



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

**REPORT TO CONGRESS**

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

**2025**

# Executive Summary

The Health Resources and Services Administration’s Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting services for pregnant women and parents with young children who live in communities nationwide that face greater risks and barriers to achieving positive maternal and child health outcomes. The MIECHV Program builds upon decades of gold-standard scientific research showing that voluntary home visits by a nurse, social worker, or other trained professional during pregnancy, and in the first years of life, can improve the lives of children and families.

Evidence-based home visiting promotes positive maternal and child health outcomes through trusted relationships between home visitors and families. Trained home visiting professionals meet regularly in the home with expectant parents or families with young children who want and ask for help, providing services tailored to families’ needs.

Home visitors empower parents with the education and tools they need to make the best decisions for their children and families. With a nationwide reach, home visiting services help prevent childhood and adult chronic diseases and behavioral health conditions while reducing spending on government programs and increasing individual earnings.<sup>1</sup>

The MIECHV Program is administered by the Health Resources and Services Administration’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 the development and implementation of home visiting programs in American Indian and Alaska Native (AI/AN) communities. The MIECHV Program and the Tribal MIECHV Program funding recipients identify and serve statutorily defined priority populations that are at risk for adverse family outcomes, such as families with low incomes, people with a history of substance use disorder, families with a history of child abuse or neglect, 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) 2024, 24 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 2024, MIECHV awardees implemented 14 evidence-based models, and three awardees implemented and evaluated promising approaches. Currently, 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

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<sup>1</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>

visiting programs for AI/AN populations using models that are considered promising approaches for serving AI/AN populations.

In December 2022, the Consolidated Appropriations Act, 2023 (Public Law 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 for FYs 2023 through 2027, and it included a new reservation of appropriations for 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 2024, reflecting the most current data available. In FY 2024, MIECHV grants were awarded to all 50 states, the District of Columbia, and five U.S. territories to deliver coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families. In FY 2024, awardees provided 989,651 home visits to 150,332 adults and children in over 1,000 counties, of which 62 percent were rural.

In addition, the Tribal MIECHV Program awarded 47 grants to tribal entities to plan and deliver home visiting services. A total of 1,914 adults and 1,804 children received home visiting services through the Tribal MIECHV Program in FY 2024.

MIECHV Program awardees maintained steady progress toward meeting the program goals through FY 2024. Their progress is measured by 19 performance indicators in six statutorily defined benchmark areas: (1) improved maternal and newborn health; (2) reduced child injuries, maltreatment, and emergency department visits; (3) improved school readiness and achievement; (4) reduced crime or domestic violence; (5) improved family economic self-sufficiency; and (6) 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 demonstrating improvement.

# Table of Contents

<b>Executive Summary</b> .....	<b>i</b>
<b>I. Legislative Requirement</b> .....	<b>3</b>
<b>II. Introduction</b> .....	<b>4</b>
Overview of MIECHV .....	4
State and Jurisdiction Program Overview.....	5
FY 2024 Program Funding .....	6
<b>III. Home Visiting Models</b> .....	<b>7</b>
Home Visiting Models in Use .....	8
Fund Expenditure by Model .....	9
<b>IV. MIECHV Program Reach and Demographics</b> .....	<b>9</b>
MIECHV Program Reach .....	9
Demographics of Participating Families.....	10
<b>V. MIECHV Program Outcomes</b> .....	<b>14</b>
MIECHV Performance Outcomes .....	14
Demonstration of Improvement.....	18
Required Data Elements .....	19
Outcomes Dashboard .....	19
<b>VI. Tribal MIECHV Program</b> .....	<b>19</b>
Tribal MIECHV Program Overview .....	19
Tribal MIECHV Reach and Demographics of Participating Families .....	21
Demographic Characteristics .....	21
Priority Populations .....	23
Tribal MIECHV Performance Outcomes .....	24
Tribal MIECHV Program Data Elements.....	26
<b>VII. Technical Assistance</b> .....	<b>27</b>
MIECHV Technical Assistance Resource Center .....	27
Home Visiting Collaborative Improvement and Innovation Network .....	28
Programmatic Assistance for Tribal Home Visiting.....	28
Tribal Evaluation Institute .....	28
<b>VIII. Workforce Development and Support</b> .....	<b>29</b>
Institute for Home Visiting Workforce Development and Jackie Walorski Center for Evidence-Based Case Management.....	29
Other Workforce-related TA and Research and Evaluation Activities .....	29
<b>IX. Funding Amounts and Requirements</b> .....	<b>30</b>
<b>X. Summary</b> .....	<b>30</b>
<b>XI. Appendices</b> .....	<b>32</b>

## List of Figures

<b>Figure 1:</b> MIECHV Program Benchmarks .....	6
<b>Figure 2:</b> MIECHV Program Reach in FY 2024 .....	10
<b>Figure 3:</b> National Summary of Families Served by MIECHV, FY 2024 .....	12
<b>Figure 4:</b> Priority Populations Among MIECHV Households, FY 2024 .....	14
<b>Figure 5:</b> MIECHV Performance Measures, FY 2024 .....	16
<b>Figure 6:</b> FY 2023 Demonstration of Improvement Results, Overall and by Benchmark Area	18
<b>Figure 7:</b> Overview of Newly Enrolled Tribal MIECHV Participants, FY 2024.....	22
<b>Figure 8:</b> Priority Populations Among Newly Enrolled Tribal MIECHV Households, FY 2024 .....	23
<b>Figure 9:</b> Tribal MIECHV Performance Measures, FY 2024 .....	25

## List of Tables

<b>Table 1:</b> Appropriations, FY 2024 – 2027* .....	7
<b>Table 2:</b> Home Visiting Models in Use by MIECHV Awardees .....	8
<b>Table 3:</b> Share of FY 2022 Funds Expended on Each Model.....	9
<b>Table 4:</b> Tribal MIECHV Models and Promising Approaches.....	21

## 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	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
HV CoIN	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
P.L.	Public Law
TA	technical assistance
TARC	technical assistance resource center
TEI	Tribal Evaluation Institute

# I. Legislative Requirement

Section 511(j) of the Social Security Act, as added 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) 2024, the second 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 tribal entities to provide families with the tools they need to thrive. The MIECHV Program supports voluntary, evidence-based home visiting services for pregnant women and parents with young children who live in communities nationwide that face greater risks and barriers to achieving positive maternal and child health outcomes. The MIECHV Program builds upon decades of gold-standard scientific research showing that voluntary home visits by a nurse, social worker, or other trained professional during pregnancy, and in the first years of life, can improve the lives of children and families by:

- Improving maternal and child health, and helping to prevent childhood and adult chronic disease and behavioral health conditions;
- Supporting families to prevent child abuse and neglect;
- Promoting child development and school readiness; and
- Boosting families' economic self-sufficiency.

Evidence-based home visiting promotes positive maternal and child health outcomes through trusted relationships between home visitors and families. Trained home visiting professionals meet regularly in the home with expectant parents or families with young children who want and ask for help. Home visitors provide services tailored to families' needs, such as:

- Educating on topics such as breastfeeding, safe sleep, injury prevention and nutrition, and promoting healthy lifestyles.
- Screening and providing referrals to address caregiver mental health needs and family violence.
- Screening children for developmental delays and facilitating early diagnosis and intervention for autism and developmental disabilities.
- Creating a language-rich environment that stimulates early language development and prepares children to succeed in school.
- Supporting parents to reach economic goals, like going back to school or obtaining employment.
- Connecting families to health care and other community resources that meet their needs.

Home visitors empower parents with the education and tools they need to make the best decisions for their children and families. 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>7</sup>

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

## 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>8</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 women, 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>9</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.

