.8% and were greater for Parents as Teachers caregivers. Parents also experienced increases in social support in the areas of tangible support, positive interactions, informational support, affectionate support, and emotional support. Parents as Teachers participation also encourages parents' active participation in their child's learning inside and outside of the home. In addition to Parents as Teachers parents being more likely to enroll their children in preschool, parents were more likely to attend parent-teacher conferences, PTA/PTO meetings and school events, volunteer in the classroom, and talk with their children's teacher.

Supporting the Workforce

While we unfortunately do not have the money to pay our parent educators what they are worth, we try to make sure they are supported in other ways. A rigorous training program, comprehensive curriculum, and ongoing implementation support play a critical role in preparing parent educators to carry out their work with a high degree of competence and consistency. Equipped with these resources, parent educators are able to engage families in a thoughtful, structured, and effective manner, and feel confident in their work. Ultimately, this strengthens the quality of services provided and improves outcomes for the families we serve.

Working with a caseload of 20 families facing a variety of challenges can take an emotional toll on parent educators. Thus, a requirement of all Parents as Teachers affiliates is Reflective Supervision. Reflective supervision is built on three main elements: regular, dependable meeting times between the supervisor and parent educator; a professional, respectful working relationship that takes the educator's perspective seriously and tackles challenges collaboratively; and a deliberate focus on slowing down to identify key reactions and consider how they influence home visiting practice. Each month, parent educators participate in a minimum of 2 hours of individual reflective supervision and a minimum of 2 hours of staff meetings. In order to support high-quality services to families, this requirement includes part-time parent educators and supervisors who carry a caseload.

Reflective supervision is a great example of the parallel process implemented through the Parents as Teachers model. Home visitors provide designated space to meet with families that is shared space and free of judgement. This is the same dynamic that is present in reflective supervision for parent educators. When asked about reflective supervision, one of my parent educators said, "Reflective supervision has helped me work on self-awareness, holds me accountable for my self-care, and growth. It's a safe space to vent my frustrations and helps me mitigate tough decisions I have to make with work. Most importantly, it helps prevent burnout."

While we do currently have one vacancy on staff, of the 12 parent educators we currently employ, one-half of our staff has been with us for at least 6 years, and most staff remain for 2 years or more. We have found that our rigorous training and professional development program, coupled

with Reflective Supervision, are major contributing factors to retention of our workforce. Of course, the main reason they stay in this work is for the families, we just try to make it easier for them to do their jobs.

The 2022 Reauthorization Act

As the Committee designed it, the 2022 Reauthorization Act doubled the federal investment in MIECHV over five years and introduced a state phased-in matching requirement beginning in Fiscal Year 2024, where the federal government contributes \$3 for every \$1 of non-federal state investment (up to 25% non-federal), and it permanently doubled the set-aside for tribal entities from 3% to 6%. As noted in my introduction, the 2022 Reauthorization Act also established the Institute for Home Visiting Workforce Development and Jackie Walorki Center for Evidence-Based Case Management which has accelerated technical assistance to MIECHV Local Implementing Agencies and to the broader field of home visiting. The Institute has produced Fact Sheets, Briefs, Guides, and Webinars with resources on topics like case management, workforce preparation, workforce professional development, and workforce wellbeing, including reflective supervision.

For our program, it has helped us add 6 additional parent educators, restructure the program to add 2 supervisors to ensure home visitors have adequate support, and serve an additional 120 families. From the state, we are assigned a program specialist who meets with us monthly to support our programs and learn more about the challenges home visiting programs may be facing.

The Families Served by Community Healthcore's Parents as Teachers Program

There is no typical family served by our program, which I think is one of the strengths of Parents as Teachers because the program partners with families no matter their makeup as long as they have an eligible child. But we do see patterns, especially in our rural communities. For example, transportation is a big challenge for our most rural families. It poses a barrier to employment, makes it difficult to show up consistently for medical and other appointments, and can contribute to isolation. One of the wonderful things about home visiting in rural areas is that we come to the families, so they do not need to worry about transportation to engage in our program.

One mother with two young daughters that we partnered with was facing many of these challenges. She and her little girls were staying in a room in her ex-mother-in-law's house because she did not have anywhere else to go. She had no home, no job, no car, and no driver's license, but she had goals.

She would take her girls two miles to a childcare site every day, towing them in a cart behind her bike, so she could look for work within biking distance, striking out time after time. When she enrolled in our Parents as Teachers program, we quickly learned that she is a veteran. Community Healthcore has services for veterans housed within our agency, so we were quickly able to connect her to those resources.

Our first goal was stability. We supported her in securing housing and identifying goals she had for her family and working towards them. With that stability, doors started to open. By the time she completed our program, she had her own home, a stable job, a driver's license and a car, and the girls were kindergarten ready. She had always wanted those things; she just needed some support and direction. Parents as Teachers served as her compass.

Enrollment in our Parents as Teachers program is based on MIECHV risk factors, including low income, young maternal age, child welfare history, substance abuse, health and developmental delays including low birth weight or premature birth, and low educational attainment. These eligibility factors, paired with the model's broad eligibility criteria, mean we serve many families who may appear, on the outside, to be doing just fine.

Take for example, a family whose older children were born developmentally typical who then receive news that their recently born baby was born with a brain malformation. The parents were told to not expect the child to live past 6 months of age. We enrolled the family in the Parents as Teachers program when the child was under 3 months, as we knew the family would need support regardless of the outcome. Both of the parents and the older siblings all became involved in doing the activities with their youngest child to support her development. Our program also connected the family to and worked collaboratively with Early Childhood Intervention and later private therapy and the local school district to strengthen the web of support around this child and family. Not only did this child survive past the 6-month mark, but she met milestones that the family was told she would never achieve. That child will be celebrating her 8th birthday this summer. In her last Parents as Teachers parent satisfaction survey before exiting the program, mom wrote:

The program has been a unique experience for our family. My child has grown and developed her skills with this program, even though she is a little girl with a brain condition. Despite her limitations, she has blossomed with the help of PAT. We are going to be forever grateful! Thank you for everything you did for our family! We love you all, and we are going to be forever grateful we found you!

Recommendation for Congress

I hope my testimony has demonstrated that MIECHV is an absolute game changer for children and families in East Texas. We build on the strengths of families to bolster their abilities to serve their own children well and to achieve their own goals. When our families complete the program, parents or other family caregivers have strengthened their parenting skills, fostered closer bonds with their children, and achieved personal education, economic and other tangible life goals. Their children are healthier, on a strong developmental path, less likely to be subject to abuse and neglect, and kindergarten ready.

If there is anything I would ask of Congress, it is to keep this vital program going.

Every year we send out a parent satisfaction survey to our families to evaluate our strengths and areas in need of improvement. There is a blank section for additional comments, which I love reading because they are so motivational to our parent educators. I want to leave you with a parent's comment that embodies Parents as Teachers:

“My parent educator is such a joy to work with. She makes you feel special as a parent, she gives you the confidence to conquer the world.”

Thank you again for inviting me to speak before you, I look forward to your questions.