

September 2023

## Evidence-Based Home Visiting Programs

Home visiting programs provide comprehensive support and education to expectant and new parents and/or primary caregivers in the home. Home visitors are trained professionals, such as nurses, social workers, or early childhood specialists. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program funds states, territories, and tribal entities to develop and implement voluntary home visiting programs. MIECHV funding prioritizes the use of evidence-based home visiting program models (i.e., those program models determined by the US Department of Health and Human Services as being empirically proven to improve a range of child, parent, and family outcomes) and provides states the flexibility to tailor their programs to fit specific population needs.

States vary in terms of the program models offered, the ways in which programs are funded, as well as the eligibility requirements for families. Programs are designed with diverse child, family, and community goals in mind, which means these policy choices have implications for how many families are served and, importantly, the indicators of child and family wellbeing that may be improved.

Below is a list of policy considerations for state leaders to help effectively implement evidence-based home visiting programs that aim to improve parenting. **States should consider the implications of these policy choices and their collective impact on equitable access to evidence-based home visiting programs for eligible families in their state.**

We use the following symbol to highlight where policy choices can promote greater equity. 

Though states may choose to target a variety of outcomes through evidence-based home visiting programs, such as child development and school readiness, child health, and family economic sufficiency, the research is most robust for programs that target positive parenting practices. The research is less consistent for other program outcomes and thus the considerations included in this checklist focus on evidence-based programs home visiting programs with the goal of improving parenting.

This checklist covers the following components of evidence-based home visiting programs:

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<b>PROGRAM CHARACTERISTICS</b>	<b>STATE FUNDING</b>	<b>ACCESS AND ELIGIBILITY</b>
<ul style="list-style-type: none"> <li>• Goals</li> <li>• Program models</li> </ul>	<ul style="list-style-type: none"> <li>• Level of funding</li> <li>• Funding mechanisms</li> </ul>	

To see the percentage of eligible children under age 3 served in evidence-based home visiting programs by state, please visit our website.



## Program Characteristics

### 1. Does your state have an explicit goal of improving outcomes for parenting practices?

States have the flexibility to tailor their home visiting programs to serve the specific needs of their communities. Research from meta-analyses of strong studies show that evidence-based home visiting programs lead to small but positive impacts on parenting skills, particularly when families receive multiple visits. Research on programs targeting other outcomes is less consistent, and thus not a focus on this policy checklist.

- Yes       No

### 2. Which evidence-based program model(s) with significant impacts on parenting are implemented in your state? Check all that apply.

The Home Visiting Evidence of Effectiveness ([HomVEE](#)) project thoroughly reviews the early childhood home visiting programs that serve families with pregnant people and their children from birth to age 5. Program models are designated as evidence-based if they meet the rigorous HomVEE criteria for evidence of effectiveness. HomVEE currently identifies 18<sup>1</sup> evidence-based home visiting program models that operate in the US and are designed for pregnant women or infants and toddlers and have a significant impact on improving parenting skills.

 States can tailor the program models they offer to best align with the needs of the families they aim to serve.

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|--|--|
| <input type="checkbox"/> Attachment & BioBehavioral Catch-up—Infant                                  | <input type="checkbox"/> Maternal Infant Health Outreach Worker (MIHOW)  |
| <input type="checkbox"/> Early Head Start-Home Based Option  | <input type="checkbox"/> Nurse-Family Partnership (NFP)  |
| <input type="checkbox"/> Family Check-Up for Children  | <input type="checkbox"/> Oklahoma’s Community-Based Family Resource and Support (CBFRS) Program                    |
| <input type="checkbox"/> Family Connects <sup>2</sup>  | <input type="checkbox"/> Parents as Teachers (PAT)   |
| <input type="checkbox"/> Family Spirit   | <input type="checkbox"/> Play and Learning Strategies (PALS) Infant  |
| <input type="checkbox"/> Healthy Beginnings  | <input type="checkbox"/> Promoting First Relationships—Home Visiting Intervention Model                            |
| <input type="checkbox"/> Healthy Families America (HFA)  | <input type="checkbox"/> Video-Feedback Intervention to promote Positive Parenting-Sensitive Discipline® (VIPP-SD) |
| <input type="checkbox"/> Healthy Steps <sup>2</sup>  | <input type="checkbox"/> Video-Feedback Intervention to promote Positive Parenting (VIPP)                          |
| <input type="checkbox"/> Intervention Nurses Start Infants Growing on Healthy Trajectories (INSIGHT) | <input type="checkbox"/> None  |
| <input type="checkbox"/> Maternal Early Childhood Sustained HV Program (MECSH)                       |  |

<sup>1</sup>HomVEE identifies 20 evidence-based programs as having favorable impacts on parenting skills. One program, Early Start (New Zealand), does not operate in the US. One additional program, the Home Instruction for Parents of Preschool Youngsters (HIPPI), does not serve children from birth, but rather, serves children between ages 3 and 5. These program models are not listed above for those reasons.

