

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (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 to improve family outcomes. 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 one-on-one, 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.

ADMINISTRATION OF PROGRAM

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, which the law defines to include communities with concentrations of poor maternal and child health outcomes; domestic violence; substance abuse disorders; or child maltreatment, among other factors.

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 FY 2022, MIECHV served 138,000 parents and children in more than 840,000 home visits.¹

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 pandemic, 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.

FEDERAL FUNDING:

FY 2013-FY 2022: \$400 million annually

American Rescue Plan*: \$150 million
FY 2023: \$500 million, FY 2024: \$550 million,
FY 2025: \$600 million, FY 2026: \$650 million,
FY 2027: \$800 million

*One time funds to support the transition to virtual home visits; training for home visitors; and emergency supplies for families.

HOME VISITING MODELS

States have discretion in choosing one or more models that meet federal criteria, and communities are identified in a statewide needs assessment.² 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. In recent years, some home visiting models have incorporated virtual service delivery, supported by evaluations to ensure ongoing fidelity of implementation. Virtual home visits have helped extend MIECHV's reach to under-resourced communities, prevent service delivery disruptions due to illness or weather, and provide more immediacy and flexibility. The pandemic greatly accelerated the use of virtual home visiting, allowing families to maintain vital connections during unprecedented circumstances.

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While approaches may vary, all MIECHV grantees share the common goals of:

- Improving maternal and child health;
- Preventing child injuries, abuse, and neglect;
- Improving school readiness and achievement;
- Reducing crime and domestic violence;
- Improving family economic self-sufficiency; and improving coordination and referrals for community resources.

The 2019 Mother and Infant Home Visiting Program Evaluation (MIHOPE) report found positive impacts of MIECHV-funded programs on a number of family outcomes, including improved home environments, reduced household aggression, fewer child emergency room visits, and improved maternal health.³ In this way, the report shows home visiting to be a worthwhile investment. However, pre-pandemic estimates showed MIECHV reached only 3 to 5% of eligible families, and recent statewide needs assessments have identified additional high risk communities that would benefit.

RECENT REAUTHORIZATION

The Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 was signed into law on December 30, 2022. The reauthorization doubled MIECHV funding over five years, increasing funding to \$800 million by FY 2027, and doubled the "tribal set-aside" from 3 to 6%. In FY 2024, MIECHV is funded at \$550 million. 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.

Learn more about MIECHV in your state [here](#).⁴

References:

1. HRSA, "MIECHV Program"
2. Home Visiting Evidence of Effectiveness, "Models eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding"
3. ACF, "A Summary of Results from the MIHOPE and MIHOPE-Strong Start Studies Of Evidence-Based Home Visiting"
4. FFYF, "Learn About the Positive Impact of MIECHV in Your State"

