



**U.S. House of Representatives**

**Committee on Ways and Means - Subcommittee on Work and Welfare**

***The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program:***

***Early Support, Lifelong Impact***

**Testimony of Mendy Smith**

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Chairman LaHood, Ranking Member Davis, and distinguished members of the Subcommittee, thank you for holding today's hearing on the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV). On behalf of Brightpoint and the families we serve across Illinois, thank you for the opportunity to testify about this critical bipartisan program that supports high-quality home visiting services.

My name is Mendy Smith, and I serve as the Vice President of Early Childhood Services at Brightpoint. My journey in the early childhood services field started in the classroom as an infant teacher at the Scott Child & Family Center in Bloomington, Illinois. Since then, I have served in many roles over my 27 years at Brightpoint including as a home visitor, program manager for the Healthy Families and Parents as Teachers models, regional coordinator for Parents Care & Share Illinois, and a leader of programs focused on doula services, parent support groups, and fatherhood engagement. In my current role, I have oversight of Brightpoint's home visiting, Head Start and Early Head Start programs.

### **About Brightpoint**

Brightpoint is a community-based child and family service organization that serves more than 37,000 children and families annually across 70 Illinois counties. Across these counties, we work with families in rural, suburban, and urban communities, each with distinct needs, barriers and access challenges. Brightpoint is also a national leader in emergency child care, serving as the Founding Chair of the Wraparound Emergency Child Care Advocacy Network (WECAN).

Brightpoint provides a comprehensive continuum of upstream prevention services, such as early childhood care and education, doula, mental health and wellness, family supports and [crisis nurseries](#), also known as emergency child care. These programs are designed to improve the health and wellbeing of mothers, infants, young children and families while helping reduce unnecessary entry into the child welfare system.

Home visiting is a cornerstone of this preventative approach. Through home visiting, families receive voluntary, relationship-based support in their own homes, while also being connected to other services that can help stabilize and strengthen the family. At Brightpoint, home visiting works in concert with programs like Head Start, Early Head Start, crisis nurseries, doula services, and local community-based Family Resource Centers.

## **Home Visiting in Illinois**

Brightpoint utilizes the Health Resources and Services Administration (HRSA)-approved [Healthy Families America](#) and [Parents as Teachers](#) models, and provides home visiting services through [Early Head Start](#) and Head Start. Brightpoint also integrates doula services with home visiting so that families can receive support during pregnancy, birth, the postpartum period, and the early childhood years. In 2025 alone, we provided home visiting and doula services to nearly 1,000 families.

Brightpoint currently employs nearly 100 supervisors and home visitors implementing Healthy Families Illinois, Parents as Teachers, and Early Head Start/Head Start home visiting. These staff are the backbone of our work. They are the people driving long distances to reach families, building trust over months and years, helping parents navigate medical systems, screening for developmental concerns, and connecting families to resources before challenges become crises.

Illinois braids multiple funding sources to support home visiting across the state, including MIECHV. In addition to supporting Brightpoint's home visiting services, MIECHV has helped fund the infrastructure for coordinated intake used to connect families to the right home visiting program. In 2016 Brightpoint helped establish the Illinois Pregnant and Parenting Youth in Care project, or IPPYC, which later expanded statewide and utilizes MIECHV funds.

### **Today, I will discuss the following points for the Subcommittee's consideration as they examine MIECHV and prepare for future reauthorization:**

1. MIECHV provides funding for voluntary, evidence-based, home visiting services and strengthens the coordination of supportive services that improve maternal health, child development, and family stability.
2. MIECHV has strengthened the home visiting field by supporting quality, benchmarks, training, coordinated intake, and innovation across home visiting models.
3. Continued reauthorization and investment are necessary to reach more families, especially in rural communities and among families involved with the child welfare system.

### **MIECHV provides funding for voluntary, evidence-based, home visiting services and strengthens the coordination of supportive services that improve maternal health, child development, and family stability.**

Through MIECHV, trained professionals such as social workers, educators and nurses provide in-home support to pregnant women and parents of young children to achieve positive

maternal and child health outcomes. At Brightpoint, we meet families where they are by coming into the home, learning the family's goals, identifying strengths and needs, and helping parents build the skills and confidence they need to support their children.

