

**House Ways and Means Subcommittee on Human Resources
Hearing on Maternal, Infant, and Early Childhood Home
Visiting (MIECHV)
March 15, 2017**

*Remarks by Eric Bellamy,
Home Visiting Manager, Children's Trust of South Carolina*

Chairman Smith, Ranking Member Davis, and members, thank you for the privilege of testifying before you this morning. My name is Eric Bellamy. I am the at the Children's Trust of South Carolina, the agency designated by the Governor of South Carolina to administer the state's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding. I would like to thank you, Mr. Chairman, for inviting me to join this panel to represent a South Carolina perspective on home visiting and MIECHV. South Carolina is also a founding member of the Association of State and Tribal Home Visiting Initiatives (ASTHVI), an organization created to promote best practices, information sharing, and peer assistance among state and tribal administrators of home visiting programs. I thank ASTHVI for my colleagues' collective wisdom, which I also hope to convey to you today.

Last, but not least, I would be remiss if I did not acknowledge South Carolina's own Congressman Tom Rice, a member of this committee. Thanks to MIECHV funding, South Carolina has been able to establish home visiting programs in a majority of counties in the 7th Congressional district; indeed, MIECHV supports home visiting in 39 out of 46 counties in the state. While we still have a long way to go in reaching all the children and parents who could benefit from home visiting services, that task would be significantly harder without MIECHV funds, specifically the direct services and the underpinnings for quality and accountability that MIECHV provides.

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) is widely pointed to as a model of effective, evidence-based policy. MIECHV funds voluntary, evidence-based services to disadvantaged families with young children in all fifty states, five territories, and the District of Columbia. Families receiving home visiting services are documented to show significant improvements across a number of key measures including birth outcomes, child development screenings and referrals, prevention of abuse and neglect, 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 practices and the flexibility to match those practices with individual community needs.

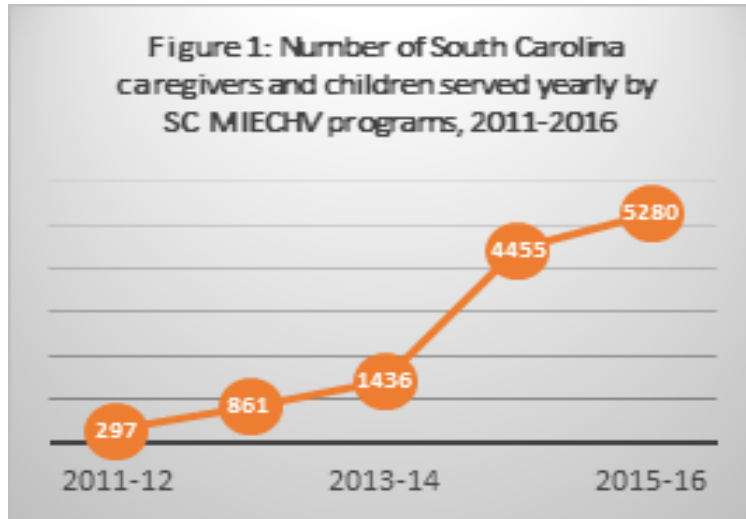
In 2010, Governor Sanford designated Children's Trust of South Carolina as the lead agency to implement and administer the state's MIECHV grant. Like each of the forty-nine

other states, South Carolina conducted a state-wide needs assessment to determine which communities were most at risk, and which proven interventions were best suited to meet their needs. One size does not fit all nationally, and even in a state the size of South Carolina, no one home visiting model meets the needs of all children and families. From our needs assessment, we initially identified five catchments, with outreach to twelve counties, with significant populations of families at risk for poverty, poor birth outcomes, child abuse & neglect and low school-readiness and developed a state plan to respond. Children's Trust determined that four of the models meeting HRSA's criteria for evidence-based programs could best meet the needs of children and parents in South Carolina's most disadvantaged communities: Healthy Steps, Family Check-Up, Healthy Families America, and the Nurse Family Partnership. In 2013, Children's Trust wrote for and received an expansion award through MIECHV. This has allowed us to now fund five evidenced-based models, including Parents as Teachers, and expand services through 16 local implementing agencies. As I mentioned, 39 out of 46 counties in the state are served by a MIECHV-funded model, and over 6,200 individual families have received MIECHV services to date.

