

HOME VISITING: MEETING FAMILIES WHERE THEY ARE AND CREATING OPPORTUNITY

Improving Outcomes for Children, One Family at a Time



Jonathan's daughter was born addicted to methadone and had marijuana in her system. She was moody, had the jerks, and would lose her breath. As a new single dad, Jonathan was scared and felt very alone. When he received a call from a local voluntary home visiting program asking if he wanted to join, he jumped at the chance. A trained support worker came to Jonathan's home regularly to check in, answer questions, provide books and toys, help him organize doctor's appointments and provide guidance on key milestones his baby should reach at various ages. With this help, Jonathan gained the confidence and knowledge necessary to get his daughter off to a good start.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program improves outcomes for children and families through implementation of evidence-based voluntary home visiting programs. Research shows home visiting works, improving health and saving money for taxpayers, with tangible results like better birth outcomes, improved child health outcomes, better educational attainment for moms, improved school readiness, reduced child abuse and neglect, and more economically self-sufficient families.

Locally-administered home visiting programs match at-risk parents and their children with trained providers such as nurses, social workers, or paraprofessionals. These providers meet regularly with families through home visits, providing support and services, such as parenting and health care education, child abuse prevention, and early intervention and education services during pregnancy and throughout the child's earliest years.

A PROVEN INVESTMENT WITH BENCHMARKS

The MIECHV program is successful because it combines flexibility with accountability. At least 75 percent of MIECHV funding must go to program models that have been rigorously tested and proven to make a positive difference in the health and well-being of families and communities. States may use up to 25 percent of MIECHV funding for "promising approaches" that are also rigorously evaluated.

MIECHV grantees are accountable for meeting certain benchmarks, and data are tracked to ensure home visiting programs achieve desired results for families and for taxpayers in their communities. Benchmarks include:

1. Improved maternal and newborn health;
2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits;
3. Improvement in school readiness and achievement;
4. Reduction in crime or domestic violence;
5. Improvements in family economic self-sufficiency; and
6. Improvements in the coordination and referrals for other community services and support.

FUNDING ENDS IN MARCH

Changing outcomes for families served by the MIECHV program could end in March 2015, when federal funding for this federal/state partnership is scheduled to end. Congress needs to extend funding for MIECHV so that local home visiting initiatives in communities all over America can continue to assist parents who want to give their families a healthier future.

MIECHV QUICK FACTS

- FY 2015 funding: \$400 million
- Program expires March 31, 2015
- Every \$1 invested in home visiting program yields up to \$9.50 ROI to society
- MIECHV programs are in 774 at-risk communities in all 50 states, DC, 25 tribal communities, and several territories
- As of September 2013, MIECHV was serving approximately 80,000 parents and children
- In a randomly selected sample of MIECHV participants, researchers found that programs are serving families facing significant risk-factors:
 - 96% of mothers had monthly earnings less than \$2,000;
 - 44% of mothers had not finished high school;
 - 41% of had maternal mental health concerns;
 - 21% did not have health insurance; and
 - Only 52% of households had at least 10 books in the home, a predictor of children's ability to understand and use language.