The Maternal, Infant, and Early Childhood Home Visiting Program Brief

AUGUST 2026

Every Family Deserves a Strong Start

The earliest years of life—from pregnancy through age five—shape the foundation for lifelong health, learning, and well-being. During this time, a child's brain develops faster than at any other point in life, making early experiences and supportive relationships critical to healthy development. Many families, however, navigate these critical years while facing challenges, such as economic instability and barriers to care, that can have lasting effects on the health and well-being of parents and young children.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting services for expectant parents and families with young children living in communities where services are needed most. Administered by the Health Resources Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF), MIECHV is the nation's only federal program solely dedicated to funding home visiting services, investing in families early to build the foundation children need to thrive for a lifetime.

Decades of gold-standard research show home visiting is a proven approach that improves families' well-being and prevents future poor health outcomes. Home visitors build trusted relationships with families by meeting with parents directly in their homes to answer questions, offer encouragement, and provide practical support. They help women have healthy pregnancies and navigate the postpartum period, support parents' physical and mental health and connect families to care when needed.

Evidence-based Home Visiting:

- ✔ Supports healthy pregnancies
- ✔ Prevents child abuse and neglect
- ✔ Promotes child development and school readiness
- ✔ Strengthens family economic stability

Through the MIECHV Program, communities across the country are strengthened by investing in families today—supporting healthier children, stronger families, and lasting benefits for generations to come.

Over 1,000,000 home visits delivered in FY 2025

The most home visits delivered in program history

MIECHV at a Glance

Authorized through FY 2027

56 state and jurisdiction awardees

24 eligible evidence-based models

55 of **56** awardees received matching grants due to their own investments in home visiting

HRSA
Health Resources & Services Administration

www.mchb.hrsa.gov/programs/homevisiting

As children grow, home visitors help parents build confidence and strengthen parenting skills through everyday moments that help children feel safe and loved. They provide guidance on a range of topics, like infant feeding, well child visits, and healthy home environments. By tracking children's developmental milestones, identifying concerns early, and connecting families to community resources, home visitors help parents give their children a strong start and a healthy foundation for the future.

Growing to Meet Family Needs

The FY 2022 reauthorization marked the largest growth of the MIECHV Program in more than a decade, providing every state and jurisdiction with increased funding to expand evidence-based home visiting. With the historic federal investment in home visiting, MIECHV is reaching more families than ever before. The authorization also strengthened the Tribal MIECHV Program, increasing annual funding from approximately $12 million in FY 2022 to $48 million in FY 2027, while growing from 23 grants at the start of FY 2022 to 53 grants today.

Program Reach

By law, MIECHV awardees conduct statewide needs assessments to identify communities with the greatest need, select evidence-based home visiting models that best fit those communities, and target home visiting services where they can have the greatest impact.

MIECHV continues to reach families who need services most, including low-income families, families affected by substance misuse and child maltreatment, and pregnant teens.

Home Visiting Improves Outcomes

Evidence-based home visiting is a proven investment that improves outcomes for children and families while helping prevent costly downstream consequences, including child welfare involvement, adverse health events, and poor developmental outcomes. Home visiting also generates a strong return on investment by reducing spending on government programs and increasing individual earnings.[1]

Since 2022, the MIECHV Program:

+15%
Parents & Children Served

+23%
Home Visits Delivered

+18%
Counties Reached

+20%
Rural Counties

+11%
Increased Home Visitor FTEs

+62%
Communities Served by Tribal MIECHV

Program Participants and Communities Served

In FY 2025, the MIECHV Program served all 50 states, the District of Columbia, and five U.S. territories. The 56 state and jurisdiction awardees served over **158,000** parents and children and provided over **1,000,000** home visits.

- **92 percent** of participating families had household incomes at or below 200 percent of the Federal Poverty guidelines ($64,300 for a family of four).
- **61 percent** of adult participants had a high school education or less.

Of all households served:

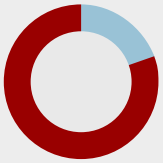
- **17 percent** reported a history of child abuse and maltreatment.
- **14 percent** reported substance misuse.
- **7 percent** included enrollees who were pregnant teens.

In FY 2025, MIECHV-funded programs served nearly **79,000** families—approximately 19 percent of the more than 397,000 families who are likely eligible for and in need of MIECHV services. While the Program has expanded significantly in recent years, the need for home visiting services continues to exceed available capacity, highlighting the continued opportunity to reach more families with evidence-based home visiting.

Decades of research demonstrate that home visiting improves maternal and child health, strengthens parent-child relationships, and promotes long-term family stability. HRSA continuously builds on this foundation by supporting the review of evidence, conducting research and evaluation, and providing technical assistance to strengthen home visiting programs and support continuous improvement.

National performance data show that MIECHV families perform better than national comparison groups on key child health and family well-being measures, reflecting the impact of evidence-based home visiting across many different communities.

Performance Outcomes



83% of children enrolled in MIECHV had a family member who read, told stories, or sang with them daily, which increases a child's vocabulary and early literacy skills.

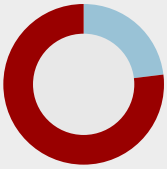
This is significantly higher than 41 percent of U.S. children who had a family member who read to them daily.[2]

74% of children enrolled in MIECHV received their most recent recommended well-child visit on time in FY 2025.