**Services that are commonly provided through MIECHV include:**

- Education on topics such as breastfeeding, safe sleep, injury prevention and nutrition
- Screening and referrals to address caregiver mental health needs and family violence
- Screening children for developmental delays and facilitating early diagnosis
- Stimulating early language development and preparing children to succeed in school
- Support for parents to reach economic goals, like going back to school or obtaining employment
- Connecting families to health care and other community resources that meet their needs

After parents accessed Brightpoint home visiting and doula services in 2025, 90 percent reported that their children achieved developmental milestones; 89 percent reported that their children had positive, nurturing relationships with caregivers; 86 percent reported that caregivers had strong peer social networks; 93 percent reported that families received timely community supports to meet their needs; and 84 percent reported that caregivers felt less stressed and more supported. These outcomes matter because they reflect the core purpose of home visiting. Parents are more likely to succeed when they have support, understand their child's development, and are connected to services early.

On a national scale, **home visiting programs have demonstrated positive impacts on child development, maternal health and parenting skills.** An evaluation of Healthy Families America found that pregnant women supported by home visiting were 48 percent less likely to have a low-birth-weight infant and attended more well-child visits for their infant.<sup>1</sup>

Home visiting also has **important implications for child safety and child welfare prevention.** Programs often serve families who are already at elevated risk of child welfare involvement, including families experiencing poverty, mental health needs, substance use challenges, prior reports of abuse or neglect, or other family stressors. These families need support before a crisis escalates. Research on home visiting models has found reductions in substantiated child maltreatment reports, maltreatment recurrence, and referrals to the child welfare system. Home visiting has also found reductions in additional system

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<sup>1</sup> Healthy Families America, *Evidence of Effectiveness* (March 2022), <https://ncppc.org/wp-content/uploads/2025/07/HFA-Evidence-of-Effectiveness-2022.pdf>.

involvement for families. For example, one evaluation of Healthy Families America found a one-third reduction in maltreatment recurrence for families with a history of child protective services involvement.<sup>2</sup>

**For Brightpoint, this work is not theoretical.** Up to 13 percent of Brightpoint's home visiting families statewide are currently receiving Intact Family Services, which is Illinois' family preservation service for families involved with the child welfare system but whose children remain in their home. We also accept referrals for families with children returned home from foster care, and pregnant and parenting youth in foster care. Furthermore, we coordinate internal referrals from our own child welfare services and crisis nurseries, which provide 24/7 emergency child care for families in crisis.

This matters for both families and taxpayers. **Home visiting is relatively low-cost family support, particularly** compared to the average annual cost of foster care. Furthermore, home visiting generates strong return on investment, preventing costly downstream outcomes including child welfare involvement, adverse health events, and poor developmental outcomes. Home visiting supports long-term impacts across generations, improving outcomes not just for current families but future ones.

One family's story illustrates the family stabilization impact of MIECHV. In McLean County, a 20-year-old mother who was herself a current foster youth was referred to Brightpoint's Healthy Families program through the IPPYC coordinated intake process when she was pregnant with her first child in 2024. At the time, she was in a volatile relationship with the baby's father, and her baby was ultimately placed in foster care while the parents attended counseling and worked toward reunification.

Her home visitor connected her to child care, mental health counseling, Brightpoint's crisis nursery, and provided diapers, formula, and other resources in addition to coaching the parents on bonding with their child and building critical parenting skills. The mother worked hard to become the parent she wanted to be, and she and her partner advocated for each other. Eventually, they reunified as a family. Today, the father is working full-time, the parents have remained together, and they now have a second child, in addition to their two-year-old. Their life is far more stable than it was two years ago.

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<sup>2</sup> Healthy Families America, *Evidence of Effectiveness* (March 2022), <https://ncppc.org/wp-content/uploads/2025/07/HFA-Evidence-of-Effectiveness-2022.pdf>.

**MIECHV has strengthened the home visiting field by supporting quality, benchmarks, training, coordinated intake, and innovation across home visiting models.**

Brightpoint, formerly known as Children’s Home and Aid, was part of the inception of home visiting in Illinois. We participated in the Healthy Families Illinois pilot funded through the Illinois Department of Human Services, which brought home visiting to the state in 1997. When MIECHV was first implemented, Brightpoint participated in the early effort to fund and build coordinated intake in Illinois.

