House Ways and Means Subcommittee on Worker and Family Support

Hearing on: Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

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Remarks by Steven Pascal

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Thank you, Chairman Davis, Ranking Member Walorski, and members of the Committee for inviting me to testify today. My name is Steven Pascal. I am the Director of Newborn Home Visiting at the Children's Trust of Massachusetts. The Children's Trust is the state's Title II CAPTA agency, charged with the prevention of child abuse and neglect. Along with the Massachusetts Department of Public Health, The Children's Trust helps to administer Massachusetts' Maternal, Infant and Early Childhood Home Visiting, or MIECHV, grant. The Trust is also proud to be a founding member of the Association of State and Tribal Home Visiting Initiatives, a professional association of the state and Tribal administrators of MIECHV home visiting programs. For just over fourteen years I've been honored to work with the dedicated professionals who provide coaching support to mothers and fathers, so they and their children grow up healthy and strong. I hope by sharing with you some of the work we do, the success we've seen, and the challenges we face moving forward, this Committee will have the information it needs to not only reauthorize funding for the MIECHV program, but to place home visiting programs nationally on a more solid foundation for years to come.

Since 1997, one of the primary ways The Children's Trust has sought to achieve our mission is through a strengths-based preventative approach to supporting families through the Healthy Families evidence-based model of home visiting. Since 1997, the Healthy Families Massachusetts (HFM) program has provided services in all of the 351 cities and towns across the Commonwealth. The voluntary program provides in-home coaching services to first-time expectant mothers and fathers from pregnancy until their child's third birthday. Home visits are focused on providing families with the information they need to support successful birth outcomes, help parents recognize and understand developmental milestones and age-appropriate behaviors, and support families with connecting to resources within their community.

Like other states, Massachusetts had local home visiting programs before MIECHV. Nevertheless, MIECHV still plays a unique, and vital, role in our early childhood system. Apart from MIECHV allowing us to serve more children and families than we could without those funds, MIECHV also supports robust continuous quality improvement initiatives, data collection and analysis, ongoing research, and training and professional development that goes far beyond what other funding sources are able to do. Prior to MIECHV, Healthy Families was the only evidence-based home visiting model in Massachusetts. Now, MIECHV funds also support Parents as Teachers. Massachusetts has also used MIECHV resources for Early Head Start home-based programs. Altogether, in Massachusetts, MIECHV provided funding for 3,576 children and families in 2021.

One of the strengths of MIECHV is its flexibility and focus on local communities. As you know, there are now more than 20 home visiting models on the evidence-based list. This allows states to choose to fund

the models that best respond to family needs, and that best fit the community's resources and capacity to implement. Some models start prenatally; others enroll families when children are a little older, up to the age of kindergarten entry. Some models hire nurses or social workers as home visitors; others train parent peers or community health workers to deliver home visits to their neighbors. Models such as Healthy Families focus on prevention of child abuse and neglect. Some, such as Nurse-Family Partnership, focus on health outcomes. Still others, such as Parents as Teachers, focus on school readiness. Obviously, the Children's Trust is a huge proponent of Healthy Families. We have seen home visits using this model change lives for the better, and we have the research to prove it. But the "best" home visiting model is not necessarily the one with the most studies. For a family, the "best" model is the one that responds to the family's immediate needs, that can be implemented effectively in the community where they live, and is available when they are ready to participate.

In Massachusetts, we have home visiting programs in every county in our state, although some may be full and unable serve new families. Other states are not as fortunate, and home visiting is not available in every community. Ideally, all communities should be able to offer more than one approach to home visiting so that families can be matched to the model that best meets their needs. However, as long as home visiting reaches an estimated 3-5% of the families who are eligible, and can benefit from participation in the program, in many places that goal is a long way off.

If you take one message away from this hearing, I hope it will be this: home visiting works. In 2008 we conducted a rigorous longitudinal randomized control study of the Healthy Families Massachusetts program. Fifteen years later, ongoing follow-up analysis has highlighted the continued positive impact of home visiting. The study has shown that mothers who participated in home visiting saw:

- A 32% reduction in subsequent reports of child abuse and neglect,
- lower parent risky behaviors, including decreased use of alcohol and drugs,
- healthier co-parenting relationships that actively involve fathers,
- increased parental educational achievement,
- increased parental employment, and
- reduced homelessness and dependence on cash assistance.

These are just a few of the positive outcomes identified through our evaluation. These findings and others highlight the impact home visiting makes during the critical period from a child's birth until they enter preschool. Home visitors are often the only professionals available to regularly support families in preparing their children socially, emotionally, physically and cognitively for educational success by helping them overcome socioeconomic challenges that have been proven to contribute to the achievement gap. That relationship between home visitors and families, developed over time, is part of the "secret sauce" that makes voluntary home visiting so effective. Home visitors become trusted partners, building on family strengths to help them become even more effective parents, and referring families to needed services and supports they are eligible for but might otherwise not know about or might have difficulty accessing.