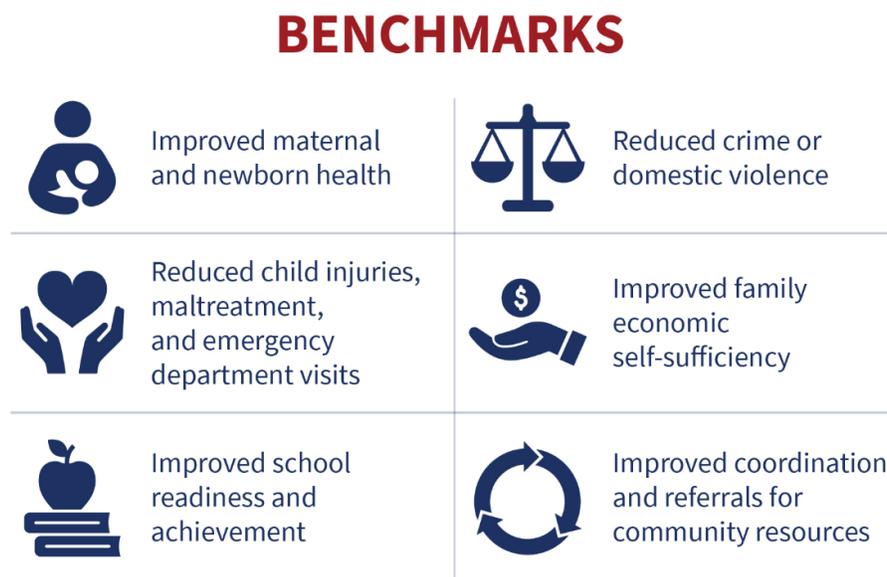
Awardees deliver high-quality home visiting services to improve target outcomes in six statutorily defined benchmark areas (see Figure 1).

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<sup>8</sup> 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>9</sup> Social Security Act, section 511(d)(5) (42 U.S.C. 711(d)(5)), as redesignated by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

**Figure 1: MIECHV Program Benchmarks**



The FY 2024 performance measure data demonstrate the continued impact of home visiting programs in several areas. For example, home visiting programs have led to improvements in:

- Accessing preventive health care, including well-child and postpartum care;
- Screening children for developmental delays and facilitating early diagnosis and intervention for autism and developmental disabilities; and
- Family behaviors that contribute to children’s well-being, including quality interactions between caregivers and children and promotion of early language and literacy.

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

### **FY 2024 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 2024, the MIECHV Program was appropriated \$550 million and funded programs in all 50 states, the District of Columbia, and five U.S. territories.

The MIECHV Program appropriations for FY 2024 through FY 2027 are shown in Table 1.<sup>10</sup>

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<sup>10</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 2024 – 2027\***

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

\* Figures do not account for sequestration.

Of the funding appropriated for the MIECHV Program, 6 percent is reserved for grants to tribal organizations. 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, Congress required reservation of the following:

- Two percent reserved for workforce support, retention, and case management. Through a portion of this funding, HRSA awarded a 5-year cooperative agreement for 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 reserved 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 reserved 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.

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.

### **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 for evidence of effectiveness.

Awardees 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 2024, 24 evidence-based home visiting models identified by the Home Visiting Evidence of Effectiveness reviews were eligible for implementation with MIECHV funds.<sup>11</sup>

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<sup>11</sup> For more details, see <https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees>.

MIECHV awardees can implement one 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 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 2024, MIECHV awardees implemented 14 evidence-based models, and three awardees implemented and evaluated three promising approaches (see Table 2). Thirteen awardees implemented one model only, and 43 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>12</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 2024</b>
Parents as Teachers	40
Healthy Families America	37
Nurse-Family Partnership	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	2
Health Access Nurturing Development Services Program	1
Maternal Infant Health Outreach Worker	1
Play and Learning Strategies	1
Promoting First Relationships	1
<b>Promising Approach Implemented in FY 2024</b>	<b>Awardee</b>
Following Baby Back Home	Arkansas
Health Start	Arizona
Team for Infants Exposed to Substance Abuse	Kansas

<sup>12</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>

## Fund Expenditure by Model

The MIECHV authorizing statute requires awardees to submit expenditure data by each model they implement. Table 3 shows the share of the FY 2022 awards, covering September 30, 2022, to September 29, 2024, 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 (25 percent).

**Table 3: Share of FY 2022 Funds Expended on Each Model**

Model	Share of FY 2022 Funds Expended
Parents as Teachers	33%
Nurse-Family Partnership	29%
Healthy Families America	25%
Maternal Early Childhood Sustained Home-Visiting Program	3%
Health Access Nurturing Development Services Program	3%
Home Instruction for Parents of Preschool Youngsters	2%
Early Head Start Home-Based Option	2%
SafeCare Augmented	1%
Child First	1%
Family Check-Up	<1%
Family Spirit	<1%
Promoting First Relationships	<1%
Play and Learning Strategies	<1%
Team for Infants Exposed to Substance Abuse*	<1%
Health Start*	<1%
Following Baby Back Home*	<1%
<b>Total</b>	<b>100%</b>

*Note:* Percentages represent share of FY 2022 awards expended for model being implemented.

\*Indicates promising approach models

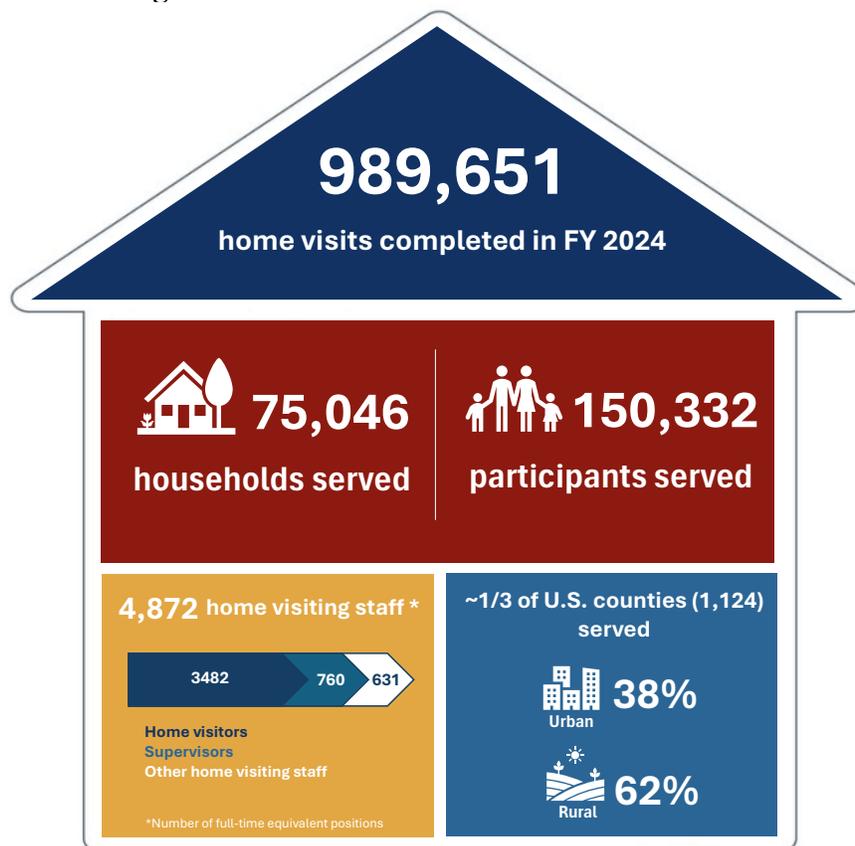
## IV. MIECHV Program Reach and Demographics

### MIECHV Program Reach

In FY 2024, the 56 MIECHV awardees provided 989,651 home visits to 150,332 adults and children in 75,046 households (see Figure 2). The program served 1,124 counties – a 34 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, 62 percent were rural, and 38 percent were urban. The MIECHV Program

supported home visiting services in 47 percent of all urban counties and 30 percent of all rural counties in the United States.<sup>13</sup>

**Figure 2: MIECHV Program Reach in FY 2024**



The MIECHV Program served 75,046 families in FY 2024, which represents an estimated 19 percent of the more than 397,000 families who are likely eligible and in need of MIECHV services.<sup>14</sup>

## Demographics of Participating Families

The MIECHV Program has consistently served priority populations identified in statute that are at risk for adverse family and child outcomes. The following section presents a national snapshot of the characteristics of program participants that the MIECHV Program served in FY 2024 (see Figure 3 for additional details). The MIECHV Program Outcomes Dashboard provides additional demographic information by awardee.<sup>15</sup> In FY 2024, 77,003 adults and

<sup>13</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>14</sup> Internal analysis using 2024 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.

