

# FAQ on MIECHV Reauthorization



**The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program 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. After nearly a decade of level funding, the National Home Visiting Coalition, of which FFYF is a member, recommends a 5-year reauthorization that would increase funding by \$200 million annually (reaching \$1.4 billion in FY2027); doubling the MIECHV tribal set-aside from 3% to 6% to reach more families in American Indian and Alaska Native communities; and continuing to allow virtual home visiting implemented with model fidelity as a service delivery option for families who choose it.**

## Why is more funding needed?

- MIECHV is the recognized gold standard in voluntary, evidence-based policymaking, however, since FY2013, federal funding for MIECHV has not increased, which has diminished the ability of states to support families who are in need.
  - Prior to FY2013, MIECHV funding was increased from \$100 million to \$250 million in FY2011, \$350 million in FY2012, and \$400 million annually in FY2013 and subsequent years.
- [The National Home Visiting Coalition](#) recommends a 5-year reauthorization that increases funding by \$200 million annually (reaching \$1.4 billion in FY2027), which is critical to serving more families and recruiting and retaining high-quality staff.
  - Pre-pandemic estimates showed MIECHV reached only 3-5% of eligible families each year, and the impacts of the pandemic have only exacerbated the challenges faced by families across the country. Recent statewide needs assessments have identified additional high-risk communities that would benefit from MIECHV programs, but those programs cannot be established without additional federal funding.
  - Home visiting programs frequently identify recruitment, retention, and high turnover of home visitors as one of their key challenges to adequately serving families. In addition to serving more families, increased funding would allow evidence-based models to offer the wages and benefits necessary to hire and maintain an experienced workforce, which is vital to the success of these programs.
- The [National Home Visiting Resource Center \(NHVRC\)](#) estimates many more families could benefit from home visiting, including:
  - 22,976,500 children; and
  - 17,637,800 families.
  - Of the 17.6 million families who could benefit, 49% met one or more priority criteria and 19% met two or more priority criteria.

## How was prior funding utilized?

- MIECHV grantees must spend the majority of their funding to implement evidence-based home visiting models that prioritize families living in “at-risk” communities, which the law defines to include communities with concentrations of poor maternal and child health outcomes; domestic violence; substance use disorders; or child maltreatment, among other factors. States have discretion, however, in choosing one or more [models that meet federal criteria](#), and communities are identified in a statewide needs assessment.
- Awardees must report on their [program’s performance](#) for [19 measures across 6 statutorily defined benchmark areas](#) and demonstrate improvements in at least 4 benchmark areas. The Health Resources and Services Administration (HRSA), which administers MIECHV, provides [technical assistance support](#) to awardees to help implement home visiting models, meet performance goals, and improve services to families.
- According to [HRSA](#):
  - In FY2020, MIECHV served over 140,000 parents and children and provided more than 925,000 home visits.
  - 81% of MIECHV caregivers were screened for depression within 3 months of enrollment or 3 months of delivery.
  - 79% of children enrolled in MIECHV had a family member who read, told stories, and/or sang with them on a daily basis.
  - 61% of children enrolled in MIECHV were always placed to [sleep on their backs](#), without bed-sharing or soft bedding.
  - 80% of MIECHV caregivers were screened for intimate partner violence within 6 months of enrollment.
- MIECHV also requires ongoing research and evaluation to 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.

## What COVID-19 flexibilities were the models given and how were they used?

- For the duration of the public health emergency, [the Coronavirus Response and Relief Supplemental Appropriations \(CRRSA\)](#) allowed MIECHV programs to conduct virtual home visits as needed and specified funds may be used to help families acquire needed technology; train home visitors on providing virtual services and assisting families with emergency preparedness and response; and provide emergency supplies to families.
- During the COVID-19 pandemic, evidenced-based home visiting programs [quickly shifted to telephone and/or video technology](#) to maintain contact with families and conduct visits virtually.
  - Home visitors supported families by identifying local and national COVID-19 related resources, including up-to-date CDC recommendations about the impact of COVID-19 on pregnant women, to help families understand the increased risk of severe illness.
  - Home visitors connected families to needed health, mental health, child care, and other services; worked with families to identify strategies for managing stress and social isolation; and promoted family emergency planning strategies.

- The potential impacts of the emergency on pregnant women and families' access to critical health, early care and education, and family economic supports made continued connections to home visiting support essential for families.
- At the [state and provider levels](#):
  - Providers received training on technology, virtual recruitment, enrollment, screenings, consent and confidentiality, e-documentation, observation of parent-child interactions, conducting staff supervision, and more.
  - States and models created new rapid response communities of practice for home visitors and administrators.
  - Model developers supported states and providers by adapting home visitor education processes to provide training virtually and to include virtual home visiting best practices.
- As with all other costs paid using MIECHV grant funds, [awardees must ensure that funds are used for authorized purposes](#) in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award.

### What were emergency COVID-19 dollars used for?

- The [American Rescue Plan Act \(ARPA\)](#) provided \$150 million for MIECHV to remain available through the end of FY2022.
  - To receive funding, MIECHV programs had to agree not to reduce staffing levels during the pandemic, continue to focus on priority populations, and, if they chose to provide diaper supplies during the emergency, to coordinate with diaper banks operating in their service areas.
  - Funds could be used for home visits, whether in person or virtually; staff costs associated with home visits (including hazard pay); training on virtual home visits, emergency preparedness, and identifying domestic violence; helping enrolled families acquire technology needed for virtual home visits; emergency supplies for enrolled families, including reimbursing diaper banks when used to provide emergency supplies; and prepaid grocery cards for eligible families.
- FY2021 ARPA State Award amounts are available [here](#).

### What policy changes are the National Home Visiting Coalition asking for and why?

- [Increase MIECHV funding to reach more families and better support the workforce over the next five years.](#) The Coalition recommends scaling up MIECHV funding over the next 5 years with increases of \$200 million annually, arriving at a total of \$1.4 billion. This will allow MIECHV to reach more eligible families and better support the workforce.
- [Double the Tribal set-aside.](#) To address inequities, the Coalition recommends doubling the tribal set-aside within MIECHV from 3% to 6% to reach more families in American Indian and Alaska Native communities.
- [Continue to allow virtual home visiting with model fidelity as an approved option for service delivery.](#) The Coalition recommends that virtual home visiting implemented with model fidelity continue to be an allowable optional service delivery modality for families who choose it, as part

of their receipt of comprehensive home visiting services. The Coalition also recommends continued evaluation and reporting of the benefits and opportunities for prospective strengthening of virtual home visiting.

**Learn more about MIECHV on [our website](#) and in the following resources:**

- HRSA Resources
  - [Infographic](#)
  - [MIECHV Program Brief](#)
  - [FAQs on the Consolidated Appropriations Act](#)
  - [FY2021 American Rescue Plan Act Awards](#)
- [National Home Visiting Coalition](#) Resources
  - [Reauthorization resource](#)
  - [Virtual home visiting resource](#)