

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 implement one or more approved, evidence-based, voluntary home visiting models to improve family outcomes. The home visiting programs made possible by MIECHV pair young families in need of support and resources with trained home visitors; which include health, social service, and child development professionals. These professionals meet with parents one-on-one, on a voluntary basis, often from pregnancy through their child's transition to kindergarten, to help lay the foundation for the health, development, education, and economic self-sufficiency of the entire family. Tailored home visiting services can break generational cycles of poverty, addiction, and abuse, making MIECHV a critical piece of the continuum of care.

ADMINISTRATION OF THE 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.

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.

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 2023, MIECHV served 139,000 parents and children on more than 919,000 home visits. However, this is only an estimated 20% of the families who are eligible and in need of these services.¹

DELIVERY METHOD

When a family chooses to participate in MIECHV, they meet with a professional home visitor in their home, or another comfortable environment, from pregnancy through the child's transition to kindergarten. During this time, the home visitor provides mentoring and support on children's health and development, positive parenting techniques, and long-term planning.

FEDERAL FUNDING

FY 2025: \$600 million

FY 2026: \$650 million

FY 2027: \$800 million



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 Mother and Infant Home Visiting Program Evaluation (MIHOPE) is a longitudinal study of the effects of MIECHV-funded home visiting on child and family outcomes.³ The 2025 MIHOPE report found that families who engaged with home visitors experienced significant, lasting benefits by the time their children reached kindergarten. Positive outcomes included: improvements in families' economic circumstances, reduced family conflict and violence, better maternal mental and behavioral health, and strengthened parent-child interactions.⁴ In this way, this randomized controlled trial shows home visiting to be a worthwhile investment.

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 it to \$800 million by FY 2027, and doubled the "tribal set-aside" from 3% to 6%. In FY 2025, MIECHV was funded at \$600 million. MIECHV funding is mandatory and not subject to annual appropriations, however, the program must be reauthorized before the end of FY 2027.

FFYF sincerely appreciates the bipartisan support for this evidence-based program in both houses of Congress, and we hope members of Congress sustain their support as states continue to study and implement best practices.

¹ U.S. Department of Health and Human Services, ACF & HRSA, "The Maternal, Infant, and Early Childhood Home Visiting Program," (June 2024)

² U.S. Department of Health and Human Services, ACF, "Models eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding"

³ U.S. Department of Health and Human Services, ACF, "Mother and Infant Home Visiting Program Evaluation (MIHOPE)"

⁴ U.S. Department of Health and Human Services, ACF, "Beyond the Early Years: The Long-Term Effects of Home Visiting on Mothers, Families, and Children. Results from the Mother and Infant Home Visiting Program Evaluation" (2025)