This is compared to just 59 percent of children under 30 months enrolled in Medicaid/the Children's Health Insurance Program (CHIP) in the last 15 months.[4]

81% of caregivers enrolled in MIECHV were screened for depression within 3 months of enrollment or within 3 months of delivery.

This is compared with 13 percent of pregnant and 9 percent of postpartum women nationwide who were screened for depression.[3]



77% of children enrolled in MIECHV had a timely screening for developmental delays.

Among U.S. children aged 9 to 36 months, 37 percent of U.S. children received a developmental screening in the past year.[2]

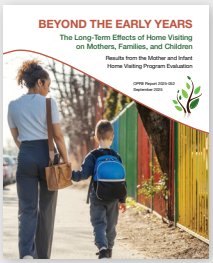
Explore additional national and state performance data through the MIECHV Outcomes Dashboard, which provides interactive information on program reach, performance measures, and outcomes.

View the **MIECHV Outcomes Dashboard** and the **Tribal MIECHV Outcomes Dashboard**.

Mother and Infant Home Visiting Program Evaluation (MIHOPE)

The MIHOPE study highlights the benefits to children and families participating in federally funded, evidence-based home visiting services through the MIECHV Program. New findings from MIHOPE show that these benefits continue for years after families receive services. Findings show that direct interactions between home visitors and families support positive family outcomes through kindergarten entry, including:

- Strengthened parent-child interactions.
- Better maternal mental and behavioral health;
- Reduced family conflict and violence; and
- Improvements in families' economic circumstances.[5]



Read the **MIHOPE report**

Home Visiting Strengthens Communities

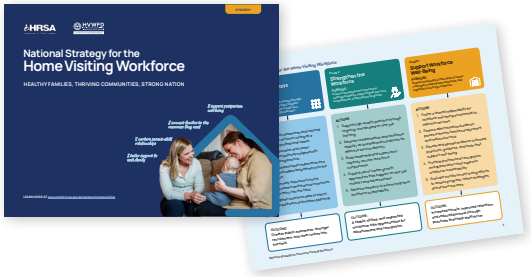
Home visiting serves as a bridge across systems, connecting families to health care, developmental screening, early intervention, behavioral health services, food and housing supports, and other community resources they need to thrive. Home visiting also strengthens systems by improving coordination, identifying service gaps, and helping ensure there is no wrong door for families seeking support—particularly in rural and underserved communities.

A National Strategy for the Workforce

A strong, well-supported workforce is essential to ensure families receive high-quality home visiting services and achieve better outcomes. To strengthen the home visiting workforce, HRSA established the **Institute for Home Visiting Workforce Development** and the **Jackie Walorski Center for Evidence-Based Case Management**.

In partnership with the Institute, HRSA launched the ***National Strategy for the Home Visiting Workforce***, a roadmap to advance workforce recruitment and retention, professional growth, and well-being to help meet the growing demand for services.

Through the *National Strategy*, HRSA is leading a comprehensive effort to grow a skilled and supported home visiting workforce by providing training, technical assistance, tools, and resources that support career pathways, professional development, and workforce well-being. The home visiting workforce is essential to our nation's families—trusted professionals who walk alongside caregivers to support family well-being and help them achieve their dreams.



It takes a workforce to support families

+40%
Needed MIECHV home visiting workforce growth

+50%
Local home visiting programs report recruitment challenges

A National Strategy: 3 Pillars & 15 Actions

For career pathways, professional growth and workforce well-being

Looking Ahead

The MIECHV Program has achieved historic growth during the current authorization, reaching more families and communities while maintaining strong outcomes for children and families. By delivering evidence-based home visiting services to families who need them most, MIECHV is helping children and families thrive during the critical early years that shape lifelong health, learning, and well-being.

By strengthening families today, the MIECHV Program helps build healthier communities and supports positive outcomes for future generations.

Additional Resources

MIECHV Website

FY 2025 MIECHV Report to Congress

Endnotes

[1]Michalopoulos, C., Faucetta, K., Warren, A., & Mitchell, R. (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. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/opre/report/evidence-long-term-effects-home-visiting-programs-laying-groundwork-long-term-follow

[2] National Survey of Children's Health (NSCH), 2023 & 2024. Data Resource Center for Child and Adolescent Health, supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 4/13/2026 from [www.childhealthdata.org]

[3]The Latest HEDIS Maternal Mental Health Screening Rates - Policy Center for Maternal Mental Health

[4]Centers for Medicare & Medicaid Services. Medicaid/CHIP Health Care Quality Measures, Core Set Data Dashboard. Core Set year 2024. Retrieved 4/15/2026 from Core Set Data Dashboard - Well Child Visits in the First 30 Months of Life W30 CH.

[5] Portilla, Ximena A., Kristen Faucetta, Kelly Saunders, and Amy Taub. 2025. *Beyond the Early Years: The Long-Term Effects of Home Visiting on Mothers, Families, and Children. Results from the Mother and Infant Home Visiting Program Evaluation.* OPRE Report 2025-052. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

The MIECHV Program supports improvements in outcomes that lead to healthy and thriving children, parents, and families.

Learn more about the MIECHV Program and its impact on families →

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