

# The Maternal, Infant, And Early Childhood Home Visiting (MIECHV) Program

## Contents

Key Messages On Home Visiting.....	1
Background.....	2
Frequently Asked Questions .....	6
Responses To Criticism .....	8
Citations.....	10

## Key Messages On Home Visiting

- **The first few years of life are the most rapid period of brain development in a child's life.** These first few years provided the best opportunity to create a strong foundation for the healthy development of young children so that all children have the chance to succeed as healthy adults.
- **Every year there are 700,000 confirmed cases of child abuse or neglect nationwide.** Less than half of low-income children have access to quality early interventions like home visiting programs, which proven to combat these negative outcomes that America's children face, helping families and communities become healthier, safer, and more prosperous.
- **Home visiting programs provide support to vulnerable families in the earliest stages of their child's life to lay the foundation for the health, education, and social development and success of the entire family.** The birth of a child introduces new challenges for every family, but for families facing poverty, a lack of education, and isolation from community resources, life can begin to feel overwhelming.
- **Voluntary home visiting programs have a proven record of success supporting the nation's most vulnerable families during a critical time in their children's development.** Home visiting programs establish a solid foundation by partnering with families to support maternal and newborn health, parent engagement, and early development and school readiness. These programs also help families become economically self-sufficient.
- **Home visiting is a voluntary program.** Families choose to receive support and mentoring and can choose to discontinue involvement in the program at any time.
- **More than 20 percent of children in the United States live in poverty. Home visiting programs support families with young children living in poverty and facing other risk factors.** The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program

supports evidence-based, voluntary home visiting models that empower families and communities by providing needed resources, improving access and coordination of community programs, and making communities safer.

- **Highly trained professionals partner with families to visit their homes and provide personal support for families from pregnancy through their children's first years of life.** Home visitors help assess family needs and community resources available to them, partner with parents to provide necessary tools to ensure the safety and the emotional and physical well-being of their children, and connect families to community programs and resources that enhance stability.
- **Working with parents, home visitors help put families on the path to economic self-sufficiency.** Home visitors help parents pursue education and career opportunities, ensure they feel confident in providing care for their children, and provide additional support to enable parents to stay healthy and productive.
- **The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is a cornerstone of evidence-based policy.** MIECHV provides federal funding to states, territories, and tribal entities to implement programs scientifically proven to create positive outcomes. The local implementation of MIECHV funding ensures that every dollar targets the most at-need communities and families in the most effective way.
- **Home visiting enjoys bipartisan support because it demonstrates impact and saves taxpayer dollars.** Cost-benefit analyses of home visiting programs have demonstrated cost savings to government.
- **State and local grantees determine the best way to use MIECHV funding to effectively address the unique needs of their communities.** MIECHV provides states and other grantees with the flexibility to determine the best way to utilize MIECHV funds tailored to their specific needs. Communities use MIECHV funding to improve the efficiency of program delivery, increase coordination between community agencies, and support the expansion of programs to reach more families.

## Background

States have successfully implemented home visiting programs in local communities since the 1980s. Nearly a decade ago, in response to increased demand from communities across the country, President George W. Bush proposed a \$10 million federal investment in home visiting in 2008 through a program called 'Evidence Based Home Visiting' (EBHV).

When President Barack Obama took office, his administration sought to build on President Bush's investment in evidence-based home visiting programs. In 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA), which included an amendment authorizing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. MIECHV was originally funded at \$1.5 billion for five years.

In 2014, MIECHV received a one year authorization under the Medicare Sustainable Growth Rate extension. The next spring, Congress passed the Medicare Access and CHIP Reauthorization Act of 2015 which reauthorized funding for MIECHV through September, 2017.

In 2015, states served 145,500 families in all 50 states, the District of Columbia, and five territories (HRSA). Throughout each legislative act, the MIECHV program has enjoyed bipartisan support for its evidence-based, voluntary, and local approach to improving the lives of American families.

