

The Maternal, Infant, and Early Childhood Home Visiting Program

Program Overview

What is the Maternal, Infant, and Early Childhood Home Visiting Program?

HRSA's voluntary, evidence-based Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program empowers families with the tools they need to thrive. When a family chooses to participate in a home visiting program in their community, they have regular, planned visits with a trusted and caring professional. Home visitors help parents learn how to improve their family's health and provide the best opportunities for their children. They encourage use of positive parenting techniques and help promote early learning in the home. Home visitors provide information and guidance on a wide range of topics including breastfeeding, safe sleep practices, injury prevention, nutrition, and childcare solutions. In addition, home visitors identify and assess family strengths and risks. They screen children for developmental delays, which can facilitate early diagnosis and intervention for autism and other developmental disabilities. They also help ensure that parents have support to care for their children by screening caregivers for postpartum depression, substance abuse, and family violence, and connecting them to the resources they need.



Decades of scientific research show that home visits during pregnancy and early childhood improve the lives of children and families, and can be cost-effective in the long term, with the largest benefits coming through decreasing families' need for public assistance programs and increased individual earnings.¹

States and territories who receive funding through the MIECHV Program have the flexibility to tailor programs to serve the specific needs of their communities. Awardees are required to demonstrate that their programs are improving the wellbeing of families and children in six key areas:

- Improved maternal and newborn health;
- Reduced child injuries, abuse, and neglect;
- Improved school readiness and achievement;
- Reduced crime or domestic violence;
- Improved family economic self-sufficiency; and
- Improved coordination and referrals for community resources.

Who does the MIECHV Program serve?

In FY 2018, the MIECHV Program served families in all 50 states, the District of Columbia, and five U.S. territories. The Program served approximately 150,000 parents and children in 76,000 families. States and territories provided over 930,000 home visits.

The MIECHV Program served many of the most vulnerable families in FY 2018:

- 71 percent of participating families had household incomes at or below 100 percent of the Federal Poverty guidelines (\$25,100 for a family four), and 42 percent were at or below 50 percent of those guidelines.
- Two-thirds (65 percent) of adult program participants had a high school education or less.
- Approximately 76 percent of participating adults and children relied on Medicaid or CHIP.
- Of all households served:
 - 19 percent reported a history of child abuse and maltreatment.
 - 13 percent included pregnant teens.
 - 13 percent reported substance abuse.



The MIECHV Program reached many at-risk communities in FY 2018:

- The Program reached families in 896 counties, which is 27 percent of all U.S. counties.
- The Program funded services in 36 percent of all urban counties, and 22 percent of all rural counties.

The Tribal MIECHV Program, overseen by the Administration for Children and Families, funds 23 tribes, consortia of tribes, tribal organizations, and urban Indian organizations. In 2018, Tribal MIECHV Program awardees provided 17,972 home visits to 1,941 adult enrollees and 1,810 children.

How does the MIECHV Program measure impact?

The MIECHV performance measurement system includes a total of 19 measures that reflect a two-generation approach, aimed at improving the well-being of both parents and children across the lifespan. The performance measures demonstrate the impact of the Program on parents and their children. For example:



- **Depression Screening:** 78 percent of MIECHV caregivers were screened for depression within 3 months of enrollment or 3 months of delivery in FY 2018, an increase from 75 percent in FY 2017.
- **School Readiness:** 70 percent of children enrolled in MIECHV had a family member who read, told stories, and/or sang with them on a daily basis in FY 2018, an increase from 61 percent in FY 2017.
- **Developmental Screening:** 74 percent of children enrolled in MIECHV had a timely screening for developmental delays in FY 2018, an increase from 69 percent in FY 2017.
- **Behavioral Concern Inquiries:** MIECHV caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 92 percent of postpartum home visits in FY 2018, an increase from 86 percent in FY 2017.
- **Intimate Partner Violence (IPV) Screening:** 82 percent of MIECHV caregivers were screened for IPV within 6 months of enrollment in FY 2018, an increase from 74 percent in FY 2017.

For more information on the MIECHV Program, visit www.mchb.hrsa.gov/programs/homevisiting.

¹ Michalopoulos, C, et. al. (2017). Evidence on the Long-Term Effects of Home Visiting Programs: Laying the Groundwork for Long-Term Follow-Up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE). OPRE Report 2017-73. Available at: <https://files.eric.ed.gov/fulltext/ED579153.pdf>
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