



**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

**REPORT TO CONGRESS**

**MATERNAL, INFANT, AND EARLY CHILDHOOD  
HOME VISITING PROGRAM**

**2024**

# Executive Summary

The Health Resources and Services Administration's (HRSA) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting services for expectant and new parents with children up to kindergarten entry age who live in communities that are at risk for adverse maternal and child health outcomes. Families partner with home visiting professionals – such as trained social workers, nurses, early childhood educators, and other health and social service providers – to improve health and well-being. The MIECHV Program builds on decades of research showing that home visits 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.<sup>1</sup> By developing strong relationships with families, providing regular home visits, assessing family needs, and delivering tailored services, the MIECHV Program supports the health and well-being of families.

The MIECHV Program is administered by HRSA's Maternal and Child Health Bureau in partnership with the Administration for Children and Families, which administers the Tribal MIECHV Program. The Tribal MIECHV Program supports development and implementation of home visiting programs in American Indian and Alaska Native communities. The MIECHV Program and the Tribal MIECHV Program funding recipients identify and serve priority populations (as defined by the MIECHV authorizing statute) that are at risk for adverse family outcomes, such as families with low incomes, people with a history of substance use disorder, and families with children who have developmental delays or disabilities.

Awardees implement evidence-based models for home visiting that meet criteria established by the U.S. Department of Health and Human Services for this purpose and that have been vetted through the Home Visiting Evidence of Effectiveness review. In fiscal year (FY) 2023, 23 evidence-based home visiting models were eligible for implementation with MIECHV Program funds. An awardee may use up to 25 percent of their award to implement and evaluate promising approach models, which are home visiting models that are not yet deemed to be evidence-based. In FY 2023, MIECHV awardees implemented 12 evidence-based models, and three awardees implemented and evaluated promising approaches. Currently, only one home visiting model meets U.S. Department of Health and Human Services criteria for evidence of effectiveness in tribal communities, and most Tribal MIECHV grant recipients implement home visiting programs for American Indian and Alaska Native populations using models that are considered promising approaches for serving American Indian and Alaska Native populations.

In December 2022, the Consolidated Appropriations Act, 2023 (P. L. 117-328) extended the authorization and mandatory funding for the MIECHV Program from FY 2023 through FY 2027. The reauthorization of the MIECHV Program doubled federal appropriations for evidence-based home visiting by FY 2027, including through a new matching grant authority. It also increased the funding set aside for grants to tribal entities from 3 percent of appropriations in FY 2022 to 6 percent from FYs 2023 through 2027, and it included a new reservation of appropriations for

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<sup>1</sup> U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). Home visiting evidence of effectiveness: What is home visiting evidence of effectiveness? <https://homvee.acf.hhs.gov>

workforce support, retention, and case management. The reauthorization introduced several new program components, including an annual report to Congress, the creation of a new web-based outcomes dashboard, establishment of new parameters on the use of virtual home visiting, requirements for reduction of administrative burden, and an emphasis on providing targeted, intensive home visiting services.

This report includes information and program data for FY 2023, the first year of performance following the most recent reauthorization of the MIECHV Program in December 2022.

In FY 2023, MIECHV grants were awarded to all 50 states, the District of Columbia, and 5 U.S. territories to deliver coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families. In FY 2023, awardees provided 919,456 home visits to 139,695 adults and children in over 1,000 counties, of which 60 percent were rural.

In addition, the Tribal MIECHV Program awarded grants to funded 41 tribal entities to plan and deliver home visiting services. A total of 1,768 adults and 1,664 children received home visiting services through the Tribal MIECHV Program in FY 2023.

MIECHV Program awardees maintained steady progress toward meeting the program goals through FY 2023. Their progress is measured by 19 performance indicators in six statutorily defined benchmark areas:

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

In the most recent assessment conducted in FY 2023, all 56 MIECHV awardees successfully met the requirements for demonstration of improvement. Furthermore, MIECHV awardees had the following key achievements in FY 2023:

- Eighty-two percent of children enrolled in MIECHV had a family member who read, told stories, or sang with them on a daily basis, which increases a child's vocabulary and literacy skills. This is an increase from a 3-year rolling average of 79 percent (FY 2020 to FY 2022).
- Seventy-seven percent of children enrolled in MIECHV ages 9 to 30 months were screened for developmental delays. Regular developmental screenings help identify delays and enable families to access early interventions to improve children's developmental trajectories. This is a 4 percent increase from a 3-year rolling average of 73 percent (FY 2020 to FY 2022).
- Seventy-one percent of children enrolled in MIECHV received their most recent well-child visit as described in the Bright Futures Periodicity Schedule developed by the American Academy of Pediatrics, which establishes Recommendations for Preventive Pediatric Health Care. This figure is an increase from a 3-year rolling average of 68 percent (FY 2020 to FY 2022).

- Seventy-four percent of mothers enrolled in MIECHV had a postpartum visit within 8 weeks of delivery, which enables new mothers to get information on what to expect and to raise their questions and concerns about physical, social, and emotional changes. This performance represents a 6 percent increase from a 3-year rolling average of 68 percent (FY 2020 to FY 2022).

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## Acronym List

ACF	Administration for Children and Families
AI/AN	American Indian and Alaska Native
CQI	Continuous Quality Improvement
DOI	Demonstration of Improvement
FORHP	Federal Office of Rural Health Policy
FPL	Federal Poverty Level
FY	Fiscal Year
HHS	Health and Human Services
HRSA	Health Resources and Services Administration
HV CoIIN	Home Visiting Collaborative Improvement and Innovation Network
IPV	Intimate Partner Violence
LIA	Local Implementing Agency
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
PATH	Programmatic Assistance for Tribal Home Visiting
TA	Technical Assistance
TARC	Technical Assistance Resource Center
TEI	Tribal Evaluation Institute

# I. Legislative Requirement

Section 511(j) of the Social Security Act, as amended by the Consolidated Appropriations Act, 2023 (Public Law (P.L.) 117-328) (42 U.S.C. 711(j)), requires the following report to Congress:

*“(j) ANNUAL REPORT TO CONGRESS. – By December 31, 2023, and annually thereafter, the Secretary shall submit to the Congress a written report on the grants made under this section for the then preceding fiscal year, which shall include –*

- (1) an eligible entity-by-eligible entity summary of the outcomes measured by the entity with respect to each benchmark described in subsection (e)(5) that apply to the entity;*
- (2) information regarding any technical assistance funded under subparagraph (B) and (C) of subsection (k)(2), including the type of any such assistance provided;[<sup>2</sup>]*
- (3) information on the demographic makeup of families served by each such entity to the extent possible while respecting participant confidentiality, including race, educational attainment at enrollment, household income, and other demographic markers as determined by the Secretary;*
- (4) the information described in subsection (d)(1)(E);[<sup>3</sup>]*
- (5) the estimated share of the eligible population served using grants made under this section;*
- (6) a description of each service delivery model funded under this section by the eligible entities in each State; and the share (if any) of the grants expended on each model;*
- (7) a description of non-Federal expenditures by eligible entities to qualify for matching funds under subsection (c)(4);[<sup>4</sup>]*
- (8) information on the uses of funds reserved under subsection (k)(2)(C);[<sup>5</sup>]*
- (9) information relating to those eligible entities for which funding is reserved under subsection (k)(2)(A), with modifications as necessary to reflect tribal data sovereignty, data privacy, and participant confidentiality;[<sup>6</sup>]*
- (10) a list of data elements collected from eligible entities, and the purpose of each data element in measuring performance or enforcing requirements under this section.”*

This report includes information and program data on each of these requirements and related program activities and initiatives for Fiscal Year (FY) 2023, the first year since reauthorization of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program on December 29, 2022. The report discusses how these activities and initiatives align with the mission of the MIECHV Program statutory authority.

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<sup>2</sup> The referenced subsection describes reservations of appropriations. The subparagraphs describe appropriations reserved for technical assistance, including workforce-related technical assistance.

<sup>3</sup> The referenced subsection addresses demonstration of improvement. It describes the requirements for programs to continuously demonstrate achievement of benchmarks and outlines the procedures for programs that fail to demonstrate improvement.

<sup>4</sup> The referenced subsection addresses grant amounts. It describes the requirements for determining matching grant amounts, including the amount of obligations from non-federal funds.

<sup>5</sup> The referenced subsection describes appropriations reserved for workforce support, retention, and case management.

<sup>6</sup> The referenced subsection describes appropriations reserved for grants to tribal organizations.

## II. Introduction

### Overview of MIECHV

Since 2010, the Health Resources and Services Administration's (HRSA) MIECHV Program has enabled states, jurisdictions, and tribes to provide families with the tools they need to thrive. The MIECHV Program supports voluntary, evidence-based home visiting services for expectant and new parents with children up to kindergarten entry age who live in communities that are at risk for adverse maternal and child health outcomes. Families choose to participate in home visiting programs and partner with home visiting professionals – such as trained social workers, nurses, early childhood educators, and other health and social service providers – to set and achieve goals that improve their health and well-being. The MIECHV Program builds on decades of research showing that home visits 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.<sup>7</sup> Home visiting can also be cost-effective in the long term, through reduced spending on government programs and increased individual earnings of both caregiver and child participants.<sup>8</sup> The MIECHV Program supports the health and well-being of families through the work of home visitors to develop strong relationships with families, provide regular home visits, assess family needs, and deliver tailored services.

In December 2022, the authorization and mandatory appropriations for the MIECHV Program were extended for FY 2023 through FY 2027. The reauthorization of the MIECHV Program doubled federal appropriations for evidence-based home visiting by FY 2027, including through a new matching grant authority, and included a new reservation of appropriations for workforce support, retention, and case management. The reauthorization also introduced several new program requirements, including an annual report to Congress, the creation of a new web-based outcomes dashboard, establishment of new parameters on the use of virtual home visiting, requirements for reduction in administrative burden, and an emphasis on providing targeted, intensive home visiting services.

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<sup>7</sup> See footnote 1.

<sup>8</sup> 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>



## State and Jurisdiction Program Overview

The goals of the MIECHV Program are to:

- Identify and provide comprehensive home visiting services to improve outcomes for eligible families living in at-risk communities<sup>9</sup>;
- Improve coordination of services within at-risk communities; and
- Strengthen and improve programs and activities that address preventive and primary care services for pregnant people, infants, and children under Title V of the Social Security Act.

The MIECHV Program, administered by HRSA’s Maternal and Child Health Bureau, provides funds to states, jurisdictions, and nonprofit organizations (hereafter referred to as “awardees”). Through a needs assessment, MIECHV awardees identify and prioritize communities that are at risk for certain adverse family outcomes and include populations they intend to serve. The MIECHV statute identifies the following populations that MIECHV awardees should prioritize for home visiting services:<sup>10</sup>

- Low-income people;
- Pregnant women under the age of 21;
- People with a history of child abuse or neglect or who have had interactions with child welfare services;
- People with a history of substance use disorder or who need substance use disorder treatment;
- People who use tobacco products in the home;
- People who are or have children with low student achievement;
- People with children who have developmental delays or disabilities; and
- People who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

MIECHV awardees have the flexibility to select home visiting service delivery models that best meet specific state and local needs. By law, awardees must spend the majority of their funding to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that will undergo rigorous evaluation.

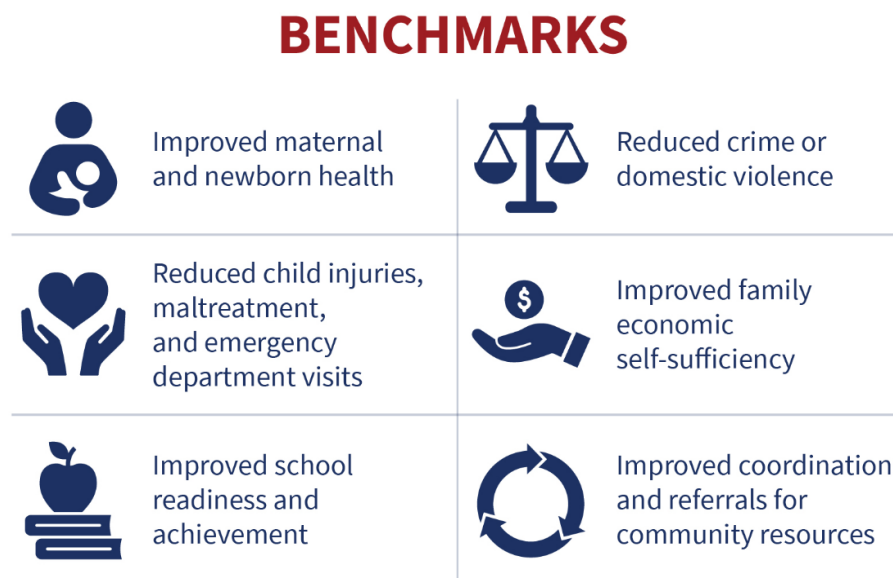
Awardees deliver high-quality home visiting services to improve target outcomes in six statutory benchmark areas (see Figure 1).

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<sup>9</sup> A) communities with concentrations of— (i) premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; (ii) poverty; (iii) crime; (iv) domestic violence; (v) high rates of high-school drop-outs; (vi) substance abuse; (vii) unemployment; or (viii) child maltreatment.

<sup>10</sup> Social Security Act, section 511(d)(5) (42 U.S.C. 711(d)(5)), as redesignated amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

**Figure 1: MIECHV Program Benchmarks**



The FY 2023 performance measure data demonstrate the continued impact of home visiting programs in several areas. For example, home visiting programs have led to improvements in:

- Family behavior that contributes to children’s early language and literacy skills;
- Uptake of well-child and postpartum care; and
- Screening for postpartum depression and receipt of recommended services for those who need them.

(See [Section V, MIECHV Program Outcomes](#), for more details.)

### **FY 2023 Program Funding**

The MIECHV Program is authorized under section 511 of the Social Security Act, as amended by Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328). The Consolidated Appropriations Act, 2023 also extended mandatory funding for the MIECHV Program for FY 2023 through FY 2027. For FY 2023, the MIECHV Program was appropriated for \$500 million and funded all 50 states, the District of Columbia, and 5 U.S. territories.

The MIECHV Program appropriation for FY 2023 through FY 2027 is shown in Table 1.<sup>11</sup>

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<sup>11</sup> Appropriations for the MIECHV Program are classified as non-exempt non-defense mandatory funds and subject to sequestration under the Budget Control Act of 2011, which applied caps on federal government spending that went into effect on March 1, 2013.

**Table 1: Appropriations, FY 2023 – 2027\***

	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
<b>Total Appropriations (\$ in millions)</b>	500	550	600	650	800
Base Grants	500	500	500	500	500
Matching Grants	0	50	100	150	300

Note:

\* Figures do not account for sequestration.

Of the funding appropriated for the MIECHV Program each FY from 2023 through 2027, 6 percent is set aside for grants to tribal organizations. This increased the total amount of funds made available for the Tribal MIECHV grants from \$12 million in FY 2022 to \$30 million in FY 2023. This major expansion of the Tribal MIECHV Program will bring evidence-based home visiting services to more tribal communities (see [Section VI: Tribal MIECHV Program](#)). In addition, of funding made available by Congress:

- Two percent is set aside for workforce support, retention, and case management. Through a portion of this funding, HRSA established the Institute for Home Visiting Workforce Development and the Jackie Walorski Center for Evidence-Based Case Management in FY 2023 (see [Section VIII. Workforce Development and Support](#)).
- Two percent is set aside for technical assistance (TA) to assist awardees in developing and maintaining effective, efficient programs that incorporate continuous quality improvement (CQI) (see [Section VII. Technical Assistance](#)).
- Three percent is set aside for research and evaluation and federal administration directly or through grants or contracts. This funding sustains the MIECHV Program’s research, evaluation, CQI, and performance measurement initiatives and supports effective management of appropriated funding.

### III. Home Visiting Models

The MIECHV authorizing statute requires eligible entities to spend the majority of grant funding to implement home visiting service delivery models found to be effective according to the U.S. Department of Health and Human Services (HHS) criteria of effectiveness for evidence-based models. Eligible entities can use no more than 25 percent of grant funds to conduct and evaluate programs that use promising approaches (i.e., models that are not yet deemed to be evidence-based) which may also help build the evidence base toward meeting HHS’s evidence-of-effectiveness standards. The Home Visiting Evidence of Effectiveness project conducts a thorough and transparent review of home visiting models to identify those that qualify as evidence-based. HRSA may make additional determinations about which models meeting HHS criteria for evidence of effectiveness align with MIECHV statutory and program requirements. In FY 2023, 23 evidence-based home visiting models identified by the Home Visiting Evidence of Effectiveness reviews were eligible for implementation with MIECHV funds.<sup>12</sup>

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<sup>12</sup> For more details, see <https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees>.

MIECHV awardees can implement 1 or more approved models, provided that the selected model(s): (1) meets the needs of the identified communities or specific target populations identified by the statute; (2) provides the best opportunity to achieve meaningful outcomes in benchmark areas and measures; and (3) is implemented effectively with fidelity based on available resources and support from the national model developer. The selected model(s) should also be well matched to the needs of the awardee’s early childhood system.

## Home Visiting Models in Use

In FY 2023, MIECHV awardees implemented 12 evidence-based models, and three awardees implemented and evaluated three promising approaches (see Table 2). Fourteen awardees implemented one model only, and 42 awardees implemented two or more models. Detailed descriptions and evidence of effectiveness for each of the models can be found on the Home Visiting Evidence of Effectiveness website.<sup>13</sup>

**Table 2: Home Visiting Models in Use by MIECHV Awardees**

<b>Evidence-Based Home Visiting Model</b>	<b>Number of Awardees Implementing in FY 2023</b>
Healthy Families America	39
Nurse-Family Partnership	37
Parents as Teachers	37
Early Head Start Home-Based Option	9
Home Instruction for Parents of Preschool Youngsters	5
SafeCare Augmented	5
Maternal Early Childhood Sustained Home-Visiting Program	3
Child First	2
Family Spirit	2
Family Check-Up for Children	1
Health Access Nurturing Development Services Program	1
Promoting First Relationships	1
<b>Promising Approach Implemented in FY 2023</b>	<b>Awardee</b>
Following Baby Back Home	Arkansas
Health Start	Arizona
Team for Infants Exposed to Substance Abuse	Kansas

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<sup>13</sup> See footnote 1.

## Fund Expenditure by Model

Statute requires awardees to submit expenditure data by each model they implement. Table 3 shows the share of the FY 2021 awards, covering September 30, 2021, to September 29, 2023, that awardees used to implement each model in their state or jurisdiction. The three models where the most funds were expended were Parents as Teachers (33 percent), Nurse-Family Partnership (29 percent), and Healthy Families America (28 percent).

**Table 3: Share of FY 2021 Funds Expended on Each Model**

Model	Share of FY 2021 Funds Expended
Parents as Teachers	33%
Nurse-Family Partnership	29%
Healthy Families America	28%
Early Head Start Home-Based Option	3%
Home Instruction for Parents of Preschool Youngsters	2%
Health Access Nurturing Development Services Program	2%
SafeCare Augmented	1%
Family Check-Up	1%
Maternal Early Childhood Sustained Home-Visiting Program	<1%
Child First	<1%
Team for Infants Exposed to Substance Abuse*	<1%
Health Start*	<1%
Family Spirit	<1%
Following Baby Back Home*	<1%
Promoting First Relationships	<1%
<b>Total</b>	<b>100%</b>
<i>Note:</i> Percentages represent share of FY 2021 awards expended for model being implemented.	
*Indicates promising approach models	

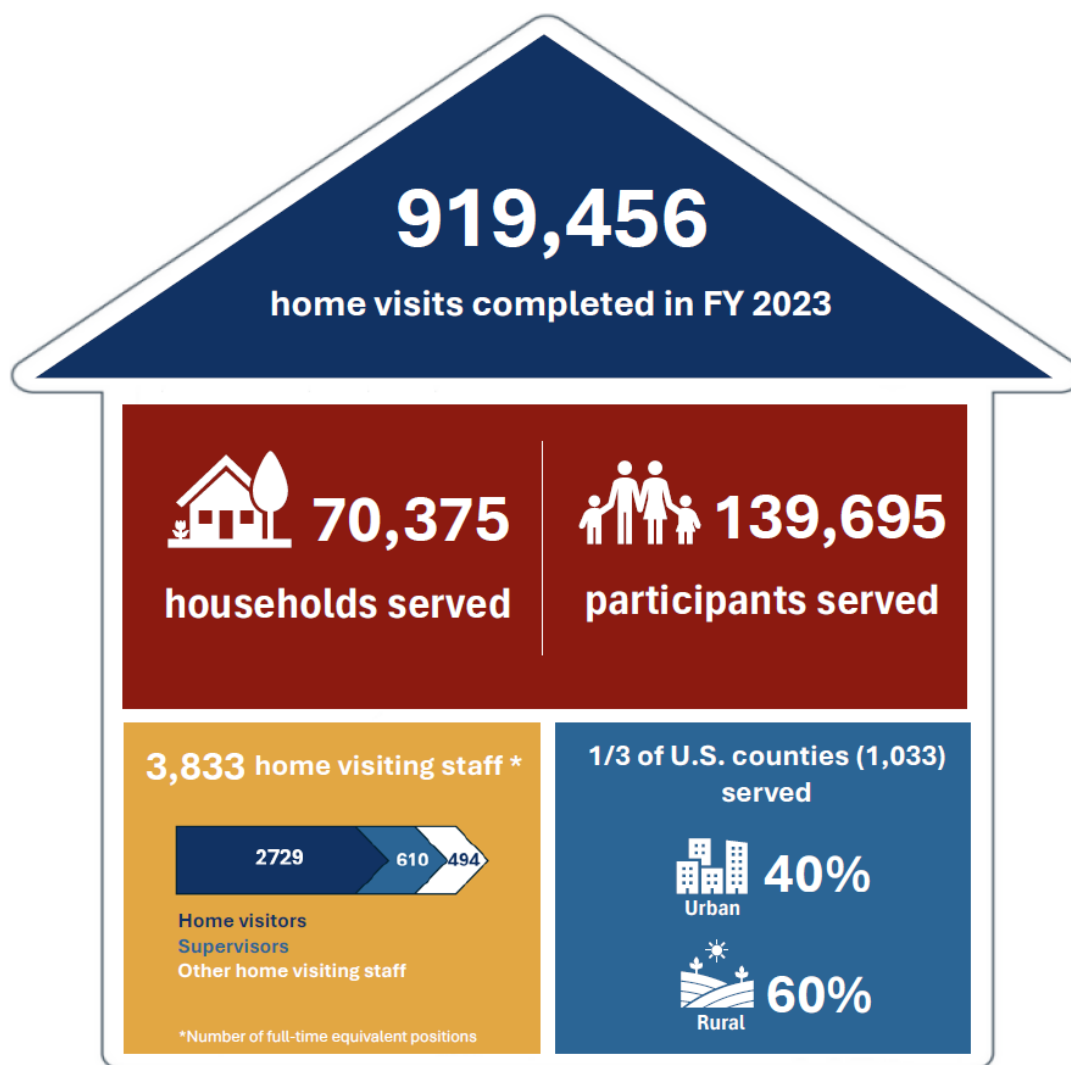
## IV. MIECHV Program Reach and Demographics

### MIECHV Program Reach

In FY 2023, the 56 MIECHV awardees provided 919,456 home visits to 139,695 adults and children in 70,375 families (see Figure 2). The program served 1,033 counties – a 25 percent increase in the number of counties served since 2015. These counties represent the communities that state and jurisdiction awardees have identified through their statewide needs assessments based on risk of adverse maternal and child health outcomes. Of the counties supported by the MIECHV Program, 60 percent were rural, and 40 percent were urban. The MIECHV Program

supported home visiting services in 43 percent of all urban counties and 27 percent of all rural counties in the United States.<sup>14</sup>

**Figure 2: MIECHV Program Reach in FY 2023**



The MIECHV Program served 70,375 families in FY 2023, which represents an estimated 20 percent of the more than 350,000 families who are likely eligible and in need of MIECHV services.<sup>15</sup>

<sup>14</sup> Rural and urban county designations follow the HRSA Federal Office of Rural Health Policy (FORHP) definitions. Please note that some urban counties may include rural sub-county areas according to FORHP definitions. For more information on FORHP definitions on rural populations, please visit FORHP's website at <https://www.hrsa.gov/rural-health/about-us>.

<sup>15</sup> Internal analysis using 2023 U.S. Census Bureau Current Population Survey Public Use Sample data. This estimate is based on a representative sample of the population and may change year to year.

## Demographics of Participating Families

The following section presents a national snapshot of the characteristics of program participants that the MIECHV Program served in FY 2023 (see Figure 3 for additional details). Appendix A provides additional demographic information by awardee. In FY 2023, 71,967 adults and 67,728 children received home visiting services. About 40 percent of participants were newly enrolled in the MIECHV Program in FY 2023, while the rest were continuing from the prior year.

Of adult participants, 30 percent were pregnant at enrollment, 67 percent were nonpregnant female caregivers, and 3 percent were male caregivers. Most adult participants (62 percent) were under 30 years old, and most children (80 percent) were under age 3.

Ninety-two percent of households enrolled in MIECHV had incomes at or less than 200 percent of the Federal Poverty Level (FPL) and 67 percent of households had incomes at or less than 100 percent of FPL. In addition, 3 percent of the adult participants experienced homelessness and another 3 percent lived in public housing. More than half of adult participants (61 percent) had a high school diploma or less.

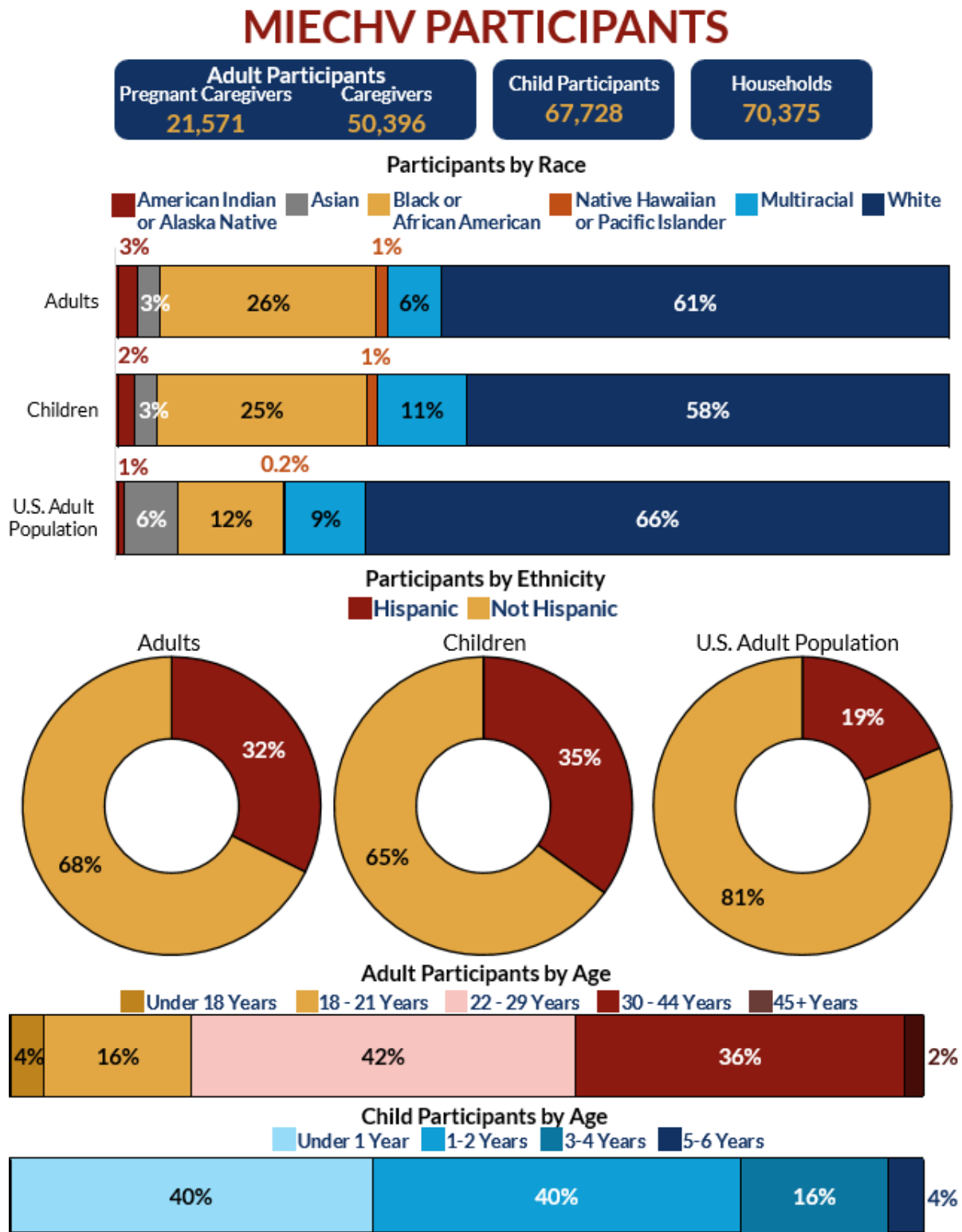
Most adult and child participants identified as white (61 percent of adults and 58 percent of children, compared with 66 percent of the general population<sup>16</sup>). Black or African American adults and children each made up about 25 percent of participants (compared with 12 percent of the general population). Approximately 33 percent of adult and child participants identified as Hispanic or Latino (compared with 19 percent of the general population).

About 24 percent of child participants resided in a household where English is not the primary language. A total of 19 percent of households spoke Spanish as the primary language. Other primary languages include Arabic, French, Haitian Creole, Chinese, and Burmese. Most adults and children (75 percent and 86 percent, respectively) were insured through Medicaid or the Children's Health Insurance Program. Figure 3 summarizes various demographic factors of MIECHV participants.

