

Bi-Partisan Women's Caucus
Briefing on Maternal, Infant, and Early Childhood Home
Visiting (MIECHV)
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Remarks by Laurel Aparicio,
Director, Early Impact Virginia

Thank you for inviting me to join you today. My name is Laurel Aparicio, and I am the director of Early Impact Virginia, the private, non-profit collaborative designated to serve as the co-lead and Advisory Board for our state's MIECHV funding which is administered through the Virginia Department of Health. Along with a handful of other states, like Massachusetts and South Carolina, Virginia very much embraces a collaborative approach to MIECHV administration. On behalf of my colleagues in Virginia and all across the country, the home visiting staff we represent and the children and families we serve, first let me say, thank you for being here and for your support of this important program.

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. These program characteristics are key to home visiting's well established impact, but they can also present significant challenges when legislatively directed requirements do not match with administrative and implementation realities. And, so as you hear the amazing real life experiences of the home visitors and families represented with me here today, I have the honor of sharing Virginia's deep appreciation for MIECHV funding, while also sharing some of the challenges that are currently undermining program effectiveness in our state and across the country.

As with all things, the past two years presented tremendous challenges for a service designed to be delivered in person. All over the country, home visiting providers pivoted immediately at the start of the pandemic and developed new, innovative ways to maintain connection with families—from virtual home visiting to porch drop-offs of supplies and activities, home visitors were no less than heroic in their efforts. Especially in those early days, expectant families and families with young children were frightened, stressed and very often exhibiting signs of serious anxiety and depression. Time and time again, we heard that it was the home visitor who provided a true lifeline for families throughout the pandemic. And, we know that in Virginia our home visitors mitigated what we now recognize was not simply a public health emergency, but also a national mental health crisis. Even before the pandemic struck, because of the MIECHV emphasis on innovation through continuous quality

improvement and systemic strategies, our local providers were already recognizing the need for additional resources to support the mental and behavioral health needs of young families. With MIECHV funding, we were able to provide evidence-based training and support for more than half of our workforce to deliver concrete interventions to address mild to moderate perinatal depression and anxiety thereby mitigating the impact on families and reducing the strain on overburdened service systems. As one Virginia mom put it when describing her home visitor-- “She’s my Mother Hen. She’s been my saving grace. She’s my number one support!”

As you can see, we have much to be thankful for when it comes to MIECHV funding. But, I will also share that prior to the pandemic, states and local programs were already identifying a number of challenges with the program that have now reached a breaking point. With flat funding for the last 10 years, significant inflation, and greatly increased program administrative requirements, MIECHV providers are making tough decisions about whether to increase wages to recruit and retain home visitors or reduce the number of families served. As you can imagine, local programs cannot expect to hire staff when competing with higher salaries at fast food restaurants and as we see wages increasing across all other human service industries. We simply cannot maintain the status quo—something has to give.

Simultaneously, MIECHV programs have seen reporting requirements, red tape, and data collection sky rocket, leaving no time to think, let alone, act strategically and drive the very type of innovation that has always been the underpinning of MIECHV legislation. Constantly shifting expectations and reauthorization delays make it all but impossible to set reasonable requirements for local providers—only exacerbating what is already a very complex program.

The home visiting field has been working hard to educate Congress about these challenges and we are so grateful to the committee members who are diligently working on these issues with us. But, we also need your help to address this.

There is so much that I would love to share about home visiting and the incredible impact that MIECHV has had in our state. I absolutely love home visiting and believe that it is through meaningful connection with one another that we strengthen the fabric of our communities, something so necessary at this time. As a nation, now more than ever, we understand the important role that prevention plays in public health, it is time to appreciate the truly transformative power of home visiting and MIECHV and increase our commitment to supporting and strengthening the health and well-being of families right from the start.

If you remember only one thing from my remarks, I hope it is this: MIECHV is smart, effective evidence-based policy that works to empower families and unify systems AND timely reauthorization is critical. Thank you again for your time and consideration.