

The Maternal, Infant, and Early Childhood Home Visiting Program

mchb.hrsa.gov/programs/homevisiting

Overview

In 2010, Congress established the Maternal, Infant, and Early Childhood Home Visiting Program administered by the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF). Home visiting provides voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to age five.

The Home Visiting Program builds upon decades of scientific research, which shows that home visits by a nurse, social worker, or early childhood educator during pregnancy and in the first years of life improves child and family outcomes. Home visits prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. Research shows that home visiting provides a positive return on investment to society through savings in public expenditures on emergency room visits, child protective services and special education, as well as increased tax revenue from parents' earnings.

By equipping parents with the skills they need to support the cognitive, socio-emotional and physical health and development of their children, the Home Visiting program works as part of a prenatal to age five continuum with the other parts of the President's Early Learning Initiative: both high-quality infant-toddler care through Early Head Start-Child Care Partnerships and universal Pre-K to optimize capacity formation in early childhood.

In March 2014, funding for the Home Visiting Program was extended through March 2015, building upon the \$1.5 billion provided for the Home Visiting Program fiscal years 2010 through 2014.

Locally Designed and Operated

States and Tribal entities are eligible to receive funding through the Home Visiting Program and have the flexibility to tailor the program to serve the specific needs of their communities. In order to meet those needs, by statute, states and Tribal entities are required to conduct needs assessments to identify eligible at-risk communities, priority populations, and choose which of the 14 evidence-based home visiting models would best serve those populations. Following the needs assessments, grantees worked with local implementing agencies to build infrastructure, train a high-quality home visiting workforce, establish data reporting and financial accountability systems, and develop referral networks to enroll families and facilitate service coordination in local communities.

Supports Tribal Communities

The Home Visiting legislation prioritizes American Indian and Alaska Native populations through the inclusion of a three percent set-aside for discretionary grants to Indian Tribes, consortia of Tribes, Tribal Organizations, and urban Indian organizations. Currently, the program supports 25 Tribal grantees' home visiting programs.

Maternal, Infant, and Early Childhood Home Visiting Evaluation (MIHOPE)

The Maternal, Infant, and Early Childhood Home Visiting Evaluation (MIHOPE) is the legislatively-mandated evaluation of the Home Visiting Program. The evaluation uses a randomized, controlled design to determine the impact of home visiting on a wide range of outcomes. The evaluation examines how program models operate on the local level and describes the families who participate. It also provides an economic analysis, and will inform the field of best practices. For more information about the MIHOPE study, please visit the Mother and Infant Home Visiting Program Evaluation (MIHOPE) website at <http://www.mdrc.org/mihope-project-description>.

Technical Assistance

The Home Visiting Program provides technical assistance to support grantee efforts to administer programs or activities conducted with grant funds. For additional information about technical assistance, please visit the Home Visiting Technical Assistance web page at <http://mchb.hrsa.gov/programs/homevisiting/ta/index.html>.