H.R. 2343: THE EDUCATION BEGINS AT HOME ACT

HEARING

BEFORE THE

COMMITTEE ON
EDUCATION AND LABOR

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED TENTH CONGRESS

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H.R. 2343: THE EDUCATION BEGINS AT HOME ACT

Wednesday, June 11, 2008
U.S. House of Representatives
Committee on Education and Labor
Washington, DC

The committee met, pursuant to call, at 10:06 a.m., in Room 2175, Rayburn House Office Building, Hon. George Miller [chairman of the committee] presiding.

Present: Representatives Miller, Kildee, Payne, Woolsey, Hinojosa, Tierney, Kucinich, Wu, Holt, Davis of California, Davis of Illinois, Sarbanes, Hirono, Altmire, Clarke, Courtney, Shea-Porter, McKeon, Ehlers, Platts, Kline, Foxx, and Davis of Tennessee.

Staff present: Tylease Alli, Hearing Clerk; Alfred Amado, Legislative Fellow for Education; Ruth Friedman, Senior Education Policy Advisor (Early Childhood); David Hartzler, Systems Administrator; Lloyd Horwich, Policy Advisor, Subcommittee on Early Childhood, Elementary and Secretary Education; Fred Jones, Staff Assistant, Education; Danielle Lee, Press/Outreach Assistant; Stephanie Moore, General Counsel; Alex Nock, Deputy Staff Director; Joe Novotny, Chief Clerk; Rachel Racusen, Deputy Communications Director; Meredith Regine, Junior Legislative, Labor; Daniel Weiss, Special Assistant to the Chairman; Margaret Young, Staff Assistant, Education; Mark Zuckerman, Staff Director; Stephanie Arras, Minority Legislative Assistant; James Bergeron, Minority Deputy Director of Education and Human Service Policy; Cameron Coursen, Minority Assistant Communications Director; Kirsten Duncan, Minority Professional Staff Member; Alexa Marrero, Minority Communications Director; Susan Ross, Minority Director of Education and Human Services Policy; and Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel.

Chairman MILLER [presiding]. The Committee on Education and Labor will come to order. A quorum being present, the committee will conduct a hearing on HR 2343, the Education Begins At Home Act.

Good morning. I want to welcome all of you to today's hearing.

We will examine the bipartisan legislation that will help strengthen America's families by expanding early childhood home visitation programs for parents and children.

Throughout this Congress, we have explored how we can help every child arrive at kindergarten ready to learn. Last year we took important steps towards that goal by enacting legislation to rein-

vigorate our nation's Head Start program. This is just the beginning of our efforts. We know that investing in our youngest children is essential to boosting our nation's competitiveness.

We must make long-term commitment to promoting positive growth and development in our children and in those who play the most significant role in their early years, their parents.

Research tells us the relationships that form between parent and child during the first 3 years of life, when 85 percent of the brain growth occurs, are especially influential on a child's cognitive and behavioral development. Early childhood home visitation programs provide parents with education and supportive services to help them better understand the learning and developmental needs of their children and build long-lasting parent-child bonds.

Each year, hundreds of thousands of families benefit from these supportive services, which range from prenatal medical care to health services to family literacy programs. For many parents, the most valued support these programs provide has been emotional. For military families who often face unique parenting circumstances, home visits can make the world of difference when one parent is deployed or returning from overseas duty.

The Parents As Teachers Program at the Ft. Bragg military base in North Carolina helped one mother going through an especially hard time during her husband's multiple deployments when her young son began acting out aggressively in child care, refusing to talk to his father on the phone during his rotations. Parents As Teachers staff helped the mother find ways to develop a closer bond and better communications between her husband and son.

As several of our experts will explain today, early childhood home visitation programs provide far-reaching benefits, helping to increase student achievement, improve access to preventative medical care, reduce high school dropout rates and decrease maternal depression.

For example, according to an evaluation of the parent-child home program in South Carolina, 93 percent of the program participants who were eligible for free lunch passed the state's first grade skills assessment in contrast to only 74 percent of the free lunch eligible students overall.

As Joan Ohl of the Bush administration's Commission on Children, Youth and Families recently highlighted, home visits are an effective approach to preventing child abuse by helping parents deal with the stresses of raising children. Yet for far too long the federal government has not invested enough in programs to support families and children during these first years of life.

The Education Begins At Home Act would create for the first time a federal funding framework for home visitation programs, ensuring that the federal government plays a role in helping communities better plan for and provide quality services for families. It would authorize $400 million in grants to states, tribal organizations and territories over 3 years. The bill would also create competitive grant programs to expand access to home visitation services for military families and families with limited English proficiency.

In addition, the bill would help states create partnerships between programs and related community services. Preparing chil-

dren for success in school and in life begins at home. This legislation is about strengthening and supporting families, an investment that is in the best interest of our children, our communities and our future.

I would like to welcome again all of our witnesses and thank them for joining us today. And I would especially like to thank Congressman Danny Davis and Congressman Todd Platts for introducing this bill, as well as Senator Kit Bond, who has introduced companion legislation in the Senate.

Our senior Republican, Mr. McKeon, is on his way, and we will recognize him when he comes in for the purposes of making an opening statement.

With that, I would like to recognize our panel and introduce them to the committee.

Dr. Heather Weiss is the founder and director of the Harvard Family Research Project and is a senior research associate and lecturer at Harvard Graduate School of Education. Dr. Weiss received her Doctorate of Education and Social Policy from Harvard Graduate School of Education and she was postdoctoral research fellow at the Yale Bush Center in Child Development and Social Policy. Her latest publications include several articles reporting on her longitudinal study on ways in which family involvement in children's learning promotes development and school success.

Julie Fenley, our next witness, and her husband, Victor Fenley, are originally from Conroe, Texas. In early 2007, he was relocated to Virginia Beach, Virginia, when Mr. Fenley enlisted in the U.S. Navy. Mr. and Mrs. Fenley participate in Parents As Teachers Program, which is based in Norfolk Naval Station, and have two children, Zane, who is 2 years old, and Megan, who is 7 years old. Mr. Fenley is an aviation structural mechanical airman apprentice at Norfolk Naval Station and Mrs. Fenley is a full-time parent and supportive Navy spouse.

And I want to thank you very much for joining us today. We are going to hear a lot of testimony about different families that are impacted by the benefits of these programs, and later we are going to ask you some questions about the universality of these programs, because stress with children cut across all families. And so we thank you very much for being here.

Mr. Davis, Congressman Davis, is going to introduce our next witness, Makeda London.

Mr. DAVIS OF ILLINOIS. Thank you very much, Mr. Chairman. And I, too want to welcome all of our panelists.

I take great pride in introducing Ms. Makeda London, who works in my congressional district.

Ms. London has devoted more than 30 years to helping Chicago as a social service provider, be it a faculty member, a substitute teacher, a leader in the public health community or a director of a community learning center. It is her 14 years of service as the director of the Healthy Families Home Visitation Program at the Near North Health Services Corporation located in the Winfield Moody Health Center that gives us the honor of hearing her today.

Ms. London serves families from the Cabrini Green Public Housing Development. In an area known for its crime and difficulties, she has brought invaluable support and resources to thousands of

Chicagoans. Her experiences will surely help increase our understanding of home visiting and how the Education Begins At Home Act can promote family well-being.

So we certainly thank her and welcome her here today.

Chairman MILLER. Thank you very much.

Mr. Altmire, I believe, is going to introduce our next witness, Laura Ditka.

Mr. ALTMIRE. Thank you, Chairman Miller, for allowing me the honor of introducing Laura Ditka, who is a constituent and a friend of mine from western Pennsylvania, a long-time friend.

Ms. Ditka received her Bachelor's degree from Ohio University and her law degree from Duquesne University School of Law. She is an Allegheny County deputy district attorney and the founder of Alleghany County Child Abuse Unit. In this capacity, as head of that unit, Ms. Ditka is the lead attorney responsible for cases dealing with child abuse and homicide in Allegheny County.

Her experience includes 130 jury trials and more than 20 homicide trials. Additionally, Ms. Ditka is an adjunct professor at the Community College of Allegheny County and the chairwoman of the Allegheny County Arbitration Division.

Today Ms. Ditka will be testifying on behalf of Fight Crime, Invest in Kids, an organization of more than 4,000 police chiefs, sheriffs, prosecutors and victims of violence.

I look forward to hearing her testimony and highly recommend her to the committee.

Chairman MILLER. Welcome to the committee.

William Estrada is an attorney and the director of federal relations for the Home School Legal Defense Association, where he has served as the director of federal relations for 2 years. During this time, he has worked on numerous federal issues that are of interest to the home school community in the United States.

Jeanne Smart is a registered nurse who is the director of the Nurse-Family Partnership Program for Los Angeles County Department of Public Health, where she directs all nurse home visiting programs within the Department's Maternal, Child and Adolescent Health Programs. She also represents the Department of Interagency Operations Group for senior level managers from the County's Health and Human Services Agency. She has worked as a community-based public health nurse in some of the highest risk areas of LA County and also been a public health nursing instructor at California State in Los Angeles and California State Long Beach. Welcome.

With that, I would like to turn to the senior Republican on the committee, Mr. McKeon, for his opening statement, and then we will begin with your testimony and we will begin with you, Dr. Weiss, when Mr. McKeon is done.

Thank you.

The gentleman is recognized.

Prepared Statement of Hon. George Miller, Chairman, Committee on Education and Labor

Good morning. Welcome to today's hearing on "H.R. 2343: The Education Begins At Home Act." Today we will examine bipartisan legislation that will help strengthen American families by expanding early childhood home visitation programs for parents and children.

Throughout this Congress, we have explored how we can help every child arrive at kindergarten ready to learn.

Last year, we took important steps towards this goal by enacting legislation to reinvigorate our nation's Head Start program.

This is just the beginning of our efforts. We know that investing in our youngest children is essential to boosting our nation's competitiveness.

We must make a long-term commitment to promoting positive growth and development in our children—and in those who play the most significant role in their early years: Parents.

Research tells us that the relationships that form between a parent and a child during the first three years of life—when 85 percent of brain growth occurs—are especially influential on a child's cognitive and behavioral development.

Early childhood home visitation programs provide parents with education and supportive services to help them better understand the learning and developmental needs of their children and build long-lasting parent-child bonds.

Each year, hundreds of thousands of families benefit from these support services, which range from pre-natal medical care and health services to family literacy programs.

For many parents, the most valuable support these programs have provided has been emotional.

For military families, who often face unique parenting circumstances, home visits can make a world of difference when one parent is deployed or returning from overseas duty.

The Parents as Teachers program at the Fort Bragg military base in North Carolina, helped one mother going through an especially hard time during her husband's multiple deployments.

When her young son began acting out aggressively in child care and refusing to talk to his father on the phone during his rotations, the Parents as Teachers staff helped the mother find ways to develop a closer bond and better communication between her husband and son.

As several of our experts will explain today, early childhood home visitation programs provide far-reaching benefits: Helping to increase student achievement, improve access to preventative medical care, reduce high school dropout rates, and decrease maternal depression.

For example, according to an evaluation of the Parent-Child Home program in South Carolina, 93 percent of program participants who were eligible for free lunch passed the state's first grade skills assessment, in contrast to only 74 percent of free-lunch-eligible students overall.

And as Joan Ohl, the Bush administration's Commissioner for Children, Youth and Families recently highlighted, home visits are an effective approach to preventing child abuse by helping parents deal with the stresses of raising children.

Yet for too long, the federal government has not invested enough in programs that support families and children during these first years of life.

The Education Begins at Home Act would create, for the first time, a federal funding framework for home visitation programs, ensuring that the federal government plays a role in helping communities better plan for and provide quality services to families.

It would authorize $400 million in grants to states, tribal organizations, and territories over three years.

The bill would also create competitive grant programs to expand access to home visitation services for military families and families with limited-English proficiency.

In addition, the bill would help states create partnerships between programs and related community services.

Preparing children for success in school and in life begins in the home. This legislation is about strengthening and supporting families—an investment that is in the best interests of our children, our communities, and our future.

I'd like to welcome all of our witnesses and thank them for joining us today.

I'd especially like to thank Congressmen Danny Davis and Todd Platts, for introducing this bill, as well as Senator Kit Bond, who has introduced companion legislation in the Senate.

Thank you.

Mr. McKEON. Thank you, Chairman Miller. Good morning. I apologize for being late.

We are here today to examine the Education Begins At Home Act, a bill that authorizes approximately half a billion dollars to establish or provide programs that provide home visitation services for families.

I appreciate that we are here for a legislative hearing, particularly given the significant size and scope of this proposal. Today's hearing gives us an important opportunity to consider not only the broad concept of home visitations, which are generally intended to improve child development, child health and wellness and parenting practices, but also to look at the specific details of the legislation that has been proposed.

In recent years, our committee has focused on authorizing and funding programs with proven results. We know that programs backed by sound scientific research can help ensure more meaningful results for children, a goal we all share whether we are talking about effective reading and mathematics instruction or Head Start reform or any number of other programs.

To that end, I am anxious to hear more today about the research surrounding home visitation programs. What effects have been demonstrated when it comes to cognitive development, school preparedness and parenting skills? Have some programs been shown to be more effective than others? Are home visits helpful in their own right, or only when paired with other services?

I am also interested in a discussion about how best to target federal resources. Traditionally, federal intervention in this area has focused on disadvantaged children. Take the Early Head Start program, for example. In that program, we have explored the use of home visits to strengthen parenting skills and cognitive development in a way that compliments the services provided through Early Head Start. This approach ensures that we are reaching the children most likely to require additional support in order to start school on par with their more advantaged peers.

Today's hearing will allow us to explore these and many other questions about the Education Begins At Home Act. I want to thank our distinguished panel of witnesses for joining us, sharing their views and allowing us to benefit from their varied areas of expertise. There are a range of perspectives on this issue, each of which will be valuable in our deliberations.

I intend to focus today on the questions I just posed, including whether there are proven strategies for success in this field and how best to target resources to those most in need.

Once again, I thank the chairman for holding this hearing and I yield back the balance of my time.

[The statement of Mr. McKeon follows:]

Prepared Statement of Hon. Howard P. "Buck" McKeon, Senior Republican Member, Committee on Education and Labor

Thank you Chairman Miller, and good morning. We're here today to examine the Education Begins at Home Act, a bill that authorizes approximately half a billion dollars to establish or expand programs that provide home visitation services for families.

I appreciate that we're here for a legislative hearing, particularly given the significant size and scope of this proposal. Today's hearing gives us an important opportunity to consider not only the broad concept of home visitations—which are generally intended to improve child development, child health and wellness, and par-

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Once again, I thank the chairman for holding this hearing, and I yield back the balance of my time.

Chairman MILLER. Thank the gentleman.

We are going to begin with your testimony. When you begin, in front of you a green light will go on that tells you that you have 5 minutes for your testimony. Obviously, you can't say everything you want to say in 5 minutes, but do the best you can. And at 4 minutes, an orange light will come on and that tells you that you have a minute to sort of try to wrap up. We want you to complete your thoughts, coherent sentences and all the rest of that, but we are in session now, so at some point there may be votes and we want to make sure that everybody gets an opportunity to be heard.

So, Dr. Weiss, we will begin with you.

And your written statements, of course, are all part of the formal record, and so we want you to know that also.

Dr. Weiss?

STATEMENT OF HEATHER B. WEISS, ED.D., FOUNDER AND DIRECTOR, HARVARD FAMILY RESEARCH PROJECT, SENIOR RESEARCH ASSOCIATE AND LECTURER, HARVARD GRADUATE SCHOOL OF EDUCATION

Ms. WEISS. Thank you very much for the privilege of testifying before you this morning.

I want my remarks to sort of talk about some of the research evidence that then frames what you are going to hear from other very important members of this panel, and that is families and people who provide home visit services.

I have a long-term interest in home visitation because of its capacity to help parents get the knowledge and skills and support they need to help their children succeed. I am here because as a researcher who created the Harvard Family Research Project, I know the 40 years of research that shows that parenting and fam-

ily processes are one of if not the strongest predictor of kids' development and school and life success.

They are the strongest predictors, I think, of cognitive, social and emotional development and, therefore, a very powerful source of improving outcomes for kids.

I know from recent reviews that I have done with colleagues that children and youth with involved and supportive and nurturing parents from birth to adolescence are likely to succeed in school. They are going to be ready for school, succeed in school. They are more likely to get better grades. They are more likely to graduate from high school. And also they are more likely to go to college or have some kind of post-secondary success.

So what potentially home visits in the early years do is set a pathway of parent involvement that begins at birth and continues through school, and when you create that pathway, you increase the likelihood of the long-term benefits we want for kids, and that is high school graduation with the skills they need to succeed in college or post-secondary education and then in the global economy and the world.

So this sounds great. What do we know from research about whether or not voluntary early childhood home visitation is a good public policy investment? I look at this through the lens of three questions: What is the evidence that home visiting creates positive changes in parenting that results in better outcomes for children and families? What is the evidence that the home visiting field is ready to scale up and it will produce these positive outcomes at scale? This is a big public policy investment. What does the research tell us about whether or not we are going to get payback at scale? And finally, what legislation and policy provisions are likely to support successful scale up so you get the substantial returns on investment?

And as a researcher, I of course look closely at legislation and say does this legislation incorporate what I think research tells us that increases the likelihood of getting benefits at scale. So I want to address these questions. I address them, actually, in my written testimony in detail. I am going to talk about them kind of in a Cliff notes version today, and then I am happy to answer questions.

I am really here to strongly support the Education Begins At Home Act, because there is a strong and growing knowledge base of evaluation evidence that high quality, voluntary early childhood home visit programs pay off on a variety of outcomes. They develop parenting skills and knowledge and understanding of the key roles that parents play in kids' learning and development.

There is a lot of short-term evidence to this effect, which I have summarized in gruesome detail and probably put many people to sleep with, and I am happy to talk about it, believe me, but I think you can make a strong evidence-based case that investment in high quality programs pays off across an array of outcomes.

A thing that is of particular interest to me is the fact that we are now getting longitudinal evidence that shows that these programs have the potential to increase parent involvement into elementary school, meaning that parents are more likely to go to parent-teacher conferences, initiate contact with their teachers about how the child is doing, and as somebody who knows the parent in-

volvement in school and learning at home literature, if you can create that kind of changed parenting behavior that endures through elementary and into high school and beyond, you have got a real recipe for long-term positive outcomes for kids.

The evidence also tells us a great deal about how to develop and implement high quality programs. And this knowledge I would argue is critical for the success of investment at scale. We know a great deal about what it takes to get high quality home visit programs, and I want to talk about that in a minute.

So when I think about it, there is bottom line potential, great bottom line potential for home visits to return very important, positive outcomes in the early years and well into elementary school and perhaps beyond. These outcomes are things like increased school readiness and school success, prevention of costly problems from maltreatment to teenage substance abuse, delinquency, those kinds of problems. We are beginning to have some evidence of those kinds of benefits with longitudinal research.

So I support EBAH because of the way, finally, the key features about what we know about what we need to produce and implement high quality programs maps directly onto key provisions of the legislation.

The research tells us that high quality home visit programs are necessary but not sufficient. They need to be part of a broader set of early childhood services, including center-based early care and education, and they need to be connected to other supports and resources in the community. The legislation provides for training, curriculum development and I think incredibly importantly for external evaluation and ongoing performance management. It requires that states and programs report yearly on key indicators. They can then use the information they get from their performance management to increase their performance.

So when I think about what makes for high quality investments in public policy, EBAH has strong research behind it, research that helps us understand how to deliver quality programs, and the capacity to track our performance and see if we are getting a return on investment.

Thank you.

[The statement of Ms. Weiss follows:]

Prepared Statement of Heather Weiss, Ed.D., Founder and Director, Harvard Family Research Project, Harvard University Graduate School of Education

Chairman Miller and Members of the Committee: Thank you for the opportunity to provide testimony at this important hearing on the Education Begins at Home act. My name is Heather Weiss and I am the Founder and Director of the Harvard Family Research Project at the Harvard University Graduate School of Education. I have spent the past thirty years of my work devoted to building the knowledge base for programs and policies that strengthen and support families, schools and communities as settings for child development. We regularly compile and synthesize research and evaluation studies to guide policy, practice and evaluations, and to provide programs with tools and information to guide their evaluations. My colleagues and I at the Harvard Family Research Project are known for our work building the research base for complementary learning supports which we define as a systemic approach that intentionally integrates school and non-school supports such as home visitation and afterschool programs with schools to promote educational and life success. Complementary learning builds on a long history of theory and research about the many contextual influences on children's development and on the research-based understanding that neither schools nor families nor commu-

nities alone can ensure learning and educational achievement. I sit on numerous advisory boards, advise on and evaluate major foundation grantmaking initiatives for children and families, and recently served on the National Academy of Sciences Institute of Medicine Committee evaluating the implementation of PEPFAR with particular attention to its effects on orphans and vulnerable children.

Let me start with a useful and undeniable fact: The evidence from over forty years' research into the factors that affect children's education is both consistent and substantial. Family involvement in a child's learning at home, at school, and in the community is one of the strongest predictors of social, emotional and academic development.[1] Nurturing and responsive parenting is a critical factor in ensuring that children are ready to enter and to exit from school with the skills they need to succeed in higher education and in the global workforce. Children and youth with involved and supportive parents from birth through adolescence do better in many ways. They are more ready to succeed in school, and they get better grades, have higher graduation rates, and are more likely to go to college.[2]

The Education Begins At Home Act (EBAH), providing funding for states to develop, deliver and evaluate home visitation as a core component of early childhood services, is a key piece of the national effort to insure that all children succeed for several reasons. It is the first dedicated federal funding stream providing information and support for parents to help them enhance their children's early development. Beginning at birth, home visitation establishes the critical importance of parent involvement in learning and helps parents and schools understand and reinforce its continued importance through the child's entire school career. Evaluations of home visit programs indicate that when they are delivered with sufficient frequency and quality, they help parents, particularly economically and otherwise disadvantaged ones, get what they need to help their children succeed. The evaluations suggest that these programs can increase school readiness, increase parents' understanding of their role in child development, strengthen parenting practices, improve maternal and child health, and help to reduce child maltreatment. The provisions of the EBAH Act draw from the most recent research and evaluations laying out what it takes to develop effective home visit services and this increases the likelihood of strong returns on investments in these early parent support and education services.[3]

My review of the home visit research and evaluation literature addresses three central questions:

1. What is the evidence that early childhood home visit programs create positive changes in parenting and parent involvement in learning that lead to better outcomes for children?
2. What is the evidence that the home visit field is ready to scale up and that it can produce these positive outcomes at greater scale within states?
3. How does the EBAH legislation incorporate the lessons from past evaluations and leaders in the home visit field, thereby increasing the likelihood of returning positive results at greater scale?

This testimony and research review draw from several areas in my research and professional experience: individual evaluations of national home visit program models; several literature reviews of home visitation conducted over the past fifteen years;[4] a recent meta-analysis of 60 programs employing home visitation as the primary service delivery strategy;[5] and interviews with leaders from six well-established national home visit program models and selected home visit researchers and evaluators.[6] Several national home visit models have conducted rigorous experimental or quasi-experimental evaluations of their programs at one or more sites in the past twenty years; by 2004, there were enough peer-reviewed studies by these and other programs to warrant meta-analysis.

I also draw on my on-the-ground experience with The Home Visit Forum, a consortium of six national voluntary home visit programs which operated from 1999 to December 2005. The consortium was organized by the Harvard Family Research Project, in conjunction with Deborah Daro of Chapin Hall and Barbara Wasik of Johns Hopkins University, to strengthen the research and evaluation and continuous improvement capacity of the home visit field and to build its knowledge base.[7] The Forum members included representatives from Early Head Start, Healthy Families America, Home Instruction for Parents of Pre-School Youngsters (HIPPY), the Nurse-Family Partnership, Parents As Teachers (PAT) and the Parent Child Home Program. Each of these are home visitation models serving children during the course of the first five years of life and emphasizing different aspects of parenting and child development. Early Head Start is the early years component of the Head Start program and it includes both home visitation and a center-based component. Healthy Families America is a program that begins in the first year of life and specifically targets families considered to be at risk for abuse and neglect. HIPPY

serves 3-5 year olds with a parent-child literacy emphasis. The Nurse-Family Partnership works with first-time teen mothers beginning in the third trimester of pregnancy and continuing through the second year of life and provides a series of maternal and child health and early parenting supports. Parents As Teachers works with families with children in the first two years of life and provides an array of parenting services. The Parent Child Home Program focuses on family literacy for children from ages 3—5. Each of the models is national in scope and coverage and has been providing services for at least twenty years.

Overview of Early Home Visitation

Voluntary home visiting programs provide parenting education and support at home or other locations chosen with families. Different program models target different kinds of families, ranging from first-time teen mothers to all families with children in their requisite age group, and they typically provide services anywhere from a two- to a five-year period. As the table below with information from six of the national models shows, programs differ in their goals and the types of families they serve, and as a result, they focus on achieving different—although sometimes overlapping—outcomes.

	Population Served	Program Goals
Early Head Start	Low-income pregnant women with infants and toddlers	Promote healthy prenatal outcomes, enhance development of young children, promote healthy family functioning
Healthy Families America	Parents of all income levels identified as at-risk for abuse and neglect	Promote positive parenting, prevent child abuse and neglect
The Home Instruction Program for Preschool Youngsters (HIPPY)	Families, many low-income but no restricted income guidelines	Empower parents as their children's educators, enhance children's early school success
The Nurse-Family Partnership	Low-income, first-time mothers	Improve pregnancy outcomes, child health and development, family economic self-sufficiency
The Parent-Child Home Program	Low-income families	Develop children's language and literacy skills and prepare them for academic success, empower parents and enhance parenting skills
Parents as Teachers	Parents of all income levels	Empower parents and increase their knowledge of child development, prepare children for school success

Most programs also connect families with other community resources to support families, including health, mental health, social and other services.[8] As of 2001, at least 37 states had home visiting systems in place, and the number is no doubt higher now.[9] Many are experimenting with targeted vs. universal services, targeting particular models to particular groups, combining models for coverage from birth through preschool, and combining home visitation with center-based early care and education.

Early childhood home visitation programs are viewed as a promising strategy for helping parents and thereby promoting the growth, development and school readiness of young children because, as developmental research consistently confirms, young children are most likely to reach their full potential when they have nurturing, stimulating and supportive relationships with their caregivers.[10] Home visit programs focus on building such relationships.

As Hart and Risley's (2002) path-breaking study of the role of families in early development indicated, children's early language and literacy development, as well as their understanding of their capacity to learn, are shaped in the everyday interactions they have at home with their parents in the first few years.[11]

This study, as well as other research on early development, indicates that economically disadvantaged children are less likely to have rich home literacy environments or frequent positive interactions and experiences with their economically-stressed parents. This in turn puts them at a disadvantage when they begin school.[12] Child development research affirms the importance of parenting practices and involvement for early childhood development. Home visitation programs are one

way to reach busy parents and offer them regular information and support with potential benefits for both the children and the family.