<sup>15</sup> HRSA Maternal and Child Health. (n.d.). Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: The MIECHV Outcomes Dashboard. <https://data.hrsa.gov/topics/mchb/miechv>

73,329 children received home visiting services. About 40 percent of participants were newly enrolled in the MIECHV Program in FY 2024, while the rest continued from the prior year.

Of adult participants, 29 percent were pregnant at enrollment. Most adult participants (60 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 (62 percent of adults and 59 percent of children). Black or African American adults and children each made up about one quarter of participants (25 percent of adults and 24 percent of children). Thirty-six percent of adults and 39 percent of children identified as Hispanic or Latino.

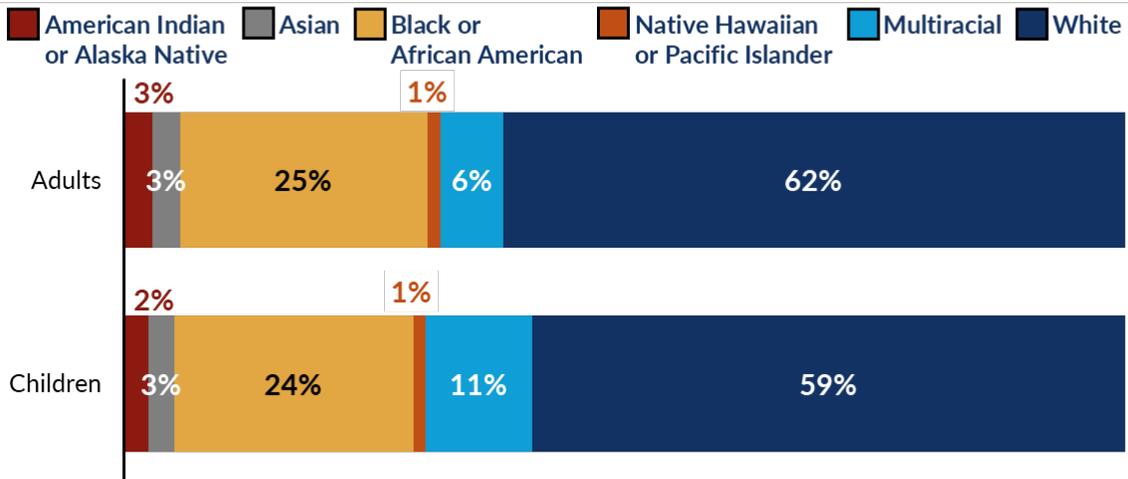
Twenty-four percent of child participants resided in a household where English is not the primary language. A total of 20 percent of households spoke Spanish as the primary language. Most adults and children (73 percent and 83 percent, respectively) were insured through Medicaid or the Children's Health Insurance Program. Figure 3 summarizes various demographic factors of MIECHV participants.

