National Home Visiting
Resource Center

Helping Children & Families Thrive

2018
Home Visiting Yearbook

It's easy to say, 'It's not my child, not my community, not my world, not my problem.' Then there are those who see the need and respond. I consider those people my heroes.

— Fred Rogers

About the National Home Visiting Resource Center

The National Home Visiting Resource Center (NHVRC) is a source for comprehensive information about early childhood home visiting; its growing evidence base; and its potential impact on children, families, and communities. The center's goal is to support sound decisions in policy and practice to help children and families thrive.

To support this mission, the NHVRC will—

- Publish original products, including the *2018 Home Visiting Yearbook*
- Grow our online collection of home visiting resources and research
- Continue sharing others' professional and personal experiences with home visiting

Join the conversation at
nhvrc.org

Acknowledgments

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A number of people contributed their time and expertise to the *Yearbook*, which was produced under the general direction of Jill Filene and Allison Meisch of James Bell Associates and Julia Isaacs and Heather Sandstrom of the Urban Institute. We acknowledge the contributions of other members of the NHVRC team, including Courtney Harrison, Alexandra Joraanstad, Doreen Major Ryan, Kassie Mae Miller, Joelle Ruben, Charmaine Runes, and Mariel Sparr. Additionally, Shirley Adelstein, Alyssa Harris, Erin Morehouse, and Ziyun Wang provided invaluable support for data quality assurance and analysis.

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Special thanks are due to the families, researchers, and home visiting staff who graciously shared their stories to help bring the *Yearbook* data to life. We appreciate the efforts of the representatives from states, territories, and tribes who shared data. We are also grateful for the representatives from home visiting models who shared their data and time with us. The *Yearbook* would not have been possible without their support.

We are grateful to Forum One for design and production services and to Ann Emery of Depict Data Studio for data visualization expertise.

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Executive Summary

The *2018 Home Visiting Yearbook* compiles key data on early childhood home visiting, a proven service delivery strategy that helps children and families thrive. Home visiting serves expectant parents and parents of young children by connecting them with a designated support person who guides them through the early stages of raising a family. Home visitors regularly meet with families in their homes or another location of their choice. Services are voluntary and tailored to participants' needs.

Home visiting has a long history and a strong evidence base showing that it improves outcomes for children and families. However, until the National Home Visiting Resource Center published the first yearbook in 2017, no single source had documented the national home visiting landscape. The *2018 Home Visiting Yearbook* builds on the inaugural *Yearbook* and follow-up *Data Supplement*. As before, we examined publicly available data and collected new data—this time from 2017—to present a more complete and up-to-date look at home visiting in action.

The robust data featured in the *2018 Home Visiting Yearbook* reflect advancements in our data collection process and an ongoing commitment to shed light on who receives home visiting. For example, this year's publication includes service information from 15 evidence-based home visiting models, 4 of which provided additional information on tribal-led home visiting programs. We have also expanded our scope beyond evidence-based models to begin exploring the reach of emerging home visiting models still building their evidence base.

Children grow and develop in the context of relationships. Home visitors have a unique opportunity to model behaviors for and mentor new mothers. They are right at the nexus of the relationship between the family and the child, providing the nurturing support and guidance that many families may need.

Ira J. Chasnoff, M.D., *child and adolescent development researcher, NTI Upstream*

Photo courtesy of Ira J. Chasnoff, M.D.

Highlights

- Evidence-based home visiting was implemented in all 50 states, the District of Columbia, 5 territories, 25 tribal communities, and 53 percent of U.S. counties in 2017.
- In 2017, more than 300,000 families received evidence-based home visiting services over the course of more than 3.5 million home visits.
- An additional 28,700 families received home visiting services through 9 emerging models that do not yet meet standards of evidence as determined by the Home Visiting Evidence of Effectiveness project. These 9 models provided more than 400,000 home visits in 2017.
- About 18 million pregnant women and families (including more than 23 million children) could benefit from home visiting but were not being reached in 2017. These numbers have held steady since 2015.
- Since its inception in 2010, the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) has strengthened home visiting by supporting services, research, and local infrastructure. MIECHV expired in September 2017 but was reauthorized in February 2018 for an additional 5 years.
- In 2017, MIECHV helped fund services for more than 81,000 families in states, territories, and tribal communities—a portion of the total families served by home visiting that year.
- States continue to support home visiting by combining funds from tobacco settlements and taxes, lotteries, and budget line items. With limited resources, states are working to expand the reach of home visiting and serve as many families as they can in a way that makes sense on a local level.

In future years, we will continue to expand the story of home visiting, working with models and states to collect and regularly present the most complete data possible. We will include stories about the families engaged in home visiting and the dedicated professionals who provide services. We will continue to expand our reach to explore innovations in the field, including even more models building their evidence base. We will continue to listen and to understand what other questions need answers and what new information the field needs to achieve its goals.

Read on to discover the state of home visiting and its potential. Use the updated data to make informed decisions about home visiting in your agency, community, or state. Share it widely. Keep the conversation going.

In this report

Introduction

The *2018 Home Visiting Yearbook* presents 2017 national and state data gathered by the National Home Visiting Resource Center (NHVRC). The *Yearbook* offers the most comprehensive picture of early childhood home visiting to date, including a detailed look at who receives home visiting services and how many more children and families could benefit.

