

2023 Prenatal-to-3 State Policy Roadmap

Methods and Sources

Effective Strategies

EVIDENCE-BASED HOME VISITING PROGRAMS

What are evidence-based home visiting programs and why are they important?

All references for this section are provided in the Notes and Sources section at the bottom of each webpage. Additionally, search the [Prenatal-to-3 Policy Clearinghouse](#) for an ongoing inventory of rigorous evidence reviews, including more information on evidence-based home visiting programs.

What impact do evidence-based home visiting programs have?

The following studies meet standards of strong causal evidence to demonstrate the impacts of home visiting for the health and wellbeing of young children and their families:

- A. Casillas, K. L., Fauchier, A., Derkash, B. T., & Garrido, E. F. (2016). Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. *Child Abuse and Neglect*, 53, 64–80. <https://doi.org/10.1016/j.chiabu.2015.10.009>
- B. Sama-Miller, E., Akers, L., Mraz-Esposito, A., Coughlin, R. & Zukiewicz, M. (2019). *Home visiting evidence of effectiveness review: Executive summary*. OPRE Report 2019-93. https://homvee.acf.hhs.gov/sites/default/files/2019-09/HomeVEE_Executive_Summary_2019_B508.pdf
- C. Filene, J. H., Kaminski, J. W., Valle, L. A., & Cachat, P. (2013). Components associated with home visiting program outcomes: A meta-analysis. *Pediatrics*, 132, S100–S109. <https://doi.org/10.1542/peds.2013-1021H>
- D. Nievar, M. A., Van Egeren, L. A., & Pollard, S. (2010). A meta-analysis of home visiting programs: Moderators of improvements in maternal behavior. *Infant Mental Health Journal*, 31, 499–520. <https://doi.org/10.1002/imhj.20269>
- E. Michalopoulos, C., Faucetta, K., Hill, C. J., Portilla, X. A., Burrell, L., Lee, H., Duggan, A., & Knox, V. (2019). *Impacts on family outcomes of evidence-based early childhood home visiting: Results from the mother and infant home visiting program evaluation*. OPRE Report 2019-07. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/mihope_impact_report_final20_508.pdf

How and why do evidence-based home visiting programs vary across states?

In the absence of an evidence-based state policy, we present choices that states can make to more effectively provide evidence-based home visiting programs to families who need the services. We consider the strength of evidence-based home visiting programs using the following lever:

- Uses Medicaid reimbursement for home visiting services and specifically targets funding for HomVEE programs with favorable impacts on parenting.

To assess if a state serves a high share of eligible infants and toddlers, we calculated the percentage of children under age 3 in a state participating in home visiting programs, using data from the National Home Visiting Resource Center's (NHVRC) 2022 Home Visiting Yearbook and population-level estimates from the 2019-2021 American Community Survey. For additional details regarding this calculation, see the information for Measure 1 below.

We also utilized research conducted by the National Academy for State Health Policy to capture states that use Medicaid funding to support components of their home visiting programs.

Additionally, we performed an electronic search using Quorum State between September 15, 2022 and August 15, 2023 to assess legislative progress pertaining to home visiting, specifically related to new state appropriations or designating new funding models to support state home visiting programs. For states that were still in legislative session on August 15, 2023, we continued to track their legislative progress until October 1, 2023. The main search strategy used combinations of keywords for proposed bills related to home visiting ("home visiting" OR "home visitor"), OR (MIECHV OR "maternal, Infant, and Early Childhood Home Visiting"), OR HomVEE, OR (home visiting AND Medicaid), OR (home visiting AND HRSA), OR "evidence-based home visiting". Because we distinguish between high-touch and targeted home visiting programs versus low-touch and universally available comprehensive screening and connection programs, bills proposing "universal home visiting" are typically considered comprehensive screening and connection programs and are included in that section of the 2023 Prenatal-to-3 State Policy Roadmap. Policy research staff conducted searches, analyzed results for relevant state legislation, and summarized state's efforts around home visiting programs at the state level.

This section also contains the sources for the information presented in the individual state Roadmaps.