Figure 3: National Summary of Families Served by MIECHV, FY 2024

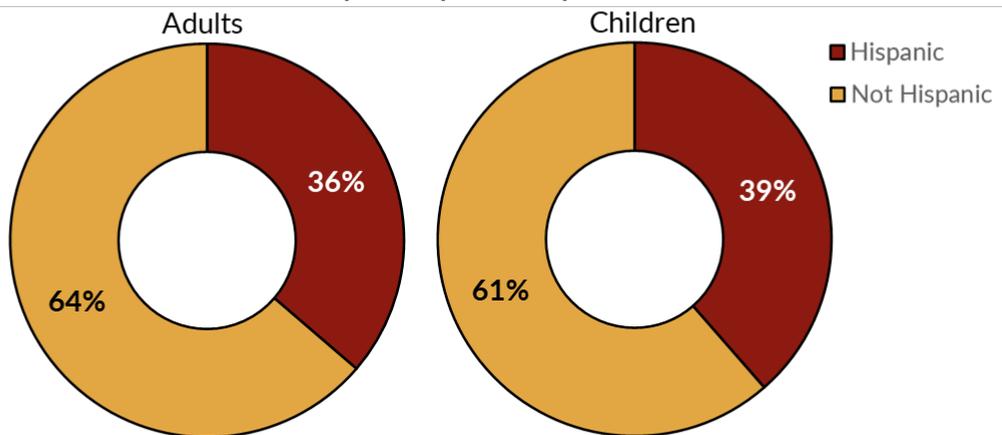
## MIECHV PARTICIPANTS



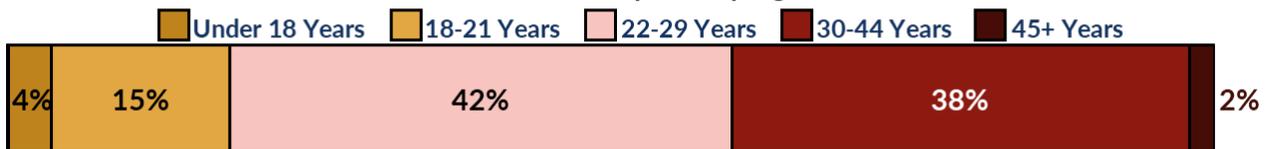
### Participants by Race



### Participants by Ethnicity



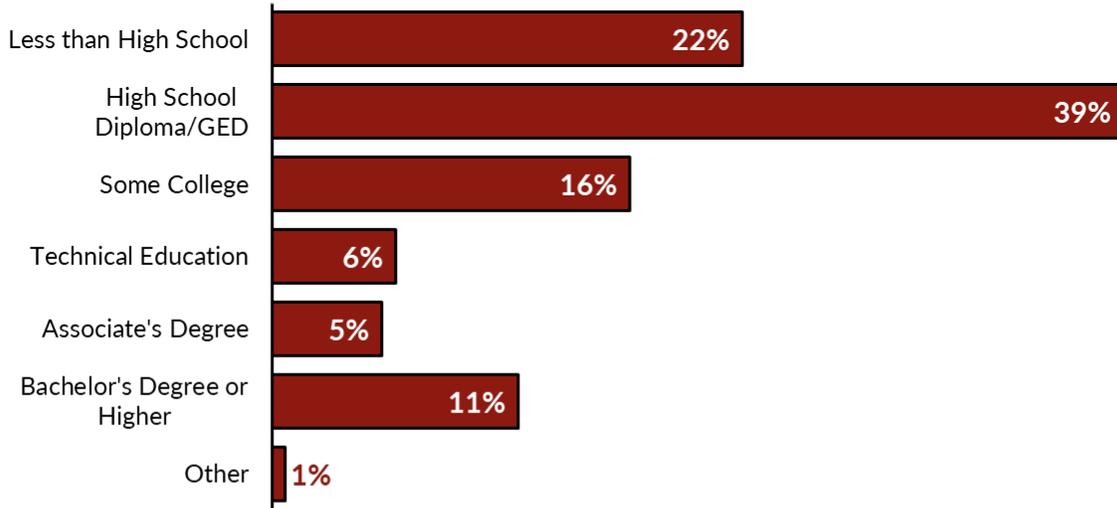
### Adult Participants by Age



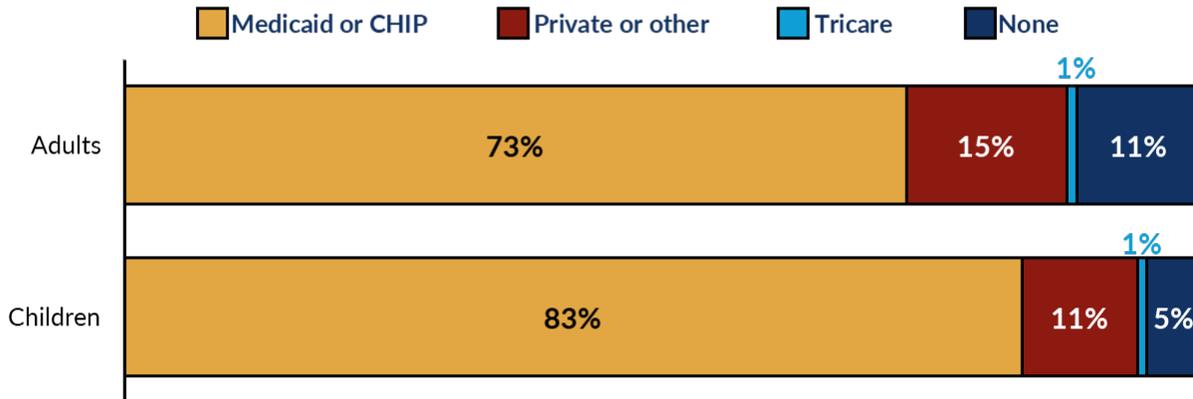
### Child Participants by Age



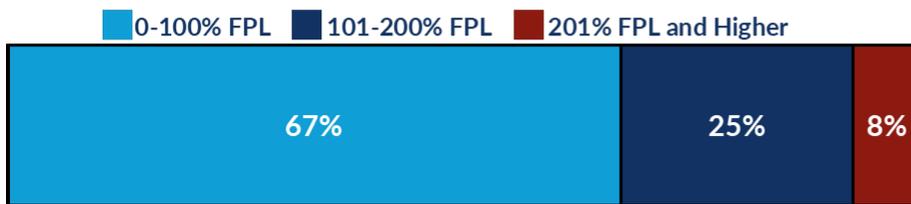
### Adult Participants by Educational Achievement



### Participants by Insurance Status



### Households by Income Status

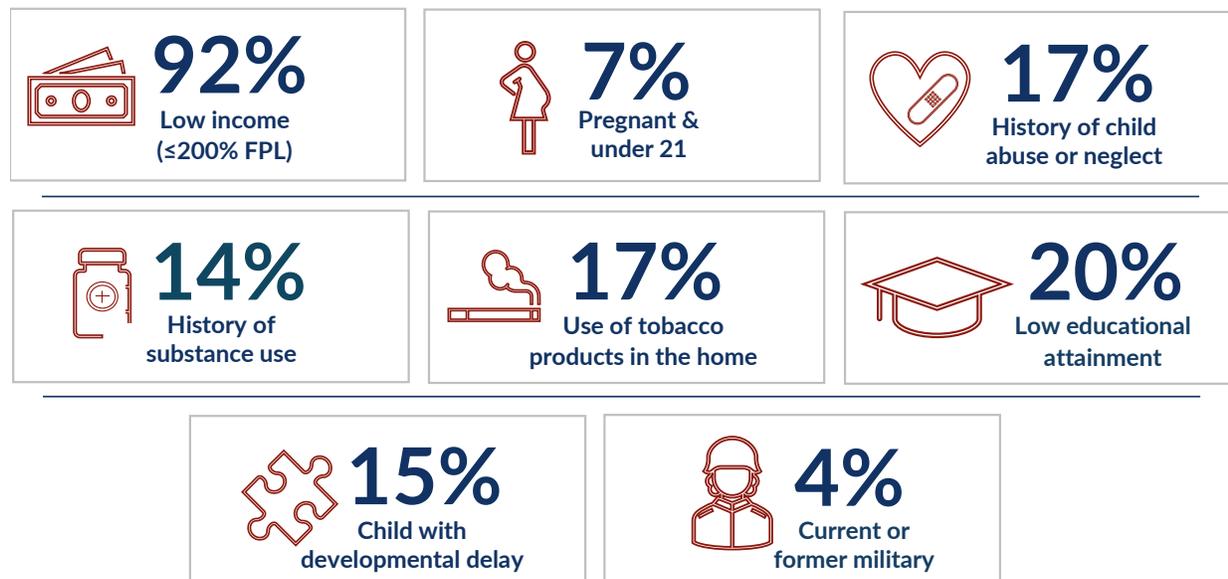


**3%** of MIECHV adults are homeless, and **3%** are living in public housing

Missing data are not shown and are excluded from denominators when calculating percentages. Categories may not sum to 100% due to rounding. Categories for household income have been aggregated for readability. Acronyms: FPL = Federal Poverty Level. GED = General Education Development. CHIP = Children's Health Insurance Program.

Figure 4 shows the proportion of MIECHV participants by each statutorily defined priority population.

**Figure 4: Priority Populations Among MIECHV Households, FY 2024**



## 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.

The MIECHV performance measurement system used in FY 2024 includes 19 required and two optional measures across the six benchmark areas. The measures are categorized into two 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>16</sup>

Figure 5 summarizes the MIECHV national outcomes of the 19 performance measures for FY 2024. The data showed improvement across the performance measures overall. MIECHV had the following key achievements in FY 2024:

- Eighty-three percent of children enrolled in MIECHV had a family member who read, told stories, or sang with them daily, which increases a child’s vocabulary and literacy

<sup>16</sup> HRSA Maternal and 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>

skills.<sup>17,18</sup> This is an increase from a 3-year rolling average of 80 percent (FY 2021 to FY 2023).

- Seventy-eight 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.<sup>19</sup> This is a 3-percentage point increase from a 3-year rolling average of 75 percent (FY 2021 to FY 2023).
- Seventy-two percent of children enrolled in MIECHV received a 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.<sup>20</sup> This figure is an increase from a 3-year rolling average of 70 percent (FY 2021 to FY 2023).
- Seventy-six 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>21,22</sup> This performance represents a 6-percentage point increase from a 3-year rolling average of 70 percent (FY 2021 to FY 2023).

In their FY 2024 performance reports, awardees described successes resulting from CQI efforts, collaborations with community and state partners, and improvements in data collection, monitoring, and reporting. Specifically, awardees reported success with service expansion efforts, CQI efforts to improve recruitment and retention of families, as well as efforts to reduce missing data through modifying data collection time points, conducting frequent data reviews, and providing TA to local implementing agency (LIA) staff. More awardees reported successes in the recruitment and retention of staff compared to prior years, with some awardees still reporting staffing challenges. Awardees also reported challenges around model-specific data issues and identifying or adapting screening tools and measures for the communities they serve. The performance measures for each awardee are available on the MIECHV Program Outcomes Dashboard.<sup>23</sup>

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<sup>17</sup> Ramey, C. T., et. al. (2004). Early learning and school readiness: Can early intervention make a difference? *Merrill-Palmer Quarterly*, 50(4): 471-491.

<sup>18</sup> Brooks-Gunn, J, et, al. (2005). The contribution of parenting to ethnic and racial gaps in school readiness. *The future of children*, 15(1): 139-168.

<sup>19</sup> Lipkin, PH, et. al. (2020). Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, 145(1).

<sup>20</sup> American Academy of Pediatrics. Well-Child Visits: Parent and Patient Education. 2022.

<https://www.aap.org/en/practice-management/bright-futures>.

<sup>21</sup> Health Resources and Services Administration. Women’s Preventative Services Guidelines. 2022.