<sup>2</sup>Healthy Steps and Family Connects are considered “low touch” in service delivery, and thus more closely align with comprehensive screening and connection programs than evidence-based home visiting programs.

## State Funding

States differ in how they fund home visiting programs, as well as their level of investment. The MIECHV program, which primarily funds evidence-based programs, provides substantial funding to states but also requires state maintenance of effort (MOE), which means that states must maintain existing levels of state spending on home visiting as a condition of receiving federal funds. States may also choose to allocate additional state and other federal funds (e.g., TANF) to support programs and expand the reach of services. Most states use a blend of dollars from federal, state, local, and private funding sources to cover the cost of services.

### 1. Which funding sources does your state use to support home visiting programs? Check all that apply.

The state's home visiting programs are funded through:

#### Federal Funding Streams

- MIECHV grants
- Title V of the Maternal and Child Health Block Grant
- Temporary Assistance for Needy Families (TANF)
- Medicaid
- Community-Based Child Abuse Prevention (CBCAP) Program
- Family First Prevention Services Act (FFPSA)
- Other (e.g., Project LAUNCH, Healthy Start, etc.): \_\_\_\_\_

#### State Funding Streams

- State general revenue
- Tobacco settlements and taxes
- State lottery funds
- Other: \_\_\_\_\_

#### Private Funding Streams

- Philanthropic or private funds

**2. If your state directly invests in home visiting programs, for what purposes can state funds be used?**

Check all that apply.

- Evidence-based home visiting programs
- Other home visiting programs
- Expanding eligibility for home visiting programs to additional populations
- Creating pilot projects
- Evaluating existing home visiting programs
- Developing and funding new programs models
- Supporting the home visiting workforce
- Other: \_\_\_\_\_
- The state does not directly invest in home visiting programs.


**3. If your state invests state funds in home visiting programs, is there a requirement in statute that a certain portion of state home visiting funds go toward evidence-based programs?**

- Yes, the state statute requires \_\_\_\_\_ % of state funds for home visiting go toward evidence-based programs.
- No, the state does not have a statute requiring state home visiting funds go toward evidence-based programs.
- The state does not directly invest in evidence-based programs.

## Access and Eligibility

### 1. Which MIECHV high-priority populations are served through evidence-based home visiting program(s) in your state?

Home visiting programs are designed to support pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive health outcomes. The funding streams for these programs determine who is eligible for programs, as well as how states can expand access to serve a greater number of families. The MIECHV program requires funded jurisdictions to prioritize serving eligible families who meet one or more of the criteria listed below. When states use additional funding streams, such as Medicaid or their own general revenue, to fund home visiting programs, they have more flexibility to serve families based on the states' own criteria.

-  Offering evidence-based home visiting programs to more eligible families ensures that more parents receive the support, skills, and resources they need to engage in positive parenting practices.

Eligible families are prioritized if they:

- Have low income
- Include pregnant people who have not attained age 21
- Have a history of child abuse or neglect or have had interactions with child welfare services
- Have a history of substance abuse or need substance abuse treatment
- Include users of tobacco products in the home
- Include children with low student achievement
- Include children with developmental delays or disabilities
- Include individuals who are serving or formerly served in the Armed Forces
- Other: \_\_\_\_\_

### 2. Are families in all regions of the state able to access evidence-based home visiting programs?

Evidence-based home visiting programs can be implemented statewide or in designated counties of the state. States may choose locations based on the populations they wish to serve

- Yes, sites are available throughout all regions of the state.
- No, but the state has a goal of expanding access statewide in the future.
- No, sites are concentrated in limited geographic areas. Please describe:

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## Additional Considerations for Equitable Implementation

States have significant flexibility in the implementation of their evidence-based home visiting programs. The following considerations can enhance the equity of program delivery for children and families:

- **Virtual service delivery**

The use of technology in delivering evidence-based home visiting programs may help reduce geographic barriers, ensuring more families have access to the programs, especially in rural areas.

- **Culturally congruent programs**

States may enhance the equitable delivery of evidence-based home visiting programs by ensuring home visiting services are culturally competent and responsive to the families served by the program(s). Home visitors with diverse backgrounds who can provide culturally and linguistically appropriate services may help reduce barriers and increase participation among eligible families.

- **Father engagement**

Most evidence-based home visiting programs target mothers, however engaging fathers in services may also improve program outcomes.

- **Coordinated collaboration**

States may consider increasing coordination and collaboration in evidence-based home visiting programs with other services with complementary goals, such as pediatric primary care providers or child welfare programs. Intentional collaborative efforts could help improve access to services for eligible families.