Question 1: What is the evidence that early childhood home visitation programs create positive changes in parenting and parent involvement in learning that lead to better outcomes for children?

Most of the narrative reviews over the past fifteen years, as well as the recent meta-analysis, conclude that home visitation programs can produce positive changes across an array of child and parent outcomes when the conditions for high quality services are met. Sweet and Appelbaum 's meta-analysis examined five parent and five child outcomes and found home visiting was associated with improved parenting attitudes and behaviors; mothers returning to school; children with better social, emotional and cognitive abilities; and less potential for child abuse based on emergency room visits, injuries and accidents. They, like most other reviewers, concluded that home visit programs are a promising but not yet proven strategy. Such programs create modest but potentially important positive changes, for, as Sweet and Appelbaum note, "all effect sizes fall in the small category * * * statistical significance, however, does not necessarily indicate practical significance and whether or not the magnitude of observed effects is meaningful and important remains to be determined" (1435-1456). As will be noted below, several of the national models have studies indicating longitudinal benefits of early home visitation for children and for families.

At the same time, twenty-five years of investments in evaluation are paying off in a clearer understanding of the characteristics of high quality programs, and of the circumstances necessary for home visitation to produce these and other benefits as they go to greater scale around the country. Expectations for home visitation must be realistic. Home visits are "necessary but not sufficient,"[13] and to be effective, they should be embedded in a comprehensive system of early childhood services, especially when they serve highly stressed or economically or otherwise disadvantaged families. Evaluations of several of the major home visit models also suggest that home visitation in conjunction with high quality early childhood education and/or preschool is more likely to result in positive gains.

The comprehensive evaluation of Early Head Start's (EHS) home visiting, center-based and mixed home visit and center models showed that the mixed approach had the broadest range of significant impacts, including on children's language, social-emotional development, and on parents in terms of reading more to their children, being more supportive during play, and using less physical punishment, supporting the case for a mixed home and center approach. Similarly, a non- experimental evaluation of the Parents As Teachers Program (PAT) found the best outcomes when home visitation was combined with center-based care or preschool. Minority and non-minority children and those in high- and low-poverty schools who participated in PAT and preschool scored higher on kindergarten readiness assessments, as did EHS children who also participated in PAT and preschool. Children cared for only at home but participating in PAT scored higher than those whose parents did not participate. The combination of home visitation and center-based early childhood programs can enhance literacy, math and behavioral readiness for school, all key to early school success.

Several of the national models target early literacy, and their evaluations suggest promising results with respect to language and literacy development. In a study of kindergarten readiness, The Parent Child Home Program (PCHP) found significant increases in school readiness for participating at-risk children.[14] HIPPY USA has promising results in the second year of a three-year study of HIPPY AmeriCorps programs with respect to an array of parent literacy-related behaviors and practices and indicators of children's language and literacy.

There are a few studies which suggest long-term educational and societal benefits from early home visitation, and fewer still which examine cost analyses. However, several of the national home visit models have longitudinal research underway and there are calls for new cost-benefit studies. In addition to positive results from the longitudinal research on the Nurse-Family Partnership (noted in the textbox above), the Parent Child Home Program (PCHP) has followed up and compared results for at-risk children who completed the program and a control group. PCHP children had significantly higher rates of graduation. Several of the national program models target reduced costly child maltreatment as a key program goal and outcome, including the Nurse-Family Partnership and Healthy Families America. These programs show some promising results, particularly for mothers with the fewest resources to draw on, those who are younger, economically disadvantaged and first-time mothers.[15] The two available cost-benefit analyses suggest that benefits can outweigh the costs, but they are preliminary, suffer from insufficient information—

particularly across and within the major models—and serve primarily as an incentive to do further cost-benefit studies with better information.[16]

Twenty five years of evaluation of voluntary home visit programs indicates that it is critically important to keep expectations of what they can achieve reasonable and realistic, and to embed home visitation within a system of early childhood services. It is also important to insure that there are means to connect families with other accessible family support services and supports. Programs with theories of change that carefully link program inputs and processes to desired outcomes, that continually measure their performance and that use the results as well as other research for continuous improvement and innovation, are more likely to provide the quality necessary to get the desired child and family outcomes. There are a number of examples of this. The Nurse-Family Partnership has been experimenting with a new curriculum which has shown promise in reducing domestic violence. PAT has redone its curriculum in accord with the latest research on child growth and development from neuroscience. Evaluations also suggest the importance of sufficient resources to hire competent staff, provide ongoing and high-quality training and supervision, insure strong organizational capacity, and allow attention to outreach and program engagement in order to build the family-visitor relationship and insure sufficient dosage to get results. When these quality indicators are not in place, there is much less likelihood that investments in voluntary home visitation will pay off in better results for children and families. When they are, home visitation can provide information and support to families that set them on a path to nurturing and responsive parenting and continued involvement with the child's learning into and through the school career.

Question 2: What is the evidence that the home visit field is ready to scale-up and that it can produce positive outcomes at a greater scale within states?

Voluntary home visitation has been provided to families with young children from at least the nineteenth century through to today. The current major national home visit models date from the 1970's, and a number of them have been gradually going to greater scale in communities and now states around the country. Spurred by the national movement to results-based accountability, as well as by sometimes mixed evaluation results, national home visit models have been building their national training and technical assistance capacities, partnering with each other, and working to build their capacity to evaluate, track and improve their performance and to be accountable for the results they seek to obtain. The leaders of these national models, as well as those creating state early childhood systems, are very aware that in the current and future policy environment, even experimental evidence that a program works in one place is insufficient to warrant scale-up and sustained funding. They understand that in current and future policy environments, there are now two key questions that must be addressed: Is there experimental evidence that voluntary home visitation "works?" and "Does the field have the understanding of and capacity to provide what it takes to go to, and return results at, scale?"

In 2006, Weiss and Klein reviewed the evidence on home visitation to address the question of readiness to scale. They concluded, given the current state of knowledge and appropriate demands for demonstration of returns on investment, that voluntary home visiting is a wise bet so long as four conditions around home visitation capacity and infrastructure are met as expansion occurs:

1. First, given the substantial and growing body of evidence about home visiting, new and continued funders and their funding should ensure that there is national and state support so that providers have the commitment and capacity to incorporate lessons from their own and each others' research and evaluation for program improvement as they go to and operate at greater scale.
2. Recent meta-analyses suggest that looking across as well as within programs provides information about the specific capacities, characteristics and activities that contribute to more positive outcomes for children and families. Therefore, a second condition is that home visiting programs must regularly collect and report information on their progress and outcomes to determine if their hypothesized outcomes are being achieved.
3. The third condition is that national models and others doing research, evaluation and performance monitoring share their information and results to build the collective knowledge base and inform public policy on home visitation.
4. Finally, because recent evaluations have shown that home visiting can be more effective for economically and otherwise disadvantaged families when it is paired with center-based early childhood and/or prekindergarten programs, the fourth condition is that there be support for and encouragement of trails of these and other combinations to better understand how home visitation fits with and contributes to a comprehensive system of early childhood child and family supports.

Weiss and Klein also interviewed representatives of the national models and selected researchers and evaluators knowledgeable about home visitation to get their perspectives and recommendations about investments in knowledge development and system and capacity building that would support efforts to scale high quality and effective home visitation programs. There followed six recommendations about what is necessary to deliver quality services at scale:

1. Develop mechanisms to test and report on the extent to which quality home visiting at scale improves outcomes for young children and parents.
2. To increase the likelihood of achieving results at scale, and to support learning and continuous improvement efforts, programs should use a management information system for tracking and monitoring activities.
3. Identify what capacity is needed to maintain quality at scale in areas including training, supervision, technical assistance, research, communication, and advocacy, and feed this information back in to support capacity building in each of these areas.
4. Invest in research to better monitor and understand what happens in visits that leads to improved outcomes and to support training and supervision efforts.
5. Invest in research to better match program goals, activities, and intensity with family circumstances, home visitors, and supports to get the best outcomes for young children and parents. This information is essential for decisions about targeted vs. universal services, allocation of families to particular models, and for decisions about how to integrate home visitation into other early childhood services.
6. Identify realistic expectations for what home visiting can accomplish and hold programs accountable for achieving those outcomes.

The interviews with the national model representatives indicated that they are implementing these recommendations now, and that they are working with a number of state government and nonprofit organizations in their efforts to do so. The details of their work are described in Weiss and Klein, 2006. Continuation of these efforts is important as home visitation moves from individual model-led national expansion to expansion within a state-led system of home visitation services integrated into a larger comprehensive system of early childhood child and family supports. There is much to be learned from the efforts of the six models as states scale home visitation services. There are also key decisions to be made about a national research and evaluation agenda for home visitation and how state program expansion will fit with and benefit from national or cross state evaluation, performance management, continuous improvement and accountability efforts.

Several of the recommendations above may be most efficiently managed at the national level with states contributing data and experiences, while others might best be handled at the state level with a commitment to cross-state and national information sharing and synthesis. So, for example, states should oversee the development of management information systems but they can learn from the national models and from each other as they do so. Program expansion arguably should be tied to a transparent and effective system for collecting indicators of performance and evidence of use for program improvement purposes. Research on what happens in home visits—with resulting implications for targeting, training and supervision, on the other hand—might best be part of a state-informed but nationally developed and funded research and evaluation agenda, again committed to dissemination of results to support continuous improvement efforts. As home visiting moves to scale, it will also be important for states to suggest other questions for a nationally-funded research and evaluation agenda that would in turn inform their work and quality improvement efforts. Coordinated national and state efforts will be necessary to address recommendation five, research and evaluations to answer key policy questions about what types of home visitation, in combination with what other supports and early childhood services, work when and how for what types of families in order to promote school readiness and other valued outcomes.

In sum, the promising evidence on home visit effectiveness and the field's growing understanding of what it takes to develop and implement high quality services lead many to conclude they are worthy of investments to scale-up, so long as all the conditions noted above, particularly their integration into a comprehensive system of services, are met.

Question 3: How does the EBAH legislation incorporate the lessons from past evaluations, and thereby increase the likelihood of returning positive results at greater scale?

The Education Begins at Home Act—with three years' funding for states to expand access to early childhood home visitation services with related supports and provisions for quality implementation and evaluation—draws from and is consistent with the lessons and recommendations that are emerging from the home visit field.

The Act wisely builds in key provisions, including national peer review of state applications, 10% set aside for training and technical assistance, and 3% set aside for evaluation with requirements for yearly performance tracking and reporting on key indicators and an ongoing independent national evaluation. These provisions for continuous improvement both increase the chances of successful implementation and will determine if home visiting is in fact achieving its intended short term outcomes.

As a quick look at the response to question 2 above shows (what it will take for home visitation to be ready for scale), the proposed requirements for state plans and use of funds all map onto the emerging consensus about what it will take to implement high quality voluntary early childhood home visit programs that offer a genuine and lasting return on investment. Those requirements include a needs and resource assessment, collaboration among home visit models and with other early childhood services, specification of outcome areas to be assessed and reported yearly, incentive to build in rigorous research designs, outreach to fathers and other caregivers, attention to staff training and supervision and organizational capacity for implementation, and the earmarked resources to strengthen Early Head Start home visitation. All of these help build programs that can enhance parenting and thus school readiness, and sustained family involvement in learning and development.

I respectfully propose several other considerations for this Bill to the Committee. First, my research and experience suggests that both the national models and many state administrators are ready to get and use their own and others' data and research to support an ongoing process of learning, evaluation, performance management, continuous improvement, and accountability. They are ready to become what David Garvin at Harvard Business School calls "learning organizations."[17] The legislation now provides for substantial national as well as state level data collection and evaluation, but it does not specify how these data will be used to enhance implementation, learn from failures, benchmark, or share proven practices, in order to improve implementation as well as to inform policy-making. Consideration should be given to how to get the maximum from the legislation's substantial investments in performance management and evaluation. Leadership at the national as well as state level, and provisions to support this learning process, are key, and perhaps could be specified as part of the legislation.

A second consideration involves a requirement for and specification of ways to link early childhood home visitation and other early childhood services to school such that both children and families are involved in a successful transition to kindergarten and elementary school. Evidence continues to grow that it is important to get parents as well as children ready for school, and that parental readiness offers academic benefits for children.[18] Early childhood home visit programs are designed to enhance parent and family involvement in children's learning and development, and many of them reinforce the importance of continued involvement through the child's school career. There is also a substantial research base about the academic payoff of continued family involvement and increasing recognition of this amongst school administrators and teachers.[19] However, the legislation as currently drafted does not include provisions for links with districts and schools in order to support and include both parents and children in the transition. Nor does the legislation as currently drafted consider how to work with schools to continue family involvement into and through elementary school.

Sustained family involvement with the academic payoffs it can bring is one of the longer-term outcomes from early childhood home visitation but it will depend on building bridges to school and working with educators to help sustain this involvement.

At the outset, I mentioned that my colleagues and I are working to build the knowledge base for complementary learning. Complementary learning involves linking school and non-school supports for children's learning and development from birth through high school and thereby creating pathways into and out of school. Initiatives such as the Harlem Children's Zone and Omaha's Building Bright Beginnings are examples of community-based complementary learning approaches and both emphasize the importance of support for parenting and family involvement. There is a strong research-based case that nurturing parenting and continued family involvement throughout a child's school career are necessary components of these complementary learning pathways. While increasing evidence suggests that no one support alone, whether it is a good prekindergarten, school or early childhood home visitation program, is enough to get children into and graduating from school, high quality early childhood home visitation holds much promise for launching both parent and child on a pathway to graduation, to postsecondary education, and to success in a global society and economy. The Education Begins at Home Act is struc-

tured to provide a great opportunity to offer a key component in this pathway hypothesis.

ENDNOTES

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Chairman MILLER. Thank you.

Julie, we are going to turn to you. Your husband is Victor?

Ms. FENLEY. Yes, that is correct.

Chairman MILLER. He is more than welcome, if you and Zane want to sit at the table and you want to let him color over there

at the table, or if you want to walk around with him, do whatever you want. This is supposed to be a child-friendly committee, you know.

Ms. FENLEY. He is a handful, as you can see.

Chairman MILLER. So if Zane and Megan want to hang out at the staff table, the press table, whatever, they are welcome to. Whatever makes it easy on you.

Ms. FENLEY. Thank you so much.

Chairman MILLER. Julie, welcome to the committee. We look forward to your testimony. This is the same Zane and Megan that are in your testimony, right?

STATEMENT OF JULIE FENLEY, PARTICIPANT, PARENTS AS TEACHERS HOME VISITATION PROGRAM

Ms. FENLEY. That is correct.

Thank you for having me, first of all. It is a pleasure to be here.

My name is Julie Fenley, and I am a participant in the Parents As Teachers Program in Norfolk, Virginia.

My husband, Victor Fenley, is an aviation structural mechanic, an airman apprentice, as mentioned. We have two beautiful children who are both with us today, Megan, who is 7, and Zane, the handful, who is 2.

Our dream of being a military family started quite some time ago, but we officially started our Navy career in February 2007. It has changed our lives in many ways. We were both raised in very small towns in Southeast Texas. We moved to Virginia Beach, and I was terrified.

I noticed immediately it was very different from life in Texas, with our extended family there to support us. It has taken some time, but I am so proud to call Virginia my home now.

I have taken on the mentality that home is not where you are raised but indeed where the Navy sends you.

Zane and I joined the Parents As Teachers Program shortly after we arrived in Virginia Beach. During our first couple of visits with Ms. Terrilyn Williams, who is our parent educator, Zane was timid and shy. But now when she comes through the door, he is always excited to see her. He knows this is a special playtime with Mommy and Miss Terri, which is his name for her.

During each meeting, Zane gets to experience a new activity and I get to learn a new parenting skill. For me, it is the perfect opportunity to get inside his tiny, little mind and really understand the reasons he does some of the silly, little things he does. Or what is behind those challenging behaviors for us as parents.

The past couple of visits have been very special for Zane and myself because my husband was able to participate in the home visit. We have really enjoyed our visits with Ms. Terrilyn as a family.

When Zane was born, he had a serious medical condition called PPHN, also known as pulmonary hypertension in newborns. The physicians told me that he could possibly suffer from neurodevelopmental issues.

After doing a little research, I made a discovery that the number one side effect for children who survive the illness is sudden hearing loss and speech delay. I was terrified and so worried that this

could be the reason that Zane wasn't talking as well as he should be.

The in-home developmental screening that Ms. Terrilyn conducted confirmed that Zane had potential delays. She calmly talked to me about my concerns and referred me to local resources that could do further testing on Zane. The testing showed me that he was approximately 3 months behind on his speech, but they suggested that we wait a few months and see how he progresses on his own.

Zane is now learning new words almost daily, and if it weren't for Ms. Terrilyn, I would not have found those resources on my own.

Terrilyn was also very helpful to help us find some other resources in the community that helped us through some difficult financial times, especially around the holidays. She just seems to know how to get things done in our community and how to help us connect with community resources that I didn't know about. I really wish that I would have had this program when Megan was Zane's age. I think it could have taught me some wonderful parenting techniques right from the start, rather than learning from trial and error.

It has been very beneficial for both me and my husband. Before he left for training, he was the one who took care of most behavioral issues. But when he left, it was my job to do everything, including discipline. This was a very stressful time for me. By the time we reunited 8 months later, he and I developed completely different approaches on parenting and discipline.

I asked Ms. Williams about the problem we were having, and she explained to me some things we could do and she gave me some very helpful literature. It really helped my husband and I to get on the same page and work together as a team.

Megan and Zane are wonderful children and we are so blessed to have them in our lives. They deserve the best this world has to offer, including my husband and I being the best parents as possible.

I feel in my heart Parents As Teachers is just what we were needing in our lives. It helps me be a better parent every day. I think every military family could benefit from Parents As Teachers. We are blessed to have such a wonderful program at Norfolk, but there is a waiting list and so many families aren't able to participate. I respectfully encourage the committee to support the Education Begins At Home Act, which has provided me much help in my life, and it would be great to get the funding for so many more families that could really benefit from the program.

I would like to say in closing a special thank you to Ms. Terrilyn Williams for making such an impact in our lives. Not only as a parent educator, but as a friend. Thank you for your dedication to the program and for all your encouraging words and your knowledge. I feel so validated as a parent each time Ms. Terrilyn visits. Once she leaves, it is great for me. I feel so rewarded as a parent. Once again, thank you for teaching me how to be my children's best and most important teacher.

Thank you.

[The statement of Ms. Fenley follows:]

Prepared Statement of Julie Fenley, Parents as Teachers Program Participant

Thank you Mr. Chairman and Committee members for this opportunity to speak to you today. My name is Mrs. Julie Fenley and I participate in the Parents as Teachers program in Norfolk, Virginia. My husband, Victor Fenley, is an Aviation Structural Mechanic Airman Apprentice with the US Navy. We have 2 children who are both with us today—Meghan who is 7 years old and Zane who is two years old.

Our dream of being a military family started quite some time ago, but we officially started our Navy career in February of 2007. It has changed our lives in many ways. We were both raised in very small towns in south east Texas. When we moved to Virginia Beach I was terrified. I noticed immediately it was very different from life in Texas with our extended family there to support us. It has taken some time but I am so proud to call Virginia my home now. I have taken on the mentality that home is not where you are raised, but where the Navy sends you.

Zane and I joined the Parents as Teachers Program shortly after we arrived in Virginia Beach. During our first couple visits with Mrs. Terrilyn Williams, our parent educator, Zane was timid and shy but now when she comes through the door he is always excited to see her. He knows this is special play time with mommy and Miss Terri, which is Zane's name for her. During each meeting, Zane gets to experience a new activity and I get to learn a new parenting skill. For me it is the perfect opportunity to get inside his tiny little mind and really understand the reasons he does some of the silly little things he does or what is behind those behaviors that challenging for us as parents. The past couple visits have very special for Zane and myself because my husband was able to participate in the home visits. We have really enjoyed our visits as a family with Terrilyn.

When Zane was born he had a serious medical condition called PPHN also known as pulmonary hypertension in newborns. The physicians told me he could possibly suffer from neurodevelopment issues. After doing a little research, I made the discovery that the number one side effects for children who survive this illness is sudden hearing loss and speech delay. I was terrified and so worried that this could be the reason why Zane wasn't talking all that well. The in-home developmental screening that Terrilyn conducted confirmed that Zane had potential delays. Terrilyn calmly talked with me about my concerns and referred me to local resource professionals that could do further testing on Zane. The testing showed that he was approximately three months behind on his speech, but they suggested we wait a few months and see how he progresses on his own. Zane is now learning new words almost daily. If it weren't for Terrilyn I would not have found those resources on my own.

Terrilyn was also very helpful to us in finding other resources in the community that helped us through some difficult financial times, especially around the holidays. Terrilyn just seems to know how to get things done in our community and helped us connect with community resources that I didn't know about on my own.

I really wish I would have had this program when my daughter Meghan was Zane's age. I think this could have taught me some wonderful parenting techniques right from the start, rather than learning from trial and error. It has been very beneficial for both me and my husband. Before he left for training he was the one who took care of most behavioral issues. But, when he left for eight months it was my job to take care of everything, including discipline. This was a very stressful time for me. By the time we reunited eight months later, he and I had developed completely different approaches to parenting and discipline.

I asked Terrilyn about the problem we were having and she explained to me some things we could do and she gave me some helpful literature. It really helped my husband and me to really work together. Meagan and Zane are wonderful children and we are so blessed to have them in our lives. They deserve the best this world has to offer, including my husband and I being the best possible parents. I feel in my heart that Parents as Teachers is just what we were need in our life. It helps me to be a better parent. I think every military family could benefit from Parents as Teachers. We are blessed to have such a wonderful program at Norfolk, but there is a waiting list so many families aren't able to participate. I respectfully encourage the Committee to support the Education Begins at Home Act, which would provide much needed funding so more families can benefit from home visiting programs like Parents as Teachers.

I would like to say in closing a special thank you to Mrs. Terrylinn Williams for making such an impact in our lives not only as a parent educator but as a friend. Thank you for your dedication to this program and for all your encouraging words and knowledge. I feel so validated as a parent each time Terrilyn visits. Once again thank you for teaching me how to be my children's best and most important teacher.

Chairman MILLER. Thank you very much.

Would Ms. Terrilyn like to stand up? [Applause.]

Thank you. Nice to have you here. Thank you for what you are doing.

Ms. London?

STATEMENT OF MAKEDA LONDON, PROGRAM MANAGER AND FAMILY SUPPORT SERVICES COORDINATOR, HEALTHY FAMILIES—NEAR NORTH HEALTH SERVICE CORP.

Ms. LONDON. Chairman Miller and Congressman Davis and the other distinguished committee members, thank you for inviting me here to provide testimony on my experience with home visitation services in Chicago, Illinois.

I am a Healthy Families program manager and family support services coordinator for Near North Health Service Corporation. Today I share with you the benefit of my experience about the characteristics of a successful home visitation program and the benefit of a federal investment in such services for our families and our young children.

The Healthy Families program at Winfield Moody Health Center presently serves 41 families in the Near North community. Our intensive home visitation services are offered to new parents, pregnant and parenting women, and children up to age three. Since the inception of the program 14 years ago, our home visitors have successfully completed 14,000 home visits.

The Near North community where our Healthy Families program is located 14 years ago has certainly changed. The high-rise building and row houses that make up the Cabrini Green Housing Development for many years are daily being demolished, literally being torn down as we meet here today. This infamous community better known for its crimes, its gangs and blight has been a backdrop of the home visitation services of the Healthy Families program. It has been among this unsafe environment that home visitors of our program have been more like a battlefield, where the assessment workers and the home visitors have reported for duty, armed only with their prenatal and their parenting curriculum, development screenings and safety materials, their smiles and their love for the community, and their passion for their work.

This kind of commitment to work has forged trusting relationships with our participants that often last a long time after the children have graduated from our program at age three.

Within this challenging environment, we have been able to make great strides with our program participants, leading to a better early childhood development outcome for our children. The Near North Healthy Families program, who is part of the Healthy Families Illinois Network and the large-scale longitudinal evaluation that examines the programs' impact on parents' and children's outcomes.

Among the many benefits of participating in this program, the evaluation found that parents involved in Healthy Families' services demonstrated significantly greater improvement skills that foster their child's growth during the infant's first 6 months of life. At 2 years, the families receiving Healthy Families' services com-

pared to those receiving other usual services offered their children a wider array of materials to stimulate the cognitive development.

Every day I see the tremendous impact that quality early childhood home visitation has on families in my community. Parents who lack parenting skills graduating from parenting classes; parents who had little knowledge of their child's development stages anticipate visits from home visitors so they can complete their child's age appropriate Ages and Stages developmental screening. Parent-child interaction has changed from mere television watching with their children to interactive play between parents and children at the children's museum. Parents who were among the many others who believed that the only time you took your child to the doctor was when your child was sick, now see the benefit of preventive and regularly bringing their children to the doctor for well child visits and immunizations.

Two of our parents, Laquisha and Pam—Laquisha came in and she has been a member and a participant in the program for 5 years. Today Laquisha is an entrepreneur, a massage therapist. She was trained following the resources of her home visitor as a breastfeeding peer counselor, was employed and is very, very motivated. She has two beautiful children today.

Another participant, Pam, who is a single mother of seven children, is battling now relocation from Cabrini Green housing. She has a mother who is ill and blind and not only the relocation and the housing being an issue with her, working with her home visitor, we know that she will be relocated to better housing from the work with the home visitor. But Pam now serves as our advisory consult chairperson.

What I would like to summarize is the benefits that we see coming from the Education Begins at Home Act, the training and the supervision, the community collaboration, the evaluation. All three are requirements of the bill. In order to assure quality of home visits, our home visitors receive training. The training increases the home visitors' knowledge, it develops their skills to meet the challenges that the program participants face and the home visitors, in achieving these outcomes with families.

The initial training that they get, the core training, is added to that ongoing training. Effective supervision is a part of it. The Healthy Families program is a program, a home visitation program, that is important to us, and it is a part of a community health center, which is the basis of our participants coming into the program.

I urge today that this committee begin and move this legislation toward enactment.

Thank you, chairperson, thank you, Danny Davis, and our executive director, Dr. Bernice Mills Thomas, thanks you very much for this participation in this committee.

[The statement of Ms. London follows:]

Prepared Statement of Makeda London, Healthy Families Program Manager

Good morning Mr. Chairman and distinguished members of the committee. Thank you for inviting me to provide testimony of my experience with home visitation services in Chicago, Illinois.