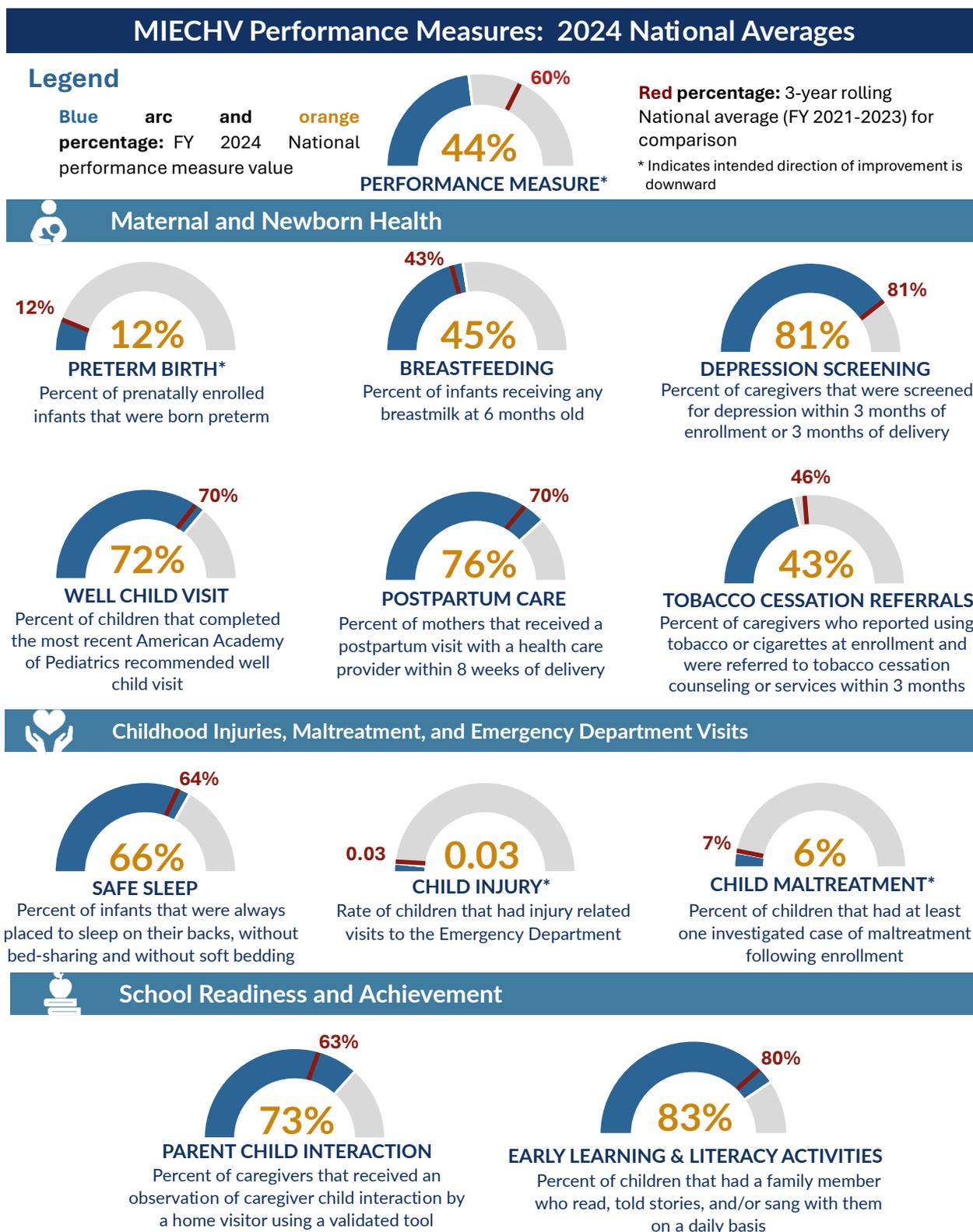
<https://www.hrsa.gov/womens-guidelines>.

<sup>22</sup> Centers for Disease Control and Prevention. Pregnant and Postpartum Women. 2022.

[https://www.cdc.gov/healthier/pregnant-postpartum/?CDC\\_AAref\\_Val=https://www.cdc.gov/healthier/pregnant-postpartum-women](https://www.cdc.gov/healthier/pregnant-postpartum/?CDC_AAref_Val=https://www.cdc.gov/healthier/pregnant-postpartum-women).

<sup>23</sup> See footnote 15.

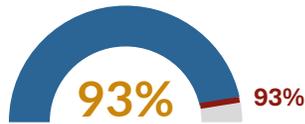
Figure 5: MIECHV Performance Measures, FY 2024



# MIECHV Performance Measures: 2024 National Averages

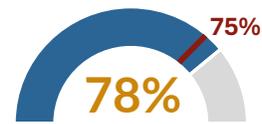


## School Readiness and Achievement



### 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

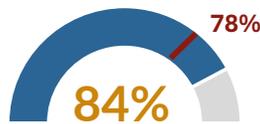


### DEVELOPMENTAL SCREENING

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



## Crime or Domestic Violence

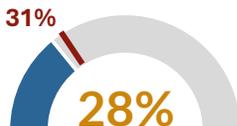


### INTIMATE PARTNER VIOLENCE (IPV) SCREENING

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

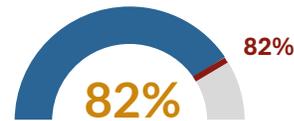


## Family Economic Self-Sufficiency



### 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

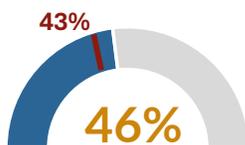


### CONTINUITY OF INSURANCE COVERAGE

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

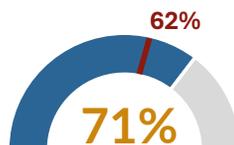


## Coordination & Referrals



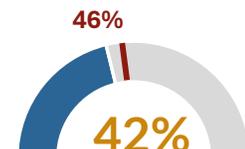
### COMPLETED DEPRESSION REFERRALS

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

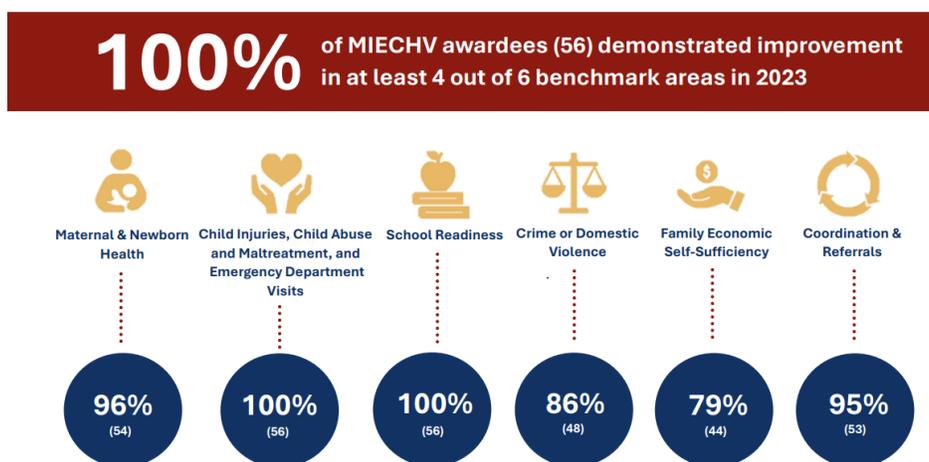
Percent of caregivers that had a positive IPV screen and received referral information for IPV services

## Demonstration of Improvement

Every 3 years, MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of the six benchmark areas, using annual performance data on the 19 performance measures.<sup>24</sup> Awardees that do not show improvement in at least four 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). All awardees also met the requirement during the previous assessment in FY 2020. Within the six 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 two 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. The MIECHV Program Outcomes Dashboard provides FY 2023 DOI results for each awardee.<sup>25</sup> 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>24</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 one measure for each benchmark area. Improvement for a measure is defined as meeting one 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.

