

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [American Samoa Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

American Samoa MIECHV Program At-a-Glance

Rural counties:

Fofo, Itu Au, Lealataua, Leasina, Ma
Oputasi, Sa Ole, Sua, Tualatai, Tualauta,
Vaifanua

Non-rural counties:

None



Participants

480

Households

259

Home Visits

2,144

American Samoa Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In American Samoa:

- 95.0% of households were low income
- 15.4% of households included a pregnant enrollee under age 21
- 8.9% of households included someone who used tobacco products in the home

Evidence-Based Home Visiting Models in American Samoa

[Healthy Families America \(HFA\)](#)

American Samoa Performance Highlights

- **Early Language and Literacy Activities:** 100% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Developmental Screening:** 99.3% of children enrolled in home visiting had a timely screen for developmental delays
- **Well Child Visits:** 94.1% of children enrolled in home visiting received their last recommended well child visit based on the American Academy of Pediatrics schedule

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Alaska Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Alaska MIECHV Program At-a-Glance

Rural counties:
Matanuska Susitna

Non-rural counties:
Anchorage



Participants
378

Households
214

Home Visits
2,113

Alaska Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Alaska:

- 64.1% of households were low income
- 19.2% of households included a pregnant enrollee under age 21
- 4.7% of households included a child with developmental delays or disabilities

Evidence-Based Home Visiting Models in Alaska

[Nurse-Family Partnership \(NFP\)](#)

Alaska Performance Highlights

- **Postpartum Care:** 96.2% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery
- **Continuity of Insurance Coverage:** 91.2% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Behavioral Health Partnership:** Partnered with a psychiatrist and their Continuous Quality Improvement (CQI) specialist to prioritize appointments for NFP clients experiencing depression and mental health conditions. Preliminary data shows an improvement in mental health scores for clients after accessing this provider

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Arizona Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

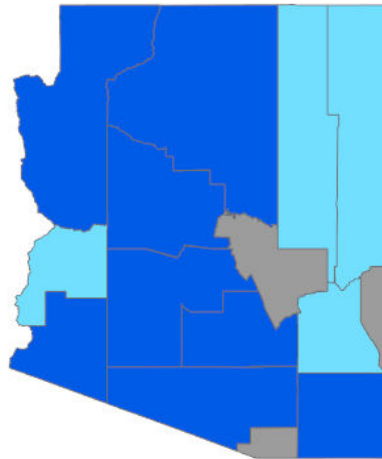
Arizona MIECHV Program At-a-Glance

Rural counties:

Apache, Graham, La Paz, Navajo

Non-rural counties:

Cochise, Coconino, Maricopa, Mohave, Pima, Pinal, Yavapai, Yuma



Participants

3,866

Households

2,001

Home Visits

26,165

Arizona Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Arizona:

- 64.8% of households were low income
- 18.3% of households included at least one household member with low student achievement
- 11.9% of households included a pregnant enrollee under age 21

Arizona Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 91.5% of postpartum home visits
- **Continuity of Insurance Coverage:** 89.5% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Depression Screening:** 80.3% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery

Evidence-Based Home Visiting Models in Arizona

[Family Spirit](#)

[Health Start \(Promising Approach\)](#)

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Arkansas Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

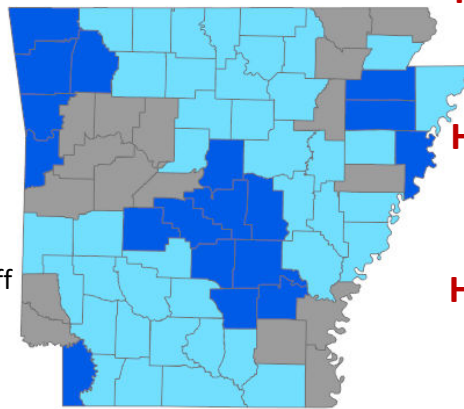
Arkansas MIECHV Program At-a-Glance

Rural counties:

Arkansas, Ashley, Baxter, Boone, Bradley, Calhoun, Carroll, Clark, Cleburne, Columbia, Conway, Cross, Dallas, Fulton, Greene, Hempstead, Hot Spring, Howard, Independence, Iard, Lafayette, Lee, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Phillips, Pike, Polk, Prairie, Searcy, Sharp, Stone, Union, Van Buren, White, Woodruff

Non-rural counties:

Benton, Cleveland, Craighead, Crawford, Crittenden, Faulkner, Garland, Grant, Jefferson, Lincoln, Lonoke, Madison, Miller, Poinsett, Pulaski, Saline, Sebastian, Washington



Participants

4,182

Households

2,008

Home Visits

28,209

Arkansas Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Arkansas:

- 79.9% of households were low income
- 32.5% of households included a child with developmental delays or disabilities
- 27.1% of households included at least one household member with low student achievement

Arkansas Performance Highlights

- **Depression Screening:** 95.1% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Parent-Child Interaction:** 91.4% of caregivers enrolled in home visiting received an observation of caregiver-child interaction by the home visitor using a validated tool
- **Increasing Completed Developmental Referrals:** Partnered with the state's Early Intervention Part C Program to develop a pilot project focused on improving the partnership between Part C and home visiting in order to increase completed developmental referrals

Evidence-Based Home Visiting Models in Arkansas

[Following Baby Back Home \(Promising Approach\)](#)

[Healthy Families America \(HFA\)](#)

[Home Instruction for Parents of Preschool Youngsters \(HIPPY\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [California Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

California MIECHV Program At-a-Glance

Rural counties:

Humboldt, Nevada, Tehama

Non-rural counties:

Alameda, Butte, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Madera, Merced, Riverside, Sacramento, San Diego, San Francisco, San Mateo, Shasta, Solano, Sonoma, Stanislaus, Yolo



Participants

4,850

Households

2,684

Home Visits

26,997

California Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In California:

- 71.3% of households were low income
- 22.3% of households reported a history of child abuse or maltreatment
- 15.2% of households included a pregnant enrollee under age 21

Evidence-Based Home Visiting Models in California

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

California Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 91.3% of postpartum home visits
- **Developmental Screening:** 89.5% of children enrolled in home visiting had a timely screen for developmental delays
- **Continuity of Insurance Coverage:** 89.2% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Colorado Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

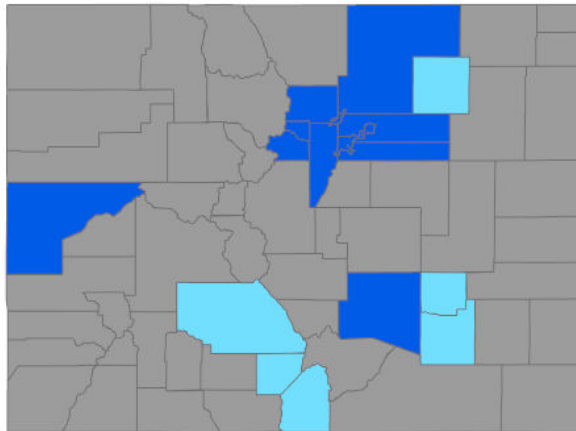
Colorado MIECHV Program At-a-Glance

Rural counties:

Alamosa, Costilla, Crowley, Morgan, Otero, Saguache

Non-rural counties:

Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Gilpin, Jefferson, Mesa, Pueblo, Weld



Participants
4,066

Households
1,994

Home Visits
24,778

Colorado Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Colorado:

- 69.8% of households were low income
- 11.7% of households included at least one household member with low student achievement
- 11.0% of households included a child with developmental delays or disabilities

Colorado Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 91.8% of postpartum home visits
- **Intimate Partner Violence (IPV) Screening:** 82.5% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Intimate Partner Violence (IPV) Screening Guidance:** Partnered with HIPPY and PAT state intermediary Parent Possible to release guidance document for home visitors transitioning to virtual screenings, addressing best practices to ensure safety and privacy, informing and empowering participants, and resources

Evidence-Based Home Visiting Models in Colorado

[Home Instruction for Parents of Preschool Youngsters \(HIPPY\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Connecticut Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

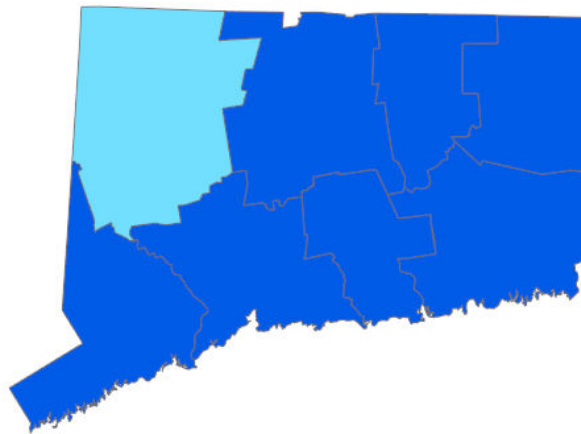
Connecticut MIECHV Program At-a-Glance

Rural counties:

Litchfield

Non-rural counties:

Fairfield, Hartford, Middlesex,
New Haven, New London,
Tolland, Windham



Participants

2,161

Households

1,105

Home Visits

19,190

Connecticut Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Connecticut:

- 59.9% of households were low income
- 22.0% of households reported a history of child abuse or maltreatment
- 16.6% of households reported a history of substance abuse

Connecticut Performance Highlights

- **Depression Screening:** 93.0% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Early Language and Literacy Activities:** 92.9% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Staying Connected:** Partnered with State Department of Corrections (DOC) to support incarcerated parents to reduce trauma felt by their children. The COVID-19 regulations shifted in person efforts. Procurement of smartboards, training dolls, empathy bellies, journals and books continued the learning

Evidence-Based Home Visiting Models in Connecticut

[Child FIRST](#)

[Early Head Start-Home-Based Option](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Delaware Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Delaware MIECHV Program At-a-Glance

Rural counties:

None

Non-rural counties:

Kent, New Castle, Sussex



Participants

1,257

Households

607

Home Visits

7,489

Delaware Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Delaware:

- 82.5% of households were low income
- 23.4% of households included at least one household member with low student achievement
- 17.9% of households included someone who used tobacco products in the home

Evidence-Based Home Visiting Models in Delaware

[Healthy Families America \(HFA\)](#)

[Parents as Teachers \(PAT\)](#)

Delaware Performance Highlights

- **Intimate Partner Violence (IPV) Screening:** 90.9% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Early Language and Literacy Activities:** 87.0% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Parent-Child Interaction:** 87.0% of caregivers enrolled in home visiting received an observation of caregiver-child interaction by the home visitor using a validated tool

District of Columbia's MIECHV Program FY 2020



HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [District of Columbia Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

District of Columbia MIECHV Program At-a-Glance

Rural counties:

None

Non-rural counties:

District of Columbia



Participants

458

Households

205

Home Visits

2,828

District of Columbia Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In District of Columbia:

- 88.3% of households were low income
- 85.4% of households included at least one household member with low student achievement
- 25.4% of households reported a history of child abuse or maltreatment

Evidence-Based Home Visiting Models in District of Columbia

[Healthy Families America \(HFA\)](#)

[Parents as Teachers \(PAT\)](#)

District of Columbia Performance Highlights

- **Continuity of Insurance Coverage:** 96.0% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Early Language and Literacy Activities:** 92.4% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Well Child Visits:** 91.3% of children enrolled in home visiting received their last recommended well child visit based on the American Academy of Pediatrics schedule

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Florida Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

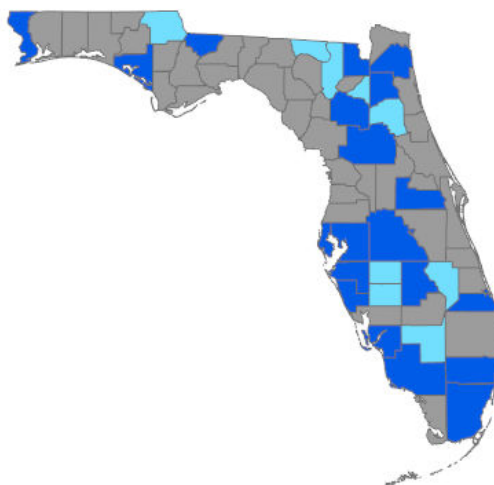
Florida MIECHV Program At-a-Glance

Rural counties:

Bradford, Columbia, De Soto, Hamilton, Hardee, Hendry, Jackson, Okeechobee, Putnam

Non-rural counties:

Alachua, Baker, Bay, Broward, Clay, Collier, Duval, Escambia, Gadsden, Highlands, Hillsborough, Lee, Manatee, Marion, Martin, Miami Dade, Orange, Pinellas, Polk, Sarasota



Participants
5,235

Households
2,790

Home Visits
37,242

Florida Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Florida:

- 71.6% of households were low income
- 35.8% of households included at least one household member with low student achievement
- 19.8% of households reported a history of child abuse or maltreatment

Evidence-Based Home Visiting Models in Florida

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

Florida Performance Highlights

- **Depression Screening:** 94.7% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Intimate Partner Violence (IPV) Screening:** 92.2% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Racial Equity Training:** Partnered with the Racial Equity Institute to provide a virtual, 3-hour "groundwater" training to home visiting staff and other partners – over 500 people were in attendance, making it the largest training ever provided by Florida MIECHV

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Georgia Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

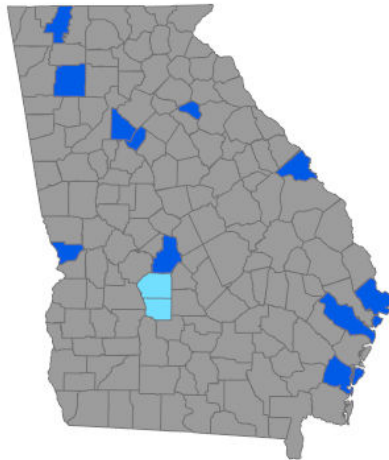
Georgia MIECHV Program At-a-Glance

Rural counties:

Chattahoochee, Crisp, Dooly, Jackson, Peach

Non-rural counties:

Bartow, Chatham, Clarke, DeKalb, Glynn, Houston, Liberty, Muscogee, Richmond, Rockdale, Whitfield



Participants

2,863

Households

1,461

Home Visits

19,206

Georgia Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Georgia:

- 63.3% of households were low income
- 11.0% of households included at least one household member with low student achievement
- 9.6% of households included a child with developmental delays or disabilities

Evidence-Based Home Visiting Models in Georgia

[Early Head Start-Home-Based Option](#)

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

Georgia Performance Highlights

- **Early Language and Literacy Activities:** 96.6% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Depression Screening:** 91.7% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Fatherhood Project:** Developed and implemented fatherhood engagement action plans with the focus of effectively include fathers in programs and services

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Guam Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

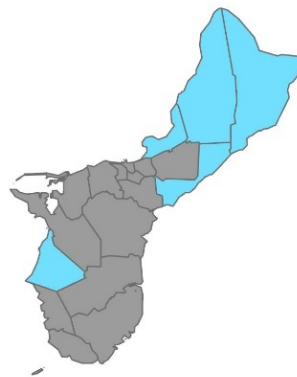
Guam MIECHV Program At-a-Glance

Rural counties:

Agat, Dededo, Mangilao, Tamuning,
Yigo, Harmon

Non-rural counties:

None



Participants

121

Households

62

Home Visits

643

Guam Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Guam:

- 82.3% of households were low income
- 21.0% of households included a pregnant enrollee under age 21
- 11.3% of households included someone who used tobacco products in the home

Evidence-Based Home Visiting Models in Guam

[Healthy Families America \(HFA\)](#)

Guam Performance Highlights

- **Developmental Screening:** 100% of children enrolled in home visiting had a timely screen for developmental delays
- **Early Language and Literacy Activities:** 100% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Safe Sleep:** 91.9% of infants enrolled in home visiting were always placed to sleep on their backs, without bed-sharing or soft bedding

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Hawaii Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

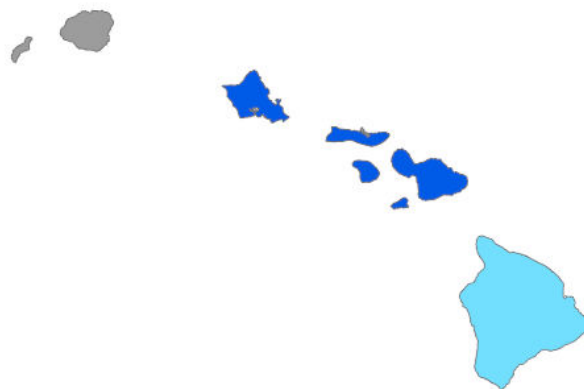
Hawaii MIECHV Program At-a-Glance

Rural counties:

Hawaii

Non-rural counties:

Honolulu, Maui



Participants

1,126

Households

565

Home Visits

7,537

Hawaii Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Hawaii:

- 67.7% of households were low income
- 37.1% of households included someone who used tobacco products in the home
- 25.0% of households included at least one household member with low student achievement

Hawaii Performance Highlights

- **Intimate Partner Violence (IPV) Screening:** 93.2% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Safe Sleep:** 86.2% of infants enrolled in home visiting were always placed to sleep on their backs, without bed-sharing or soft bedding
- **Data Reporting:** Successfully onboarded all local implementing agencies onto a single statewide database system to ensure consistency in data collection and reporting. Improved data access and transparency will aid our continuous quality improvement efforts in general, impacting all benchmark measures

Evidence-Based Home Visiting Models in Hawaii

[Healthy Families America \(HFA\)](#)

[Home Instruction for Parents of Preschool Youngsters \(HIPPY\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Idaho Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

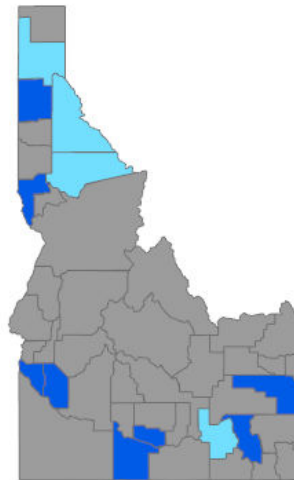
Idaho MIECHV Program At-a-Glance

Rural counties:

Bonner, Clearwater, Power, Shoshone

Non-rural counties:

Ada, Bannock, Bonneville, Canyon, Jerome, Kootenai, Nez Perce, Twin Falls



Participants

1,084

Households

537

Home Visits

5,798

Idaho Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Idaho:

- 68.4% of households were low income
- 30.5% of households included at least one household member with low student achievement
- 19.1% of households included someone who used tobacco products in the home

Idaho Performance Highlights

- **Developmental Screening:** 94.2% of children enrolled in home visiting had a timely screen for developmental delays
- **Depression Screening:** 87.4% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Missing Data:** Completed a programmatic Continuous Quality Improvement (CQI) Project that reduced missing data in 16 of 19 MIECHV performance measures. This project strengthened relationships between Idaho MIECHV and the local implementing agencies (LIAs), and improved LIAs' knowledge of data collection and management

Evidence-Based Home Visiting Models in Idaho

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Illinois Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

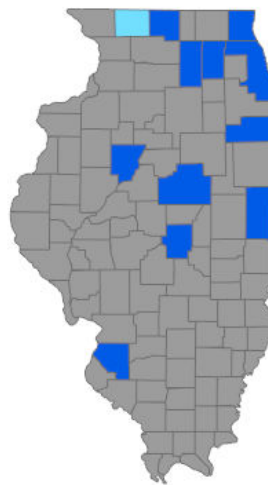
Illinois MIECHV Program At-a-Glance

Rural counties:

Stephenson

Non-rural counties:

Cook, Dekalb, Kane, Kankakee, Lake, Macon, Mclean, Peoria, Saint Clair, Vermilion, Winnebago



Participants

2,706

Households

1,260

Home Visits

17,489

Illinois Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Illinois:

- 87.0% of households were low income
- 23.4% of households included at least one household member with low student achievement
- 18.7% of households included someone who used tobacco products in the home

Evidence-Based Home Visiting Models in Illinois

[Healthy Families America \(HFA\)](#)

[Parents as Teachers \(PAT\)](#)

Illinois Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 94.3% of postpartum home visits
- **Early Language and Literacy Activities:** 83.4% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Public Awareness:** Resources and materials for families and community referral sources were developed to emphasize home visiting as an essential service for families as they navigate social isolation, economic uncertainty, balancing work without childcare, and other heightened stressors caused by COVID-19

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Indiana Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

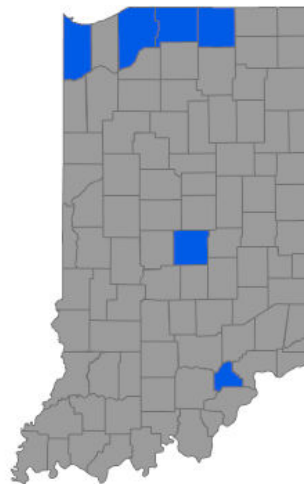
Indiana MIECHV Program At-a-Glance

Rural counties:

None

Non-rural counties:

Elkhart, La Porte, Lake, Marion, Scott, St Joseph



Participants

4,020

Households

2,075

Home Visits

28,678

Indiana Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Indiana:

- 82.5% of households were low income
- 11.9% of households included someone who used tobacco products in the home
- 11.0% of households included a pregnant enrollee under age 21