My name is Makeda London, and I am the Healthy Families Program Manager & Family Support Services Coordinator for Near North Health Service Corporation (NNHSC). I have served in the position as Healthy Families Program Manager for 14 years. When I started in this position in May 1994, I was responsible for implementing this intensive home visitation program at our community based health care facility—Winfield-Moody Health Center, located on the Near North side in Chicago. I am now responsible for overseeing the supervision of the home visiting staff and assuring that the program meets its goals, of which the overall goal is the prevention of child abuse and neglect.

My undergraduate work in social science and graduate work in education administration uniquely prepared me for this role. Prior to coming to NNHSC, for 12 years I was the Director of an alternative high school, Lumumba-Jackson Community Learning Center. This was a private, nonprofit alternative school that was a member of the Alternative Schools Network. The school was located in the same community area as our present Healthy Families program. Over these 14 years, many of the Healthy Families participants have been relatives and friends of former students of the high school. Little did I know that my work in the school was planting a seed in the community that would germinate in the Healthy Families program today.

Today I share with you the benefits of my experience about the characteristics of a successful home visitation program and the benefit of a federal investment in such services for families and young children.

Home visitation overview

Home visitation provides guidance to parents and increases their knowledge of their child's growth and development from birth through kindergarten entry. Services are delivered to the participants by well-trained, respected home visitors who are responsive to the presenting and changing needs of parents.

The Healthy Families program at Winfield-Moody Health Center presently serves 41 families in the Near North Community Area 08. Our intensive home visitation services are offered to new parents. Since the inception of the program 14 years ago, this community has drastically changed. The high rise buildings and row houses that made up the Cabrini-Green public housing development for many years, are daily being demolished, literally being torn down as I speak. Families are being moved around and relocated to other communities and this relocation often makes it difficult to locate those most in need of our services.

This infamous community better known for its crime, gangs, and blight has been the back drop of the home visitation services of the Healthy Families program. It has been among this 'unsafe' environment, that often has been more like a 'battlefield,' that assessment workers and home visitors have reported for duty for the past 14 years armed only with their prenatal and parenting curriculums, developmental screenings, safety materials, smiles, love for the community and passion for their work. This kind of commitment to work has forged trusting relationships with participants that often lasts well beyond the child's graduation from our program at age three.

In these 14 years, these community soldiers have delivered more than 14,000 home visits. These visits are made to participants who are screened and assessed on a number of factors, including substance abuse, DCFS involvement, lack of parenting skills, domestic violence, and no social support; no lifelines. What this indicates to home visitors, is that a parent assessed with these risks, when he/she becomes overwhelmed or stressed, has the potential to become abusive or neglectful to their child. So, at our program, we seek to develop relationships with the mother while she is pregnant.

While I represent the Healthy Families America program, nationally, there are a number of effective, evidence-based home visitation programs that would benefit from the Education Begins at Home Act, including Home Instruction for Parents of Preschool Youngsters (HIPPY USA), the Nurse-Family Partnership, The Parent-Child Home Program, and Parents as Teachers. While the goals and target populations of these programs vary, they all offer similar core services. All programs offer home visits which are voluntary and at no cost to participants. All provide parent education, especially emphasizing early childhood development. Many home visitation programs work with families on language, literacy and reading skills, while others focus on baby care and health services.

Ensuring quality and effectiveness

I have been asked today to share with you what my fourteen years with the Healthy Families program have taught me about what makes a home visitation program successful. While there are number of components for successfully imple-

menting a home visitation program, I will highlight three specific characteristics that have tremendous impact on program quality and effectiveness:

- Training and Supervision;
- Community Collaboration; and
- Evaluation linked to program goals.

Training and Supervision:

Staff development and training is one of the 12 research-based Critical Elements (or Best Practices) that guide the Healthy Families program. In order to insure the quality of the home visit, the home visitor must receive intensive formal training (i.e. initial core training for their specific job function and ongoing wraparound training). The training increases their knowledge, develops skills to meet the challenges faced by program participants and assists home visitors in achieving outcomes with families. Program supervisors and managers also receive training, support and professional development opportunities. In my community, the training and professional development is provided by the Ounce of Prevention Training Institute.

Training is an integral part of the fabric of NNHSC; embedded in our Mission. Each month, our facilities are closed for a half day for staff training and development. Some of the training topics each year are: Age-Specific Competencies; Cultural Diversity; and Child Abuse Recognition. The Healthy Families program adds to that with regular in-service trainings for staff.

Effective supervision is an integral part also of the Critical Elements of the Healthy Families program. Program supervision occurs weekly with home visitors. During supervision, participant cases are discussed, home visit content and frequency reviewed. Through reflective supervision, home visitors are able to discuss challenges they face and together with the supervisor decide on solutions. They are able to discuss their own professional development.

In my role as program manager, I supervise the project supervisor who in turn supervises the home visitors. Together, we evaluate the performance of home visitors through observation/shadowing and data and file reviews. Feedback is provided to improve performance, and ensure the critical elements and standards are followed and goals are achieved.

Benefits of high quality supervision include:

- Promoting both staff and program accountability;
- Encouraging home visitor's personal and professional development;
- Reducing staff burnout and turnover by providing home visitors with much needed support; and most importantly,
- Enhancing the quality of services families receive.

The Education Begins at Home Act recognizes the importance of training and supervision by setting aside 10 percent of a state's grant for training and technical assistance, and by requiring that states only fund programs that "employ well-trained and competent staff" and "maintain high quality supervision to establish home visitor competencies."

Community Collaboration:

Home visitation is not an island in the sea of early childhood development programs. Families require an array of services to provide a safe, abuse-free home environment that produces a healthy child.

The Healthy Families program in Near North Chicago is uniquely housed in a community health center that offers primary health care services and a wide range of social support services. A majority of the Healthy Families participants are patients of the health center. As such, their medical providers (OB/Gyne doctors and pediatricians) are within walking distance from their homes and easily accessible to them. The program participants, medical providers and home visitors have forged together as an effective team in the positive growth and development of the child. Some of the other services accessible to program participants are, case management, domestic violence services, mental health services (individual and group counseling by licensed clinical social workers), intensive outpatient substance abuse treatment, perinatal depression screening and treatment, nutrition counseling, WIC (Women, Infants and Children) services, dental services, ophthalmology, parenting classes, consumer support groups, and client group education.

Our home visitors are trained to link program participants to available services through a range of state, city and community partners. The Health Center's community partnerships and affiliations include the Chicago Department of Public Health, Illinois Department of Human Services, Children's Memorial Hospital, Northwestern Memorial Hospital, John Stroger Cook County Hospital and United Way.

In fiscal year 2007, home visitors were instrumental in facilitating the 14,306 clinical visits made by patients to Winfield-Moody Health Center and the 10,636 non-clinical (social support service) visits to all five community health centers of the corporation.

The Education Begins at Home Act supports the role that home visitation programs play in linking participants to additional services in two primary ways:

1. State-level Early Childhood Coordinating Body. EBAH requires that states ensure collaboration among a broad range of child-serving programs by creating or utilizing an existing state-level early childhood coordinating body. This coordinating body would meet regularly to address policy and implementation issues that will improve the coordination of a range of services for children and families, especially those receiving home visitation services. The coordinating body would include representatives from early childhood home visitation programs, early care and education programs, child abuse prevention and treatment programs, health care programs, nutrition programs, and workforce development programs, to name just a few.

2. Information and Referral. The legislation requires that home visitation programs funded by EBAH provide referrals for eligible families to additional resources available in the community, such as child care, family literacy programs, employment agencies, and other social services.

Quality Assurance & Evaluation:

We could not state that ours is a successful home visitation program had we not built in effective quality assurance measures. As program manager, I sit on our agency's multidisciplinary Quality Improvement Committee that monthly reviews clinical, program and support parameters. Our Healthy Families program also has its own Quality Assurance Committee that quarterly reviews program service delivery parameters and other critical element standards. Home visitors are among the reporters on this committee.

Additionally, there are external audits and reviews of program data inputted by home visitors into the state's human services monitoring and tracking system called Cornerstone. Also, our program proudly displays our Credentialing Plaque, just outside my office at Winfield-Moody. The program was credentialed in June 2007 after a very thorough, intensive, external review of records, systems, policy, procedures and service delivery by our national accrediting body, Healthy Families America.

In fiscal year 2007, 1149 home visits were conducted by home visitors of our Healthy Families program with a successful completion rate of 86%. This among program participants with some of the highest and most numerous challenges for risk of abuse.

Evaluation

Home visitation as a field has a history of being committed to evaluation and program improvements. The Healthy Families America program alone has been subject to 34 studies in 25 states involving over 230 HFA programs.[1] Healthy Families Illinois—of which my program is a part—recently underwent a large scale, longitudinal evaluation that examined the program's impact on parent and child outcomes. The evaluation, conducted by Northern Illinois University, identified the following key findings:[2]

At six months:

- Parent-child interactions improved significantly across time in families receiving HFI services. No such improvements were noted in families receiving all other usual services.
- Parents involved in HFI services demonstrated significantly greater improvements in their growth fostering skills during their infant's first six months of life relative to comparison parents, who received all other usual services.

At one year:

- Parents receiving HFI services, relative to parents receiving all other usual services, displayed higher levels of acceptance of challenging behaviors.

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[1] Study designs include 8 randomized control trials and 8 comparison group studies. More information on the studies can be found in the Healthy Families America Table of Evaluations at *www.healthyfamiliesamerica.org/research/index.shtml.*

[2] Illinois Department of Health and Human Services. "Healthy Families Illinois: Evaluation Findings Executive Summary." September 2006.

At two years:

• Families receiving HFI services, compared to those receiving all other usual services, offered their children a wider array of materials to stimulate their cognitive development.

• Parents with highest risk for problems in parenting showed the greatest improvements, including lower levels of distress, fewer rigid beliefs, fewer problems with others and greater ego.

The Education Begins at Home Act places a strong emphasis on evaluation. On an annual basis, states must report on outcomes consistent with program goals, including parent knowledge of early learning and development; child development indicators; child maltreatment indicators; school readiness indicators; and links to community services. At the federal level, EBAH requires an independent evaluation at the end of the second year of implementation to assess outcomes consistent with program goals.

Conclusion

Everyday, I see the tremendous impact that quality early childhood home visitation has on the families in my community. Parents who lacked positive parenting skills have graduated from parenting classes. Parents who had little knowledge of their child's developmental stages anticipate visits from home visitors so they can complete their child's age appropriate Ages & State developmental screening.

Parent-child interaction has changed from television watching with your child to interactive play of between parents and children at the Children's Museum. Parents who were among many others who believed the only time you took your child to the doctor was when that child was sick now see the benefit of prevention and regularly bring their children to the doctor for well child visits and immunizations. Most importantly, when I review the child abuse statistics in my community that indicate there were 52 indicated victims of child abuse—none of them were participant children of the healthy families program!

I've said enough, though. Two of our Healthy Families participants, whose success stories are featured in our agency's 2007 Annual Report, tell the success of home visitation better than I could ever tell it. The first, Lakisha, was enrolled in our program for five years. She started the program as a young pregnant woman and today has two beautiful daughters, both of whom she breastfed, which is a program outcome. Not only did she breastfeed her daughters, but she became a Breastfeeding Peer Counselor. Her home visitor referred her to a Chicago breastfeeding training program, which she attended and completed. She was employed for a period of time as a Breastfeeding Peer Counselor at a local hospital. Today, Lakisha has completed another training program (massage therapy), and is now an entrepreneur.

The second young woman, Pam, a single mother of seven children enrolled in the Healthy Families program when she was pregnant two years ago. Pam experienced some complications during her pregnancy and was placed on bed rest. She gave birth to a beautiful daughter in June 2006. (Incidentally, one of our home visitors also makes hospital visits to patients and program participants who deliver to give support to the mother after delivery and welcome the newborn). One of the IFSP (Individual Family Support Goals) that Pam works together with her home visitor on is suitable housing.

Pam lives in the Cabrini-Green housing development. Housing relocation for Pam is very challenging. Not only because of Pam's large family, but because Pam lives with and is taking care of her mother who is ill and visually impaired. Pam has faced this and other challenges and came out smiling. Today she has a son who graduated from elementary school and a daughter who is a freshman at a local college. Pam's self esteem has improved since enrollment in the program and she is now the Chairperson of our Healthy Families Advisory Committee.

In a time of limited resources, the federal government has the responsibility to make wise investments in services that have been tested and found to be effective. The Education Begins at Home Act honors this responsibility by supporting the highest-quality home visitation services. I urge every member of this committee to support the Education Begins at Home Act and to move this important legislation towards enactment this year.

Thank you, Mr. Chairman and distinguished members of the committee, for allowing me the opportunity to share this testimony with you today. And thank you Congressman Davis for your leadership on the Education Begins at Home Act. The Healthy Families participants in the Near North neighborhood of Chicago are fortunate to be represented by such an ardent champion for children.

Chairman MILLER. Ms. Ditka?

STATEMENT OF LAURA A. DITKA, DEPUTY DISTRICT ATTORNEY AND CHIEF OF CHILD ABUSE UNIT

Ms. DITKA. Thank you, Mr. Chairman, Ranking Member McKeon, Congressman Altmire and members of this committee. First let me thank you for the opportunity to speak before you today.

I hope to give you some anecdotal evidence about what results when there is not home visitation and when there is not early intervention in children's lives, particularly at-risk children in our communities.

As a prosecutor for 20 years, there was such a need in Allegheny County that I was able to start the Child Abuse Unit. There are four lawyers in our small county that do nothing but child abuse all day, every day, resulting from sexual abuse, physical abuse and neglect.

And I am not here today to vilify parents. Certainly there are cases that come before me where people act with villainous intent. But in many, many of the cases that we see, there are parents that just do not have the skills, the resources or the knowledge necessary to care for their children in an appropriate way that will help them thrive later in society and as individuals.

I would like to give you a couple of examples. Last month, I sentenced two young women in their twenties, between the two of them they had seven children. They had been life-long friends since grade school. Those women decided that they needed to blow off some steam and went out for a night on the town. They left their seven children home alone. The oldest of the children were two 8-year-olds.

The 8-year-olds began playing with matches. They burned down the house. They were unable to get their siblings out and five of them perished.

The sentencing was an emotional and gut-wrenching event. These mothers loved their children. They did not wish to harm their children. But nobody had taught them the dangers that might befall leaving children of such a young age at home and the consequences were grave.

On that same street in this at-risk neighborhood, I currently have a case, a mother, again very young, with a special needs child, who is somewhat ill-equipped to deal with the needs of her child, has turned to drugs and alcohol. In her home, faulty wiring started a fire. She was so intoxicated that she was unable to tell the police and firefighters that arrived at the scene how many children she had, and her oldest child, who was 6, perished in that fire.

Again, not a mother that had any ill intent towards her child, any sort of malice or malicious will, just ill-equipped to deal with what was put before her. And at home visiting and this bill, Education Begins At Home, would greatly improve those skills that are needed for these parents.

There is not only a component with children that are harmed, that type of abuse, but one of the stories that will stay with me throughout my career and, in fact, until the end of my days, a case that I did. A number of young mothers from the inner city didn't know what to do with their children. A gentleman came along with some means and some education and suggested to these mothers

that he could watch their children and give them a better life, and these mothers essentially gave this man their children.

I prosecuted him for abusing 11 of the children that were in his home, ranging from the age of 14 to the age of 2, and what stuck with me was a young man who was 11 years old. He told me, "Ms. Laura, I know he did bad things, but he was the best dad I ever had. He made me go to school, he cared about my homework, he took me to church, he had me play baseball." And that young man was then removed from this abusive home and put back to a home with a mother who still had no skills and 2 years ago I was testifying before a judge asking for leniency, because that young man had now reached 18 and was turning to a life of crime and selling drugs to help support he and his wife and his young infant child.

This program has such positive outcomes. Let me just give you some good examples of what can happen from this.

In houses where there have been—and in Allegheny County we use the Nurse-Family Partnership—in houses where they has been visitation, 60 percent of the mothers and 60 percent of the children no longer are arrested because of that early intervention. Test scores have gone up; 43 percent of the children have scored above the 50th percentile in cognitive ability, making them better prepared for school, better prepared for high school and hopefully on to college and a productive societal ethic.

There are $103 billion spent each year on child abuse. The cost-benefit analysis shows that these programs for each dollar spent reduces that cost by making people productive members of society. I have two empirical data that I would ask the committee to accept, one from the PCCD in Pennsylvania on the economic returns of home visiting, and one from Fight Crime, Invest in Kids, on breaking the cycle of child abuse.

In summation, I would like to encourage you if at all possible to reduce my workload, to give me less people to prosecute, to give people more ability to care for their children so we can have a brighter future tomorrow and in the future.

Thank you very much.

[The statement of Ms. Ditka follows:]

Prepared Statement of Laura A. Ditka, Deputy District Attorney, Allegheny County, PA, on Behalf of Fight Crime: Invest in Kids

Chairman Miller, Ranking Member McKeon, and Members of the Committee: Thank you for the opportunity to testify before you today. My name is Laura Ditka. I am a graduate of the Duquesne University School of Law and a 20-year employee of the Allegheny County District Attorney's Office. I am also a member of FIGHT CRIME: INVEST IN KIDS, an organization of more than 4,000 police chiefs, sheriffs, prosecutors, and victims of violence, who have come together to take a hard-nosed look at the research on what can keep kids from becoming criminals.

As a Deputy District Attorney, my day-to-day job is to prosecute offenders and see that justice is done. However, I know that we can't arrest and prosecute our way out of the crime problem. We must also invest in proven approaches that reach kids and their families before they begin offending. When teens are having children, and there's no role model available of good parenting practices, we can't be surprised when some of those kids don't grow up to become successful adults. It is really ironic to me that everyone has to pass a test and get a license to drive, and even to get a license to fish, but there's no opportunity for at-risk new moms and dads to learn about effective parenting practices. Beginning at the beginning means offering services to new parents, even before their kids are born, and preventing child abuse and neglect—that's one of our strongest weapons in the fight against crime.

The Allegheny County Child Abuse Unit that I founded and now direct investigates and prosecutes hundreds of cases of child abuse and neglect each year. For example, on any given day the four attorneys that I supervise are in court with cases of horrific sexual abuse and cases of physical abuse and neglect of children. One particular case comes to mind involving a mentally challenged mother who saw her husband touching her child in a sexual manner. The mother did not have the parenting skills necessary to stop the abuse caused by her husband. This child endured this sexual abuse for over one year until she was seriously harmed and both parents were prosecuted. This is the type of family in need of quality home visiting and help.

In many of the cases I prosecute, the perpetrator didn't set out to be a bad parent and hurt their kids. They just didn't realize they shouldn't leave their child unattended, for example. I have just finished the prosecution of two young mothers who left 7 children, ages 8 and under, home alone while they went out for the night. One of the children was autistic. The 8-year-old "babysitters" were playing with matches and started a fire that destroyed the home and killed the five younger children. On that same street in Allegheny County, a case is pending of a young mother who was so intoxicated while at home with her three young children that when her house caught fire—she could not tell police and fire fighters how many children were in the house. This resulted in her oldest child dying in the fire.

It is important to note that in Pennsylvania many suspected instances of child abuse and neglect do not rise to the level of criminality, so the problem is far greater than the hundreds of cases my office prosecutes. Last year, there were 4,162 instances of confirmed abuse or neglect in Pennsylvania. Even though the majority of children who survive abuse or neglect are able to overcome their maltreatment and become productive adults, too many victims of abuse and neglect cannot. Not only are they more likely to abuse or neglect their own children, they are also more likely to become violent criminals. The best available research indicates that, of the 4,162 children who had confirmed incidents of abuse or neglect in one year in Pennsylvania, 160 will become violent criminals as adults who otherwise would have avoided such crimes if not for the abuse and neglect they endured. Research also shows that, nationally, based on confirmed cases of abuse and neglect in just one year, an additional 35,000 violent criminals and more than 250 murderers will emerge as adults—people who would never have become violent criminals if not for the abuse or neglect they endured as kids.

Fortunately, voluntary home visiting programs can help stop this cycle. These programs offer frequent, voluntary home visits by trained individuals to help new parents get the information, skills and support they need to raise healthy and safe kids. There are many models of home visiting that help young children get off to a good start in life. They serve slightly different populations and have somewhat different, but complementary goals—improving outcomes in a wide range of areas including health, academic achievement, employment and criminality.

The Nurse-Family Partnership (NFP) model of home visiting has the strongest evidence on crime reduction,and I'd like to note that our former governor's wife, Michelle Ridge, an active member of the NFP national board, testified in support of this legislation in a hearing held by Representative Castle two years ago. NFP provides home visits by nurses to interested at-risk young mothers starting before they give birth and continuing until their first child is age two. Rigorous research, originally published in the Journal of the American Medical Association, shows the program cut abuse and neglect among at-risk children in half. In addition, by the time the children in NFP had reached age 15, mothers in the program had 61 percent fewerarrests than mothers left out of the program, and their children had 59 percent fewer arrests than the kids leftout. The Nurse-Family Partnership has been recognized as an evidence-based model by numerous agenciesand Administration officials in recent years, including the Office of Juvenile Justice and Delinquency Prevention, the National Institute of Justice, the Centers for Disease Control, and the Substance Abuse and Mental Health Services Administration. I'd like to ask if you would enter into the record our recent FIGHT CRIME: INVEST IN KIDS PENNSYLVANIA report, "Breaking the Cycle of Child Abuse and Reducing Crime in Pennsylvania: Coaching Parents Through Intensive Home Visiting."

As of last year, the Nurse-Family Partnership enrolled roughly 274 mothers in Allegheny County, Pennsylvania—specifically in the City of Pittsburgh and communities down the Mon Valley. Upon entering the program, 39% of these women completed high school or received their GED, 98% were unmarried, 79%were unemployed, and 60% were on Medicaid. Outcomes of the Allegheny County Nurse-Family Partnership have mirrored national outcomes and included a 43% reduction in the mothers experiencing violence during pregnancy and a 100% reduction in mothers fearing their partners. Of those who entered the program without a high school

diploma, 61% completed their diploma or GED by program completion and 32% were continuing their education beyond high school.

The Nurse-Family Partnership in Allegheny County has many success stories. I'd like to briefly share one of them. In 2005, a woman, lets call her Jane, was referred to the Allegheny County NFP program fromanother county in Pennsylvania. Jane was a recovering heroin addict who was herself a victim of emotional,physical and sexual abuse from the time she was a toddler. Jane's experience in the program did not start off without some trouble. She would often scream at the nurses and appear very controlling of their home visit time. But soon, Jane and her Nurse Home Visitor developed a close bond. The Nurse Home Visitor helped Jane heal from all of the hurt she had suffered through the years both physically through drug abuse and emotionally. Jane's baby was born healthy and developed into a bright toddler under Jane's nurturing.While in the program, Jane finished her GED and went on to study medical records at the community college where she is expected to graduate this spring. She is also planning to be married this fall. With the help of the Nurse Family Partnership, Jane avoided a prolonged life of drug abuse, child abuse and criminalbehavior. And we can bet her child, and society, will reap significant benefits from this transformation ofJane's life.

Research on other models of home visiting has also found numerous positive results. For example, a randomized control trial of the Parents as Teachers model found that treatment for an injury in the prior year—a possible sign of abuse—was 3% among the children served compared to the 13% of children not served (at the time of a second year assessment). A study of Healthy Families New York (HFNY) found that, at Year 1, compared to mothers in the control group, mothers in the HFNY intervention group reported having engaged in significantly fewer acts of very serious physical abuse (e.g., hitting child with fist, kicking child, slapping on face). At Year 2, HFNY parents reported having committed, on average, one-third fewer acts of serious physical abuse in the past year than the control group.

Home visiting's benefits go far beyond child abuse prevention and crime prevention. Home Instruction for Parents of Preschool Youngsters (HIPPY) found that cognitive skills at the end of the program were significantly higher for children in the program compared to those not receiving HIPPY. A randomized control study of the Parent-Child Home Program found that 84% of the children finishing the program graduated from high school compared to 54% of those who did not receive the intervention. Separate studies have concluded that improving graduation rates reduces crime, making this finding of particular interest to me and my law enforcement colleagues.

Preventing child abuse and neglect is not only the right thing to do, it is also the fiscally sound thing to do. In a study commissioned by the United States Justice Department, the Children's Safety Network Economic Insurance Resource Center analyzed the direct and indirect costs of child abuse and neglect to taxpayers and all those individuals impacted by abuse or neglect. It concluded that child abuse and neglects costs Americans $83 billion a year. Analysts with the Federal Reserve Bank of Minneapolis concluded that NFP produced an average of five dollars in savings for every dollar invested, and produced more than $28,000 in net savings for every high-risk family enrolled in the program. New data from a report commissioned by the Pennsylvania Commission on Crime and Delinquency estimates that once the costs of the program are subtracted, Pennsylvania's Nurse Family Partnership sites average $37,367 in benefits per person served.

By waiting until the problems cannot be avoided, taxpayers are paying huge sums to cover the costs of holding children back in school, providing special education services, paying for welfare, and especially paying for arresting, prosecuting, and imprisoning criminals. The Pennsylvania Commission on Crime and Delinquency report also estimates that it currently costs roughly $142,000 per year to place a juvenile in a Youth Detention Center. Preventing only 5% of out-of-home youth placements each year in Pennsylvania would produce an annual savings of over $9 million. Further, Pennsylvania's prisons were already operating at 115% of their inmate capacity by the end of 2006. Even if the General Assembly approves the $700 million for Fiscal Year 2008-2009 requested by the Pennsylvania Department of Corrections' for prison construction, Pennsylvania prisons will still be overcrowded. In fact, at the projected rate of prison population growth, Pennsylvania's prisons will be even more overcrowded in five years at 118% of capacity. As an investment strategy, this is short-sighted. It ignores the opportunity to act when the interventions are less expensive and more likely to succeed.

I'd like to ask if you would also enter into the record the recent report commissioned by the Pennsylvania Commission on Crime and Delinquency (PCCD), "The Economic Return on PCCD's Investment in Research-based Programs: A Cost-Benefit Assessment of Delinquency Prevention in Pennsylvania."

An evidence-based approach with proven results and significant potential savings like home visiting should be more widely replicated across the nation to ensure that home visiting programs are offered to all at-risk parents of young children. Yet, due to lack of funding, hundreds of thousands of at-risk families receive do not receive quality home visiting. Currently, NFP in Pennsylvania has 134 nurses working in 41 of the Commonwealth's 67 counties. They have slots to serve 3,237 families. Since its inception in Pennsylvania, over 10,000 new mothers have been served. Yet, the Nurse-Family Partnership Program serves only 23% of eligible mothers in Pennsylvania each year. In Allegheny County, that number shrinks to only 17% of eligible mothers. While there are a few federal funding sources that can potentially be used for home visiting, none are specifically designated for this purpose. These funding sources are designed to provide money to a wide variety of programs and home visiting efforts are only able to capture a minimal amount of funding from any single source. The bipartisan Education Begins at Home Act (H.R. 2343), first written and introduced by Senator Bond (a Republican from Missouri), would authorize $500 million over three years to expand the reach of voluntary, research-based home visiting and authorize a parent and public education campaign about caring for infants and toddlers. The Committee, in moving the bill forward, could even add language to ensure targeting of services to jurisdictions with the greatest unmet need.