<sup>25</sup> See footnote 15.

## 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 will 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 as outlined in the 2024 Report to Congress.<sup>26</sup> HRSA is currently in the process of implementing changes to reduce administrative paperwork burden by at least 15 percent.

## Outcomes Dashboard

On June 30, 2025, HRSA launched the MIECHV Program Outcomes Dashboard, which provides additional detail on national and awardee data, including the ability to track awardee progress in improving target outcomes in the six statutorily defined benchmark areas.<sup>27</sup>

## 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 and implement 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

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<sup>26</sup> See footnote 10.

<sup>27</sup> See footnote 15.

MIECHV Program. Six percent of MIECHV appropriations are reserved for this purpose, which was \$33 million in FY 2024.

The Tribal MIECHV Program works toward the following goals:<sup>28</sup>

- 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;
- 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 2024, the program funded 5-year cooperative agreements to tribal entities new to home visiting through the Tribal MIECHV Development and Implementation Grant program, as well as experienced tribal entities through the Tribal MIECHV Implementation and Expansion Grant program. In FY 2024, the Tribal MIECHV Program funded 47 grants (16 Development and Implementation Grants and 31 Implementation and Expansion Grants).<sup>29</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 AI/AN communities, is the only home visiting model determined to be evidence-based with AI/AN populations. 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 2024.

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<sup>28</sup> For more details, see <https://acf.gov/eed/tribal/tribal-home-visiting/about-tribal-home-visiting>.

<sup>29</sup> Throughout this report, the data reflects the 30 Tribal MIECHV grant recipients that were implementing services in FY 2024. The remaining recipients had not yet begun providing services.

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

<b>Model/Promising Approach</b>	<b>Number of Grant Recipients Implementing in FY 2024*</b>
Parents as Teachers	17
Family Spirit	8
Nurse-Family Partnership	3
Parent-Child Assistance Program	1
SafeCare Augmented	1
Healthy Families America	1

\*One Tribal MIECHV grant recipient implemented two models in FY 2024.

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

In recognition of tribal data sovereignty, participant confidentiality, and grant recipient privacy, ACF consulted 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 2024, a total of 1,914 adults and 1,804 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 2024, about 40 percent 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 778 adults and 732 children. Of the newly enrolled adult participants, approximately 40 percent were pregnant at enrollment.

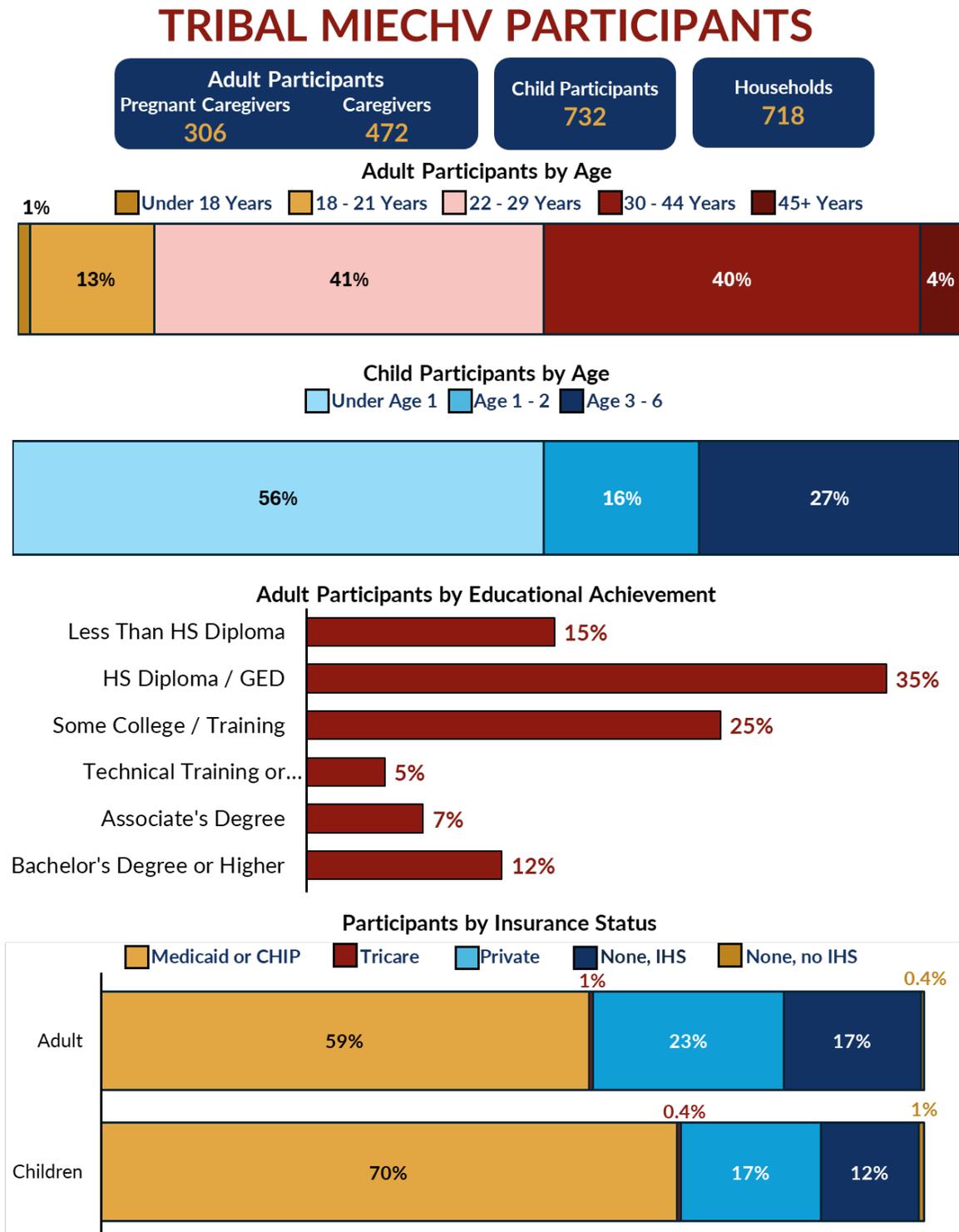
A majority of the adult participants were under 30 years old (55 percent), and most children were under age 3 (73 percent). Half of adult participants (50 percent) had a high school diploma or less and 6 percent of participants experienced homelessness.

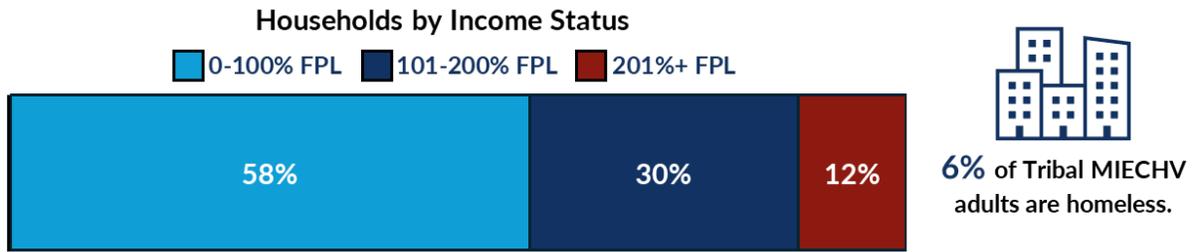
A total of 86 percent of adults and 92 percent of children identified as AI/AN, including those who identified as being more than one race. Thirteen percent of adults and 16 percent of children identified as Hispanic or Latino. Most children (98 percent) spoke English as a primary home language. One percent of children spoke a Native American language as their primary language, although 11 percent of children spoke a Native American language as a secondary language.

