The Maternal, Infant, and Early Childhood Home Visiting Program
Partnering with Parents to Help Children Succeed

Background

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program) was created to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. The MIECHV Program builds upon decades of scientific research. It shows that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child’s life improves 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.1 Research also shows that evidence-based home visiting can provide a positive return on investment to society through savings in public expenditures on emergency room visits, child protective services, special education, as well as increased tax revenues from parents’ earnings.2,3

The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). 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 statewide 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 grantees 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. In fiscal year (FY) 2017, 18 models met the criteria for evidence of effectiveness and are eligible for state/territory MIECHV Program funding. In addition, three state grantees are implementing three different promising approaches, which are undergoing rigorous evaluation.

While there is some variation across evidence-based home visiting models (e.g., some programs serve expecting parents while others serve families after the birth of a child), all programs share some common characteristics. In these voluntary programs, trained professionals meet regularly with at-risk expectant parents or families with young children in their homes, building strong, positive relationships with families who want and ask for support. Home visitors evaluate the families’ needs and provide services tailored to those needs, such as:

- Teaching parenting skills and modeling effective techniques.
- Promoting early learning in the home, with an emphasis on positive interactions 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.

Evidence-based home visiting programs help children and families get off to a better, healthier start.
Expanding to Serve More Families and Communities

In FY 2016, grantees reported serving approximately 160,000 parents and children in 893 counties in all 50 states, the District of Columbia, and five territories through the MIECHV Program (Figure 1). Nearly 69,000 (43 percent) of those participating were new enrollees. Since FY 2012, the reported number of children and parents served increased nearly five-fold, and the number of home visits provided increased more than five-fold to nearly 1 million home visits in FY 2016. Almost 3.3 million home visits were provided over the past five years (Figure 2).

Continued Growth in the Maternal, Infant, and Early Childhood Home Visiting Program

States have also extended the reach of the MIECHV Program into more communities:

- The total number of counties being served by the MIECHV Program has more than doubled since the start of the program, reaching families in 893 counties in FY 2016, which represent 27 percent of all U.S. counties.
- In FY 2016, the MIECHV Program funded services in 35 percent of all urban counties, and 23 percent of all rural counties.
- In FY 2016, over 50 percent of all counties served were rural.

Program Participants

The MIECHV Program serves many of the most vulnerable families. In FY 2016:

- 74 percent of participating families had household incomes at or below 100 percent of the Federal Poverty guidelines ($24,300 for a family four), and 44 percent were at or below 50 percent of those guidelines.
- 30 percent of adult program participants had less than a high school education, and 36 percent had a high school diploma.

- Of newly enrolled households:
  - 22 percent included pregnant teens.
  - 14 percent reported a history of child abuse and maltreatment.
  - 13 percent reported substance abuse.
Notable Achievements

Home visiting services are making a meaningful difference in the lives of vulnerable children and families. Some examples of this progress include:

**MATERNAL DEPRESSION:** When left untreated, maternal depression has been associated with adverse birth outcomes, poor mother-child bonding, and negative parenting behaviors, which can impair the development, health, and safety of young children. It has been estimated that less than half of primary care physicians regularly screen for maternal depression. The MIECHV Program supports mothers who experience depression by providing support, resources and referrals, as needed.

- In FY 2016, 44 states reported comparable data on maternal depression. The overall screening rate among these 44 states was 82 percent, with 15 states reporting screening rates of 95 percent or more.
- Between FY 2014 and FY 2016, 82 percent of states either improved or maintained their screening rates. Overall, screening rates increased by an average of nearly 11 percent.

**DEVELOPMENTAL DELAY:** Less than 50 percent of young children with developmental or behavioral disabilities—such as autism, attention-deficit/hyperactivity disorder, or delays in language—are identified before they start school. Early identification, referral and follow-up has been shown to improve the developmental trajectories of children with such delays or a developmental disability. The MIECHV Program is working to improve the health and development of all children through developmental promotion, early identification and referral and follow-up to necessary supports and services.

- In FY 2016, 22 states reported comparable data on developmental screening. The overall screening rate among these 22 states was 84 percent, more than twice the national average of 31 percent.
- Between FY 2014 and FY 2016, 91 percent of these states improved their screening rates. Overall, screening rates increased by an average of 19 percent.

**INTIMATE PARTNER VIOLENCE (IPV):** More than one-third of women report having experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime while nearly 6 percent report experiencing IPV in the past 12 months. In addition to injuries, 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. Despite these consequences, in many health care settings, screening for IPV remains low, with only 3 percent to 41 percent of physicians reporting regularly screening for IPV. The MIECHV Program identifies IPV risks and assures referrals and safety planning when necessary.

