June 9, 2017

Dear Honorable Members of the New York Congressional Delegation:

As providers and advocates dedicated to policies that improve outcomes for vulnerable children, pregnant women and families, we write to urge you to reauthorize the bipartisan-supported Maternal, Infant and Early Childhood Home Visiting Program (MIECHV). This five-year reauthorization would gradually increase funding from $400 million per year to $800 million per year during that period. We strongly believe that reauthorization and expanded funding for the program will give New York communities and service providers the stability they need to have a greater community impact as more families are served.

MIECHV supports the implementation and expansion of evidence-based home visiting programs that help children and families in 50 states, six territories, and numerous tribal entities. This is a wise investment and a good use of taxpayer dollars. MIECHV grants states the flexibility to choose the home visiting models that best meet their needs, while maintaining important accountability provisions that ensure positive outcomes for children and families. States had to establish measurable benchmarks and then meet or exceed them in four of the following six areas within three years, and then report on whether they met or exceeded benchmarks in all six areas at the end of five years:

1. Improvements in maternal and newborn health;
2. Childhood injury or maltreatment prevention and reduced emergency room visits;
3. School readiness and achievement;
4. Crime or domestic violence;
5. Family self-sufficiency; and
6. Coordination with community resources and supports.

In New York State, MIECHV supports 16 local program sites (seven Nurse-Family Partnership and nine Healthy Families New York programs) in nine high-risk counties across the state: Bronx, Chemung, Dutchess, Erie, Kings, Monroe, Nassau, Onondaga and Schenectady Counties (9 out of 62 total counties). Currently, New York’s MIECHV initiative has the capacity to serve 1,300 families at any given time. (See table on page 2 for a snapshot of MIECHV families served in New York.) Moreover, we are pleased to report that New York has exceeded the federal government’s requirements by meeting the definition of improvement in all six outcome areas during the three years that states needed to demonstrate progress. For example, agencies increased the percent of clients screened for depression before birth from 39.8% in 2012 to 96% in 2015, and increased the percent of children receiving at least four well-child visits by 12 months of age from 38% in 2013 to 86.8% in 2015.
The federal Health Resources & Services Administration (HRSA) and the Administration for Children & Families (ACF) jointly administer MIECHV as part of a comprehensive effort to integrate health, early childhood education and social services for at-risk families. The goal is to incentivize states to fund evidence-based program models with rigorous research that demonstrate meaningful, sustained outcomes. Participation in home visiting is voluntary, which means that parents who participate are committed to their success. MIECHV is a pro-family program that has enjoyed bipartisan support in Congress since it launched in 2009.

Reauthorizing MIECHV will enable New York to continue to bring evidence-based interventions to families that need it most. As our nation struggles with numerous public health and educational challenges, including the opioid crisis, it is of utmost importance that we invest in prevention. MIECHV is one of the cornerstones of evidence-based policy, and it is having a real impact in the daily lives of our most at-risk populations in New York. Failing to reauthorize MIECHV, or underfunding it, jeopardizes the future of families and evidence-based policy. Furthermore, studies have found that evidence-based home visiting saves scarce resources. For example, a report by the RAND Corporation, entitled *Early Childhood Interventions: Proven Results, Future Promise*, found that two evidence-based home visiting programs saved from $1.80 to $5.70 per dollar invested.

We urge you to support MIECHV and pass a five-year reauthorization that includes a gradual increase in annual funding, allowing New York’s communities to continue to benefit from programs that build strong foundations for families so that children may reach their full potential in life.

Respectfully,

Nurse-Family Partnership  
Parents as Teachers  
Prevent Child Abuse NY  
Schuyler Center for Analysis & Advocacy  

(continued)
5 Steps to Five
Advocates for Children of New York
American Association of University Women
NYS Brooklyn Kindergarten Society
Buffalo Prenatal Perinatal Network
Capital District Child Care Council
Catholic Health System
Center for Mental Health Promotion
Central Nassau Pediatrics
Child & Family Resources
Child Care Council of Orange County, Inc.
Child Care Resource Network
Comprehensive Interdisciplinary Developmental Services, Inc.
Council of Family and Child Caring Agencies
Early Childhood Policy Associates
Empire Justice Center
Family & Children's Service of Niagara
Family Services of Westchester
Friends of New York City Nurse Family Partnership
League of Women Voters of St. Lawrence County
March of Dimes
Maternity & Early Childhood Foundation, Inc.
Montefiore Nurse Family Partnership
New York State Association for Infant Mental Health
Northern Rivers Family of Services
NYS American Academy of Pediatrics
Oral Health Nursing Education and Practice Program
Power of Two
Public Health Solutions
SCO Family of Services
St. Lawrence Child Care Council, Inc.
The Children's Agenda
The Parent-Child Home Program
UR Medicine Home Care
Visiting Nurse Service of New York
Voices of Innocent Children Everywhere
Westchester Children's Association

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Parent