Most participants (82 percent of adults and 87 percent of children) had health insurance. Overall, 59 percent of caregivers and 70 percent of children were covered through Medicaid or the Children’s Health Insurance Program. Another 17 percent of adults and 12 percent of

children were not insured but had access to care through an Indian Health Service, contract health services, or an 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 2024**



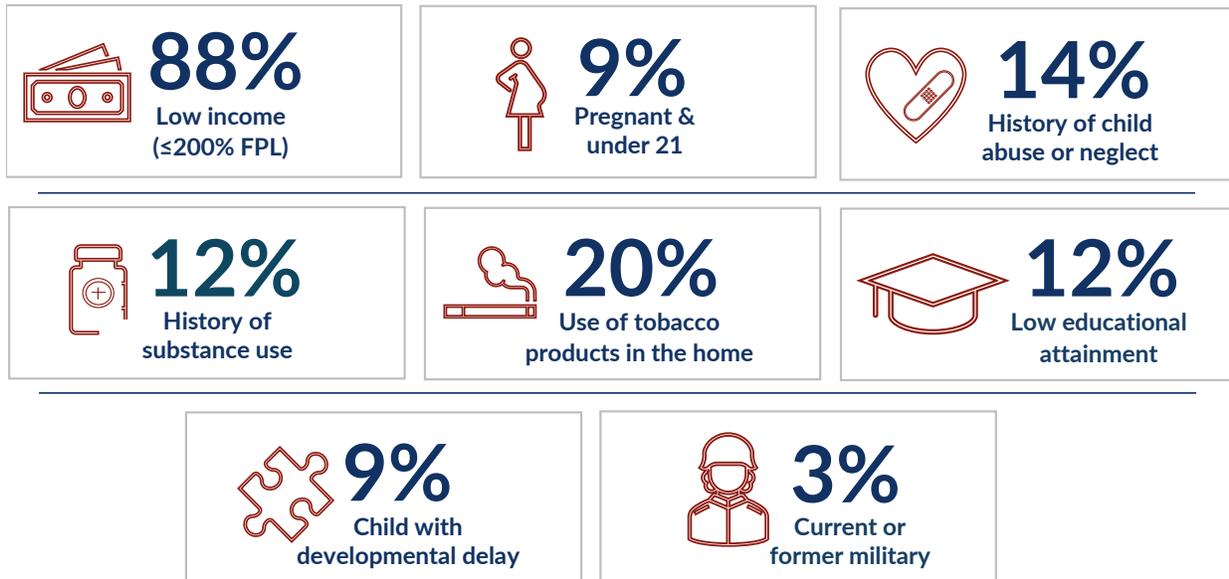


Missing data are not shown and are excluded from denominators when calculating percentages. Categories may not sum to 100% due to rounding. "Other" category not shown for Adult Education. Categories for household income have been aggregated for readability. Acronyms: FPL = Federal Poverty Level. GED = General Education Development. CHIP = Children's Health Insurance Program. IHS = Indian Health Service

## Priority Populations

Consistent with the MIECHV authorizing statute, the Tribal MIECHV Program prioritizes serving populations identified in statute, as described earlier in this report. Among newly enrolled Tribal MIECHV participants, 88 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 2024.

**Figure 8: Priority Populations Among Newly Enrolled Tribal MIECHV Households, FY 2024**



## Tribal MIECHV Performance Outcomes

Tribal MIECHV grant recipients provide annual reports of their progress on nine “core” annual benchmark performance measures. Figure 9 shows the data for the Tribal MIECHV grant recipients delivering services throughout FY 2024. For additional details on each performance measure and demonstration of improvement, refer to the summary on ACF’s website.<sup>30</sup>

In FY 2024, Tribal MIECHV grant recipients showed improvement in most performance measures. For example:

- Eighty-five percent of caregivers were screened for depression within 3 months of enrollment or delivery, compared to the 81 percent 3-year rolling average for all grant recipients from FY 2021 to FY 2023.
- Eighty-two percent of children were screened for developmental delay at least annually, compared to the 78 percent 3-year rolling average for all grant recipients from FY 2021 to FY 2023.

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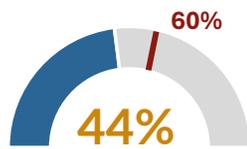
<sup>30</sup> Administration for Children and Families. (n.d.). Tribal Maternal, Infant, and Early Childhood Home Visiting Program Data Reports: Performance Measurement Data Report. [https://www.acf.hhs.gov/sites/default/files/documents/ecd/THV%20PMR%20Form%202023\\_FINAL%2004.10.2023.508.pdf](https://www.acf.hhs.gov/sites/default/files/documents/ecd/THV%20PMR%20Form%202023_FINAL%2004.10.2023.508.pdf).

**Figure 9: Tribal MIECHV Performance Measures, FY 2024**

## Tribal MIECHV Core Performance Measures: 2024 Program Averages

### Legend

**Blue arc and orange percentage:**  
FY 2024 National performance  
measure value

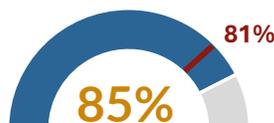


**Red percentage:** 3-year rolling national  
average (FY 2021-2023) for comparison

PERFORMANCE MEASURE

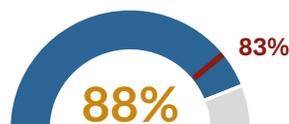


### Maternal and Newborn Health



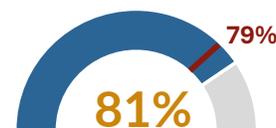
#### DEPRESSION SCREENING

Percent of caregivers that were screened for depression within 3 months of enrollment or 3 months of delivery and annually thereafter



#### SUBSTANCE ABUSE SCREENING

Percent of caregivers who are screened for substance abuse using a validated tool within 3 months of enrollment or 3 months of delivery and annually thereafter

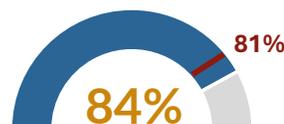


#### WELL CHILD VISIT

Percent of American Academy of Pediatrics recommended number of well-child visits received by enrolled children



### Childhood Injuries, Child Abuse and Maltreatment, and Emergency Department Visits

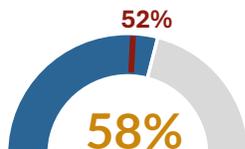


#### CHILD INJURY PREVENTION

Percent of primary caregivers who are provided with training on prevention of child injuries

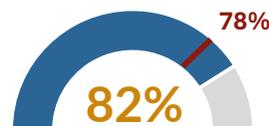


### School Readiness



#### PARENT CHILD INTERACTION

Percent of caregivers who received an observation of caregiver-child interaction by the home visitor using a validated tool

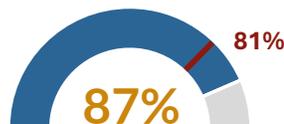


#### DEVELOPMENTAL SCREENING

Percent of children screened at least annually for developmental delays using a validated parent-completed tool



### Crime or Domestic Violence



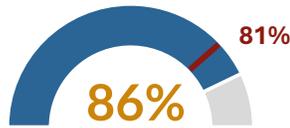
#### INTIMATE PARTNER VIOLENCE SCREENING

Percent of caregivers who were screened for intimate partner violence using a validated tool within 6 months of enrollment

## Tribal MIECHV Core Performance Measures: 2024 Program Averages



### Family Economic Self-Sufficiency

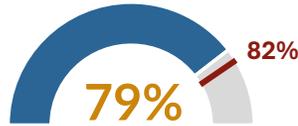


#### SCREENING FOR ECONOMIC STRAIN

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 94 percent of home visits recommended by the model developer, more supervisor observations of home visits (105 percent) than recommended, and 83 percent of recommended reflective supervision sessions.

Tribal MIECHV grant recipients must demonstrate improvement in at least four of the six statutorily identified benchmark areas.<sup>31</sup> Due to the stage of the grants, no grant recipients were assessed for demonstration of improvement in FY 2024.