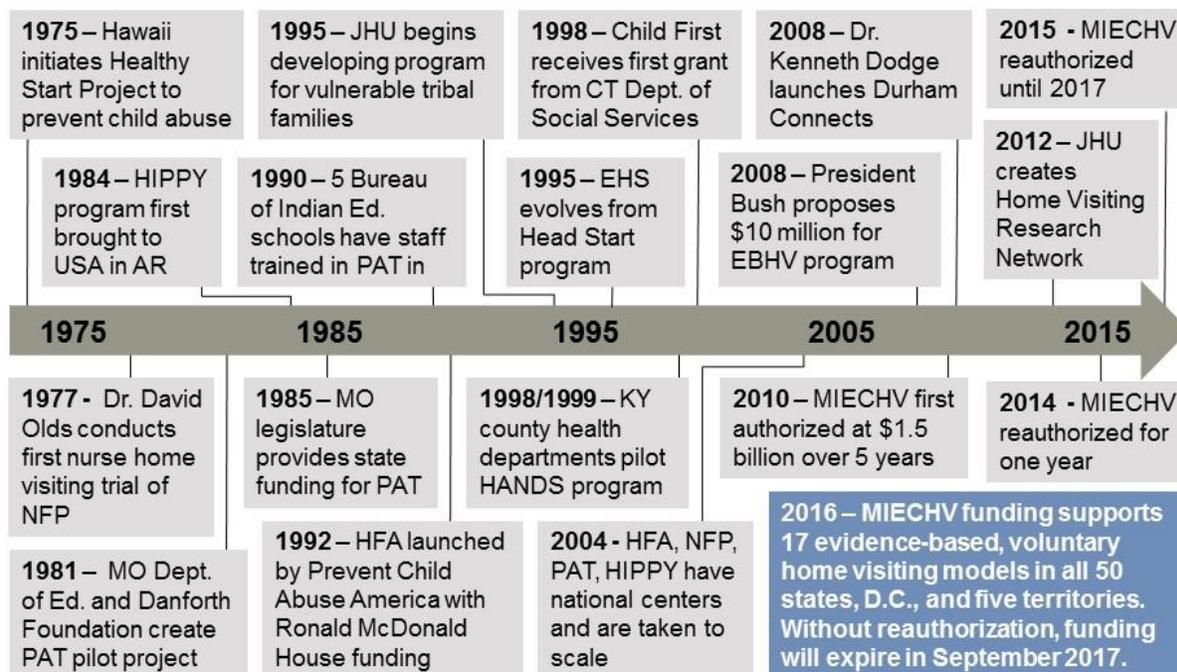
The MIECHV program, also known as the Federal Home Visiting Program, was created with three main goals:

1. Strengthen and improve home visiting programs and activities carried out under Title V of the Social Security Act;
  2. Improve the coordination of services for at-risk communities;
  3. Identify and provide comprehensive services to improve outcomes for at-risk families
- Three-quarters of funding provided by MIECHV is evidence based-- focusing on programs that are both scientifically proven to work, and demonstrate measurable improvement in six benchmark areas:
- Improvement in maternal and newborn health
  - Reduction in child injuries, abuse, and neglect
  - Improved school readiness and achievement
  - Reduction in crime or domestic violence
  - Improved family economic self-sufficiency
  - Improved coordination and referral for other community resources and supports

The remaining quarter of funding is reserved for promising approaches that offer innovative initiatives to better serve families and children.

## TIMELINE

### History Of State And Federal Home Visiting Programs



## Key Facts

**The MIECHV Program identifies 17 evidence-based home visiting models proven to create positive outcomes for at-risk families.**

- From 2012 to 2015, 83 percent of states implementing home visiting programs with MIECHV funding showed improvement in four of the six benchmarks laid out under MIECHV (HRSA, 2016).
- Seventy-six percent of American voters support providing voluntary home visiting and parent education programs that help first-time parents support their child's early learning, health, and emotional development. (Public Opinion Strategies, Hart Research, 5/19-23/16)
- The programs considered evidence-based by HRSA include: Child First, Healthy Families America (HFA), Durham Connects/Family Connects, Home Instruction for Parents of Preschool Youngsters (HIPYPY), Early Head Start – Home-Based Option (EHS), Maternal Early Childhood Sustained Home Visiting (MECSH) Program, Early Intervention Program for Adolescent Mothers, Minding the Baby, Early Start (New

Zealand), Nurse-Family Partnership (NFP), Family Check-Up for Children, Parents as Teachers (PAT), Family Spirit, Play and Learning Strategies – Infant, Healthy Access Nurturing Development (HANDS), SafeCare Augmented Services Program, and Healthy Beginnings.

