



Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Reauthorization Talking Points

Voluntary Home Visiting is a common-sense investment in children, families, and our nation.

- Home visiting programs partner pregnant women and parents with young children living in poverty and experiencing other risk factors with nurses, social workers and other trained professionals. These providers meet regularly with families in their homes to provide support and knowledge of early childhood health and development, strengthen parenting skills, provide referrals to community resources, and assist parents in setting and reaching their own educational and employment goals. Parents and families participating in evidence-based home visiting do so on a voluntary basis.
- Home visiting programs are evidence-based, meaning that they have been tested and proven to achieve tangible benefits, such as better birth outcomes, improved early childhood health and development, improved school readiness, and reduced child abuse and maltreatment. These programs also help parents, particularly young mothers, stay in school, graduate from high school, seek higher education and obtain gainful employment, allowing families to become economically stable.
- Home visiting started decades ago in states led by Republican and Democratic governors and legislatures as a proven, cost-effective strategy to strengthen parents' abilities to provide their children with a strong start in life and to save scarce state resources. They do this by preventing or mitigating poor birth and educational outcomes, child abuse and neglect, high rates of school drop-outs, and family dependence on public assistance.

Voluntary home visiting programs target the most vulnerable children and help promote opportunities for children and families to succeed.

- Home visiting programs give children and families an opportunity to succeed in school and life. By taking a preventive approach, home visiting programs reach children before they fall behind in their development and early learning.
- Home visiting programs can significantly improve child health and school readiness outcomes, setting children up to succeed in the classroom and in life.

Voluntary home visiting programs put parents in the driver's seat as their children's first and most influential teacher by connecting them to the resources and skills they need to be effective.

- Home visiting professionals provide parents with the skills and knowledge they need to be successful parents, building on family strengths to achieve the best possible outcomes for their children.
- In addition to positive outcomes for children, home visiting improves maternal health outcomes, and increases parents' economic self-sufficiency and independence through increased participation in education and job training programs ultimately leading to higher monthly incomes.
- Home visiting programs have strong economic returns for families and for our entire economy. Research shows that these programs can save state and federal government up to \$5.70 for every dollar invested resulting from improved child well-being and family self-sufficiency due in part to lower health care costs and Medicaid savings, reduced participation in public assistance programs, and fewer children in protective services or the juvenile justice system.

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program is a national program supporting the expansion of voluntary evidence-based home visiting across the nation.

- MIECHV is the only federal funding source dedicated to expanding evidence-based home visiting in states, territories, and tribes. MIECHV was enacted in 2010 with mandatory funding totaling \$1.5 billion over 5 years. Congress extended funding for MIECHV at \$400 million annually in the Medicare Access and CHIP Reauthorization Act (MACRA). Funding for MIECHV will expire in September 2017.
- MIECHV funds home visiting in 50 states, 5 territories and the District of Columbia and in 24 tribes in 10 states.
- MIECHV supports communities to implement and expand evidence-based home visiting by allowing state and local providers the flexibility to determine the best way to use MIECHV funding to address the unique needs of their communities.
- States use MIECHV funds to improve the efficiency of program delivery, increase coordination between systems and agencies and expand local programs.
- MIECHV is committed to achieving connections to other services vital to the health and well-being of young children and families, such as developmental screenings, nutrition assistance, and workforce training, among others.
- MIECHV sets the stage for states to develop innovations in their home visiting initiatives that foster effective collaborations between state systems and that better address the needs of children and families.
- MIECHV provides federal funding to support evaluation to continue to build on the record of success of these programs.
- MIECHV is strongest when it is leveraged within a continuum of other services and supports for families, including Medicaid, CHIP, Head Start, childcare and other vital services for children and families.

MIECHV supports Tribal communities

- Three percent of total federal MIECHV funding is reserved for tribal home visiting

- Tribal MIECHV addresses the distinct challenges facing American Indian and Alaska Native (AIAN) families by leveraging strengths of their communities.
- These programs are culturally specific, locally implemented and use community-based paraprofessionals, which support the local workforce development. Language, tribal teachings and culturally relevant programming is a vital component of tribal MIECHV programs.

Reauthorize MIECHV before September 2017 for a five-year term, increasing funding from \$400 million to \$800 million annually

- Home visiting programs strengthen children and families today and strengthen our economy tomorrow, but they continue to be underfunded and largely unknown across the country.
- While research has consistently demonstrated that home visiting works and saves scarce governmental resources, there is still not nearly enough funding to enroll all eligible, vulnerable families. In fact, current funding serves only a small fraction of the children and families eligible for and in need of home visiting services.
- Implementation of evidence-based home visiting programs is made more difficult by short term funding extensions, as many programs are designed to serve families for multiple years. In addition, programs are reluctant to expand their services and challenged to retain trained staff without consistent, stable and sustained funding.
- Policymakers should enact a 5-year extension of MIECHV and double its funding from \$400 million annually to \$800 million annually before it expires in September 2017.
- The reauthorization over 5 years with double funding will enable MIECHV to:
 - Serve more children and families in the hardest to reach communities, providing them with improved health, educational and workforce outcomes that provide greater opportunities to succeed;
 - Enable states and the Federal government to realize cost-savings in reduced expenditures on health conditions, remedial educational costs, and costs associated with child abuse and neglect and participation in the criminal justice system; and
 - Promote state innovations in their programs that make state systems and services more efficient.