My colleagues and I see the fatal consequences every day of failing to invest in quality home visiting programs to get kids off to a good start in life. That is why the law enforcement leaders of FIGHT CRIME: INVEST IN KIDS are eager to work with all of you to achieve enactment of the Education Begins at Home Act. We know that a modest investment now will cut child abuse and neglect, improve children's school readiness and reap dividends down the road by reducing crime and saving lives and money. Thank you for this opportunity to testify, and I would be happy to answer any questions that you may have.

Chairman MILLER. Thank you.

Mr. Estrada?

STATEMENT OF WILLIAM A. ESTRADA, DIRECTOR OF FEDERAL RELATIONS, HOME SCHOOL LEGAL DEFENSE ASSOCIATION

Mr. ESTRADA. Good morning, Chairman Miller, honorable members of this committee.

My name is William A. Estrada, and I am an attorney and the director of federal relations for the Home School Legal Defense Association.

Thank you for the opportunity to testify today regarding HR 2343, the Education Begins At Home Act.

Since 1983, HSLDA has represented the interests of our homeschooling member families in all 50 states. We currently have a membership of over 80,000 member families who are homeschooling their children.

While there are provisions in the Education Begins At Home Act that are very helpful, such as in Sections 4, 6 and 7 with targeted grants, we also have serious concerns with some of the provisions in this act. My testimony today will focus on Section 9 of the bill. We believe that the provisions in Section 9 will harm family integrity and parental rights.

Section 9 is entitled Supporting New Parents Through Hospital Education. It requires the Secretary of Health and Human Services to create a public awareness campaign to inform the public and new parents about the importance of proper care for infants and children under 5 years of age. The secretary will ensure that every hospital, military hospital and birthing center request that families coming through its doors participate in a parenting class that is approved by the secretary. The hospital must then request that the

family sign a form indicating whether or not they chose to take this class.

Section 9 is not clear if hospitals, military hospitals and birthing centers may refuse to offer these materials on parenting classes. Because of this vagueness, there is no assurance that religious hospitals or birth centers could reject materials or parenting classes that violated their fundamental values.

Section 9 is also not clear about who will design these parenting classes. There is no guidance offered to HHS, so the secretary may decide to only approve classes that are designed by experts, without the input of actual parents.

Parents have numerous parenting philosophies that may differ from a one-size-fits-all government parenting class. This could lead to limits on parental choice and parental rights, because parents will feel pressured to take these classes and to conform to whatever parenting philosophy is taught.

Furthermore, the provision that the classes teach "strategies for caring for infants' social, emotional and physical needs" is vague enough to include many conformist philosophies that could concern many families, particularly homeschooling families. For example, despite plentiful research to the contrary, there are still some experts who believe that home education and homeschooling is not best for a child's emotional, social or physical needs. One need only look at the recent California Court of Appeals decision, In re Rachel L., where the Court made a blanket ruling that California parents do not have the right to educate their children at home unless they are certified teachers. This would have the effect of needlessly discouraging many families from homeschooling.

Although the parenting classes are optional, Section 9 could lead to needless social worker referrals. There are valid cases of child abuse, no one is denying that, but we do not want to see needless referrals of families to social services. Since the hospitals and birthing centers must request a signature showing that families participated in or refused a class, a referral could be made to the child welfare department alleging neglect simply because the family refused these parenting classes. In reality, it is very possible that some families may have chosen to decline participation because of disagreement with the class' parenting philosophy. At HSLDA, we have sadly dealt with cases such as this, and they are not farfetched.

To avoid these and other problems that infringe on parental rights, we ask that Section 9 be removed from this bill or that it be modified to a targeted grant-based system where public-private entities could offer these classes to parents who desire them.

In closing, there are many good reports of how these programs, these home visiting programs, have helped many families. However, on the whole these are classes at the local level and we believe that having a federal program such as this could lead to the problems that I have outlined.

Thank you very much, and I yield back the balance of my time.

[The statement of Mr. Estrada follows:]

Prepared Statement of William A. Estrada, Esq., Director of Federal Relations, Home School Legal Defense Association

Good morning, Chairman Miller, Ranking Member McKeon, and honorable members of the committee. My name is William A. Estrada, and I am an attorney and the director of federal relations for the Home School Legal Defense Association. Thank you for the opportunity to testify regarding H.R. 2343, the Education Begins at Home Act.

Since 1983, HSLDA has represented the interests of our homeschooling member families in all 50 states. We currently have a membership of over 80,000 families. We have serious concerns with H.R. 2343.

My testimony today will focus on section 9 of the bill. We believe that the provisions in section 9 will harm family integrity and parental rights.

Section 9, "Supporting New Parents Through Hospital Education," requires the Secretary of Health and Human Services to create a public awareness campaign to inform the public and new parents about the importance of proper care for infants and children under 5 years of age. The Secretary will ensure that every hospital, military hospital, and birthing center request that families coming through its doors participate in a parenting class that is approved by the Secretary. The hospital must then request that the family sign a form indicating whether or not they chose to take this class.

Section 9 is not clear if hospitals, military hospitals, and birthing centers may refuse to offer these materials and parenting classes. Because of this vagueness, there is no assurance that religious hospitals or birthing centers could reject materials or parenting classes that violated their fundamental values.

Section 9 is also not clear about who will design these parenting classes. There is no guidance offered to HHS, so the Secretary may decide to only approve classes that are designed by "experts" without any involvement from actual parents. We don't need a "big mother" supervising parenting. Parents have numerous parenting philosophies that may differ from a one-size-fits-all government parenting class. This could lead to limits on parental choice and parental rights, because parents will feel pressured to take these classes and conform to whatever parenting philosophy is taught.

Furthermore, the provision that the classes teach "* * * strategies for caring for infants' social, emotional, and physical needs" is vague enough to include many conformist philosophies that would concern many families, particularly homeschooling families. For example, despite plentiful research to the contrary, there are experts who do not believe that homeschooling is good for children's social, emotional, and physical needs. One need only look at the recent California Court of Appeal decision, In re Rachel L., where the Court made a blanket ruling that California parents do not have the right to homeschool their children unless they are certified teachers. This would have the effect of needlessly discouraging many families from homeschooling.

Although the parenting classes are optional, Section 9 would likely lead to needless social worker referrals. Since the hospitals and birthing centers must request a signature showing that families participated in or refused the class, a referral could be given to the child welfare department alleging neglect because the family refused these parenting classes. In reality, the family may have chosen to decline participation because of disagreements with the classes' parenting philosophy.

To avoid these and other problems that infringe on parental rights, we ask that section 9 be removed from this bill.

Thank you very much and I yield back the balance of my time.

Chairman MILLER. Thank you.

Ms. Smart?

STATEMENT OF JEANNE SMART, DIRECTOR, NURSE–FAMILY PARTNERSHIP—LOS ANGELES

Ms. SMART. Thank you, Chairman Miller.

My name is Jeanne Smart. I am a public health nurse, a registered nurse, and I started a program which I am representing today, the Nurse-Family Partnership, in Los Angeles County.

I have had 34 years of experience in home visitation. I started a home visitation program as a respiratory therapist to stop people

from becoming sick and coming back into the hospital because of the use of contaminated equipment. It has come a long way since then, and the Nurse-Family Partnership program that is utilized in Los Angeles County addresses a whole different problem, and that is the problem of our future.

It is an evidence-based program that has over 30 years of empirical research behind it and I am sure you have all been made familiar with it. When you look at over 650,000 children in the nation being abused and neglected, and as Ms. Ditka indicated, some of them are truly heart-wrenching, and we have our share in Los Angeles County, where over 42,000 children are in protective services, and this is truly unacceptable.

In Los Angeles in 1996 we brought NFP, which is the abbreviation for Nurse-Family Partnership, as a pilot project. It was funded through juvenile justice. In 1997, in November 1997, the LA Times printed an article called "Orphans of Addiction," and the pictures in that article were truly what most people don't see. A 3-year-old being held by a drug-addicted mom, who was so loaded on heroin she couldn't even focus.

Because of that, a task force was called and decided that the Nurse-Family Partnership, along with several other community-based organizational home visiting programs, needed to be rolled out, and in the year 2000 we received funding from the welfare reform dollars and we started a full county rollout of the Nurse-Family Partnership. To date, we have served over 2,000 teenagers and some of these have truly been the most difficult cases that I have ever seen in my 34-year nursing career. Our youngest case is 12 years old. She delivered at age 12 years old.

The NFP model is something that I never had in practicing as a public health nurse. I never had the guidance, I never had the instruction, I never had the standardized protocol to follow. Many times, I was at a loss for what to do with these families that were so impacted by drugs and crime and gangs, that there was really nothing that I could do that was significant in my book. I had never gotten this training in nursing.

The NFP model brings theory and science to actual practice, of which I am a science freak, so it really was something I advocated for in 1996 when I helped bring the program to Los Angeles. It is theory based. It is based on the theories you all heard today, the attachment theory, the bonding, the care of the whole family in the care of the child, change theory, brain development. All of this is brought into this model.

The model has structured activities so the nurse knows at each and every visit what needs to be done, and during those visits we talk to the families, we talk to the father of the families and we collect data so that we can bring that data back and look at what we are doing and see if we are doing an effective job at meeting the goals that we would like to accomplish.

It is really relationship-based, and there is not a program sitting in this room that is not relationship-based, because when you are talking about young, at-risk, pregnant teenagers, you are talking about establishing trust, of which they have none usually, and establishing some type of respect so you can work together as a team to promote healthy families.

Over 64 visits the nurses take during this 2½-year program with these families, the trust builds up. And, interestingly, we don't even find out sometimes the problems in the family for the first 6 months. It is not until that trust is developed.

We have nurse training. The nurses receive over 60 hours of training. That is minimal and just the model protocol. And they carry 25 clients through just three goals: to improve the pregnancy outcome, to improve the child health and developmental outcome, and improve the family self-sufficiency, so that they can learn how to provide for their families and not use welfare dollars to do so.

Part of what Dr. Olds, Dr. David Olds, who is the model developer, and he is currently with the director of the Prevention Research Center for Family and Child Health at the University of Colorado Denver, he really put in a huge data element. At every visit we collect data that goes into the child information system. And through that data, we can provide excellent quality improvement, quality insurance. I can go over every single one of my staff, look at their caseload, look at their outcomes, and through that I have to say that programs, whatever the program, if it is delivered poorly it will not consistently achieve good outcome. And I think that is what we have to keep in mind when we are funding some of these programs.

With the Nurse-Family Partnership nationwide and through three very, very strict, randomized control trials that Dr. Olds has performed in Elmira, New York and throughout the nation, we have decreased child abuse by 48 percent; 59 percent reduced in child arrest of that child when it reaches age 15. We have reduced maternal arrest, for drug use usually, or other types of crimes. We have increased the involvement of fathers by 46 percent, and as the Fenley family demonstrates, how valuable it is to have the father involved on the same target as the mother is involved in helping develop the family.

We get the children ready for school much quicker by reducing language delays by 50 percent and behavioral problems by 67 percent. And again, these are randomized control groups that are studies done by Dr. Olds. These are pretty validated percentages, so apply them to your own districts and think about the cost savings to you by reducing these issues in your communities.

There is a demonstrated cost savings to government that we need to look at. When you look at the cost effectiveness, Washington State Institute for Public Policy, the Rand Corporation, the Office of Juvenile Justice, all have supported what we have done here with the Nurse-Family Partnership.

So I thank you again for listening to me as a representative of the Nurse-Family Partnership and NFP National urges Congress to direct policy to these models that have the highest level of evidentiary standards. Thank you again, Chairman.

[The statement of Ms. Smart follows:]

Prepared Statement of Jeanne Smart, Director of Nurse-Family Partnership, Los Angeles County

Good morning Mr. Chairman and thank you for the opportunity to testify on behalf of the Nurse-Family Partnership (NFP) program regarding the Education Begins at Home Act.

I am Jeanne Smart, Director of the Nurse-Family Partnership program serving high-risk young mothers who give birth within Los Angeles (L.A.) County. My testimony is that of a technical consultant for the NFP, and I am here to support this Bill that will promote evidence-based programs for at risk mothers. Every year, approximately 650,000 first time low income mothers become pregnant with their first child, and in L.A. County there are over 7,000 births each year that fit the intake requirement for NFP, that is: 1) young girl/woman; 2) pregnant for the first time; and, 3) living in poverty. L.A. County began this evidence-based program in 1995-96 as a pilot project that was partially funded by Juvenile Justice because of its proven record of excellent results in reducing crime by both the mother and the child when he/she reaches the age of 15 years old. NFP was expanded countywide in 1997 primarily due to the achievement of excellent short-term outcomes seen in the Pilot and the growing number of headlines about the dismal outcomes for children born to at risk families who were unprepared, unable or unwilling to care for them. NFP-LA has now served over 2064 women since December 31, 2007; the median age is 17 years old, 89% are unmarried, 86% unemployed and 75% were Medicaid recipients. Nationwide, the NFP program model has served over 14,000 first-time mothers and their children on any given day and reaches over 22,000 families annually in 315 counties across 25 states.

NFP is a voluntary program that provides nurse home visitation services to low-income, first-time mothers by highly trained, registered nurses beginning early in pregnancy and continuing through the child's second year of life. NFP nurses and their clients make a 2½ year commitment to one another, and develop a strong relationship over the course of 64 planned visits that focus on the strengths of the young mother and on her personal health, quality of care giving, and life course development. NFP nurses undergo more than 60 hours of training prior to receiving their caseload of no more than 25 families. Their partnership with families is designed to help them achieve three major goals: 1) improved pregnancy outcomes; 2) improved child health and development; and 3) improved parents' economic self-sufficiency. By achieving these program objectives, many of the major risks for poor health and social outcomes can be significantly reduced.

NFP is an evidence-based program with multi-generational outcomes that have been demonstrated in three randomized controlled trials that were conducted in urban and rural locations with diverse populations. A randomized controlled trial is the most rigorous research method for measuring the effectiveness of an intervention because it uses a "control group" of individuals with whom to compare outcomes to the group who received a specified intervention. NFP has been tested this way for over 30 years through a series of rigorous research, development, and evaluation activities conducted by Dr. David L. Olds, program founder and Director of the Prevention Research Center for Family and Child Health (PRC) at the University of Colorado in Denver.

Dr. Olds has conducted three randomized, controlled trials with three diverse populations in Elmira, NY (1977), Memphis, TN (1987), and Denver, CO (1993). Evidence from one or more of these trials demonstrate powerful outcomes, including the following:

- 48% reduction in child abuse and neglect (Elmira, 15 year follow-up)
- 59% reduction in child arrests (Elmira, 15 year follow-up)
- 61% fewer arrests for the mother (Elmira, 15 year follow-up)
- 72% fewer convictions for the mother (Elmira, 15 year follow-up)
- 46% increase in father presence in the household (Memphis, year 5)

NFP has shown a reduction in high-risk pregnancies by:

- 32% (Elmira, 15 year follow-up)
- 23% (Memphis, year 2)
- fewer subsequent pregnancies, and 31% fewer closely spaced (<6 months) subsequent pregnancies (Memphis, year 5)

Improvement in elementary school readiness as demonstrated by a:

- 50% reduction in language delays at child age 21 months (Denver)
- 67% reduction in behavioral/intellectual problems at child age 6 (Memphis)
- Improvements in cognitive development at child age 6 (Memphis)
- Improvements in language development at child age 4 and 6 (Memphis)
- Improvements in child executive functioning at age 4 (Denver)

As the NFP program model has moved from science to practice, great emphasis has been placed on building the necessary infrastructure to ensure quality and fidelity to the research model during the replication process nationwide. In addition to intensive education and planned activities for nurses to conduct in the home, NFP has a unique data collection and program management system called the Clinical Information System (CIS) that helps NFP monitor program implementation and outcomes achieved. It also provides continuous quality improvement data that can

help guide local practices and monitor staff performance. CIS was designed specifically to record family characteristics, needs, services provided, and progress towards accomplishing NFP program goals.

In addition to California, NFP has statewide implementations in Colorado, Louisiana, Pennsylvania, Oklahoma, and Washington; and many other states are seeking to expand local NFP programs into statewide initiatives. NFP's replication plan reflects a proactive, state-based growth strategy that maximizes fidelity to the program model and ensures consistent program outcomes. NFP urges Congress to direct policy toward home visit models that maintain the highest level of evidentiary standards in order to ensure the largest possible economic return on investment.

The success and cost-effectiveness of NFP has been proven through several independent evaluations (Washington State Institute for Public Policy, 2004 & 2008; 3 RAND Corporation studies 1998, 2005, 2008; Blueprints for Violence Prevention, Office of Juvenile Justice and Delinquency Prevention). Blueprints identified NFP as 1 of 11 prevention and intervention programs out of 650 evaluated nationwide that met the highest standard of program effectiveness in reducing adolescent violent crime, aggression, delinquency, and substance abuse. The RAND and Washington State reports weighed the costs and benefits of NFP and concluded that the program produces significant benefits for children and their parents, and demonstrated a savings to government in lower costs for health care, child protection, education, criminal justice, mental health, government assistance and higher taxes paid by employed parents. More recent analyses indicate that the costs of NFP compared to other home visitation programs fluctuates by region, and even though the NFP model is more intensive than other programs, it is not always more expensive.

The Nurse-Family Partnership supports the Education Begins at Home Act as introduced by the House of Representatives. This Act proposes intelligent solutions to core problems facing new families nationwide. We encourage the Committee to target these scarce resources provided to States through this legislation to those communities that are most at-risk and struggling with the challenges of poverty. This bill provides consolidated funding to support the important work of home visitation programs including NFP.

I'd like to thank Congressman McKeon for inviting me to testify on behalf of Nurse-Family Partnership and also I am grateful to Congressmen Davis and Platts for their leadership on behalf of this legislation. Thank you again, Chairman Miller, Congressman McKeon, and Members of the Committee, for the opportunity to testify before you today.

Chairman MILLER. Thank you very much, and again thank you to all of you for being here today.

Ms. Fenley, do you talk to other families that participate in the Parents As Teachers Program?

Ms. FENLEY. Actually, I haven't had the honor of really speaking to anybody else who is on the program, because I am one of the few and the proud. I do have a friend who is waiting to get in the program, but I haven't been to any of the playgroups that they offer to discuss any of the other issues with other parents.

Chairman MILLER. Have you discussed your participation with your friends?

Ms. FENLEY. Absolutely. I encourage it to all my friends who have children, you know, that are eligible to participate. And they are hoping to extend the program for children who are, like, ages three to five. So I am hoping that we get to do that so Zane can continue to be in the program.

Chairman MILLER. We have heard here this morning, obviously, different programs that dealt with parents in different situations and circumstances that have brought about the inability to cope or the stress or whatever, however it manifests itself. As we sit here with the war in Iraq and as we continue to try to review in our own districts and elsewhere what is happening with military families, you know, you meet more and more families who are really multitasking, trying to just handle the stress points, either mul-

tiple deployments, multiple relocations, comings and goings and reuniting and separation and all these things that one of them by itself is traumatic for a family.

And so when you talk to your friends about Parents As Teachers, what do they think? Would they like to have someone to lean on?

Ms. FENLEY. Yes. Absolutely. Like the friend I just referred to, she is actually the one friend I do have who has a child Zane's age. She is, you know, really ready to get into the program. Her daughter has some developmental issues, some emotional issues, and I think it would be great for her to really get in there. She has five other children, two of which are adopted, and these are the ones who have the emotional issues that she really needs to get addressed, and I think it would really help her children to do that.

Yeah, she is really ready to get started, actually.

Chairman MILLER. How long did it take you and Ms. Terrilyn to hit it off?

Ms. FENLEY. Immediately.

Chairman MILLER. I saw Ms. Terrilyn shaking her head back there when Ms. Smart was testifying about it takes time—sometimes, she said, you didn't find out problems in the family for 6 months because you have to build trust, and I saw Ms. Terrilyn, I was watching you, you were shaking your head, that that is right. So it doesn't always happen right off the bat.

Ms. FENLEY. No, not off the bat. I think it was easier for me to connect with Ms. Williams because she was one of the very first people I met when I got to Virginia Beach. She was actually, yeah, like within the first week. So I was needing—and she is also a Navy spouse herself—so I was needing to know my resources, what I could really do to really become grounded in that area and that aspect of my life. So that is probably why it was so easy to reach out to her, because she was one of the first people I knew.

Chairman MILLER. Thank you.

Ms. Ditka, I was surprised how adamant—I am from the San Francisco Bay area—how adamant law enforcement and the district attorneys were about this program. Basically, what they are saying, we just can't keep up if we are going to have this continued growth in child-related problems, whether it is early child abuse or whether it is later in schools or on the streets later on, and we think that the evidence is compelling that this program will reduce our caseload. It doesn't cure the common cold and it doesn't fix every family, but they were just adamant in their sense that where we see this taking place, those law enforcement officials get a benefit of a reduced caseload.

I don't know if you would like to speak to that.

Ms. DITKA. Congressman, I couldn't agree more. In Allegheny County, only 17 percent of eligible parents are being served. The examples I gave you, there could be six children that are still alive with just some basic skills. We do hundreds of cases every year, and that doesn't include the cases where we have tried in minor instances to put people in parenting classes and to attach them to the resources so a parent doesn't then get strapped with a criminal record and the children aren't permanent members of the system instead of a family.

We can't keep up. We need more lawyers, we need more staff, just to do the cases that we have. And as I tried to stress, there are parents that are villains in the true sense. But the vast majority of them are just people that didn't have role models, that weren't given good examples. You know, I have been blessed. I have a parent that traveled with me today. I had a good role model. Hopefully I will be one for my child. But many, many people don't have that. Many people don't have the ability to wake up in the morning and see their parent doing something and being productive and actively working in the family.

And this model will keep people out of my system. And especially if it reduces delinquency, it will give children an opportunity to become productive members of society.

Chairman MILLER. Thank you.

My time has expired. Hopefully we will have a second round, because I would like to go back to Ms. Smart and Ms. Weiss on the data component of this, which I think is very important.

But right now, let me recognize Mr. Ehlers. The gentleman is recognized for 5 minutes.

Mr. EHLERS. Thank you, Mr. Chairman. And thank you for holding this hearing.

I am fascinated with it for two reasons. First of all, I was homeschooled. Actually, I am old enough that I was homeschooled before there was homeschooling. I was a sickly child, so I just stayed home and did all my schoolwork at home, which is a great way to learn.

But also I am interested because in my experience in local and state government, as a county commissioner, which I had charge of the juvenile detention facility and so forth and seeing the kids and working with the kids, and there is nothing quite as heartbreaking as seeing a 13-year-old girl brought in for her fourth arrest for prostitution. It was an education that I received which I would just as soon not have received.

But also at the state level, dealing with the products in our penal system of those children who grew up without a proper home, without proper training, and ended up spending most of their life in prison.

We were fortunate in Michigan, particularly in my community, quite a religious community, and we had established a number of different homes for children for various denominations. And it is not that the children were restricted to those denominations, but the contributions came from those denominations. And they did a fantastic job in our community. But when I reached the state level, I realized that not every community had that.

The reason I mention this, I am trying to see where the federal government fits in this, because obviously some states are doing quite a good job. Other states a middling job. And some not doing a job at all. What is the picture overall and what is the need for federal involvement in this? Is it a matter that we need uniformity? Is it a matter that we need the same funding in every state, or what? I would appreciate any comments any witness might wish to make on that.

Ms. SMART. The funding that we don't have, when you think of the numbers, in L.A. alone there are 7,000 young girls, teenagers,

our median age is 17, that fit the intake criteria for NFP. We started with 39 nurses in the year 2000. We are down to 15 nurses now because of the funding constraints. There is no funding available that fully funds this type of work.

What we are using now are funds that are meant for outreach, to get people into services, Medicaid eligible, those that are living in poverty. That is insufficient, because what we do goes far beyond simple outreach. It is outreach, education, support, nurturing. All of that is not covered, but that is all part of the picture. It is all part of the recipe.

So it is very difficult. I think the role of federal government is to allow there to be funding that could fully support programs that meet the needs of those most at need, especially. I wish we had the dollars to do these programs for everybody, because everybody truly does need some support when they are a new parent. But when we don't have those dollars, I really believe we need to target those most at risk, the young, the pregnant for the first time and those who are living in poverty, because by far they have the worst birth outcomes, social outcomes and every other category that you can think of outcomes.

So I would direct the dollars, if I were in charge.

Mr. EHLERS. This is still a problem. I am interested in the federal versus the state. Everyone thinks we have more money. That is just because we borrow it every year. But what about the states? What is their contribution? And why can't they, you know, step up to the plate more?

Ms. WEISS. Can I respond to this?

Mr. EHLERS. Yes.

Ms. WEISS. I led the [INAUDIBLE] which was the [INAUDIBLE] major national models for 6 years until recently, and I know that there are I think over 40 states now that have made a commitment to some kind of state capacity to provide home visitation.

I was in Michigan in December with Judy Samuelson, who runs your Early Childhood Commission, to talk with them about how to begin to create a state system of early home visitation that would be part of their effort to create a comprehensive early childhood system of services.

Wisconsin has a state standing task force working on creating a system of state-based early childhood services, including early childhood home visitation. That group of people, representing all kinds of different models from all kinds of places around the state, came together a couple of years ago and said we need to develop a standard set of indicators and outcomes across our programs as part of our tracking and capacity-building to support home visitation in the state of Wisconsin.

Pennsylvania has done some very interesting sort of experimenting with a combination of the Nurse-Family Partnership and the Maternal Child Home Program. As you have heard, there is a partnership, 2½ years, third trimester of pregnancy—year two with highly stressed families. They have now paired that with the Maternal Child Home Program, which focuses on literacy and school readiness. And they do use some of their welfare reform dollars to do this. And they are tracking it, and we will know the benefit of that kind of combination of home visitation services focused

on prevention of maternal and child difficulties, child maltreatment, as well as school readiness.

I think we are seeing a lot of states making a commitment, not just to little programs here and there, but to building state capacity, to develop and fund them, and increase the likelihood of return on investment from those dollars. There is not a state I think that any of us in this room know of that isn't struggling to meet the need for more financial resources for home visitation.

That is why I think EBAH can contribute. It is never going to be enough to pay for direct service for everybody who needs it, but it pays for some key expansion and some key capacity building, and then some of the other resources perhaps can be provided, you know, by local dollars and state dollars.