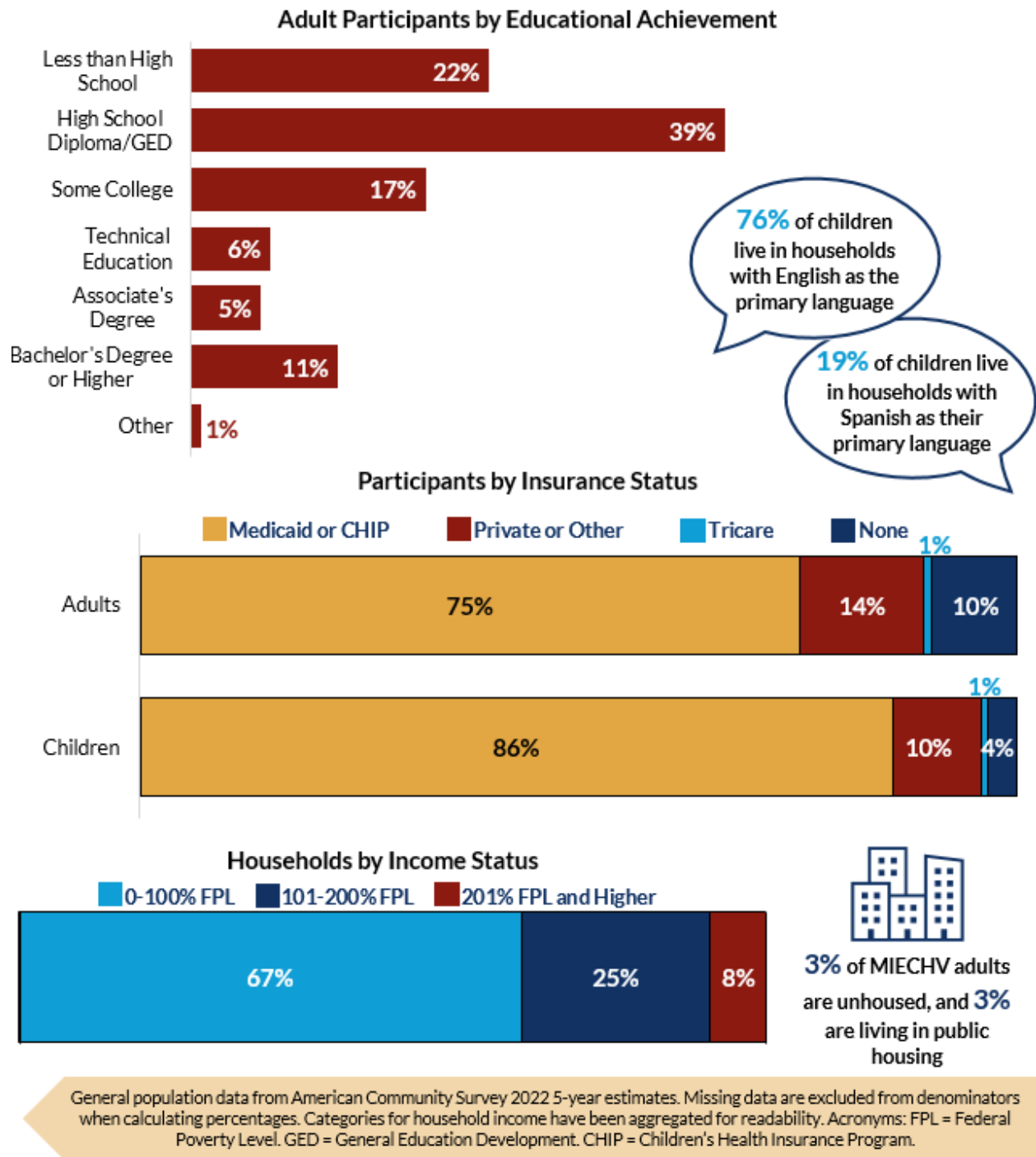
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<sup>16</sup> General population data retrieved from the U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates race and ethnicity population estimates.

Figure 3: National Summary of Families Served by MIECHV, FY 2023

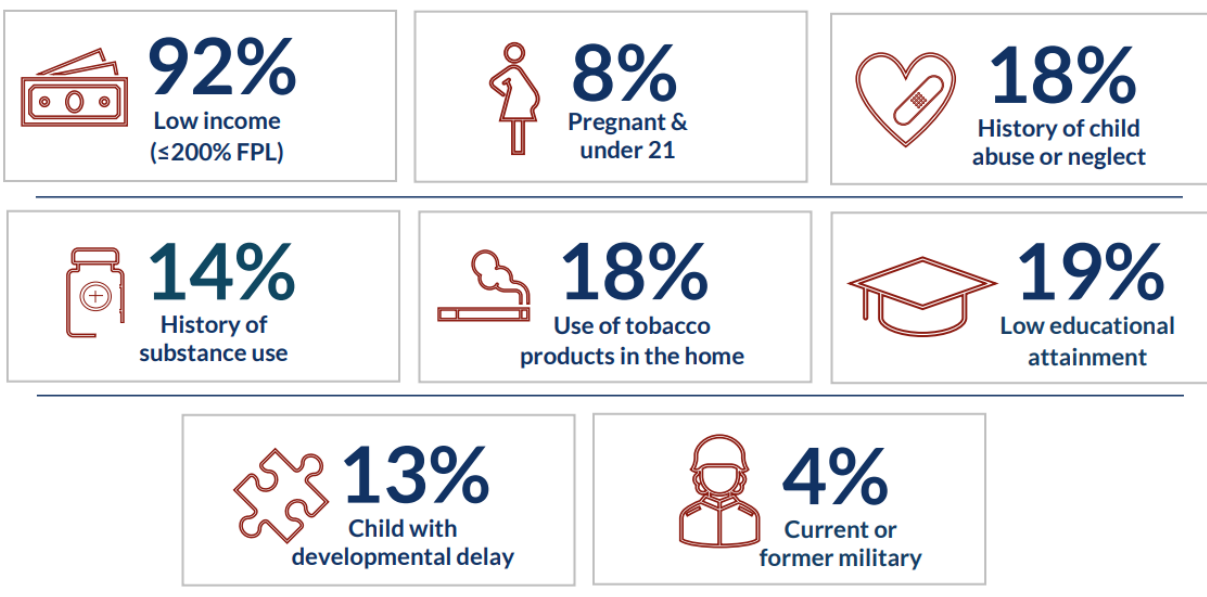






The MIECHV Program has consistently identified and served priority populations that are at risk for adverse family and child outcomes. For example, in FY 2023, of all MIECHV households, 92 percent had incomes at or below 200 percent of the FPL, 67 percent of households had incomes at or below 100 percent of the FPL, and 18 percent reported a history of child abuse and maltreatment. Figure 4 shows the proportion of MIECHV participants by each statutorily defined priority population.

**Figure 4: Priority Populations Among MIECHV Households, FY 2023**



## V. MIECHV Program Outcomes

### MIECHV Performance Outcomes

MIECHV awardees collect and report on performance data to track their program’s performance, identify areas for improvement, and ensure that services result in measurable improvement for families and communities. In 2016, HRSA underwent a year-long process that included input from state awardees, federal partners, home visiting model developers, and other interested parties to revise the performance reporting requirements.

The MIECHV performance measurement system used in FY 2023 includes 19 required and 2 optional measures across the 6 benchmark areas. The measures are categorized into 2 types: *performance indicators* which demonstrate the effects of home visiting alone (e.g., rate of screening for developmental delays) and *systems outcomes* which track effects that are less sensitive to change from home visiting alone due to factors that are outside of home visiting’s control, such as the environment in which the program operates (e.g., rate of health insurance continuity). For additional details on each performance measure, refer to this summary on HRSA’s website.<sup>17</sup>

Figure 5 summarizes the MIECHV national outcomes of the 19 performance measures for FY 2023. The data showed improvement across the performance measures overall. MIECHV had the following key achievements in FY 2023:

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<sup>17</sup> HRSA Maternal & Child Health. (n.d.). Maternal, Infant, and Early Childhood Home Visiting Program. <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/performance-indicators-sys-outcomes-summary.pdf>

- Eighty-two percent of children enrolled in MIECHV had a family member who read, told stories, or sang with them on a daily basis, which increases a child’s vocabulary and literacy skills. This is an increase from a 3-year rolling average of 79 percent (FY 2020 to FY 2022).
- Seventy-seven percent of children enrolled in MIECHV ages 9 to 30 months were screened for developmental delays. Regular developmental screenings help identify delays and enable families to access early interventions to improve children’s developmental trajectories. This is a 4 percent increase from a 3-year rolling average of 73 percent (FY 2020 to FY 2022).
- Seventy-one percent of children enrolled in MIECHV received their most recent well-child visit as described in the Bright Futures Periodicity Schedule developed by the American Academy of Pediatrics, which establishes Recommendations for Preventive Pediatric Health Care. This figure is an increase from a 3-year rolling average of 68 percent (FY 2020 to FY 2022).
- Seventy-four percent of mothers enrolled in MIECHV had a postpartum visit within 8 weeks of delivery, which enables new mothers to get information on what to expect and to raise their questions and concerns about physical, social, and emotional changes.<sup>18</sup> This performance represents a 6 percent increase from a 3-year rolling average of 68 percent (FY 2020 to FY 2022).

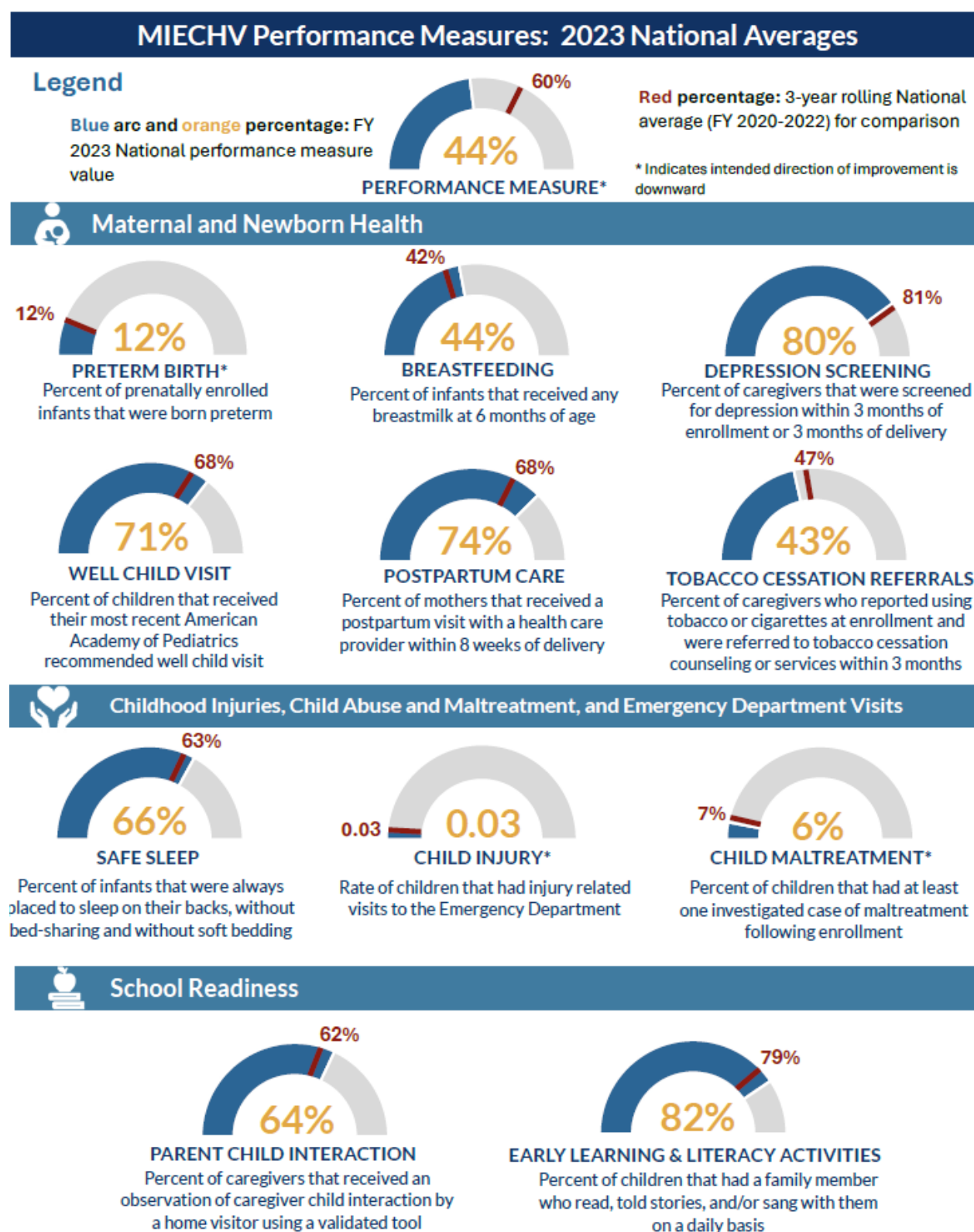
In their FY 2023 performance reports, awardees described successes resulting from CQI efforts, collaborations with community partners, and improvements in data collection, monitoring, and reporting. Specifically, awardees reported success with CQI efforts to improve recruitment and retention of families, as well as efforts to reduce missing data through modifying data collection time points and conducting frequent data reviews with local implementing agency (LIA) staff. Awardees also reported challenges around model-specific data issues, staff turnover, and identifying or adapting screening tools and measures that are relevant to diverse populations. The performance measures for each awardee are available on HRSA’s website through state fact sheets.<sup>19</sup>

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<sup>18</sup> See footnote 2.

<sup>19</sup> HRSA Maternal & Child Health. (n.d.). Home Visiting Program: State Fact Sheets. <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/state-fact-sheets>

Figure 5: MIECHV Performance Measures, FY 2023



## MIECHV Performance Measures: 2023 National Averages

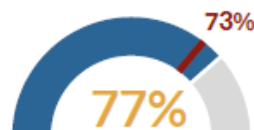


### School Readiness



#### BEHAVIORAL CONCERN INQUIRIES

Percent of postnatal home visits during which caregivers were asked if they had any concerns about their child's development, behavior, or learning

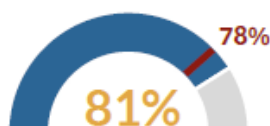


#### DEVELOPMENTAL SCREENING

Percent of children that received a screening for developmental delays with a validated, parent-completed tool



### Crime or Domestic Violence

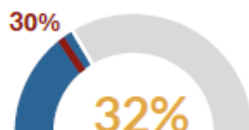


#### INTIMATE PARTNER VIOLENCE (IPV) SCREENING

Percent of caregivers who were screened for IPV with a validated tool within 6 months of enrollment



### Family Economic Self-Sufficiency



#### PRIMARY CAREGIVER EDUCATION

Percent of caregivers who enrolled in home visiting without a high school degree or equivalent that subsequently enrolled in or maintained continuous enrollment in middle school or high school or completed high school or equivalent

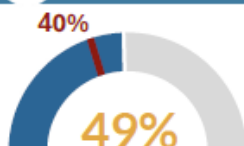


#### CONTINUITY OF INSURANCE COVERAGE

Percent of caregivers that had continuous health insurance coverage for the most recent 6 consecutive months

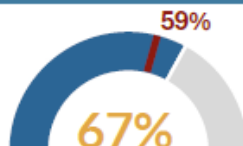


### Coordination & Referrals



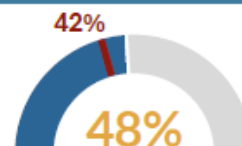
#### COMPLETED DEPRESSION REFERRALS

Percent of caregivers with positive screens for depression that received recommended services



#### COMPLETED DEVELOPMENTAL REFERRALS

Percent of children with positive screens for developmental delays who received services in a timely manner



#### INTIMATE PARTNER VIOLENCE (IPV) REFERRALS

Percent of caregivers that had a positive IPV screen and received referral information for IPV services

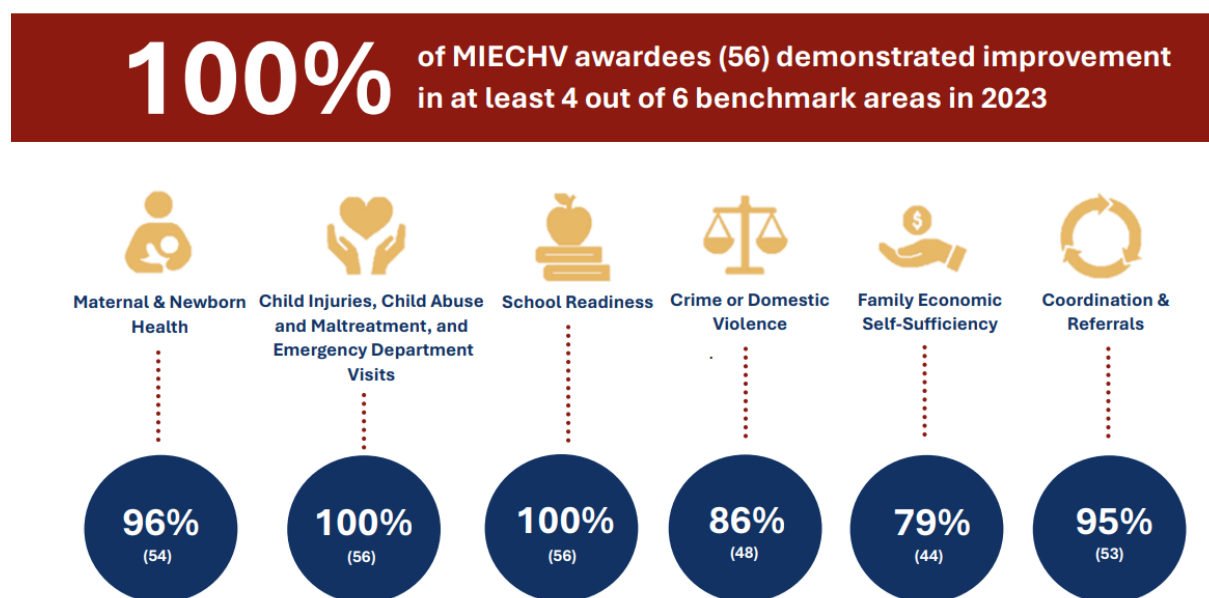
## Demonstration of Improvement

Every 3 years, MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least 4 of the 6 benchmark areas, using annual

performance data on the 19 performance measures.<sup>20</sup> Awardees that do not show improvement in at least 4 of the benchmark areas (as compared with the outcomes of eligible families who do not receive services from an early childhood home visitation program) must develop and implement a plan to improve outcomes with TA provided by HRSA. If a recipient continues to not demonstrate improvement after the full implementation of an Outcome Improvement Plan and subsequent reassessment, or does not submit a required performance report, HRSA must terminate the grant award.

In the most recent assessment conducted in FY 2023, all 56 MIECHV awardees successfully met the requirements for demonstration of improvement (DOI; see Figure 6). This is similar to the previous assessment in FY 2020. Within the 6 benchmark areas, the area with the fewest awardees meeting DOI criteria was the family economic self-sufficiency benchmark (79 percent). This benchmark is comprised of 2 *systems outcomes* performance measures (continuity of insurance coverage and change in caregiver education) that rely on systems conditions that home visiting has less control over compared to other performance measures. Appendix A provides FY 2023 DOI results for each awardee. HRSA will conduct the next assessment following FY 2026 and every 3 years thereafter.

**Figure 6: FY 2023 Demonstration of Improvement Results, Overall and by Benchmark Area**



<sup>20</sup> Improvement in a benchmark area is defined as meeting the measure-level improvement criteria in at least one-third of the measures under a specified benchmark area (rounded to the closest whole number), with a minimum of improvement in at least 1 measure for each benchmark area. Improvement for a measure is defined as meeting 1 or both of the following criteria: (1) any change in the intended direction for that measure as compared to baseline and (2) meeting or exceeding the established threshold for a measure, while simultaneously not decreasing performance from baseline by more than 10 percent.



## Required Data Elements

MIECHV awardees are required to collect data and report on their program's performance through annual and quarterly performance reporting. Appendix B lists specific data elements required and their purpose. In addition to tracking performance at national and awardee levels and enforcing requirements, HRSA also uses the collected information for the following purposes:

- Direct TA resources to enhance home visiting service delivery and improve performance;
- Target specific topic areas for CQI priorities to improve performance or measurement;
- Communicate with interested parties about the outcomes of the MIECHV Program;
- Identify areas that would benefit from additional research and evidence; and
- Identify and address strengths and opportunities in state early childhood systems.

MIECHV awardees frequently use the data to monitor performance of their local programs and to target program-wide or local CQI and evaluation efforts. Awardees also rely on the data to inform programmatic decisions and communicate their performance and impact to interested parties.

Awardees have additional grants and fiscal reporting requirements that are not specific to the MIECHV Program but are required for grants oversight and management, such as federal financial reports and annual funding applications. As a key approach to meeting awardee administrative burden requirements in the statute, HRSA has actively engaged awardees, home visiting model developers, and other partners to identify opportunities to reduce administrative burden for performance reporting.<sup>21</sup> (See [Section X: Administrative Burden Reduction](#) for more information.)

## VI. Tribal MIECHV Program

### Tribal MIECHV Program Overview

The Tribal MIECHV Program provides grants to Indian Tribes, consortia of tribes, tribal organizations, and urban Indian organizations to develop, implement, and evaluate home visiting programs in American Indian and Alaska Native (AI/AN) communities. The Office of Early Childhood Development within the Administration for Children and Families (ACF) administers the Tribal MIECHV Program.

The Tribal MIECHV Program works toward the following goals:

- Supporting the development of happy, healthy, and successful AI/AN children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs;
- Implementing high-quality, culturally relevant, evidence-based home visiting programs in AI/AN communities;

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<sup>21</sup> See footnote 11.

- Expanding the evidence base around home visiting interventions with AI/AN populations; and
- Supporting and strengthening cooperation and coordination and promoting linkages among various early childhood programs, resulting in coordinated, comprehensive early childhood systems.

In accordance with the MIECHV statute, Tribal MIECHV grants are consistent with funding provided to states and jurisdictions “to the extent practicable.” Tribal MIECHV grant recipients must conduct needs assessments and report on benchmarks. Entities that receive Tribal MIECHV funds to operate home visiting programs must develop and implement a high-quality home visiting program that is based on evidence and built to reflect the needs, strengths, and resources of the tribal community that it serves.

In FY 2023, the Tribal MIECHV Program reserved 6 percent of appropriations to support grants to Indian tribes, tribal organizations, or urban Indian organizations. The program funded 5-year cooperative agreement grants under 2 types of funding opportunities in FY 2023. The Tribal MIECHV Development and Implementation Grant program funds tribal entities that have never implemented a home visiting program. The Tribal MIECHV Implementation and Expansion Grant program funds tribal entities that are currently implementing home visiting and wish to continue to serve or expand services. In FY 2023, the Tribal MIECHV Program received \$30 million and funded 41 tribal entities (16 Development and Implementation Grant recipients and 25 Implementation and Expansion Grant recipients).<sup>22</sup>

Tribal MIECHV grant recipients have the flexibility to adopt home visiting models that are either evidence-based or considered a promising approach. Model selection is designed to be a collaborative and community-driven process based on the needs and readiness assessment findings. Currently, Family Spirit, which is a culturally tailored home visiting program that uses community-based home educators in Indigenous communities, is the only home visiting model that is considered evidence-based for this purpose. Most Tribal MIECHV grant recipients implement home visiting models that have yet to demonstrate evidence of effectiveness in serving AI/AN populations and thus are considered promising approaches. Table 4 outlines the models that Tribal MIECHV grant recipients used in FY 2023.

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<sup>22</sup> Throughout this report, the provided data is for the 22 Tribal MIECHV Implementation and Expansion grant recipients that were implementing services in FY 2023. The 3 new grant recipients began implementation of services in FY 2024.



**Table 4: Tribal MIECHV Models and Promising Approaches**

<b>Model/Promising Approach</b>	<b>Number of Grant Recipients Implementing in FY 2023*</b>
Parents as Teachers	15
Family Spirit	4
Nurse-Family Partnership	3
Parent-Child Assistance Program	1

Note:

\*One Tribal MIECHV grant recipient implemented 2 models in FY 2023.

## **Tribal MIECHV Reach and Demographics of Participating Families**

In recognition of tribal data sovereignty, participant confidentiality, and grant recipient privacy, ACF engaged the Tribal MIECHV grant recipients regarding how to present grant recipient and participant data in this report. Based on the feedback, this section provides statistics in aggregate, such as averages and percentages. While informative, these figures may mask the broad variability of the Tribal MIECHV grant recipients and their communities.

In FY 2023, a total of 1,768 adults and 1,664 children received home visiting services through the Tribal MIECHV Program. Tribal MIECHV grant recipients serve remote reservations; urban areas representing families from varied tribes and villages; and other rural, urban, and suburban areas.

### **Demographic Characteristics**

In FY 2023, more than a third of adults and children were newly enrolled in the Tribal MIECHV Program, while the rest were continuing participants. All demographic characteristics are presented for newly enrolled participants only, which includes 650 adults and 603 children. Of the adult participants, approximately 45 percent were pregnant at enrollment, 47 percent were nonpregnant female caregivers, and 8 percent were male caregivers.

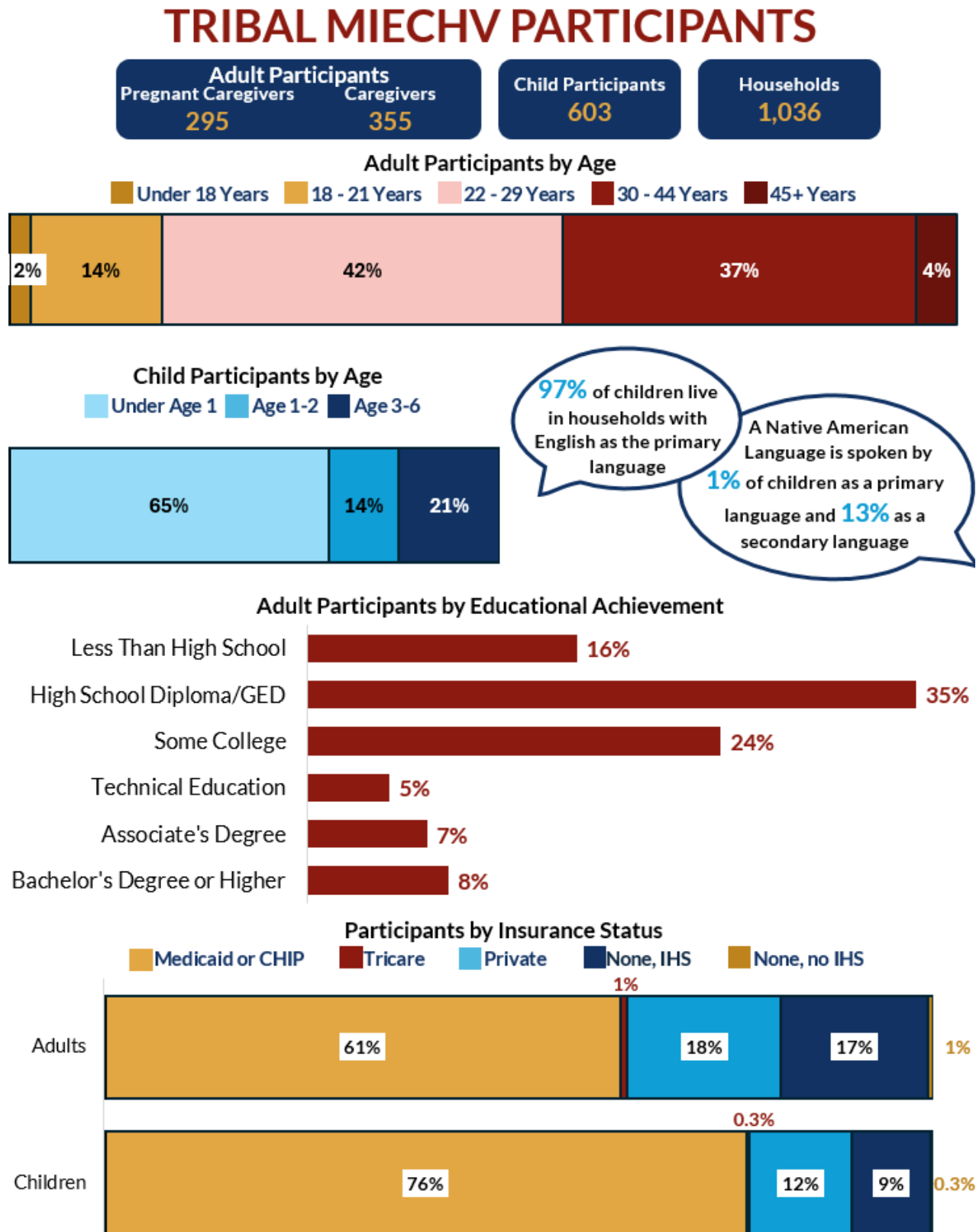
Most adult participants were over the age of 25 (67 percent), and most children were younger than 2 (79 percent). About half of adult participants (51 percent) had a high school diploma or less and 5 percent of participants experienced homelessness.

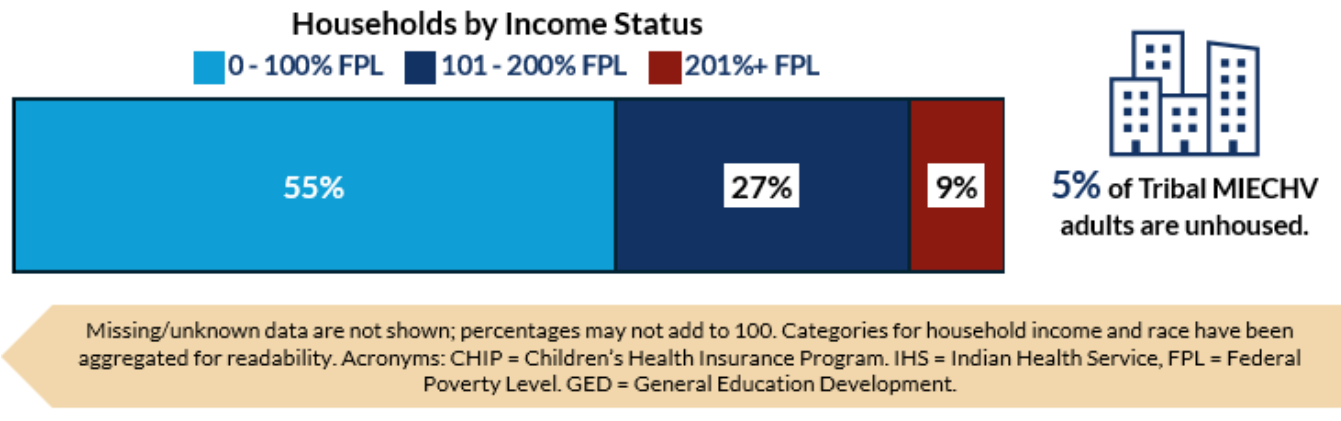
A total of 82 percent of adults and 91 percent of children identified as AI/AN, including those who identified as being more than 1 race. In all, 10 percent of adults and 15 percent of children identified as Hispanic or Latino. Most (97 percent) children spoke English as a primary home language. One percent of children spoke a Native American language as their primary language, although 13 percent of children spoke a Native American language as a secondary language.