As a home visitor myself in the 2000’s, I remember what the social services landscape looked like before MIECHV. Home visiting existed, but the field was more fragmented. Different models captured different pieces of family support, and providers did not always have a shared framework for understanding what home visiting achieved, where it was needed most, or which components were driving impact. There was also not the same collaborative approach to funding and organizing family services.

**MIECHV changed that.** It brought a stronger commitment to quality, accountability, and impact measurement, helping states better define, assess, and improve the effectiveness of home visiting services. It also created a backbone for home visiting infrastructure, including coordinated intake, data systems, quality improvement, technical assistance, training, and cross-program coordination. As Brightpoint, we contributed to developing implementing a universal data collection tool to track benchmarks to ensure quality of service across evidence-based home visiting models.

A core component of that framework is HRSA’s performance measurement system. MIECHV awardees collect and report data across six benchmark areas, which allow states and local providers to evaluate whether services are improving outcomes for parents and children.

These benchmarks include:

1. Improvements in maternal and newborn health
2. Prevention and reduction of child injuries, maltreatment, and emergency room visits
3. Improvements in school readiness and achievement
4. Reductions in crime or domestic violence
5. Improvements in family economic self-sufficiency
6. Improvements in coordination and referrals

**In Illinois, MIECHV has contributed to the development of a coordinated intake system that strengthens integration across home visiting and other family-serving programs**

**statewide.** Coordinated intake focuses on connecting each family to the right program and helps ensure that available slots are filled by families who need services.

In Illinois, coordinated intake is connected through iGrow, a MIECHV supported home visiting innovation with the Illinois Department of Early Childhood focused on improving family connections to home visiting. Coordinated intake is single point of entry for families needing home visiting programs which allows trained coordinated intake workers to assess the family's needs, collaborate with them to identify the appropriate home visiting model, and connect them to that program.

Brightpoint facilitates the Southside Early Learning Network, a Coordinated Intake IRIS Network program focusing on Chicago's Greater Englewood community. The network connects expectant parents and families with children to local home visiting programs and assists with the eligibility and enrollment process. Brightpoint is also a partner in the Madison County Coordinated Intake IRIS Network for Madison and St. Clair Counties. This collaboration includes early learning programs and a broad network of community resource partners working together to provide a no-wrong-door approach to services.

**The passage of the Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 (P.L. 117-328) further strengthened this work** in practical ways. In Illinois, we have seen the quality of technical assistance, training and services significantly increase. Clear benchmarks have helped programs understand what quality looks like and where they need to improve.

Coordinated intake has also helped reduce wait times for enrollment in MIECHV-funded home visiting services in Illinois. Because referrals can be routed more efficiently, families can be connected more quickly to programs with capacity. This is especially important during pregnancy and the earliest months after birth, when timely support can affect maternal health, infant health, breastfeeding, safe sleep, parent-child bonding, and early developmental outcomes.

MIECHV has also allowed Illinois providers to innovate. In 2016, Brightpoint was a leader in establishing the original **Illinois Pregnant and Parenting Youth in Care Home Visiting project**, a coordinated intake system that connects pregnant and parenting youth in foster care to home visiting services in their communities<sup>3</sup>

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<sup>3</sup> Dworsky, A., Gitlow, E., & Ethier, K. (2019). *Home visiting for pregnant and parenting youth in care: Final report*. Chicago: Chapin Hall at the University of Chicago

IPPYC was created in response to a clear need: teens in foster care and former foster youth are at higher risk of teen pregnancy and birth than the general population, but often do not have the stable support systems many young parents rely on. In one study conducted by the National Center for Health Statistics, approximately half of women formerly in foster care had given birth to a child by age 20.<sup>4</sup> Youth in care often lack natural support systems, and home visiting services can provide a trusted adult who can help them navigate parenting, education, housing, health care, and their own transition to adulthood. For pregnant and parenting youth in care, it can help break an intergenerational cycle of child welfare involvement.

**MIECHV has also supported the integration of doula services with home visiting.** This partnership works because doulas focus on pregnancy, birth, newborn care, and postpartum needs. Home visitors build the longer-term relationship around parenting, family goals, child development, and resource navigation. Brightpoint's doulas provide weekly home visits, help families get to medical appointments, assist with birth plans, and help parents advocate for themselves during birth.