Mr. EHLERS. My time is expired, but thank you very much for the insight you have given me.

Thank you.

Chairman MILLER. Thank you.

Mr. Davis, author of the bill. Well, one of the authors of the bill.

Mr. DAVIS OF ILLINOIS. Thank you very much, Mr. Chairman. Let me thank you for holding this hearing.

As a long-time advocate for home visiting and for parenting programs, I also want to express my appreciation to Mr. Platts for his co-sponsorship as well as his leadership and indicate that it is a real pleasure working with him, and I appreciate what we have been able to come up with.

As I listen to the testimony of the witnesses, I was thinking, Ms. Fenley, that I could listen to you testify all day, for lots of reasons. But the question that I wanted to ask, what aspect of the program do you think has been most helpful to you and your family?

Ms. FENLEY. I can only choose one? Just one?

Honestly, to encourage my children, daily, to never let them lay their head on a pillow at night and let them know how proud I am of them. From the smallest thing to the biggest thing they do, just to encourage them and validate them as my child and let you know, hey, you did so good today. And that has taught me that, Parents As Teachers has taught me that.

And also to validate my husband as a parent himself, to let him know, hey, you are a great dad, you know. Forge on. Keep going. It is, you know, that has been my favorite thing about the program. That is the one thing I could probably choose out of everything.

Mr. DAVIS OF ILLINOIS. Thank you very much.

Attorney Ditka, let me ask you, have any of the cases that you have come into contact with been individuals that you would not necessarily describe as being disadvantaged?

Ms. DITKA. Child abuse, Congressman, as this panel probably knows, crosses all socioeconomic, religious, racial, ethnic borders. So I see lots of examples of abuse in every aspect of society.

Where this need I see the greatest is in disadvantaged families, because they just don't have the resources. They don't have the ability to go to a parenting class that they are paying for. They don't have the ability to go to Gymboree with their children or to a school-based after school program or get them in a sports program at the Y. That is why I believe this bill is so important.

But I don't mean to say here in any way that child abuse is limited to underprivileged inner-city families, because it crosses all social and economic and racial and ethnic divides, and some of the most horrific cases come from the wealthiest and most affluent neighborhoods nationwide.

Mr. DAVIS OF ILLINOIS. So there are many different types of families in different categories and different groupings of individuals who can in fact benefit and do in fact benefit.

Ms. DITKA. Absolutely. Absolutely.

Mr. DAVIS OF ILLINOIS. Thank you.

Ms. London, let me ask you, because of the fact that you have been in the same location over an extended period of time and have worked with the Near North Corporation, do you see families as they continue to grow and develop where you can sort of evaluate the impact of the program after the children have begun to grow up?

Ms. LONDON. Yes. Absolutely.

In my testimony I shared that the relationships that the home visitors have with participants after they graduate is well beyond when the child reaches age 3. Our parents have no problem after graduation with meeting us at the grocery store, at church, in the community, wherever it is that they are. Just because the child has graduated to age 3 does not end the relationship there.

And so they still come back to the home visitor, to the health center, asking for advice, and we are open to do that.

Mr. DAVIS OF ILLINOIS. Thank you very much.

And lastly, Dr. Weiss, let me ask you, there are individuals who believe that evidence-based research which demonstrates the effectiveness of program activities is what you really need in order to make a decision or determination about the value of programs. In your work and research, have you seen the kind of information that would suggest the value of this program activity that we are talking about?

Ms. WEISS. Yes, and I think we have 30 years of work, including clinical trials, either completed or underway, by most of the major models, that meet a high standard of evidence that suggest more positive outcomes across an array of things, from parenting skills to school readiness to reductions in child maltreatment.

What I find fascinating is the willingness and capacity of the models and I think the people within the states that are providing home visit services to learn from that evidence and improve their programs. So David Olds, Nurse-Family Partnership, David and I were at graduate school together at Cornell in the 1970s when David was starting this program. He did his first clinical trial in Memphis, or in Elmira, New York.

He learned a great deal from the evidence and from the pattern that resulted from that. He modified the program when he did his clinical trial in Memphis, learned from that and modified the trial when he did it in Colorado.

I watch these models, and have for a long time, do exactly what David has done, and also do what my colleague down here at the end of the panel mentioned, which is now develop capacity at the national office. And I think also the states are beginning to do that, to track performance of regular programs. It is one thing to get suc-

cess in a clinical trial. If you are going to do a clinical trial, you are going to put all your best into it and hope you get the best results. The trick I think is then getting those results in the everyday program, the everyday Parents As Teachers Program, the everyday Nurse-Family Partnership.

And what the legislation does is say that every year they are going to need to report on some performance indicators, and use that data to support improvement.

Chairman MILLER. I am going to have to cut you off. Thank you very much.

Mr. DAVIS OF ILLINOIS. Thank you, Mr. Chairman.

Chairman MILLER. Mr. Platts, who is a primary sponsor of the bill?

Thank you.

Mr. PLATTS. Thank you, Mr. Chairman, and I want to add my words of thanks to you for holding this hearing on the very important issue and echo my colleague, Mr. Davis', comments and what a privilege it has been to work with him in advancing this legislation.

I think Ronald Reagan once said if we want to do something for our nation's future, we need to do something for our nation's children, because they are our future. And that is what this hearing and this legislation is about.

I want to thank all of our panelists for your testimony and for your work in your daily lives for the benefit of children. And we are grateful to each and every one of you.

And Ms. Fenley, I especially want to thank you for being here, but especially for you and your husband's service to our nation. We are a blessed nation because of military families such as yours. I love what I do, and I am proud of what I do, but what I do pales in comparison to what your husband and your family do on behalf of our nation. So thank you for your service.

I want to first just reference, I know there is concern and when we hear $500 million it sounds like—well, not sounds like—it is a lot of money. But I think it is important to emphasize, and Ms. Ditka, I think in your testimony you talked about the Nurse-Family Partnership study that shows $5 saved for every dollar spent. So we hear $500 million spend, a lot of money. $2.5 billion saved, a lot more money.

And it is something that I think is important that we keep in perspective here, that one of the challenges in Washington is that when we talk about allocating money, the way we factor the cost of everything is we don't factor in savings, and this is an example of where we need to. And not just in dollars, but in human lives and quality of life for families and especially children.

So I appreciate, Ms. Ditka, you highlighting that aspect in well-documented studies, not just something over a year or 2 but over many years.

Ms. Ditka, you talked about Nurse-Family Partnership, you know, one of the many programs that are doing great work out there. What would you highlight as the strongest aspect of the Nurse-Family Partnership program that you think makes it such a good model with others for us to look at, to help emulate across the country?

Ms. DITKA. Well, Congressman, what we have seen in Allegheny County, one of the strongest aspects is it is a holistic approach that looks at the whole family unit. One of the best success stories is a woman who was drug addicted in her second trimester of pregnancy. She got off drugs. Her child was born healthy and now is a thriving toddler going to Head Start. This woman has got a GED. She is going to community college and is graduating or may have already graduated this spring so she could go work in the medical records field. So now both she and her child will be thriving members of society.

I think that holistic approach, you are helping not only the child but you are helping the parent, and if that parent has future children, you are helping future children in that family. So you are setting a strong and secure base for these people to move on. I think it is extraordinarily important to have children school ready, education ready, and it is important for a number of aspects, not only for educational purposes and for their future growth, but also to be able to express to people they come into contact with if they are in harms way and what is happening to them.

So I think that model that sort of surrounds the whole family with the knowledge and a hope for a better future is what works best.

Mr. PLATTS. And I think Ms. Fenley kind of highlighted the importance of that holistic approach when, Ms. Fenley, you were talking about you and your husband getting on the same page, and the benefit of the family to being together.

I have got a 9-year-old and a 12-year-old and my wife and I are always working at making sure we are on the same page together. We are much better as parents in doing so.

Ms. Smart, in focusing specifically on the Nurse-Family Partnership, you target first-time mothers, more impoverished individuals. Do you want to maybe expand on why you as an organization focus on that category versus a broader approach to who participates?

Ms. SMART. Sure. Yes. We focus on that target population because that is the target population that this model was actually tested on, and it was tested on this target population because those who are young, who are pregnant for the first time and who are living in poverty have the worst outcomes of poor birth, premature birth, low birth weight births. They have poor socioeconomic development on the part of the mother as she goes on in her life, maybe having multiple children after the first one.

So we follow the model. We have fidelity to the model. So that is the target population and that is actually why we do serve them.

Mr. PLATTS. And your testimony highlights when we talk about the benefits, again not specifically dollars but quality of life for the participants and society in general, whether it be crime reduction, child abuse reduction, school readiness. I mean, your studies highlight why this investment is so important and——

Ms. SMART. And we have been able to demonstrate that at the local level, too, by the data we keep, so that there is no doubt about the fact that we do positively impact these families who are most at risk, who load our hospitals and our social system.

Mr. PLATTS. Thank you.

Thank you, Mr. Chairman.

Mr. KILDEE. Thank you, Mr. Chairman, and thank you for having this hearing.

Dr. Weiss, first of all I am happy to hear that you are at work with Judy Samuelson from Michigan, who is a really great advocate for children.

You testified to the importance of practitioners and researchers sharing information to build a knowledge base and to inform public policy on home visitation. To what extent is that happening, and what can Congress do to ensure that those best practices are widely known?

Ms. WEISS. I think it is happening. I think it has been happening for a long time. The major models share information with each other about how to improve home visit services. They individually and collectively learn from the research. Parents As Teachers redid its curriculum based on the neuroscience evidence. I mentioned David Olds has redone his curriculum.

So each of them shows an individual and a collective capacity to getting information to improve home visitation, so it gives us a strong base, both in terms of their willingness to do that and also the ways in which they are then feeding it into improve home visit services.

I am very impressed with the provisions of the EBAH legislation, particularly around an independent assessment of the results of the EBAH legislation, a national study, with I think some very carefully laid out questions that that study would address. And also with the set-aside and expectation that each state will track the performance of home visit services. And my assumption is that with that they will on a yearly basis learn what is working and not working and celebrate and expand what is working and learn from what isn't and figure out how to improve it, very much like the Nurse-Family Partnership does.

And I know Parents As Teachers and a number of the other national models are building that capacity. And in the state of Michigan, Judy is helping to build that capacity. By that capacity, I mean to get and use data to figure out what you are doing well, what you need to do better and continue to improve the program. I think that is how you get return on investment from these kinds of services.

Mr. KILDEE. Thank you.

Ms. Fenley, as you testified for your family, home is where the Navy sends you. I can understand that a bit. I have two sons who have served in the Army, and that is the case with them also.

Can you discuss how home visitation programs can best ensure that military families who may have to move frequently are aware of their options? When you move from one place to another, is there some type of network where you can find out where similar programs exist that you can tap into?

Ms. FENLEY. As far as, like, getting here and starting him in the program, are you wanting to know, like, if we move somewhere else and not having——

Mr. KILDEE. Yes. Would you be able to find out if there is a similar program at the new base that you were able to utilize, like at the previous base?

Ms. FENLEY. This is our first year in the military at all, so I have never actually got to participate in another program like this.

Mr. KILDEE. Okay.

Ms. FENLEY. But leaving Virginia Beach, I would definitely seek out another program to get my son in, absolutely. I would want to find a program to get him in, similar to what we are in now.

Mr. KILDEE. Who would you turn to? What agency would you turn to at the new base? Is there a——

Ms. FENLEY. Like on base? Like as far as, like, military-wise, who would I try to seek out a new program?

Mr. KILDEE. Yes.

Ms. FENLEY. There are several resources that you could find programs for your children, and one is, you know, the child placement program on base that they have for Navy people. And you could—there are a few others—and Terri, also, I mean, I would be looking for a parent educator, a parent educator with the child placement program.

Mr. KILDEE. Okay. Very good.

You know, I really was impressed by what you said was the most important thing you got from the program, is when you put your children in bed at night you praise them for what they have done that day.

Ms. FENLEY. Absolutely.

Mr. KILDEE. And I probably went overboard a bit in that, because when my first child, David, was born, about 38 years ago, I would tell my wife, now, we have to make sure that he has a good feeling about himself and we have to make sure. I was in Lansing, the state capital, I was a member of the state legislature, and she was several miles away, and I kept emphasizing he has to have a good feeling. And one day I called her, I said, "How is David today?" And she said, "He has a very good feeling about himself today." So you probably hit the right balance there.

Thank you very much, Mr. Chairman.

Chairman MILLER. Thank you.

Ms. Hirono?

Let me get this straight. When the Navy transfers you, Terrilyn is going with you? Is that what you said?

Ms. FENLEY. I would love that. I am inviting her now.

Chairman MILLER. I hadn't heard about these rights of military families.

Ms. Hirono?

Ms. HIRONO. I think my mike is off so I am going to lean over.

I think it is really important to focus on a comprehensive system of early childhood services, so Ms. Weiss I was very intrigued by your testimony, where you indicate that evaluations of several of the major home visit models suggest that home visitation in conjunction with high quality early childhood education and/or preschool is more likely to result in positive gains.

Could you talk a little bit more about the importance of this continuum kind of services?

Ms. WEISS. Let me tell you quickly the two sides to it. One is a study of Early Head Start and that study done by Helen Raikes and her colleagues shows that when you combine home visiting, Early Head Start home visiting, and center-based care, you get

more positive results than either of those two interventions separately, so that mixed home visit and center-based care is important.

There was a recent study done by Ed Zigler and colleagues of the Parents As Teachers Program that shows Parents As Teachers parents were more likely to enroll their children in early childhood services and also more likely to be reading to their child at home, and that combination of things measurably increased their readiness for kindergarten and some of the early school success.

So we have got several studies now that are pointing towards the importance of first of all not overpromising what we can deliver with home visit services, but then the value added of combining it with other services that are directed to the child and that continue on from birth through a longer period of time.

Ms. HIRONO. I know that there have been quite a number of studies that show how important quality early education is to a child's success, so your testimony that says combining the home visits with these kinds of high quality programs, that you really get more bang for the buck, basically. I think that is a very important point to make.

Also, I would imagine that there are home visitation programs out there that may not meet the kind of quality test that we would like these programs to have, because I think one of the people testifying said that if it is not of quality, then you are practically wasting your resources.

So what would be the indicators of a high quality home visitation program? And how does this bill promote quality programs?

Ms. WEISS. Do you want me to speak to that?

Ms. HIRONO. Well, any of the panelists can weigh in.

Ms. WEISS. I think what we know is training, supervision, high quality curriculum, getting and using data to track your performance, are all critical. And one of the interesting things about the legislation, from my point of view, is that it sets aside and makes provisions for all of those indicators of quality.

Ms. HIRONO. So you mean that this bill focuses enough to ensure that what we are funding would be the quality programs?

Ms. WEISS. It contributes in a big way to delivering quality, yes, with set-asides and provisions.

Ms. SMART. I think it is very important that the programs that are funded have clear-cut goals and objectives that are measurable, that their activities actually address what their goals are and that the outcomes that they evaluate are addressed in the goals and objectives, so that it is just a complete package, so that what they are doing matches what they are trying to do and then they assess to see if they have done it.

And in so many of the programs that we have now are starting to do that, we are lucky that we are in Nurse-Family Partnership that this was practically—well, it was already done for us, and we got all the data systems, we have got the computerized system, we have got the theory that guides our work, the activities that are structured. At each visit the nurse gives, we have structured guidelines of what we are supposed to do so we are hopefully not that distracted by all the things going on in the environment, the gang

shootings, the drugs in the back room, and, you know, things like that.

So it is very important to have that structure, and then the ability to monitor that structure so that your workers—you can assess the product being delivered in the home through the outcomes that you achieve.

Ms. HIRONO. Thank you. I have a question——

Ms. LONDON. Excuse me. I would like to respond.

Ms. HIRONO. Go ahead.

Ms. LONDON. Our Healthy Families Program has embedded in it the weekly supervision of our home visitors. The project supervisor of each Healthy Families Program meets with the home visitors to look at the quality of their home visits. They are actually trained before they make their first home visit. And we have a national accreditation body that looks at the quality of what it is that we do.

Our programs are credentialed. It is like a mini-joint commission accreditation. So quality is very, very important in what we do. In the state of Illinois, a monitoring and tracking system that our home visitors put data in. There are regular quality improvement reviews of that data. We look at it, we analyze it and we apply it to the overall goals.

The program is based on 12 critical elements, which are very, very unique in terms of looking at the quality of what it is that we do. We are not simply just making home visits and chatting with an individual. We are actually educating the mom, the mom is improving in parenting skills, that child is becoming ready for school because we know that when we are finished, when the program is completed and the child is 3 years old, we work with them to move the parent and the child into the school in that particular community. Quality assurance is a very important part of the Healthy Families Program.

Ms. HIRONO. Thank you. I have a question for Ms. Ditka.

You have a lot of experience in the court system, I take it family court. Do the judges in your state have the discretion to require the parents to involve themselves in home visitation programs?

Chairman MILLER. Ms. Ditka is going to give you a very quick answer.

Ms. DITKA. Yes.

Ms. HIRONO. Thank you.

Ms. DITKA. Is that quick enough, Chairman?

Chairman MILLER. Ms. Woolsey?

Ms. WOOLSEY. Thank you, Mr. Chairman.

First of all, I would like to thank Congressman Davis and Congressman Miller and Congressman Platts for authoring this HR 2343. And giving us an opportunity to carry on the conversation of how important it is that our children get the best start in life and to talk about needing to do whatever we can to ensure that they are given every opportunity. Quality education, health care, support services for parents are such important programs. They need to be expanded and every child and every parent needs to have access so that we can ensure that every single one of these little kids that are born in the United States of America has an opportunity to be successful. And I think today's hearing has confirmed all of that once again.

Now, Mr. Estrada, you have had, like, a vacation here. We have not asked you a question, so I think that that is what I need to be doing.

You have concerns with Title 9 of HR 2343, and I believe your concern is that individuals have to sign a release of whether they will or will not take a particular training.

Now, first of all, don't you think that signature, because these are funded programs, that signature is just proof to the funders that indeed the offer has been made? Do you have any examples of where that has been used and held against an individual or a family that chose not to be part of the training?

Mr. ESTRADA. Congresswoman, our concern is that this could lead to that. We have dealt with examples, because of the fact that they are confidential I don't have them with me right now, but I could get them, and we will get those examples to you. But we have dealt with many situations, unfortunately, where a medical nurse or a doctor has seen a family and advised them a course of treatment in a hospital or something like that, or parenting classes or something like that, and the family has said, well, we are going to use our own medical provider, for example, if they go to an emergency room, if they——

Ms. WOOLSEY. But this isn't the same thing. This isn't medical provision. This is signing off to say, yes, this has been offered to me, I chose to or not to. Is it mandatory, the training?

Mr. ESTRADA. The training is not mandatory, no.

Ms. WOOLSEY. All right. Well, I would like to ask the other members of the panel, have you ever seen this offer used against a client, or used for them?

Ms. London?

Ms. LONDON. The Healthy Families Program is a voluntary program. The home visitation program is voluntary. We are educating parents to be informed individuals. They make a choice as to whether they want to participate.

Ms. WOOLSEY. Ms. Ditka?

Ms. DITKA. The whole tenor of the bill is that it is a voluntary program, and in my experience we have never used failure to participate in a voluntary program as a basis to prosecute someone or in any way get them involved in the social service system.

Ms. WOOLSEY. So, Mr. Estrada, would your concerns about Section 9 then say you and your organization are against—would vote against—if you were us—vote against the bill in its entirety?

Mr. ESTRADA. Well, Congresswoman, two issues about just Section 9 about these concerns. The first one is, many families could be pressured to take these classes——

Ms. WOOLSEY. No, but they aren't.

Mr. ESTRADA. Okay.

Ms. WOOLSEY. So what could happen is also many families could end up without an education for the family and their children that have prepared those children and those adults to be good parents and good, successful individuals once they get into school. So all of this if "ifs".

But, okay, the second if?

Mr. ESTRADA. And the second if, Congresswoman, is actually following up with what Ms. Ditka said. We are very grateful that

families are not prosecuted. But even an anonymous tip sometimes from a nurse, for example, who says, well, why did the family not choose these parenting classes, could lead to that.

Our concern is it is not clear in Section 9 if hospitals are required to offer these parenting classes, or if it could lead to a situation where families are basically strongly pressured and——

Ms. WOOLSEY. Okay. Well, then, I would suggest we can—Mr. Davis will look at the language to make sure it is clear.

Mr. ESTRADA. Thank you.

Ms. WOOLSEY. There is no question that it needs to be clear.

Ms. Smart, have you ever known of a nurse that has used such evidence?

Ms. SMART. No, I have never known of a nurse to do that, although we have had referrals from probation officers that strongly recommended their clients enroll in NFP. When we get any indication at all that the client is forced to do it, we do not enroll them, unless they really want to do it. But we don't.

Ms. WOOLSEY. It is voluntary.

Thank you, Mr. Chairman.

Ms. CLARKE. Thank you, Mr. Chairman.

My question is for you, Ms. Ditka, because just reflecting that this Sunday is Father's Day, and as I reviewed your testimony it struck me that many of the statistics you cited concerning program success relate to women, namely young mothers in the program. Here is my question: Where are the fathers? Actually, does the program in your country incorporate and assist the fathers?

Ms. DITKA. Yes. If the fathers are involved, the Nurse-Family Partnership in Allegheny County does incorporate the fathers. And in fact, in the success story I gave you, not only did the woman become educated and get clean, she was also getting married. So it is the whole package.

But if the fathers are willing and involved, they are encouraged to participate. And if they are willing to do so, they are included in the program.

Ms. CLARKE. Can anyone else on the panel speak to their experience with—when we say parental, there seems to be such a heavy emphasis on the mothers—what type of success we are having in incorporating fathers in this process?

Ms. SMART. I can speak to that. We do have great success when the father of the baby or the boyfriend to the mother, who may not be the father, is involved in the home environment. Where we have a problem is when the father is incarcerated.

But the techniques that we use in the home, even the simple thing of the father walking in the room when the nurse is there, dads generally don't like to be involved in this, but to include him, when a father walks in the room and start talking, the nurse will say, "Oh, look, the baby just turned its head to look at you, it already knows you," and the father is astounded. What do you mean the baby knows me? That, right there, starts the bond. And that starts our work.

And then we see the dad slowly becoming more and more—they will hang out in the kitchen and listen and they will come into the room. But it is a process of becoming involved, it is not just sim-

ply—many fathers don't want to sit down and be that involved right away.

Ms. CLARKE. Ms. London?

Ms. LONDON. In our Healthy Families Program in Near North Chicago, we encourage fathers to participate from the very beginning, when we are assessing just the eligibility to participate in the program.

In fact, one of the home visitors is in fact a father, and he is able to engage the fathers more at each home visit, and we encourage them even to accompany the moms to the health center for the prenatal visits, and we have had fathers who have participated and graduated from our group parenting classes.

Ms. CLARKE. Wonderful.

Ms. Ditka, I wanted to ask you another question. I am from New York City and we recently had a very tragic occurrence in our child welfare safety net where a 3-year-old child died as the result of torture in the care of his foster care mother, who was deemed unfit for custody of her own children in another state.

Have you seen models of success in partnering of NFP with the child protective services and foster care agencies? There seems to be some sort of hole there if someone who is becoming a foster care parent doesn't have the parenting skills either. And that is a huge part of our social network and fabric in our communities.

Ms. DITKA. I have a similar case pending now, where the family came from a different state, their children were taken away, they have new children here and those children have lived in horrific conditions.

Again, the programs that we are talking about are voluntary, so these people that are signing up for these foster care that have already had children removed are not going to voluntarily participate in a program like this. And this is a voluntary program.

I think the issue that you raise takes us sort of in a far-reaching direction with some of our social service problems that exist not only in New York and Pennsylvania, but I think in every state across the nation.

Ms. CLARKE. I am even wondering whether they are even offered it.

Ms. DITKA. I can't address that. I am sure Ms. Smart can.

Ms. SMART. I can address that. In Los Angeles County, when we did try to determine first of all how many girls who were under protective services got pregnant while they were receiving protective services, we couldn't find that number, nor can we find it statewide. That data simply is not kept.

We do offer this program generically to every woman or girl who fits the intake criteria, first time pregnant, living in poverty and we try to get them before their 18th week of pregnancy. But the protective services system is one we really need to crack into. It should be offered to every single child. They are the most very, very at high risk of the girls who get pregnant in our county. Their outcomes are abysmal.

Ms. CLARKE. Thank you very much, Mr. Chairman. I yield back.

Mrs. DAVIS OF CALIFORNIA. I was going to yield to Mr. Holt, right?

Thank you very much.

Thank you, Mr. Chairman, and to the sponsors of the bill.

I remember back in the state legislature, let's see, that was back in about 1994, and we were beginning to have discussions about this. The HIPPY Program was involved in California. So I am actually delighted to see how far this has come and that is great.

A few quick questions. One, the self-selecting process of parents choosing to be involved. And I understand this always has been a voluntary program. But does that hamper in any way your ability to evaluate the extent to which the programs are bringing something of great value into the family that perhaps they might not have received in a different way?

One of the concerns we often have even with charter schools is that parents who are selecting that their child go to that school may have different tools available and to make that a successful opportunity for that child.

Could you comment briefly on that? And are there some ways of dealing with how perhaps there is additional outreach, especially for groups of individuals that may tend to decline the services? Does anybody have any comments?

Dr. Weiss, or whoever would like to respond.

Ms. WEISS. I am happy to respond.

I think that the issue of selection bias is real because participation is voluntary. So you are always going to have selection bias, and I think that is true of any of the programs. You are going to have selection bias based on it being voluntary.

Having said that, I think each of these programs in my knowledge goes to special efforts to do outreach to stressed, vulnerable families that could benefit from the service. Some of them target those families directly. Some of them do extra outreach to try to make sure they enroll the families that the evidence suggests can benefit a great deal from participation.

And in fact, when one does analyses of who participates and looks specifically at the most high risk groups, there is some evidence that suggests for example with Early Head Start that it is the high risk groups that benefit the most, which validates the extra effort to try to include, you know, perhaps the most highly stressed families.

So I think we can make claims that these benefit high risk families, and I think we also have to make sure that we are doing outreach to get them into the program.

Mrs. DAVIS OF CALIFORNIA. Where—and again, if anybody wants to respond—where is the greatest gap in terms of outreach providing the trainers, the personnel, to participate in this program? Are we reaching the individuals who in fact really can relate best to the families that they might be serving? Is there a gap in being able to identify outreach having, you know, the individuals come forward and participate and any men who participate as well? I mean, have we looked at that statistic?

Ms. SMART. That is a difficult question, actually, to answer, because we have dealt with being nurses, and I get this a lot in Los Angeles, well, you are nurses, how can you possibly know about the families that live in poverty. So the cultural differences are something that is always brought up. And I always have to bring up,

well, nurses live somewhere, and many of us were raised in poverty.

