

The Mother and Infant Home Visiting Program Evaluation:

Early Findings on the Maternal, Infant, and Early Childhood Home Visiting Program

A Report to Congress

Children from low-income families often have poor social, emotional, cognitive, behavioral, and health outcomes. One approach that has helped parents and their young children is home visiting, which provides information, resources, and support to expectant parents and families with young children. The Patient Protection and Affordable Care Act greatly expanded the availability of home visiting when it amended Title V of the Social Security Act to create the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). In doing so, it allocated \$1.5 billion from fiscal year 2010 to fiscal year 2014 to states, territories, and tribes to fund home visiting programs. The Protecting Access to Medicare Act of 2014 provided an

additional \$400 million through the middle of fiscal year 2015. MIECHV required states to make a priority of services for at-risk families in order to improve a broad range of outcomes related to parental and child health and well-being, parenting, economic self-sufficiency, and intimate partner violence. It also required states to spend most funds on national models that met rigorous criteria for evidence of effectiveness defined by the Department of Health and Human Services (HHS).

This report presents the first findings from the Mother and Infant Home Visiting Program Evaluation (MIHOPE), the legislatively mandated national evaluation of MIECHV. Sponsored by the

Administration for Children and Families and the Health Resources and Services Administration within HHS, MIHOPE is studying MIECHV in its early years. The study is being conducted by MDRC in partnership with James Bell Associates, Johns Hopkins University, Mathematica Policy Research, the University of Georgia, and Columbia University. Key findings in this report include:

- **States used initial MIECHV funds primarily to expand the use of four evidence-based home visiting models in at-risk communities.** The national home visiting models most frequently chosen by states for MIECHV funding were Early Head Start - Home Based Program Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. As intended, states targeted counties with high rates of poverty, child maltreatment, and premature birth, among other indicators of risk.
- **As intended, MIECHV-funded programs serve a group of mothers with many needs.** When they entered the study, more than 30 percent of women had symptoms of depression,

almost 20 percent had health problems that limited their activities, 92 percent were receiving some form of public assistance, more than three-quarters had no more than a high school diploma, and a tenth reported being the victim of intimate partner violence.

- **MIECHV-funded programs are designed to help parents support the healthy development of infants and toddlers and overcome the problems low-income families face.** MIECHV encouraged some local programs to broaden the outcomes they focused on, and home visitors reported that they were generally well trained and supported in working with families to address a wide range of outcomes. Local programs also reported having the management information systems and infrastructure they needed to implement programs effectively.

This report provides a foundation for understanding the implementation and impacts of MIECHV-funded home visiting programs. Later reports will explore the local and national implementation of those programs, and their effects on families with young children.

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