Most participants (79 percent of adults and 89 percent of children) had health insurance. Overall, 61 percent of caregivers and 76 percent of children were covered through Medicaid or the Children's Health Insurance Program. Another 17 percent of adults and 9 percent of children were not insured but had access to care through an Indian Health Service, Contract Health

Services, or Urban Indian Health Program facility. Figure 7 provides additional demographic information about newly enrolled Tribal MIECHV Program participants.

Figure 7: Overview of Newly Enrolled Tribal MIECHV Participants, FY 2023

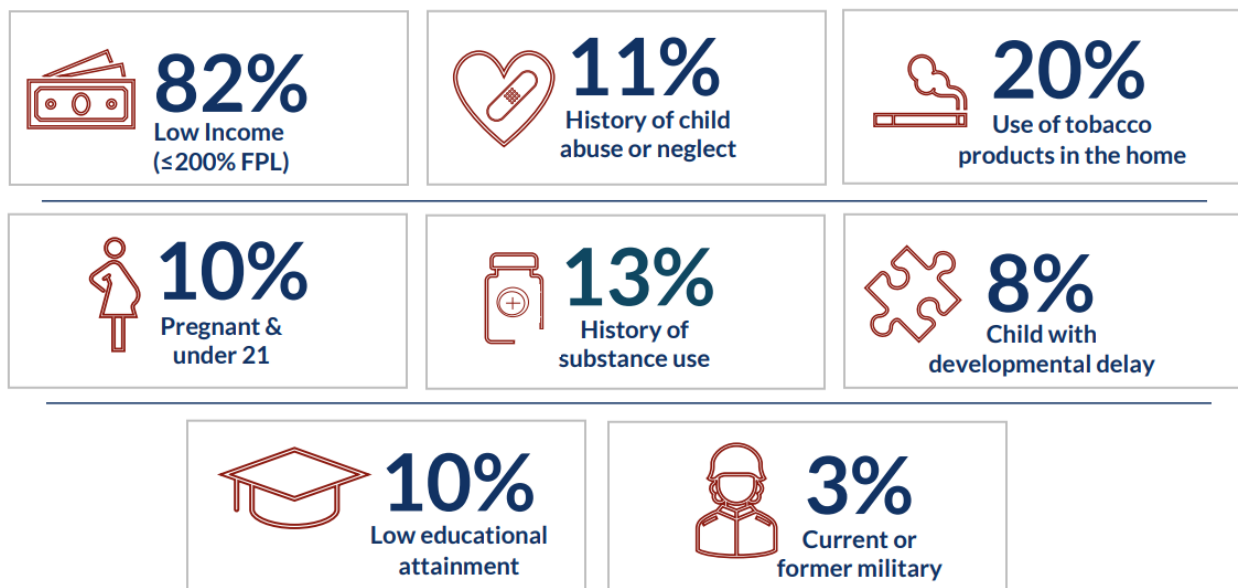




## Priority Populations

Consistent with the authorizing statute for MIECHV, the Tribal MIECHV Program prioritizes serving populations identified in statute, as described earlier in this report. Among newly enrolled Tribal MIECHV participants, 82 percent of households had incomes at or below 200 percent of the FPL, and 20 percent used tobacco products in the home. Figure 8 describes the priority populations served in FY 2023.

**Figure 8: Priority Populations Among Newly Enrolled Tribal MIECHV Households, FY 2023**



## Tribal MIECHV Performance Outcomes

Tribal MIECHV grant recipients provide annual reports of their progress on 9 “core” annual benchmark performance measures. Figure 9 shows the data for the Tribal MIECHV Implementation and Expansion grant recipients delivering services throughout FY 2023. For additional details on each performance measure and demonstration of improvement, refer to the summary on ACF’s website.<sup>23</sup>

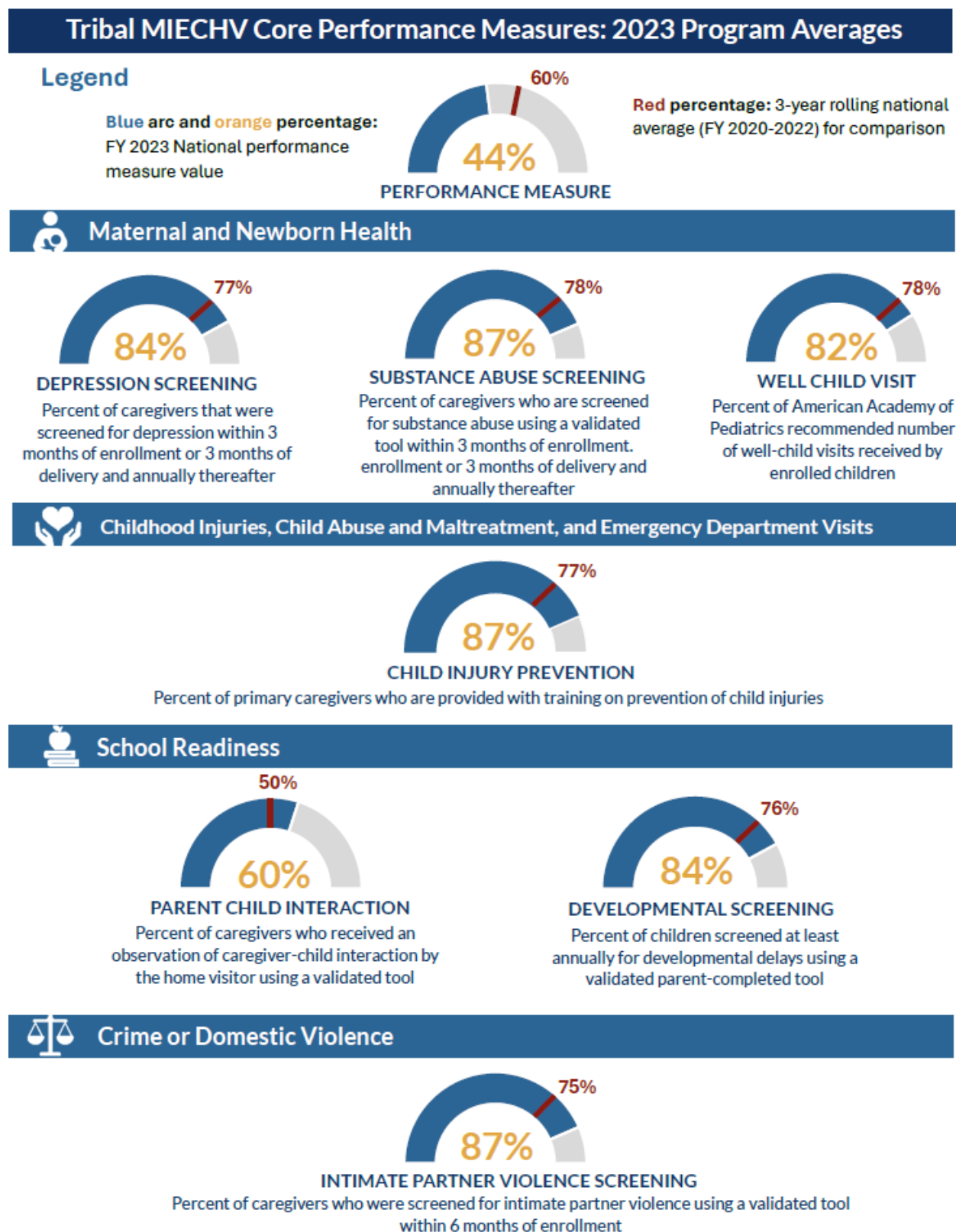
In FY 2023, Tribal MIECHV grant recipients showed improvement in most performance measures. For example:

- Eighty-four percent of caregivers were screened for depression within 3 months of enrollment or delivery, compared to the 3-year rolling average for all grant recipients of 77 percent from FY 2020 to FY 2022.
- Eighty-four percent of children were screened for developmental delay at least annually, compared to the 76 percent 3-year rolling average for all grant recipients from FY 2020 to FY 2022.

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<sup>23</sup> Administration for Children and Families. (n.d.). Tribal Maternal, Infant, and Early Childhood Home Visiting Program Data Reports: Performance Measurement Data Report.  
[https://www.acf.hhs.gov/sites/default/files/documents/ecd/THV%20PMR%20Form%202023\\_FINAL%2004.10.2023.508.pdf](https://www.acf.hhs.gov/sites/default/files/documents/ecd/THV%20PMR%20Form%202023_FINAL%2004.10.2023.508.pdf).

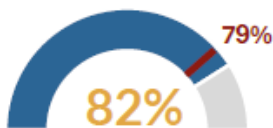
Figure 9: Tribal MIECHV Performance Measures, FY 2023



## Tribal MIECHV Core Performance Measures: 2023 Program Averages



### Family Economic Self-Sufficiency

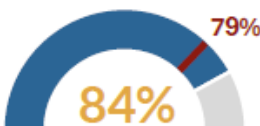


#### SCREENING FOR ECONOMIC STRAIN

Percentage of primary caregivers who are screened for unmet basic needs (poverty, food insecurity, housing insecurity, etc.) within 3 months of enrollment and at least annually thereafter



### Coordination & Referrals



#### COMPLETED DEVELOPMENTAL REFERRALS

Percentage of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive a timely referral for services and a follow up.

In addition, Tribal MIECHV grant recipients report on 3 core performance measures of implementation. On average, Tribal MIECHV grant recipients completed more than the number of home visits recommended by the model developer (102 percent), and nearly all of the recommended supervisor observations (98 percent) and individual or group reflective supervision sessions (94 percent).

Tribal MIECHV grant recipients must demonstrate improvement in at least 4 of the 6 statutorily identified benchmark areas.<sup>24</sup> In FY 2023, most grant recipients showed improvement in each benchmark, and the vast majority (95 percent) met demonstration of improvement requirements in 4 of the 6 benchmarks.

## Tribal MIECHV Program Data Elements

The Tribal MIECHV Program collects similar data elements to the state and jurisdiction MIECHV Program, including an annual performance report on data describing the demographics of Tribal MIECHV enrollees and home visiting staff, information about Tribal MIECHV services, and progress toward Tribal MIECHV benchmarks. Demographic data include age, race

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<sup>24</sup> Recipients can demonstrate improvement in 2 ways: (1) show improvements in their performance on the benchmark between a baseline (either their first year of implementation or the prior year, depending on when they began implementation of services) and FY 2022; or (2) meet or exceed a threshold value for that benchmark (the threshold is 80 percent for benchmarks that reflect something desirable and 20 percent for those reflecting behavior or experiences that Tribal MIECHV aims to decrease). For benchmarks with 2 core measures, grant recipients must demonstrate improvement in at least 1 measure. For benchmarks with 3 core measures, grant recipients must demonstrate improvement in at least 2 measures. Several of the benchmark areas have core measures and flex measures, and recipients could demonstrate improvement on either core or flex measures in that benchmark area, as long as they met the minimum number of measures outlined by ACF.

and ethnicity, gender, and education of adult and child enrollees and home visiting staff. They also include information on household economic circumstances, housing insecurity, health insurance, primary languages, presence in a priority population, and services received through the program. The performance data include measures related to screenings, referrals, home visits, well-child visits, and other services, like parent training on childhood injuries. Tribal MIECHV grant recipients also submit an annual report to the Secretary, which provides rich contextual information and details about programs and services implemented, including challenges, successes, lessons learned, and TA needs.

In addition, Tribal MIECHV grant recipients submit data on participant enrollment and caseload, the number of households currently receiving services, households that stopped receiving services, and those that completed the program; the number of households served by grant recipient-defined geographic service area; and the number of staff and staff vacancies. Finally, grant recipients submit ACF-required federal financial reports.

## **VII. Technical Assistance**

The MIECHV Program's TA supports the efforts of the MIECHV awardees and Tribal MIECHV grant recipients to improve family outcomes and strengthen the capacity of state and local early childhood systems by connecting awardees to technical expertise, sharing best practices, engaging experts, using CQI methodologies, and disseminating and translating research findings. The TA providers collaborate to bring their expertise to the provision of TA and collectively provide high-quality, timely, and useful support through a coordinated process to address awardees' needs and requests. Resources that are relevant to all awardees (i.e., universal TA) and support for individual awardees or small groups of awardees (i.e., targeted TA) are available through a diverse set of products to meet awardee needs.

### **MIECHV Technical Assistance Resource Center**

HRSA provides TA to awardees through the MIECHV Technical Assistance Resource Center (TARC). TARC provides individualized TA and develops user-friendly tools and resources that provide practical strategies to strengthen home visiting services. Its ongoing leadership academies build the proficiency of awardees in areas such as leadership development, policy and state systems, and fiscal management. Through the MIECHV Awardee Learning Library (an online platform for information sharing), TARC develops and disseminates numerous resources including a quarterly e-newsletter, webinars, podcasts, communities of practice, written resources, and QuickLearns (short informational videos). TARC also supports the alignment of evaluation designs and measurement strategies across awardees who conduct their own evaluations.

In FY 2023, all state and jurisdiction MIECHV awardees participated in targeted TA on topics such as annual performance reporting support, LIA collaboration, and CQI capacity building. Eighty-eight percent of awardees attended at least 1 of 6 TARC-facilitated webinars and 66 percent of awardees participated in at least 1 of 5 communities of practice.



## **Home Visiting Collaborative Improvement and Innovation Network**

The Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) complements TARC by bringing together MIECHV state and jurisdiction awardees and LIAs to build capacity to scale up tested interventions. HV CoIIN 3.0, in its third iteration, is operated via a 5-year cooperative agreement to enable skill-building in CQI and help disseminate effective strategies to improve outcomes for every family receiving MIECHV services. HV CoIIN 3.0 provides TA monthly and on-demand through virtual teaching, virtual peer sharing through collaborative networks, individual coaching, and a website of resources and materials. In FY 2023, the HV CoIIN 3.0 has achieved some critical improvements in capacity building around CQI methods, supporting the home visiting workforce around well-being and filling staff vacancies, and advancing health equity.

## **Programmatic Assistance for Tribal Home Visiting**

Programmatic Assistance for Tribal Home Visiting (PATH) addresses Tribal MIECHV programmatic and implementation needs through a contract. The PATH team supports Tribal MIECHV grant recipients by increasing their capacity to implement high-quality home visiting programs within tribal communities and develop integrated early childhood systems serving AI/AN families. TA activities include providing virtual and in-person individualized learning, facilitating peer sharing and group learning events, and developing tools and resources to support grant recipient efforts.

In FY 2023, PATH organized the 2023 Indigenous Home Visiting Meeting, the first meeting of its kind that brought together over 300 Tribal MIECHV grant recipient representatives and other tribal early childhood professionals working in Indigenous communities. PATH supported grant recipients through 392 individualized TA sessions, including virtual and in-person site visits, 23 thematic or peer activities, 31 video recordings, and other resources such as learning management modules, resource libraries, fact sheets, guidance documents, and newsletters. PATH also continued to publish universal resources such as grantee profiles, success stories, a digital story, and an issue brief describing efforts to support the Tribal Home Visiting workforce and innovative approaches Tribal Home Visiting grant recipients used in recent years to prioritize investments in their staff.

## **Tribal Evaluation Institute**

Since 2010, the Tribal Evaluation Institute (TEI) has provided support to Tribal MIECHV grant recipients on performance measurement, CQI, data systems, and evaluation through a contract. TEI supports grant recipients in strengthening their capacity to collect and use data through a community responsive approach that honors community strengths and tailors support to grant recipients' needs, capacities, interests, priorities, and context. TEI provides individual and universal TA and facilitates peer-to-peer learning environments. TA takes place through emails, phone calls, webinars, trainings, and presentations (virtual and in-person), written guidance, toolkits, briefs, and reports. A 2023 survey indicated that as a result of TEI's TA, grant recipients have increased their knowledge and skill in data collection and analysis, data system management, data reporting and dissemination, evaluation design, and implementing CQI

projects. Respondents overwhelmingly agreed that TEI respected community engagement and the role of tribal data sovereignty in data and evaluation activities.

## **VIII. Workforce Development and Support**

### **Institute for Home Visiting Workforce Development and Jackie Walorski Center for Evidence-Based Case Management**

Through the new 2 percent set-aside for workforce support, retention, and case management, HRSA established the Institute for Home Visiting Workforce Development in September 2023. The Institute seeks to expand, support, and retain a diverse and qualified home visiting workforce by assessing workforce trends, researching effective workforce support practices, and providing technical support to home visiting programs across the country. The Institute's goals are to improve the quality of MIECHV services, support home visitor professional development and well-being, and reduce the costs and disruption associated with frequent staff turnover. The Institute will serve as a central hub for resources and research across the home visiting field to further address critical workforce needs.

Housed within the Institute, the Jackie Walorski Center for Evidence-Based Case Management will identify, evaluate, and disseminate evidence-based case management best practices within the home visiting context to help families access needed services. Since it was established, the Institute held a national kickoff webinar, launched the official website (<https://hvworkforce.org/>), and hosted knowledge development webinars with more than 1,100 participants. The Institute has also engaged critical partners in the home visiting field including but not limited to the National Alliance of Home Visiting Model Developers, National Home Visiting Resource Center, Home Visiting Applied Research Collaborative, the National Home Visiting Network, the National Early Care & Education Workforce Center among others to support connections across systems, maximize federal investments and support broad reach.

### **Other Workforce-related TA and Research and Evaluation Activities**

Several MIECHV-funded research and evaluation projects have focused on understanding how to support the home visiting workforce, such as the following:

- The HV CoIIN 3.0 strengthened awardee activities to support home visitors. As a result, more home visiting staff reported feeling satisfied with their work/life balance, feeling able to manage the stress associated with their job, and having opportunities to engage in self-care. More than 75 percent of agencies that hired during the project were able to fill 1 or more positions in less than 90 days.
- MIECHV TARC facilitated 2 communities of practice to support workforce development and retention, one of which helped awardees improve workforce compensation.
- The Supporting and Strengthening the Home Visiting Workforce research project focuses on measuring and improving home visitor professional well-being.

## IX. Funding Amounts and Requirements

Under the most recent reauthorization, funding awarded to states and jurisdictions will now consist of 2 types of grants: base grants (beginning in FY 2023) and matching grants (beginning in FY 2024). The formulas for calculating base and matching grant award ceilings are specified in statute.<sup>25</sup> For base grants, the funding formula considers each awardee’s share of U.S. children under age 5, while also ensuring stable funding and a minimum \$1 million award.<sup>26</sup> In FY 2024, up to \$447,150,000 total (comprised of \$406,500,000 in base funds and \$40,650,000 in match funds) was available for awards to the 56 eligible entities that received FY 2023 MIECHV formula funding. The base grant amount available will remain consistent for MIECHV awardees through FY 2027, with the exception of reductions required by other applicable laws (e.g., sequestration).

For matching grants, the amount appropriated increases each year from FY 2024 to FY 2027. The MIECHV statute defines a minimum matching grant amount for each year, and remaining matching grant funding must be made available to states and jurisdictions based on the percentage of children in those states and jurisdictions whose families live in poverty.<sup>27</sup> To obtain a matching grant, states and jurisdictions are required by the MIECHV statute to contribute \$1 in non-federal funds to receive \$3 in federal grant award funding (25 percent state/jurisdiction contribution, 75 percent federal contribution). Beginning in FY 2025, any unobligated matching grant funds from previous fiscal years must be distributed to interested states and jurisdictions that can meet the additional match requirement (contributing \$1 in non-federal funds to receive \$3 in federal grant award funding). The MIECHV Program will distribute funding according to each state’s and jurisdiction’s share of children under age 5 living in families in poverty.

For FY 2024, 53 awardees received matching funds. Among them, most of the awardees used state general funds, including Tobacco Settlement Funds, as non-federal funds to qualify for the match. Several awardees used in-kind contributions. Appendix A notes which awardees received FY 2024 matching funds. The HRSA website has more information on matching funds amounts.

## X. Administrative Burden Reduction

The Consolidated Appropriations Act, 2023 (P.L. 117-328), amended section 511 of the Social Security Act, and, in pertinent part, requires a reduction in the administrative burden of the MIECHV Program. Section 511(h) of the Social Security Act (42 U.S.C. 711(h)) now includes the following new requirement:

*“(6) REDUCTION OF ADMINISTRATIVE BURDEN.—*

*“(A) IN GENERAL.—The Secretary shall reduce the burden, on States and public and private implementing agencies at the local level, of administering this section, by—*

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<sup>25</sup> See footnote 11.

<sup>26</sup> See footnote 11.

<sup>27</sup> See footnote 11.

*“(i) reviewing and revising administrative data collection instruments and forms to eliminate duplication and streamline reporting requirements for States, eligible entities referred to in subsection (k)(2)(A), and nonprofit organizations referred to in subsection (l)(1)(B), including timelines for submitting reports;*

*“(ii) conducting an analysis of the total number of hours reported by administering agencies on complying with paperwork requirements, and exploring, in consultation with administering agencies, ways to reduce the number of hours spent by at least 15 percent;*

*“(iii) conducting a review of paperwork and data collection requirements for tribal grantees, and exploring, in consultation with tribes and tribal organizations, ways to reduce administrative burden, respect sovereignty, and acknowledge the different focus points for tribal grantees;*

*“(iv) collecting input from relevant State fiscal officials to align fiscal requirements and oversight for States and eligible entities to ensure consistency with standards and guidelines for other Federal formula grant programs; and*

*“(v) consulting with administering agencies and service delivery model representatives on needed and unneeded data elements regarding the dashboards provided for in subsection (d)(1)(B), consistent with the data requirements of such subsection.*

*“(B) FINDINGS ON PAPERWORK REDUCTION.—*

*“(i) INCLUSION IN REPORT.—In the 1st report submitted pursuant to subsection (j) more than 18 months after the date of the enactment of this Act, the Secretary shall include the findings of the Secretary with respect to the matters described in subparagraph (A).*

*“(ii) IMPLEMENTATION.—Within 2 years after complying with clause (i), the Secretary shall implement the findings referred to in clause (i).”*

To achieve these goals, since the reauthorization, HRSA and ACF:

- Reviewed reporting requirements for the MIECHV and the Tribal MIECHV Programs and identified options to streamline them.
- Administered an assessment to MIECHV awardees and Tribal MIECHV grant recipients to document the amount of time it takes to complete each paperwork requirement and to gather recommendations to reduce administrative burden.
- Conducted key informant interviews with MIECHV awardees, LIA staff, and Tribal MIECHV grant recipients to collect input on ways to reduce burden and potential unintended consequences of possible changes to reduce administrative burden.
- Engaged a consortium of awardees, LIA staff, families, and research experts to help shape recommendations to reduce administrative burden.
- Held roundtable discussions with state fiscal officials with experience with other federal formula grant programs to identify ways to align MIECHV fiscal requirements and oversight with requirements for other federal formula grant programs.
- Held listening sessions and consulted with awardees and home visiting model developers on needed and unneeded MIECHV Program data elements to include in a public-facing outcomes dashboard.

For the purposes of this section, administrative burden refers to time, effort, and resources required to comply with program requirements, including collecting and submitting data, completing paperwork, and following rules for fiscal oversight. This includes the time and effort of MIECHV staff administering the grant on behalf of the state and all the LIA staff, including administrators, supervisors, and home visitors collecting data for reporting requirements.

The assessment indicated that the total burden of the MIECHV Program paperwork requirements on awardee state and LIA staff is 18,536 hours per state awardee per year. These burden hours represent, on average across all states, the effort of approximately 9 full time equivalent staff to implement the MIECHV grant awards of up to \$27,244,590 in FY 2023. These burden hours also include time required for home visitors (approximately 225 hours per home visitor annually or approximately 10% full time equivalent per home visitor) to collect and report data on performance measures and to meet DOI requirements that were previously described in [Section V, MIECHV Program Outcomes](#). Based on this assessment finding, a 15 percent reduction would mean reducing burden by 2,790 hours per awardee per year. HRSA has identified recommendations that include actions that have already been taken and those anticipated to be adopted within the next 2 years to result in an estimated reduction of 7,057 hours (38%).

When the reauthorization went into effect in December 2022, HRSA immediately took steps to reduce burden in administrative processes and engaged awardees in the process. The recommendations that emerged from this process, and estimated hours of burden reduction associated with them, are presented in Appendix C.

HRSA will continue to engage with MIECHV awardees to explore additional ways to reduce administrative burden. Specifically, HRSA will consult with awardees, home visiting model developers, and other stakeholders to critically review performance reporting requirements to identify potential opportunities for alignment and streamlining of data elements beyond what is included in Appendix C. Finally, HRSA will integrate administrative burden reduction as a continuing priority in MIECHV Program operations.

## **XI. Summary**

In FY 2023, the MIECHV Program reached all 50 states, the District of Columbia, and 5 U.S. territories and provided 919,456 home visits to 139,695 adults and children in 70,375 families. The Tribal MIECHV Program supported 41 tribal entities (16 Development and Implementation Grant recipients and 25 Implementation and Expansion Grant recipients) that served 1,768 adults and 1,664 children.

MIECHV awardees are meeting or exceeding the benchmarks established by statute to ensure that home visiting programs are providing the services communities need to enhance family well-being. In FY 2023, all 56 state and jurisdiction MIECHV awardees met the requirements for DOI, and measures indicated that awardees, by and large, are successfully maintaining or improving their programs compared with previous years. In FY 2023, most Tribal MIECHV grant recipients showed improvement in each benchmark.

MIECHV Program's TA system effectively supports MIECHV awardees and Tribal MIECHV grant recipients with high-quality, timely, and useful support through a coordinated process to address awardees' needs and requests.

Data from MIECHV awardees demonstrate that home visiting programs have led to substantial improvements in a number of areas, including:

- Family behavior that contributes to children's early language and literacy skills;
- Uptake of well-child and postpartum care; and
- Screening for postpartum depression.

The MIECHV Program continues to support the health and well-being of families through the work of home visitors to develop strong relationships with families, provide regular home visits, assess family needs, and deliver tailored services.

In Fiscal Year 2025, the MIECHV Program has additional planned activities, including those focused on:

- Supporting states and jurisdictions in expanding their programs through the use of matching grants;
- Continuing the expansion of the Tribal MIECHV program through a new Notice of Funding Opportunity;
- Strengthening the home visiting workforce through the Institute for Home Visiting Workforce Development activities; and
- Planning and implementing final recommendations to reduce paperwork related administrative burden, including providing guidance and TA to awardees.