- MIECHV also provides three percent of funding for tribal home visiting programs and three percent for research and evaluation.

#### **Home visiting programs improve maternal, newborn, and infant health.**

- 81 percent of MIECHV supported programs demonstrated improvements in maternal and newborn health (HRSA, 2016).
- 85 percent of PAT client infants reported up-to-date immunizations (Parents as Teachers, 2015).
- 79 percent reduction in preterm delivery for women who smoke participating in Nurse-Family Partnership (Olds, et al., 1986).
- HFA families had 22 percent fewer birth complications (Harding, Gualano, Martin, Huntington, & Schellenback, 2007).

#### **Home visiting programs improve a child's school readiness and achievement.**

- 85 percent of MIECHV supported programs demonstrated improvements in school readiness and achievement (HRSA, 2016).
- In 2015, 18 states receiving MIECHV funding reported developmental delay screening rates of 75 percent, more than twice the national average of 31 percent (HRSA, 2015).
- 84.8 percent of HIPPIY kindergartners were rated as "ready for school" by their kindergarten teachers (Johnson, Martinez-Cantu, Jacobson, & Weir, 2012).
- Children participating in Child First were 68 percent less likely to have language problems than the control group after 12 months (Lowell, et al., 2011).

#### **Home visiting programs help families achieve economic self-sufficiency.**

- 85 percent of MIECHV supported programs demonstrated improvements in family economic self-sufficiency (HRSA, 2016).
- 31 percent of Nurse-Family Partnership (NFP) clients in MIECHV who began without a high school diploma or GED had attained one by the time their child turned 12 months old in FY2012 and FY2014 (Nurse-Family Partnership, 2015).
- HFA mothers were five times more likely to be enrolled in school or training (Lecroy & Krysik, 2011).

#### **Home visiting programs keep families safer by improving parenting practices and reducing violence in the home.**

- 70 percent of MIECHV supported programs demonstrated a reduction in crime or domestic violence (HRSA, 2016).
- Nine out of ten HIPPIY parents credit the program with motivating them to check whether their school-age children had completed their homework (Cuenca, 2003).
- 66 percent of state grantees improved prevention of child injuries, child abuse neglect, or maltreatment, and reduced the number of emergency department visits (HRSA, 2016).
- NFP reduced child abuse and neglect by 48 percent and reduced emergency room visits for accidents and poisonings by 56 percent (Olds, et al., 1997).
- PAT participation was related to 50 percent fewer cases of suspected abuse and/or neglect (Drazen & Haust, 1993).

### **Home visiting programs save future state and federal resources.**

- The NFP has a benefit-cost ratio of up to \$5.70 per dollar invested (Karoly, Kilburn, & Cannon, 2005).
- Durham Connects has a community benefit-cost ratio of up to 3.01 per dollar invested (Dodge, et al., 2014).
- PAT has an estimated benefit-cost ratio of 3.39 per dollar invested (Washington State Institute for Public Policy, 2015).
- Child First intervention is cost neutral for the State of Connecticut within one year of implementation (Lowell, 2014).

## **Frequently Asked Questions**

### **What Is MIECHV Supported Home Visiting?**

The Maternal, Infant, and Early Home Visiting (MIECHV) Program provides funding for states, territories, and tribal entities to develop and implement evidence-based, voluntary home visiting programs that improve outcomes for at-risk families during pregnancy through their child's entry into kindergarten.

Home visiting programs lay the foundation for families to actively support children's early development and education, and become economically self-sufficient. Home visiting programs assess family and community needs, partner with parents to provide necessary tools to ensure the safety and emotional and physical development of their children, and connect families to community programs and resources.