## 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 and ethnicity, sex, and education of adult and child enrollees and home visiting staff. They also include information on household economic circumstances, housing insecurity, health insurance,

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<sup>31</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 two core measures, grant recipients must demonstrate improvement in at least one measure. For benchmarks with three core measures, grant recipients must demonstrate improvement in at least two 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.

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 wide range 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. Ongoing TARC 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 2024, 96 percent of state and jurisdiction MIECHV awardees participated in targeted TA on topics such as annual performance reporting support, LIA collaboration, and CQI capacity building. Seventy-five percent of awardees attended at least one of six TARC-facilitated webinars and 66 percent of awardees participated in at least one of five communities of practice.

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

The Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) is a national initiative that helps home visiting programs achieve breakthrough improvements in outcomes for families served by home visiting. Through a 5-year cooperative agreement, HV CoIIN 3.0 has provided intensive CQI support to 34 MIECHV awardees to date, enabling them to test, implement, and scale evidence-informed strategies aligned with priority program outcomes.

Participating programs have achieved measurable gains in nine MIECHV performance measures, including but not limited to breastfeeding, maternal depression, developmental screening, caregiver-child interactions, well-child visits, and service coordination. The HV CoIIN also equipped programs to build internal capacity, streamline operations, and embed a lasting culture of CQI. In FY 2024, the HV CoIIN achieved critical improvements in CQI capacity, home visiting workforce recruitment and well-being, supporting caregiver-child interactions, and addressing intimate partner violence in home visiting.

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

Programmatic Assistance for Tribal Home Visiting (PATH) addressed Tribal MIECHV programmatic and implementation needs through a contract in FY 2024. The PATH team supported 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 included providing virtual and in-person individualized learning, facilitating peer sharing and group learning events, and developing tools and resources to support grant recipient efforts. The PATH contract ended in September 2024 and a new TA contract was awarded in September 2024.

In FY 2024, PATH supported the continued expansion of the Tribal MIECHV Program through 551 individualized TA sessions, including virtual meetings and in-person site visits to aid in program planning, implementation, and capacity-building. Additionally, PATH organized and facilitated 19 virtual activities, including webinars and peer learning events, and disseminated a comprehensive suite of supplementary materials to support grant recipients. These materials included learning management modules, resource libraries, fact sheets, and guidance documents. PATH also facilitated two in-person kickoff meetings to support grant recipient planning around first-year activities. Additionally, PATH organized a Tribal Home Visiting meeting that provided grant recipients with sessions and networking opportunities to strengthen their implementation plans and achieve their grant goals.

## **Tribal Evaluation Institute**

The Tribal Evaluation Institute (TEI) provided support to Tribal MIECHV grant recipients on performance measurement, CQI, data systems, and evaluation through a contract in FY 2024. TEI supported grant recipients in strengthening their capacity to collect and use data while honoring community strengths and tailored support to grant recipients' needs, capacities, interests, priorities, and context. TEI provided individual and universal TA and facilitated peer-to-peer learning environments. TA took place through emails, phone calls, webinars, trainings,

and presentations (virtual and in-person), written guidance, toolkits, briefs, and reports. The TEI contract ended in summer 2024 and a new TA contract replacing both PATH and TEI was awarded in September 2024.

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

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

In September 2023, HRSA awarded a 5-year cooperative agreement for the Institute for Home Visiting Workforce Development (the Institute) and the Jackie Walorski Center for Evidence-Based Case Management (the Center). The Institute seeks to expand, support, and retain a highly 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. Housed within the Institute, the Center aims to identify, evaluate, and disseminate evidence-based case management best practices within the home visiting context to help families access needed services.

In FY 2024, the Institute and Center made significant progress in systematically identifying workforce challenges through engagement with the home visiting field and collecting examples of best practices to address those challenges. Institute teams reviewed existing data and research on home visitor recruitment, retention, career advancement, workplace environment, and workforce well-being, and collected new data to fill gaps. They conducted extensive data collection efforts to create projections of home visitor supply and demand under various scenarios that will be published next year. The Institute held informational webinars with over 550 attendees to share activities and gather feedback from the field.

The Institute is advised by a technical working group of 22 experts in the field, representing a variety of home visiting organizations and models, including family and home visitor representatives. The Center also convenes a separate community expert group of 14 community members to advise specifically on case management practices.

### **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 supported CQI activities to improve home visiting staff recruitment and well-being. In FY 2024, 50 staff positions were filled, with six teams achieving their goal of hiring in less than 90 days. In addition, participating sites reported measurable improvements in home visitor wellness, with reported increases in work-life balance and job satisfaction.

- Through awardee-led evaluation activities, multiple MIECHV awardee teams designed and conducted evaluations to better understand and improve professional well-being of the home visiting workforce and examine the relationship between workforce development activities and outcomes.

## **IX. Funding Amounts and Requirements**

Under the most recent reauthorization, funding awarded to states and jurisdictions will now consist of two 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>32</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>33</sup> In FY 2025, 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 2024 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>34</sup> Beginning in FY 2025, any unobligated matching grant funds from previous FYs 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 2025, 54 awardees received matching funds. 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. The MIECHV Program Outcomes Dashboard notes which awardees received FY 2025 matching funds and amounts.<sup>35</sup>

## **X. Summary**

In FY 2024, the MIECHV Program reached all 50 states, the District of Columbia, and five U.S. territories and provided 989,651 home visits to 150,332 adults and children in 75,046 families. The Tribal MIECHV Program supported 47 tribal grants and served 1,914 adults and 1,804 children.

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<sup>32</sup> See footnote 10.

<sup>33</sup> See footnote 10.

<sup>34</sup> See footnote 10.

<sup>35</sup> See footnote 15.

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.

The MIECHV Program's TA system effectively supported 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:

- Uptake of well-child and postpartum care;
- Screening for developmental delays and timely receipt of recommended services for those who need them; and
- Family behaviors that contribute to children's wellbeing, including quality interactions between caregivers and children and the promotion of early language and literacy.

In FY 2025, the MIECHV Program will continue to support voluntary, evidence-based home visiting services proven to improve maternal and child health, prevent child abuse and neglect, and promote child development and school readiness through:

- Service expansion via matching funds to states and jurisdictions and a new Tribal MIECHV Notice of Funding Opportunity,
- Workforce supports to improve the access and quality of home visiting services, and
- Burden reduction through implementation of recommendations.

## XI. Appendices

### Appendix A. 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>○ 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>○ 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 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.



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

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Assistant Secretary for Legislation  
Washington, DC 20201

February 4, 2026

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

Dear Chairman Crapo:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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 2024. Information includes new funding reservations, funds appropriated for matching grants in fiscal year 2024, and the statutory requirement for the MIECHV Program Outcomes Dashboard. The report discusses how these activities and initiatives align with the mission of the MIECHV Program. The MIECHV Program is administered by the Health Resources and Services Administration's Maternal and Child Health Bureau in partnership with the Administration for Children and Families.

I hope you find this information helpful.

Sincerely,

/Gary Andres/

Gary Andres  
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

February 4, 2026

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 (MIECHV) 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,

/Gary Andres/

Gary Andres  
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

---

Assistant Secretary for Legislation  
Washington, DC 20201

February 4, 2026

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

Dear Chairman Smith:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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,

/Gary Andres/

Gary Andres  
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

February 4, 2026

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 (MIECHV) 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,

/Gary Andres/

Gary Andres  
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

February 4, 2026

The Honorable JD Vance  
Vice President of the United States  
President of the Senate  
Washington, DC 20510

Dear Mr. Vice President:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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,

/Gary Andres/

Gary Andres  
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

---

Assistant Secretary for Legislation  
Washington, DC 20201

February 4, 2026

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 (MIECHV) 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,

/Gary Andres/

Gary Andres  
Assistant Secretary for Legislation

Enclosure