



NEW YORK STATE LEGISLATURE

June 21, 2017

Dear Honorable Members of the New York Congressional Delegation:

As members of the New York State Assembly and Senate who are committed to accountable policies that improve outcomes for vulnerable children, pregnant women and families – as well as save taxpayers money – 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. The House Ways and Means Committee has introduced legislation (HR2824) that would reauthorize MIECHV for five years. We strongly believe that reauthorization and expanded funding for the program will give New York agencies the consistency and stability they need, while also allowing them 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 measureable 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.

Selected Characteristics of NYS Primary Caregivers¹ (Healthy Families New York and Nurse-Family Partnership) at Enrollment	
21 years of age or under ²	36%
Less than a high school diploma or of school age but not in school ³	26%
Unemployment rate ⁴	68%
At or below 100% of the Federal Poverty Level (FPL) ⁵	87%
Primary language other than English ⁶	25%
No health insurance ⁷	4%

¹ *Primary caregiver* is a designated person for data collection purposes, usually the mother.

² 4/1/12 through 9/30/16. Age data available for nearly 100% of caregivers.

³ 4/1/12 through 9/30/16. Education level data available for 96% of caregivers.

⁴ 10/1/12 through 9/30/16. Employment data available for 95% of caregivers.

⁵ 10/1/12 through 9/30/16. Poverty data available for 76% of caregivers.

⁶ 10/1/12 through 9/30/16. Primary language data available for 97% of caregivers.

⁷ 10/1/12 through 9/30/16. Health insurance data available for 88% of caregivers.

Note: Missing data excluded.

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. In designing the program, HRSA and ACF require states to establish and meet specified child health, education and economic sufficiency benchmarks as a condition of receiving federal funding. 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 on 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 so that New York's children, families and communities will continue to reap its benefits and more lives can be positively transformed for generations to come.

Respectfully,



Senator Marisol Alcantara
Chair, Senate Labor Committee



Senator Tony Avella
Chair, Senate Children & Families
Committee



Assemblymember Richard Gottfried
Chair, Assembly Committee on Health



Senator Kemp Hannon
Chair, Senate Health Committee



Assemblymember Andrew Hevesi
Chair, Assembly Committee on Social Services



Assemblymember Ellen Jaffee
Chair, Assembly Committee on Children
& Families