



**Senate Finance Committee  
Briefing on Maternal, Infant, and Early Childhood Home  
Visiting (MIECHV)  
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*Remarks by Laurel Aparicio,*

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Chairman Hatch, Ranking Member Wyden, Senators Grassley and Menendez, Members of the Finance and Ways and Means Committees,

Thank you for inviting me to join you this morning. My name is Laurel Aparicio, and I am the director of Early Impact Virginia, the private, non-profit collaborative designated to serve as the Advisory Board for our state's MIECHV funding which is administered through the Virginia Department of Health. I am also delighted to represent the Association of State and Tribal Home Visiting Initiatives, or ASTHVI, our organization of administrators of home visiting funds, and its Steering Committee. ASTHVI is grateful to have worked with you and your excellent staff to refine the policy details that went into the five year MIECHV reauthorization you have just completed. On behalf of all of our members, the home visiting staff we represent and the children and families we serve, thank you.

As you know well, MIECHV funds voluntary, evidence-based home visiting for parents with young children. Families receiving home visiting show significant improvements in measures such as birth outcomes, child development screenings and referrals, parenting skills, and school readiness. These outcomes, and the program's broader success, are the result of a law that provides state and tribal grantees with a firm foundation in evidence-based practice, and the flexibility to match those practices to individual community needs. Most families served by MIECHV receive home visiting support for at least a year, and some for as long as five years. This multi-year aspect of home visiting made it a real challenge to manage efficiently under the previous one- and two-year MIECHV extensions. On behalf of my state and tribal colleagues, thank you again for the program stability of the five-year reauthorization and funding.

In most states, including Virginia, home visiting pre-dates MIECHV. Virginia's history with evidence-based home visiting goes back to the early 1990s when the first Healthy Families program was developed to serve as a demonstration site for the state. Since that time, 6 additional programs have been developed to meet the needs of families living in communities throughout the state, and close to 10,000 families receive home visiting each year through one of Virginia's seven home visiting models.

Virginia's MIECHV grant is approximately \$ 7.5 million per year. This enabled Virginia to expand home visiting programs in 44 communities, serving nearly 1,500 additional children and families. Regardless of whether or not they receive MIECHV dollars, funding of all of Virginia's home visiting programs is complex, and varies greatly by community. There is no single source of support for any program in our state. Rather, all programs leverage public and private dollars to provide services; 34% of all funding for home visiting in Virginia is provided by local and private sources. Even with this substantial Virginia contribution, we are only able to serve less than 10 percent of the Virginia families with young children who are eligible to participate and would benefit from home visiting. So we still have a long way to go. But that task would be significantly harder without MIECHV funds, specifically the direct services and the underpinnings for quality and accountability that MIECHV provides.

If Virginia had home visiting before MIECHV, why is this reauthorization so significant, and so exciting?

From the start, Virginia was well positioned to capitalize on MIECHV funding, and very quickly began serving families in high risk communities while simultaneously strengthening the foundation of statewide support and leadership for local providers. What has been unique and truly transformational about the MIECHV funding is the focus on continuous quality improvement, innovation and system building. We were already striving for that, but it was all too often out of reach due to inadequate resources, or limitations on how funding could be used. Your leadership at the federal level has revolutionized our work, and is leading to stronger outcomes for families. I can share countless examples of the ways in which this has played out in our state, but nothing is quite as powerful as hearing about the impact on individuals. I will share two quick examples:

- A recent retrospective analysis found that there was a 40% reduction in preterm birth rates among women who received home visiting versus a comparison group. National research suggests that the average inpatient cost of a preterm birth is around \$30,000. Our MIECHV team just wrapped up a Continuous Quality Improvement project designed to increase the initiation and duration of breastfeeding among participating mothers. In less than 6 months, breastfeeding initiation rates among the participating programs rose by nearly 20%, to 80% of new mothers initiating breastfeeding with their newborns.
- There was also a corresponding increase in the number of infants continuing to receive some breastmilk at 6 months. We know that babies who are breastfed are less likely to develop asthma or allergies, ear infections and respiratory illnesses. Moms who breastfeed benefit, too, as they are at reduced risk for breast and ovarian cancer. These outcomes are not unique, and clearly demonstrate the powerful impact that

home visiting can have in a very short period of time. Virginia collected this birth outcome data as part of an innovative feasibility study designed to support a pay for success, or social impact bond, financing approach for home visiting. MIECHV made it possible for us to bring together state leaders to plan for system integration and sustainable growth to increase the number of families receiving home visiting. One direct result of this work is the pay for success feasibility study. Another is the legislation enacted two years ago to more than double the state investment in home visiting.