The gaps in Los Angeles County are such mostly with the bilingual issues. We have so many languages, mostly Spanish speaking, and so we have made great efforts to make sure our staff is bilingual. That I think—and then in outreach, outreaching through churches has been very beneficial, schools and the Women, Infants and Children Program is one of our main resources for outreach.

Mrs. DAVIS OF CALIFORNIA. Do you see—I know my time is running out—do you see that as an important part of the evaluation? And should the bill be more specific in being able to assess the extent to which the program mirrors the population in the community that it serves?

Ms. SMART. Absolutely. And we do keep that data in the Dr. Olds Nurse-Family Partnership model, so that we do know. And it is very interesting, because our population in NFP Los Angeles mirrors exactly the population that we have, including a couple of Cambodian and Vietnamese mothers.

Mrs. DAVIS OF CALIFORNIA. Thank you.

And just quickly, other challenges in terms of training. Wages? Is that an issue that should be addressed? Are people able to afford being part of this program?

Ms. LONDON. The Healthy Families Program, being a part of the social service arena, always you hear about the salaries of the individuals. But as I said in my testimony, our workers have a passion and a commitment for the families that they work with, and the families can really see that.

Right here, Ms. Fenley, who has testified, they have developed a trusting relationship. And so that seems to go beyond the salary which they may receive, which some may not feel is competitive.

I wanted to go back to the outreach question of——

Chairman MILLER. I am going to ask you to quickly summarize what you want to say.

Go ahead, Ms. London, just finish your thought.

Ms. LONDON. That issue dealing with the salary, it is their commitment to the work more than the salary.

Chairman MILLER. Thank you.

Mr. Holt?

Mr. HOLT. Thank you, Mr. Chairman.

I thank the sponsors of this bill and the chairman for doing this.

Ms. Fenley, since you are into—since you spoke about encouragement and validation and praise, let me lay a little praise on you. I can't imagine a better national spokesperson for this sort of thing than you, and your testimony about, you know, understanding the reasons that little Zane does what he does and finding resources that you would not have found on your own and connecting with community, learning parenting techniques, approaches to discipline, working with both you and your husband in childrearing, it makes it so clear the value of programs like this.

And, you know, we in New Jersey have seen this. I have seen it at Family and Children Services, Children Home Society, they have a program with English language learners, Parents As Teachers in New Jersey, quite active and quite successful. And if there is some way we can make this broader and more effective through

legislation such as that of Mr. Davis and Mr. Platts, I am all for it.

I have a couple of questions. One is, if this becomes too formalized and appears to be coming from the state and is connected with child protective services somehow in people's minds, how do we guard against the participants putting up a defense, saying, you know, this is an inspection service, it is intrusive, rather than as obviously I think it was Terrilyn who worked with Ms. Fenley.

How do we build into this program an inviting aspect? I am not sure whom I should ask this to. Anyone who has any comment on that——

Mr. ESTRADA. I think that is a good point, and I would not, and I don't think anyone here, even if we have concerns with the bill, would be against many of the things in this bill.

Something that we have looked at at HSLDA, we have looked at if the parenting classes, if the materials, instead of coming from the Secretary of Health and Human Services and instead of coming maybe so closely linked to the state child welfare services, if it was in the example of, let's say, grants that were given to public private entities that could then offer these parenting classes, maybe that would even get these classes into the hands of more people and still give very good education to parents, teachers who could help the parents, and it would also do away with some of the concerns that HSLDA has.

I know that——

Mr. HOLT. Thank you.

I think maybe Ms. London would be the best to answer this next question. How do we build into this program a longevity, a long enough relationship with the family and the visitor? A lot of these families, of course, are not particularly stable. They may have to move a lot, particularly if they are military families. They have changing jobs and life situations. Are there things that we have learned about how to build in a long enough contact to get the most benefit out of the program?

Ms. LONDON. Yes. I would say we started with the trusting relationship that we build with the mom while she is pregnant, so that is 9 months. And then we work with the children and families until the child is 3 years old. So that is 3-plus years. And we continue working with them even beyond that.

If our families are relocated and when they move, they can voluntarily continue to agree to participate, and the home visitor will follow them wherever they move within the City of Chicago limits.

Mr. HOLT. Again, I think this is fine legislation and I thank Mr. Davis and Mr. Platts.

And thank you, Mr. Chairman.

Chairman MILLER. Mr. Payne?

Mr. PAYNE. Thank you very much.

I am sorry that I missed the testimony. But are any of you associated with CASA, the Court Appointed Special Advocate?

Well, we are very fortunate in our county, I happened to go to be called for jury duty. The only way I got out is that I was assigned to a murder case that was going to take 6 weeks, so I couldn't be chosen because I can't stay in the court for 6 weeks.

But while I was there, they had a presentation, actually, to all the jurors, must have been a thousand, where they went over a court appointed—what is it called—court appointed special advocate. In our county, the abuse in foster care is so high that the state can't handle it and so they are asking for volunteers that have to go through training to actually be assigned to a foster child to make sure that the foster child is getting proper treatment in foster care. It is a very unique program and we have almost a thousand volunteers that are in it.

You know, I usually don't kind of discuss dirty linens in public, but we have a very serious problem in our county. Unbelievable. We have more, nearly 25 times, the average U.S. rate of children in foster care in four cities in my county, and we have challenges in this little area. Twenty-one percent of the violent crime occurs right in these four cities for the entire county. The statistics are really unbelievable of some of the problems that we have. Fourteen percent of the children are born low birth weight. Twenty-five percent spend at least one night in the hospital in their first year. Twenty-seven percent have asthma. Twenty-one percent were overweight at age 3. Sixty-two percent were below the 15th percentile in verbal skills.

And so we really have a concentration of poverty that is probably even more severe than in your Cabrini Green area in Chicago. And so I am interested in trying to gather from your testimony, which I missed, but I might ask you, Ms. London, about the—I understand in your testimony you speak of families that are being displaced in the Cabrini Green housing area. We have had the same problem of bringing down public housing, and people sort of are dispersed.

But could you sort of share with me how your program has helped these families and how have you impacted on the overall welfare of the children in these families that have been dispersed?

Ms. LONDON. Yes, I can. The home visitor works very closely with families. One of the goals on our IFSP, which is our individual family support plan, is whatever the parents want us to work with them on, that particular goal, for a 6-month period. And we update it and review it every 6 months. So housing in that area is an integral goal.

The home visitor works together with case managers and with other agencies to actually move and relocate the families. And as I said, we are able—if the family wants to continue in the program, to actually continue home visits wherever it is that they move within the City of Chicago, and give services, offer services, to them.

Our program is a part of the Community Health Center, so many of our participants are also patients of the health center, and they continue to come into the health center even after the child has aged out at age 3. And so we are able to continue interacting with them in terms of school enrollment, immunizations, well child visits or whatever it is that the parents need.

Mr. PAYNE. Do you have Section 8 housing in your portfolio, or is that out of the Housing Authority, you know, which Section 8 says 30 percent of the income is spent for housing and the rest is paid by the federal government.

Ms. LONDON. That would be more case management. But the home visitors do work very closely with case managers.

Mr. PAYNE. Okay. Well, it looks like my time is expired.

Thank you very much.

Mr. HINOJOSA. Thank you, Mr. Chairman.

I want to say thank you for calling this hearing and I want to express my support for the parental involvement and family involvement as we try to teach children the art of learning. And I say that without a successful program in parental involvement and family involvement, that I think that we are missing one of the most important components that Chinese families—Chinese leaders have taught us, who have visited China, inquiring how is it that they can be so successful in having large percentages of their children graduating from high school and going on to college and beating the socks off of us when we compete with them in international scholastic competition.

So my questions are going to be many and I ask you for short answers so I can ask as many questions as I can during the short time they are giving me.

My first question is to Ms. London, from Illinois. How does your program provide support, training and supervision to ensure that the home visitors are effective in working with families who do not speak English?

Ms. LONDON. Presently, our program is 100 percent African American English speaking individuals.

Mr. HINOJOSA. Maybe, Ms. Fenley, what do you all do—is it Mrs. Fenley—can someone else answer my question? Those who are English limited families who can't speak. I can certainly tell you that I am very interested in this because I come from a family of 11 and my mother didn't speak English, so if we had anybody come visit, she couldn't speak to them.

Ms. SMART. I can speak a little bit to it. In Los Angeles we have the top 11 languages that we have to deal with. We do recruit nurses specifically sometimes for the languages they speak and the culture that they are.

I think all of us struggle with meeting the needs of our populations we serve, especially the multicultural, multiethnic groups. But it is very important that what you look at also statistically—and I did this analysis when we first started—I found out that oftentimes it is main family language we don't speak, but the young child who is pregnant—and I say young child, again, 17—is bilingual, although maybe not good. And the outcomes are similar and the same to the outcomes of those with the same cultural mix of the nurse to the client.

That also included we had need to look at the African American population served by the Latina nurse. Their outcomes were the same as any other person we served. Again, it goes back to the relationship, and sometimes there are a million things you can do without ever saying a word.

Mr. HINOJOSA. So would you say that we need to address, then, the lack of communication wherever we are not able to have those visitors to the homes with a language the parents can understand?

Ms. SMART. Absolutely.

Mr. HINOJOSA. Maybe taking college students who can speak that language, be it whatever the language is.

My next question then goes to Ms. Weiss from Harvard Family Research. What does the research show to be the core components of an effective home visit program that strengthens family literacy and helps parents support their children's learning?

Ms. WEISS. I think we talked a little bit about some of those key components. Well-trained staff. The Nurse-Family Partnership woman mentioned a program that aligns the goals, what you do in the home and the measurement to make sure that they are all consistent with the outcomes that you are trying to get. Well-trained staff with supervision is critical.

And I think all of these models that I am familiar with also stress the importance of the parent working with the child around literacy development in the home.

Mr. HINOJOSA. Would your research confirm that those mothers who work with children at early ages of 1 through 3 or 4, teaching—letting the children listen to somebody reading to them, to get them to learn to love books and reading? Does that work?

Ms. WEISS. There is a lot of support—there is a lot of research evidence that supports that conclusion, a huge amount of it.

Mr. HINOJOSA. Excellent.

The next question goes to Ms. Smart, director of Nurse-Family training. In many communities across the country, Hispanic families live in a climate of fear because of the current policy of indiscriminate immigration raids and local policies aimed at newcomers to feel unwelcome. How do you build trust in the communities you serve?

Ms. SMART. I guess we build it by being there and showing over time that we can be trusted. We don't report to immigration. The only thing we do report routinely is child abuse when we see it in the home.

But, no, we have established a reputation and respect and a lot of our referrals, as mentioned earlier, come from the girls who are pregnant and their friends get pregnant. They come to us that way.

I think it is very important, and again it helps to have multicultural nurses onboard so that they can see we are supportive. And again, nurses are one of the most respected professions, and that helps too.

Mr. HINOJOSA. Thank you.

I yield back.

Chairman MILLER. Thank the gentleman.

Mr. Tierney, do you have any questions?

Mr. TIERNEY. Just maybe one or two, Mr. Chairman. Thank you.

Dr. Weiss, I came a little late. I apologize. I have another committee going at the same time. But I know in your written remarks you talked about the Parent Child Home Program, which we have in some of the communities in my district. Have you explained that already on the record, the specifics of the program and its measures of success?

Ms. WEISS. I have not.

Mr. TIERNEY. Would you do that for me, please?

Ms. WEISS. Yes. The Maternal Child Home Program provides home-based support for language and literacy development from

about age 3 to age 5. It has several studies, experimental studies, that suggest the value of doing that around children's language and literacy development and early school readiness. They also have studies that show that parents who belong to and the kids that experience the program are more likely to be involved with their kids' development into elementary school. So it leverages early parent involvement to support sustained parent involvement. So it has an array of very important outcomes. It is a very strong model.

Mr. TIERNEY. I am curious on that, because I know Brandon Walsh, when he was head of Title 1 in Salem, started the program in that community and has a waiting list now. Most of the communities that do it in fact have a waiting list, and most of the parents that go through it—not most of them, but many of them, then become people instructing on the program.

All of the indicators that we have from the local metrics on that are that it is successful and progressing, and you are now confirming that on a broader perspective it also seems to be a good program.

Ms. WEISS. Yes.

Mr. TIERNEY. Thank you very much.

I have no further questions, Mr. Chairman. Thank you.

Chairman MILLER. Mr. Platts?

Mr. PLATTS. Thank you, Mr. Chairman.

Kind of a follow up to the discussion earlier about the different programs and who is targeted for inclusion, whether it be Healthy Families, Nurse-Family Partnership or some of the others. One issue we haven't really mentioned is the issue of means testing. And I would be interested in any of the panelists, and maybe especially Ms. London with Healthy Families. I know you don't have means testing, but you do kind of target by at risk of, you know, abuse, not means testing.

And then, Ms. Ditka, in your testimony earlier you were talking about how abuse does run the gamut of all socioeconomic groups, which would seem to argue against any kind of means testing.

So I would be interested in especially the two of you, but any of the other panelists also, whether there should be any mandatory means testing included in the legislation as part of any programs participating.

Ms. LONDON. Ours is a strength-base program. And the way that we bring in our families is to assess for particular potential for child abuse and neglect, is what it is that we are looking for.

Mr. PLATTS. Regardless of income level, right?

Ms. LONDON. There is no income, no ethnic differentiation or anything. It is universal assessment and screening.

Mr. PLATTS. Okay.

Ms. DITKA. In Allegheny County, the Nurse-Family Partnership that works in Allegheny County does do some needs assessment. So it is impoverished, primarily teenage mothers, in their second trimester.

But I think my response was in response to Mr. Davis' question, and that is that any family, regardless of need economically could use this program. It is just merely at risk parents. You don't have

to be impoverished to not have good parenting skills. Anybody can be afflicted with that problem.

Mr. PLATTS. Thank you.

Anyone else want to comment? Yes?

Ms. WEISS. Programs like Missouri's Parents As Teachers have evidence of benefits for everybody who participates, regardless of income. They have also been good, as have other programs that serve a general population, of providing more intensive and frequent home visit services to families that may need more help.

So there are a number of models of universal programs that then provide more intense, frequent services to more high-need families.

One of the things I like about the legislation is that it leaves to the state and perhaps the local community decisions about how they are going to use their resources. Having said that, I think there is a research-based case that says more highly stressed families need more intensive and frequent services within a universal model when people chose to go in that direction.

Mr. PLATTS. It is perhaps allowing that to be an option, but not mandated for the state and local participation. And I think that is something to emphasize here, that this is for a federal program to help fund state and local efforts, not to create a federal program, but provide the funding for such a program.

Ms. WEISS. It is also not age-specific programs that you are mandating, and you are leaving a lot of choice within reason to states about the kinds of programs they are going to provide.

Mr. PLATTS. Thank you.

Mr. Estrada, your testimony focused on Section 9 and the concerns there, and to follow up my colleague and try to get into that a little further with you. Is it safe to say that, in Section 9, if it was retained as far as trying to ensure parents are made aware of this program, if the requirement was eliminated as far as a parent having to sign saying yes, I participated or no, I chose not to participate, that requirement, because it seemed like that is where your focus was, that having to sign something would make them feel pressured to participate. So if that signature requirement was eliminated, would that go a long way towards eliminating your organization's concerns?

Mr. ESTRADA. That would definitely help, Congressman.

If the materials were just in the hospital as something that is offered by the way to parents, this is something that would be very helpful, we encourage you to take it, that would take away a lot of our concerns.

Our concern also, however, is that if the curriculum is going to be developed by the Secretary of HHS and there are no guidelines for how the curriculum is going to be developed, what happens if it is open to politics being played with it as different administrations come, maybe one side doing it this way and one side doing it the other way? What if down the road it ended up something that different religious hospitals or cultural birthing centers, they disagreed with the materials? I was uncertain. The bill seems to be a bit vague. Can a hospital refuse these materials?

Mr. PLATTS. I think sometimes we can start to imagine all sorts of things that could be, and you can never write a legislation to

guard against every possibility, but I appreciate the concern that it is voluntary participation and no consequences for not.

And I will quickly—I see my time is out—just emphasize with your organization, in the findings of the legislation, I really see this as supportive of parents who choose to homeschool, because in the findings we reflect that the first and most important teacher for any child is the parent. And that is exactly what homeschoolers believe, and with the very large homeschool population in my district that are very engaged with their children and their education. So we are trying to, I think, compliment what your organization is about.

A final comment, just again, Ms. Fenley, and this really goes to Mr. Kildee reflected it as well, all the testimony has been exceptional and very helpful. Your testimony about the most important thing you have gotten out of your participation hit home.

I was telling my 9-year-old last night as he was getting tucked in and we were recounting the days—yesterday was the first day of summer vacation, and we were recounting his third grade year and how proud we are of how hard he worked and how well he has done, and how I end every day with that hand on the chest when they are asleep and they don't know it, just that all is well. I can go to sleep because my kids are sleeping.

Your testimony about that lesson of instilling self-esteem in our children is a powerful statement, and if you are not already doing so back home, you are a great advocate for espousing the importance for families of the parents participating in your program in Virginia and, really, thank you for being here today.

Thank you, Mr. Chairman. I yield back.

Chairman MILLER. Further questions?

Mr. DAVIS OF ILLINOIS. Mr. Chairman, thank you very much.

I just want to assure Mr. Estrada that we hear him in terms of the concern that he expressed relative to privacy and the whole question of possible coercion, and we will review the language and take a look at that and try to make sure that there are no loopholes whatsoever.

Mr. ESTRADA. Thank you, Congressman.

Mr. DAVIS OF ILLINOIS. I consider myself a practicing civil libertarian, that individuals must have the right to do what they want to do and when they want to do it and the way they want to do it.

And Mr. Chairman, again, I want to thank you for holding this hearing.

And I would just reemphasize, you know, Mr. Holt indicated, Ms. Fenley, that if we had a national spokesperson for this issue, it ought to be you, and I would certainly agree with him. Maybe we will have to figure out a way to create that.

So thank you very much, Mr. Chairman, and I yield back.

Chairman MILLER. I feel a Section 10 coming on. [Laughter.]

Let me thank you all. If I just might take a couple of minutes here.

One, Mr. Platts has made the point and I think it is very, very important with respect to this legislation that we are trying to create a federal stream of funding, not a federal program, and I think that is important. I feel a little bit like, you know, you will have

been running this startup company for a while and now you are asking to go to scale. And as we know in dealing with human services, it is the most difficult thing we can do, and we don't have a great track record.

And on that point, I am most intrigued by these programs as I have been involved with them and watched them over several years, that they have—the attempts that have been made to maintain the integrity and to use the data and the information for program improvement. And I would just ask you once again to look at this bill, because I think it is absolutely critical so that we can say with confidence that we are investing in a program of success here, a program of record and a program of sort of constant improvement.

And then I think that allows us to stay out of the way in the kinds of—so that you can continue to use the discretion and the history and the background that you have of the program to make the choices and decisions that you do.

That is a big test in our relationship here. We hand out—you know, if we are fortunate enough to get a half a billion dollars, a lot of people start thinking we should start driving the horses here. That is not a very successful model, either.

So I would just ask you—and Dr. Weiss, as you review the studies over the last 25 years, you make it very clear that where these quality indicators are not in place, we are just kidding ourselves. And I think a couple of the witnesses said if you don't do it right, if they don't want to volunteer, if they don't want to participate, it is just not going to work.

And I think that is what would be my priority here with respect to this legislation. I think Mr. Davis and Mr. Platts have done a great job of drafting this legislation, but I want to know that if we are going to scale, we could be back here 5 years from now and 10 years from now and see a program that has continued to improve without us creating a lot of regulations and hurdles for people to jump that just eat up the resources.

So there is that part of it. If we could call on you again to sort of scour the bill, because you have very extensive experience with this. I think the bill has been drafted with all of that in mind, but I just want to reiterate that point.

And finally, thank you to Zane and Megan for coming today to join us. Megan, thank you very much for being here and brining your brother. We enjoyed you both. So thank you.

And Ms. Ditka, are you going to introduce mom? You brought her all the way down here, you are going to make her drive home, come on.

Ms. DITKA. My mother, Joyce Ann and my daughter, Claire.

Chairman MILLER. Thank you. And you are welcome, too. Thank you for being here.

With that, the committee will stand adjourned, and thank you again so much for your time and your expertise. And we will leave the record open for further submissions if something comes to you or members of the audience and members of the committee.

[The statement of Ms. Woolsey follows:]

Prepared Statement of Hon. Lynn C. Woolsey, a Representative in Congress From the State of California

Chairman Miller, thank you for holding this hearing today. Thank you Representatives Danny Davis and Platts for introducing H.R. 2343, the Education Begins at Home Act. This is an important topic and I look forward to more conversations about how we can help give every child the best possible start in life.

Home visitation programs have been shown to reduce child abuse, improve parent and child bonding, increase literacy, and even reduce crime. These important programs are already helping many families in communities all over the United States, but there are long waiting lists and many more families could benefit from these services provided. That's why it's so important that the federal government provide funding to serve more families and so more communities can have access to home visitation services.

However, we can't stop there. Home visitation programs should be better utilized along with a host of other services for children and families, such as early childhood education, affordable, quality child care, and work schedules that allow parents to more fully participate in their child's lives. In two-thirds of all American families, one or both parents work and they are trying to balance work and family responsibilities. These parents are doing the best they can for their children and we need to help them by ensuring that they have access to home visitation, early childhood education, and other programs and flexible enough work schedules that allow them to utilize these programs.

Chairman Miller, thank you again for holding this hearing. I look forward to continuing this dialogue with my colleagues to find more ways to help parents give their children the best possible start. Thank you.

[Additional materials submitted by Mr. Miller follow:]

[The report, "Breaking the Cycle of Child Abuse and Reducing Crime in Pennsylvania: Coaching Parents Through Intensive Home Visiting," may be accessed at the following Internet address:]

http://www.fightcrime.org/reports/PACAN2.pdf

[The report, "The Economic Return on PCCD's Investment in Research-based Programs: A Cost-Benefit Assessment of Delinquency Prevention in Pennsylvania," may be accessed at the following Internet address:]

http://prevention.psu.edu/pubs/docs/PCCD—Report2.pdf

[Additional statement submitted by Mr. Tierney follows:]

Prepared Statement of Sarah E. Walzer, Executive Director, the Parent-Child Home Program

The Parent-Child Home Program is pleased to submit this testimony in support of the Education Begins at Home Act, H.R. 2343. We thank the Committee for holding this important hearing on legislation that will make a tremendous difference in the lives of children and families across the country. We are pleased to be part of a national coalition of home visiting organizations and advocates for early childhood and family support services that has been supporting the passage of the Education Begins at Home Act.

As a nation, we cannot really begin to talk about "No Child Left Behind" until we have successfully ensured that "No Child Starts Behind". Today, too many children in the United States enter school never having seen or held a book, without the basic literacy and language skills they need to participate successfully in the classroom. As a result their teachers in pre-kindergarten or kindergarten have to slow or stop the curriculum they had planned, to help these children catch up. Unfortunately, the data shows us that most children who start behind will never catch up. Children who do not know their letters when they enter kindergarten are be-

hind in reading at the end of kindergarten, at the end of first grade, and are still having trouble reading at the end of fourth grade.[1]

We also know that preschool is not the sole solution to this lack of readiness. Children arrive in pre-kindergarten not ready just as they have been arriving in kindergarten not ready. Children are more likely to be ready at any age when they have a family that knows what it needs to do to help them get ready. All families want their children to be successful, to do well in school, but many families do not know how to prepare their children to be successful in school. If you are not educated yourself, did not grow up in the American education system, and/or do not have the means to purchase books and educational toys, you may need some guidance to help you get your child ready for school. The Education Begins at Home Act (EBAH) is designed to do just that by ensuring that families receive the supports they need to prepare their children to enter school ready to be successful students and to go on to graduate from high school.

The Parent-Child Home Program is a research-based, research-validated early literacy, school readiness, and parenting education home visiting program developed in 1965. For over 40 years, the Program has been serving families challenged by poverty, limited education, language and literacy barriers, and other obstacles to school readiness and educational success. The Parent-Child Home Program currently serves over 6,500 families through more than 150 local sites in 14 states. Many more families could be served in each of these communities, as all of our sites have waiting lists at least equal to the number of families they are currently serving. And many more families remain in need of these services in communities that have not been able to develop funding streams for this critical early childhood service.

The Parent-Child Home Program works with a broad range of families whose children are at risk of entering school unprepared: teen parent families, single parent families, homeless families, immigrant and non-native English-speaking families, and grandparents raising grandchildren. Working with parents and children in their own homes helps families create language-rich home environments and lays the foundation for school readiness and parent involvement as their children enter school. Parents are able to continue to build their children's language and literacy skills after the Program finishes and their children enter school ready to succeed. The Program erases the "preparation gap" and prevents the "achievement gap."

The funding that would be provided by EBAH is critical to ensuring that home visiting programs like these can reach families in need of services and enable children to enter school ready to be successful students. The families reached by home visiting are families who are not accessing center-based early childhood or school readiness services, including the library, play groups or parenting workshops. They do not have transportation or access to transportation to get to these services; the services are not open or available when the parents are available to attend; they have language or literacy barriers; and/or they have no money to pay for programs.

I would like to provide you with some background on The Parent-Child Home Program to highlight the extent of its evaluation and validation and the depth of the Program's experience working with families across the country. For over 40 years, we have been preparing young children and their families to enter school ready to learn. As a result, four decades of research and evaluation demonstrates that Parent-Child Home Program participants in communities throughout the country enter school ready to learn and go on to succeed in school. In fact, peer-reviewed research demonstrates that program participants go on to graduate from high school at the rates of middle-class children nationally, a 20% higher graduation rate than their socio-economic peers nationally and a 30% higher rate than the control group in the study. From the first day of school, Program participants perform as well or better than their classmates regardless of income level. This research, published in peer-reviewed journals, demonstrates not only the immediate, but also the very long-term impacts of home visiting.

Not only do child participants perform better in school, but their parents also become actively involved in their education, as noted by principals and teachers at the schools they attend. In addition, the parents go on to make changes in their own lives as well, obtaining their GEDs, returning to school, and improving their employment situations. At least 30% of our Home Visitors across the country are parents who were in the Program as parents; for many of them, this is an entry into the workforce. All of these changes have significant ramifications for their children's futures. The Parent-Child Home Program proves that when programs are available to support parents and children from an early age, delivering services in a way that is accessible and meaningful to them, we can ensure that economically and educa-

[1] "A policy Primer: Quality Pre-Kindergarten," Trust for Early Education, Fall 2004.

tionally disadvantaged children will enter school ready to learn, never experience the achievement gap, and attain high levels of academic success.