Similar to past publications, the *2018 Home Visiting Yearbook* includes data from state agencies and evidence-based models to capture the home visiting landscape. It also presents, for the first time, findings from nine emerging home visiting models.

We invite readers new to home visiting to view the at-a-glance infographic on the following page. We've also created a *Home Visiting Primer* (www.nhvrc.org/yearbook/primer) to answer questions such as the following:

- What is home visiting?
- What is the history of home visiting?
- What is the evidence that home visiting works?

Our efforts remain subject to data limitations associated with the lack of a standard reporting mechanism across home visiting; still, we believe this is the most comprehensive picture yet of home visiting across the country.

Home Visiting at a Glance

Home visiting is a service delivery strategy that connects expectant parents and parents of young children with a designated support person—typically a trained nurse, social worker, or early childhood specialist. Services are voluntary and provided in the family's home or at a location of their choice.

What Do Home Visitors Do?

Gather family information to tailor services

- Screen parents for issues like postpartum depression, substance abuse, and domestic violence[i]
- Screen children for developmental delays

Provide direct education and support

- Provide knowledge and training to make homes safer
- Promote safe sleep practices
- Offer information about child development

Make referrals and coordinate services

- Help pregnant women access prenatal care
- Check to make sure children attend well-child visits
- Connect parents with job training and education programs
- Refer parents as needed to mental health or domestic violence resources

In 2017

15 EVIDENCE-BASED HOME VISITING MODELS

operating in the United States met standards of evidence as determined by the Home Visiting Evidence of Effectiveness (HomVEE) project.

How Can Home Visiting Help?

Home visiting has a strong evidence base, with many studies showing it works.[ii]

Home visiting participants are more likely to **access prenatal care** and **carry babies to term**.[iii]

Home visitors teach parents to **engage with children** in positive, nurturing, and responsive ways, thus **reducing maltreatment**.[iv]

Home visiting **improves children's early language and cognitive development**, as well as academic achievement in grades 1 through 3.[v, vi]

Enrolled parents have **higher monthly incomes**, are more likely to be **enrolled in school**, and are more likely to **be employed**.[vii, viii, ix, x]

Studies have found a **return on investment of $1.80 to $5.70** for every dollar spent on home visiting.[xi, xii]

Read our *Home Visiting Primer* to learn more.

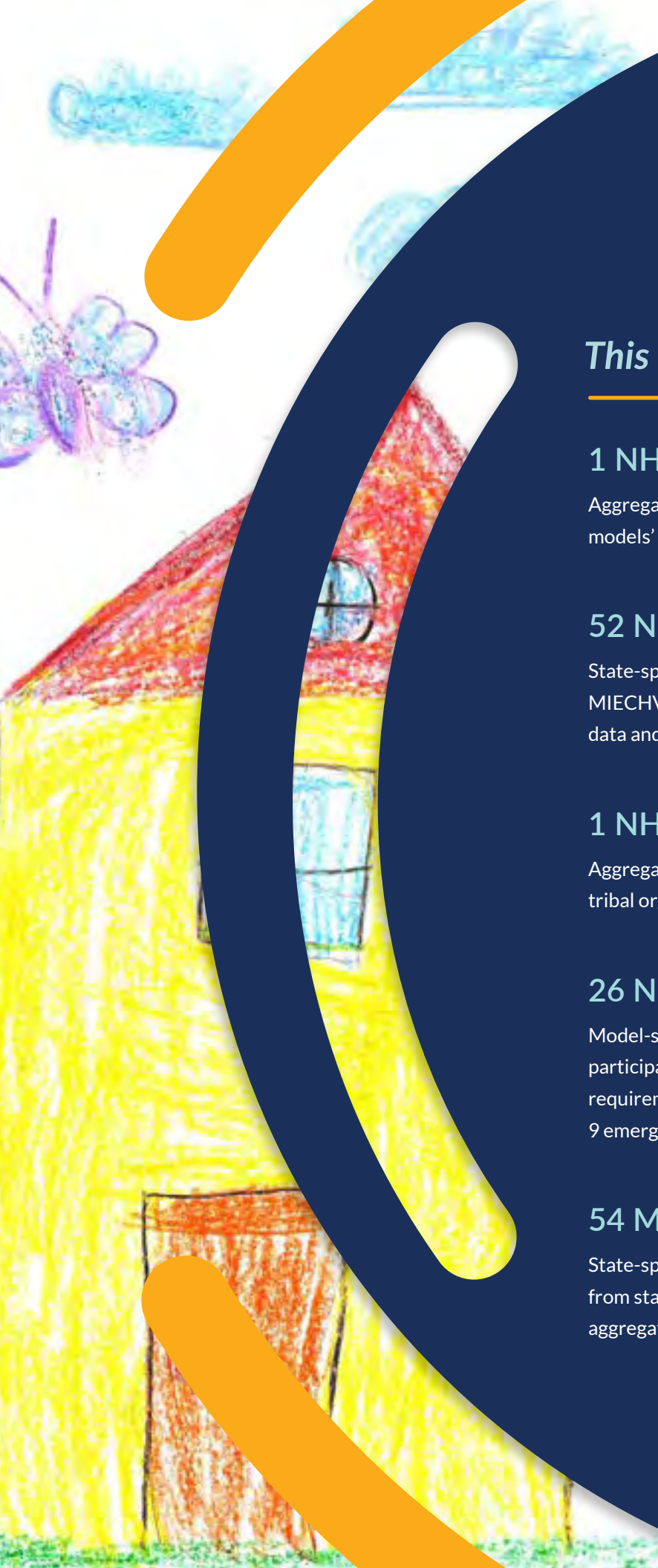
What's Inside?