## XII. Appendices

### Appendix A. Demographic Information by MIECHV Program Awardee

2024 MIECHV Report to Congress Awardee Profile

# Alabama

Alabama Department of Early Childhood Education

**Models Implemented**

- Nurse-Family Partnership
- Parents as Teachers

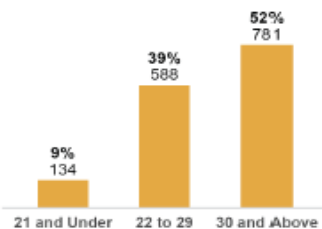
**Received Matching Funds** **Yes**

## Demographics

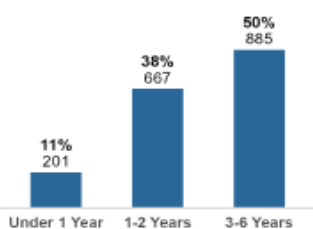
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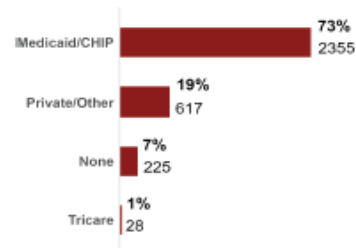
### Age of Adult Participants



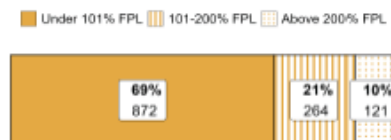
### Age of Child Participants



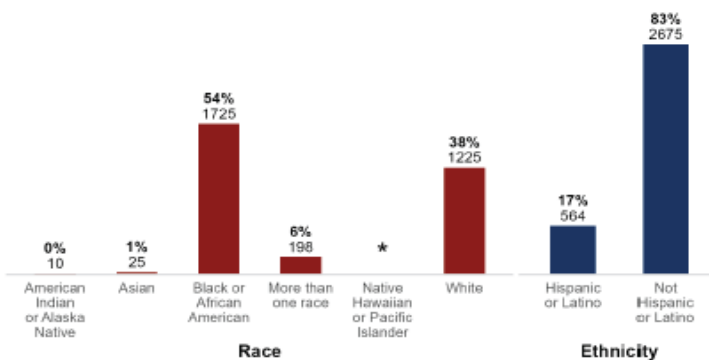
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Notes:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHVawardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Alaska

Alaska Department of Health and Social Services

### Models Implemented

- Nurse-Family Partnership

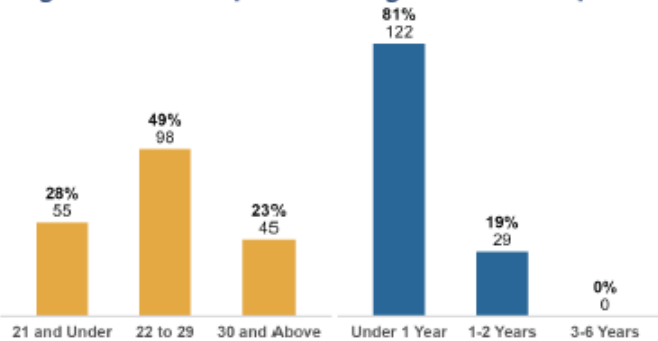
Received  
Matching  
Funds **Yes**

## Demographics

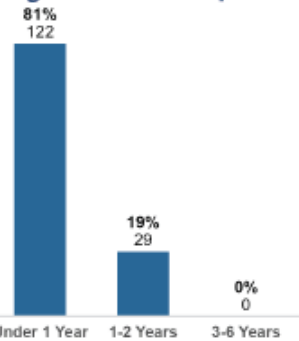
### Total Participants Served



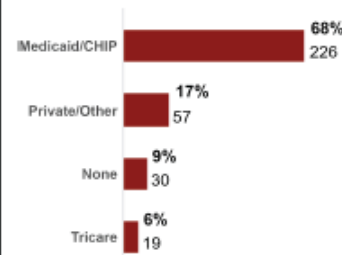
### Age of Adult Participants



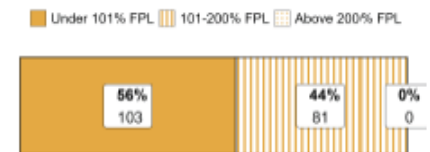
### Age of Child Participants



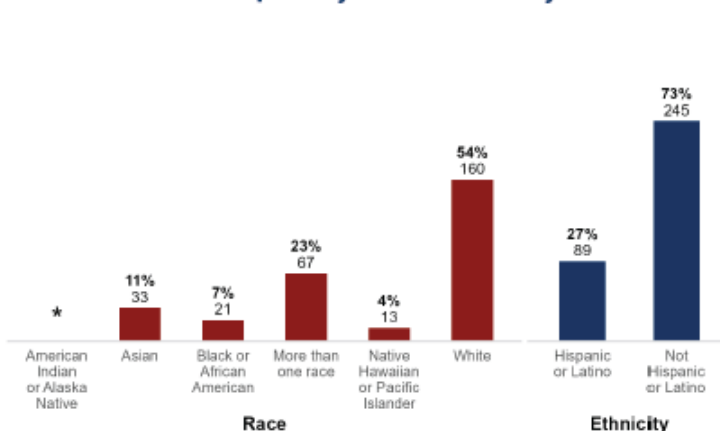
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# American Samoa

American Samoa - Department of Health

### Models Implemented

- Healthy Families America

Received  
Matching  
Funds

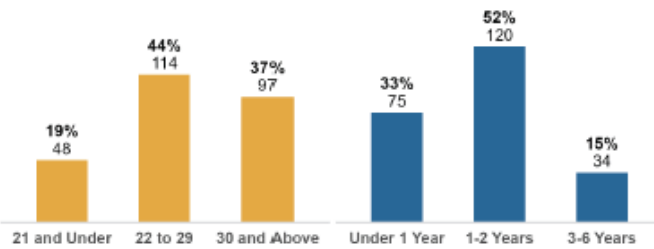
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## Demographics

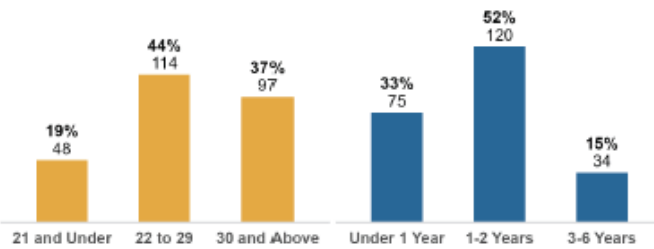
### Total Participants Served



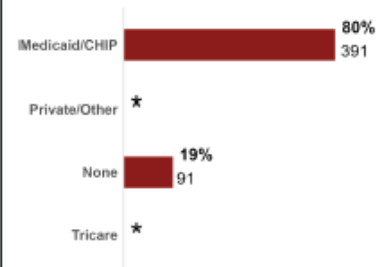
### Age of Adult Participants



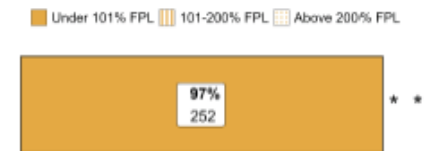
### Age of Child Participants



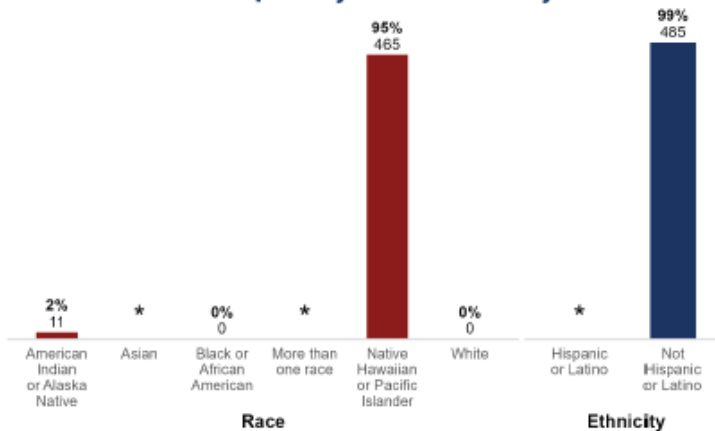
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Notes:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Arizona

Arizona Department of Health Services

### Models Implemented

- Family Spirit
- Healthy Families America
- Nurse-Family Partnership
- Other
- Parents as Teachers
- SafeCare Augmented

Received  
Matching  
Funds

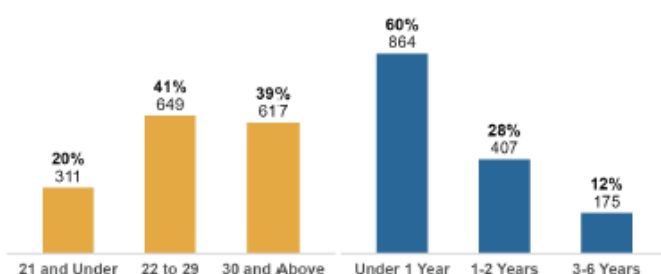
Yes

## Demographics

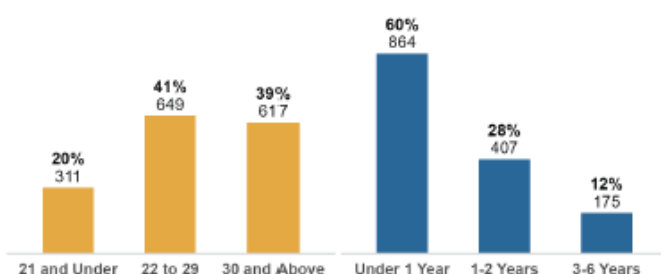
### Total Participants Served



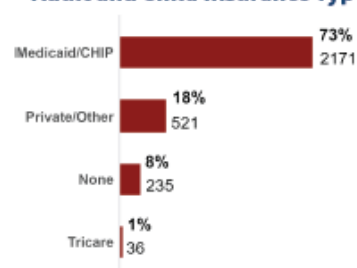
### Age of Adult Participants



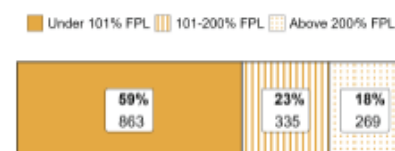
### Age of Child Participants



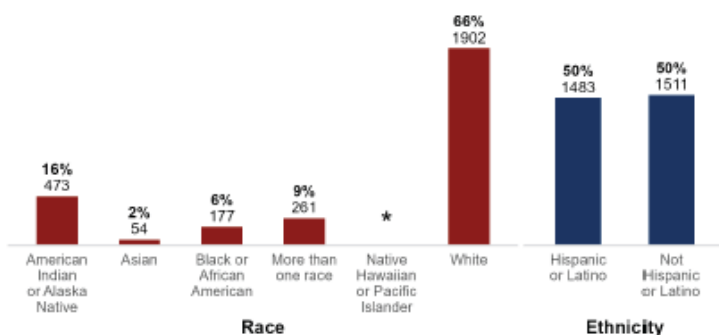
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Not Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Arkansas

Arkansas Department of Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers
- Home Instruction for Parents of Preschool Youngsters
- Other

Received  
Matching  
Funds

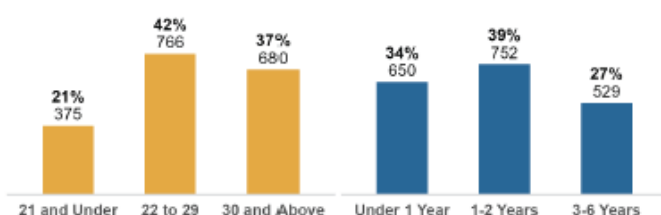
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## Demographics

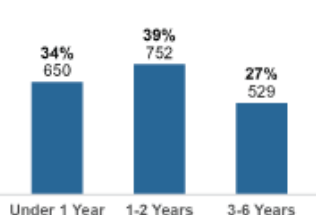
### Total Participants Served



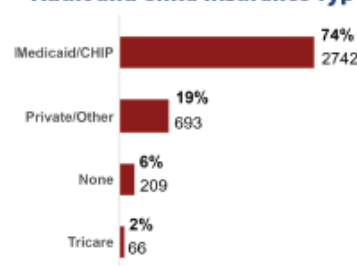
### Age of Adult Participants



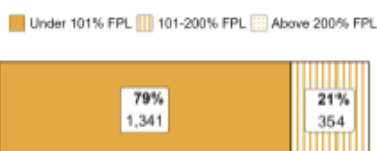
### Age of Child Participants



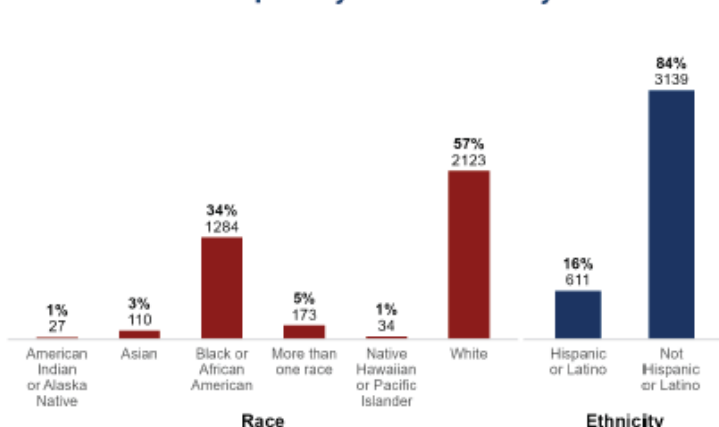
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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### Demonstration of Improvement (DOI)

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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# California

California Department of Public Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership

Received  
Matching  
Funds

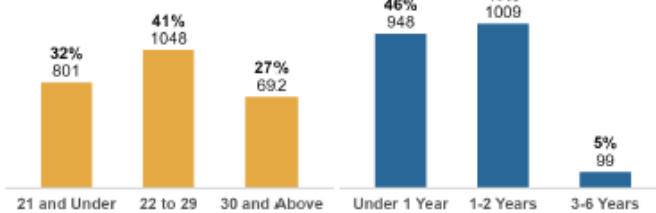
Yes

## Demographics

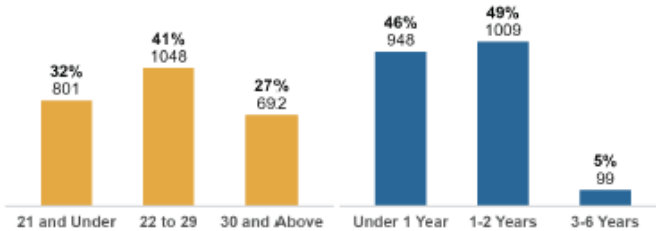
### Total Participants Served



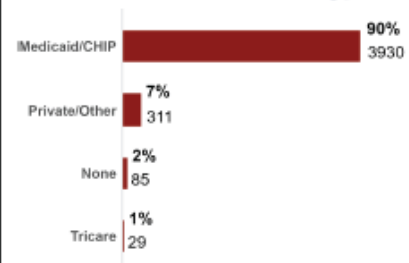
### Age of Adult Participants



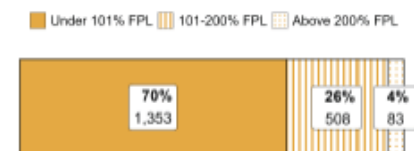
### Age of Child Participants



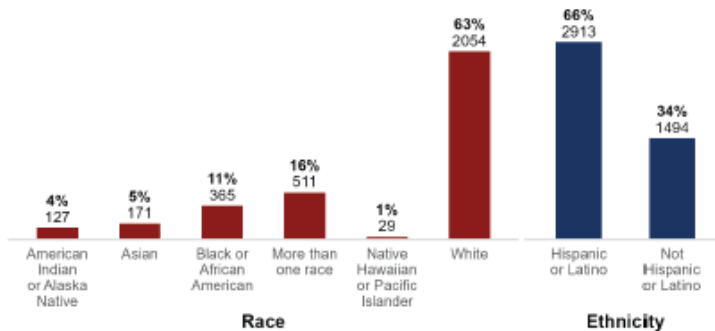
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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### Demonstration of Improvement (DOI)

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Overall DOI	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Colorado

Colorado Department of Human Services

### Models Implemented

- Home Instruction for Parents of Preschool Youngsters
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

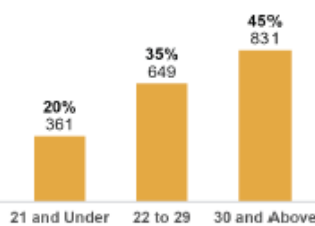
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## Demographics

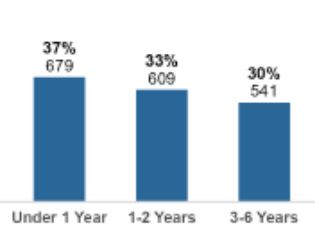
### Total Participants Served



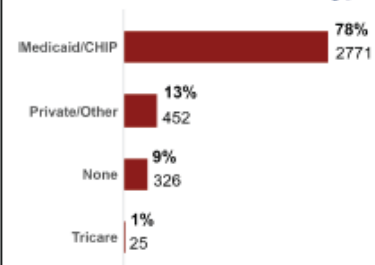
### Age of Adult Participants



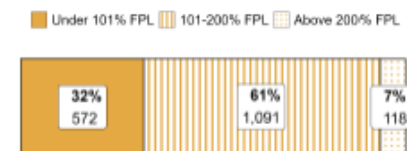
### Age of Child Participants



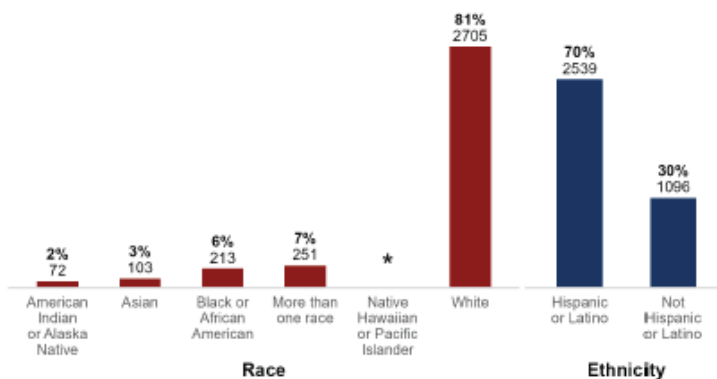
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Connecticut

Connecticut Office of Early Childhood

### Models Implemented

- Child FIRST
- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

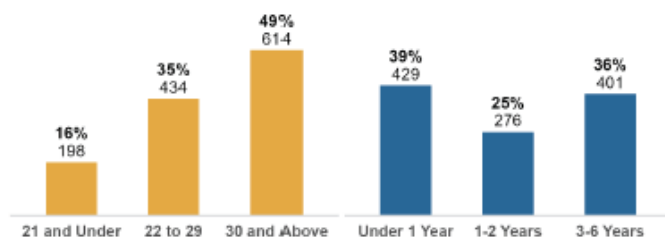
Yes

## Demographics

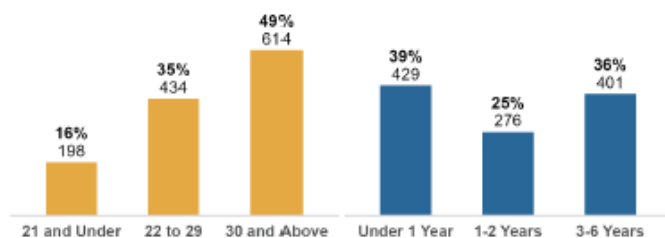
### Total Participants Served



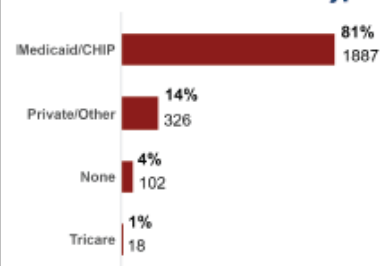
### Age of Adult Participants



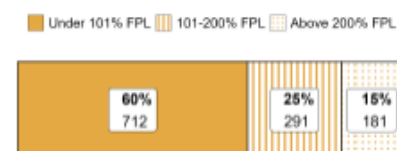
### Age of Child Participants



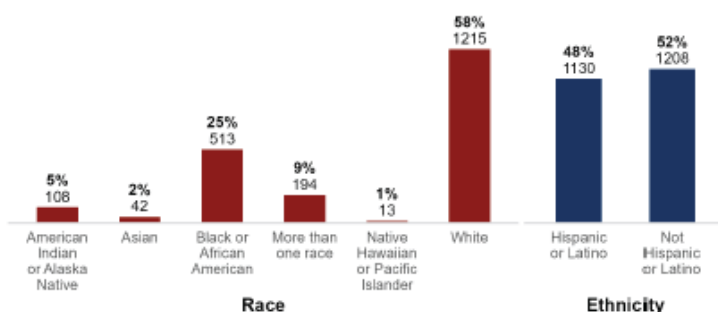
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

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Overall DOI	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Not Met

## 2024 MIECHV Report to Congress Awardee Profile

# Delaware

Executive Office of the Governor of Delaware

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

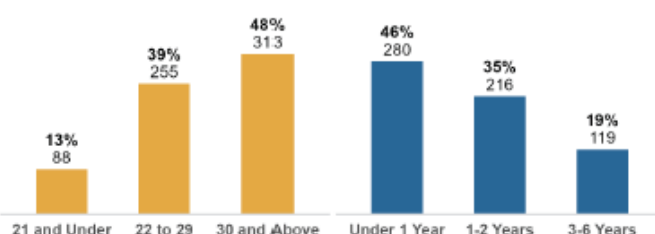
Received Matching Funds **Yes**

## Demographics

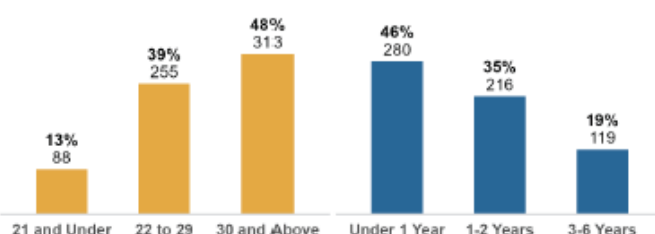
### Total Participants Served



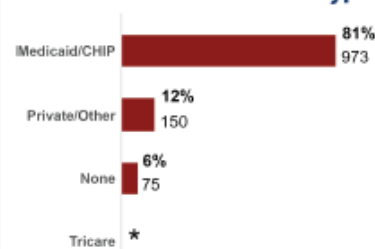
### Age of Adult Participants



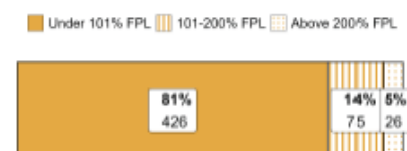
### Age of Child Participants



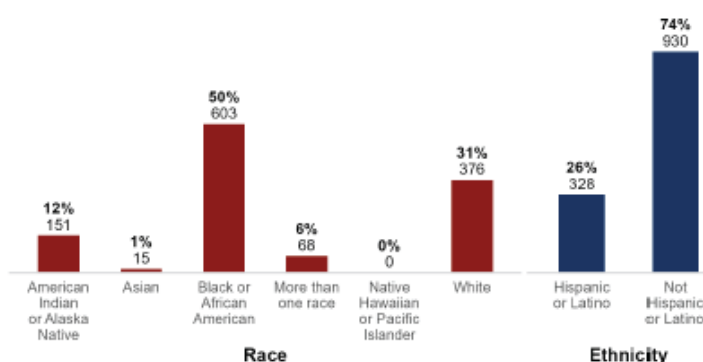
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# Florida

Florida Association of Healthy Start Coalitions, Inc.

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

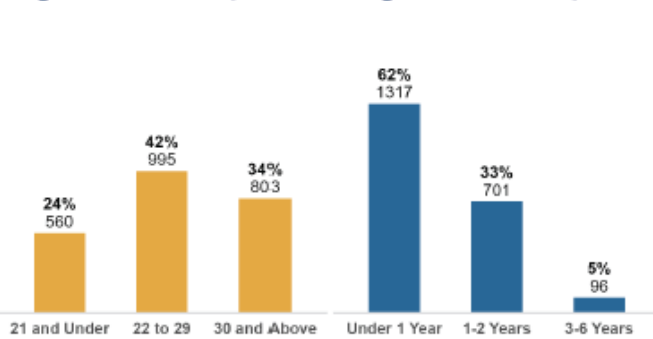
Yes

## Demographics

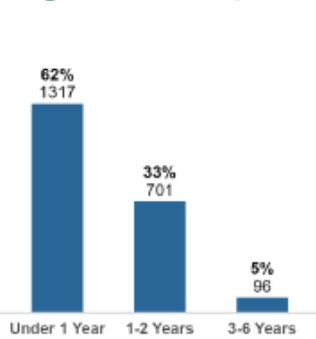
### Total Participants Served



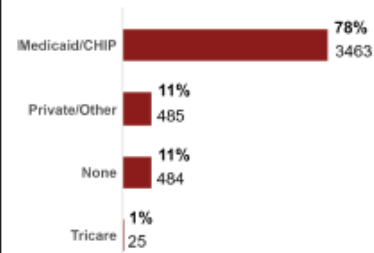
### Age of Adult Participants



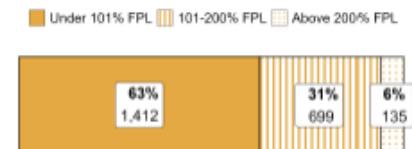
### Age of Child Participants



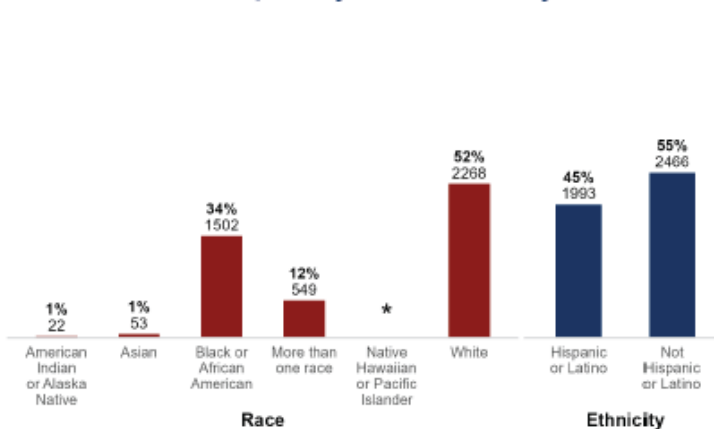
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# Georgia

Georgia Department of Public Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

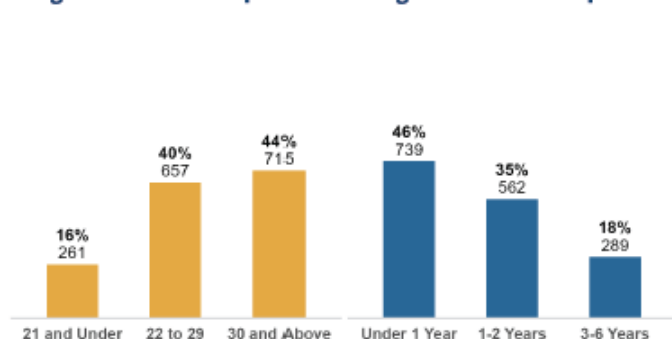
Received  
Matching  
Funds **Yes**

## Demographics

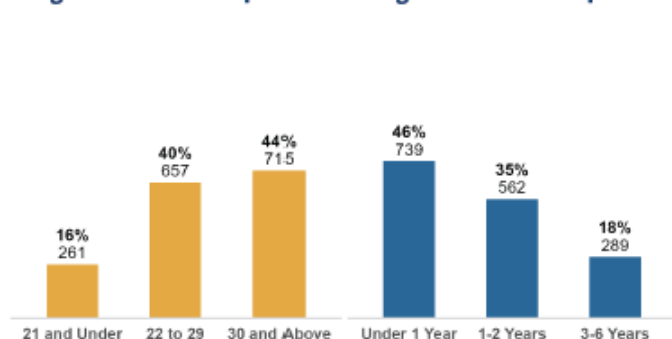
### Total Participants Served



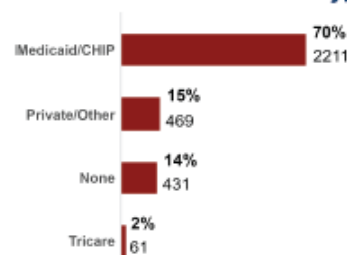
### Age of Adult Participants



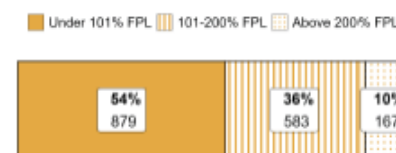
### Age of Child Participants



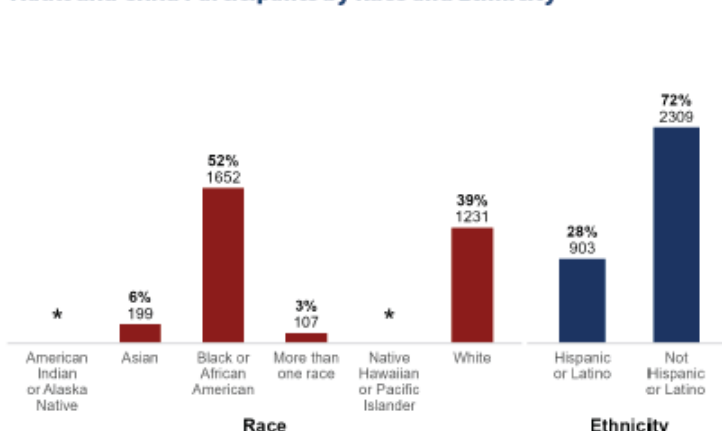
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Guam

Government of Guam - Department of Administration

### Models Implemented

- Healthy Families America
- Other

Received  
Matching  
Funds

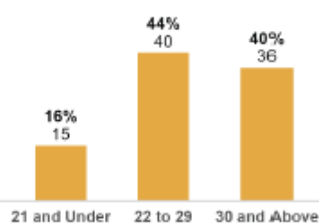
No

## Demographics

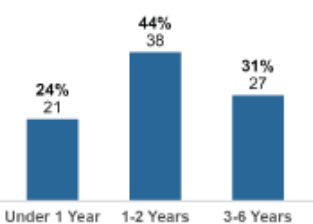
### Total Participants Served



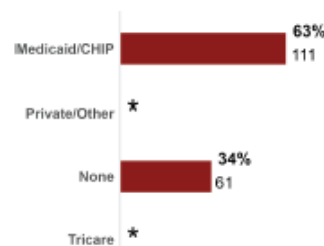
### Age of Adult Participants



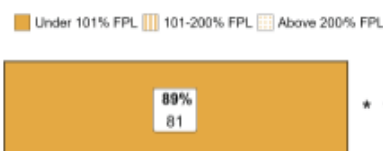
### Age of Child Participants



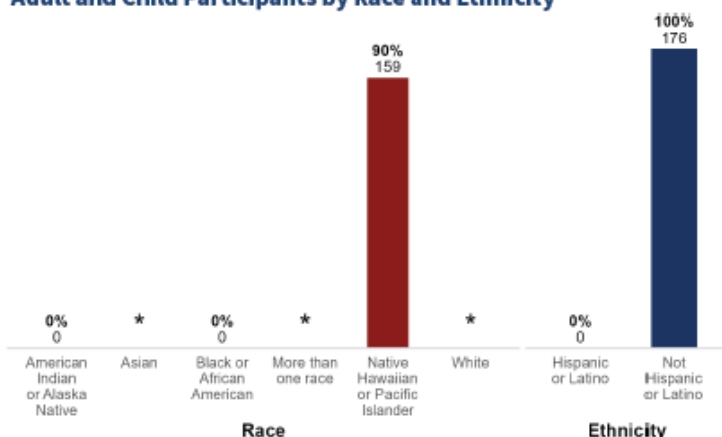
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Hawaii

State of Hawaii Department of Health

### Models Implemented

- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters
- Parents as Teachers

Received  
Matching  
Funds

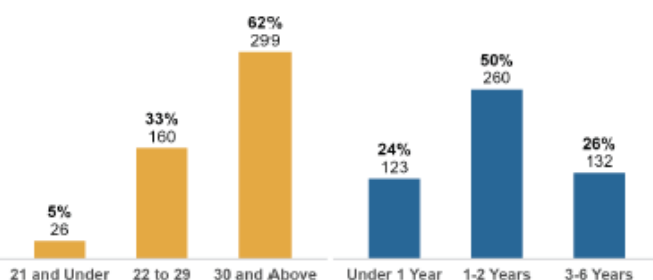
Yes

## Demographics

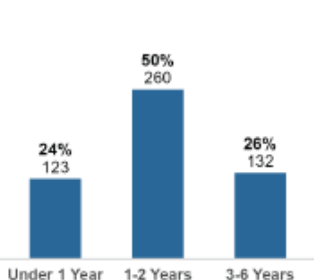
### Total Participants Served



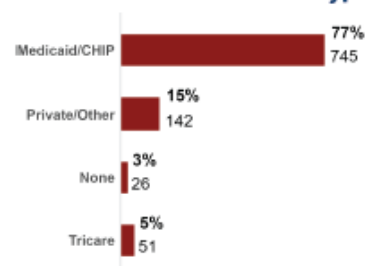
### Age of Adult Participants



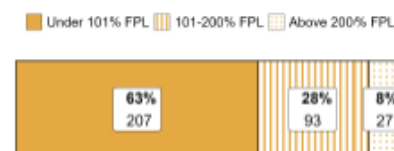
### Age of Child Participants



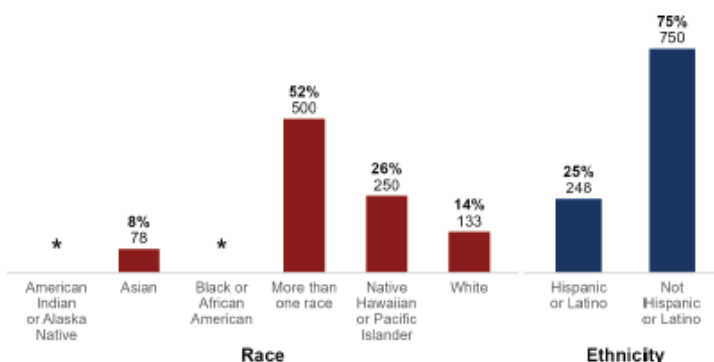
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Not Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Idaho