Evidence-Based Home Visiting Models in Indiana

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

Indiana Performance Highlights

- **Depression Screening:** 91.0% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Early Language and Literacy Activities:** 89.0% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Continuity of Insurance Coverage:** 85.5% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Iowa Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

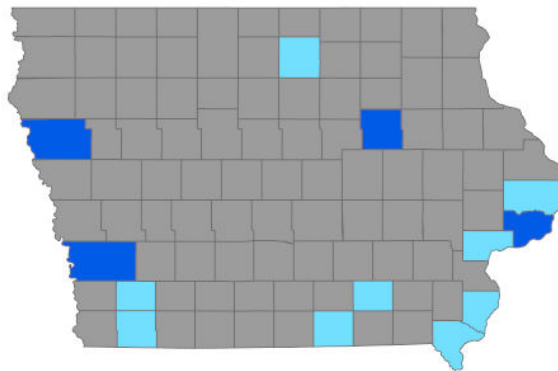
Iowa MIECHV Program At-a-Glance

Rural counties:

Appanoose, Cerro Gordo, Clinton, Des Moines, Lee, Montgomery, Muscatine, Page, Wapello

Non-rural counties:

Black Hawk, Pottawattamie, Scott, Woodbury



Participants

1,863

Households

961

Home Visits

13,852

Iowa Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Iowa:

- 66.2% of households were low income
- 25.0% of households reported a history of substance abuse
- 22.9% of households reported a history of child abuse or maltreatment

Iowa Performance Highlights

- **Well Child Visits:** 95.8% of children enrolled in home visiting received their last recommended well child visit based on the American Academy of Pediatrics schedule
- **Intimate Partner Violence (IPV) Screening:** 94.6% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **National Certification Exam:** Launched a validated national certification exam for home visitors in partnership with Early Impact Virginia and the University of Kansas. Successful exam completion demonstrates the learner's understanding of the national core competency framework

Evidence-Based Home Visiting Models in Iowa

[Early Head Start-Home-Based Option](#)

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Kansas Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

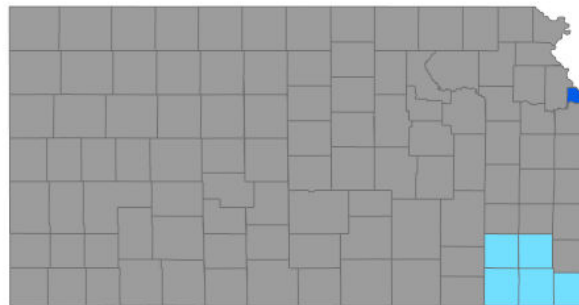
Kansas MIECHV Program At-a-Glance

Rural counties:

Cherokee, Labette, Montgomery, Neosho, Wilson

Non-rural counties:

Wyandotte



Participants

1,131

Households

544

Home Visits

7,533

Kansas Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Kansas:

- 65.8% of households were low income
- 32.9% of households included someone who used tobacco products in the home
- 32.5% of households included at least one household member with low student achievement

Kansas Performance Highlights

- **Postpartum Care:** 88.2% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery
- **Intimate Partner Violence (IPV) Screening:** 86.9% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Early Language and Literacy Activities:** 82.8% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis

Evidence-Based Home Visiting Models in Kansas

[Early Head Start-Home-Based Option](#)

[Healthy Families America \(HFA\)](#)

[Parents as Teachers \(PAT\)](#)

[Teams for Infants Endangered by Substance Abuse \(TIES\) Program \(Promising Approach\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Kentucky Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

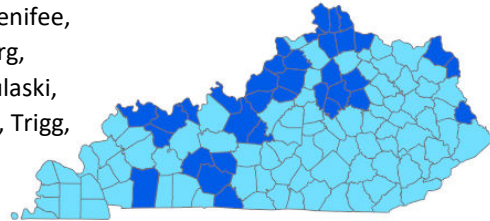
Kentucky MIECHV Program At-a-Glance

Rural counties:

Adair, Anderson, Ballard, Barren, Bath, Bell, Boyle, Breathitt, Breckinridge, Caldwell, Calloway, Carlisle, Carroll, Carter, Casey, Clay, Clinton, Crittenden, Cumberland, Elliott, Estill, Fleming, Floyd, Franklin, Fulton, Garrard, Graves, Grayson, Green, Harlan, Harrison, Hart, Hickman, Hopkins, Jackson, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Madison, Magoffin, Marion, Marshall, Mason, Mccracken, McCreary, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Owen, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Simpson, Taylor, Todd, Trigg, Union, Washington, Wayne, Webster, Whitley, Wolfe

Non-rural counties:

Allen, Boone, Bourbon, Boyd, Bracken, Bullitt, Butler, Campbell, Christian, Clark, Daviess, Edmonson, Fayette, Gallatin, Grant, Greenup, Hancock, Hardin, Henderson, Henry, Jefferson, Jessamine, Kenton, Larue, Martin, Mclean, Meade, Oldham, Pendleton, Scott, Shelby, Spencer, Trimble, Warren, Woodford



Participants

2,639

Households

1,439

Home Visits

34,087

Kentucky Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Kentucky:

- 76.5% of households were low income
- 53.6% of households included someone who used tobacco products in the home
- 39.2% of households reported a history of child abuse or maltreatment

Evidence-Based Home Visiting Models in Kentucky

[Health Access Nurturing Development Services \(HANDS\) Program](#)

Kentucky Performance Highlights

- **Safe Sleep:** 93.4% of infants enrolled in home visiting were always placed to sleep on their backs, without bed-sharing or soft bedding
- **Continuity of Insurance Coverage:** 93.9% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Early Language and Literacy Activities:** 92.1% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Louisiana Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

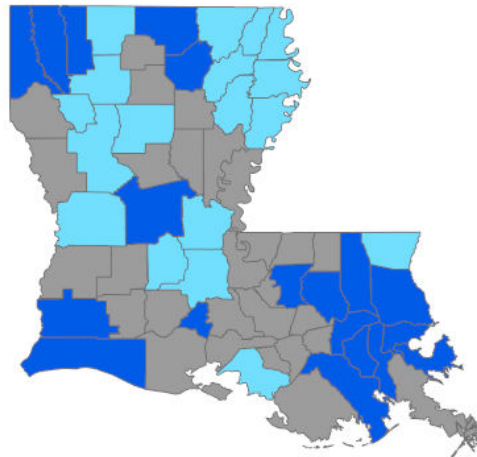
Louisiana MIECHV Program At-a-Glance

Rural counties:

Avoyelles, Bienville, Claiborne, East Carroll, Evangeline, Franklin, Madison, Morehouse, Natchitoches, Red River, Richland, Saint Landry, Saint Mary, Tensas, Vernon, Washington, West Carroll, Winn

Non-rural counties:

Bossier, Caddo, Calcasieu, Cameron, East Baton Rouge, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Ouachita, Rapides, Saint Bernard, Saint Charles, Saint Tammany, St John The Baptist, Tangipahoa, Union, Webster



Participants

4,007

Households

2,186

Home Visits

23,964

Louisiana Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Louisiana:

- 89.1% of households were low income
- 17.7% of households included a pregnant enrollee under age 21
- 8.0% of households included someone who used tobacco products in the home

Evidence-Based Home Visiting Models in Louisiana

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

Louisiana Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 92.0% of postpartum home visits
- **Intimate Partner Violence (IPV) Screening:** 89.4% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Depression Screening:** 80.7% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Maine Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

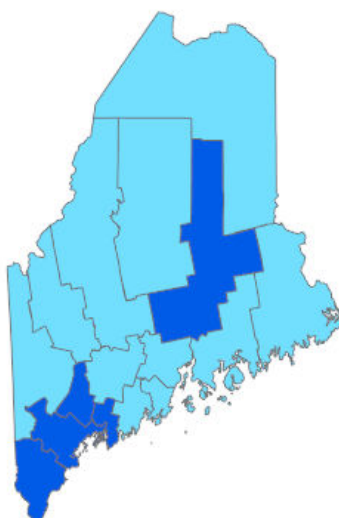
Maine MIECHV Program At-a-Glance

Rural counties:

Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Piscataquis, Somerset, Waldo, Washington

Non-rural counties:

Androscoggin, Cumberland, Penobscot, Sagadahoc, York



Participants
4,078

Households
1,770

Home Visits
19,150

Maine Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Maine:

- 48.6% of households were low income
- 21.4% of households reported a history of substance abuse
- 17.0% of households included a child with developmental delays or disabilities

Evidence-Based Home Visiting Models in Maine

[Parents as Teachers \(PAT\)](#)

Maine Performance Highlights

- **Continuity of Insurance Coverage:** 96.1% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Early Language and Literacy Activities:** 95.2% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Developmental Screening:** 84.8% of children enrolled in home visiting had a timely screen for developmental delays

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Maryland Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

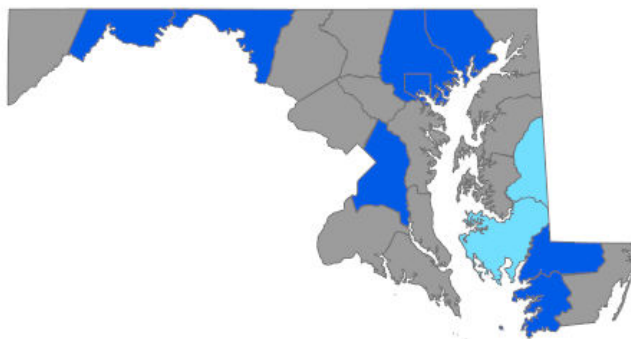
Maryland MIECHV Program At-a-Glance

Rural counties:

Caroline, Dorchester

Non-rural counties:

Allegany, Baltimore, Baltimore County, Harford, Prince George's, Somerset, Washington, Wicomico



Participants
2,188

Households
1,137

Home Visits
29,748

Maryland Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Maryland:

- 22.1% of households were low income
- 16.1% of households included a child with developmental delays or disabilities
- 13.9% of households included at least one household member with low student achievement

Evidence-Based Home Visiting Models in Maryland

[Healthy Families America \(HFA\)](#)