The *2018 Home Visiting Yearbook* features 2017 data from organizations that implement home visiting models and from agencies in states, territories, and the District of Columbia (hereafter referred to as states) that have received funds through the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Information on home visiting supported by Tribal MIECHV reflects data provided by the Administration for Children and Families. The *Yearbook* also draws on public data sources such as the U.S. Census Bureau's American Community Survey. As in our first two publications, we present the national landscape of home visiting before drilling down to the states.

Inside you'll find—

- Expanded data on who is being served by home visiting, including information from 15 evidence-based home visiting models and 9 emerging models that have not yet met federal standards of evidence[1]
- Information from 2017 on where home visiting is operating and how many families and children could benefit from home visiting
- Updated state and model profiles and MIECHV state data tables

[1] The *2018 Home Visiting Yearbook* defines evidence-based home visiting as models that have met standards of evidence as determined by HomVEE, which is administered by the U.S. Department of Health and Human Services (homvee.acf.hhs.gov). Emerging models have not yet met HomVEE standards of evidence, although they might meet some of the criteria.



This Yearbook includes—

1 NHVRC National Profile

Aggregate service numbers and participant demographics from models' own data (evidence-based models only)

52 NHVRC State Profiles

State-specific information about home visiting services using MIECHV and non-MIECHV funding from evidence-based model data and about potential beneficiaries from Census data

1 NHVRC Tribal Profile

Aggregate service and demographic data for programs led by tribal organizations from four evidence-based models

26 NHVRC Model Profiles

Model-specific information capturing service numbers and participant demographics, geographic reach, and model requirements from models' own data (17 evidence-based models, 9 emerging models)

54 MIECHV State Data Tables

State-specific information about MIECHV home visiting services from state MIECHV awardees, including a table containing aggregate data for all Tribal MIECHV awardees

CHAPTER 1

The Early Childhood Home Visiting National Landscape

The national data presented here come from evidence-based models, state agencies, and public sources. As in the *2017 Home Visiting Yearbook*, the service data are based on the best information available but are subject to limitations.

Because states have flexibility in blending funding streams to implement home visiting, and because there is no standard reporting mechanism across funding sources and models, there is variability in the data. Some were unable to respond to our requests for data or could provide only partial data; however, 15 evidence-based models in total reported at least some data. And although evidence-based models account for a large portion of home visiting services, there are many home visiting models not yet designated as evidence based. For the first time, we provide data on emerging home visiting models; see page 18. For details about our data collection approach, including limitations and future plans, see the methodology appendix on page 34.

This chapter presents—

- Information on where home visiting programs operate
- The number and characteristics of families and children who are served by home visiting
- The number and characteristics of families and children who could benefit from home visiting
- Information about the home visiting workforce

What's New in the Data?

Since releasing our inaugural yearbook in July 2017, the NHVRC has redoubled our efforts to engage evidence-based models and state agencies in data collection. For the *2018 Home Visiting Yearbook*, we are pleased to report improved—

- **Model participation.** Fifteen evidence-based models shared service data on the number of home visiting participants and home visits. Eight models also provided data on characteristics of home visiting participants. Additionally, 15 models shared local agency information.

- **State participation.** The *Yearbook* includes data from 53 out of 56 state MIECHV agencies (50 states, 5 territories, and the District of Columbia). This represents a 95 percent state agency response rate.

- **Tribal home visiting information.** For this *Yearbook*, we asked evidence-based models to identify programs led by tribal organizations to better understand home visiting's reach in tribal communities. Four models provided data.

- **Recognition of emerging models.** Although past publications referred to home visiting models not yet designated by HomVEE as evidence based, we had yet to share related data. This *Yearbook* includes data from nine emerging models.

I had low confidence and self-esteem. I wasn't motivated to do much, and I was pregnant. [Family Spirit] brought me out of my shell … I'd like to be a good mother, and I'd like to reach my long-term goals.

Andrea Antelope, *Family Spirit participant, Wind River Reservation*

Photo courtesy of Maura Friedman/Urban Institute

Where Do the National Data Come From?

