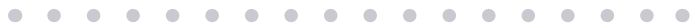


# The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program provides federal funds to states, territories, and tribal entities to develop and implement evidence-based, voluntary home visiting services for families considered at-risk. The home visiting programs made possible by MIECHV pair families who often have limited support and resources with trained home visitors, including health, social service, and child development professionals. These professionals meet with parents in their homes, often from pregnancy through their child's kindergarten entry, to help lay the foundation for the health, development, education, and economic self-sufficiency of the entire family. Tailored home visiting services can break generations-long cycles of poverty, addiction, and abuse, making MIECHV a critical piece of the continuum of care for children from birth through age five.



MIECHV gives states flexibility in choosing an approach that best meets local needs. Grantees must spend the majority of their funding to implement evidence-based home visiting models that prioritize families living in at-risk communities. States have discretion, however, in choosing one or more [models that meet federal criteria](#), and at-risk communities are identified in a statewide needs assessment. MIECHV also requires ongoing research and evaluation to

## At a Glance

■ **Created:**  
2010

■ **Who this Program Serves:**  
Families living in at-risk communities as identified in a statewide needs assessment.

◆ **Number of Participants**  
In FY2020, MIECHV served 140,000 parents and children (71,000 families) in 925,000 home visits.

● **Delivery Method:**  
Professionals meet with parents in their homes from pregnancy through their child's kindergarten entry to provide mentoring and support on children's health and development; positive parenting techniques; and long-term planning. During the COVID-19 public health emergency, visits transitioned to telephone or video visits, helping families identify COVID-19 related resources and continue access to critical health, early care and education, and family economic supports.

■ **FY 2019 Federal Funding:**  
\$400 million (mandatory)  
\$150 million (American Rescue Plan)



increase knowledge about the implementation and effectiveness of home visiting programs. This includes using a portion of funds (up to 25%) to implement promising approaches that will undergo rigorous evaluation.

While approaches may vary, all MIECHV grantees share the common goals of improving maternal and child health, preventing child abuse and neglect, encouraging positive parenting, and promoting child development and school readiness. The 2019 [Mother and Infant Home Visiting Program Evaluation \(MIHOPE\) report](#) studied the following models to see how families were impacted by MIECHV-funded programs: Early Head Start - Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. The report found positive impacts on a number of family outcomes, including improved quality of the home environment, reduced frequency of psychological aggression toward the child, fewer emergency room visits for the child, and fewer child behavior challenges.

In this way, the report shows MIECHV to be a worthwhile investment, and ultimately, investing in children from birth, through family support programs, saves money for taxpayers as a result of increased family self-sufficiency. Further, federal investment in home visiting through MIECHV has kickstarted a boost in state investment. Since 2008, the National Conference of State Legislatures reports that at least [26 states](#) have passed home visiting legislation.

## Reauthorization Efforts

MIECHV was reauthorized in 2018 at a funding level of \$400 million a year through FY2022 and will expire September 30, 2022. This funding is mandatory and not subject to annual appropriations. FFYF commends Congress for their bipartisan support of this program and, given its significant positive impact, encourages ongoing support and flexibility as states continue to study and implement best practices.