- In FY 2016, 48 states reported comparable data on screening for intimate partner violence. The overall screening rate among these 48 states was 82 percent, with 13 states reporting screening rates of at least 95 percent.
Between FY 2014 and FY 2016, 75 percent of states either improved or maintained their screening rates. Overall, screening rates increased by an average of nearly 5 percent. Among those states that improved their performance, screening rates increased by an average of nearly 20 percent.\textsuperscript{25}

Performance data from state, territory, and non-profit grantees shows that 98 percent demonstrated improvement in at least four of the six benchmark areas outlined in the legislation:
- maternal and newborn health,
- child injuries, child maltreatment and emergency department visits,
- school readiness and achievement,
- crime or domestic violence,
- family economic self-sufficiency, and
- service coordination and referrals for other community resources and supports.

Likewise, over three-quarters of the first cohort of awards to tribal entities demonstrated improvement in four of six benchmark areas. On-going technical assistance is provided to all grantees to help support continuous quality improvements in meeting the benchmark outcomes.

**Tribal Home Visiting**

Since its inception, the Tribal Home Visiting Program, funded from a 3 percent legislative set-aside from the MIECHV Program and administered by ACF, has awarded grants to tribes, consortia of tribes, tribal organizations, and urban Indian organizations to develop, implement, and evaluate home visiting programs. There are currently 25 grantees. The program is designed to develop and strengthen 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 and strengthen cooperation and linkages between programs that serve Native children and their families.

Due to the limited evidence base on effective home visiting in tribal communities, Tribal Home Visiting grantees may adopt home visiting models that are either evidence-based for use with AIAN populations or considered a promising approach. Model selection is designed to be a collaborative and community-driven process based on community needs. Because most home visiting models selected by grantees are designed for non-Native populations, many grantees have enhanced or adapted models to fit culture and context. Adaptations and enhancements include hiring culturally competent staff from the community, incorporating traditional parenting practices, and involving cultural leaders and elders as well as model developers throughout the program development and implementation process. Tribal grantees have provided a cumulative 54,800 visits to families since FY 2012, with over 19,000 of those in FY 2016. Grantees served 1,749 adult enrollees in FY 2016 and 1,730 index children.

Research and Evaluation

ACF, in collaboration with HRSA, is overseeing the Mother and Infant Home Visiting Program Evaluation (MIHOPE), a large-scale, random assignment evaluation of the effectiveness of the MIECHV Program. Using scientifically rigorous research methods, MIHOPE 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. In addition, MIHOPE will examine what components of home visiting programs work, for whom, and why, to provide all programs and models with information they can use to promote even greater positive outcomes for families. Study enrollment and baseline data collection began in October 2012 and concluded in September 2015. Follow-up data collection will be completed in June 2017. MIHOPE includes 4,218 families and 88 local home visiting programs across 12 states.

In February 2015, HHS delivered the MIHOPE Report to Congress, which presented the first findings from the study. This report includes an analysis of the states’ needs assessments, as well as baseline characteristics of families, staff, local programs, and models participating in the study.

The report found that local programs’ infrastructure is aligned with MIECHV Program expectations and designed to support quality service delivery for these families. Specific findings include:

- Home visitors are well trained, especially in child development and parenting support, with most home visitors reporting that they are trained to help families across the full range of outcome areas specified in legislation.
- 66 percent of local programs have formal referral agreements.
- 73 percent have expert consultants available.
- 84 percent had conducted continuous quality improvement activities in the past year.

In addition, the report found that, prior to creation of the MIECHV Program, home visiting programs were an important resource throughout the country, but many communities did not use evidence-based models or had unmet home visiting needs. In response, states planned to spend MIECHV Program funds in communities that, compared with states’ overall averages, had higher rates of poverty, poor birth outcomes, and child maltreatment. States’ plans also pointed to an increase in use of evidence-based models, with funds used to support a combination of national models with evidence of effectiveness.

The MIHOPE study will produce three final reports – one on program impacts and impact variation, one on implementation, and one on cost – which will be available in 2018.

For more information on the MIHOPE study and other ACF/HRSA home visiting research projects, visit https://www.acf.hhs.gov/opre/research/topic/overview/home-visiting.

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


4. The 56 Home Visiting Program grantees measure some aspect of screening for developmental delays, intimate partner violence, maternal depression. Since grantees had the flexibility to develop performance measures that were meaningful to their specific programs and local community needs, the benchmarks are measured in a number of ways.


13. Of grantees with comparable data (For maternal depression screening 44 grantees are included).


18. Of grantees with comparable data (For screening for developmental delays 22 grantees are included).


25Of grantees with comparable data (For screening for intimate partner violence 48 grantees are included).