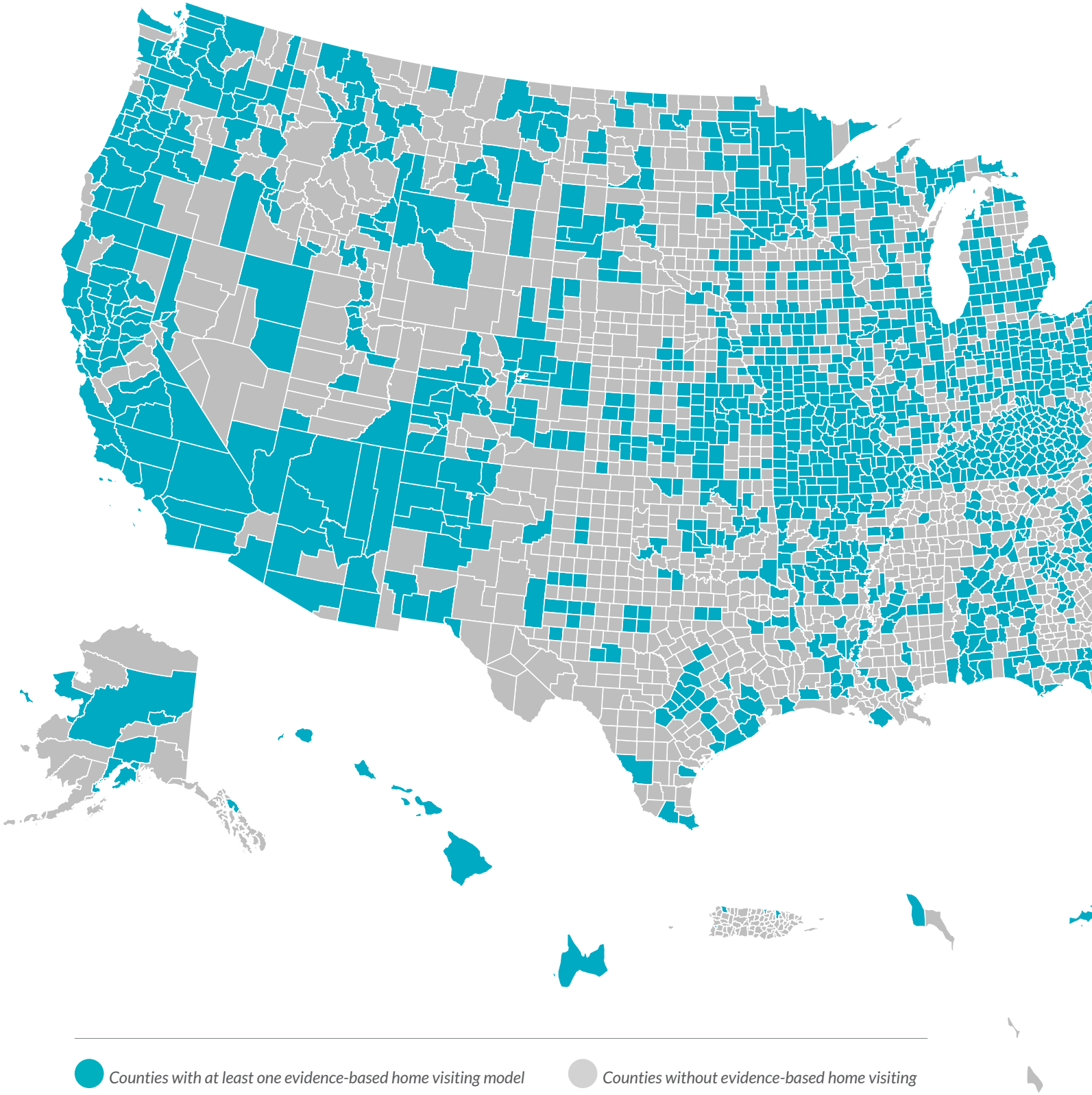
The NHVRC uses model, state, and administrative data sources, along with publicly available information, to present the national home visiting landscape (see exhibit 1 below).

Exhibit 1. National Data Sources for the *2018 Home Visiting Yearbook*

Question addressed	Data type and source	Location in this chapter
Where do home visiting programs operate?	List of local agencies active in 2017 (provided by 15 evidence-based models)	National map (pp. 10-11)
Who receives evidence-based home visiting services?	Participant demographics (provided by 8 evidence-based models); number of home visits and children and families served (provided by 15 evidence-based models)	National profile (p. 13)
Who receives MIECHV-funded home visiting services?	Administrative MIECHV data (provided by 53 state MIECHV agencies)	National MIECHV summary (p.15)
Who receives Tribal MIECHV-funded home visiting services?	Administrative Tribal MIECHV data (provided by Administration for Children and Families Tribal Home Visiting Program)	Tribal MIECHV summary (p.15)
Who receives home visiting services from tribal-led organizations?	Number of home visits and children and families served (provided by 4 evidence-based models)	Tribal-led organizations summary (p. 15)
Who receives home visiting services from emerging models?	Participant demographics (provided by 8 emerging models); number of home visits and children and families served (provided by 9 emerging models)	Emerging models summary (p. 18)
How many families and children could benefit from home visiting?	Counts of potential beneficiaries and their demographics (estimated from the American Community Survey)	Exhibits 5, 6, 7 (pp. 22-24)
Who provides home visiting?	Counts of home visitors and supervisors (provided by 15 evidence-based models, 9 emerging models, and 53 state MIECHV agencies)	Home visitors and supervisors summary (p. 25)