### **Where Did MIECHV Programs Originate?**

States have supported home visiting programs since the 1980s. Republicans and Democrats have consistently supported the implementation of evidence-based home visiting programs. In 2008 during the Bush administration, federal funding to support home visiting was appropriated for the first time.

## **Why Does The MIECHV Program Need To Be Reauthorized For Five Years?**

*Waiting on materials from Coalition members for this question.*

## **What Is A Home Visit And Who Is A Home Visitor?**

Families electing to participate in home visiting programs receive regular, planned home visits from trained providers such as nurses, social workers, and community educators. While participation in home visiting programs is voluntary, families must demonstrate commitment to the program's curriculum. Home visitors meet with families where they are comfortable to coordinate access to prenatal care and other health services, improve their parenting skills, and strengthen their support systems.

## **Who Do MIECHV Programs Serve?**

All families need support when welcoming a new baby into their home, but for parents living in poverty and experiencing other risk factors, access to support and resources becomes even more critical to ensure their families thrive. In 2015, 77 percent of participating families had household incomes at or below the Federal Poverty Guidelines, 31 percent of participants had less than a high school education, and 22 percent of newly enrolled households included pregnant teens (HRSA, 2016).

## **What Makes MIECHV Effective?**

MIECHV is a cornerstone of evidence-based policy, providing funding to programs statistically proven to improve the health, education, and economic self-sufficiency of vulnerable families. To receive funding, grantees must demonstrate measurable improvement in at least four of six benchmark domains: improvement in maternal and newborn health; reduction in child injuries, abuse, and neglect; improved school readiness and achievement; reduction in crime or domestic violence; improved family economic self-sufficiency; improved coordination and referral for other community resources and supports. Health Resources and Services Administration (HRSA) launched Home Visiting Evidence of Effectiveness (HomVEE) to conduct thorough and transparent reviews of programs' effectiveness.

## **What Are Examples Of MIECHV's Work In Communities?**

*Waiting for material from Coalition members on strong examples of community developments and innovations.*

## **How Does MIECHV Work?**

The MIECHV program provides grants for states, territories, and tribal entities to implement evidence-based home visiting programs. 75 percent of MIECHV funding is provided for evidence-based programs, and 25 percent can be used for promising approaches. States have the flexibility to implement home visiting initiatives and develop home visiting resources that best meet their communities' context and needs. Three percent of funding is reserved for tribal grantees, and three percent is reserved for research and evaluation activities.

## **Responses To Criticism**

### **Home Visiting Programs Are Just Another Way For The Government To Intrude Into The Private Lives Of Americans.**

The MIECHV program only supports voluntary home visiting programs. Families who elect to participate in their local home visiting programs do so because they are committed to improving their family's health and providing better opportunities for their children. Home visiting programs use trained professionals to provide these dedicated families with the resources, support, and access they need to succeed and become self-sufficient.

### **Home Visiting Programs Do Not Work.**

The MIECHV Program only supports evidence-based programs that have been proven effective through scientific research and statistical analysis. To be considered as an 'evidence-based' program, models must consistently demonstrate statistically significant favorable impacts that align with the MIECHV program benchmarks. Furthermore, if programs fail to continue demonstrating positive impact, they receive targeted assistance (TA) to improve outcomes and meet the necessary standards. Ensuring the effective implementation of evidence-based programs is essential to the success of MIECHV-supported home visiting programs.

### **Home Visiting Programs Are A Waste Of Money.**

Home visiting programs consistently provide cost savings for government at every level. A benefit-cost analysis of the Nurse-Family Partnership, one of the most rigorously evaluated programs, found the program resulted in savings of \$5.70 per dollar invested for the highest-risk families served (Karoly, Kilburn, & Cannon, 2005). Furthermore, Nurse-Family Partnership enrollments from 1996 – 2013 will save taxpayers an estimated \$1.4 billion by 2031 (Miller, 2015). Experts believe these estimates will only increase over time.

### **Home Visiting Programs Are Just Another Way For The Federal Government To Expand Its Control Over States.**

The MIECHV program is a partnership between federal and state governments designed to provide states with the flexibility to determine how federal investment in home visiting programs can best meet the needs of local communities. In this way, the program builds upon states' development, implementation, and expansion of home visiting programs and supports them in continuing to ensure their effectiveness.