Addressing issues of health equity and access is a central part of MIECHV. Because funds are limited, each state carries out a needs assessment to identify communities with the greatest need for, and capacity to implement, home visiting. MIECHV needs assessments work slightly differently from needs assessments for other programs, because the goal of the needs assessment is to both 1) identify

communities with concentrations of risk; and 2) assess the quality of existing programs or initiatives for early childhood home visiting, and community capacity to implement or expand home visiting. States then create priority lists of high-need communities, and "fund down the list" as far as they can go before the money runs out. During the completion of its first MIECHV needs assessment in 2010, Massachusetts used multiple domain areas, including child maltreatment; adverse perinatal outcomes; socioeconomic status (SES); housing; substance use disorder; and crime to rank the need of each of our 351 cities and towns. As a result of this assessment, Massachusetts identified 17 high need communities. Like many other states, Massachusetts has been impacted by the opioid epidemic, and so our 2020 needs assessment included analysis of availability of, and coordination with, services to families struggling with substance use disorders. In our 2020 needs assessment, 16 of the previously ranked 17 high need communities were unchanged.

Community-based agencies that provide home visiting are required to analyze enrollment data to ensure the demographics of their program population match those of their larger community. They also receive training on providing services in a culturally humble manner and supporting families by promoting self-advocacy. By partnering with agencies like Medical Legal Partnership Boston, our programs have developed innovative systems to help families address social determinants of health. By regularly examining with researchers the data we collect about families' progress, we develop specialized training for our workforce, such as how to support court-involved parents.

The COVID pandemic highlighted even further how critical home visiting services are to vulnerable families. We have all heard the stories about how social services across the country were forced to suspend operations. WIC offices closed, and one-third of the country's food banks went out of business. Immediately, home visitors went above and beyond to remain in contact with families through virtual visits. It wasn't easy; there was a lot of work to do to make sure staff, and families, had devices, data, and connectivity to carry out those remote visits. And, while home visitors were working to deliver their evidence-based curriculum via phones and tablets, they were doing so much more: delivering food, PPE, cleaning supplies and diapers. Staying connected to families in order to decrease their sense of isolation, and to screen for depression, was important to keep children safe from potential incidents of child abuse and neglect. We are proud to say that since March 15, 2020, our home visitors completed over 38,000 virtual home visits via video conferencing.

As home visiting programs anticipate a return to in-person services, administrators are focused on building on the success of virtual home visits. The ability to meet consistently with families despite storms, distance, and illness have given the field greater flexibility. Virtual visits have also allowed more coparents who have conflicting schedules or may not live in the home – particularly fathers – to participate in our programs. Still, we recognize many families prefer in-person interaction. Video conferencing has its benefits, but it has drawbacks, too. It is easier to truly understand the resources available to a family when meeting with them in their home. Screening for intimate partner violence is more challenging when video limits your view of who else might be in the room. As we transition out of the pandemic, we are working to find the right balance between virtual and in-person visits. But face-to-face or remote, home visiting will continue to connect with families to help them safely access the resources they need.

The acceleration of virtual home visits is an obvious outcome of the pandemic, but it's not the only one. Home visiting programs have not been immune to the staffing shortages being experienced across

almost every employment sector and throughout the nation. The demands placed on home visitors are considerable. Home visitors receive over 140 hours of training on child development, child abuse and neglect prevention, facilitating attuned interactions, screening for mental health and intimate partner violence, and the utilization of various data systems, to name just a few. Their skillful development of relationships with families keep parents engaged in home visiting through the completion of evidence-based curricula and programming. When home visitors can make as much working at Walmart as they do working with families, it is difficult to maintain our workforce. Some staff with young children lost their own childcare and had to leave the workforce; others left to care for elderly relatives. Recruiting, hiring and training to fill vacancies, particularly at the current wages home visiting can offer, is a challenge. If this group of professionals do not receive compensation commensurate with their skills and training, we are in jeopardy of losing an even more significant numbers of our home visitors and supervisors to jobs with lower requirements and higher salaries.

Uncertainty about reauthorization of the MIECHV statute is another factor in home visiting staff turnover. Even if funds for MIECHV grants are in the pipeline in September when reauthorization is due, home visitors worry about their job security in the event of a lapse in the authorization. The last time MIECHV was due to be reauthorized, there was a one-year extension, and then a two-year extension, and then a lengthy gap before the reauthorization was signed into law. That level of uncertainty makes program planning extremely difficult. It increases home visitor turnover; disrupts relationships with families; creates open positions and unfilled caseloads; and undermines the trust of the communities we serve in home visiting programs. I am grateful to the Committee for getting started now on what I hope will be a timely, five-year reauthorization that is completed and signed into law before the end of September 2022.