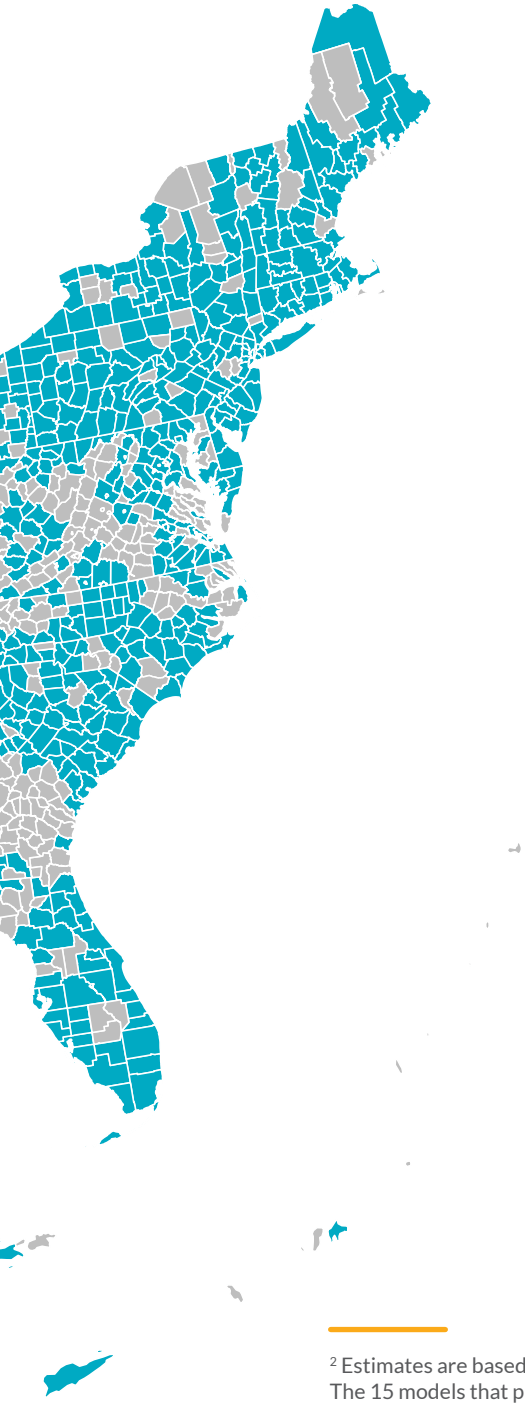
Where Do Home Visiting Programs Operate?

Exhibit 2. Evidence-Based Home Visiting by County (2017)



Counties with at least one evidence-based home visiting model

Counties without evidence-based home visiting



Evidence-based home visiting programs operate in all 50 states, the District of Columbia, and 5 U.S. territories.

Home visiting is also provided to American Indian and Alaska Native families both on and off reservations, including families in 25 tribal communities that have received MIECHV funding. As shown in exhibit 2, services are concentrated in the Northeast, the West Coast, and parts of the Midwest and Southwest. Coverage is lower in rural and frontier areas.

Approximately 53 percent of all U.S. counties have at least 1 local home visiting agency offering evidence-based home visiting.[2] States must balance limited resources with a desire to reach as many families and communities as possible. Some fund home visiting in all counties. In Kentucky, for example, Health Access Nurturing Development Services (HANDS) offers home visiting to first-time parents in every county across the state. Nineteen states offer evidence-based home visiting services in 75 percent or more of their counties. Others concentrate funds in high-need communities or urban areas or do not have funds to serve families throughout the state. Seven states offer services in fewer than 25 percent of their counties.

In 2017, more than 3,450 local agencies delivered evidence-based home visiting. Local agencies are usually housed in a central location and serve families in nearby communities. They are operated by state and local government offices, such as departments of health, human services, or education, as well as schools and school districts, hospitals and health clinics, tribal organizations, nonprofit organizations, and faith-based organizations.

[2] Estimates are based on data collected from 15 evidence-based model developers on the locations of their local agencies. The 15 models that provided location data are Attachment and Biobehavioral Catch-Up (ABC), Child First, Early Head Start Home-Based Option (EHS), Family Check-Up (FCU), Family Connects, Family Spirit, Health Access Nurturing Development Services (HANDS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Maternal Early Childhood Sustained Home-Visiting (MECSH), Minding the Baby, Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Play and Learning Strategies (PALS), and SafeCare.

Who Receives Home Visiting Services?

There is no single data source about the recipients of evidence-based early childhood home visiting services. We reached out to home visiting models considered evidence based in 2017 and to state, territory, and tribal MIECHV awardees. Their responses—including a 100 percent response rate from models—move us closer to depicting the hundreds of thousands of families working with evidence-based home visiting programs to pursue better lives.

The national profile on the following page quantifies and describes the families served through evidence-based home visiting models in 2017, regardless of how their services were funded. All 15 evidence-based models operating across the United States in 2017 provided data on the number of families and/or children served. Eight models also provided data on the characteristics of those participants. The respondents reported serving 304,259 families and 334,354 children and providing 3,523,599 home visits. One in 3 families had infants under 1 year old, and nearly 3 in 10 parents did not have a high school diploma.[3]

NOTES

Models include 15 models operating in the United States in 2017 that met HomVEE criteria for evidence of effectiveness at that time: Attachment and Biobehavioral Catch-Up (ABC), Child First, Early Head Start Home-Based Option (EHS), Family Check-Up (FCU), Family Connects, Family Spirit, Health Access Nurturing Development Services (HANDS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngers (HIPPY), Maternal Early Childhood Sustained Home-Visiting (MECSH), Minding the Baby, Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Play and Learning Strategies (PALS), and SafeCare. ABC, Child First, Family Connects, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, PAT, and SafeCare provided data on the number of families served. ABC, Child First, EHS, FCU, Family Spirit, HANDS, HFA, HIPPY, Minding the Baby, NFP, PALS, and PAT provided data on the number of children served. Child First, EHS, HANDS, HFA, HIPPY, NFP, PAT, and SafeCare provided participant demographic data. ABC, Child First, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, PAT and SafeCare provided data on the number of home visits completed. Seven of the eight models that provided participant data reported child age, caregiver educational attainment, and child insurance status: Child First, EHS, HANDS, HFA, HIPPY, NFP, and PAT.

