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.

### PROGRAM PARTICIPANTS AND COMMUNITIES SERVED

In FY 2018, the MIECHV Program served all 50 states, the District of Columbia, and five U.S. territories. Among the 55 awardees with available data, the Program served approximately 150,000 parents and children in 76,000 families (see Table 1). States and territories provided over 930,000 home visits, and have provided a total of over 5.2 million home visits over the past seven years (Table 1).

#### Table 1: Number of Participants, Families, and Home Visits, FY 2012-FY 2018

<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>
<tr>
<td>2018</td>
<td>150,291</td>
<td>76,622</td>
<td>930,595</td>
</tr>
</tbody>
</table>

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.
- 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).

The MIECHV performance measurement system 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. In 2018, national averages for 18 of the 19 measures moved in the intended direction as compared to the prior year. 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 treatable\(^11\), and early screening and identification can be beneficial for the entire family.

- 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: 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.

- 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.

Assessing Child Development and Behavior: 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.

- Developmental Screening: Only 31 percent of children nationwide received a developmental screen in the last year according to 2016-2017 data from the National Survey of Children’s Health. However, 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.

Intimate Partner Violence (IPV) Screening: More than 36 percent of women and 33 percent 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.

- 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.

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 23 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 2018, Tribal MIECHV Program awardees provided 17,972 home visits to 1,941 adult enrollees and 1,810 children.
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. View profiles of the state-led evaluations.

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 includes 4,218 families and 88 local home visiting programs across 12 states. Findings from the MIHOPE Implementation Report, released in November 2018, include: the local programs that participated in MIHOPE served eligible families in disadvantaged communities with high levels of socioeconomic risk; most home visitors were well educated, trained, and experienced; local programs focused on improving parenting and child development outcomes; and the tailoring of services to families’ needs was especially evident in areas of substance use, mental health, and intimate partner violence.

The MIHOPE Impact Report, released in January 2019, presents evidence that MIECHV funded home visiting services had positive effects for the families that participated in services. In particular, MIHOPE provides evidence that home visiting improves the parent-child relationship by improving the quality of the home environment, reducing instances of psychological aggression toward the child, reducing the number of Medicaid-paid child emergency department visits, and reducing child behavior problems. The study provides evidence that differences in effects among the evidence-based models are generally consistent with the models’ focuses.

Home Visiting Applied Research Collaborative

The Home Visiting Applied Research Collaborative (HARC) is a network of early childhood researchers and practitioners who frame, implement, and report on innovative, transdisciplinary research related to precision home visiting interventions to improve meaningful outcomes for at-risk families and communities. HARC has developed several resources to define and promote innovative precision-oriented research, including a brief defining the field of precision home visiting and short articles introducing precision research methods to new audiences.
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.

Sources

3. Evidence-based models eligible to MIECHV awardees

Learn more about the Maternal, Infant, and Early Childhood Home Visiting Program and its impact on families.