Recently, our doula program in the Rockford area supported a mother with the birth of her second child. She had a C-section with her first child and hoped to have a vaginal birth after C-section (VBAC) for this delivery. When her initial care provider said they would not support a VBAC because of the potential risks involved, the doula supported the mother in seeking a second medical opinion from another provider. Thanks to the support of the doula, she had no issue finding a provider who was willing to support her plan for a VBAC and safely gave birth to her second child.

**Continued reauthorization and investment are necessary to reach more families, especially in rural communities and among families involved with the child welfare system.**

Decades of research show that home visiting improves maternal and child health, strengthens parent-child relationships, and supports healthy child development and the long-term stability of families. These outcomes are visible in the families we serve every day, and they also generate a strong return on investment by helping prevent more costly

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<sup>4</sup> National Health Statistics Reports: *Demographic, health care, and fertility-related characteristics of adults Aged 18–44 who have ever been in foster care: United States, (Jan 2020)*

downstream outcomes, including adverse health events, developmental delays, and deeper child welfare involvement.

**Strong and sustainable MIECHV funding is necessary to identify underserved areas, assess where services may be overconcentrated, and adjust resources** to reach more families. There are still communities in Illinois that Brightpoint and the broader home visiting system have not reached, despite clear demand. States should continue supporting home visiting expansion with additional state dollars, but state funding alone cannot replace the need to grow federal investment through MIECHV. Clearer federal guidance and stronger pathways for states to leverage other funding sources, including Medicaid, Title IV-E, and other child welfare dollars, would help expand access, improve family uptake, and meet growing community needs.

**This is especially important in rural areas**, where serving families often requires more time, travel and coordination than serving families concentrated in one neighborhood. Home visitors may need to drive long distances for weekly visits, increasing mileage, staff time, and transportation costs. Rural families may also have fewer nearby resources, including mental health services, transportation, specialized medical care, child care, diapers and formula. In many cases, home visitors can bring information directly to the family and connect them to services that may otherwise be difficult to access. Rural families may also experience greater isolation, making peer support, mental health support, and the consistent in-home relationship provided by home visiting especially important.

Raising awareness is also a challenge in rural communities. Word of mouth is powerful, but partnerships with hospitals, health departments, universities, schools, and community organizations are also essential. MIECHV-supported coordinated intake helps those partners know where to refer families and helps ensure that families do not fall through the cracks.

For MIECHV to continue helping families meet their goals and achieve long-term stability, **Congress must support the home visiting workforce**. Home visitors and doulas do emotionally demanding work with families experiencing trauma, crisis, poverty, isolation, or child welfare involvement. Families are more likely to enroll, stay engaged, and make progress when they can maintain a trusted relationship with the same provider over time. Continued investment should support reasonable caseloads, recruitment pipelines, competitive compensation, supervisor support, and infant mental health consultation, so home visitors have the time and support needed to build relationships, complete screenings, follow up on referrals, document progress, and provide individualized services to families.

Congress should also continue supporting MIECHV's **evidence and accountability framework**. Clear benchmarks have strengthened quality across the field by helping programs measure whether families are receiving appropriate services, referrals are happening in a timely way, children are meeting developmental milestones, caregivers feel supported, and programs are improving over time.

## **Conclusion**

Chairman LaHood, Ranking Member Davis and members of the Subcommittee, thank you again for the opportunity to share Brightpoint's perspective on MIECHV and the importance of voluntary, evidence-based home visiting.

No single program can solve every challenge a family faces, but home visiting is one of the most effective tools we have to support parents and children. I began this work as a home visitor in Bloomington, and I have seen the difference it makes when a parent has someone in their corner during pregnancy, after birth, and through the early years of a child's life. MIECHV has strengthened that work by improving quality, supporting training and coordinated intake, encouraging innovation, and helping families connect to the right education, health care, early childhood, and community supports at the right time.

Brightpoint looks forward to working with the Subcommittee, federal agencies, the State of Illinois, and community partners to strengthen and reauthorize MIECHV, expand access to underserved families, and ensure that more parents and children have the support they need to thrive.