The Maternal, Infant, and Early Childhood Home Visiting Program

Partnering with Parents to Help Children Succeed

BACKGROUND

Evidence-based home visiting programs help children and families get off to a better, healthier start. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting for at-risk pregnant women and parents with children up to kindergarten entry. The MIECHV Program builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and early childhood improve the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness. Evidence-based home visiting can be cost-effective in the long term, with the largest benefits coming through reduced spending on government programs and increased individual earnings.

Program Administration

The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). In February 2018, the MIECHV Program was allocated $400 million per year through fiscal year (FY) 2022. States, territories, and tribal entities receive funding through the MIECHV Program. They have the flexibility to tailor the program to serve the specific needs of their communities. Through a needs assessment, states identify target populations and select home visiting service delivery models that best meet state and local needs. By law, state and territory awardees must spend the majority of their MIECHV Program grants to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that will undergo rigorous evaluation. Eighteen home visiting models meet the U.S. Department of Health and Human Services’ criteria for evidence of effectiveness and are eligible for state and territory MIECHV Program funding. Three state awardees are implementing and evaluating three different promising approach models.

What is Home Visiting?

All home visiting programs share characteristics; yet evidence-based models have different approaches based on family needs (e.g., some programs serve expecting parents while others serve families after the birth of a child). In these voluntary programs, trained professionals meet regularly in the homes of at-risk expectant parents or families with young children who want and ask for support, building strong, positive relationships.
Home visitors evaluate families’ strengths and needs and provide services tailored to those needs, such as:

- Teaching positive parenting skills and parent-child interactions.
- Promoting early learning in the home, with an emphasis on strong communication between parents and children that stimulate early language development.
- Providing information and guidance on a wide range of topics including breastfeeding, safe sleep practices, injury prevention, and nutrition.
- Conducting screenings and providing referrals to address postpartum depression, substance abuse, and family violence.
- Screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities.
- Connecting families to other services and resources as appropriate.

**PROGRAM PARTICIPANTS AND COMMUNITIES SERVED**

In FY 2017, the MIECHV Program served all 50 states, the District of Columbia, and five U.S. territories. Among the 54 awardees with available data, the Program served approximately 156,000 parents and children in 80,000 families (see Table 1). States and territories provided over 942,000 home visits, and have provided a total of over 4.2 million home visits over the past six years (Table 1).

Table 1: Number of Participants, Families, and Home Visits, FY 2012-FY 2017

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Participants</th>
<th>Number of Families</th>
<th>Number of Home Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>34,180</td>
<td>17,423</td>
<td>174,257</td>
</tr>
<tr>
<td>2013</td>
<td>75,970</td>
<td>41,639</td>
<td>489,363</td>
</tr>
<tr>
<td>2014</td>
<td>115,545</td>
<td>60,981</td>
<td>746,303</td>
</tr>
<tr>
<td>2015</td>
<td>145,561</td>
<td>75,415</td>
<td>894,347</td>
</tr>
<tr>
<td>2016</td>
<td>160,374</td>
<td>82,318</td>
<td>979,521</td>
</tr>
<tr>
<td>2017</td>
<td>156,297</td>
<td>79,646</td>
<td>942,676</td>
</tr>
</tbody>
</table>

The MIECHV Program served many of the most vulnerable families in FY 2017:

- 72 percent of participating families had household incomes at or below 100 percent of the Federal Poverty guidelines ($24,600 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.
- Nearly 78 percent of participating adults and children relied on Medicaid or CHIP.
- Of all households served:
  - 22 percent reported a history of child abuse and maltreatment.
  - 15 percent included pregnant teens.
  - 12 percent reported substance abuse.
The MIECHV Program reached many at-risk communities in FY 2017:

- The Program reached families in 888 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.
- 50 percent of all counties served by the MIECHV program were rural.

**PERFORMANCE MEASUREMENT**

HRSA requires MIECHV Program awardees to report on their program’s performance related to six statutorily defined benchmark areas (see Figure 1). FY 2017 marked the first year of data reporting under a redesigned MIECHV performance measurement system, which includes a total of 19 measures across the six benchmark areas.4

Figure 1: Benchmark Domains and Associated Performance Measures

<table>
<thead>
<tr>
<th>Maternal and Newborn Health</th>
<th>Child Injuries, Maltreatment, and Reduction of Emergency Department Visits</th>
<th>School Readiness and Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Preterm Birth</td>
<td>• Safe Sleep</td>
<td>• Parent-Child Interaction</td>
</tr>
<tr>
<td>• Breastfeeding</td>
<td>• Child Injury</td>
<td>• Early Language and Literacy Activities</td>
</tr>
<tr>
<td>• Depression Screening</td>
<td>• Child Maltreatment</td>
<td>• Developmental Screening</td>
</tr>
<tr>
<td>• Well-Child Visit</td>
<td></td>
<td>• Behavioral Concerns</td>
</tr>
<tr>
<td>• Postpartum Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tobacco Use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Crime or Domestic Violence</th>
<th>Family Economic Self-Sufficiency</th>
<th>Coordination and Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Intimate Partner Violence (IPV) Screening</td>
<td>• Primarily Caregiver Education</td>
<td>• Completed Depression Referrals</td>
</tr>
<tr>
<td></td>
<td>• Continuity of Health Insurance</td>
<td>• Completed Developmental Referrals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Intimate Partner Violence (IPV) Referrals</td>
</tr>
</tbody>
</table>

The 19 performance measures reflect the two-generation approach of the MIECHV Program, aimed at improving the well-being of both parents and children across the lifespan. Below are a subset of performance outcome measures that highlight the impact of the Program on parents and their children:

- **Depression Screening**: Research shows that postpartum depression can be associated with a number of adverse outcomes for both the mother and infant, such as poor parent-child bonding, negative parenting approaches, and increased risk of developmental, health, and safety concerns for the child.5,6,7,8,9,10 Postpartum depression is also common and treatable11, and early screening and identification can be beneficial for the entire family.