Sources:

State	Sources
All States	<ol style="list-style-type: none"> Administration for Children & Families. (n.d.). <i>Positive Parenting Practices. Home Visiting Evidence of Effectiveness</i>. Retrieved on July 1, 2023, from https://homvee.acf.hhs.gov/outcomes/Positive%20Parenting%20Practices/In%20Brief National Home Visiting Resource Center. (2022). <i>2022 Home Visiting Yearbook</i>. James Bell Associates and the Urban Institute Retrieved on October 4, 2022, from https://nhvrc.org/yearbook/2022-yearbook/ US Census Bureau. (2020-2022). <i>2019-2021 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS)</i> [Data Sets]. https://www.census.gov/programs-surveys/acs/microdata.html Thompson, V., & Hasan, A. (2023). <i>Medicaid Reimbursement for Home Visiting Services. National Academy for State Health Policy</i>. Retrieved on September 1, 2023, from https://nashp.org/medicaid-reimbursement-for-home-visiting-services/
Alabama	(no additional sources)
Alaska	<ol style="list-style-type: none"> H.B. 39, 33rd Leg., Reg. Sess., (Alaska 2023) .
Arizona	<ol style="list-style-type: none"> Children’s Action Alliance. (2023, May 17). <i>State budget has small key wins for AZ children & families, but more needs to be done</i>. Retrieved on September 1, 2023 from https://azchildren.org/news-and-events/how-close-is-the-states-new-budget-to-childrens-action-alliances-priorities/
Arkansas	(no additional sources)
California	<ol style="list-style-type: none"> A.B. 1057, 2023 Leg., Reg. Sess., (Cal. 2023).
Colorado	<ol style="list-style-type: none"> S.B 23-214, 74th Leg., Reg. Sess., (Colo. 2023).
Connecticut	(no additional sources)
Delaware	<ol style="list-style-type: none"> H.B. 195, 152nd Leg., Reg. Sess., (Del. 2023).
District of Columbia	<ol style="list-style-type: none"> B25-0321, 25th Council, (D.C. 2023).
Florida	<ol style="list-style-type: none"> S.B. 2500, 2023 Leg., Reg. Sess., (Fla. 2023).
Georgia	<ol style="list-style-type: none"> S.B. 106, 2023 Leg., Reg. Sess., (Ga. 2023).
Hawaii	(no additional sources)
Idaho	(no additional sources)
Illinois	<ol style="list-style-type: none"> S.B. 1794, 103rd Leg., Reg. Sess., (Ill. 2023). S.B. 0250, 103rd Leg., Reg. Sess., (Ill. 2023).
Indiana	<ol style="list-style-type: none"> H.B. 1001, 2023 Leg., Reg. Sess., (Ind. 2023).
Iowa	(no additional sources)
Kansas	<ol style="list-style-type: none"> Kansas Action for Children. (2023). <i>State Budget</i>. Retrieved on September 1, 2023 from https://www.kac.org/state_budget
Kentucky	(no additional sources)
Louisiana	(no additional sources)
Maine	(no additional sources)
Maryland	(no additional sources)
Massachusetts	<ol style="list-style-type: none"> Healthy Families. (2023). <i>About Healthy Families</i>. Children’s Trust. Retrieved from http://healthyfamiliesma.org/
Michigan	<ol style="list-style-type: none"> H.B. 4437, 2023 Leg., Reg. Sess. (Mich. 2023).
Minnesota	<ol style="list-style-type: none"> H.F. 2650, 2023 Leg., Reg. Sess., (Minn. 2023). S.F. 2701, 2023 Leg., Reg. Sess., (Minn. 2023). Division of Medicaid and Children’s Health Operations. (2018). <i>Approved Copy of State Plan Amendment: Transmittal #18-0001</i>. Centers for Medicare & Medicaid Services. Department of Health and Human Services. Retrieved on September 1, 2023 from https://mn.gov/dhs/assets/18-01-spa_tcm1053-354420.pdf.
Mississippi	(no additional sources)
Missouri	<ol style="list-style-type: none"> H.B. 5, 2023 Leg., Reg. Sess., (Mo. 2023).

State	Sources
	2. H.B. 20, 2023 Leg., Reg. Sess., (Mo. 2023).
Montana	1. H.B. 2, 68th Leg., Reg. Sess., (Mont. 2023).
Nebraska	(no additional sources)
Nevada	(no additional sources)
New Hampshire	1. New Hampshire Department of Health & Human Services. (2021). <i>Healthy Families America – NH Fact Sheet</i> . Retrieved from https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/hfa-factsheet.pdf .
New Jersey	(no additional sources)
New Mexico	(no additional sources)
New York	1. A. 317, 2023 Leg., Reg. Sess., (N.Y. 2023). 2. A. 4570, 2023 Leg., Reg. Sess., (N.Y. 2023). 3. S. 5095, 2023 Leg., Reg. Sess., (N.Y. 2023).
North Carolina	(no additional sources)
North Dakota	(no additional sources)
Ohio	(no additional sources)
Oklahoma	(no additional sources)
Oregon	1. Oregon Health Authority (2022). State Plan Under Title XIX of the Social Security Act Medical Assistance Program. State of Oregon. Oregon Health Authority. Retrieved on September 1, 2023 from https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/Medicaid-State-Plan.pdf .
Pennsylvania	1. H.B. 1425, 2023 Leg., Reg. Sess., (Pa. 2023).
Rhode Island	1. H.B. 5200, 2023 Leg, Re. Sess., (R.I. 2023).
South Carolina	(no additional sources)
South Dakota	(no additional sources)
Tennessee	(no additional sources)
Texas	1. H.B. 2, 88th Leg., Reg. Sess. (Tex. 2023). 2. S.B. 24, 88th Leg., Reg. Sess. (Tex. 2023).
Utah	1. S.B. 234, 65th Leg., Reg. Sess. (Utah 2023).
Vermont	(no additional sources)
Virginia	(no additional sources)
Washington	1. S.B. 5187, 2023 Leg., Reg. Sess. (Wash. 2023).
West Virginia	(no additional sources)
Wisconsin	(no additional sources)
Wyoming	(no additional sources)