Ethnicity includes data from EHS, HANDS, HFA, HIPPY, NFP, PAT, and SafeCare. HANDS, HFA, HIPPY, NFP, and SafeCare reported ethnicity for adult participants. EHS reported ethnicity for children and pregnant caregivers. PAT reported ethnicity for children.

Race includes data from EHS, HANDS, HFA, HIPPY, NFP, PAT, and SafeCare. HANDS, HFA, HIPPY, NFP, and SafeCare reported race for adult participants. EHS reported race for children and pregnant caregivers. PAT reported race for children.

Educational attainment includes data from EHS, HANDS, HFA, HIPPY, NFP, and PAT.

Child age includes data from EHS, HANDS, HFA, HIPPY, NFP, and PAT.

Child insurance status includes data from EHS, HANDS, HFA, HIPPY, NFP, and PAT. Public insurance includes Medicaid, Children's Health Insurance Program (CHIP), and TRICARE. HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment benefits.

Primary language includes data from EHS, HFA, HIPPY, NFP, and SafeCare. EHS reported primary language for children and pregnant women. SafeCare reported languages spoken in the home. HIPPY and NFP reported primary language of children. HFA reported primary language of adult participants.

[3] Seven of the eight models that provided participant data were able to report child age, caregiver educational attainment, and child insurance status: Child First, EHS, HANDS, HFA, HIPPY, NFP, and PAT.

NHVRC NATIONAL PROFILE

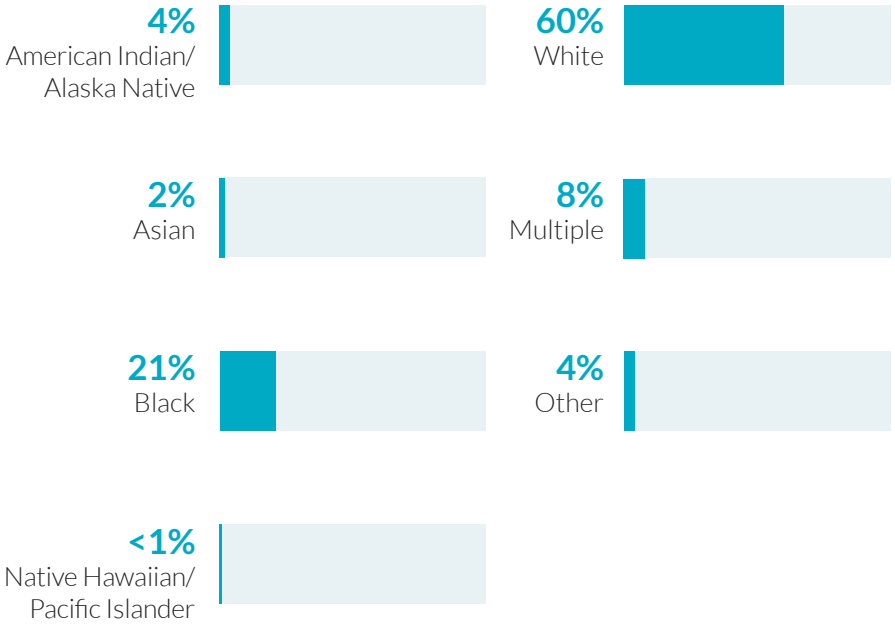
Families Served Through Evidence-Based Home Visiting