Idaho Department of Health and Welfare

### Models Implemented

- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

Yes

## Demographics

### Total Participants Served

423

Adult  
Caregivers

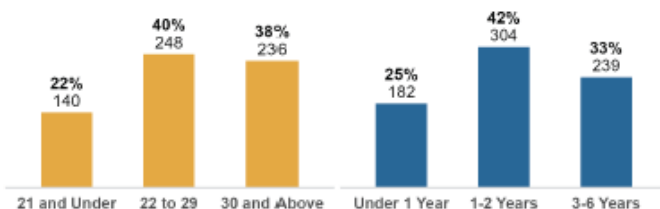
202

Pregnant  
Caregivers

725

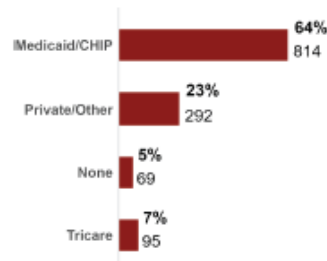
Children

### Age of Adult Participants

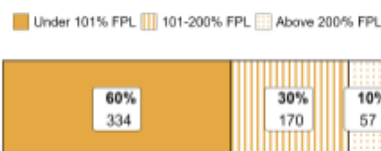


### Age of Child Participants

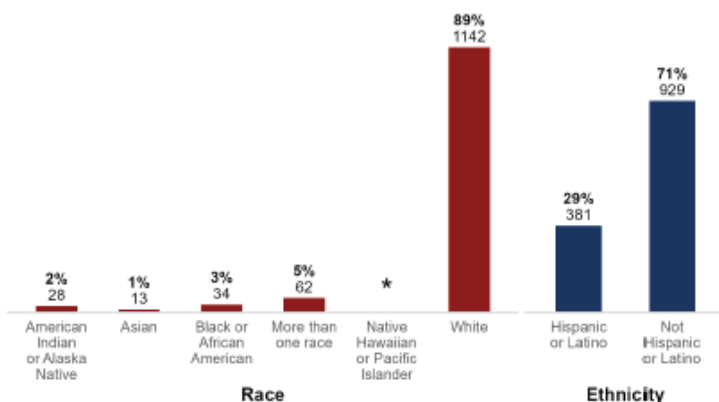
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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Overall DOI	Met
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Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Illinois

Illinois Department of Human Services

### Models Implemented

- Healthy Families America
- Parents as Teachers

Received  
Matching  
Funds

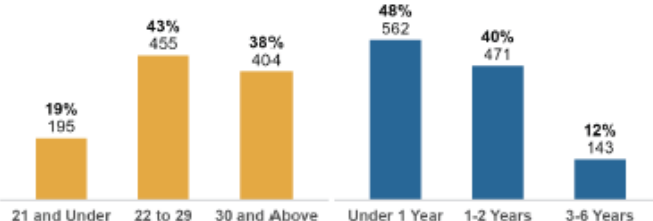
Yes

## Demographics

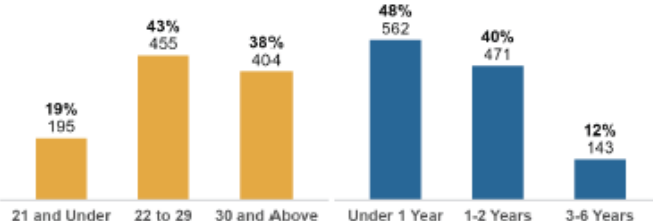
### Total Participants Served



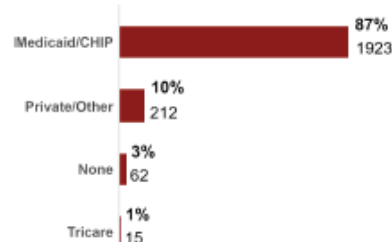
### Age of Adult Participants



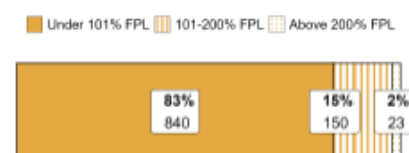
### Age of Child Participants



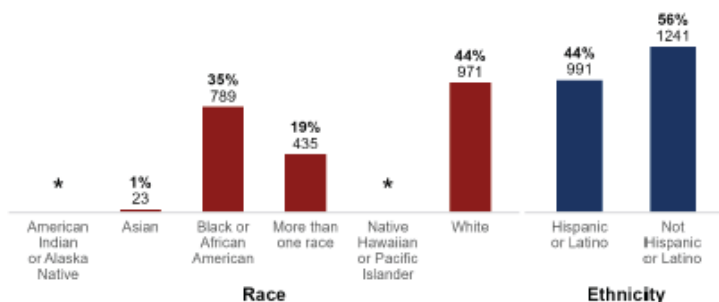
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Indiana

Indiana State Department of Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership

Received  
Matching  
Funds

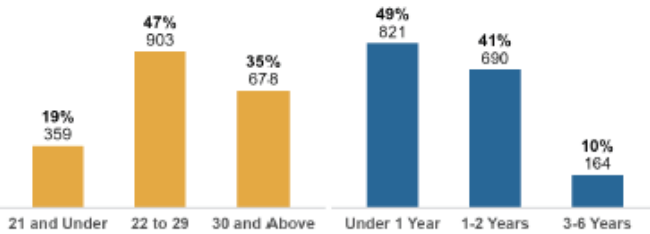
Yes

## Demographics

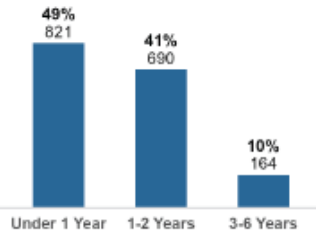
### Total Participants Served



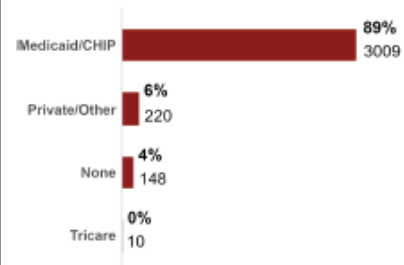
### Age of Adult Participants



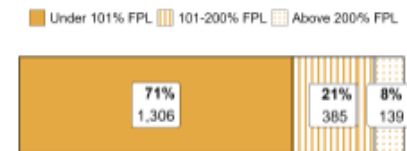
### Age of Child Participants



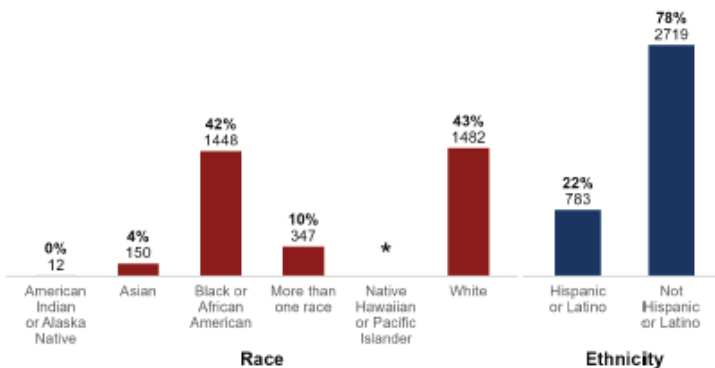
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Iowa

Iowa Department of Public Health

### Models Implemented

- Early Head Start-Home-Based Options
- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

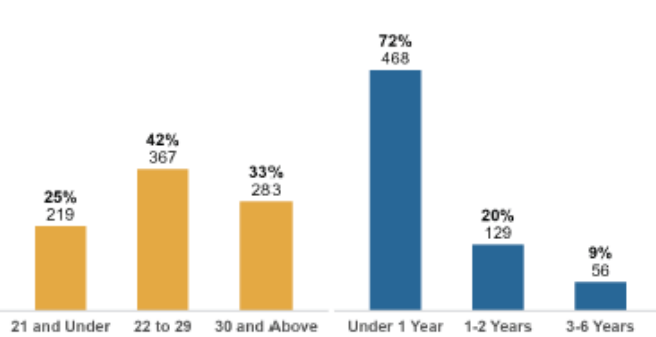
Yes

## Demographics

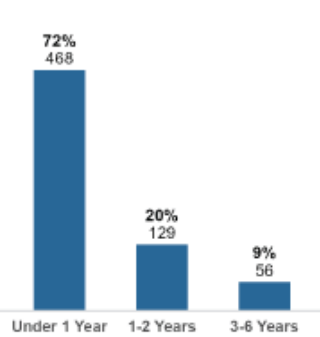
### Total Participants Served



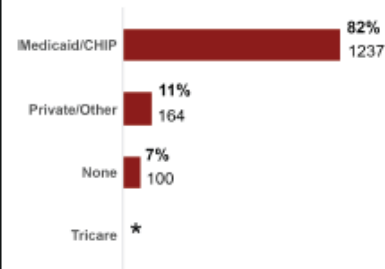
### Age of Adult Participants



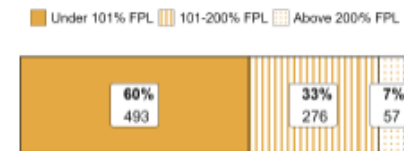
### Age of Child Participants



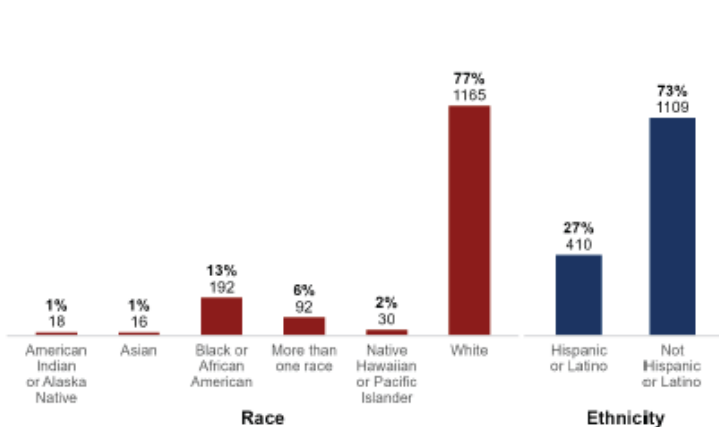
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# Kansas

Kansas Department of Health and Environment

### Models Implemented

- Early Head Start-Home-Based Options
- Healthy Families America
- Other
- Parents as Teachers

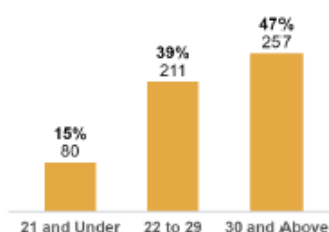
Received Matching Funds **Yes**

## Demographics

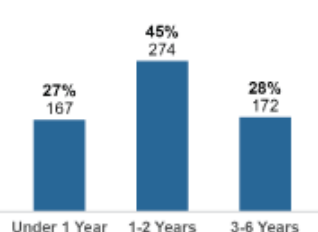
### Total Participants Served



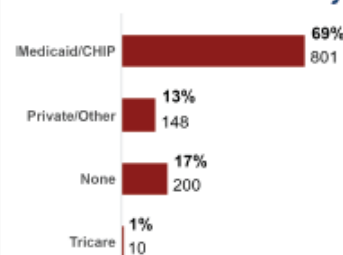
### Age of Adult Participants



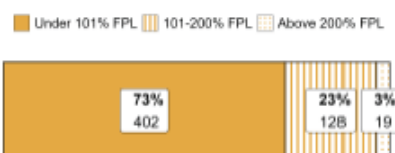
### Age of Child Participants



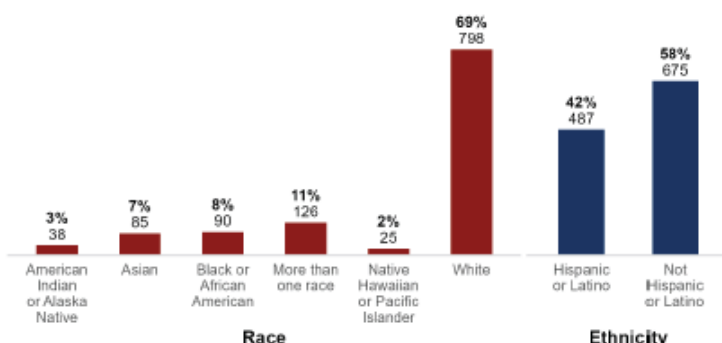
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# Kentucky

Kentucky Cabinet for Health and Family Services

### Models Implemented

- Health Access Nurturing Development Services Program

Received  
Matching  
Funds

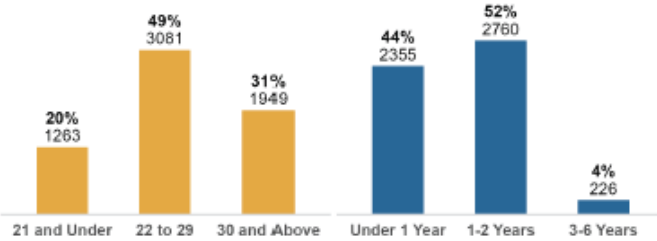
Yes

## Demographics

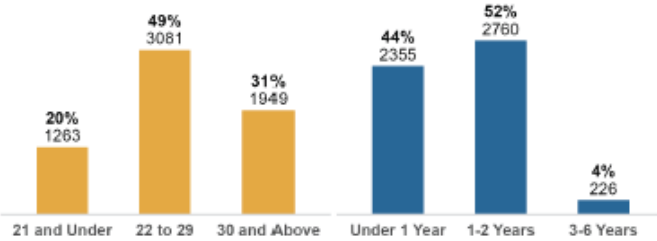
### Total Participants Served



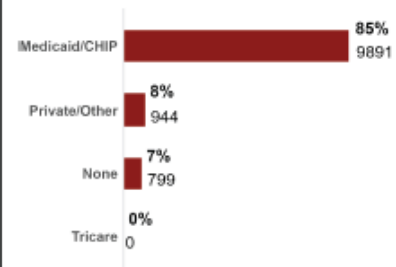
### Age of Adult Participants



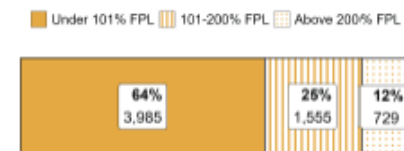
### Age of Child Participants



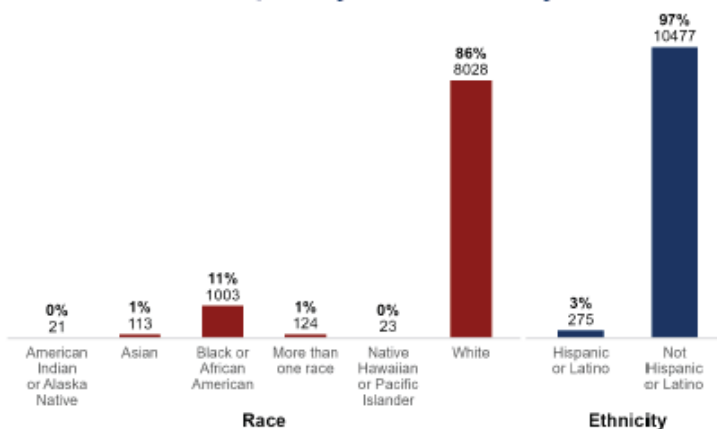
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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DOI by Benchmark	
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Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Louisiana

## Louisiana Department of Health

### Models Implemented

• Nurse-Family Partnership • Parents as Teachers

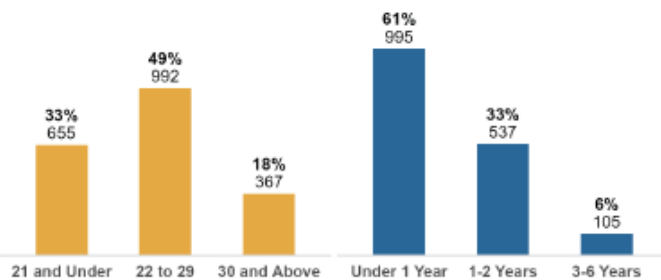
Received  
Matching  
Funds **Yes**

## Demographics

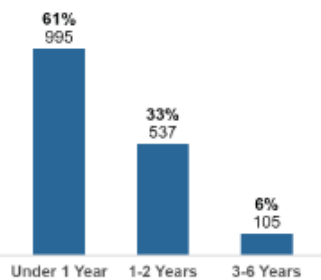
### Total Participants Served



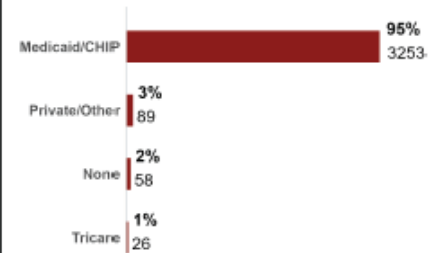
### Age of Adult Participants



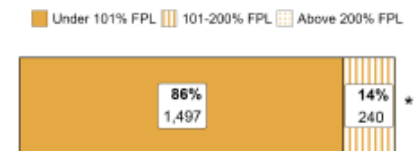
### Age of Child Participants



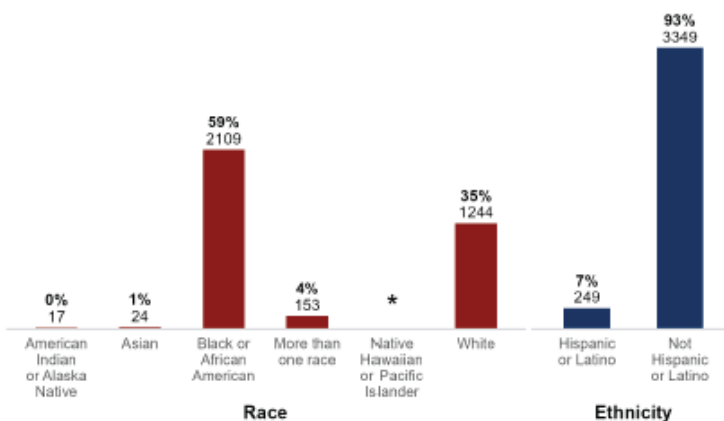
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Maine

Maine Department of Health and Human Services

### Models Implemented

- Parents as Teachers

Received  
Matching  
Funds

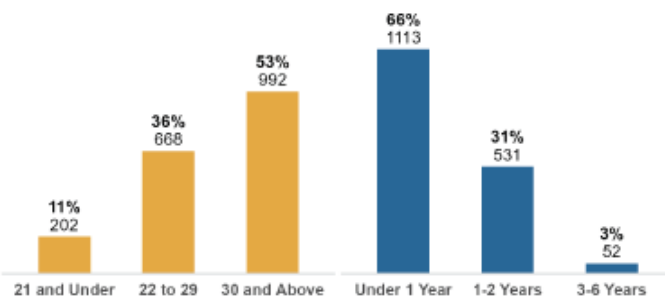
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## Demographics

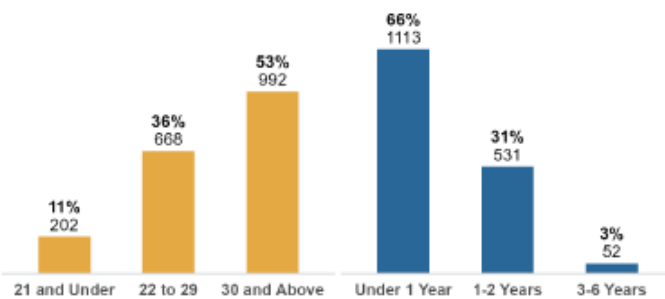
### Total Participants Served



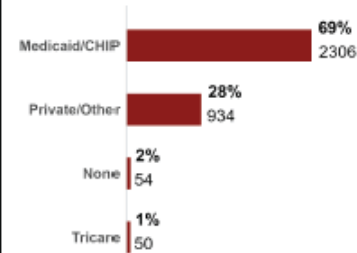
### Age of Adult Participants



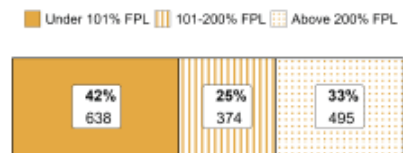
### Age of Child Participants



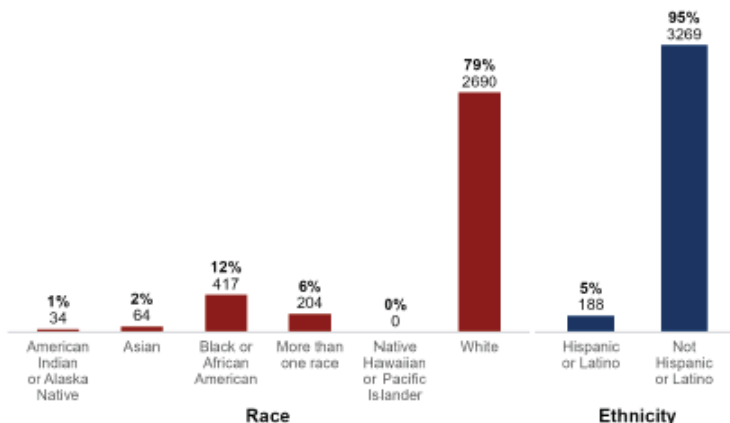
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

# Mariana Islands

Commonwealth Healthcare Corporation

## Models Implemented

• Healthy Families America

Received  
Matching  
Funds

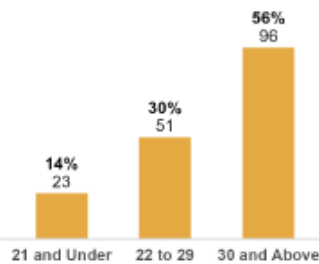
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## Demographics

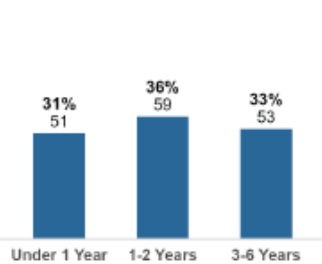
### Total Participants Served



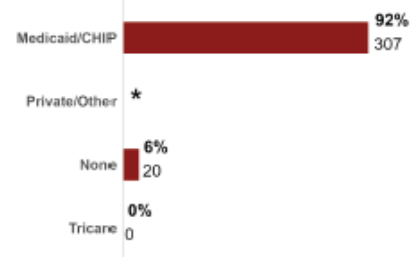
### Age of Adult Participants



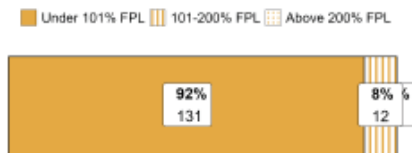
### Age of Child Participants



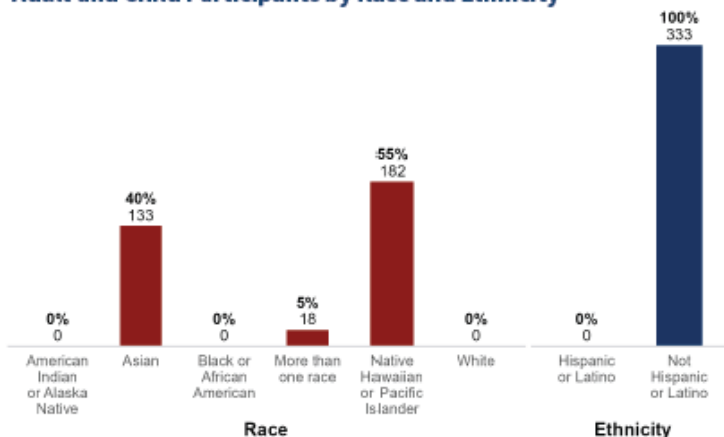
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHVawardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Maryland

Maryland Department of Health

### Models Implemented

- Family Connects
- Healthy Families America
- Nurse-Family Partnership

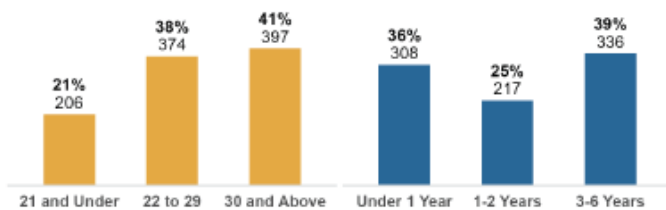
Received Matching Funds **Yes**

## Demographics

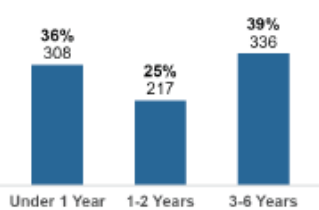
### Total Participants Served



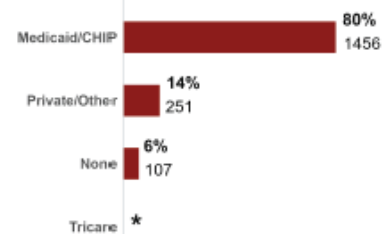
### Age of Adult Participants



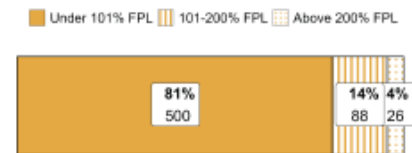
### Age of Child Participants



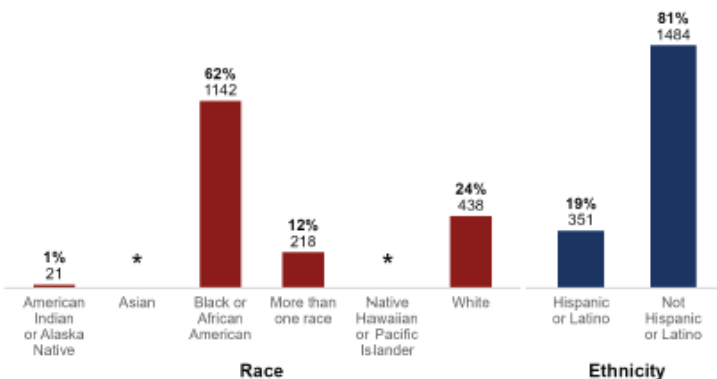
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Not Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Massachusetts

Massachusetts Department of Public Health

### Models Implemented

- Healthy Families America
- Parents as Teachers

Received  
Matching  
Funds

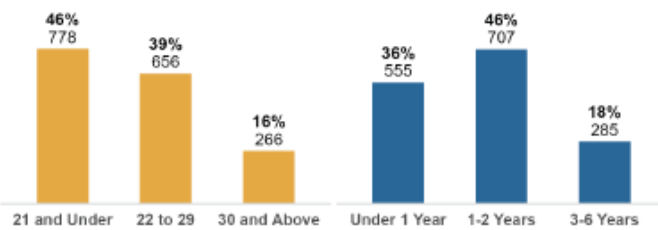
Yes

## Demographics

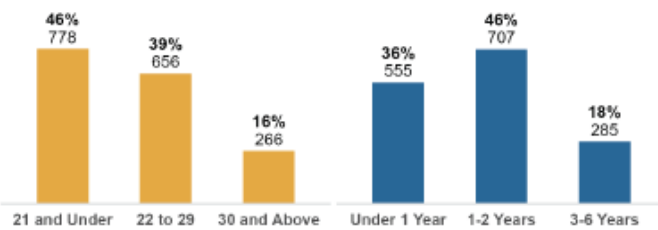
### Total Participants Served



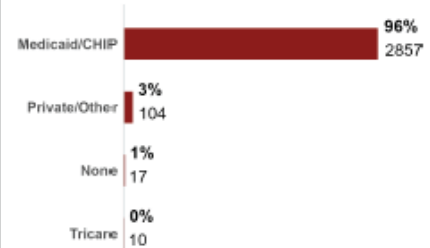
### Age of Adult Participants



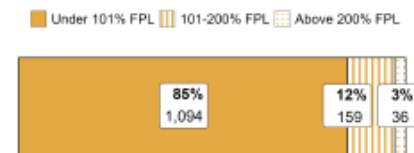
### Age of Child Participants



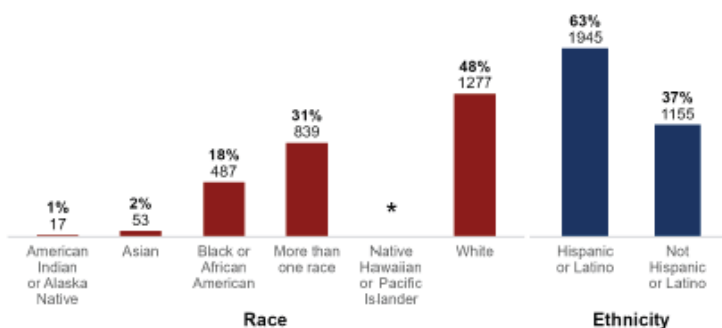
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Michigan

Michigan Department of Health and Human Services

### Models Implemented

- Early Head Start-Home-Based Options
- Healthy Families America
- Nurse-Family Partnership

Received  
Matching  
Funds

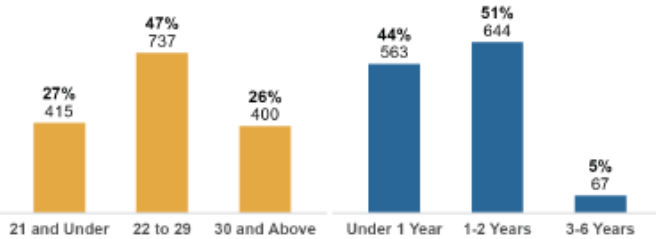
Yes

## Demographics

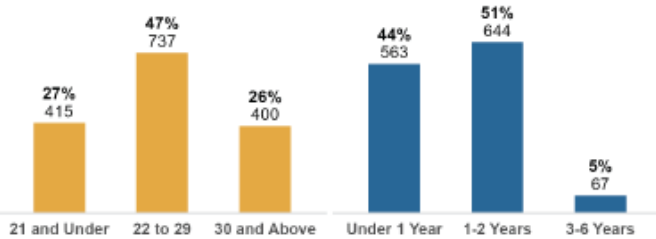
### Total Participants Served



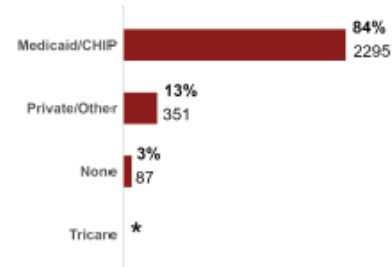
### Age of Adult Participants



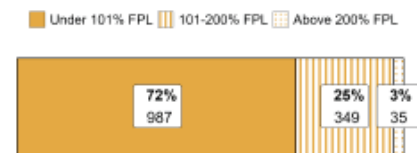
### Age of Child Participants



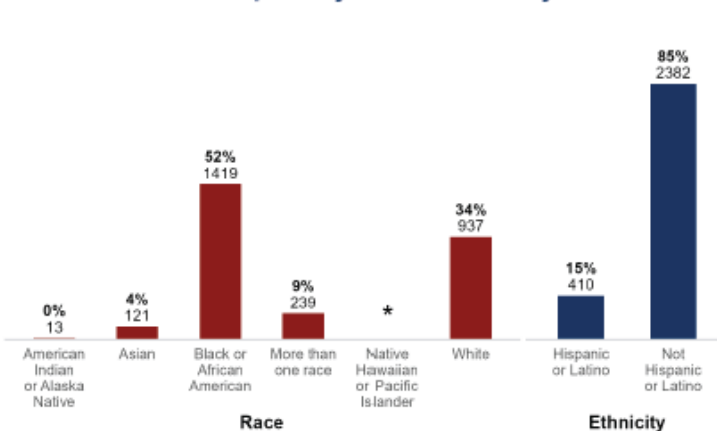
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# Minnesota