Data were collected for 1 measure to assess how states vary in their implementation of evidence-based home visiting programs. The datasets, calculations, and sources referenced for each state are listed below.

Measure 1: Estimated percentage of children under age 3 served by evidence-based home visiting programs

Definition:

The percentage of children under age 3 served by home visiting programs out of all children under age 3 in families with incomes below 150% of FPL.

Notes:

1. **Numerator:** total number of children under age 3 who were served by home visiting in 2021. (Data in the home visiting yearbook are presented with the total number of children served by home visiting and the

percentage of those children who were under age 3. We multiplied the percentage of children under age 3 by the total number of children served to get the number of children under age 3 who were served by home visiting.)

2. **Denominator:** the sample of children under the age of 3 whose family poverty value was below 150% of the federal poverty level (FPL) from the 2019-2021 American Community Survey (ACS) Public-Use Microdata Sample (PUMS).
3. We used the 150% FPL cutoff as a proxy for the high-priority eligibility criteria typically used across home visiting programs (e.g., pregnant women, mothers under 21, single/never married mothers, parents with less than a high school education, and families with incomes below 100% FPL).
4. Sample size estimates were calculated in Stata 17 using person-level weights. Given the age and income limits imposed on the sample (children under age 3 living in families below 150% FPL) and the estimates by state, two years of ACS data were combined to improve data quality and accuracy and all weights were appropriately adjusted to account for the combined years of data.
5. The Census Bureau warned of quality issues with the 2020 American Community Survey (ACS) data due to the pandemic's impact on data collection. To ensure as up-to-date data as possible, we pooled a state's 2021 ACS data with either their 2019 ACS or 2020 ACS data, depending on which data year better represented the "true" trend in poverty from 2019 to 2020 as captured by the official Census Bureau poverty estimates using the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) data. We compared the published 2019¹ and 2020² ACS tables of the poverty rate for the under age 18 population to the published 2019³ and 2020⁴ CPS ASEC tables of the same measure. If the ACS data showed that the poverty rate moved in the same direction as the CPS ASEC data from 2019 to 2020, we assigned the 2020 ACS data to that state because the ACS trend in poverty rate matched the trend in CPS ASEC poverty rate. If the ACS poverty rate for the state decreased from 2019 to 2020 and the CPS ASEC data showed that it increased, we assigned the 2019 ACS data to the state because the 2019 ACS poverty rate is closer to the "true" 2020 CPS ASEC poverty rate. If the ACS poverty rate for the state increased from 2019 to 2020 and the CPS data showed that it decreased, we assigned the 2019 ACS data to the state because the 2019 ACS poverty rate is close to the "true" 2020 CPS ASEC poverty rate. We assigned the 2019 ACS data to 30 states and the 2020 ACS data to 21 states.
6. Estimates are impacted by both the numerator and denominator. For example, a state's value of the percent of children served by evidence-based home visiting programs could decrease both because of decreases to the numerator (fewer children served by evidence-based home visiting programs) or increases to the denominator (more children in near poverty). Annual estimates should be compared conservatively, because two factors drive changes in the overall estimate of the percent of children served by home visiting.
7. Children living in group quarters or whose family poverty status was not available (e.g., foster children or children who were unrelated to the head of household) were excluded from the calculation.
8. The US Census calculation of poverty is based on the total income of all individuals aged 15 or older who are related to the head of household through marriage, birth or adoption. Income from cohabiting partners who are not married and unrelated children (including foster children) are not included in the calculation of family income. This family income is compared to federal poverty thresholds based on related family size

¹ U.S. Census Bureau. (2020). *Table S1701: POVERTY STATUS IN THE PAST 12 MONTHS* [data table]. Retrieved on December 7, 2022, from <https://data.census.gov/table?q=Income+and+Poverty&tid=ACSST1Y2019.S1701>.