Stability, and the ability to budget, staff and plan, is important for any program, but particularly for home visiting services that may work with a family for as long as three years. But stability alone is not enough to maintain current levels of services in MIECHV. By the time the statute is reauthorized, MIECHV will have been flat funded at $400 million for about a decade. That is, if you don't consider across-the-board cuts from sequestration, which have actually reduced MIECHV funding each year for the last several years. Initially, as costs rose and budgets shrank, states cut where they could while preserving resources for family services. Sometimes, administrators were forced to slice in areas, such as training, that they knew were short-sighted, but their priority was serving children and families. After ten years of higher costs and smaller budgets, many states have been forced to reduce the number of children and families served. Home visiting is good at doing more with less, but we cannot compromise the quality of our services or the integrity of implementation with fidelity to the model in an evidence-based program. Already, voluntary evidence-based home visiting, supported with funds from any source, supports only an estimated 3-5% of the families that are eligible and could benefit from home visiting. Without an increase in funding in the next reauthorization, MIECHV's role in state home visiting systems will be diminished and the numbers of families enrolled will be further reduced.

Earlier, I spoke about a key element in the effectiveness of the MIECHV statute: the flexibility to choose evidence-based models that can be implemented in their communities and that respond to community needs. Early in MIECHV, states selected initial models to implement with MIECHV funds. After nearly a decade with no funding increases, state home visiting administrators are facing a dilemma. Adding home visiting models to state programs would help respond to a wider range of family needs. But with

no new money, funding additional models means cutting budgets and caseloads for existing, high-performing programs that are providing quality supports to families that need them.

The updated needs assessment required in the last reauthorization created a similar dilemma for many states, though Massachusetts was fortunate to be spared. The fact that in 2010 Massachusetts was already providing home visiting to the entire commonwealth, and the fact that our 2020 needs assessment did not change our list of high priority communities, allowed our state to expand services without disrupting existing home visiting programs. This is not the case for others. In some states, the updated 2020 needs assessment resulted in minor, but meaningful, shifts in community needs rankings. Understandably, communities that were not previously funded by MIECHV but now ranked at the top of the assessment expected to receive home visiting. But without additional funds, shifting MIECHV grants would require de-funding, and possibly even closing, strong programs that are providing much needed supports to equally deserving families. In the case of both the state lists of MIECHV-eligible models and the community needs assessment, a decade of flat funding is undermining what would otherwise be a strength of the program as intended in statute.

There is much more I could say, but time is running short. If you have never participated in a home visit or spoken with families and home visitors in a round table about how home visiting works, I hope you will reach out to a program in your district to schedule the chance to do so. Virtually or in person, you will be moved by the amazing work parents and home visitors are doing together to strengthen families and make lives better for children.

In closing, thank you again for the opportunity to appear before the Committee today. I hope this testimony has given you greater insight into the work of home visiting programs. Without MIECHV funding, many mothers and fathers in Massachusetts and in the districts that you represent will lose the opportunity to build their parenting skills, stabilize their families, and make gains via education and employment. Home visiting works. With your help, it can work even better, for even more families and communities. We respectfully request your support in reauthorizing the Maternal Infant and Early Childhood Home Visiting program. I thank you for your attention and would be happy to answer any questions you may have.

Additional Information:

The Massachusetts Healthy Families Evaluation-2 (MHFE-2): A Randomized, Controlled Trial of a Statewide Home Visiting Program for Young Parents

https://sites.tufts.edu/tier/files/2021/06/2015_MHFE2finalReport.pdf

The Massachusetts Healthy Families Evaluation-2: Early Childhood (MHFE-2EC): Follow-up Study of a Randomized, Controlled Trial of a Statewide Home Visiting Program for Young Parents

https://sites.tufts.edu/tier/files/2021/06/tuftsFinalReportFull2017.pdf

Recurrence of Maltreatment After Newborn Home Visiting: A Randomized Controlled Trial

https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.304957

Improving Adolescent Parenting: Results From a Randomized Controlled Trial of a Home Visiting Program for Young Families

https://ajph.aphapublications.org/doi/10.2105/AJPH.2015.302919

Relationship types among adolescent parents participating in a home-visiting program: A latent-transition analysis.

https://doi.apa.org/doiLanding?doi=10.1037%2Ffam0000164

Home visiting program impacts on reducing homelessness among young mothers

https://www.tandfonline.com/doi/full/10.1080/10530789.2017.1396740

Massachusetts Maternal, Infant, and Early Childhood Home Visiting (MA MIECHV) 2020 Needs Assessment

https://sites.tufts.edu/tier/files/2021/06/pub2020MA-MIECHV-Assess.pdf

Home visiting and justice system collaborations: Two Programs' approaches to advocating for justice system-involved parents

https://www.sciencedirect.com/science/article/abs/pii/S0190740920321654?via%3Dihub