3,523,599
home visits provided

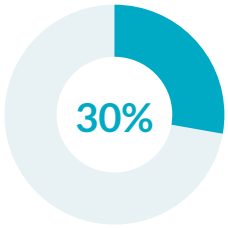
304,259
families served

334,354
children served

Race

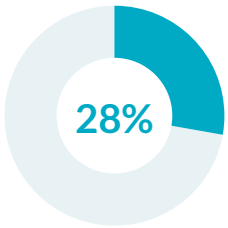


Ethnicity



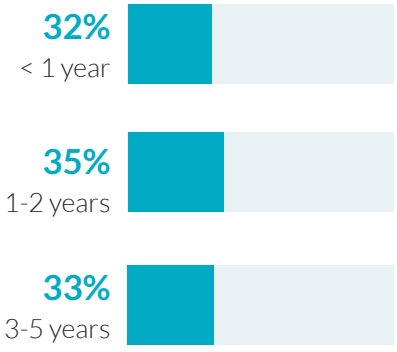
Hispanic or Latino

Caregiver education

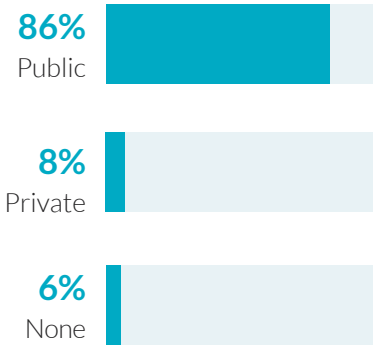


No high school diploma

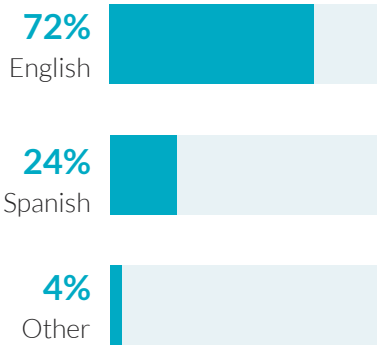
Child age



Child insurance status



Primary language



Families Served Through MIECHV

MIECHV demonstrates a significant federal investment in evidence-based home visiting[4] but does not account for all families reached. MIECHV awardees are required to report data annually to the U.S. Department of Health and Human Services about the families they serve. We contacted states and territories to request this information, and most (53 of 56) shared it with us. Supplemented with publicly available data from the Health Resources and Services Administration, we calculated the extent of MIECHV-funded services in 2017.

State and territory MIECHV awardees served 79,522 families and 74,082 children[5] and provided 942,154 home visits in 2017.[6] Tribal MIECHV awardees served an additional 1,716 families and 1,737 children and provided 17,525 home visits in 2017.

To maximize limited resources, MIECHV requires awardees to prioritize families living in at-risk communities as identified by statewide needs assessments. MIECHV also encourages awardees to target priority populations to serve families most in need.[xiii]

High-priority families include those with—

- Low incomes
- Pregnant women under 21
- History of child maltreatment or prior involvement with the child welfare system
- History of substance abuse or in current need of substance abuse treatment
- Current tobacco use in the home
- Children with low student achievement
- Children with developmental delays or disabilities
- Individuals who are serving or have served in the military

Nearly three-quarters of households served through MIECHV (72 percent) reported annual family incomes below the federal poverty guidelines (approximately $20,420 for a family of 3 in 2017). More than one-quarter of caregivers served were under 21 years old (28 percent), and more than one-quarter did not have a high school diploma (28 percent).

LEARN MORE

For more information, see the MIECHV State Data Tables on page 214.

[4] MIECHV families are a portion of total families served by evidence-based models, but because of the way data are collected (aggregated across all models in MIECHV reporting, with promising approaches included), the overlap between model data and MIECHV data cannot be determined.

[5] Data on children served are not publicly available, so this count is based on the data shared by 53 of 56 states and territories.

[6] The models represented in the MIECHV numbers are Child First, EHS, FCU, Family Spirit, HANDS, HFA, HIPPY, NFP, PAT, SafeCare, and promising approaches.

Families Served Through MIECHV: State and Territory Awardees

942,154
home visits provided

79,522
families served

74,082
children served

Families Served Through MIECHV: Tribal Awardees

17,525
home visits provided

1,716
families served

1,737
children served

Families Served by Tribal-Led Organizations

Home visiting services were provided to families in 25 tribal communities through Tribal MIECHV funds in 2017. Families in tribal communities also receive home visiting through non-MIECHV funded programs. For the *2018 Home Visiting Yearbook*, we asked evidence-based models to identify programs led by tribal organizations, regardless of funding source.

Four models provided data on home visiting services provided by tribal-led organizations.[7] In 2017, more than 4,000 families and 4,000 children were served by 118 tribal-led organizations. In total, more than 35,000 home visits were provided. These data, coupled with information about families served by Tribal MIECHV awardees, begin to convey the reach of evidence-based home visiting in tribal communities.

35,119
home visits provided

4,273
families served

4,189
children served

[7] Models that provided tribal-led organization data include EHS, Family Spirit, NFP, and PAT.

What Do We Know About Other Home Visiting Models?

This *Yearbook* reports primarily on home visiting provided by models designated as evidence based by HomVEE. Similarly, our previous publications only share data on home visiting provided through evidence-based models. Here, we explore information about emerging home visiting models. We define emerging home visiting models as those that demonstrate some evidence of effectiveness but have not been designated as evidence based by HomVEE.