The implementation process that South Carolina launched in 2011 illustrates many of the defining strengths of the MIECHV funding. States enjoy a high degree of flexibility to tailor their approach to meet community needs and address state-wide goals for improving early childhood outcomes for vulnerable families. Because the law includes multiple purposes, states can choose to address prenatal and infant health, child abuse and neglect prevention, and/or school readiness goals. States can also select any combination of the seventeen federally-approved, evidence-based models to deploy in targeted communities. As a result, each state's home visiting network looks different. But every MIECHV program is supported by the same evidence base and is held to the same requirements to document outcomes and demonstrate continuous quality improvement.

We can say with confidence – and evidence – that the MIECHV program in South Carolina continues to make important progress in improving the health and economic well-being of South Carolina's most vulnerable families and the early childhood workforce. Children's Trust has contracted with the Rural Health Research Center within the School of Public Health at the University of South Carolina to ensure that all supported programs are measured against legislative benchmarks and to implement a comprehensive evaluation process that assesses family, community, agency, and state-level systems, including workforce development.

6,261 caregivers and children have enrolled in South Carolina MIECHV programs since program inception in 2011. In the first reporting year of the program (2011-2012), South Carolina MIECHV implementing sites served 297 caregivers and children statewide (Figure 1). Enabled by expansion funding awarded in 2013, the South Carolina MIECHV programs enrolled over 2,900 new parents and children, and served almost 4,500 new or continuing caregivers and children in the 2014-2015 reporting year. In the most recent reporting year (2015-2016), an additional 1,630 new caregivers and children were enrolled and a total of 5,280 caregivers and children were served.



- Number of counties served: Expanded to 39 of 46 South Carolina counties;
- Performance measures: Improved or maintained 23 out of 34 performance measures and improved 78 percent of program benchmarks from 2014-2016;
- Home visits: 17,549 home visits in 2015-2016 and 48,426 home visits since 2010
- In 2015-2016:
 - 69 percent of families served were 100 percent under the Federal Poverty Line;
 - 66 percent of families served were from minority racial groups (52.4 = African American; 13.5 = Latino/Other);
 - 75 percent were headed by a single parent;
 - 99 percent of parents served received guidance about injury and safety;
 - 94 percent of children completed scheduled well-child visits;
 - 93 percent of families with a need at enrollment received and completed a referral;
 - 84 percent of parents improved positive parenting skills;
 - 99 percent of women had no second pregnancy within 12 months of giving birth;
 - 82 percent of post-partum women were screened for maternal depression.

Children’s Trust elevated and expanded evidence-based home visiting in the state by concentrating on the areas of greatest need with strategic home visiting integration into primary healthcare and/or medical homes. Target areas and populations include those with the greatest need, with specific focus on child maltreatment, maternal and infant health, and school readiness. But MIECHV does more than fund direct services to children and families. It provides critical funding for the construction and maintenance of a statewide foundation on which high quality services depend. In South Carolina, our MIECHV grant allowed us to create the data system that collects and reports information on the outcomes our program produces for children and families. MIECHV also provides funding for professional development and training for home visitors. These resources are available to all home visitors in the state, regardless of how their programs are funded. This raises the quality of the entire home visiting

workforce in the state, and gives us a pool of effective, qualified family support workers to draw from as funding and caseloads fluctuate. In year five of program implementation, Children's Trust provided effective leadership and guidance for implementing agencies by offering multiple individual and collective learning opportunities for home visitors and site staff. These opportunities included a year-long continuous quality improvement (CQI) learning collaborative that addressed developmental screening and family engagement, and a statewide MIECHV retreat for all lead implementing site staff.

The South Carolina home visiting workforce is experienced and skilled, with the majority of home visitors having three or more years of social work experience (57 percent), healthcare experience (72 percent), or home visiting experience (62 percent). Home visitors are well-educated, with 95 percent having a college education or higher, and are also racially diverse: 53 percent-white; 42 percent-African American; 5 percent-"other." We continue to develop the skills of our family service workers. In 2015-2016, Children's Trust offered nineteen professional and workforce development opportunities for home visitors, including: a statewide Home Visiting Summit (289 participants); All-Sites spring meeting; virtual trainings/webinars on issues such as cultural competence, oral health, and child development; model trainings; reflective supervision training; and other supplemental offerings.