The Program's primary goal is to ensure that all parents have the opportunity to be their children's first and most important teacher and to prepare their children to enter school ready to succeed. The Program's hallmark is its combination of intensiveness and light touch. Each family receives two home visits a week from a trained home visitor from their community who models verbal interaction and learning through reading and play. The families receive a carefully-chosen book or educational toy each week so that they may continue quality play and interaction between home visits and long after they have completed the Program. Often the books are the first books in the home, not just the first children's books, and the toys are the first puzzles, games or blocks that the child has ever experienced. The materials are the tools the parents use to work with their children. The materials ensure that when these children enter pre-kindergarten or kindergarten they have experience with the materials that teachers expect all children to know.

Most importantly, the Program is fun for families, demonstrating for parents both the joy and the educational value of reading, playing, and talking with their children. Children's language and early literacy skills progress rapidly, and parents find an enormous sense of satisfaction in the progress that comes from their work with their children. This combination of fun and the dramatic changes families see in their children are the reason that on average 85% of the families who start in the Program complete the 2 years. The majority of families who do not complete the Program fail to do so because they move to a community where it is not available.

We know The Parent-Child Home Program is successful because of the changes we see in the families and the success the children have when they enter school. We also know it is successful because of the positive responses from the local community sponsors, including school districts, family resource centers, community health clinics, and many community-based organizations, and from the way the Program is continuing to expand across the country. We see that home visiting is a service delivery method that is able to reach families whose children would otherwise show up in pre-K or kindergarten never having held a book, been read a story, engaged in a conversation, been encouraged to use their imagination, played a game that involves taking turns, or put together a puzzle.

I would just like to share with you one brief anecdote demonstrating the long-term impact of the Program on the families who participate. As I mentioned earlier, we have followed program participants through high school graduation and beyond and have collected many wonderful examples of the Program's impact on children's lives. I think the long-term success of the Program is most clearly depicted by an interview that was conducted recently with a program graduate from one of our sites in New York, which has been implementing the Program for over 35 years. The son of immigrants from Columbia, he noted that of the 40 native Spanish-speaking students in his grade, only 3 went on to college. He observes that all these children went through the same schools and participated in the same activities, the only difference was The Parent-Child Home Program. He says it got him on the right track early; he entered school ready to learn and has soared ever since. He still has vivid memories of how confident he felt when he started kindergarten, how the books and toys were familiar and how he was the only native-Spanish-speaking child who knew the words to London Bridge is Falling Down. For him, the Program was a critical bridge to the rest of his education and for his mother it was empowering. She went back to school herself, and he noted she regularly would call his teachers to tell them to give him more homework because what they had given him was too easy. This young man is now a lawyer at a major New York City law firm, and he is the first Program graduate to become a member of The Parent-Child Home Program's national board of directors. His story is both extraordinary and typical of the kinds of success parents and children can achieve when home visiting is available to reach them where they are most comfortable and help them build the language and literacy skills they need to enter school ready to learn.

Thank you for holding this hearing and considering the Education Begins at Home Act, which will provide funding to support vital services for children who would otherwise enter school unprepared and be unsuccessful. Thank you for helping to ensure that all parents struggling to help their children succeed receive the support they need to bring the joy of reading, playing, learning, and school success into their children's lives. We hope that you will move forward with this legislation to enable states to provide families with high quality, research-validated home visiting services that are a critical component of successful school readiness, early childhood education, and parent support efforts. It is truly a cost-effective way to ensure that all children have the opportunity to enter school ready to succeed.

[Additional materials submitted by Mr. Davis of Illinois follow:]

December 6, 2007

Dear Representative / Senator:

The undersigned organizations urge you to co-sponsor the bi-partisan Education Begins at Home Act (H.R. 2343 / S. 667). This important legislation would establish the first dedicated federal funding stream for quality, voluntary home visiting programs for parents with young children. Research demonstrates that quality home visitation programs are associated with positive outcomes for children and families, including: greater school readiness, enhanced child health and development, improved parenting practices, and reductions in child maltreatment and later criminality. These voluntary programs provide trained home visitors who deliver parent education and family support services to families with young children, providing guidance on enhancing children's development and school readiness from before birth through entry into kindergarten.

The Education Begins at Home Act would allow for the expansion of home visiting in three basic ways. First, the legislation would authorize formula grants to states, tribes and territories to offer a more comprehensive, systematic approach to home visiting. Grantees would be required to develop a plan to build upon existing home visiting programs, to identify target populations, to offer training and technical assistance to home visitation and early childhood care and education staff; to enhance collaboration among programs that serve young children and their families; and to provide direct home visiting services. Second, the legislation would create competitive grants for local entities serving particular populations. One grant would fund programs that focus on serving young children with a military family member, while the second grant would fund programs that focus on serving families with an English language learner. Finally, the legislation would establish a parent and public education and awareness campaign about caring for infants and young children. The authorization level for the formula grants is $400 million over three years, while the authorization level for each of the competitive grants is $50 million over three years.

Home visitation is an effective, research-based and cost-efficient way to ensure that all children have the opportunity to grow up healthy, ready to learn and able to become productive members of society. Investing in this research-proven approach now will mean savings down the road in costs associated with health, education, child maltreatment and criminal justice. We urge you to co-sponsor the bill to help move the Education Begins at Home Act forward so that this important legislation can begin improving the lives of children and families.

Sincerely,

National
American Academy of Pediatrics
American Humane Association
American Psychological Association
Center for Law and Social Policy
Child Welfare League of America
Children's Defense Fund
Coalition for Juvenile Justice
Docs for Tots

Fight Crime: Invest in Kids
HIPPY USA - National Office
National Association for Children's Behavioral Health
National Association for the Education of Homeless Children and Youth
National Association for the Education of Young Children
National Center on Grandparents Raising Grandchildren
National Child Abuse Coalition
National Children's Advocacy Center
National Council of Jewish Women
National Council of La Raza
National Exchange Club Foundation
National Network for Youth
National Parent Teacher Association
National Youth Advocate Program
Nurse-Family Partnership
Nurses for Newborns Foundation
Parents as Teachers National Center
Prevent Child Abuse America / Healthy Families America
Reading is Fundamental, Inc.
RESULTS
Save the Children
The Parent-Child Home Program
United Way of America
Voices for America's Children

Alabama
Athens-Limestone County Family Resource Center
Exchange Club Family Skills Center
Morgan County Child Advocacy Center
Parents and Children Together (PACT)
VOICES for Alabama's Children

Alaska
Bristol Bay Area Health Corporation Infant Learning Program
Hoonah Parents as Teachers Program
Resource Center for Parents and Children, Prevent Child Abuse Alaska

Arizona
Mesa Public Schools
Prevent Child Abuse Arizona
Sunnyside Parents as Teachers

Arkansas
Arkadelphia Public Schools - Parents as Teachers
Arkansas Parents as Teachers
Benton HIPPY-Benton School District
Boston Mtn. Educational Coop-HIPPY
Dequeen Mena Educational Co-Op
Early Childhood Education, Parent & Community Services Fort Smith Public Schools
East Arkansas Tri-District HIPPY
Inspired Communities
Our House-Lee County HIPPY
Quitman HIPPY
Southwest Arkansas Education Cooperative HIPPY

West Memphis School District, Home Instruction Program for Parents of Preschool Youngsters (HIPPY)

California
Alum Rock Counseling Center
Bayside Community Center
Berkeley Even Start Program
Alameda County Office of Education
CASA Program of Child Advocates of Nevada County
Catholic Charities Parents as Teachers Program
Charterhouse Center for Families
El Concilio
Even Start Family Literacy Program
Family Connections Cabrillo Family Resource Center
Family Connections Collaborative
Family Resource and Referral Center
Fight Crime: Invest in Kids California
Fontana USD
Foothills Healthy Babies, Child Advocates of Nevada County
Great Kids, Inc.
HABLA (Home-based Activities Building Language Acquisition)
International Rescue Committee
Jump Start School Readiness Program
Pathways to Child & Family Excellence
Prevent Child Abuse California
Sacramento Native American Health Center
SAY San Diego
School Readiness Program - Grayson-Westley Family Resource Center
St. Anne's Maternity Home
Tracy Unified School District

Colorado
Catholic Charities, Diocese of Pueblo Inc.
Colorado Association for the Education of Young Children
Colorado Foundation for Families and Children
Colorado HIPPY
Colorado Parent & Child Foundation
Colorado Parents as Teachers
Invest in Kids - Colorado
Literacy Action Program
Qualistar Early Learning
Rocky Mountain Parents as Teachers

Connecticut
Connecticut's Parents as Teachers State Office
Consolidated School District of New Britain
East Windsor Family Resource Center
New Britain Family Resource Centers
New Britain Public Library
North Branford Family Resource Center
North Windham Family Resource Center
Prevent Child Abuse Connecticut/Wheeler Clinic
Smalley Academy Parent Teachers Club
The Family Resource Center Alliance

The Family Resource Center at Charter Oak Academy
West Haven Family Resource Center
Savin Rock Community School
Windham Head Start

Delaware
Delaware Parents as Teachers
Sussex Parents as Teachers

Florida
A Step Up GG
ARC Project Thrive
County Even Start Program
Early Learning Coalition of Alachua County
Easter Seals / Healthy Families West
Family Central Inc.
Florida First Start School Readiness Department
Healthy Families Brevard
Healthy Families Hillsborough
Healthy Families Orange
Healthy Families Polk
Indiantown Even Start
Life Path Solutions
Ounce of Prevention Fund of Florida (Healthy Families Florida and Prevent Child Abuse Florida)
PAT4YOU Parents as Teachers
Rainbow Family Education Center
Wesley House Family Services; Healthy Families Monroe

Georgia
Barton Child Law and Policy Clinic at Emory University School of Law
Calhoun Family Resource Center
Catoosa County Family Collaborative
Communities In Schools of Catoosa County / Parents as Teachers of Catoosa Co.
Communities In Schools of Marietta / Cobb County, Inc.
Crisp County Parents as Teachers
Dooly Parents as Teachers
Early County Early Reading First Parents as Teachers
Early County Parents as Teachers
Family Resource Center
Family Support Council
Georgia Association on Young Children
Georgia Campaign for Adolescent Pregnancy Prevention
Georgia Department of Human Resources
Georgia Parents as Teachers Network
Hart Partners, Inc
Healthy Families Tifton
Integrated Family Support, Division of Public Health
Interactive Child Development Inc.
Nurturing Resources, Inc
Partnership for Community Action, Inc
Prevent Child Abuse Athens / Healthy Families Athens
Prevent Child Abuse Georgia
Prevent Child Abuse Habersham
Project Healthy Grandparents

Refugee Family Services
Talbot County Even Start
Voices for Georgia's Children
Warren County Parents as Teachers

Hawaii
Child and Family Services - Healthy Start Leeward, Central, Waianae and Enhanced
Family Support Services of West Hawaii
Maui Family Support Services
Prevent Child Abuse Hawaii

Idaho
Advocates Against Family Violence
Family Advocate Program
Family Services Alliance
Idaho Children's Trust Fund / Prevent Child Abuse Idaho

Illinois
Adolescent Health Center, Healthy Families Illinois
Bellwood School District 88
Child Abuse Council
Children's Home + Aid, Healthy Families Program
Children's Home and Aid Society of Illinois
Children's Home Association of Illinois Healthy Families / Good Beginnings
Early Learning Quad Cities / Partnering with Parents
Rock Island County Regional Office of Education
F.A.C.E.S. (Family and Classroom Educational Support)
Family Focus Aurora
Fight Crime: Invest in Kids Illinois
Healthy Families - Will County Health Department
Illinois Parents as Teachers
Lifelink Corporation
Metropolitan Family Services
POINT
Prevent Child Abuse Illinois
Project S.H.I.P, Shiloh Help In Parenting
The Ounce of Prevention Fund - Illinois Birth to Three Institute
Voices for Illinois Children
William Holliday Elementary Pre-K At Risk

Indiana
Birth-to-Five, Inc.
Blue River Services, Inc.
CARS Healthy Families of Parke County
Children's Bureau Parents as Teachers Program
Clarian West Medical Center
Daviess-Martin Healthy Families
Dunebrook – Indiana State Leader for Parents as Teachers
Families United, Inc.
Family Service Society, Inc / Healthy Families Grant County
Family Services and Prevention Programs
Fayette, Rush and Union Counties Healthy Families, Achieva Resources
Gary Neighborhood Services, Inc.
Greene County Healthy Families

Healthy Families and Parents as Teachers, Starke Memorial Hospital
Healthy Families at Mental Health America of Lake County
Healthy Families Hendricks County
Healthy Families Indiana
Healthy Families of Grant County
Healthy Families of Hamilton County
Healthy Families of Howard County
Healthy Families St. Joseph Co.
Knox County Healthy Families
Kosciusko County Healthy Families
Lake Station Schools Parents as Teachers
Orange County Healthy Families
Parents as Teacher of Hanover Community School #IN-0033-T1
Parents as Teachers at Madison Center
Partners in Care
Prevent Child Abuse Indiana, A Division of The Villages
Pulaski County Healthy Families
SCAN, Inc.
The Villages of Indiana, Inc.
YWCA of Northwest Indiana

Iowa
Adams County Parents as Teachers
ADLM Empowerment Board
Appanoose, Davis, Lucas and Monroe Parents as Teachers
Boone County HOPES New Parent Program
Child Health Specialty Clinics
Children and Families of Iowa
Community Action of SE Iowa
Community Resources In Service to People
Dubuque County Parents as Teachers
Family First Empowerment Area – Clarke County
Family Foundations
Greater Regional Outreach / Public Health Services Parents as Teachers
Growing Strong Families Bedford
Growing Strong Families Corydon
Grundy County Public Health
HOPES-Healthy Families Iowa, Davenport
HOPES-Healthy Families Iowa, Des Moines
HOPES-Healthy Families Iowa, Muscatine
HOPES-Healthy Families Iowa, Sioux City
HOPES-Healthy Families Iowa, Waterloo
Iowa Child and Family Policy Center
Iowa Department of Human Services
Iowa Family Development Alliance
Iowa Parent Information Resource Center
Iowa Parents as Teachers
Jasper County Parents as Teachers
Johnston Community School District
Loess Hills Area Education Agency
Loess Hills Area Education Agency 13
Louisa-Muscatine Early Childhood Education
Lutheran Services in Iowa
Madison County Empowerment Board

Meskwaki Baby F.A.C.E.
Mills Co. Public Health - Parents as Teachers
New Parent Program, Clinton, Iowa
New Parent Program, Tipton, Iowa
Oakridge Neighborhood
Parents as Teachers Greater Regional Outreach
Partners in Family Development
Pottawattamie County Public Health
Pottawattamie Empowerment Board
Prairie Lakes AEA 8
Prevent Child Abuse Iowa
Prevention Concepts
Primary Health Care, Inc.
Promise Partners Pottawattamie County Alliance for Youth
Regional Medical Center Parents as Teachers
Ringgold County Public Health
SIEDA - Jefferson / Keokuk Parents as Teachers Program
SIEDA – Mahaska / Wapello Parents as Teachers Program
Storybook Project
United Action for Youth
Van Buren Parents as Teachers
Warren County Parents as Teachers
Washington County Public Health and Home Care
Waterloo Community Schools Parents as Teachers
Wayne Family Resource Center

Kansas
Blue Valley Parents as Teachers
Derby USD #260 Parents as Teachers
Dighton USD #482 Parents as Teachers
Geary County USD #475 Parents as Teachers
Kansas Action for Children
Kansas Children's Service League / Prevent Child Abuse Kansas
Kansas Parents as Teachers
Kansas Parents as Teachers Association
Labette County USD 506 Parents as Teachers
Parents as Teachers / Early Head Start (Parents as TeachersHS)
South Central KS Education Service Center
TFI Family Services (The Farm, Inc.) of Kansas
USD #261 Parents as Teachers
USD #379, USD #378 and USD #334 Parents as Teachers Programs
USD #609 Southeast Kansas Education Service Center Parents as Teachers Consortium
Wichita Parents as Teachers Program, USD #259

Kentucky
Family and Children First
Woodland Family Resource Center

Louisiana
Baton Rouge, LA HIPPY
Bogalusa City Schools HIPPY Program
Children's Coalition for Northeast Louisiana
Louisiana Parents as Teachers State Office
Louisiana Partnership for Children & Families

Prevent Child Abuse Louisiana

Maine
Alliance for Healthy Families
Aroostook Council for Healthy Families
Community Concepts, Inc Parent Partners Program
Downeast Health Services, Inc.
Fight Crime: Invest in Kids Maine
Goodall Hospital
Goodall Hospital Alliance for Healthy Families
Healthy Families at Family Focus
Maine Children's Trust
Teen and Young Parent Program of Knox County
Wells-Ogunquit Adult Community Education: Supporting Parents as Teachers
Youth Alternatives / Ingraham

Maryland
Abilities Network / Healthy Families Baltimore County
Anne Arundel Early Head Start
Center for Children, Inc. - Healthy Families Charles County
Family Services Agency, Inc. - Healthy Families Montgomery
Healthy Families Charles County
Healthy Families Dorchester
Healthy Families Lower Shore
Healthy Families Queen Anne's / Talbot
Maryland Parents as Teachers
The Family Services Agency

Massachusetts
Associates for Human Services, Inc. Parent-Child Home Program
Children's Friend, Inc.
Council of Juvenile Correctional Administrators
Healthy Families Massachusetts
Kennedy Donovan Center / Healthy Families
Massachusetts Children's Trust Fund
Massachusetts Citizens for Children
Massachusetts Society for the Prevention of Cruelty to Children
Milford Family Network Project
Parents as Teachers at Amherst Public Schools
Project Connect Family Network

Michigan
Catholic Charities West Michigan
Eastern Upper Peninsula Intermediate School District
Fight Crime: Invest in Kids Michigan
First Steps Washtenaw - Ann Arbor
Kalamazoo RESA Great Start Programs
Kent Intermediate School District
Manchester's First Steps Washtenaw / Parents as Teachers & Manchester Early On
Michigan Parents as Teachers
Michigan's Children
Saginaw County Youth Protection Council
Traverse City Area Public Schools Way to Grow

Minnesota
Jewish Family and Children's Service of Minneapolis / Parent-Child Home Program
Minnesota Parents as Teachers

Mississippi
Petal School District Parents as Teachers Program

Missouri
Affton School District's Parents as Teachers
Albany R-III Parents as Teachers
Billings Parents as Teachers
Bolivar R-1 Parents as Teachers
Brentwood Parents as Teachers
Camdenton R-III School Parents as Teachers
Carl Junction R1 School District Parents as Teachers
Carthage R-9 Parents as Teachers Program
Centralia Parents as Teachers
Chamois Parents as Teachers
Clopton Parents as Teachers
Crawford Co. R-II Parents as Teachers
DeSoto, Hillsboro, Sunrise and Grandview Parents as Teachers
El Dorado Springs Parents as Teachers
Elm Point Early Childhood Center
Excelsior Springs Schools Parents as Teachers
Fayette R-III School District Parents as Teachers
Festus Parents as Teachers Co-op
Ferguson-Florissant School District - Parents as Teachers
Fort Osage R-1 School District Parents as Teachers
Fox C-6 Schools Parents as Teachers
Gasconade County R-1 School District
Green Forest R2
Greenfield Parents as Teachers
Hale R-I School
Hallsville R-IV Schools
Hancock Parents as Teachers
Hannibal Public Schools
Healthy Families Counseling & Support
Healthy Families Phelps / Maries County
Hollister R-V School District
Johnson County R-VII School District
Kingsville R-1 Parents as Teachers
Kirksville RIII Schools-Parents as Teachers
Kirkwood Parents as Teachers
Lamar R-1 Schools
Lebanon Area Parents as Teachers
Lee Summit R-7 School District Parents as Teachers
Logan-Rogersville R-VIII School District
Marceline Parents as Teachers
Marshfield Parents as Teachers
Maryville Parents as Teachers
Mehlville Parents as Teachers
Milan C-2 School District
Miller R-II Parents as Teachers
Missouri Parents as Teachers

Moberly Parents as Teachers
Monroe County Health Department and Parents as Teachers
Neosho R-5 Parents as Teachers
Northwest R-I
Palmyra R-I School District Parents as Teachers
Parents as Teachers Smithville R-II School District
Partnership for Children
Pierce Parents as Teachers
PlatoR-V Schools Parents as Teachers
Pleasant Hill Parents as Teachers
Potosi R-3 School District
Ralls County R-2 Schools Parents as Teachers
Raytown C-2 Parents as Teachers Program
Republic RIII Parents as Teachers
Ritenour Parents as Teachers
Riverview Gardens Parents as Teachers
Salem R-80 School District
Savannah R-III Parents as Teachers
Smithville R-II School District
South Callaway R-II School District
Spokane R-7 School District
Springfield Public Schools
St. Joseph Parents as Teachers
Stoutland R-II Schools
Summersville Parents as Teachers
Union R-XI School District
Waynesville R-VI School District
Webb City Parents as Teachers
Webster Groves School District
Wentzville Parents as Teachers
West Nodaway R-I School
Westran Parents as Teachers

Montana
The Family Tree Center
The Parenting Place
Women's Opportunity and Resource Development

Nebraska
Central Nebraska Community Services
Child Saving Institute
Community Action Region VI 0-5 Head Start
Head Start Child and Family Development, Inc.
Lincoln Action Program
Northeast Family Center
Sarpy County Cooperative Head Start

New Hampshire
Good Beginnings

New Jersey
Essex Valley Visiting Nurse Association
Gateway Northwest Maternal & Child Health Network
Parents as Teachers New Jersey State Office - Prevent Child Abuse New Jersey

Robins Nest, Inc.

New Mexico
Healthy Families First / Primeros Pasos
Las Cruces Public Schools Federal Programs Department
Nenahnezad Community School FACE Program

New York
Andrus Children's Center
Behavioral Health Services North
Binghamton School District PACT (Parents and Children Together)
Broome County Health Department
Buffalo / BOCES / Holy Cross Even Start Family Literacy Program
CAMBA
Community Action Partnership for Madison County
Cornell Cooperative Extension / Jefferson - Lewis BOCES
EWC Even Start Program Services Coordinator
Excellence Early Learning Academy
Family Nurturing Center of Central New York
Fight Crime: Invest in Kids New York
Franklin County Even Start – Parents as Teachers
Groton Even Start Family Literacy Program
Healthy Families Niagara
Healthy Families of Oneida County
Healthy Families of Rensselaer County
Healthy Families Schenectady
Healthy Families Staten Island
Lourdes Hospital Parents and Children Together (PACT)
Mobile Outreach Parent-Child Home Program / Eastern Suffolk Boces
Morris Heights Health Center, Healthy Families Program
Niagara Falls City School District Focus on Families Program
Our Lady of Lourdes Memorial Hospital, Inc.
Parsons Child and Family Center
Port Washington Public Library Parent-Child Home Program
Prevent Child Abuse New York
South Bronx Healthy Families
Sullivan Even Start Family Literacy @ Sullivan County BOCES
The Consortium for Children's Services – DBA Children's Consortium
YWCA Parents as Teachers

North Carolina
Adolescent Parenting Program
Block of Hope Parents as Teachers Program
Bolivia Elementary School
Brunswick County Schools
Burke County Health Dept., Baby Love Program
Burke County Literacy Council
Caring for Kids Coalition
Catawba Valley Healthy Families / Appalachian Family Innovations
Cherokee County Parents as Teachers
Child Connections
Children and Family Resource Center
Coalition For Families In Lee County
Cradle to Class - Parents as Teachers

Davidson County School Readiness / Parents as Teachers Program
Harnett County Parents as Teachers
Imprints for Expecting Families
Imprints for Families
Johnston County Public Health Department Parents as Teachers
Knotts Island Parents as Teachers
Lakewood Preschool
Lenoir County Parents as Teachers
Liberty Early Childhood Center
Mountain Area Child & Family Center
N.C. Cooperative Extension Parents as Teachers, Lenoir County Center
Nash-Rocky Mount Schools
North Carolina Parents as Teachers Network
Orange County Head Start/Early Head Start
Prevent Child Abuse North Carolina
Robseon County Parents as Teachers
Rockingham County Partnership for Children
Stanly County Partnership for Children
Stokes Scan - Parents as Teachers
The Arc of Union County
Very Important Parents of Person County

North Dakota
Lutheran Social Services of North Dakota

Ohio
Erie and Huron Counties Parents as Teachers EHCAC, Inc.
Fight Crime: Invest in Kids Ohio
Parents as Teachers Program of Lorain County
Springfield City Schools
YWCA of Greater Cincinnati

Oklahoma
Binger-Oney / Gracemont Parents as Teachers
Meeker Oklahoma Parents as Teachers
Perkins-Tryon Oklahoma Parents as Teachers
Tulsa Public Schools Parents as Teachers
Union Public Schools Parents as Teachers

Oregon
Camp Fire USA Mt. Hood Council
Desarrollo Integral de la Familia
Families First of Grant County, Inc.
Fight Crime: Invest in Kids Oregon
Gilliam and Wheeler Healthy Start
IRCO / Asian Family Center
Jefferson County Healthy Start
MHCC Early Head Start and Parents as Teachers
Morrison Child and Family Services
New Parent Network at OHDC
New Parent Network Yamhill County Public Health
New Parent Services of Hood River County / Families First of Wasco & Sherman Counties
North Central ESD Early Education
Oregon Child Care Resource and Referral Network

Siskiyou Community Health Center
Tillamook Healthy Start
Together For Children
Umatilla County Public Health
Washington County New Parent Network

Pennsylvania
Columbia County Family Centers
Early Head Start in Mercer County
Fight Crime: Invest in Kids Pennsylvania
Indiana County Early Head Start
McKean County Family Centers The Guidance Center
Pennsylvania Partnerships for Children
Perry County Family Center, Inc.