Minnesota Department of Health

### Models Implemented

- Maternal Early Childhood Sustained Home-Visiting Program
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

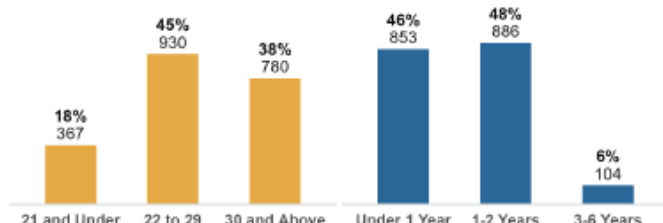
Yes

## Demographics

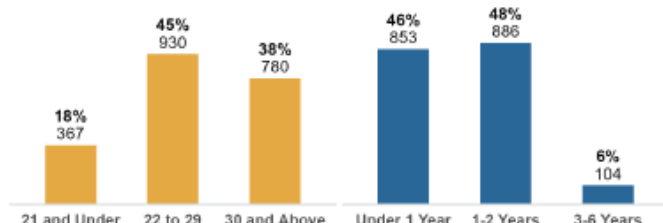
### Total Participants Served



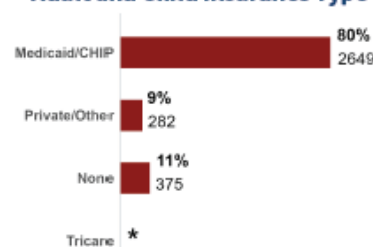
### Age of Adult Participants



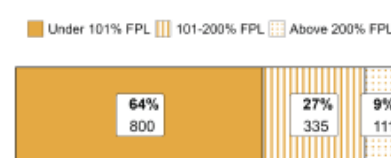
### Age of Child Participants



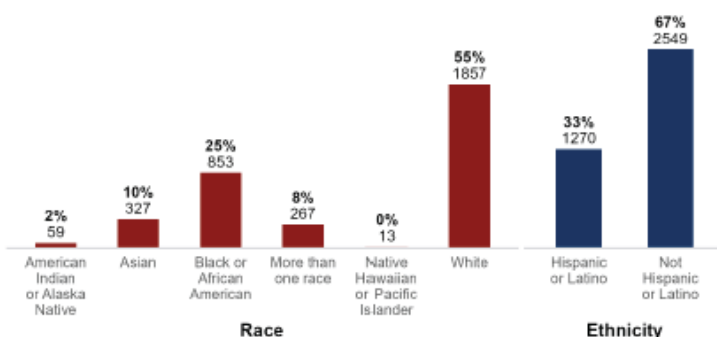
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# Mississippi

Mississippi Department of Health

### Models Implemented

• Other

Received  
Matching  
Funds

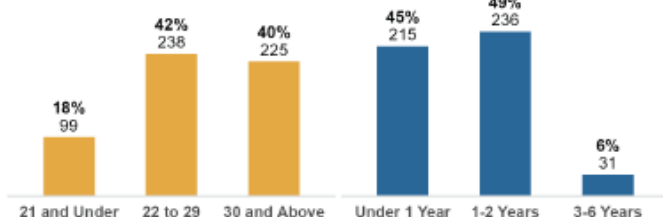
No

## Demographics

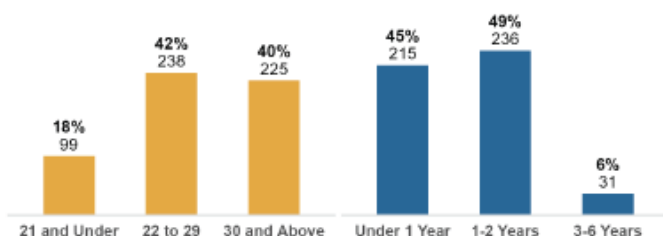
### Total Participants Served



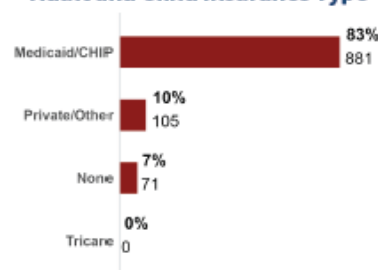
### Age of Adult Participants



### Age of Child Participants

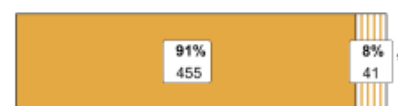


### Adult and Child Insurance Type

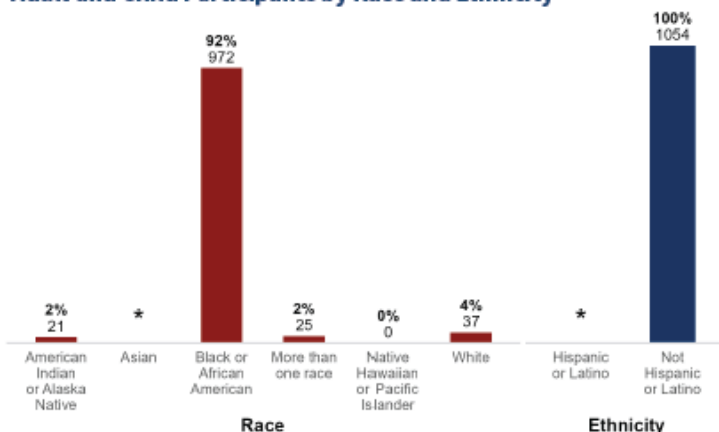


### Household Income

Under 101% FPL 101-200% FPL Above 200% FPL



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Missouri

Missouri Department of Elementary and Secondary Education

### Models Implemented

- Early Head Start-Home-Based Options
- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

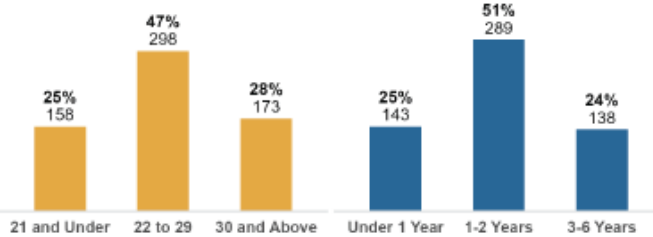
Yes

## Demographics

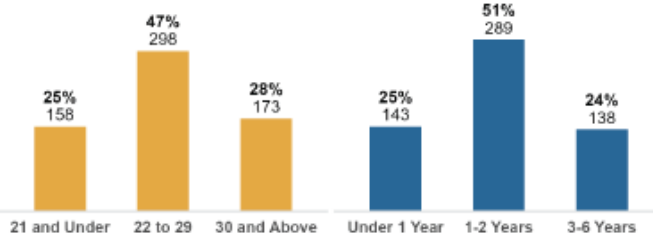
### Total Participants Served



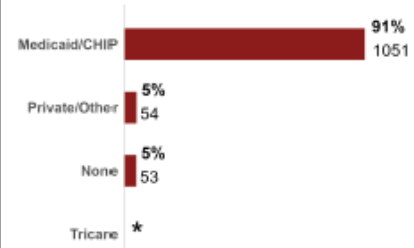
### Age of Adult Participants



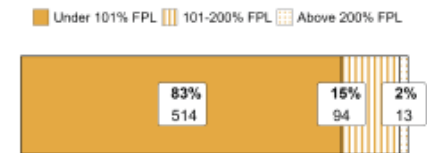
### Age of Child Participants



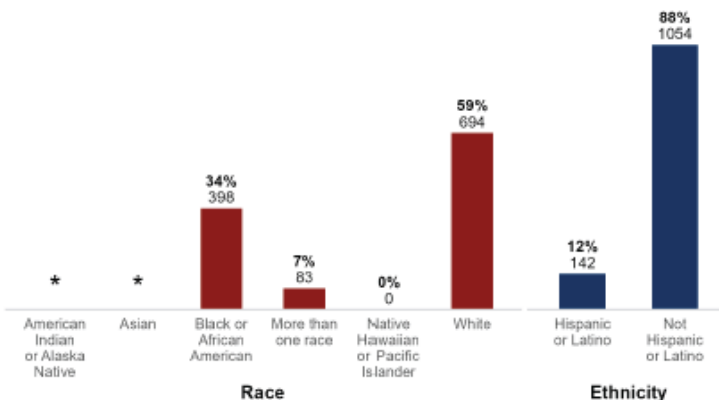
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Montana

Montana Department of Public Health and Human Services

### Models Implemented

- Family Spirit
- Nurse-Family Partnership
- Parents as Teachers
- SafeCare Augmented

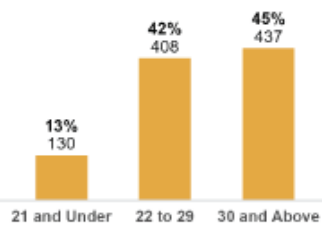
Received Matching Funds **Yes**

## Demographics

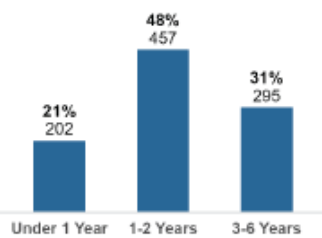
### Total Participants Served



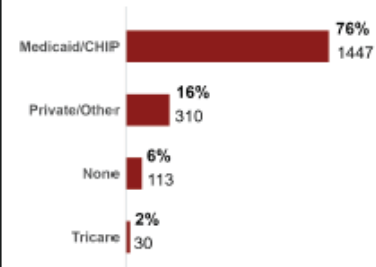
### Age of Adult Participants



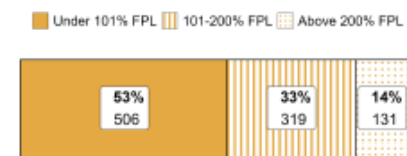
### Age of Child Participants



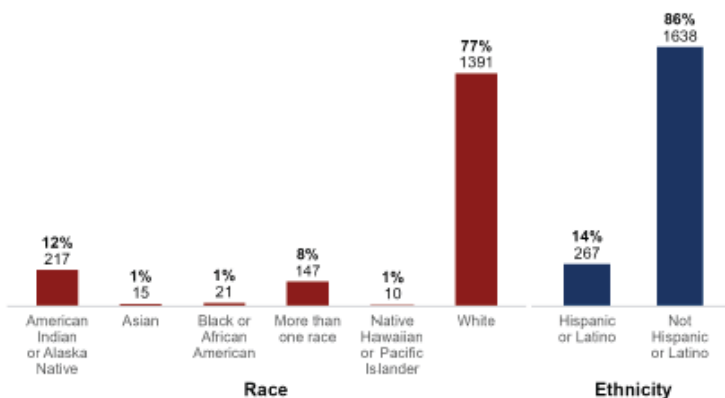
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Not Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Nebraska

Nebraska Department of Health and Human Services

### Models Implemented

- Healthy Families America

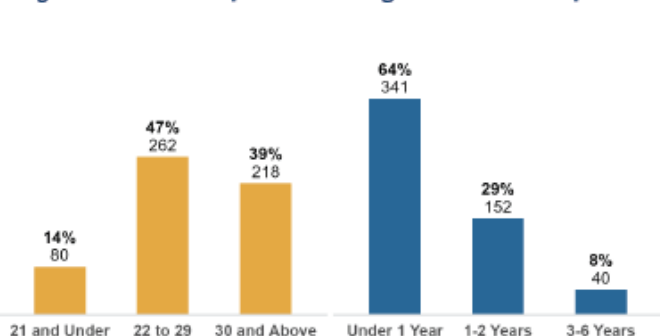
Received  
Matching  
Funds **Yes**

## Demographics

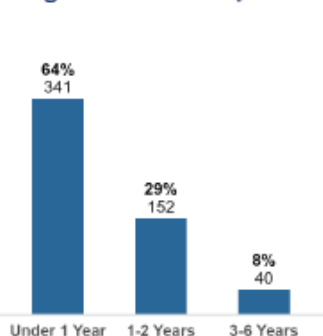
### Total Participants Served



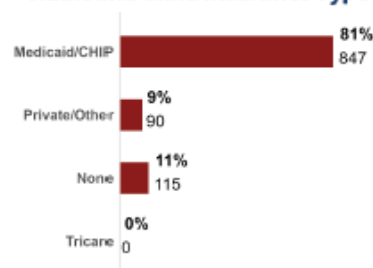
### Age of Adult Participants



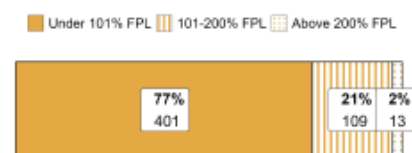
### Age of Child Participants



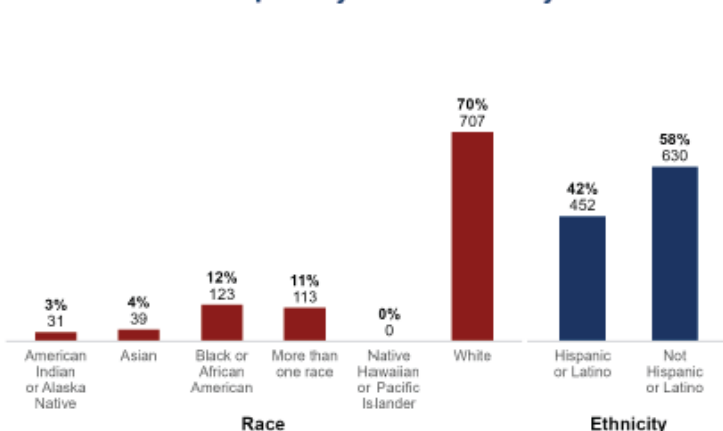
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHVawardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Nevada

Nevada Department of Health and Human Services

### Models Implemented

- Early Head Start-Home-Based Options
- Home Instruction for Parents of Preschool Youngsters
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

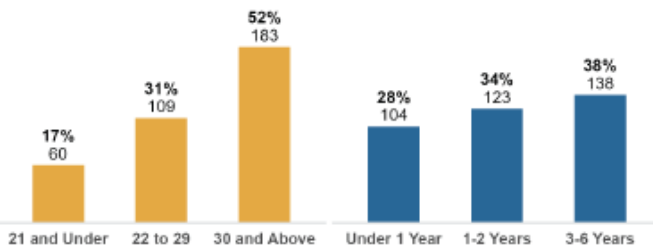
Yes

## Demographics

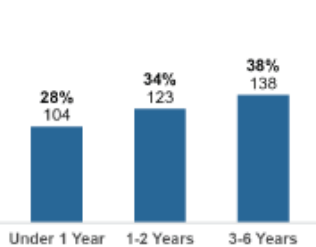
### Total Participants Served



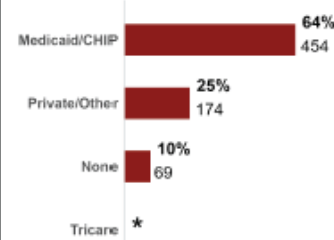
### Age of Adult Participants



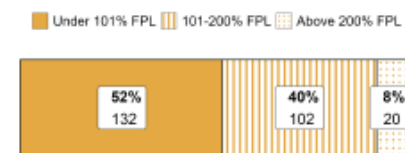
### Age of Child Participants



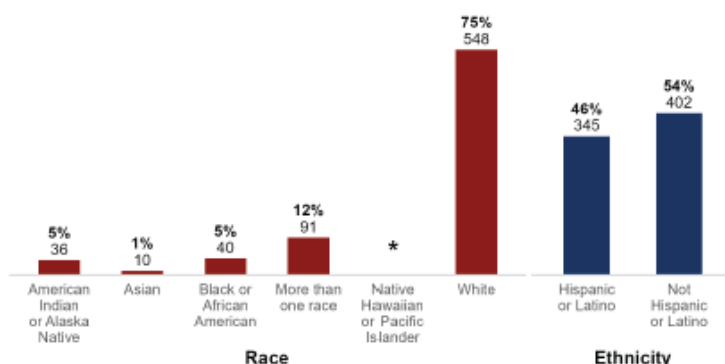
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# New Hampshire

New Hampshire Department of Health and Human Services

### Models Implemented

• Healthy Families America

Received  
Matching  
Funds

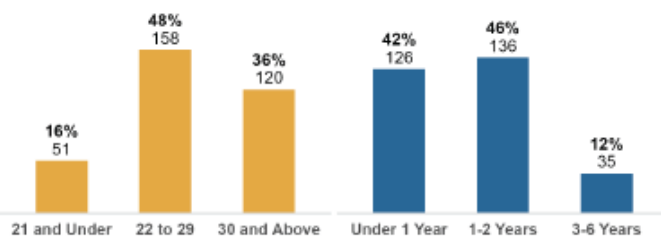
Yes

## Demographics

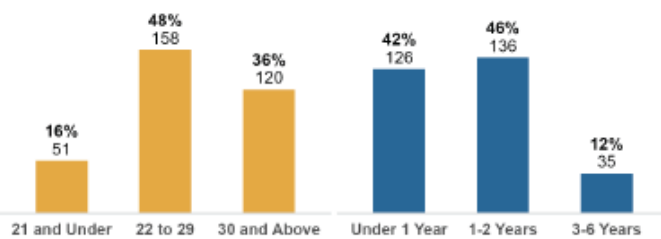
### Total Participants Served



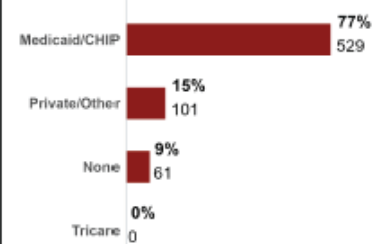
### Age of Adult Participants



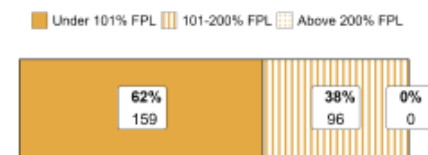
### Age of Child Participants



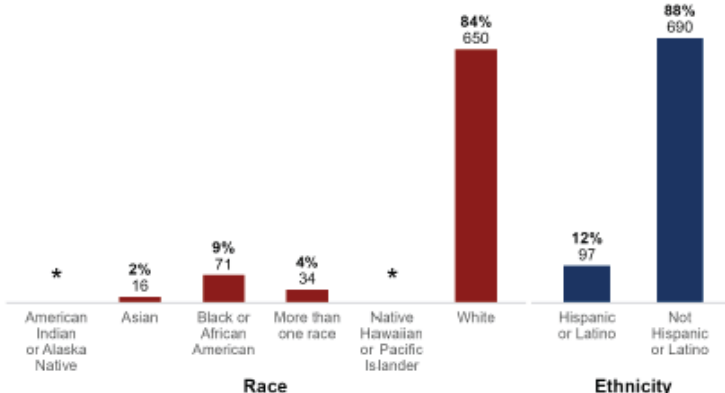
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# New Jersey

New Jersey Department of Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

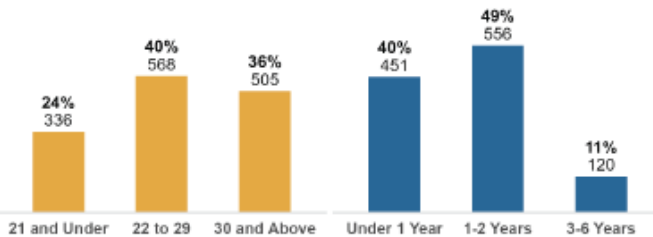
Yes

## Demographics

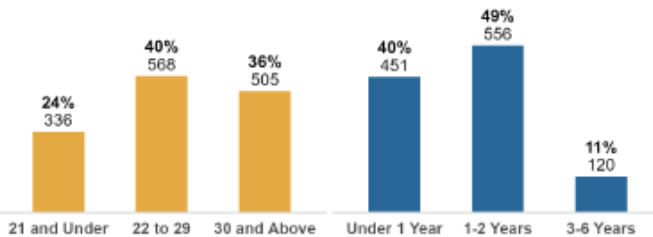
### Total Participants Served



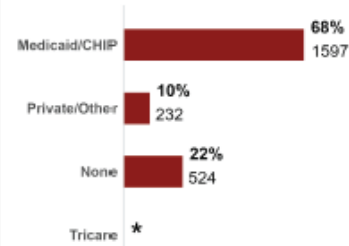
### Age of Adult Participants



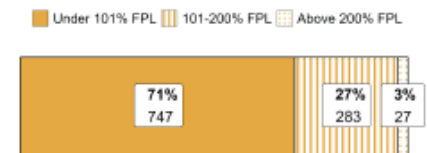
### Age of Child Participants



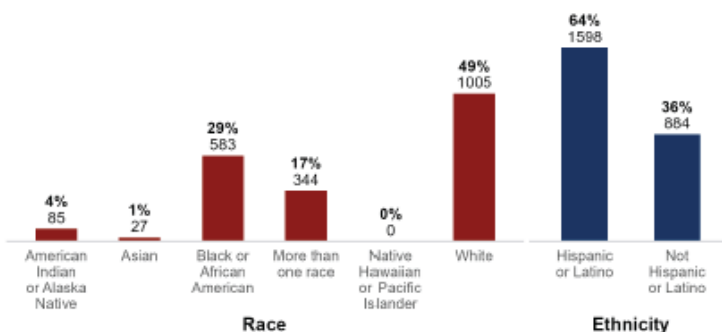
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHVawardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# New Mexico

New Mexico Early Childhood Education and Care Department - Home Visiting

### Models Implemented

- Nurse-Family Partnership
- Parents as Teachers

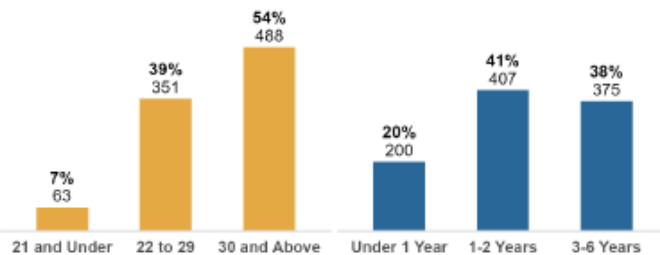
Received  
Matching  
Funds **Yes**

## Demographics

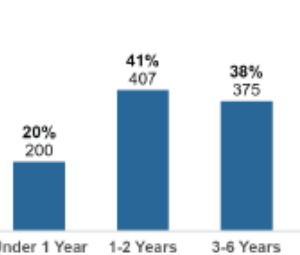
### Total Participants Served



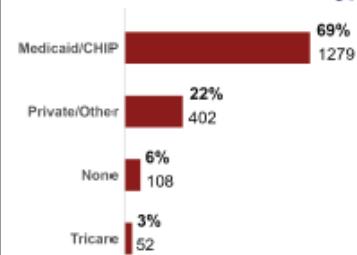
### Age of Adult Participants



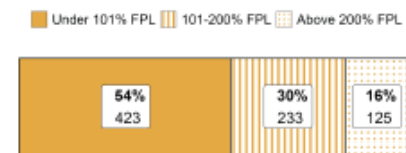
### Age of Child Participants



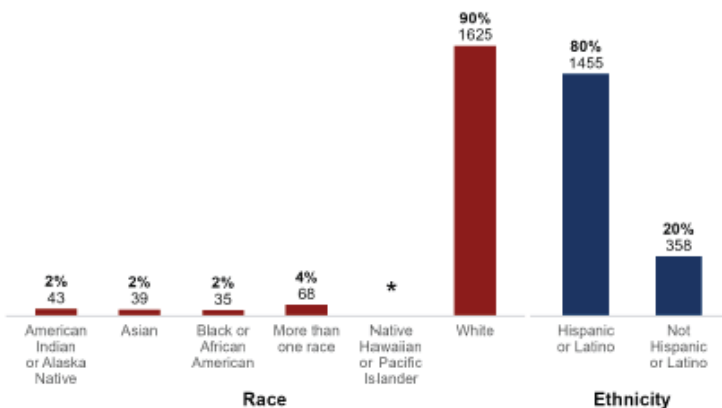
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# New York

## New York Department of Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership

Received  
Matching  
Funds

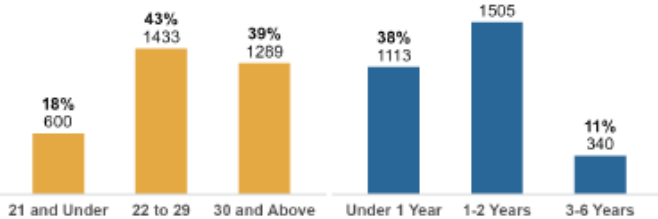
Yes

## Demographics

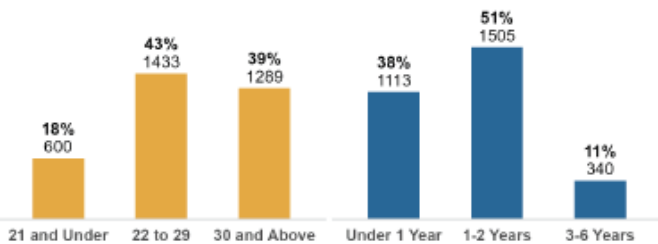
### Total Participants Served



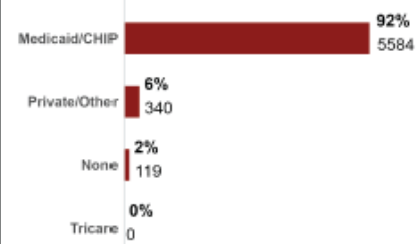
### Age of Adult Participants



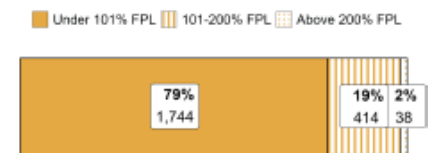
### Age of Child Participants



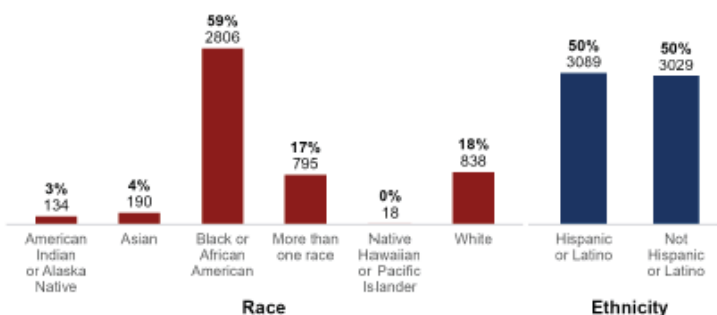
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

# North Carolina

North Carolina Department of Health and Human Services

## Models Implemented

- Healthy Families America
- Nurse-Family Partnership

Received  
Matching  
Funds

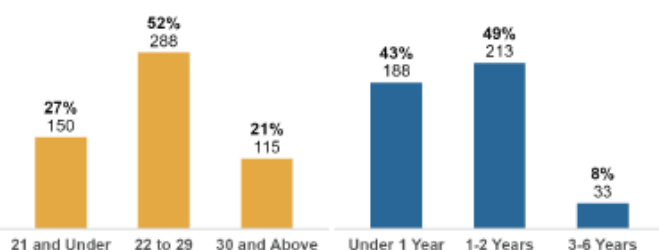
Yes

## Demographics

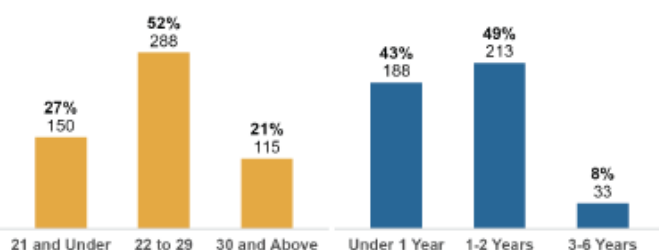
### Total Participants Served



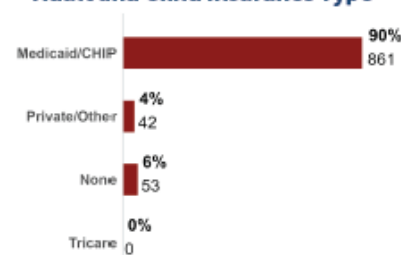
### Age of Adult Participants



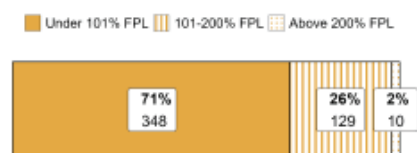
### Age of Child Participants



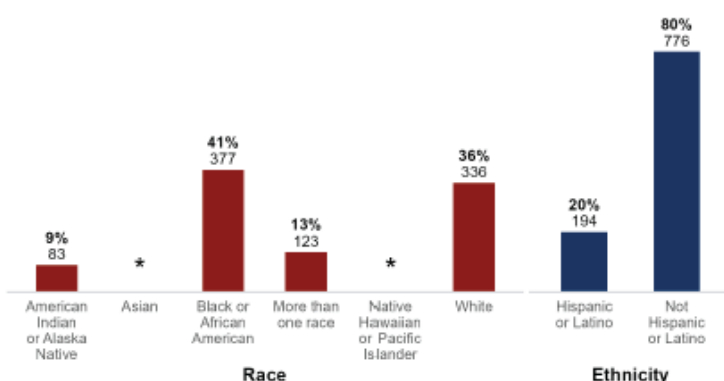
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

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	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Not Met
Coordination & Referrals	Not Met