Another defining strength of the MIECHV legislation is the robust and tiered evidence base it has created, and which it continues to build. Each model on the Home Visiting Evidence of Effectiveness (HomVEE) list has met rigorous standards and produced peer-reviewed studies documenting their evidence of effectiveness. As the models are implemented in states, additional data is continually collected. States report data annually on benchmarks that represent the full scope of the MIECHV Program. This ongoing data collection ensures that individual programs across the country are faithfully replicating the model as it was evaluated and approved by HomVEE. The benchmarks also show the impact of MIECHV, holding states accountable for the federal investment they are charged with administering.

Besides ensuring model fidelity and accountability for outcomes, MIECHV's evidence base also helps states leverage other sources of funding for home visiting programs. Prior to the enactment of MIECHV, home visiting was adopted community-by-community. There was no national authority to evaluate model effectiveness and set standards for replicating those programs at scale. MIECHV created the first nationally accepted definition of an evidence-based program, and gave state legislatures and philanthropies an objective validation for investing in home visiting. Following the enactment of MIECHV, many states introduced legislation allowing, and often dedicating, state funds to be spent on evidence-based home visiting programs. In South Carolina, we saw a significant increase in the philanthropic dollars flowing into existing home visiting programs after MIECHV was signed into law. While private philanthropy provided modest support for home visiting prior to MIECHV, in the years since 2011 we have seen an increase in support from organizations such as the Duke Endowment Foundation, the Blue Cross and Blue Shield Foundation, the Boeing Foundation, and other private funders.

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

SOUTH CAROLINA HOME VISITING

Home visiting in South Carolina is supported by a variety of public and private sources that collectively believe in its value. Importantly, one large philanthropy has served as a catalyst for other funding sources.

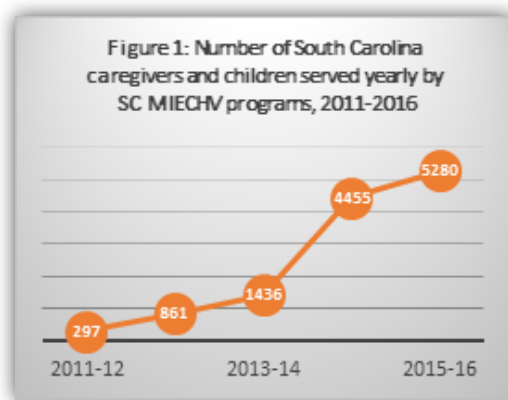
South Carolina received a total of \$8.4 million in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) formula grants from 2010-2016. The state applied for, and won, competitive funds of \$13.8 million in 2013, to expand services and to bring programs and practices to scale.

South Carolina is using Pay for Success, which combines nonprofit expertise, private funding and rigorous evaluation to

transform how government leaders respond to chronic social problems. Pay for Success will bring Nurse-Family Partnership to an additional 3,200 first-time mothers and their babies enrolled across the state over the next four years. The project is led by South Carolina Department of Health and Human Services in partnership with Nurse-Family Partnership, Children's Trust of South Carolina, and other supporting entities.

Additional funding has been awarded by:

- Duke Endowment Foundation: \$14 million (2009–2015)
- Blue Cross/Blue Shield Foundation: \$7 million (2009–2015)
- Boeing Foundation \$1 million (2014–2016)
- Other private funders: ~\$2.1 million (since 2010)



EVIDENCE OF SUCCESS

In total, 6,261 caregivers and children have enrolled in SC MIECHV programs since program inception in 2011. In the first reporting year of the program (2011-2012), SC MIECHV implementing sites served 297 caregivers and children statewide (Figure 1).

Enabled by expansion funding awarded in 2013, the SC MIECHV programs enrolled over 2,900 new parents and children, and served almost 4,500 new or continuing caregivers and children in the 2014-2015 reporting year.

In the most recent reporting year (2015-2016), an additional 1,630 new caregivers and children were enrolled and a total of 5,280 caregivers and children were served.