Rhode Island
Bristol Warren Parents as Teachers
North Kingstown Parents as Teachers
Ocean State HIPPY (Home Instruction for Parents of Preschool Youngsters)
RI Parents as Teachers and HIPPY Affiliates
Washington County Parents as Teachers Programs

South Carolina
Greeneville Rape Crisis and Child Abuse Center / Prevent Child Abuse Greenville
Greenwood Community Children's Center
ParentingPartners
Prevent Child Abuse Pickens County
Prevent Child Abuse South Carolina
South Carolina Parents as Teachers
South Sumter Resource Center
United Way of Greenville County
Voices for South Carolina's Children

South Dakota
Volunteers of America, Dakotas Even Start Family Literacy Program

Tennessee
Birth to Kindergarten - Parents as Teachers Program
CHP Consultants
Family Education / Methodist Medical Center / Family Birthing Center
Family Resource Center
Fight Crime: Invest in Kids Tennessee
Healthy Start N.W.
Healthy Start of Anderson County / Anderson County Health Council
Lake City Family Resource Center
Maternal Infant Health Outreach Worker Program of the Center for Health Services, Vanderbilt University Medical Center
MIHOW / Woodbine Community Org.
Tennessee Commission on Children and Youth
The Acorn Tree, Owner
The Center For Family Development
Willow Brook Family Resource Center

Texas
Amarillo ISD Parents as Teachers

Bright Beginnings Child Care
Child Abuse Prevention Center
ChildCareGroup
Child Incorporated
Children At Risk
Connally ISD Child Care Center
Family Care Connection
Family Outreach of East Dallas
Fort Worth Independent School District - Parents as Teachers
GISD Parents as Teachers
Halpin Early Childhood Center Even Start Program
Healthy Families San Antonio
Mental Health America Texas
Parenting Cottage
Preparing Responsible Effective Parents
Prevent Child Abuse Texas
Project LEARN
Stanzel Foundation
Texans Care for Children
Texas Early Childhood Education Coalition
Texas Parents as Teachers
Texas Tech Early Head Start
Voices for Children of San Antonio

Utah
Alpine School District – Parents as Teachers
DDI Vantage Early Head Start
Even Start Family Literacy Program
Housing Opportunities, Inc.
Prevent Child Abuse Utah
Voices for Utah Children

Virginia
Child and Family Services of Eastern Virginia
Children, Youth & Family Services, Inc
Comprehensive Health Investment Project (CHIP) of Virginia
Healthy Families Central Virginia
Healthy Families Halifax
Healthy Families Warren County
Healthy Families West Piedmont
Jefferson Area CHIP
Northern Virginia Family Service
Petersburg Healthy Families
Prevent Child Abuse Hampton Roads
Virginia Poverty Law Center, Inc.
Virginia's Parent Involvement Resource Center

Washington
Catholic Family & Child Service
Children's Home Society of Washington
Early Learning Services / Young Children and Family Programs
Educational Service District 112
Family Services of Grant County Early Head Start
Fight Crime: Invest in Kids Washington

Parent Trust for Washington Children
Parents As Teachers of Kittitas County
Providence Maternal Child Health
S.E.L.F. (Support for Early Learning & Families)
Selkirk Parents as Teachers Program
The Washington Council for Prevention of Child Abuse & Neglect / Children's Trust
Washington Parents as Teachers

West Virginia
ABLE Families
Cabell-Wayne Healthy Families America
East End Family Resource Center
Fayette Co. Family Resource Network
Greenbrier Parents as Teachers
Marshall County Parents as Teachers
Marshall County Starting Points Center
New River Health Association
Ohio County MIHOW Program
Parents as Teachers - Clay County
Pocahontas Parents as Teachers
Prevent Child Abuse West Virginia
REACHH – Family Resources Center Parents as Teachers
TEAM for West Virginia Children
UKV Starting points and Parents as Teachers
United Way of the River Cities
West Virginia Partners in Community Outreach

Wisconsin
Birth to Three and Early Head Start
Children's Service Society of Wisconsin
Family Resource Centers of Sheboygan County
Family Services of Northeast Wisconsin
Madison Even Start
Parents Plus, Inc.
Prevent Child Abuse Wisconsin
The Exchange Center for the Prevention of Child Abuse
Wisconsin Parents as Teachers

Wyoming
Cheyenne Even Start
Lincoln County School District #2 Parents as Teachers
Parent Education Network
Parents Helping Parents of WY, INC.
Prevent Child Abuse Wyoming
Safe Schools / Healthy Students, Arapahoe School District 38
Wyoming Children's Action Alliance

Northern Mariana Island
Ayuda Network, Inc.

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Prepared Statement of the Child Welfare League of America

Chairman Miller, Representative McKeon and members of the Committee, the Child Welfare League of America submits this statement in support of HR. 2343, the Education Begins At Home Act. We thank the original sponsors of this legislation, Representatives Danny Davis and Todd Platts and all the bipartisan cosponsors who have joined them.

CWLA represents hundreds of state and local direct service organizations including both public and private, and faith-based agencies. Our members provide a range of child welfare services from prevention to placement services including adoptions, foster care, kinship placements, and services provided in a residential setting. CWLA's vision is that every child will grow up in a safe, loving, and stable family and that we will lead the nation in building public will to realize this vision.

As we have stated in other Congressional settings, CWLA believes the best way to ensure children are safe from all forms of maltreatment is to provide comprehensive, community-based approaches to protecting children and supporting and strengthening families. Public and private agencies, in collaboration with individual citizens and community entities, can prevent and remedy child maltreatment, achieve child safety, and promote child and family well being. There is no solution to addressing child abuse in our society short of a comprehensive approach that begins with preventive efforts and assures that we have a safe and permanent place for children who are the victims of abuse and neglect.

Home Visiting Models

Home visitation programs refer to different model programs that provide in-home visits to targeted vulnerable or new families. Home visitation programs—either stand-alone programs or center-based programs—serve at least 400,000 children annually between the ages of 0 and 5[1] but there is a need for us to do much more. The eligible families in these home visitation programs may receive services as early as the prenatal stage. Because a child's early years are the most critical for optimal development and provide the foundation necessary for success in school and life, home visiting can make a lifetime of difference./2/ Nurses and other trained members of the community conduct home visits on a weekly, bimonthly, or monthly basis. Program goals include an increase in positive parenting practices, improvement in the health of the entire family, increase in the family's ability to be self-sufficient, and enhanced school readiness for the children.

Prevention

Although we speak in support of HR 2343 because we feel home visitation can provide an important component in a continuum of care that we need in the child welfare field, we also know that these programs can assist in improving education and health outcomes for children. Home visitation can show improved outcomes in the areas of prenatal care, access to health care and improved rates of immunizations.

Whenever we engage in discussions in regard to our nation's child welfare system one of the first great challenges and debates is over how we can prevent abuse and neglect from taking place. All of us would prefer a system that can help a family before they ever become part of the more than 3.3 million reports of abuse and neglect filed annually and certainly before they become one of the more than 900,000 children who are substantiated as neglected and or abused each year. Research has shown that home visitation programs reduce abuse and neglect and juvenile delinquency, and ultimately save taxpayers over $50 billion annually.[3]

We recognize the value both in human and economic terms, and the great benefits to our nation and to vulnerable families and children by enacting policies that prevent the need for ever placing a child in foster care. There is no simple model for prevention of child abuse and in fact we believe that a commitment to preventing child abuse will involve multiple efforts and strategies. Greater investment and support for home visitation is a critical part of such a strategy.

Currently home visitation programs rely on a range of federal, state and local funds. Unfortunately these funding sources can be unreliable, even for programs that are demonstrating effectiveness in a range of areas. In recent years states have utilized funding sources such as and including the Social Services Block Grant (SSBG), Title IV-B part 1, Child Welfare Services, Title IV-B part 2, Promoting Safe and Stable Families (PSSF), the Child Abuse Prevent and Treatment Act (CAPTA) state grants and Community-Based Family Resource and support grants. All of these funding sources are used to fund a range of other services, and all have been subject to reductions or proposed reductions in each of the last five budgets. This highlights the need for specific funding for home visiting programs to strengthen and stabilize the funding.

All families benefit from information, guidance, and help in connecting with resources as they meet the challenges of parenthood and family life. For families with limited resources, or those that face additional challenges, the need for support and assistance is even greater.

Families are central to child safety and well-being. Children develop the ability to lead productive, satisfying and independent lives in the context of their families.

Family ties especially those between parent and child are extremely important in the development of a child's identity. Through interaction with parents and other significant family members, children learn and come to subscribe to their most cherished personal and cultural values and beliefs. They learn right from wrong, and gain competence and confidence. Family relationships must be nurtured and maintained to meet the needs of children for continuity and stability, which support healthy development.

Evidence shows that children who experience maltreatment are at greater risk for adverse health effects and risky health behaviors when they reach adulthood. Many parents involved in the child welfare system do not intentionally harm their children; rather their lack of knowledge, skills, or resources has led them to harm their children.[4]

Quality early childhood home visitation programs lead to several positive outcomes for children and families, including a reduction in child maltreatment. Annual data indicates that 40% of the more than 900,000 children who are substantiated as abused and neglected, but not removed from the home, never receive follow-up services.[5] There can be a number of reasons for these consistent statistics from year to year but one clear reason is that in some states follow-up services may not come until after a family has been placed on a wait list for services. More widely available and implemented home visitation could help address this drastic shortcoming. More serious is the fact that of the estimated 1,460 child deaths in 2005, 76.6% were younger than age 4. Another 13.4% were between the ages of 4 and 7.[6] Of the perpetrators of child maltreatment, 76.6% were parents.[7]

Evidence For Home Visitation Models

Home visitation services stabilize at-risk families by significantly affecting factors directly linked to future abuse and neglect. Research shows that families who receive at least 15 home visits have less perceived stress and maternal depression, while also expressing higher levels of paternal competence.[8] Home visitation programs may also reduce the disproportionality or overrepresentation of children and families of color in the child welfare system, while improving outcomes for these families. Research shows that participating children have improved rates of early literacy, language development, problem-solving, and social awareness. These children also demonstrate higher rates of school attendance and scores on achievement and standardized tests.[9] Studies show that families who receive home visiting are more likely to have health insurance, seek prenatal and wellness care, and have their children immunized.[10]

A study of the Missouri-based Parents As Teachers home visiting program examined the children enrolled in the program and found that by age 3, they were significantly more advanced in language, problem-solving, and intellectual and social abilities than children in comparable groups.[11] A study of the Nurse-Family Partnership showed a 79% reduction in child maltreatment among at-risk families compared to other families in a control group. That same study also indicated a number of other benefits in the areas of health, employment, and behavior.[12] Healthy Families America exists in more than 450 communities; Home Instruction for Parents of Preschool Youngsters is in 167 sites in 26 states; the Parent-Child Home Program has 137 sites nationally and 10 sites internationally; Early Head Start serves more than 62,000 children in 7,000 sites; and Parents as Teachers is located in all 50 states and serves more than 400,000 children.[13]

Conclusion

Under the legislation, each governor would designate a lead state agency to oversee and implement the state program. The states can use their grants to supplement—but not replace—current state funding. The legislation does not dictate which, or how many, home visiting models may be used. If a state currently lacks a home visitation program, the funds can be used to develop a program. A state's grant funding award would be based on the number of children age 5 and younger living in the state. Applying states would submit a plan outlining their efforts to collaborate and coordinate among existing and new programs.

CWLA commends the Committee for its hearing today on home visiting—highlighting its successful outcomes for children and their families. Such successful outcomes of home visiting contributing to familial continuity, educational enrichment, as well as physical and mental health will be expanded by increased federal support. CWLA hopes that this hearing today is merely the next step building on the hearing from the last Congress and that the next steps taken by Congress will be to further home visitation initiatives nationally by passage of the legislation before you. This commitment will make the benefits of in-home visiting services accessible to many more families and improve outcomes for many more children.

ENDNOTES

[1] Chapin Hall Center for Children at the University of Chicago. (2006). Challenges to building and sustaining effective home visitation programs: Lessons learned from states. Available online at *http://chapinhall.webex.com/seminar/251028/play/335933617/PPT—presentations.pdf.* Chicago: Author.

[2] Daro, D., Howard, E., Tobin, J., & Hardin, A. (2005). Welcome home and early start: An assessment of program quality and outcomes. Available online at *http://www.chapinhall.org/article—abstract.aspx?ar=1365.* Chicago: Chapin Hall Center for Children at the University of Chicago.

[3] Fight Crime: Invest in Kids. (2003). New hope for preventing child abuse and neglect: Proven solution to save lives and to prevent future crime. Washington, DC: Author.

[4] Child Welfare League of America. (2005). Research Roundup: Parenting. Washington, DC: Author

[5] Administration on Children Youth and Families. (2008). Child maltreatment 2006. Washington, DC:, US Government Printing Office.

[6] Administration on Children Youth and Families. (2008). Child maltreatment 2006. Washington, DC: U.S. Government Printing Office.

[7] Ibid.

[8] Daro, D., Howard, E., Tobin, J., & Hardin, A. (2005). Welcome home and early start: an assessment of program quality and outcomes. Available online. Chicago, IL: Chapin Hall Center for Children at the University of Chicago. back

[9] Administration for Children and Families. (2003). Research to practice: Early Head Start home-based services. Washington, DC: Author.

[10] Berkenes, J.P. (2001). HOPES healthy families Iowa FY 2001 services report. Great Falls, VA: Klagholz & Associates.

[11] Pfannenstiel, J., & Setlzer, D. (1985). Evaluation report: New parents as teachers project. Overland Park, KS: Research and Training Associates.

[12] Nurse-Family Partnership. (2005) Factsheet. Available online. Denver, CO: Author.

[13] Prevent Child Abuse America. (2006). Early Childhood Home Visiting Programs. Chicago, IL: Author.

MILITARY IMPACTED SCHOOLS ASSOCIATION,
June 10, 2008.

Hon. DANNY DAVIS,
Rayburn House Office Building, Washington, DC.

DEAR CONGRESSMAN DAVIS: I am writing on behalf of the Military Impacted Schools Association (MISA) to encourage the passage of H.R.2343 to expand early childhood support programs for American Families.

MISA represents school districts that provide for the education of military children throughout the United States. Our military children have unique challenges that they deal with regularly. One area that we as educators are trying to address is the tremendous stress that our children are under as a result of their parents' deployments. The United States has been at war for over five years. We are seeing young children going through many stages from withdrawing, to acting out, to contemplating suicide.

It is a very difficult time for our military children as they watch the war play out on television, observe the stress of the parent/adult that is caring for them, and worry about whether their parents will be home for their birthday, Christmas, graduation, or even at all. School districts are doing everything they can with the resources they have to provide support for our military children. This is not a quick, short term fix. We need additional programs to assist our military children, keep them connected with their schools and families, and to help them through this very difficult time.

The proposed legislation will allow school districts that serve military children the opportunity to secure funding to specifically address the needs in their school districts. The Military Impacted Schools Association respectfully requests your support for this important legislation. If you have questions, don't hesitate to call me.

Sincerely,

JOHN F. DEEGAN, ED.D.,
MISA Executive Director.

Prepared Statement of Prevent Child Abuse America

Prevent Child Abuse America and its network of 44 state chapters and over 400 Healthy Families America program sites in 41 states thanks the Chairman and the other distinguished members of the U.S. House Committee on Education and Labor for this opportunity to provide the organization's perspective on the Education Begins at Home Act (EBAH, HR 2343). Through this testimony, our organization, in-

cluding our National Board of Directors, intends to identify the value of home visiting and the outcomes that EBAH can achieve to enhance our nation's ability to promote healthy early childhood experiences.

About Prevent Child Abuse America

Prevent Child Abuse America was founded in 1972 and is the first organization in the United States whose sole mission is "to prevent the abuse and neglect of our nation's children." We undertake our mission by providing testimony such as this, to legislative as well as executive policy makers about the importance of a full range of services needed to promote healthy child development and provide parents regardless of wealth with the information they need to be the kind of parents they want to be. Based in Chicago, the National Office and our networks manage over 350 different locally-based strategies to meet the mission of the organization, including 2900 home visitation workers, supervisors and program managers oversee and implement Healthy Families America, a voluntary home visitation service.

The Importance of Development

Our nation is recognized for meeting any challenges brought before us, our communities, and our workforce, but our continued position of leadership is greatly impacted by how we raise our children today. Healthy child development is a foundation for community development and economic development, as capable children become the foundation of a thriving society. The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Extreme and sustained stressful environments for children, also known as "toxic stress," damages the developing brain and adversely affects an individual's learning and behavior, as well as increases susceptibility to physical and mental illness. When considering that the ability to change behavior decreases over time, it makes sense (and cents) to "get it right" early when it is more beneficial to society than trying to "fix it" later. This why Prevent Child Abuse America promotes the prevention of child abuse and neglect before it ever occurs. This is why early childhood home visitation services, as contemplated in the legislation, are so important to families, communities and our nation.

Role of Early Childhood Home Visitation

All expectant parents and parents of newborns have common questions about their child's development. Early childhood home visitation provides a voluntary and direct service in which home visitors can help parents understand, recognize and promote age appropriate developmental activities for children; meet the emotional and practical needs of families; and improve the manner in which parents achieve better outcomes for their children.

Research has shown that voluntary home visitation is an effective and cost-efficient strategy for supporting new parents and connecting them to helpful community resources. Quality early childhood home visitation programs lead to proven, positive outcomes for children and families, including improved child health and development, improved parenting practices, improved school readiness, and reductions in child abuse and neglect.

Healthy Families America

Healthy Families America is Prevent Child Abuse America's nationally recognized, signature home visitation program. Through Healthy Families America, well-respected, extensively-trained assessment workers and home visitors provide valuable guidance, information and support to help parents be the best parents they can be. Healthy Families America focuses on three equally important goals to: 1) promote positive parenting; 2) encourage child health and development; and 3) prevent child abuse and neglect.

A review of 34 studies in 25 states, involving over 230 Healthy Families America programs allows me to say with confidence and conviction that the benefits of Healthy Families America are proven, significant, and impact a wide range of child and family outcomes.[1] In particular, Healthy Families America:

- Improves Parenting Attitudes. Healthy Families America families show positive changes in their perspectives on parenting roles and responsibilities.
- Increases Knowledge of Child Development. Healthy Families America parents learn about infant care and development; including child care, nutrition, and effective positive discipline.

[1] Study designs include 8 randomized control trials and 8 comparison group studies. More information on the studies can be found in the Healthy Families America Table of Evaluations at *www.healthyfamiliesamerica.org/research/index.shtml.*

• Supports a Quality Home Environment. Healthy Families America parents read to their children at early ages, provide appropriate learning materials, and are more involved in their child's activities, all factors associated with positive child development.

• Promotes Positive Parent-Child Interaction. Healthy Families America parents demonstrate better communication with, and responsiveness to, their children. This interaction is an important factor in social and emotional readiness to enter school.

• Improves Family Health. Healthy Families America improves parents' access to medical services, leading to high rates of well-baby visits and high immunization rates. Healthy Families America also helps increase breast feeding, which is linked to many benefits for both babies and moms.

• Prevents Child Abuse and Neglect. Healthy Families America has a significant impact on preventing child maltreatment, particularly demonstrated in recent randomized control trials.

In addition to our stewardship of Healthy Families America, Prevent Child Abuse America partners with other effective home visiting models working in communities across the country to create nurturing environments for children. Our national home visiting partners include Home Instruction for Parents of Preschool Youngsters (HIPPY USA), the Nurse-Family Partnership, The Parent-Child Home Program, and Parents as Teachers.

Together, we have accepted the responsibility to improve the home visitation field. Together, we share research findings and best practices, work together towards common goals, and create areas for cross program cooperation and learning that strengthen the home visit field as a whole, as well as enhance individual programs. At the local level, Healthy Families programs partner with other home visiting models to reach a broader population of families, to ensure that families are receiving the home visiting service model best suited to their needs, and to maximize limited resources.

The Need for Reliable Funding and a Coordinated Approach

Across the country, home visitation services struggle with unreliable and unsustainable funding. Federal programs that have traditionally provided significant support to home visitation, such as Temporary Assistance for Needy Families (TANF) and Promoting Safe and Stable Families (PSSF), have been subject to recent statutory changes and funding cuts that hamper states' abilities to invest in home visitation. The current patchwork of funding results in a home visitation system that serves only a small percentage of families. By one estimate, approximately 400,000 children and families participate in home visitation services each year.[2] As a reference point, there were 4.1 million live births in the U.S. in 2004.[3]

The Education Begins at Home Act (EBAH, HR 3628) introduced by Representatives Danny Davis and Todd Platts will address the current home visiting funding crisis by establishing the first, dedicated federal funding stream to support parents with newborns and young children through quality, voluntary home visitation at the state and local levels.

EBAH authorizes $500 million over three years to help states establish or expand quality early childhood home visitation programs. Of this funding, $400 million will be divided among states to provide eligible families with voluntary quality early childhood home visitation on at least a monthly basis. The remaining $100 million will be equally divided between two competitive grant programs designed to address the specific needs of military families and families with English language learners.

EBAH dollars will enable programs to reach thousands more families with young children. Strict quality controls established in the bill will ensure that only the highest quality programs are funded with the new money. In order to be eligible, home visitation programs will need to use a model with a strong evidence base and must show that they can adequately monitor their program for quality assurance. Additionally, there will be standards for staff training and referral networks, and programs will be independently evaluated.

The legislation empowers states to develop statewide plans for home visitation that best suit the needs of their communities. In order to draw down EBAH funds, states will have to assess the reach and scope of existing early childhood home visitation efforts and identify gaps in services. Taking this intentional approach to implementation will lead to: greater coordination among the various models of early

[2] Gomby, D. (2005). Home Visitation in 2005: Outcomes for Children and Parents. Invest in Kids Working Paper No. 7. Committee for Economic Development: Invest in Kids Working Group. Available at *www.ced.org/projects/kids.shtml.*

[3] Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2004. National vital statistics reports; vol 55 no 1. Hyattsville, MD: National Center for Health Statistics. 2006.

childhood home visitation and the broader child-serving community; a more efficient use of resources; and a greater assurance that families are receiving the most appropriate and effective home visiting services to meet their needs. This model allows for a clear outcome driven national public policy that promotes consistent results and allows states to manage the services in accordance with their specific existing service delivery systems, on-going best practices and existing public-private partnerships.

Conclusion

Home visitation is an effective, evidence-based, and cost-efficient way to bring families and resources together, and help families to make choices that will give their children the chance to grow up healthy and ready to learn. Making quality home visitation programs more widely available in all communities is one of Prevent Child Abuse America's top priorities, and I assure you that our national network is mobilized in support of this legislation. Research also is clear that failing to prevent abuse and neglect from occurring costs the America taxpayers over $103 billion per year.[4] EBAH does not represent an expenditure but rather an investment in our children and families. It also contributes to more productive adult members of our society that promote stronger families, but also can be more productive in the workplace. This naturally contributes to our competitiveness in an expanding global economy.

While no one piece of legislation can prevent child abuse and neglect, I believe that EBAH is an important step towards ensuring that all children have the opportunity to grow up in a safe, healthy, and nurturing environment. I look forward to working with members of this Committee to make the well-being of our nation's children a priority. I hope that this legislation will help to turn our country's priorities and choices toward more comprehensive and effective ways for communities and systems to care for children and families.

Prepared Statement of the American Psychological Association

On behalf of the 148,000 members and affiliates of the American Psychological Association (APA), we thank you for holding this important hearing to discuss the critical role of early home visitation programs in promoting child development.

The APA is a scientific and professional organization that works to advance psychology as a science, a profession, and as a means of promoting health, education, and human welfare. Psychologists play a vital role in assessing the effectiveness of and making recommendations regarding programs of importance to children and families, such as those that provide early childhood home visitation. As such, we appreciate the opportunity to share our thoughts regarding these critically important programs with members of this Committee.

"Home visitation" is defined as a program that includes visitation of parents and children in their home by trained personnel who convey information about child health, development, and care; offer support; provide training; or deliver any combination of these services. While visits must occur during at least part of a child's first two years of life, they can also begin during pregnancy. Individuals providing these services include nurses, social workers, paraprofessionals, and community peers.

Home visitation programs have generally been offered to specific population groups, such as those who are first-time mothers; low-income or young parents; parents suffering from substance use problems; children at risk of abuse or neglect; and those who have low birth weight, a disability, or are premature. Visitation programs often address problems and create interventions of mutual benefit to parents and children, such as training of parents on prenatal and infant care; developmental interaction with infants and toddlers; family planning assistance; educational and work opportunities; and connection with community services.

Research indicates important benefits of home visitation programs. Home visitation often leads to the enhancement of parents' sense of self-efficacy which, in turn, strengthens their role as parents. Home visitors encourage and facilitate successful, achievable modifications in parents' lives, teaching effective parenting, working to strengthen the support of family members and friends, and strengthening the capacities of parents to access the social resources available to them. In addition, research suggests that the impact of home visitation may positively influence social environ-

[4] Wang, C & Holton, J. (2008). Total estimated cost of child abuse and neglect in the United States: Statistical evidence. Chicago, IL: Prevent Child Abuse America.

ment—including social networks, neighborhoods, communities, and cultures—on child development.

A study conducted at New Mexico State University examined the outcomes of a home visitation program that provided services to first-born children and their parents. Home visitation workers conducted pretest and posttest assessments for prenatal and postpartum periods. Clients participating in the First-Born Program displayed significantly higher posttest scores on measures of family resiliency. Specifically, clients demonstrated improved scores in operationalized measures of resilience, including social support, caregiver characteristics, family interaction measures, and a reduction in personal problems affecting parenting. The results of this study are promising, as participants were observed to make positive improvements in specific areas related to family resiliency.

Of paramount importance is the potential of home visitation programs to prevent child maltreatment. Various studies have assessed the effectiveness of home visitation programs in this area. One such study, conducted by the nonfederal Task Force on Community Preventative Services, looked at the effectiveness of early childhood home visitation in preventing violence. The study concluded that these programs are effective in the prevention of child maltreatment and reduce reported maltreatment by approximately 39 percent.

Strong evidence indicates that early home visitation is especially effective in preventing child maltreatment in populations that have been shown to be at elevated risk of maltreatment. The study also found that programs delivered by professional visitors (i.e., nurses or mental health professionals) seemed to yield greater effects than those delivered by paraprofessionals.

Staggering numbers of children and families impacted by child abuse and neglect demonstrate that the need for these programs is urgent. In 2006, an estimated 3.6 million reports of possible child abuse or neglect were made to child protective agencies. Of those reports, 905,000 were substantiated, yet 40 percent of the victims received no services following the substantiation. Approximately 1,500 children die of abuse or neglect each year. These data reveal a public health crisis warranting concerted national attention and an increased focus on prevention.

Given the proven success of these programs, especially in preventing child abuse and neglect, enactment of the Education Begins at Home Act (H.R. 2343) is critically important. H.R. 2343 dedicates a funding stream to support parents with young children through home visitation at the state and local level. The legislation provides $400 million over three years to states, tribes, and territories to expand access to parent education and family support services. This legislation additionally targets English language learners and military families for assistance, since these groups often lack natural support systems. The APA strongly supports this legislation and urges its support by the Committee.

In closing, the American Psychological Association would like to thank you for the opportunity to share our comments on early childhood home visitation programs. We appreciate the Committee's ongoing commitment to the positive development of children and look forward to serving as a resource and partner as you work on this and other important issues affecting children and their families.

[The article, "The Parents as Teachers Program and School Success: A Replication and Extension," published in the March 2008 Journal of Primary Prevention, may be accessed at the following Internet address:]

http://www.springerlink.com/content/88h76474r2563455/?p=10d59e48429641028898aa132cd29e5c&pi=1

[Whereupon, at 12:19 p.m., the committee was adjourned.]

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