# North Dakota

## Prevent Child Abuse North Dakota

### Models Implemented

- Nurse-Family Partnership
- Parents as Teachers

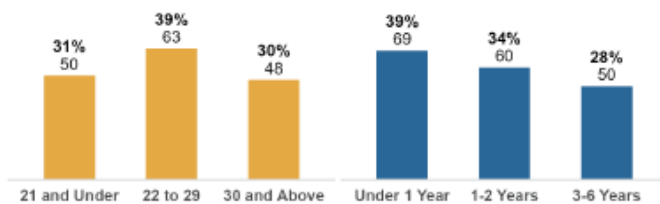
Received Matching Funds **No**

## Demographics

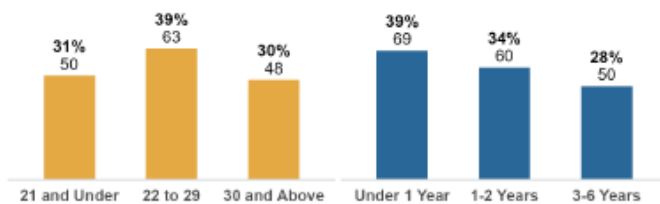
### Total Participants Served



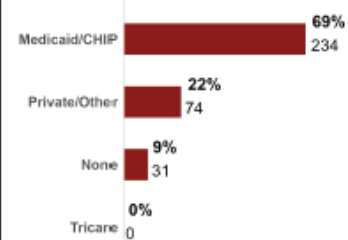
### Age of Adult Participants



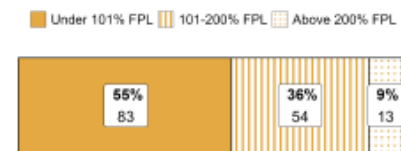
### Age of Child Participants



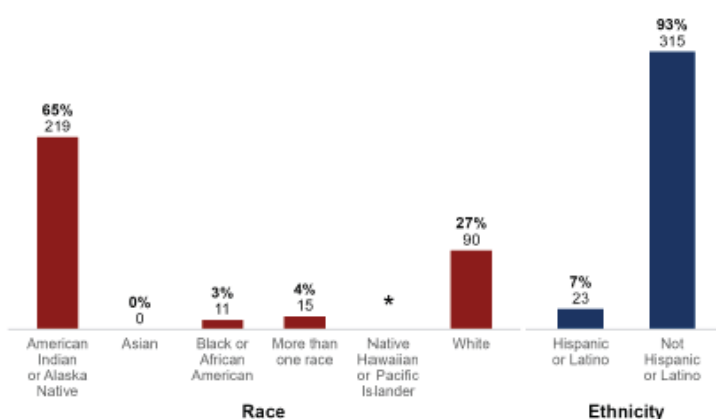
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Ohio

Ohio Department of Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

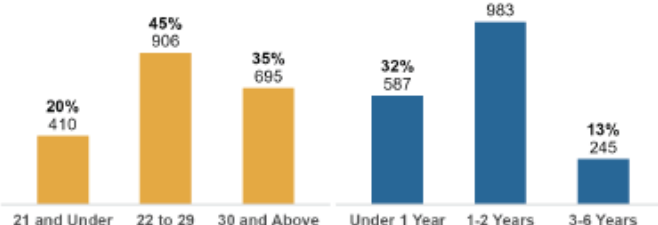
Yes

## Demographics

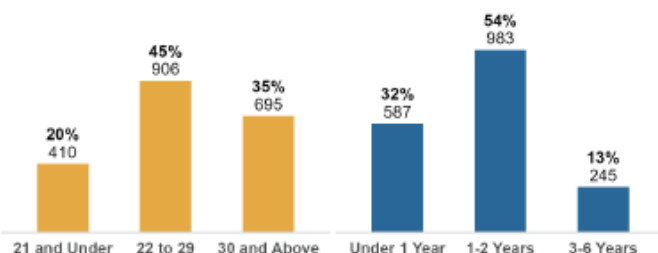
### Total Participants Served



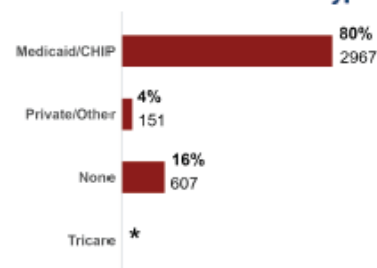
### Age of Adult Participants



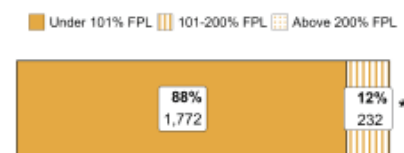
### Age of Child Participants



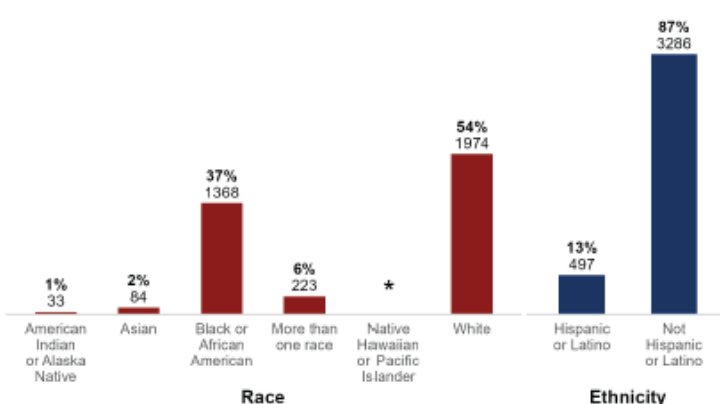
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL = Federal Poverty Level, DOI = Demonstration of Improvement, CHIP = Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Oklahoma

Oklahoma State Department of Health

### Models Implemented

- Nurse-Family Partnership
- Parents as Teachers
- SafeCare Augmented

Received  
Matching  
Funds

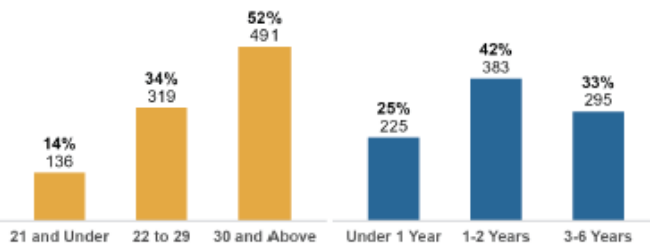
Yes

## Demographics

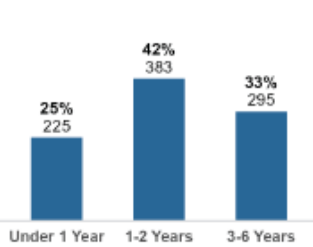
### Total Participants Served



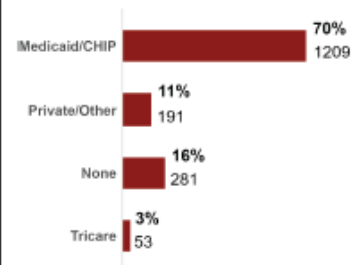
### Age of Adult Participants



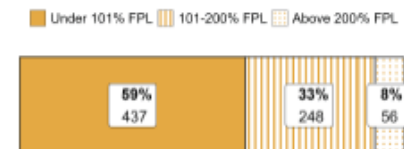
### Age of Child Participants



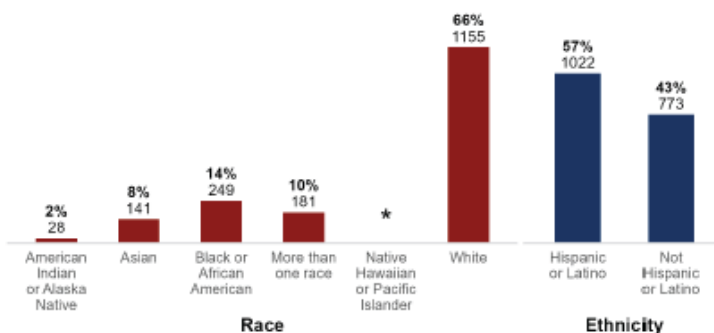
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Not Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Oregon

Oregon Department of Human Services

### Models Implemented

- Early Head Start-Home-Based Options
- Healthy Families America
- Nurse-Family Partnership

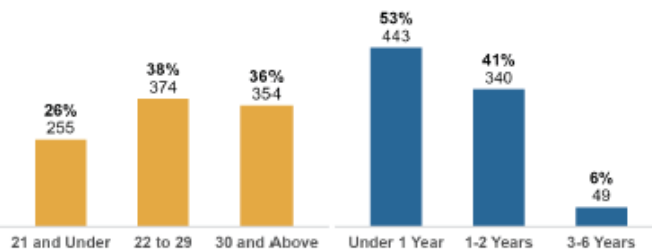
Received  
Matching  
Funds **Yes**

## Demographics

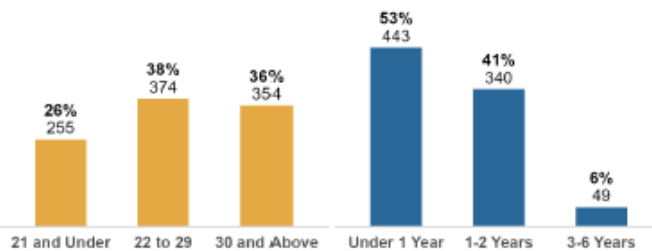
### Total Participants Served



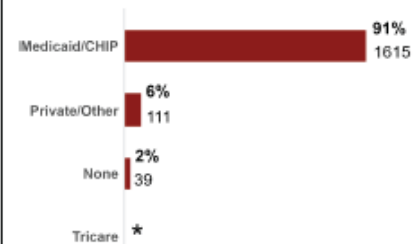
### Age of Adult Participants



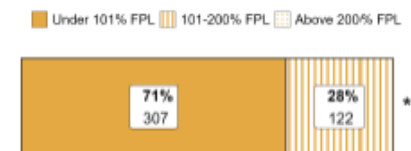
### Age of Child Participants



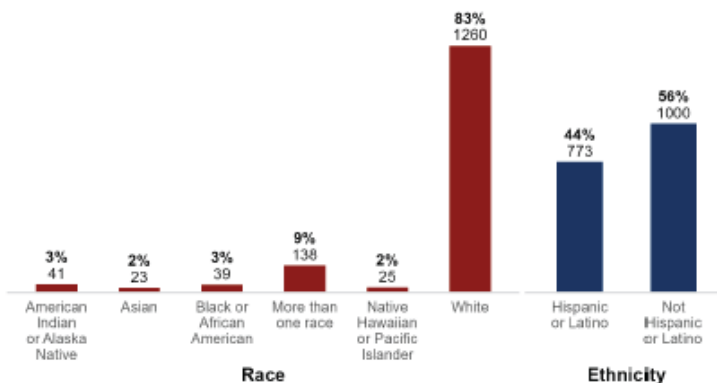
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Pennsylvania

Pennsylvania Department of Human Services

### Models Implemented

- Child FIRST
- Family Check-Up for Children
- Parents as Teachers
- Early Head Start-Home-Based Options
- Nurse-Family Partnership
- SafeCare Augmented

Received  
Matching  
Funds

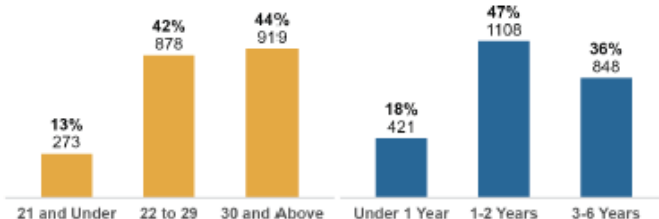
Yes

## Demographics

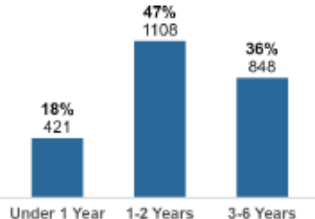
### Total Participants Served



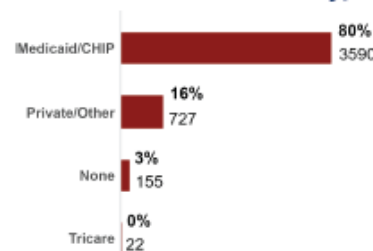
### Age of Adult Participants



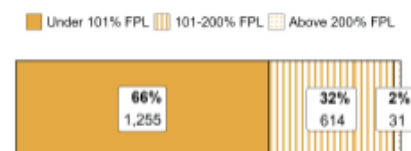
### Age of Child Participants



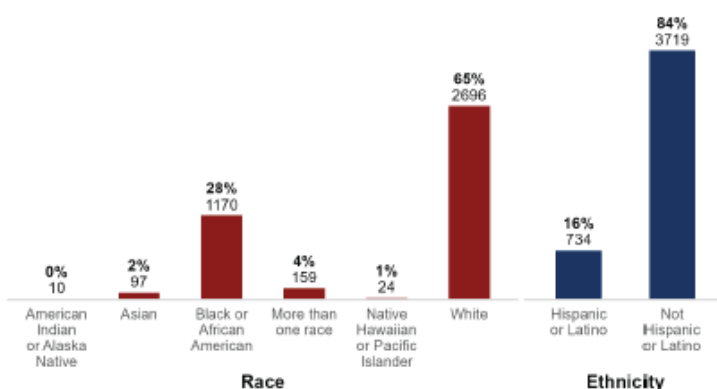
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# Puerto Rico

Puerto Rico Department of Health

### Models Implemented

- Healthy Families America

Received  
Matching  
Funds

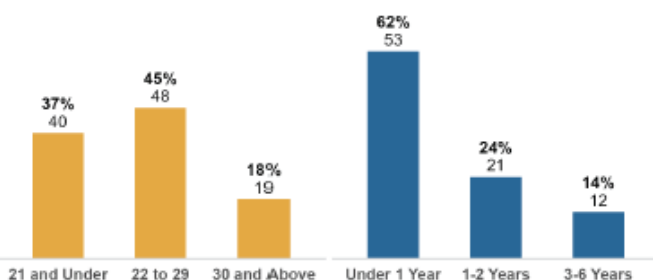
Yes

## Demographics

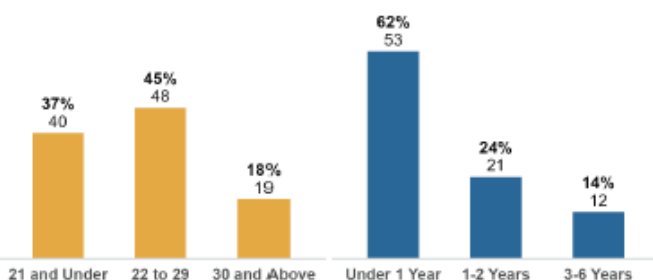
### Total Participants Served



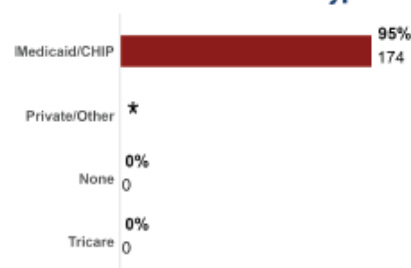
### Age of Adult Participants



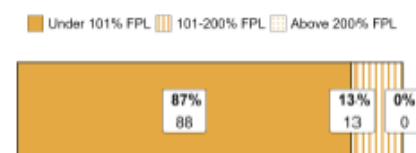
### Age of Child Participants



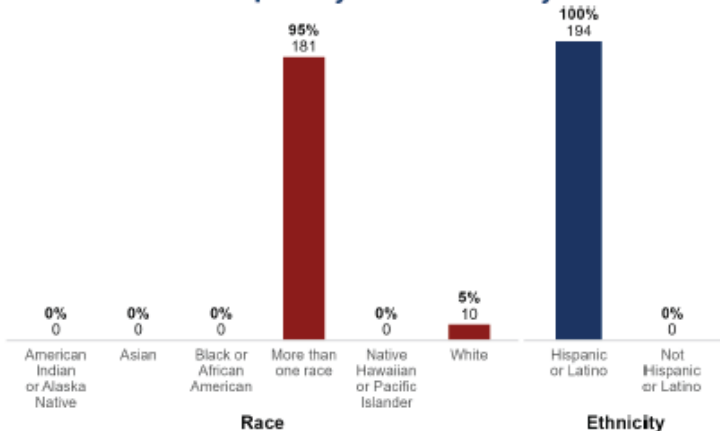
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# Rhode Island

Rhode Island Department of Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

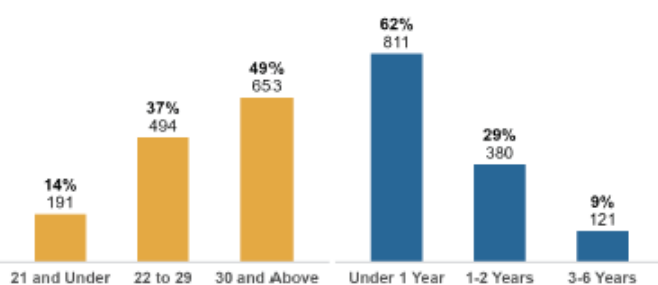
Yes

## Demographics

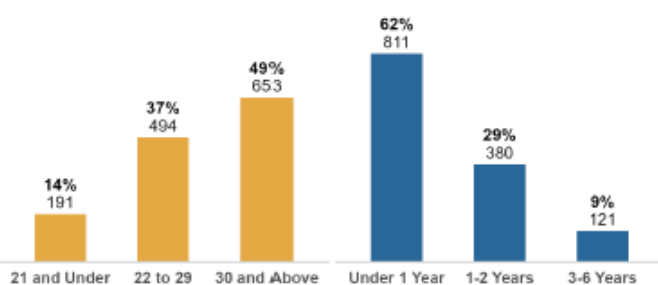
### Total Participants Served



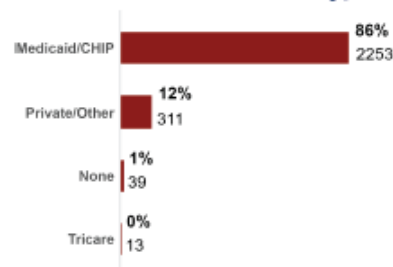
### Age of Adult Participants



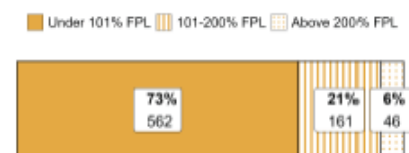
### Age of Child Participants



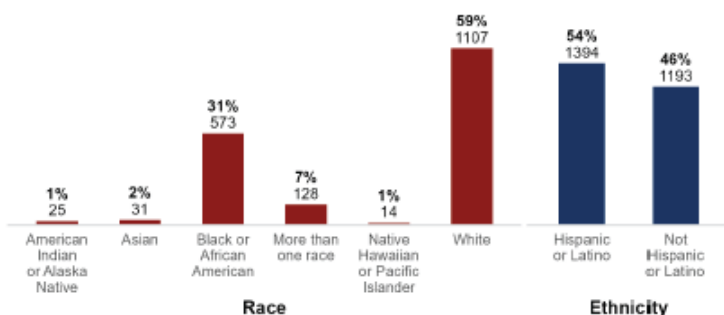
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# South Carolina

The Children's Trust Fund of South Carolina

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

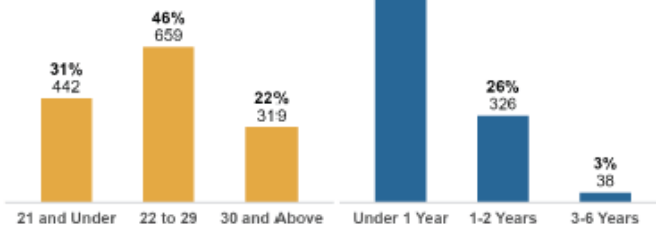
Yes

## Demographics

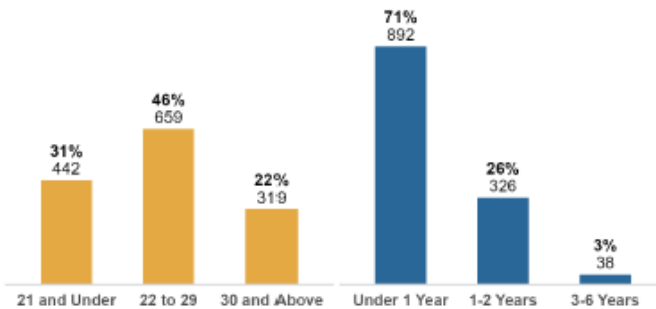
### Total Participants Served



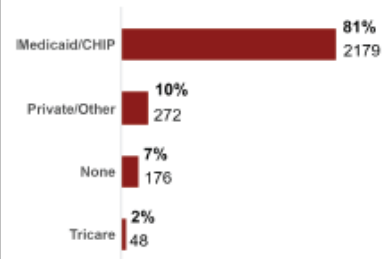
### Age of Adult Participants



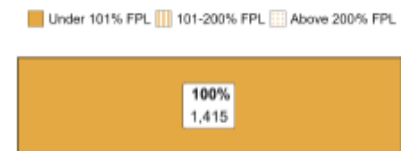
### Age of Child Participants



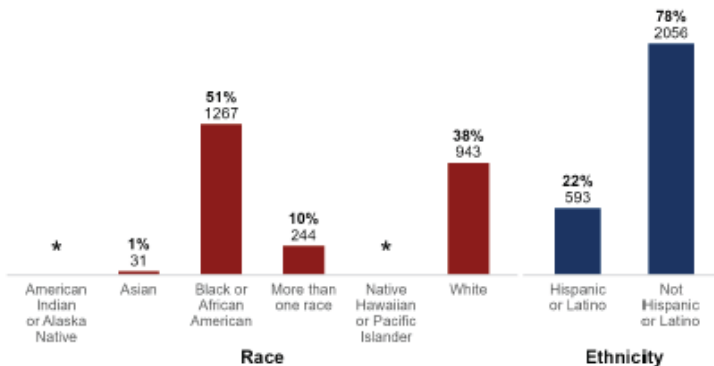
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# South Dakota

South Dakota Department of Health

### Models Implemented

- Nurse-Family Partnership

Received  
Matching  
Funds

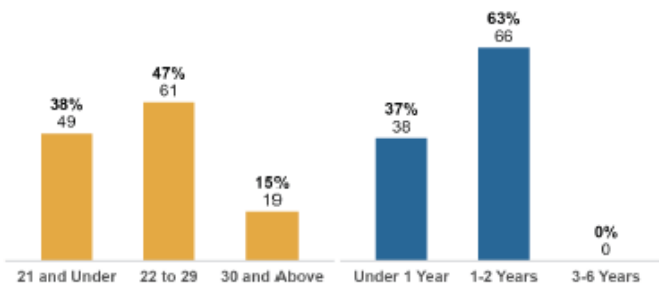
Yes

## Demographics

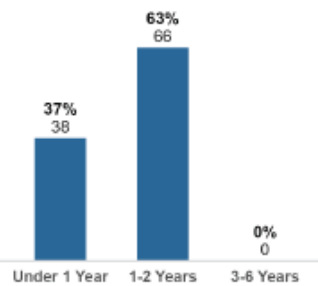
### Total Participants Served



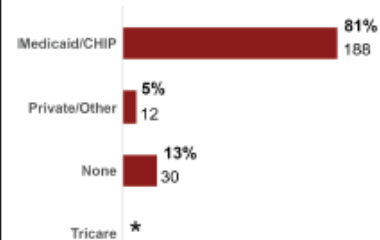
### Age of Adult Participants



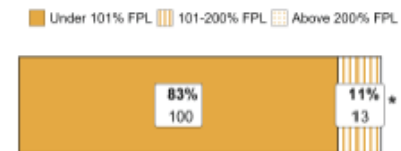
### Age of Child Participants



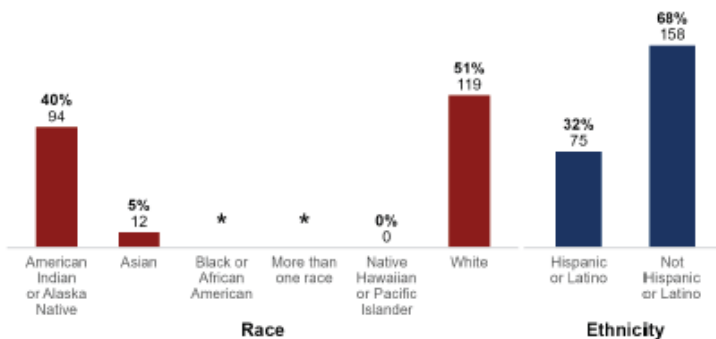
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

Overall DOI	DOI Status
	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Not Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Tennessee

Tennessee Department of Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

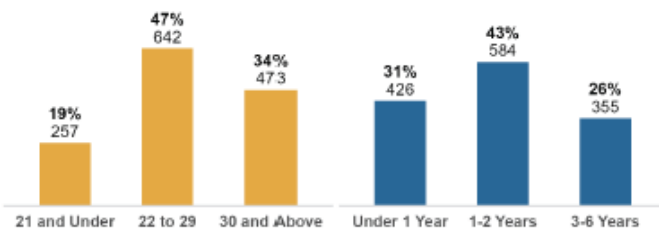
Received Matching Funds **No**

## Demographics

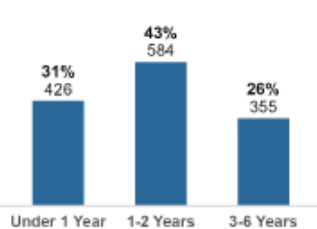
### Total Participants Served



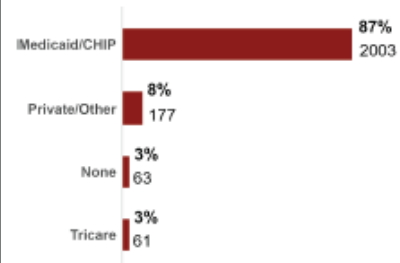
### Age of Adult Participants



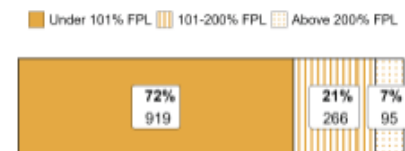
### Age of Child Participants



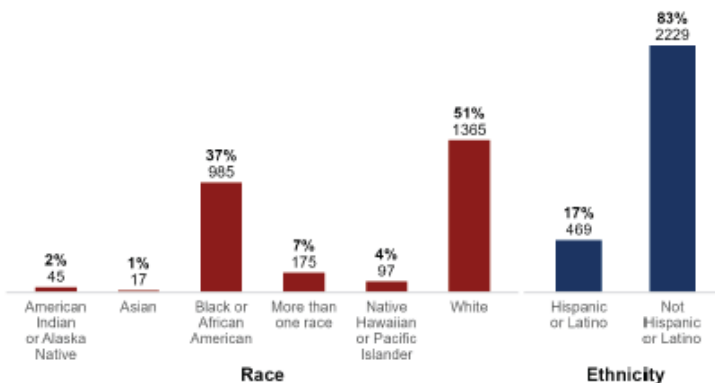
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Texas

Texas Department of Family and Protective Services

### Models Implemented

- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters
- Nurse-Family Partnership
- Parents as Teachers
- SafeCare Augmented

Received  
Matching  
Funds

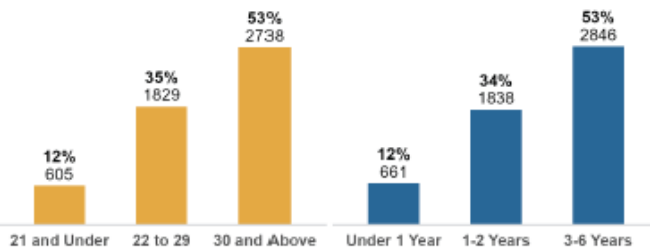
Yes

## Demographics

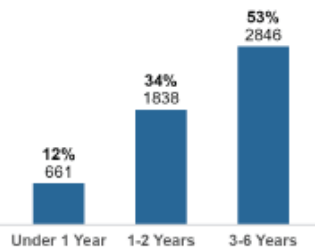
### Total Participants Served



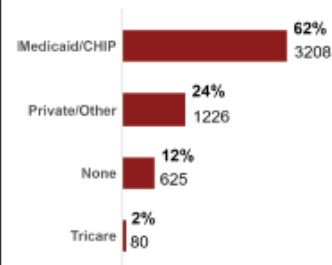
### Age of Adult Participants



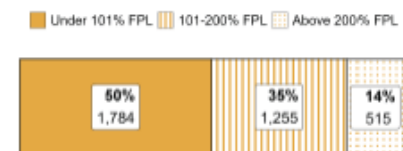
### Age of Child Participants



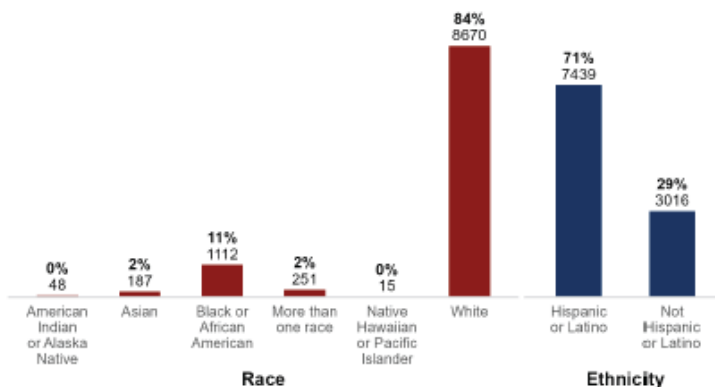
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Not Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# U.S. Virgin Islands

Virgin Islands Department of Health Group

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership

Received  
Matching  
Funds

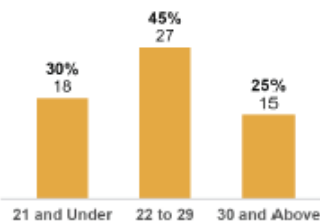
Yes

## Demographics

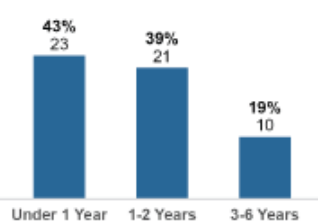
### Total Participants Served



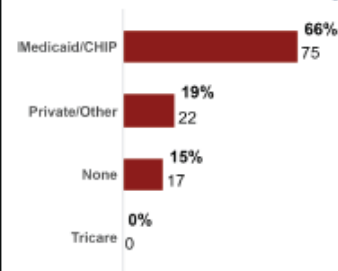
### Age of Adult Participants



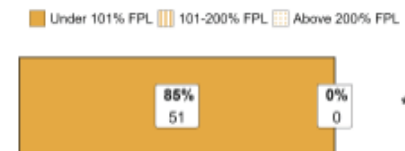
### Age of Child Participants



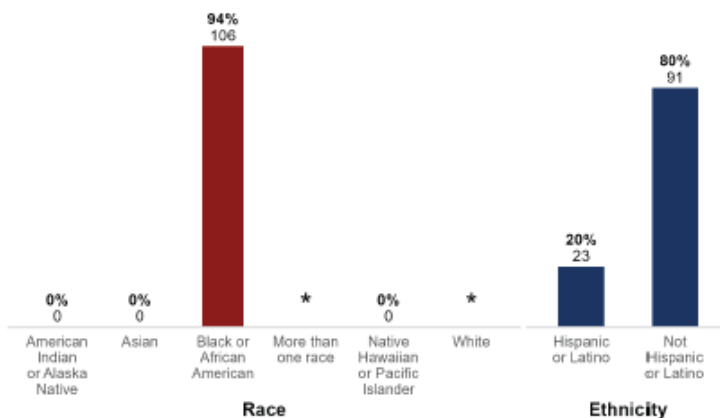
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Utah

