

Chairman Smith, Ranking Member Davis, and Members of the Subcommittee on Human Resources:

Thank you for the opportunity to testify in connection with your hearing on the reauthorization of the Maternal, Infant, and Early Childhood Home Visiting Program. My name is Diana Rauner, and I am here today in my role as the President of the Ounce of Prevention Fund. I am also a developmental psychologist, the Co-Chair of the Illinois Home Visiting Task Force, and the First Lady of the State of Illinois. I began my career in investment banking and private equity investing, so I know something about return on investment. I came to the field of early childhood because of concerns about the huge social and economic cost of educational inequities. And I chose to focus on early childhood development because investments in the first years of life are simply the most efficient and effective ways to develop human capital. With the right investments, human capital development can provide great economic and social gains for individuals and society.

James Heckman, a Nobel Laureate in economics, recently said, “The real measure of child poverty isn’t money, it’s love.” Voluntary home visiting programs that support parents in their critical responsibilities to help their children become healthy, successful citizens are the most effective human capital investments we can make, because they compound the positive behavior of parents and children.

I wish to voice my strong support for the MIECHV Program, and I respectfully urge you and your colleagues to reauthorize MIECHV. The funding Illinois receives from MIECHV has significantly enhanced our State’s robust early childhood and home visiting systems and is a vital component in our infrastructure.

Illinois has long valued evidence-based home visiting programs as an effective and efficient strategy for strengthening expectant and new vulnerable families by increasing children's readiness for school, reducing the risk for child abuse and neglect, and improving economic self-sufficiency. Over the past three decades, Illinois has developed a cross-sector statewide home visiting system serving over 17,000 families per year, making it a nationally-recognized model of a state system supporting a variety of evidence-based models and innovative practices. Please refer to my written testimony which provides a more thorough picture of home visiting in Illinois. For today's purposes, let me elaborate a little on what MIECHV funding as allows us to do in Illinois:

- Reach more at-risk families – last year, nearly one thousand *additional* families received more than twelve thousand home visits.
- To make a greater investment in our home visiting workforce through:
 - Infant Mental Health Consultation, that teams mental health professionals with home visitors and supervisors; and
 - To make additional training opportunities available for home visitors, regardless of funding, to enhance their understanding of critical topics such as intimate partner violence, and child abuse prevention.
- MIECHV has increased coordination and collaboration across funding streams. For example, MIECHV's focus on identifying the outcomes that best help to support families, is something that all Illinois funders are now considering in their systems.
- It ensures that families referred to home visiting are matched with the program and the model that best meets their particular needs and that they have access to other services as well. This concept of coordinated intake, introduced through MIECHV, has generated

such interest that several communities not funded directly through MIECHV have chosen to develop coordinated intake systems with technical assistance from the MIECHV team.

- To test innovations, including projects focused on some of our most vulnerable families, such as homeless families and pregnant and parenting youth in care, and a randomized control trial to examine the effectiveness of doula-enhanced home visiting for improving child and family outcomes. These innovative projects will build a case for expanding across Illinois and nationally.

Decades of research show that high-quality evidence-based home visiting programs produce long-term positive outcomes for children and families. Data from Illinois shows that home visiting services are increasing breastfeeding rates and birth intervals between births (particularly among teen parents), improving parenting practices, and ensuring that children are routinely screened for potential developmental delays. Research demonstrates that these outcomes, while measured in the short-term, set children and families on a positive trajectory for the long term. The MIECHV program has increased the focus on these outcomes, which is raising the bar for all home visiting programs in the state.

In closing, I would like to reiterate my strong support for the MIECHV Program. MIECHV undergirds and enhances our entire home visiting system and improves the lives of at-risk families and children in Illinois. It must continue and I hope you view me, the Ounce and the First Five Years Fund, a project of ours, as a resource in that regard. Thank you for your time and consideration of my testimony. I would be happy to answer your questions.