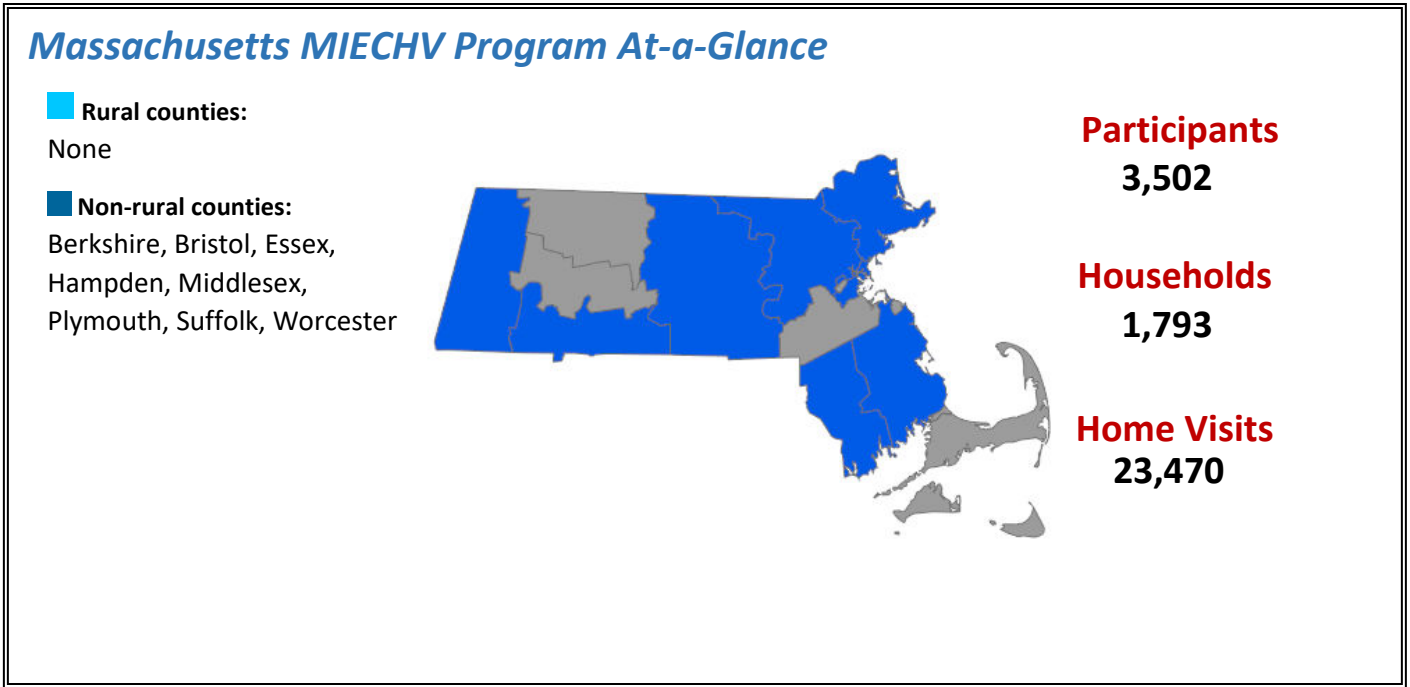
[Nurse-Family Partnership \(NFP\)](#)

Maryland Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 90.8% of postpartum home visits
- **Depression Screening:** 85.8% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Continuity of Insurance Coverage:** 82.6% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Massachusetts Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness



Massachusetts Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Massachusetts:

- 81.5% of households were low income
- 21.9% of households reported a history of child abuse or maltreatment
- 18.9% of households included a pregnant enrollee under age 21

Evidence-Based Home Visiting Models in Massachusetts

[Early Head Start-Home-Based Option](#)

[Healthy Families America \(HFA\)](#)

[Parents as Teachers \(PAT\)](#)

Massachusetts Performance Highlights

- **Depression Screening:** 92.6% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Intimate Partner Violence (IPV) Screening:** 88.2% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Racial Equity:** MA MIECHV has embedded a focus on racial equity into program operations to address structural racism through: home visiting contract procurement, 2020 Needs Assessment, community engagement, state and local level trainings, and Continuous Quality Improvement (CQI) by piloting the Racial Equity Data Roadmap

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Michigan Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

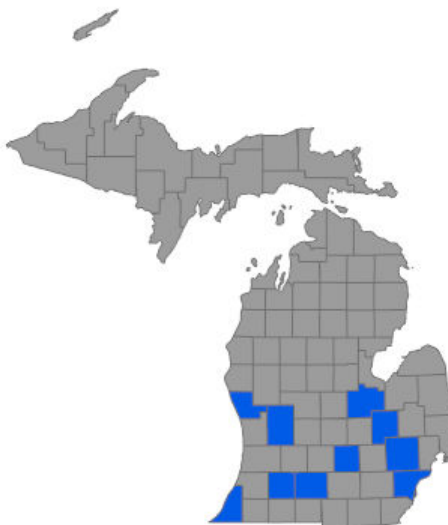
Michigan MIECHV Program At-a-Glance

Rural counties:

None

Non-rural counties:

Berrien, Calhoun, Genesee, Ingham, Kalamazoo, Kent, Muskegon, Oakland, Saginaw, Wayne



Participants

2,968

Households

1,597

Home Visits

19,485

Michigan Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Michigan:

- 72.4% of households were low income
- 25.0% of households included a pregnant enrollee under age 21
- 10.2% of households included a child with developmental delays or disabilities

Evidence-Based Home Visiting Models in Michigan

[Early Head Start-Home-Based Option](#)

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

Michigan Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 88.2% of postpartum home visits
- **Depression Screening:** 85.8% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Intimate Partner Violence (IPV) Screening:** 83.1% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Minnesota Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

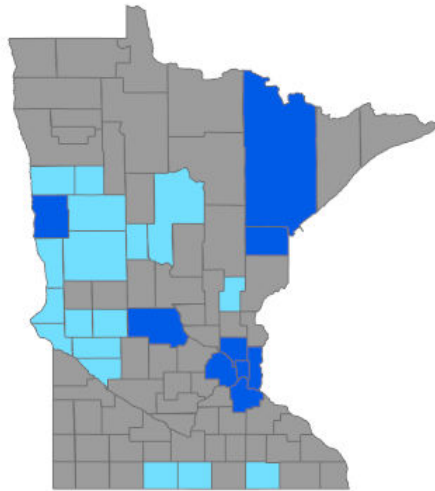
Minnesota MIECHV Program At-a-Glance

Rural counties:

Becker, Big Stone, Cass, Chippewa, Faribault, Kanabec, Mahanomen, Martin, Mower, Norman, Otter Tail, Pope, Stevens, Swift, Traverse, Wadena, Wilkin

Non-rural counties:

Anoka, Carlton, Clay, Dakota, Hennepin, Ramsey, St. Louis, Stearns, Washington



Participants

3,244

Households

1,744

Home Visits

19,979

Minnesota Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Minnesota:

- 70.3% of households were low income
- 15.8% of households included someone who used tobacco products in the home
- 10.5% of households included a pregnant enrollee under age 21

Minnesota Performance Highlights

- **Continuity of Insurance Coverage:** 92.5% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Early Language and Literacy Activities:** 79.1% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Data System Updates:** MN launched a new data system, Information for Home Visiting Evaluation (IHVE) in 2020. IHVE data collection forms are integrated in electronic health record (EHR) systems used by MIECHV local implementing agencies, reducing data entry burden for home visitors. These EHR systems submit data to IHVE continuously, providing state MIECHV staff with near real-time program data. The IHVE system enables MN to build reports to support grant management, performance measurement, and continuous quality improvement with timely data

Evidence-Based Home Visiting Models in Minnesota

[Healthy Families America \(HFA\)](#)

[Maternal Early Childhood Sustained Home-Visiting Program \(MECSH\)](#)

[Nurse-Family Partnership \(NFP\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Mississippi Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

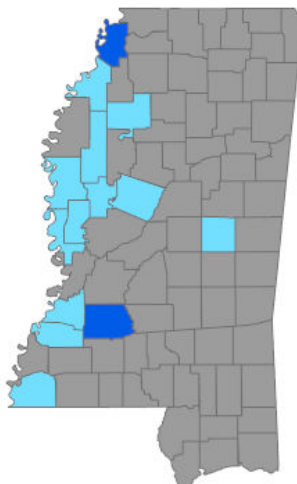
Mississippi MIECHV Program At-a-Glance

Rural counties:

Claiborne, Coahoma, Holmes, Humphreys, Issaquena, Jefferson, Neshoba, Sharkey, Sunflower, Tallahatchie, Washington, Wilkinson

Non-rural counties:

Copiah, Tunica



Participants
1,368

Households
676

Home Visits
11,238

Mississippi Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Mississippi:

- 91.7% of households were low income
- 16.6% of households reported a history of child abuse or maltreatment
- 7.4% of households included a pregnant enrollee under age 21

Evidence-Based Home Visiting Models in Mississippi

[Healthy Families America \(HFA\)](#)

Mississippi Performance Highlights

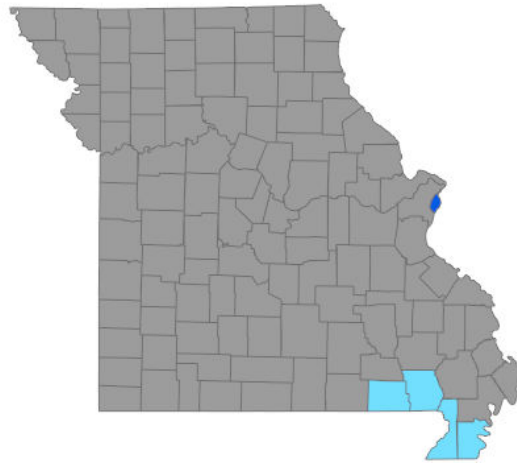
- **Developmental Screening:** 99.0% of children enrolled in home visiting had a timely screen for developmental delays
- **Early Language and Literacy Activities:** 98.0% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Continuity of Insurance Coverage:** 96.9% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Missouri Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Missouri MIECHV Program At-a-Glance

- **Rural counties:**
Butler, Dunklin, Pemiscot, Ripley
- **Non-rural counties:**
Saint Louis City



Participants
1,111

Households
542

Home Visits
10,334

Missouri Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Missouri:

- 86.2% of households were low income
- 25.8% of households reported a history of child abuse or maltreatment
- 19.9% of households included at least one household member with low student achievement

Missouri Performance Highlights

- **Intimate Partner Violence (IPV) Screening:** 99.3% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Safe Sleep:** 92.0% of infants enrolled in home visiting were always placed to sleep on their backs, without bed-sharing or soft bedding
- **Continuous Quality Improvement (CQI):** Missouri MIECHV conducted a four-part virtual Continuous Quality Improvement (CQI) Learning Opportunity for all home visitors in August 2020 and virtually convened the Second Annual Leadership Academy in September 2020 to support supervisors in becoming CQI leaders and champions

Evidence-Based Home Visiting Models in Missouri

[Early Head Start-Home-Based Option](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Montana Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

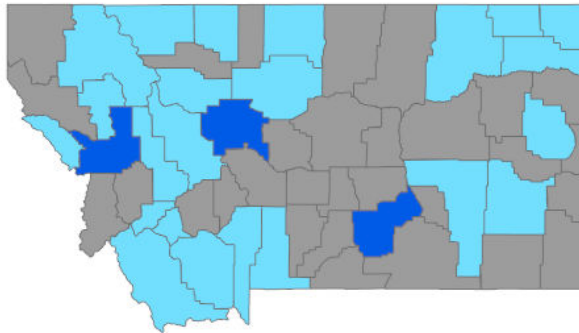
Montana MIECHV Program At-a-Glance

Rural counties:

Beaverhead, Chouteau, Custer, Daniels, Dawson, Deer Lodge, Flathead, Gallatin, Glacier, Hill, Lake, Lewis And Clark, Madison, Mineral, Park, Powell, Roosevelt, Rosebud, Sheridan, Silver Bow, Teton, Toole, Valley

Non-rural counties:

Cascade, Missoula, Yellowstone



Participants
2,583

Households
1,326

Home Visits
14,342

Montana Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Montana:

- 49.3% of households were low income
- 48.4% of households reported a history of child abuse or maltreatment
- 42.3% of households included someone who used tobacco products in the home

Montana Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 96.8% of postpartum home visits
- **Intimate Partner Violence (IPV) Screening:** 84.1% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Home Visitor Huddle:** This monthly, voluntary, one hour, call is facilitated by the state team and driven by the local home visitors. The state team provides a space in a virtual meeting format for home visitors to join and ask each other questions. The huddle serves as a peer sharing opportunity facilitated by the state team and discussion is led by the home visitors who join the call

Evidence-Based Home Visiting Models in Montana

[Family Spirit](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

[SafeCare Augmented](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Nebraska Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

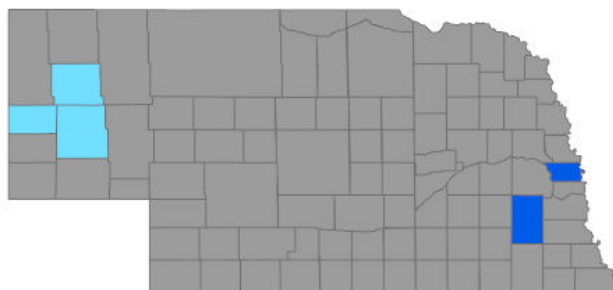
Nebraska MIECHV Program At-a-Glance

Rural counties:

Box Butte, Morrill, Scotts Bluff

Non-rural counties:

Douglas, Lancaster



Participants
441

Households
228

Home Visits
4,231

Nebraska Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Nebraska:

- 62.7% of households were low income
- 31.1% of households reported a history of substance abuse
- 15.8% of households reported a history of child abuse or maltreatment

Evidence-Based Home Visiting Models in Nebraska

[Healthy Families America \(HFA\)](#)

Nebraska Performance Highlights

- **Early Language and Literacy Activities:** 95.9% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Postpartum Care:** 94.7% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery
- **Safe Sleep:** 94.3% of infants enrolled in home visiting were always placed to sleep on their backs, without bed-sharing or soft bedding

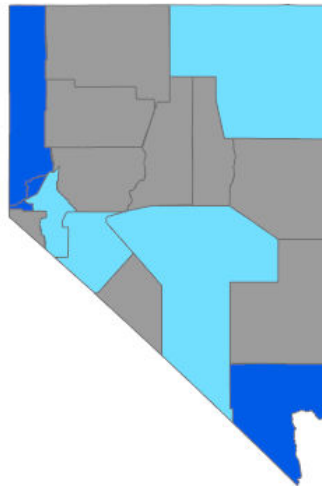
HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Nevada Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Nevada MIECHV Program At-a-Glance

Rural counties:
Elko, Lyon, Mineral, Nye

Non-rural counties:
Carson City, Clark, Storey,
Washoe



Participants
1,360

Households
519

Home Visits
7,355

Nevada Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Nevada:

- 57.2% of households were low income
- 12.3% of households included a pregnant enrollee under age 21
- 9.3% of households reported a history of child abuse or maltreatment

Nevada Performance Highlights

- **Depression Screening:** 91.1% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Developmental Screening:** 88.5% of children enrolled in home visiting had a timely screen for developmental delays
- **Early Language and Literacy Activities:** 79.2% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis

Evidence-Based Home Visiting Models in Nevada

[Early Head Start-Home-Based Option](#)

[Home Instruction for Parents of Preschool Youngsters \(HIPPY\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [New Hampshire Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

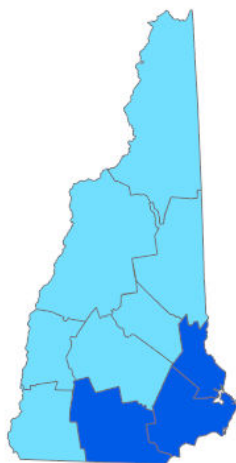
New Hampshire MIECHV Program At-a-Glance

Rural counties:

Belknap, Carroll, Cheshire, Coos, Grafton, Merrimack, Sullivan

Non-rural counties:

Hillsborough, Rockingham, Strafford



Participants
795

Households
340

Home Visits
4,762

New Hampshire Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In New Hampshire:

- 72.6% of households were low income
- 49.0% of households reported a history of substance abuse
- 7.3% of households included a pregnant enrollee under age 21

Evidence-Based Home Visiting Models in New Hampshire

[Healthy Families America \(HFA\)](#)

New Hampshire Performance Highlights

- **Postpartum Care:** 91.3% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery
- **Depression Screening:** 80.0% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 89.8% of postpartum home visits

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [New Jersey Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

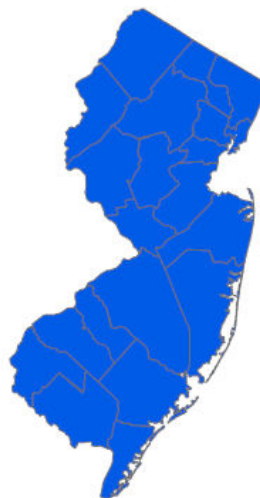
New Jersey MIECHV Program At-a-Glance

Rural counties:

None

Non-rural counties:

Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren



Participants

9,788

Households

5,387

Home Visits

61,888

New Jersey Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In New Jersey:

- 62.1% of households were low income
- 31.9% of households reported a history of child abuse or maltreatment
- 9.6% of households included a pregnant enrollee under age 21

New Jersey Performance Highlights

- **Early Language and Literacy Activities:** 86.2% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Intimate Partner Violence (IPV) Screening:** 80.3% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Parent-Child Interaction:** 76.7% of caregivers enrolled in home visiting received an observation of caregiver-child interaction by the home visitor using a validated tool

Evidence-Based Home Visiting Models in New Jersey

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

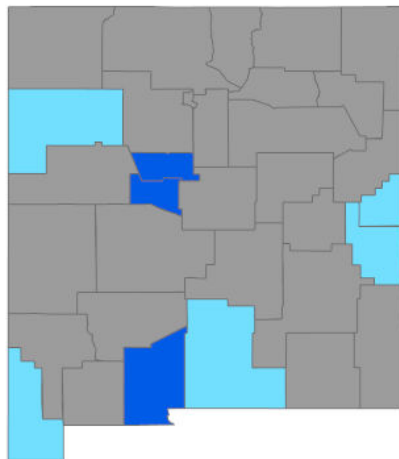
[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [New Mexico Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

New Mexico MIECHV Program At-a-Glance

- **Rural counties:**
Curry, Hidalgo, Mckinley, Otero, Roosevelt
- **Non-rural counties:**
Bernalillo, Dona Ana, Valencia



Participants
1,120

Households
510

Home Visits
6,977

New Mexico Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In New Mexico:

- 59.8% of households were low income
- 34.3% of households included at least one household member with low student achievement
- 8.6% of households included someone who used tobacco products in the home

Evidence-Based Home Visiting Models in New Mexico

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

New Mexico Performance Highlights

- **Developmental Screening:** 97.0% of children enrolled in home visiting had a timely screen for developmental delays
- **Continuity of Insurance Coverage:** 90.7% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Intimate Partner Violence (IPV) Screening:** 88.6% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [New York Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

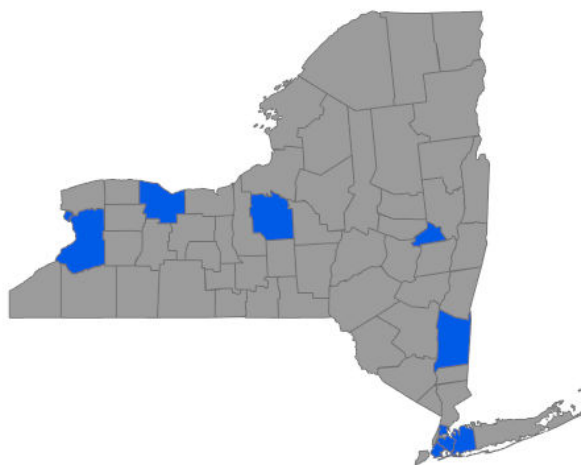
New York MIECHV Program At-a-Glance

Rural counties:

None

Non-rural counties:

Bronx, Dutchess, Erie, Kings,
Monroe, Nassau, Onondaga,
Queens, Schenectady



Participants

5,392

Households

3,023

Home Visits

37,247

New York Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In New York:

- 55.1% of households were low income
- 16.5% of households included a pregnant enrollee under age 21
- 15.9% of households reported a history of child abuse or maltreatment

Evidence-Based Home Visiting Models in New York

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

New York Performance Highlights

- **Depression Screening:** 98.1% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Intimate Partner Violence (IPV) Screening:** 90.4% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 72.9% of postpartum home visits

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [North Carolina Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

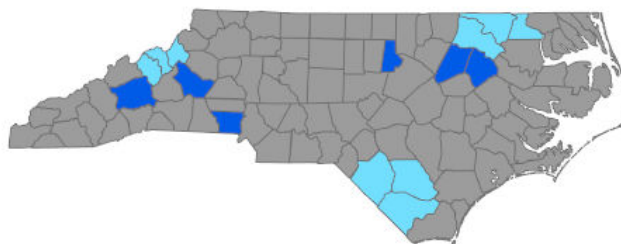
North Carolina MIECHV Program At-a-Glance

Rural counties:

Avery, Bladen, Columbus, Halifax, Hertford, Mitchell, Northampton, Robeson, Yancey

Non-rural counties:

Buncombe, Burke, Durham, Edgecombe, Gaston, Nash



Participants

1,009

Households

561

Home Visits

7,220

North Carolina Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In North Carolina:

- 85.7% of households were low income
- 25.6% of households included someone who used tobacco products in the home
- 16.6% of households included a pregnant enrollee under age 21

Evidence-Based Home Visiting Models in North Carolina

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

North Carolina Performance Highlights

- **Depression Screening:** 96.4% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Postpartum Care:** 94.4% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery
- **Intimate Partner Violence (IPV) Screening:** 89.4% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment

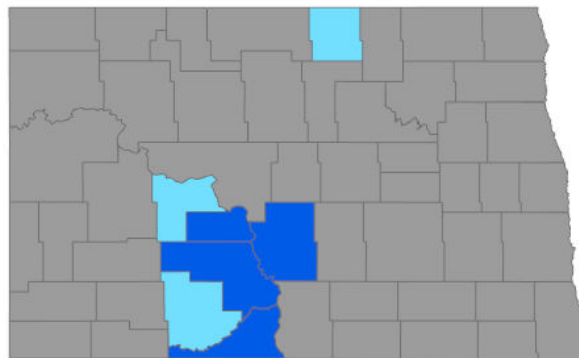
HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [North Dakota Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

North Dakota MIECHV Program At-a-Glance

Rural counties:
Grant, Mercer, Rolette

Non-rural counties:
Burleigh, Morton, Oliver,
Sioux



Participants
266

Households
128

Home Visits
1,663

North Dakota Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In North Dakota:

- 71.7% of households were low income
- 35.2% of households included someone who used tobacco products in the home
- 15.7% of households included a pregnant enrollee under age 21

Evidence-Based Home Visiting Models in North Dakota

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

North Dakota Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 99.2% of postpartum home visits
- **Early Language and Literacy Activities:** 97.8% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Postpartum Care:** 81.3% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery

Northern Mariana Islands's MIECHV Program FY 2020



HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Northern Mariana Islands Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Northern Mariana Islands MIECHV Program At-a-Glance

- Rural counties:
Rota, Saipan, Tinian
- Non-rural counties:
None



Participants
289

Households
148

Home Visits
1,708

Northern Mariana Islands Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Northern Mariana Islands:

- 93.8% of households were low income
- 30.4% of households reported a history of substance abuse
- 33.1% of households included someone who used tobacco products in the home

Evidence-Based Home Visiting Models in Northern Mariana Islands

[Healthy Families America \(HFA\)](#)

Northern Mariana Islands Performance Highlights

- **Early Language and Literacy Activities:** 95.0% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 88.9% of postpartum home visits
- **Breastfeeding:** 75.0% of infants enrolled in home visiting aged 6-12 months (among mothers who enrolled in home visiting prenatally) were breastfed any amount at 6 months of age

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Ohio Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

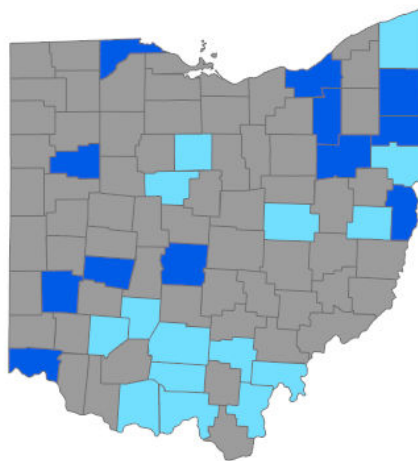
Ohio MIECHV Program At-a-Glance

Rural counties:

Adams, Ashtabula, Clinton, Columbiana, Coshocton, Crawford, Fayette, Gallia, Harrison, Marion, Meigs, Pike, Ross, Scioto, Vinton

Non-rural counties:

Allen, Clark, Cuyahoga, Franklin, Hamilton, Jefferson, Lucas, Mahoning, Montgomery, Stark, Summit, Trumbull



Participants
4,092

Households
2,178

Home Visits
25,557

Ohio Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Ohio:

- 87.0% of households were low income
- 23.4% of households included at least one household member with low student achievement
- 16.8% of households reported a history of child abuse or maltreatment

Evidence-Based Home Visiting Models in Ohio

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

Ohio Performance Highlights

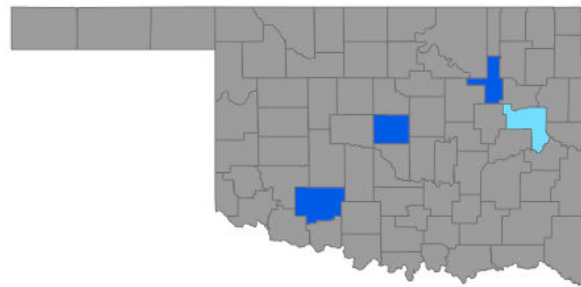
- **Early Language and Literacy Activities:** 90.7% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Postpartum Care:** 87.5% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery
- **Continuity of Insurance Coverage:** 86.6% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Oklahoma Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Oklahoma MIECHV Program At-a-Glance

- **Rural counties:**
Muskogee
- **Non-rural counties:**
Comanche, Oklahoma,
Tulsa



Participants

1,788

Households

894

Home Visits

10,864

Oklahoma Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Oklahoma:

- 74.5% of households were low income
- 38.9% of households included at least one household member with low student achievement
- 17.0% of households included someone who used tobacco products in the home

Evidence-Based Home Visiting Models in Oklahoma

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

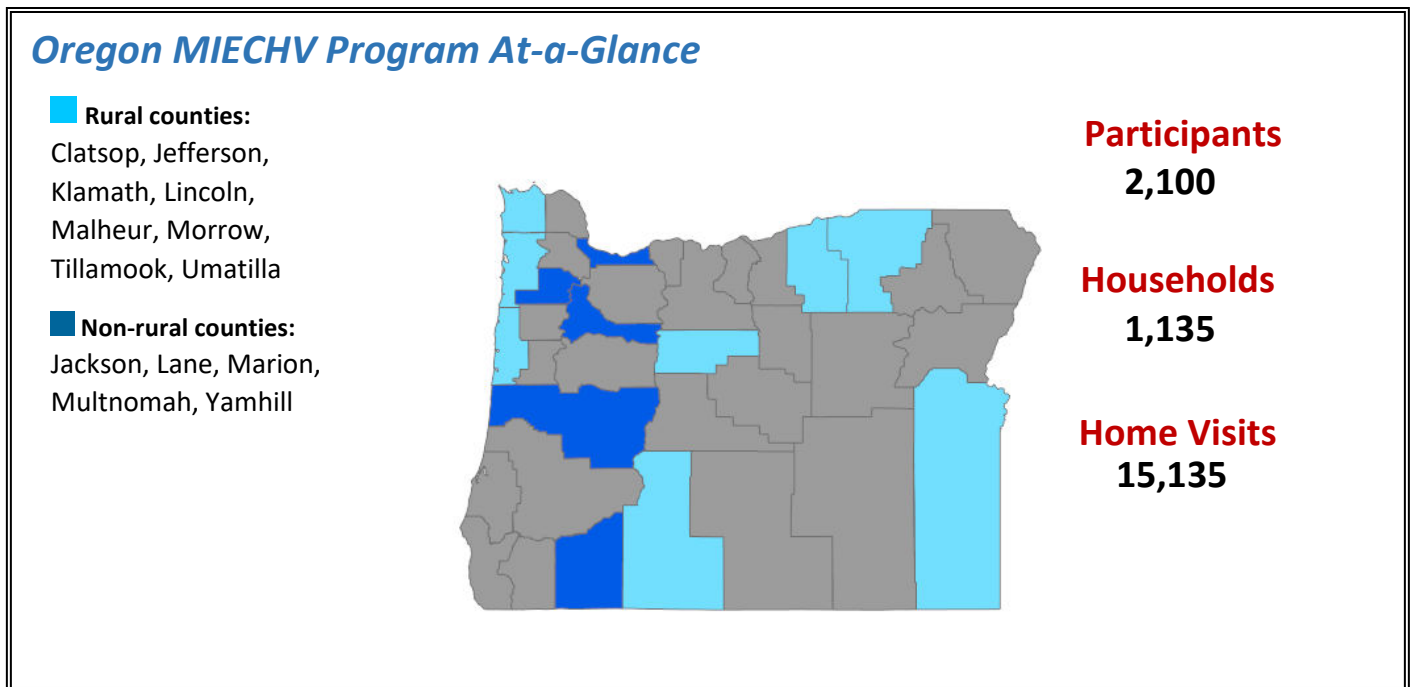
[SafeCare Augmented](#)

Oklahoma Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 99.6% of postpartum home visits
- **Well Child Visit:** 98.7% of children enrolled in home visiting received their last recommended well child visit based on the American Academy of Pediatrics schedule
- **Depression Screening:** 76.7% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Oregon Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness



Oregon Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Oregon:

- 70.7% of households were low income
- 27.0% of households included someone who used tobacco products in the home
- 18.9% of households included at least one household member with low student achievement

Evidence-Based Home Visiting Models in Oregon

[Early Head Start-Home-Based Option](#)

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

Oregon Performance Highlights

- **Continuity of Insurance Coverage:** 98.6% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 95.4% of postpartum home visits
- **Rose to the Challenge:** In the face of the COVID-19 pandemic, the number of home visits per family increased from the previous year and the number of families exiting prior to program completion decreased from 29.7% to 25.4%

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Pennsylvania Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

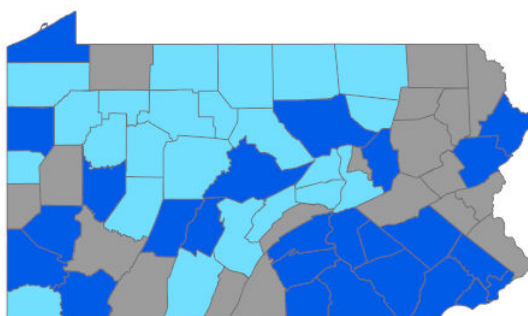
Pennsylvania MIECHV Program At-a-Glance

Rural counties:

Bedford, Bradford, Cameron, Clarion, Clearfield, Clinton, Crawford, Elk, Forest, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Mckean, Mifflin, Northumberland, Potter, Snyder, Sullivan, Tioga, Union, Venango

Non-rural counties:

Adams, Allegheny, Armstrong, Berks, Blair, Cambria, Centre, Chester, Columbia, Cumberland, Dauphin, Delaware, Erie, Fayette, Lancaster, Lebanon, Lycoming, Mercer, Monroe, Montgomery, Perry, Philadelphia, Pike, Washington, York



Participants
5,755

Households
2,859

Home Visits
29,514

Pennsylvania Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Pennsylvania:

- 70.6% of households were low income
- 25.2% of households included someone who used tobacco products in the home
- 11.7% of households included a child with developmental delays or disabilities

Pennsylvania Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 96.9% of postpartum home visits
- **Postpartum Care:** 87.7% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery
- **Continuity of Insurance Coverage:** 78.0% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months

Evidence-Based Home Visiting Models in Pennsylvania

[Early Head Start-Home-Based Option](#)

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Puerto Rico Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

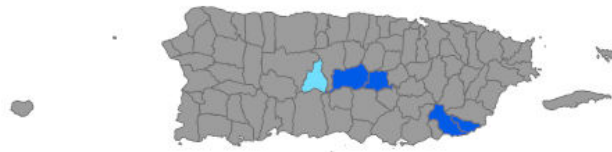
Puerto Rico MIECHV Program At-a-Glance

Rural counties:

Jayuya

Non-rural counties:

Barranquitas, Maunabo,
Orocovis, Patillas



Participants

254

Households

140

Home Visits

2,518

Puerto Rico Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Puerto Rico:

- 43.6% of households included a pregnant enrollee under age 21
- 21.4% of households were low income
- 5.0% of households included someone who used tobacco products in the home

Evidence-Based Home Visiting Models in Puerto Rico

[Healthy Families America \(HFA\)](#)

Puerto Rico Performance Highlights

- **Continuity of Insurance Coverage:** 100% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Safe Sleep:** 96.4% of infants enrolled in home visiting were always placed to sleep on their backs, without bed-sharing or soft bedding
- **Depression Screening:** 93.5% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Rhode Island Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Rhode Island MIECHV Program At-a-Glance

Rural counties:

None

Non-rural counties:

Bristol, Providence, Washington



Participants

3,192

Households

1,608

Home Visits

20,175

Rhode Island Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Rhode Island:

- 82.8% of households were low income
- 28.1% of households included at least one household member with low student achievement
- 24.4% of households reported a history of child abuse or maltreatment

Rhode Island Performance Highlights

- **Early Language and Literacy Activities:** 92.8% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Depression Screening:** 90.6% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Continuous Quality Improvement:** Two MIECHV teams participated in the Home Visiting Collaborative Improvement (COIN) and Innovation Network to improve well child visit completion rate. Five MIECHV teams completed the COIN that addressed maternal depression. Both improved increased outcomes for families

Evidence-Based Home Visiting Models in Rhode Island

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [South Carolina Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

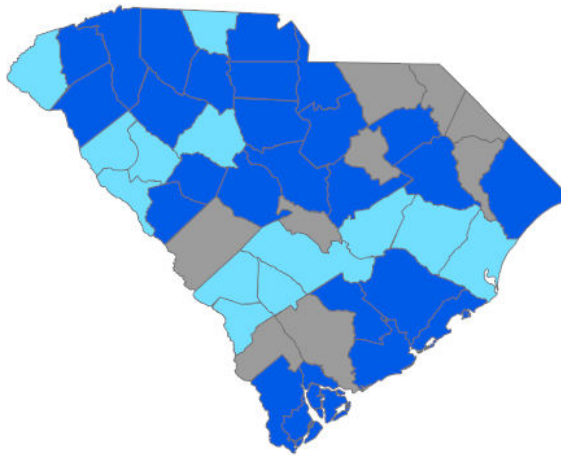
South Carolina MIECHV Program At-a-Glance

Rural counties:

Abbeville, Allendale, Bamberg, Barnwell, Cherokee, Clarendon, Georgetown, Greenwood, McCormick, Newberry, Oconee, Orangeburg, Williamsburg

Non-rural counties:

Anderson, Beaufort, Berkeley, Charleston, Chester, Darlington, Dorchester, Edgefield, Fairfield, Florence, Greenville, Horry, Jasper, Kershaw, Lancaster, Laurens, Lexington, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York



Participants

2,376

Households

1,304

Home Visits

17,934

South Carolina Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In South Carolina:

- 84.3% of households were low income
- 14.8% of households reported a history of child abuse or maltreatment
- 14.0% of households included a pregnant enrollee under age 21

South Carolina Performance Highlights

- **Early Language and Literacy Activities:** 96.6% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Safe Sleep:** 95.7% of infants enrolled in home visiting were always placed to sleep on their backs, without bed-sharing or soft bedding
- **Well Child Visits Learning Collaborative:** Convened a quality improvement learning collaborative among local implementing agencies focused on improving well child visit completions. Despite challenges posed by the COVID-19 pandemic, SCMIECHV continued to see improvement in this performance measure in 2020

Evidence-Based Home Visiting Models in South Carolina

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

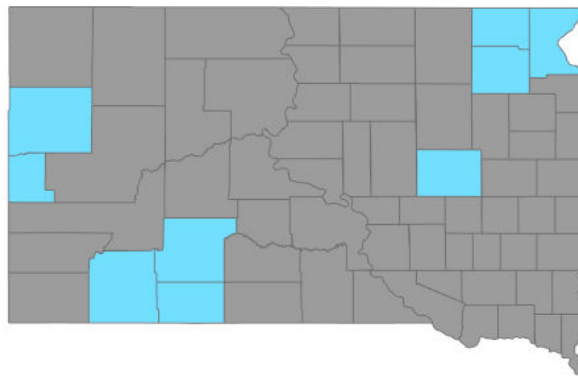
[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [South Dakota Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

South Dakota MIECHV Program At-a-Glance

- **Rural counties:**
Beadle, Bennett, Butte, Day, Jackson, Lawrence, Marshall, Oglala Lakota, Roberts
- **Non-rural counties:**
None



Participants
307

Households
171

Home Visits
2,408

South Dakota Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In South Dakota:

- 60.8% of households were low income
- 24.3% of households included someone who used tobacco products in the home
- 21.6% of households included a pregnant enrollee under age 21

Evidence-Based Home Visiting Models in South Dakota

[Nurse-Family Partnership \(NFP\)](#)

South Dakota Performance Highlights

- **Postpartum Care:** 96.2% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery
- **Intimate Partner Violence (IPV) Screening:** 96.8% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Depression Screening:** 89.1% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Tennessee Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

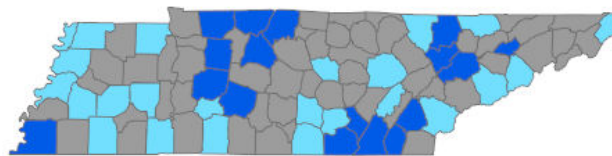
Tennessee MIECHV Program At-a-Glance

Rural counties:

Claiborne, Cocke, Coffee, Cumberland, Dekalb, Dyer, Franklin, Grundy, Hardeman, Hardin, Haywood, Henderson, Henry, Johnson, Lake, Lauderdale, Lawrence, Lewis, Madison, Monroe, Obion, Rhea, Scott, Sevier

Non-rural counties:

Anderson, Bradley, Campbell, Davidson, Dickson, Hamblen, Hamilton, Hickman, Knox, Marion, Maury, McMinn, Montgomery, Robertson, Sequatchie, Shelby, Sumner



Participants
3,258

Households
1,595

Home Visits
18,917

Tennessee Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Tennessee:

- 65.6% of households were low income
- 20.7% of households reported a history of child abuse or maltreatment
- 15.2% of households reported a history of substance abuse

Tennessee Performance Highlights

- **Early Language and Literacy Activities:** 93.0% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 91.0% of postpartum home visits
- **Intimate Partner Violence (IPV) Screening:** 86.5% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment

Evidence-Based Home Visiting Models in Tennessee

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Texas Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

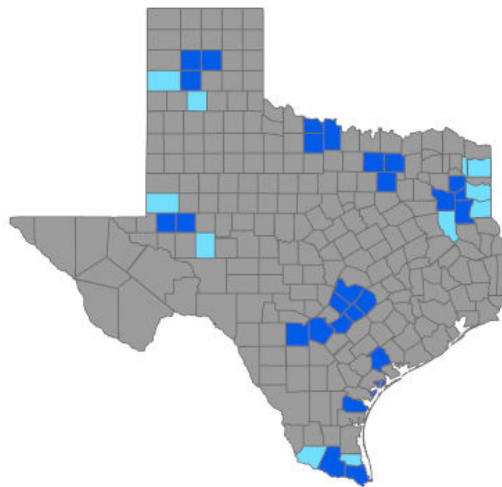
Texas MIECHV Program At-a-Glance

■ Rural counties:

Andrews, Cass, Cherokee, Deaf Smith, Harrison, Morris, Panola, Reagan, Starr, Swisher, Willacy

■ Non-rural counties:

Aransas, Archer, Bastrop, Bexar, Caldwell, Cameron, Carson, Clay, Collin, Dallas, Denton, Ector, Gregg, Guadalupe, Hays, Hidalgo, Medina, Midland, Nueces, Potter, Randall, Rusk, Smith, Travis, Upshur, Victoria, Wichita



Participants

7,107

Households

3,333

Home Visits

49,889

Texas Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Texas:

- 61.1% of households were low income
- 5.2% of households included a pregnant enrollee under age 21

Texas Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 88.9% of postpartum home visits
- **Early Language and Literacy Activities:** 74.6% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **COVID-19 Response:** The Prevention and Early Intervention division worked closely with grantees to shift all facets of home visiting programs to virtual formats. Additionally, programs distributed basic needs resources and information to families in need

Evidence-Based Home Visiting Models in Texas

[Healthy Families America \(HFA\)](#)

[Home Instruction for Parents of Preschool Youngsters \(HIPPI\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

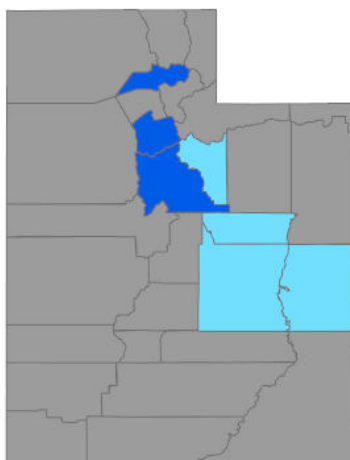
HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Utah Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Utah MIECHV Program At-a-Glance

Rural counties:
Carbon, Emery, Grand,
Wasatch

Non-rural counties:
Salt Lake, Utah, Weber



Participants
956

Households
474

Home Visits
6,231

Utah Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Utah:

- 65.8% of households were low income
- 31.0% of households included at least one household member with low student achievement
- 17.7% of households included a child with developmental delays or disabilities

Evidence-Based Home Visiting Models in Utah

[Parents as Teachers \(PAT\)](#)

Utah Performance Highlights

- **Continuity of Insurance Coverage:** 93.9% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- **Early Language and Literacy Activities:** 88.7% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Intimate Partner Violence (IPV) Screening:** 86.2% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Vermont Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Vermont MIECHV Program At-a-Glance

Rural counties:

Addison, Bennington, Caledonia, Essex, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor

Non-rural counties:

Chittenden, Franklin, Grand Isle



Participants

901

Households

469

Home Visits

4,200

Vermont Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Vermont:

- 78.7% of households were low income
- 23.3% of households included someone who used tobacco products in the home
- 18.2% of households included at least one household member with low student achievement

Evidence-Based Home Visiting Models in Vermont

[Maternal Early Childhood Sustained Home-Visiting Program \(MECSH\)](#)

