



Dear Majority Leader McConnell, Minority Leader Schumer, Chairman Hatch, Ranking Member Wyden, Speaker Ryan, Minority Leader Pelosi, Chairman Brady, Ranking Member Neal, Chairman Smith, Ranking Member Davis, Chairman Walden, Ranking Member Pallone, Chairman Burgess, and Ranking Member Green:

As diverse national, state, tribal and local organizations and elected officials committed to improving the lives of vulnerable children and families and saving taxpayer resources, we write to urge you to reauthorize the bipartisan-supported Maternal, Infant and Early Childhood Home Visiting (MIECHV) program for a term of five years with increased funding from \$400 million annually to \$800 million annually before funding expires in September 2017.

As you know, MIECHV is a cornerstone of evidence-based policy, reflecting the notion that the effectiveness of programs and services for vulnerable children and families should not be left to chance, but proven through rigorous evidence and positive outcomes. Science clearly demonstrates that voluntary evidence-based home visiting programs produce a broad spectrum of multigenerational outcomes for children and parents, including improvements in prenatal care and birth outcomes; early childhood health and development; school readiness; parenting practices; and economic stability; while reducing child abuse, neglect and injuries; juvenile delinquency and crime; and dependence on public assistance. These outcomes can yield impressive returns for state and federal government. For example, Parents as Teachers has an estimated benefit-cost ratio of \$3.39 per dollar invested;¹ Family Connects has a community benefit-cost ratio of up to \$3.01 per dollar invested;² the Nurse-Family Partnership has a benefit-cost ratio of up to \$5.70 per dollar invested;³ Healthy Families America has an estimated benefit-cost ratio of \$3.16 for mothers involved with child welfare systems and at least \$1.21 overall;⁴ and Home Instruction for Parents of Preschool Youngsters has a benefit-cost ratio of \$1.80 per dollar invested.⁵

¹ See Washington State Institute for Public Policy Benefit Cost Results; Parents as Teachers, Public Health & Prevention, December 2016:

<http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/118/Parents-as-Teachers>

² See Dodge, et al. Implementation and Randomized Control Trial Evaluation of Universal Postnatal Nurse Home Visiting, *Am. J Public Health* (February 2014);

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011097/>

³ See Karoly, et al. Early Childhood Interventions: Proven Results, Future Promise; RAND (2005)

http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf

⁴ DuMont, K., et. al. (2010). A randomized trial of Healthy Families New York (HFNY): Does home visiting prevent child maltreatment? Washington, DC: National Institute of Justice.

⁵ See Karoly, 2005.

Since its enactment in 2010, MIECHV has spurred the implementation and expansion of evidence-based home visiting in 50 states, 6 territories, and numerous tribes and tribal organizations implementing tribal home visiting programs. MIECHV serves the hardest to reach and most vulnerable children and families. In 2015, 79 percent of families served by MIECHV were considered low-income; 66 percent were unemployed; and 34 percent had less than a high school diploma or GED. Preliminary outcomes demonstrate that MIECHV is working. A recent Report to Congress on the progress of MIECHV indicated that 81 percent of states showed improvements in maternal and newborn health; 85 percent showed improvements in school readiness; 85 percent showed improvements in family economic self-sufficiency; and 70 percent showed improvements in reducing domestic violence and crime.⁶ These multigenerational not only contribute to strong families, but also strengthen our national economy and security.

The reach of MIECHV extends well beyond the children and families it helps. MIECHV also helps states build effective early childhood systems that provide better coordinated care. MIECHV incentivizes states to improve the effectiveness of other services and programs, which in time will lead to evidence-based policies and practices in other social service programs. In addition, because of its clear evidentiary standard, MIECHV has provided clarity to philanthropic organizations seeking to leverage investments in proven programs. These philanthropic investments have promoted public/private partnerships and creative financing mechanisms that are promoting expansion of evidence-based home visiting as well as other proven services for children and families.

Despite these benefits, MIECHV serves only a fraction of the children and families in need nationally. With expanded, stable funding, MIECHV could serve hundreds of thousands of children and families in need across our nation, enabling them to lead healthier, more prosperous lives, and allowing state and federal government to see returns on their investments. We know you share our commitment and belief that children deserve nothing less than a strong start in life and the highest standards. We urge you to reauthorize this important program for 5-years with a doubling of funding from \$400 million annually to \$800 million annually to allow states, territories and tribes to expand these services to more children and families.

Sincerely,

⁶ Demonstrating Improvement in the Maternal, Infant and Early Childhood Home Visiting Program, A Report to Congress, March 2016, available at <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/reportcongress-homevisiting.pdf>