² U.S. Census Bureau. (2021). *Table ID: XK201701: POVERTY STATUS IN THE PAST 12 MONTHS BY AGE* [data table]. Retrieved on December 7, 2022, from <https://www.census.gov/programs-surveys/acs/data/experimental-data/1-year.html>.

³ U.S. Census Bureau. (2022). *POV46: Poverty Status by State: 2019* [data table]. Retrieved on December 7, 2022, from <https://www2.census.gov/programs-surveys/cps/tables/archive/decommissioned-after-2020/pov-46/2019/>.

⁴ U.S. Census Bureau. (2022). *POV46: Poverty Status by State: 2020* [data table]. Retrieved on December 7, 2022, from <https://www2.census.gov/programs-surveys/cps/tables/archive/decommissioned-after-2020/pov-46/2020/>.

and composition. This family income is compared to federal poverty thresholds based on related family size and composition (*povpip*).⁵¹

9. The Home Visiting Yearbook typically gathers data directly from programs; however, in Iowa the state agency sends its data to the Home Visiting Yearbook. Data from Iowa includes participation information from evidence-based programs and locally developed programs that are accredited by the state. Minnesota and Oklahoma also provide some data to the Home Visiting Yearbook in addition to the data the programs provide.
10. The Home Visiting Yearbook includes data from 12 of the 20 models identified by HomVEE as having favorable impacts on parenting. This count includes two programs, Maternal Infant Health Outreach Worker (MIHOW) and Play and Learning Strategies (PALS)-Infant, which are new to the Yearbook this year. Of the 12 programs included in the NHVRC Yearbook, only nine are evidence-based program models that fit within our scope (i.e., operate in the US, designed for parents of infants and toddlers, are considered “high touch in service delivery”). Early Start (New Zealand) does not operate in the US, and Home Instruction for Parents of Preschool Youngsters (HIPPY) services children between the ages of 3 and 5. Family Connects is considered “low touch” in service delivery and aligns more closely with comprehensive screening and connection programs. Maine does not have any income requirements to determine eligibility for home visiting. Generally, the state measures the reach of its program by comparing the number of families who enroll in a year to the number of new births.
11. Since the FY 2017-2018 budget appropriation, Indiana has allocated \$5 million to its Nurse-
12. Family Partnership home visiting program every year. This new and sustained allocation likely explains the significant increase (~50%) in percent of children under age 3 in families with incomes of less than 150% of the FPL in Indiana’s home visiting programs the data shows between 2018 and 2019 service data.
13. Data from the Michigan Infant Health Program (MIHP), one of the largest home visiting programs in Michigan, was not included in the National Home Visiting Yearbook prior to 2020 because it was not yet determined as evidence-based through the HOMVEE process. Once it was added to the HOMVEE platform, it was included in the 2020 Home Visiting Yearbook.

Sources:

1. National Home Visiting Resource Center. (2022). *2022 Home Visiting Yearbook*. James Bell Associates and the Urban Institute. Retrieved on October 4, 2022, from <https://nhvrc.org/yearbook/2022-yearbook/>
2. US Census Bureau. (2020-2022). *2019-2021 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS)* [Data Sets]. <https://www.census.gov/programs-surveys/acs/microdata.html>
3. I. Stalberg, Maternal and Child Health Director, Vermont Department of Health, personal communication, July 8, 2021.
4. J. Horras, Iowa Department of Public Health, personal communication, July 12, 2021.
5. C. Kinderman, Indiana Department of Health, personal communication, July 29, 2021.
6. E. Whitham, Maine Children’s Trust, personal communication, May 18, 2021.
7. T. Kostelec, Michigan Department of Health and Human Services, personal communication, July 6, 2021.
8. A. Meisch, National Home Visiting Resource Center, personal communication, September 27, 2023.

⁵ US Census Bureau (n.d.). *How the Census Bureau measures poverty*. As of August 26, 2020. Retrieved on September 9, 2021 from <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

Measure 2: Medicaid reimbursement to support evidence-based home visiting services with positive impacts on parenting.

Definition:

State uses Medicaid reimbursement for home visiting services and specifically targets funding for HomVEE programs with favorable impacts on parenting.

1. **Sources:** Thompson, V., & Hasan, A. (2023, May). *Medicaid Reimbursement for Home Visiting Services*. *National Academy for State Health Policy*. Retrieved on September 1, 2023, from <https://nashp.org/medicaid-reimbursement-for-home-visiting-services/>