75% of MIECHV caregivers were screened for depression within 3 months of enrollment or 3 months of delivery.
School Readiness: Children that are spoken to frequently by their caregivers have larger vocabulary and literacy skills, and these skills can be linked to later academic, social, and cognitive functioning. Home visitors teach parents about the importance of these early language and literacy activities, and help them learn skills and techniques to incorporate them into their regular routine.

61% of children enrolled in MIECHV had a family member who read, told stories, and/or sang with them on a daily basis.

Developmental Screening: Less than 50 percent of young children with developmental or behavioral disabilities are identified before they start school. Early identification of children who are at-risk for or who have a developmental delay may lead to intervention services and family assistance at an earlier age, which may improve the developmental trajectories of children with such delays. Only 30% of children nationwide received a developmental screen in the last year according to 2016 data from the National Survey of Children’s Health.

69% of children enrolled in MIECHV had a timely screening for developmental delays.

Intimate Partner Violence (IPV) Screening: More than 27% of women and 11% of men have experienced sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime. IPV is associated with adverse physical and mental health outcomes. Children exposed to IPV may experience health and behavioral problems, such as anxiety and depression. The MIECHV Program identifies IPV risks and assures referrals and safety planning when necessary.

74% of MIECHV caregivers were screened for IPV within 6 months of enrollment.

TRIBAL HOME VISITING

The Tribal MIECHV Program strengthens tribal capacity to support and promote the health and well-being of American Indian and Alaska Native (AIAN) families, expand the evidence base around home visiting in tribal communities, and support cooperation and linkages between programs that serve Native children and their families. The 25 Tribal MIECHV Program awardees are tribes, consortia of tribes, tribal organizations, and urban Indian organizations. The Program is funded from a 3 percent legislative set-aside from the MIECHV Program and administered by ACF. In 2017, Tribal MIECHV Program awardees provided 17,525 home visits to 1,806 adult enrollees and 1,737 children. For more information on the Tribal MIECHV Program, visit http://www.acf.hhs.gov/programs/ecd/home-visiting/tribal-home-visiting.

RESEARCH AND EVALUATION

From its inception, the MIECHV Program has adopted a learning agenda approach that focuses research and evaluation efforts on improving program effectiveness and building on the knowledge base. In addition to the program monitoring and improvement efforts related to performance measurement, MIECHV promotes rigorous evaluation at the national and local levels, supports research infrastructure in the field, and emphasizes continuous quality improvement.
State-Led Evaluation

HRSA supports awardees in conducting rigorous evaluations of their programs to build the evidence of effectiveness on promising approach home visiting models, examine the replication of evidence-based home visiting models across new settings and contexts, answer questions of local salience, and use empirical information to improve service delivery. To date, over 120 state-led evaluations have been or are being conducted. These evaluations have focused on a variety of topics, including family and staff engagement, implementation fidelity, the impacts of home visiting programs on family outcomes, and early childhood comprehensive systems of care. Profiles of state-led evaluations are available at: https://www.acf.hhs.gov/sites/default/files/opre/miechvevaluationprofiles102816_b508.pdf

Mother and Infant Home Visiting Program Evaluation (MIHOPE)

ACF, in collaboration with HRSA, is overseeing a large-scale, random assignment evaluation of the effectiveness of the MIECHV Program - the Mother and Infant Home Visiting Program Evaluation (MIHOPE). MIHOPE, which includes 4,218 families and 88 local home visiting programs across 12 states, will estimate the effects of home visiting on a wide range of outcomes, study the variation in how programs are implemented, and conduct a cost analysis. Study results will be available in late 2018. In addition, a follow-up study of the participants in MIHOPE to examine the long-term effects of the MIECHV Program on children and families is underway. For more information on the MIHOPE study visit https://www.mdrc.org/project/mother-and-infant-home-visiting-program-evaluation-mihope#overview.

Home Visiting Applied Research Collaborative

In 2017, HRSA awarded a 5-year cooperative agreement to the Home Visiting Applied Research Collaborative (HARC) to support the Home Visiting Research and Development (R&D) Platform. The goal of the Home Visiting Research and Development (R&D) Platform is to plan for, develop, and sustain a network of early childhood researchers and practitioners who will frame, implement, and report on innovative, transdisciplinary research related to precision home visiting interventions to improve meaningful outcomes for at-risk families and communities. For more information on HARC, visit http://www.hvresearch.org/.

Home Visiting Collaborative Improvement and Innovation Network

Through the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN), multidisciplinary teams of federal, state, and local leaders are working together to accelerate improvements in select measures that reflect positive health and well-being for children and families within the MIECHV Program. In an earlier HV CoIIN, teams from 12 awardees conducted rapid testing for improvements to evidence-based practices in breastfeeding, developmental screening and referrals, depression screening, and family engagement. Building on initial success, the HV CoIIN will now scale-up tested interventions to nearly half of all MIECHV awardees as well as create and test new interventions in other MIECHV program areas. For additional information, visit the HV CoIIN website at http://hv-coiin.edc.org/.

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


18. Ibid