### **MIECHV Seems Like Just Another Federal Pre-K Program.**

MIECHV funding is used to support evidence-based, voluntary home visiting programs. These programs specifically focus on supporting families from pregnancy through a child's kindergarten entry, but they are not pre-school programs. Home visiting programs focus on developing the relationship between parent and child, to empower families to improve their health, educational development, and economic self-sufficiency.

### **Home Visiting Programs Do Not Adequately Account For The Diverse Cultures Of American Families.**

Home visiting programs are designed to be adaptable across different cultures within communities. Home visitors use their knowledge of communities to develop trusting relationships with families and provide services that cater to individual family needs. In many tribal programs, home visitors work with family members to use culturally appropriate toys and artifacts in the home, and create books in their native languages. In some programs, home visitors were once program participants themselves, and this prior experience provides them with an even greater understanding of the best strategies to serve families in their community. For example, in Colorado, a growing Hispanic population has led Parents as Teachers to hire more bilingual educators to conduct home visits.

### **The Federal Government Should Focus More On Promoting Traditional Family Structures Than Providing Services To Broken Homes.**

The home visiting program is a pro-family program that works to strengthen the entire family unit through its services. By supporting the entire family unit, home visiting programs create a foundation for more safe, stable, and prosperous communities.

### **What Amount Of Time Will The Reauthorization Cover And What Will Happen If It's Not Reauthorized?**

Supporters are seeking a five year reauthorization of MIECHV. If it is renewed or reauthorized, the MIECHV funding will cease and local programs and families will experience a severe reduction in services.

## Citations

- "Demonstrating Improvement In The Maternal, Infant, And Early Childhood Home Visiting Program," U.S. Department Of Health And Human Services, Administration For Children And Families, Health Resources And Services Administration, 3/16
- "National Results Of The Maternal, Infant, And Early Childhood Home Visiting Program," Nurse-Family Partnership, 10/15
- "Parents As Teachers 2014-2015 Affiliate Performance Report," Parents As Teachers, 12/15
- "Benefit-Cost Technical Documentation," [Washington State Institute For Public Policy](#), 6/16
- Kenneth A. Dodge, PhD, et. Al., "Implementation and Randomized Controlled Trial Evaluation of Universal Postnatal Nurse Home Visiting," [American Journal Of Public Health](#), 3/24/13
- Darcy Lowell, MD, Subcommittee On Human Resources Ways And Means Committee, U.S. House Of Representatives, Testimony, 4/2/14
- Darcy I. Lowell, et al., "A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research Into Early Childhood Practice," [Child Development](#), 2/3/11
- Lynn A. Karoly, M. Rebecca Kilburn, Jill S. Cannon, "Early Childhood Interventions: Proven Results, Future Promise," RAND Corporation, 2005
- K. Cuenca, "Findings From The Florida HIPPIY Parent Survey," *University Of South Florida Department Of Child And Family Studies*, 6/03
- Craig Winston LeCroy & Judy Krysik, "Randomized Trial Of The Healthy Families Arizona Home Visiting Program," [Children And Youth Services Review](#), 4/26/11
- David L. Olds, PhD., et al., "Improving The Delivery Of Prenatal Care And Outcomes Of Pregnancy: A Randomized Trial Of Nurse Home Visitation," *Pediatrics*, 86
- David L. Olds, PhD, et al., "Long-Term Effects Of Home Visitation On Maternal Life Course And Child Abuse And Neglect. Fifteen-Year Follow Up Of A Randomized Trial," [JAMA](#), 8/27/97
- Ted R. Miller, "Projected Outcomes Of Nurse-Family Partnership Home Visitation During 1996-2013," [Prevention Science](#), 8/15
- Shelley M. Drazen, & Mary Haust, "Raising Reading Readiness In Low-Income Children By Parent Education," [American Psychological Association](#), 8/23/93
- Public Opinion Strategies, Hart Research (2016), *FFYF National Poll 2016*, 5/19-23/16 [National]. Retrieved: <http://ffyf.org/2016-poll/>