Vermont Performance Highlights

- **Well Child Visit:** 90.3% of children enrolled in home visiting received their last recommended well child visit based on the American Academy of Pediatrics schedule
- **Depression Screening:** 88.7% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Postpartum Care:** 84.0% of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Virgin Islands Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Virgin Islands MIECHV Program At-a-Glance

Rural counties:

Saint Croix, Saint John, Saint Thomas

Non-rural counties:

None



Participants

144

Households

82

Home Visits

1,445

Virgin Islands Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Virgin Islands:

- 85.9% of households were low income
- 17.1% of households included at least one household member with low student achievement
- 7.3% of households included a pregnant enrollee under age 21

Evidence-Based Home Visiting Models in Virgin Islands

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

Virgin Islands Performance Highlights

- **Developmental Screening:** 84.4% of children enrolled in home visiting had a timely screen for developmental delays
- **Intimate Partner Violence (IPV) Screening:** 77.8% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Continuity of Insurance Coverage:** 71.9% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Virginia Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

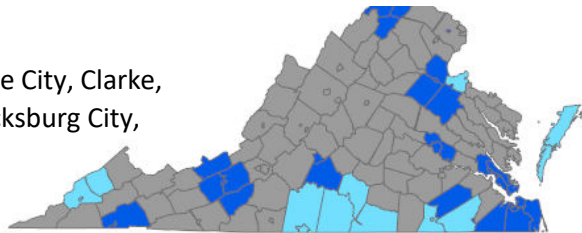
Virginia MIECHV Program At-a-Glance

Rural counties:

Accomack, Charlotte, Danville City, Dickenson, Emporia City, Greensville, Halifax, King George, Mecklenburg, Northampton, Norton City, Pittsylvania, Southampton, Wise

Non-rural counties:

Bristol City, Campbell, Caroline, Chesapeake City, Clarke, Fairfax, Floyd, Franklin, Frederick, Fredericksburg City, Giles, Hampton City, Henrico, James City, Lynchburg City, Montgomery, Newport News City, Norfolk City, Portsmouth City, Pulaski, Radford, Richmond City, Spotsylvania, Stafford, Suffolk City, Sussex, Virginia Beach City, Warren, Washington, Williamsburg City, Winchester City



Participants
2,798

Households
1,333

Home Visits
17,474

Virginia Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Virginia:

- 76.2% of households were low income
- 19.6% of households included someone who used tobacco products in the home
- 19.1% of households reported a history of child abuse or maltreatment

Evidence-Based Home Visiting Models in Virginia

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

Virginia Performance Highlights

- **Well Child Visit:** 93.8% of children enrolled in home visiting received their last recommended well child visit based on the American Academy of Pediatrics schedule
- **Safe Sleep:** 87.5% of infants enrolled in home visiting were always placed to sleep on their backs, without bed-sharing or soft bedding
- **Early Language and Literacy Activities:** 85.7% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Washington Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

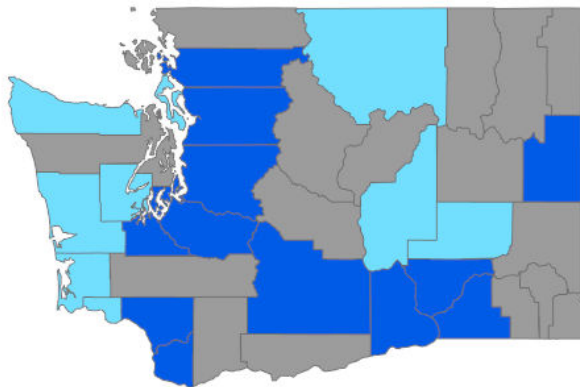
Washington MIECHV Program At-a-Glance

Rural counties:

Adams, Clallam, Grant,
Grays Harbor, Island,
Mason, Okanogan, Pacific,
Wahkiakum

Non-rural counties:

Benton, Clark, Cowlitz,
Franklin, King, Pierce,
Skagit, Snohomish,
Spokane, Thurston, Walla
Walla, Yakima



Participants

3,263

Households

1,578

Home Visits

17,091

Washington Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Washington:

- 64.1% of households were low income
- 40.3% of households included a child with developmental delays or disabilities
- 11.1% of households included a pregnant enrollee under age 21

Evidence-Based
Home Visiting
Models in
Washington

[Nurse-Family
Partnership \(NFP\)](#)

[Parents as Teachers
\(PAT\)](#)

Washington Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 86.4% of postpartum home visits
- **Early Language and Literacy Activities:** 79.3% of children enrolled in home visiting had a family member read, told stories, and/or sang with them on a daily basis
- **Reflective Practices Training Portfolio:** Local programs accessed online programming provided by Washington's Infant Mental Health partners, including: reflective supervision training and supervisor consultation groups; home visitor trainings and peer practice opportunities; relationship-based team practices and virtual visits implementation support

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [West Virginia Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

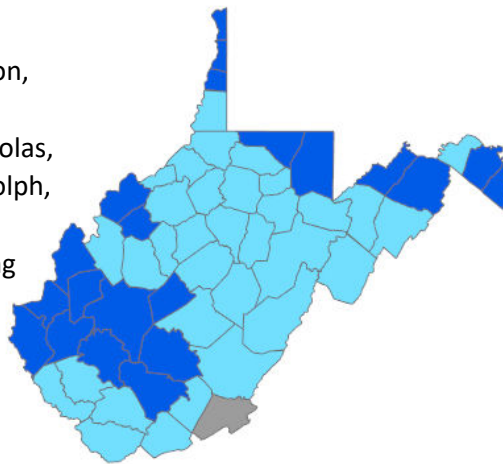
West Virginia MIECHV Program At-a-Glance

Rural counties:

Barbour, Braxton, Calhoun, Doddridge, Gilmer, Grant, Greenbrier, Hardy, Harrison, Jackson, Lewis, Logan, Marion, Marshall, Mcdowell, Mercer, Mingo, Morgan, Nicholas, Pendleton, Pleasants, Pocahontas, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Webster, Wetzell, Wyoming

Non-rural counties:

Berkeley, Boone, Brooke, Cabell, Clay, Fayette, Hampshire, Hancock, Jefferson, Kanawha, Lincoln, Mason, Mineral, Monongalia, Ohio, Preston, Putnam, Raleigh, Wayne, Wirt, Wood



Participants
3,615

Households
1,573

Home Visits
19,784

West Virginia Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In West Virginia:

- 61.1% of households were low income
- 27.6% of households included someone who used tobacco products in the home
- 22.3% of households included a child with developmental delays or disabilities

Evidence-Based Home Visiting Models in West Virginia

[Early Head Start-Home-Based Option](#)

[Healthy Families America \(HFA\)](#)

[Parents as Teachers \(PAT\)](#)

West Virginia Performance Highlights

- **Intimate Partner Violence (IPV) Screening:** 95.6% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Depression Screening:** 92.5% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery
- **Early Language and Literacy Activities:** 89.7% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Wisconsin Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

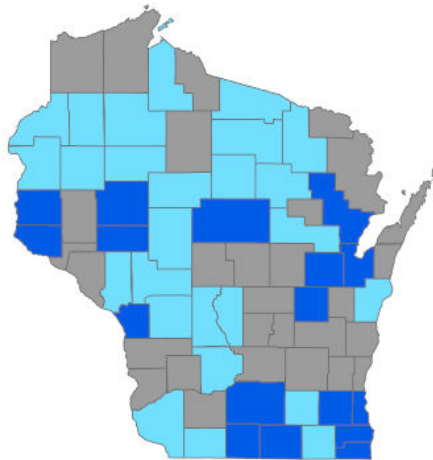
Wisconsin MIECHV Program At-a-Glance

Rural counties:

Adams, Ashland, Barron, Burnett, Clark, Forest, Grant, Jackson, Jefferson, Juneau, Lafayette, Langlade, Lincoln, Manitowoc, Monroe, Oneida, Polk, Rusk, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Walworth, Washburn

Non-rural counties:

Brown, Chippewa, Dane, Eau Claire, Green, Kenosha, La Crosse, Marathon, Milwaukee, Oconto, Outagamie, Pierce, Racine, Rock, Saint Croix, Waukesha, Winnebago



Participants

4,149

Households

2,047

Home Visits

26,084

Wisconsin Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Wisconsin:

- 93.7% of households were low income
- 43.0% of households included someone who used tobacco products in the home
- 39.2% of households included at least one household member with low student achievement

Wisconsin Performance Highlights

- **Behavioral Concern Inquiries:** Caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in 99.0% of postpartum home visits
- **Intimate Partner Violence (IPV) Screening:** 89.6% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Continuity of Insurance Coverage:** 89.3% of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months

Evidence-Based Home Visiting Models in Wisconsin

[Early Head Start-Home-Based Option](#)

[Healthy Families America \(HFA\)](#)

[Nurse-Family Partnership \(NFP\)](#)

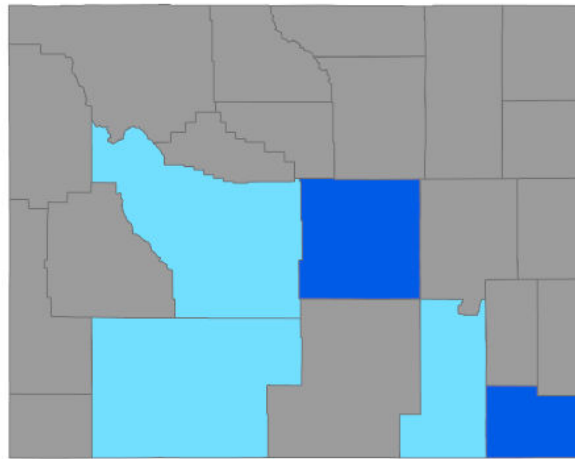
[Parents as Teachers \(PAT\)](#)

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

- Supports the [Wyoming Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for pregnant women and families with children through kindergarten entry living in communities at risk for poor maternal and child health outcomes
- Builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness

Wyoming MIECHV Program At-a-Glance

- **Rural counties:**
Albany, Fremont, Sweetwater
- **Non-rural counties:**
Laramie, Natrona



Participants
608

Households
258

Home Visits
3,535

Wyoming Targets Community Needs

MIECHV Program awardees serve populations in at-risk communities. Awardees tailor their programs to serve populations of need within their state. In Wyoming:

- 58.1% of households were low income
- 34.9% of households reported a history of substance abuse
- 27.9% of households included a child with developmental delays or disabilities

Evidence-Based Home Visiting Models in Wyoming

[Parents as Teachers \(PAT\)](#)

Wyoming Performance Highlights

- **Early Language and Literacy Activities:** 97.4% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- **Intimate Partner Violence (IPV) Screening:** 88.9% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment
- **Supporting Early Language and Literacy:** A drive-through event was hosted where local police officers handed out books to families. Local implementing agencies have also received grants from local community partners for the purpose of buying books and dispensing them to families