

Senate Finance Committee Staff Briefing

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Remarks by Benjamin Hazelton

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Thank you all for being here today and for your interest in, and support of, home visiting. I would particularly like to offer my thanks to my home Senator, Chairman Wyden, and his staff for your work on a timely MIECHV reauthorization that will continue to strengthen the program and meet the needs of more children and families into the future. I am the Home Visiting Policy & Systems Coordinator at the Oregon Health Authority and serve as the Project Director for the State's MIECHV grant. It is an honor to have served in this role since January 2013, and to share an Awardee perspective on this important family and community capacity building program.

MIECHV funding is enhancing Oregon's long-standing commitment to voluntary home visiting services, not only by expanding access to evidence-based home visiting to eligible families, but also through professional development and continuous quality improvement. Additionally, as a model neutral program, Oregon MIECHV successfully facilitated alignment of the many models, state agencies and associations with administrative responsibilities for home visiting in Oregon at both the state and community level. This alignment is critical to the development of family-centered, coordinated entry and referral systems as well as successful integration of home visiting services within a comprehensive early childhood system. Oregon's home visiting service network includes eight models of home visiting and Oregon MIECHV contributes funding to three evidence-based models including Early Head Start (home-based option), Healthy Families America and Nurse-family Partnership. Oregon's home visiting service network and the MIECHV program are committed to a broad and inclusive service array that provides families many options to voluntarily engage with home visiting, when it is the right time for them.

MIECHV funding plays a vital role in expanding the availability of evidence-based home visiting in our state. In fact, data from the 2021 National Home Visiting

Resource Center yearbook shows that MIECHV is funding 29% of evidence-based home visiting in Oregon. Since 2014, Oregon MIECHV has funded at least one voluntary, evidence-based home visiting model in each of the 13 counties found to have higher risks for poor maternal and child health outcomes through the original needs assessment. Recently we have been able to extend services to two of the seven new communities identified in the 2020 needs assessment, however, that is only because two local implementing agencies have released their MIECHV contracts due to flat funding. Without additional funding it seems unlikely we will reach any of the remaining five communities, some of which are reaching as few as 1% of eligible families. Flat funding limits our ability to assist tribal partners who no longer receive tribal MIECHV due to the competitive nature of those grants. Flat funding has also caused other local implementing agencies to request enrollment reductions that have resulted in a 4% reduction in statewide enrollment capacity. Oregon MIECHV is proud of the number of counties and families we have been able to provide with home visiting support, but we are far from reaching our ultimate goal of serving all families who are eligible. Oregon is not alone: at present, only 3-5 percent of eligible families across the country receive home visiting services, regardless of the source of funding.

Home visiting is well established as an essential service for pregnant women, people and young families, and the pandemic really illuminated just how critical home visiting is for families. In many places, other services for families either suspended operations or were at least thought to have suspended services. Nationwide, one-third of all food banks went out of business. But home visitors persevered and used their continuous quality improvement skills to conduct visits virtually and deliver evidence-based curriculum via phones, tablets and laptops. They also delivered food, PPE, cleaning supplies and diapers. Home visitors nurtured and sustained connections with families, decreasing their isolation, and screening for depression, helped keep children safe. Recently, I heard about a young mother who at enrollment last fall scored moderately high for depression and recently scored in the normal range despite the fact that the referral for a mental health service had not yet resulted in a service contact. This mother credited her improvement to the steady and supportive contact she has had with her home visitor.

Virtual Home Visits have been a key tool during the public health emergency and today we are building on virtual visit success. Virtual home visits can keep going through storms, and across distances, especially in our rural communities. They are also useful for staying on track if a visit is missed and needs to be made up or if a family member is sick at the time of the scheduled visit. Virtual home visiting was a very effective strategy in sustaining family enrollment and engagement when both nurse home visitors at our Umatilla NFP program had babies and took family leave within a week of each other this past fall. Virtual home visits aren't a perfect substitute for in-person visits: I have regularly heard the challenges of observing parent-child interactions of play when the baby or toddler is most interested in grabbing the screen. And screening for intimate partner violence, in particular, is challenging when you can't know who exactly is in the room. And to be clear, I have met no one, even home visitors and families who started with virtual visits during the pandemic, who has recommended 100% virtual visiting.

At the same time, and in spite of challenges related to virtual home visiting, Oregon home visitors demonstrated that virtual visits can be effective as part of a comprehensive delivery system. The most recent reporting year, ending September 30, 2021, fell entirely within the COVID-19 public health emergency. Despite the continued challenges the pandemic presented, Oregon MIECHV provided access to home visiting for 1,079 households as well as:

- Increased well-child visits by 25% from the previous year and exceeded pre-pandemic performance.
- Sustained the year over year improvements in promoting early language and literacy.
- Increased referrals for maternal depression by 54%, nearly reaching pre-pandemic performance.
- Increased referrals for developmental concerns by 23% and exceeded pre-pandemic performance.

Virtual home visits are not the only result of the pandemic. Challenges facing the American workforce have challenged home visiting professionals as well. Average salaries for home visitors are often considerably below what their peers with similar education and experience earn in other fields. When home visitors can make as much or more in retail or the service industry, it is difficult to maintain

our workforce. To avoid losing even more staff to jobs with fewer requirements, less stress and higher salaries, home visiting professionals need compensation that reflects their skills, training and competency. Delayed reauthorization can create uncertainty among the home visiting workforce and contribute to turnover, as worry about job security builds. In Oregon, the delay of a prior reauthorization cycle resulted in a local implementing agency releasing its MIECHV home visiting contract because they were unable to secure hiring authority from the county commission during the lapse of legislation. To assure this does not happen again, we need a timely reauthorization.

Home visiting has a well-deserved reputation of making a lot of good happen for families and communities with modest funding, it is reaching a critical breaking point. MIECHV has been flat funded at \$400 million for about a decade, but when you consider sequestration and inflation, our ability to serve families has diminished significantly, as I already noted. Oregon, and many states, have no choice but to reduce the number of families served if we are to maintain quality and achieve the outcomes, we all want for children and families.

While I am proud of the work being done in Oregon and across the country to support families, especially through these challenging last few years, we want and need to do more.

If there is one message you take away from today's briefing, I hope it's that home visiting works. With your continued support, home visiting will continue to be an agent of positive change for improving maternal and child health and well-being and will reach more families and communities.

Thank you again for your time and I look forward to answering any questions.