Evidence of Success:

The state contracts with the University of South Carolina for data collection, impact evaluation, and qualitative studies of state and local programs. In 2015-2016:

- 66% of families served were from minority racial groups (52.4 = African American; 13.5 = Latino/Other)
- 69% of families served were 100 percent under the Federal Poverty Line
- 75% were headed by a single parent
- 99% of parents served received guidance about injury and safety

- 94% of children completed scheduled well-child visits
- 93% of families, with a need at enrollment, received and completed a referral
- 84% of parents improved positive parenting skills
- 99% of women had no second pregnancy within 12 months of giving birth
- 82% of post-partum women were screened for maternal depression

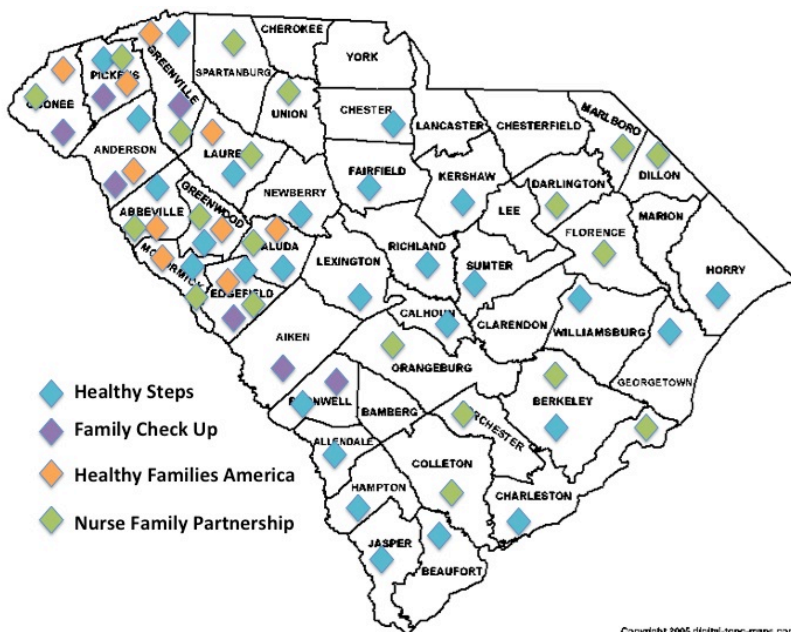
Overall, the MIECHV program in SC continues to make important progress in improving the health and economic well-being of South Carolina's most vulnerable families and the early childhood workforce.



Contact:

Eric L. Bellamy
 Home Visiting Manager
 Children's Trust of
 South Carolina
 Phone: 803-744-4057
 Fax: 803-744-4020
ebellamy@scchildren.org

Investment: MIECHV-Supported Programs



In South Carolina, 39 out of 46 counties are served by the MIECHV program, through 17 local implementing agencies. Participating families are 52.4% African American and 13.5% are Latino or other minorities.

The models currently funded through MIECHV are:

- Family Check Up
- Healthy Families America
- Healthy Steps
- Nurse Family Partnership
- Parents as Teachers

South Carolina Maternal, Infant, & Early Childhood Home Visiting

Year 5 Data Report

August 1, 2015 - September 30, 2016



This Year...



Improved or maintained performance in all 6 benchmark categories

Improved or maintained 23 out of 34 performance measures

Enrollment Expanded!

1,630

Parents & children newly enrolled

5,280

Parents & children served

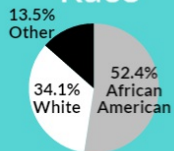
17,549 home visits made to:



2,575 Children
2,705 Families

Caregiver Characteristics

Race



66%

Of families were from minority racial groups

Income



69%

Of families lived below 100% of the Federal Poverty Line

Marital Status



75%

Of families were headed by a single parent

Education



58%

Of parents had no more than a high school education

In the past 12 months...



99%

Of parents received guidance about child injury & safety



94%

Of children completed recommended well-child visits



93%

Of families with a need at enrollment received & completed a referral



84%

Of parents improved positive parenting skills



82%

Of post-partum women were screened for maternal depression



62%

Of parents reported coping well or very well with stresses of parenting



99%

Of women had no second pregnancy within 12 months of giving birth



<2%

Of children were victims of substantiated child maltreatment