

## MIECHV REAUTHORIZATION

- The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is a federal grant to states, territories and Tribes that supports evidence-based home visiting for families and children from the prenatal period through kindergarten entry. **The law that authorizes MIECHV will expire in September 2022.**
- Healthy Families America, as a member of the Steering Committee of the National Home Visiting Coalition, is working in partnership with other evidence-based home visiting models and national, state, and local organizations to ensure a timely and robust reauthorization of MIECHV. **The National Home Visiting Coalition has three initial priorities for reauthorization:**
  - **Increase MIECHV funding gradually over the next five years to reach more families and better support the workforce.** MIECHV funding has remained at \$400 million annually since 2013. Current resources are estimated to serve only 2-3% of those who could benefit. In addition, recruitment, retention, and turnover of home visitors due to low wages pose additional challenges to adequately serve families. We recommend increases of \$200 million annually for five years to achieve a total of \$1.4 billion.
  - **Double the tribal set-aside within MIECHV from three percent to six percent.** Currently, Tribal MIECHV receives \$12 million annually for the more than 600 eligible Tribes and Tribal-serving organizations. Doubling the tribal set-aside within MIECHV will help address historical and ongoing inequities that COVID-19 has further amplified.
  - **Continue to allow virtual home visiting with model fidelity as an option for service delivery.** During the national health emergency, Congress allowed virtual home visits through MIECHV. Virtual home visiting has demonstrated benefits including the potential for increased family engagement and opportunities for connection amid challenging circumstances such as health emergencies, family transitions, temporary relocations, scheduling difficulties, safety concerns, and more.
- **MIECHV has widespread bipartisan support and is considered the cornerstone of evidence-based public policy.** The program meets the most rigorous standards for accountability and requires that awardees demonstrate improvement in at least four of six benchmark areas: maternal and newborn health; prevention of child injuries, including maltreatment; school readiness; reduction in crime or domestic violence; family economic self-sufficiency; linkages and referrals.
- **There is no single home visiting model or approach that will work for every family in every community, therefore offering multiple evidence-based models, in a coordinated and collaborative approach, is best.** MIECHV funding is critical to achieving this goal. It incentivizes and supports states and communities to provide evidence-based home visiting models based upon the unique needs of their families.
- **We continue to see alarming racial disparities in maternal morbidity and mortality rates and in access to prenatal and postpartum health services, especially for Black women.** MIECHV creates connections between mothers and community health practitioners and addresses the social determinants of health that affect maternal well-being, such as parental stress,



social support, access to health care, income and poverty status, housing, transportation, and environmental conditions.

- **Home visiting demonstrates a positive return on investment to society and taxpayers** through improved health, education, and employment outcomes, while reducing mental health, special education, child welfare and criminal justice costs.
- In the last reauthorization, there was nearly a six-month gap between when the statute expired and when the reauthorization was signed into law. That gap created significant problems for programs, including loss of home visitors who worried about the security of their jobs and their ability to support their own families. **To minimize disruption to staff and families, MIECHV needs to be reauthorized by September 2022.**

## Healthy Families America & MIECHV

- Healthy Families America® (HFA), a nationally recognized program of Prevent Child Abuse America® is one of the most frequently implemented evidence-based home visiting models serving families with MIECHV funding. HFA focuses on building nurturing, safe and secure relationships between parent(s) and child, maximizing opportunities for all children –and parents– to achieve health and well-being.
- **For 30 years, HFA has worked toward a singular vision: all children receive nurturing care from their family essential to leading a healthy and productive life.** All families can benefit from support during pregnancy and throughout early childhood owing to the enormous life transitions and rapid developmental changes during infancy.
- **HFA serves nearly 70,000 families across the United States each year, with nearly 600 sites in 38 states, the District of Columbia, and five US territories.** Approximately 30% of HFA families served are supported because of MIECHV funding.
- **HFA home visitors are highly trained professionals who partner with families to provide support from pregnancy through their children's first years of life.** The HFA approach is all about relationships. The first job of staff is to build a strong connection with the families being served. From there, HFA home visitors and parents collaborate to set meaningful and attainable goals.
- HFA ensures model fidelity through a rigorous accreditation process and set of Best Practice Standards. HFA prioritizes flexibility where it matters most – for communities and families.
  - **HFA puts communities in the driver's seat.** The community identifies existing service gaps and the best mechanism to get support to families, ensuring those who provide HFA services bring community knowledge and lived expertise to the work.
  - **HFA provides tailored support for families with varying amounts of stress and challenge.** Our comprehensive relational health assessment process with all families at intake helps connect each family with the services most appropriate to their identified needs.



- **HFA engages with families in partnership** – honoring diverse family structures and parenting practices, elevating family voice and promoting equity in all facets of our work. Family strengths are the focus from the very first interaction with HFA staff.
- **Research over the past 30 years has shown positive results and sustained impact with HFA families in geographically and racially diverse communities experiencing varying amounts of stress and challenge.**
- **HFA’s most rigorous evidence includes 35+ peer reviewed published articles and 14 randomized control trials that compare outcomes for families enrolled in HFA to those not offered HFA services.** For more information, refer to [HFA’s Evidence of Effectiveness](#) one-pager that highlights our key findings.
- **HFA’s Evidence of Effectiveness one-pager highlights results from several states that have completed evaluations of HFA;** for example, Healthy Families New York, Healthy Families Massachusetts, Healthy Families Arizona, and Healthy Families Oregon. Most recently,
  - **A Healthy Families New York Study showed lower rates of subsequent child protective services reports and child welfare service involvement** after 7 years for moms who had prior confirmed child protective services involvement (or prior substantiated cases in the child welfare system). The estimated Return on Investment (ROI) for these mothers with prior child protective service involvement, adjusted to 2022 dollars, was over \$5.00 for every dollar invested (\$3.16 in the original study not adjusted)
  - **The Healthy Families Massachusetts home visiting program demonstrated a reduced recurrence of child protection services maltreatment reports by 32%** and increased the length of time between initial and additional child protective services reports.
  - **Healthy Families Arizona moms** were five times more likely to enroll in school or participate in a training program.
  - **Healthy Families Oregon parents** read more frequently to their children and provided other support for healthy development, and HFA children were more likely to receive a developmental screening.