Utah Department of Health

### Models Implemented

- Parents as Teachers

Received  
Matching  
Funds

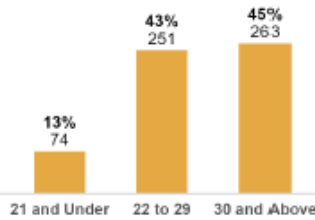
Yes

## Demographics

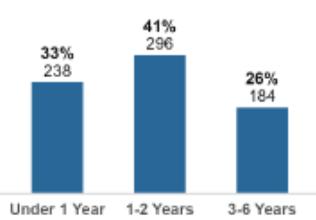
### Total Participants Served



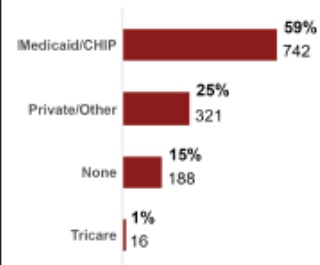
### Age of Adult Participants



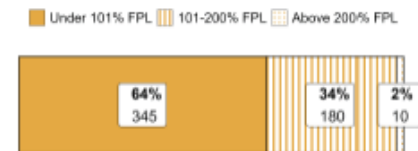
### Age of Child Participants



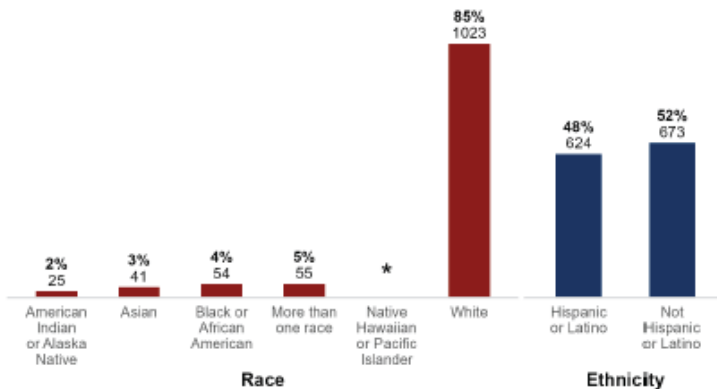
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met



## 2024 MIECHV Report to Congress Awardee Profile

# Vermont

Vermont Agency of Human Services

### Models Implemented

- Maternal Early Childhood Sustained Home-Visiting Program

Received  
Matching  
Funds

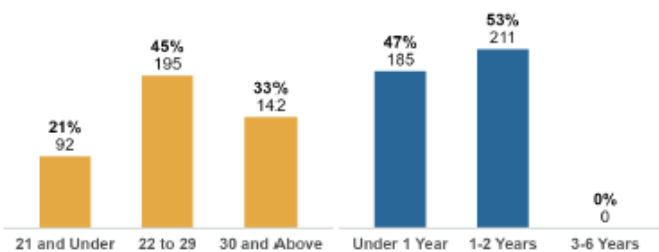
Yes

## Demographics

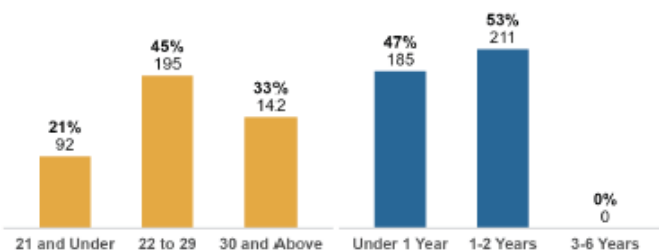
### Total Participants Served



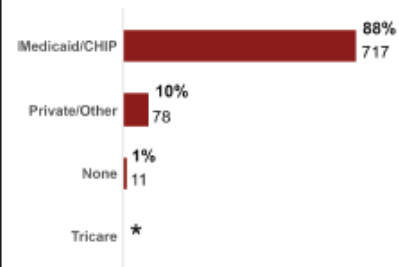
### Age of Adult Participants



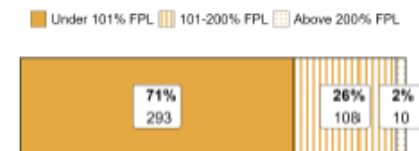
### Age of Child Participants



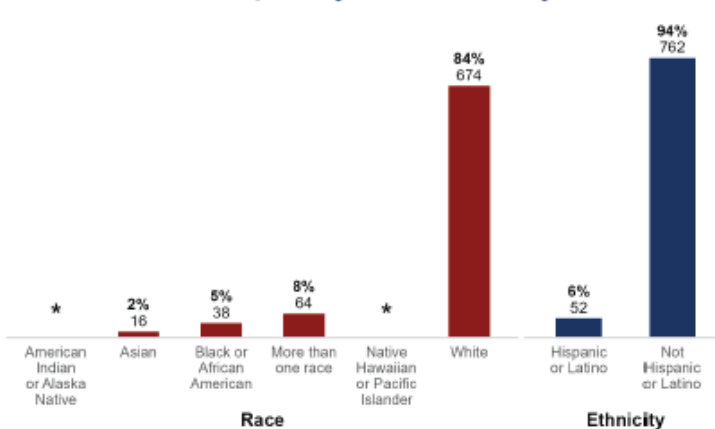
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Not Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Not Met



## 2024 MIECHV Report to Congress Awardee Profile

# Virginia

Virginia Department of Health

### Models Implemented

- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

Yes

## Demographics

### Total Participants Served

1,001

Adult  
Caregivers

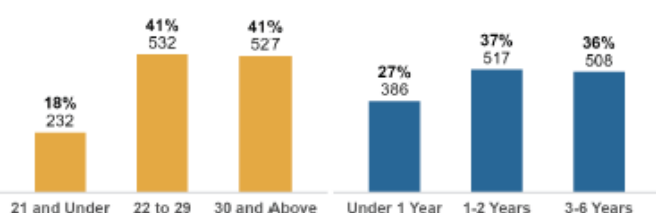
295

Pregnant  
Caregivers

1,412

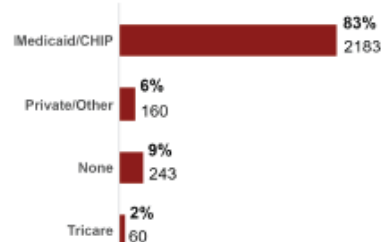
Children

### Age of Adult Participants



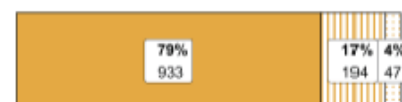
### Age of Child Participants

### Adult and Child Insurance Type

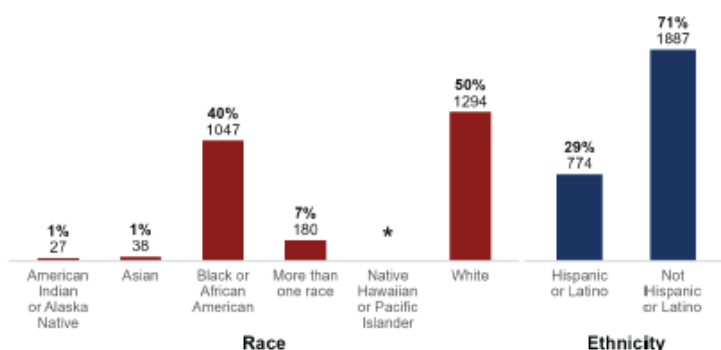


### Household Income

Under 101% FPL 101-200% FPL Above 200% FPL



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Not Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Washington

Washington Department of Children, Youth and Families

### Models Implemented

- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

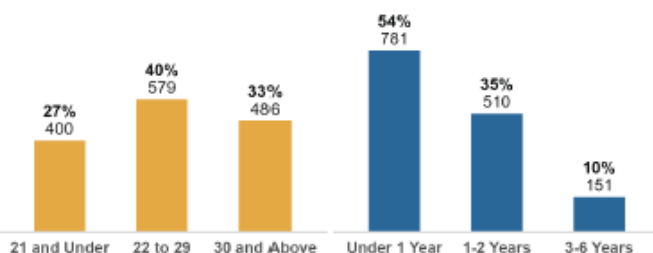
Unk

## Demographics

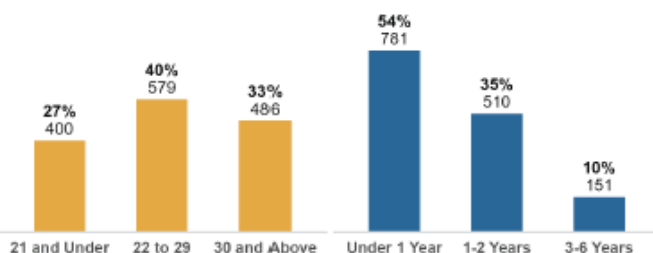
### Total Participants Served



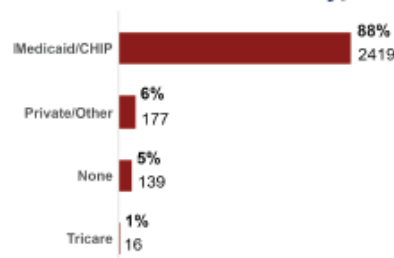
### Age of Adult Participants



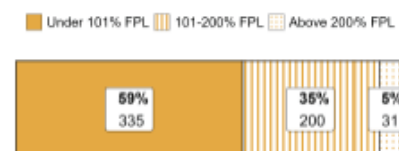
### Age of Child Participants



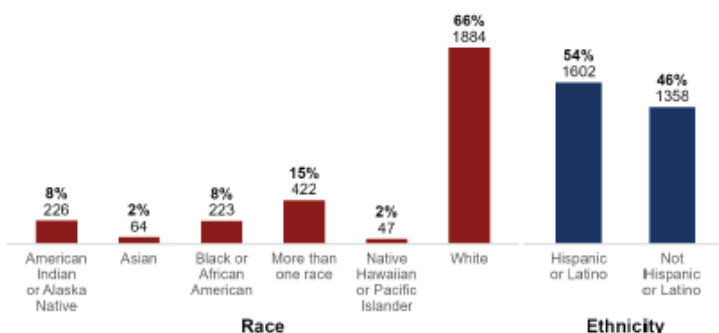
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Washington, D.C.

Government of the District of Columbia

### Models Implemented

- Healthy Families America
- Parents as Teachers

Received  
Matching  
Funds

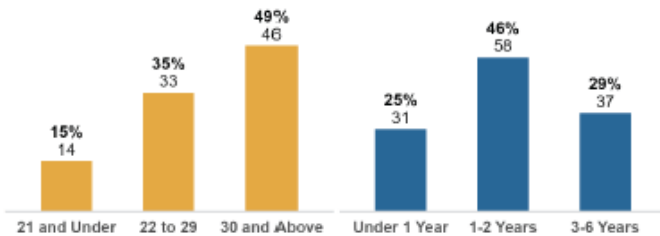
Yes

## Demographics

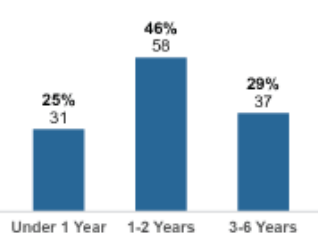
### Total Participants Served



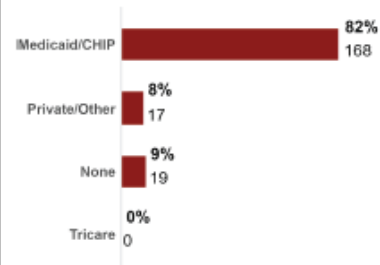
### Age of Adult Participants



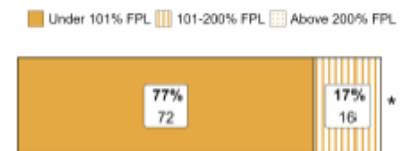
### Age of Child Participants



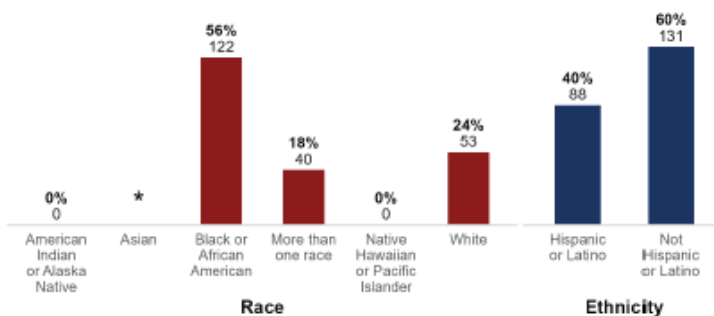
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

### Demonstration of Improvement (DOI)

MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Not Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# West Virginia

West Virginia Department of Health and Human Resources

### Models Implemented

- Early Head Start-Home-Based Options
- Healthy Families America
- Parents as Teachers

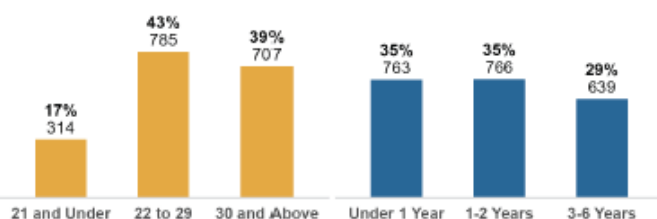
Received  
Matching  
Funds **Yes**

## Demographics

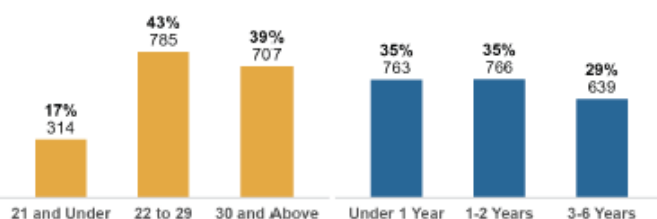
### Total Participants Served



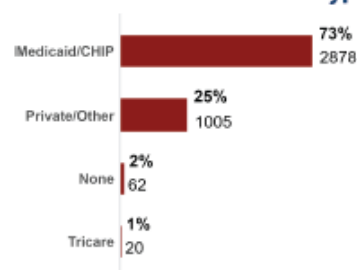
### Age of Adult Participants



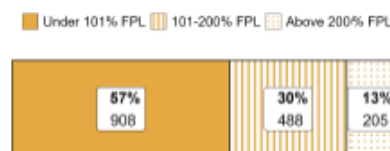
### Age of Child Participants



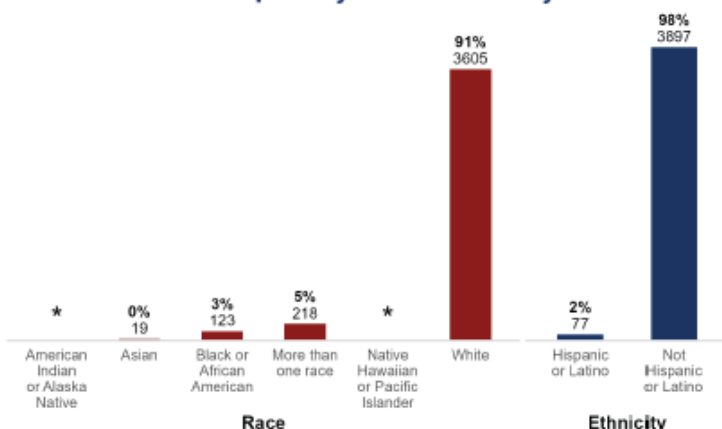
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

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MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of six benchmark areas every three years. More information on demonstration of improvement can be found [here](#).

	DOI Status
Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Wisconsin

Wisconsin Department of Children and Families

### Models Implemented

- Early Head Start-Home-Based Options
- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Received  
Matching  
Funds

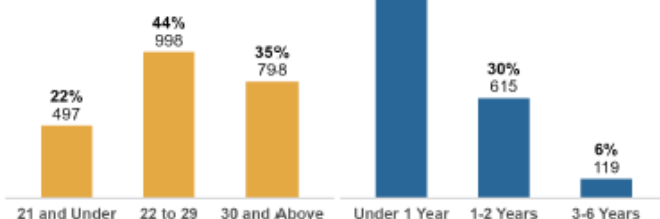
Yes

## Demographics

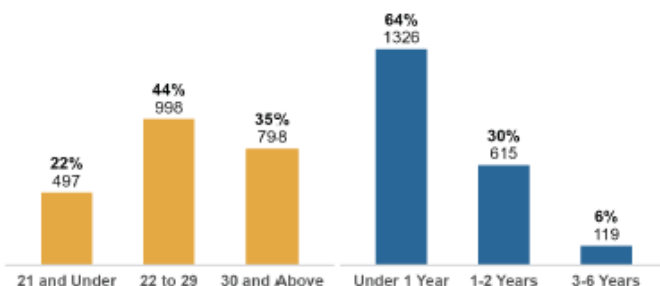
### Total Participants Served



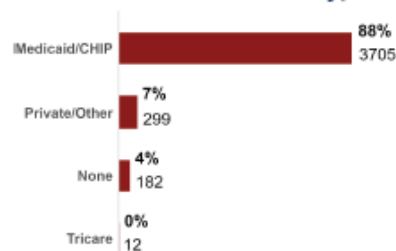
### Age of Adult Participants



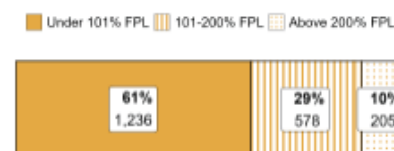
### Age of Child Participants



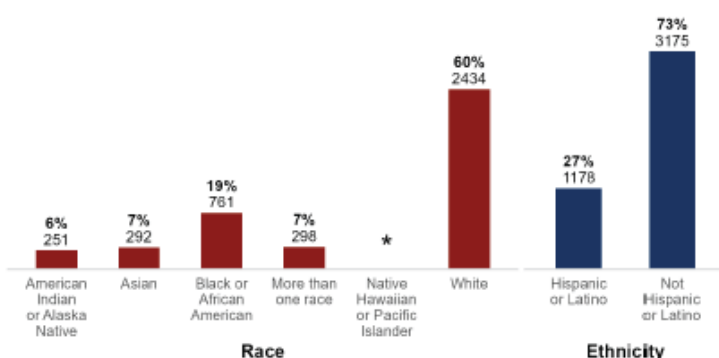
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



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Overall DOI	Met
DOI by Benchmark	
Maternal & Newborn Health	Met
Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## 2024 MIECHV Report to Congress Awardee Profile

# Wyoming

Wyoming Department of Family Services

### Models Implemented

- Parents as Teachers

Received  
Matching  
Funds

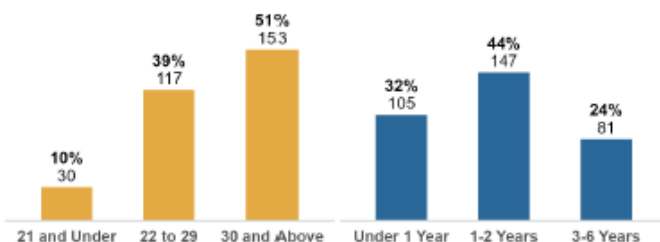
Yes

## Demographics

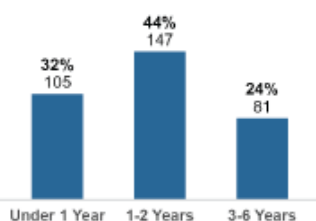
### Total Participants Served



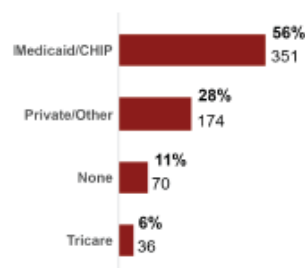
### Age of Adult Participants



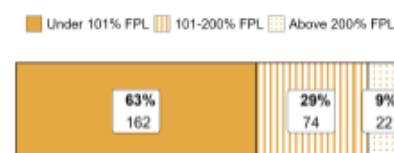
### Age of Child Participants



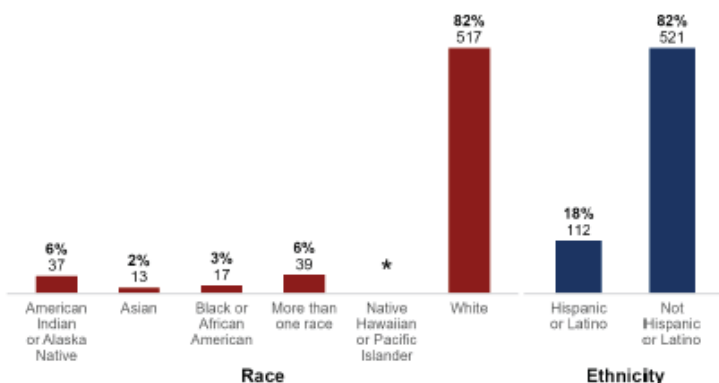
### Adult and Child Insurance Type



### Household Income



### Adult and Child Participants by Race and Ethnicity



**Note:** Unknown/did not report/missing data were not included in the denominator when calculating percentages. Rounding may cause percentages to not add exactly to 100. Categories with n<10 are suppressed and are indicated by an asterisk (\*). Acronyms: FPL – Federal Poverty Level, DOI – Demonstration of Improvement, CHIP – Children's Health Insurance Program.

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Child Injuries, Maltreatment & Emergency Department Visits	Met
School Readiness & Achievement	Met
Crime or Domestic Violence	Met
Family Economic Self-Sufficiency	Met
Coordination & Referrals	Met

## Appendix B. MIECHV Program Required Data Elements and Purpose

Required Data Element	Purpose of Data Collection	
	Measures Performance	Statutory Requirements (Social Security Act, section 511)
<b>FORM 1 (ANNUALLY)</b>		
Number of newly enrolled and continuing participants <ul style="list-style-type: none"> <li>Adult caregiver/pregnant participants by:               <ul style="list-style-type: none"> <li>Age</li> <li>Gender</li> <li>Race</li> <li>Ethnicity</li> <li>Marital status</li> <li>Educational attainment</li> <li>Employment status</li> <li>Housing status</li> <li>Type of health insurance coverage</li> </ul> </li> <li>Index children by:               <ul style="list-style-type: none"> <li>Age</li> <li>Gender</li> <li>Race</li> <li>Ethnicity</li> <li>Primary language spoken at home</li> <li>Type of usual source of medical care</li> <li>Type of usual source of dental care</li> </ul> </li> </ul>	Program reach; participant demographics	(d)(5) and (j)(3)
Number of households by: <ul style="list-style-type: none"> <li>Income</li> <li>Each priority population characteristic</li> <li>Status (currently receiving services, completed program, stopped services, enrolled but not receiving services, unknown/did not report)</li> </ul>	Program reach; participant demographics; service utilization	(d)(5) and (j)(3)
Unduplicated number of participants and households served by state home visiting programs (non-Maternal, Infant, and Early Childhood Home Visiting (MIECHV))	Program reach of non-MIECHV funds <sup>†</sup>	(e)(9)
Number of home visits by service modality for each home visiting model/promising approach	Service utilization	(e)(8)(A)
Number of newly enrolled and continuing households for each home visiting model/promising approach	Service utilization	(d)(3)(A); (j)(3)
<b>FORM 2 (ANNUALLY)</b>		



Required Data Element	Purpose of Data Collection	
	Measures Performance	Statutory Requirements (Social Security Act, section 511)
Preterm birth - percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	Systems outcome <sup>‡</sup>	(d)(1) and (d)(2)
Breastfeeding - percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	Systems outcome	(d)(1) and (d)(2)
Depression screening - percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	Program outcome <sup>§</sup>	(d)(1) and (d)(2)
Well-child visit - percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics schedule	Program outcome	(d)(1) and (d)(2)
Postpartum care - percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Program outcome	(d)(1) and (d)(2)
Tobacco cessation referrals - percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment	Program outcome	(d)(1) and (d)(2)
Safe sleep - percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding	Program outcome	(d)(1) and (d)(2)
Child injury - rate of injury-related visits to the Emergency Department during the reporting period among children enrolled in home visiting	Systems outcome	(d)(1) and (d)(2)
Child maltreatment - percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	Systems outcome	(d)(1) and (d)(2)
Parent-child interaction - percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	Program outcome	(d)(1) and (d)(2)
Early language and literacy activities - percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	Program outcome	(d)(1) and (d)(2)



Required Data Element	Purpose of Data Collection	
	Measures Performance	Statutory Requirements (Social Security Act, section 511)
Developmental screening - percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	Program outcome	(d)(1) and (d)(2)
Behavioral concern inquiries - percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Program outcome	(d)(1) and (d)(2)
Intimate partner violence screening - percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	Program outcome	(d)(1) and (d)(2)
Primary caregiver education - percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting	Systems outcome	(d)(1) and (d)(2)
Continuity of insurance coverage - percent of primary caregivers enrolled in home visiting for at least 6 months who had continuous health insurance coverage for the most recent 6 consecutive months	Systems outcome	(d)(1) and (d)(2)
Completed depression referrals - percent of primary caregivers referred to services for a positive screen for depression who receive 1 or more service contacts	Systems outcome	(d)(1) and (d)(2)
Completed developmental referrals - percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	Systems outcome	(d)(1) and (d)(2)
Intimate partner violence referrals - percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information for IPV resources	Program outcome	(d)(1) and (d)(2)
<b>FORM 4 (QUARTERLY)</b>		
Number of households by: <ul style="list-style-type: none"> <li>Newly enrolled/continuing</li> <li>Status (currently receiving services, completed program, stopped services before completion, other)</li> </ul>	Program capacity; service utilization	(d)(3)(C)
Maximum service capacity	Program capacity	(d)(3)(C)
LIA names/addresses	Program capacity	(d)(3)(C)
Counties/zip codes served by each LIA	Program reach	(d)(5)(A)

Required Data Element	Purpose of Data Collection	
	Measures Performance	Statutory Requirements (Social Security Act, section 511)
Home visiting model/promising approach implemented by each LIA	Program capacity	(d)(3)(A); (d)(3)(C)
Number of full-time MIECHV staff (home visitors, supervisors, other staff)	Program capacity	(d)(3)(C)

Notes:

<sup>i</sup> Appendix B includes information required of the 56 MIECHV awardees and jurisdictions per statute requirements. The Tribal MIECHV Program also requires data elements of its grant recipients, which are very similar to those listed in Appendix B with some differences (e.g., many data elements are only collected for newly enrolled participants, some data element breakdowns differ).

<sup>†</sup> HRSA's intent for collecting participant information for non-MIECHV evidence-based and promising approach home visiting programs is to better document the reach of the MIECHV Program. MIECHV Program awardees use federal awards to leverage additional funding to expand their evidence-based home visiting services. Documenting the scope of those services will allow HRSA to better understand the breadth of evidence-based home visiting services available in states and jurisdictions.

<sup>‡</sup> Measures program performance in outcomes that are more distal to the home visiting intervention or are less sensitive to change due to home visiting alone because of many factors, including confounding influences or differences in available system infrastructure at the state or community level.

<sup>§</sup> Measures program performance in outcomes that are relatively proximal to the home visiting intervention or shown to be sensitive to home visiting alone.

## Appendix C. Recommendations to Reduce Administrative Burden

Appendix C provides recommendations to reduce administrative burden and the estimated burden reduction for each recommendation. To develop the list of recommendations to reduce administrative burden, HRSA categorized possible recommendations for each form, assessed the feasibility of recommendations, and collected input from awardees on the impact and unintended consequences of recommendations. HRSA compared the total burden of each form (in hours) to the proposed change to the form to produce an estimate of the burden reduction for each recommendation. The total estimated burden reduction is 7,057 hours, which is equivalent to a 38 percent reduction.

<b>Recommendation</b>	<b>Estimated Burden Reduction in hours/year per awardee</b>
<b>Application Materials</b>	
Reduce and streamline reporting requirement element(s)	53
Provide clear guidance and templates	4
<b>Data and Performance Measures</b>	
Remove reporting requirement(s)	60
Reduce and streamline reporting requirement element(s)	534
<b>Evaluation and Continuous Quality Improvement</b>	
Reduce and streamline reporting requirement element(s)	168
Reduce frequency of reporting	324
Provide clear guidance and templates	17
<b>Progress Reports</b>	
Remove and revise reporting requirement(s)	5,686
<b>Site Visits</b>	
Reduce and streamline reporting requirement element(s)	19
<b>Financial Forms</b>	
Remove reporting requirement(s)	192
<b>Total</b>	<b>7,057 (38%)</b>



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

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Assistant Secretary for Legislation  
Washington, DC 20201

January 14, 2025

The Honorable Mike Crapo  
Chair  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chair Crapo:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in section 511 of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

This report includes information and program data on each of the requirements designated in section 6101 and related program activities and initiatives from fiscal year 2023 including information on new funding reservations, funds appropriated for matching grants introduced in fiscal year 2023, and statutory requirement on reducing administrative burden. The report discusses how these activities and initiatives align with the mission of the Maternal, Infant, and Early Childhood Home Visiting Program. The MIECHV Program is administered by HRSA's Maternal and Child Health Bureau in partnership with the Administration for Children and Families.

I hope you find this information helpful.

Sincerely,

/Melanie Anne Egorin/

Melanie Anne Egorin, PhD  
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

---

Assistant Secretary for Legislation  
Washington, DC 20201

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Senator Wyden:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in section 511 of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

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I hope you find this information helpful.

Sincerely,

Melanie Anne Egorin, PhD  
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

---

Assistant Secretary for Legislation  
Washington, DC 20201

The Honorable Jason Smith  
Chair  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

Dear Chair Smith:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in section 511 of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

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Sincerely,

Melanie Anne Egorin, PhD  
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

---

Assistant Secretary for Legislation  
Washington, DC 20201

The Honorable Richard E. Neal  
Ranking Member  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative Neal:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in section 511 of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

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I hope you find this information helpful.

Sincerely,

Melanie Anne Egorin, PhD  
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

---

Assistant Secretary for Legislation  
Washington, DC 20201

The Honorable Kamala D. Harris  
Vice President of the United States  
President of the Senate  
Washington, DC 20510

Dear Madam Vice President:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in section 511 of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

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Sincerely,

Melanie Anne Egorin, PhD  
Assistant Secretary for Legislation

Enclosure





DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

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Assistant Secretary for Legislation  
Washington, DC 20201

The Honorable Mike Johnson  
Speaker of the House of Representatives  
Washington, DC 20515

Dear Mr. Speaker:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in section 511 of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

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Assistant Secretary for Legislation

Enclosure