Over the last year, at the direction of the Virginia legislature, our state conducted a rigorous examination of the early childhood system, resulting in recommendations designed to improve outcomes and optimize the return on investment. This study found that Virginia's home visiting programs consistently demonstrate strong outcomes for families and communities, and recommended strengthening Virginia's home visiting system to support future expansion. Currently, the Virginia Legislature is considering a budget amendment to fund this home visiting infrastructure work. The MIECHV contribution has had a tremendous impact on our ability to improve quality and efficiency, and to take as much of the administrative burden from home visitors and local programs as possible so that they can focus on what is most important -- connecting with and supporting young families.

As much as I love sharing examples of how MIECHV has supported growth in our state, I would also like to give you an example of how it is driving innovation nationally, and how Virginia is involved in a small piece of that work. Long before MIECHV funding came along, Virginia was investing in professional development for home visitors. I am excited to highlight our work on professional development, because it has led to a unique partnership. This partnership is truly advancing our field, and would not be possible without MIECHV funding and reauthorization. And, I'm especially pleased to be able to talk about this partnership because it involves three of the states represented on your committee: Virginia, Iowa and Kansas. This is perhaps not the most likely partnership, and certainly not one that would have occurred without MIECHV.

As part of our collaborative work, Virginia was well on its way to developing a comprehensive professional development system, and was moving towards statewide certification for home visitors. We were not alone. Iowa was on that same path as well. But, Iowa had a bigger vision: to bring together others who were also doing this work, to reduce duplication and capitalize on the great work being done in states all across the country. As the Iowa MIECHV office started this effort, working in partnership with the University of Kansas, they reached out to others in the MIECHV network through ASTHVI to see where there might be interest in working together. A number of states were interested in the concept of shared professional development. After all, the basic skills and knowledge that a home visitor in Iowa needs is not vastly different from what is needed in Virginia, or any other state for that matter. We quickly realized that by working together, we could more efficiently meet our collective goals, while also eliminating duplicative work. Allowing each of us to direct our resources to the development of a professional development system could create a system that was not otherwise achievable. Not only did MIECHV make this unlikely partnership possible, but it also provided the avenue through which we were able to bring our bigger vision to life.

This project is receiving MIECHV Innovation Grant funding. Though our funding is short term and began less than a year ago, we have already developed a national Institute for home visitors based on a National Competency Framework, and are offering more than 50 high quality, free on-line training modules for home visitors in all parts of the country. As a matter of fact, individuals in 39 of the 50 states have already registered with the Institute. National and state leaders are excited about our work, and eager to explore opportunities to work together to share resources and reduce the burden on individual states.

While I'm always excited to share our collaborative work at the national level, it is truly my pleasure to have been able to highlight the incredible work that is happening in Virginia. Our state leaders are committed to expanding home visiting and supporting the strongest outcomes for all children and their families. Without question, I can say to you with confidence – and evidence – that MIECHV continues to make important progress in improving the health and economic well-being of our most vulnerable families.

But even with these exciting outcomes, we are not resting and certainly are not complacent. There is so much more we want to do for our kids. There is a huge body of research that continues in the field of home visiting to help guide enhancements and continuous quality improvement of evidence-based practices. Later this year, the results of the MIHOPE study, a random control trial evaluation of four major models being implemented with MIECHV funds, will be released. I don't know anything about the findings, but I can predict that there will be some really exciting outcomes, and some areas of disappointment. That is always the case with high quality, rigorous research. Those findings – the areas where we are hitting it out of the park and the areas where we may have fallen short – will inform further adjustments to help us do an even better job of helping the children and families we serve.

I realize my time is up, though there is so much more that I could say. If you remember only one thing from this morning's discussion, I hope it is this: MIECHV is evidence-based policy that works to empower families, coordinate services and unify systems. I appreciate your time and attention this morning, and would be happy to answer any questions you may have.