Maryland

Families Served Through Evidence-Based Home Visiting in 2021

Models implemented in Maryland included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Connects, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 43 local agencies operated at least one of these models.

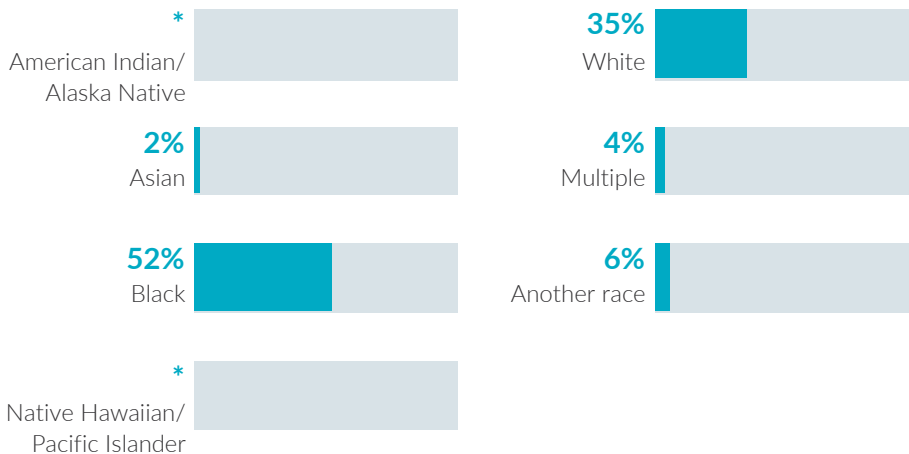**26,071**
home visits provided
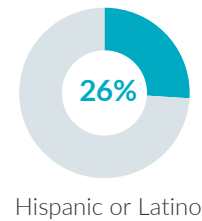*including 22,724 virtual visits*
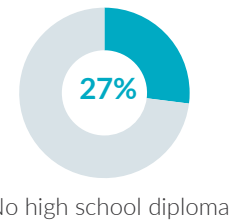
2,447
families served

2,608
children served

Race

* American Indian/ Alaska Native	35% White
2% Asian	4% Multiple
52% Black	6% Another race
* Native Hawaiian/ Pacific Islander	

Ethnicity

26%
Hispanic or Latino

Caregiver education

27%
No high school diploma

Primary language

71% English

25% Spanish

4% Another language

Child insurance status

83% Public

9% Private

8% None

Child age

52% <1 year

33% 1-2 years

15% 3-5 years
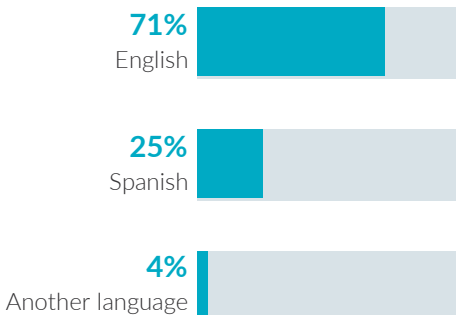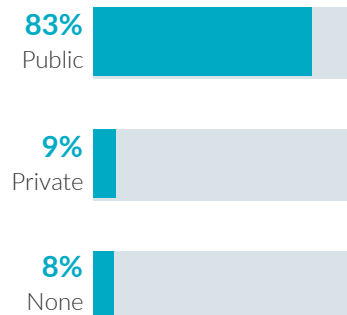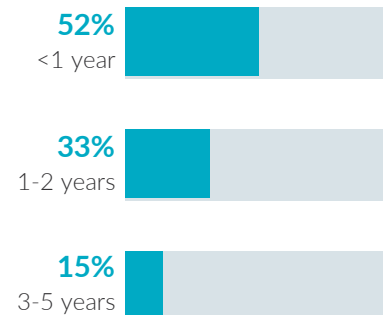
Maryland

Potential Beneficiaries in 2021

In Maryland, there were 324,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 422,500 children.

422,500 children
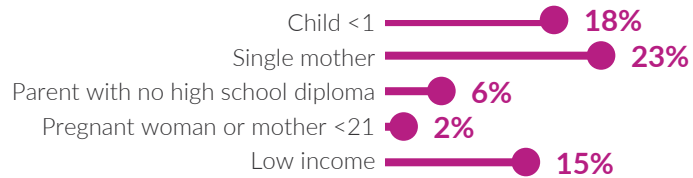could benefit from home visiting

Of the 422,500 children who could benefit—

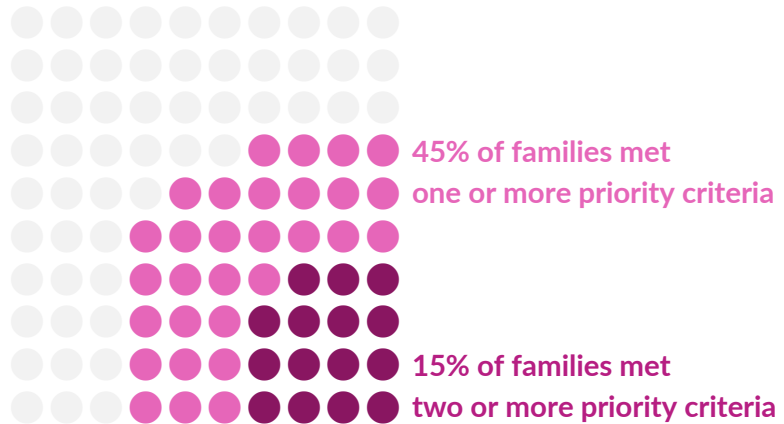| Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
65,300 15%	144,700 34%	212,500 50%

324,100 families
could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Maryland who met the following priority criteria:

Child <1 — 18%
Single mother — 23%
Parent with no high school diploma — 6%
Pregnant woman or mother <21 — 2%
Low income — 15%

Of the 324,100 families who could benefit—

45% of families met one or more priority criteria

15% of families met two or more priority criteria

NHVRC State Profiles present data provided by evidence-based models, which include both MIECHV and non-MIECHV data. This State Profile includes participant data from the following evidence-based models: ABC, EHS, Family Connects, HFA, NFP, and PAT. • Missing and unknown data were not included in calculations. • Percentages may not add to 100 due to rounding. • To protect confidentiality, race and ethnicity categories with 10 or fewer participants were replaced with *. • Public insurance includes Medicaid, CHIP, and TRICARE. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never married mothers or pregnant women. • ABC reported children served, families served, total home visits, and virtual home visits only. • EHS data may be underreported. Data include EHS programs that provided home-based services only. EHS race and ethnicity data include children and pregnant caregivers. EHS did not report home visits. Data for child insurance status were not included. • Family Connects did not report children served. The number of families served was included as a proxy for children served. • HFA reported primary language of caregivers. Private insurance includes other forms of health insurance. • NFP reported primary language of caregivers. • PAT data for child insurance status and primary language were not included.

National Home Visiting
Resource Center
www.nhvrc.org