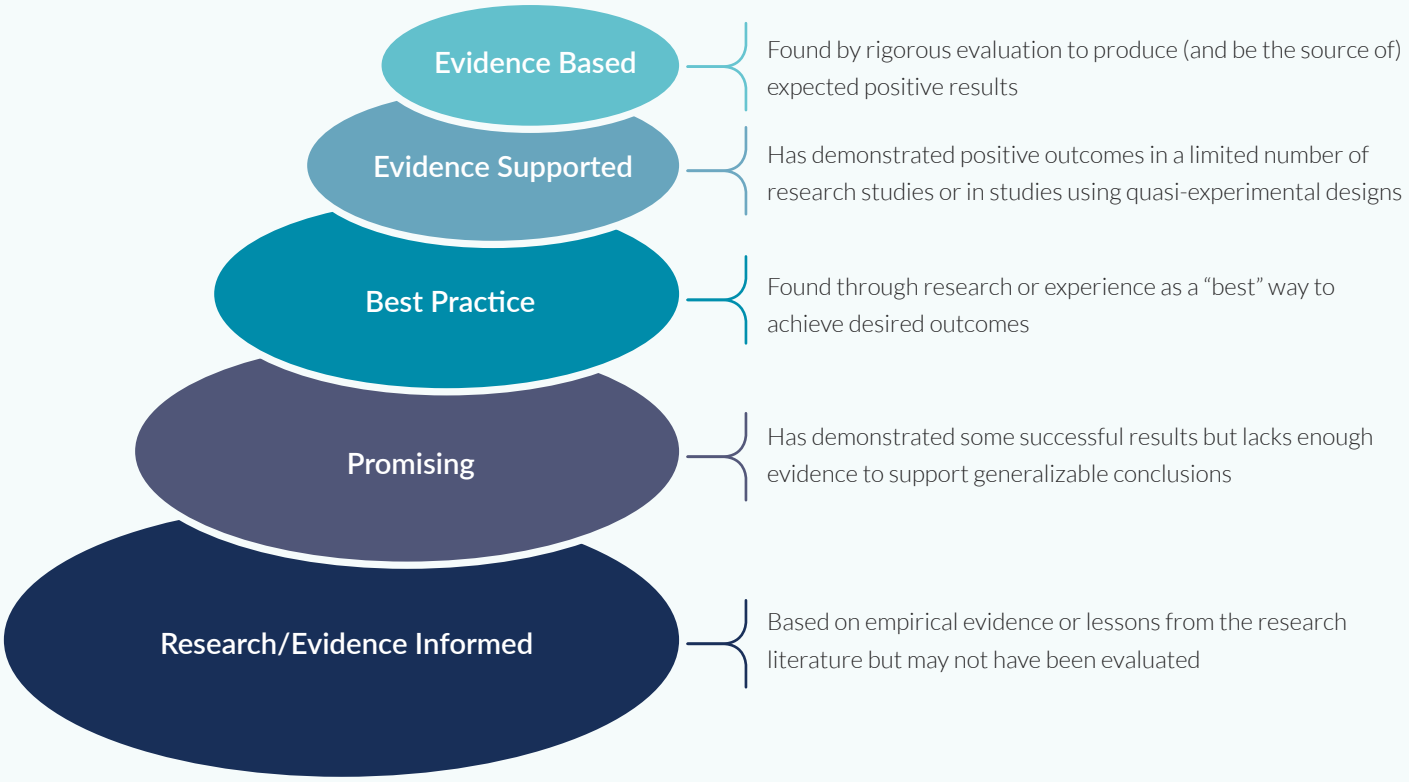
Many emerging models are well established, and several meet some criteria of rigorous evidence. All play an important role in the home visiting landscape, often serving many families or being implemented across several locations. Some are in the process of building evidence to meet standards established by HomVEE.

Evidence builds along a continuum (see exhibit 3). Although the process may seem linear, various steps or iterations are often involved in moving forward along the continuum.

Some emerging models will reach the final phase of the continuum with time. Others may not advance for various reasons. For example, rigorous evaluation takes time and money, and programs may not have enough personnel to conduct an experimental study.

There is no one-size-fits-all approach to designating models as evidence based. Entities such as HomVEE, the National Registry of Evidence-based Programs and Practices, and state-level organizations use different—although sometimes overlapping—criteria to review a program's effectiveness. For example, HomVEE looks at the type of study used to evaluate a model and study characteristics such as attrition and confounding factors.[xiv] At the state level, Michigan specifies that a program must be grounded in research, be linked to specific outcomes, include service delivery and continuous quality improvement standards, have been evaluated in a specific way, demonstrate linkages to community-based services, and meet fidelity and compliance standards.[xv]

Exhibit 3. Continuum of Evidence for Home Visiting Models



Evidence builds along a continuum, but the process is not always linear. Various steps or iterations may be needed to advance. Home visiting models may not reach the final phase of the continuum for a numbers of reasons, including limited time and resources or a target population too small to support generalizable conclusions.

Sources for exhibit 3 :

FRIENDS National Resource Center. (n.d.). *Evidence-based practice in CBCAP*. Retrieved from https://friendsnrc.org/evidence-based-practice-in-cbcap

State of Michigan. (n.d.). *Effective and promising practice interventions for increasing healthy eating, increasing physical activity and decreasing tobacco use and exposure in community-based settings*. Retrieved from https://www.michigan.gov/documents/mdch/BHC_TA_Manual_2008-09_244485_7.pdf

Child Care and Early Education Research Connections. (n.d.). *Child care & early education glossary*. Retrieved from https://www.researchconnections.org/childcare/childcare-glossary#B

Philadelphia's Department of Behavioral Health and Intellectual disAbility Services. (n.d.). *Frequently asked questions: Evidence-based practices.* Retrieved from https://dbhids.org/epic/frequently-asked-questions#toggle-id-4

Cooney, S. M., Huser, M., Small, S., and O'Connor, C. (2007). *Evidence-based programs: An overview. What Works, Wisconsin Research to Practice Series 6*. Madison, WI: University of Wisconsin–Madison/Extension.

Families Served by Emerging Home Visiting Models

Home visiting programs receive local, private, state, and federal funding (e.g., the Health Resources and Services Administration's Home Visiting Innovation Awards) that support services delivered through emerging models. The information below quantifies and describes families served through emerging home visiting models in 2017, regardless of how the services were funded. These data are separate from those included in the national profile on page 13 (which focuses on families served through evidence-based models). Of the 13 emerging models we contacted for this *Yearbook*, 9 provided data about the families they serve.[8]

406,182
home visits provided

28,706
families served

28,798
children served

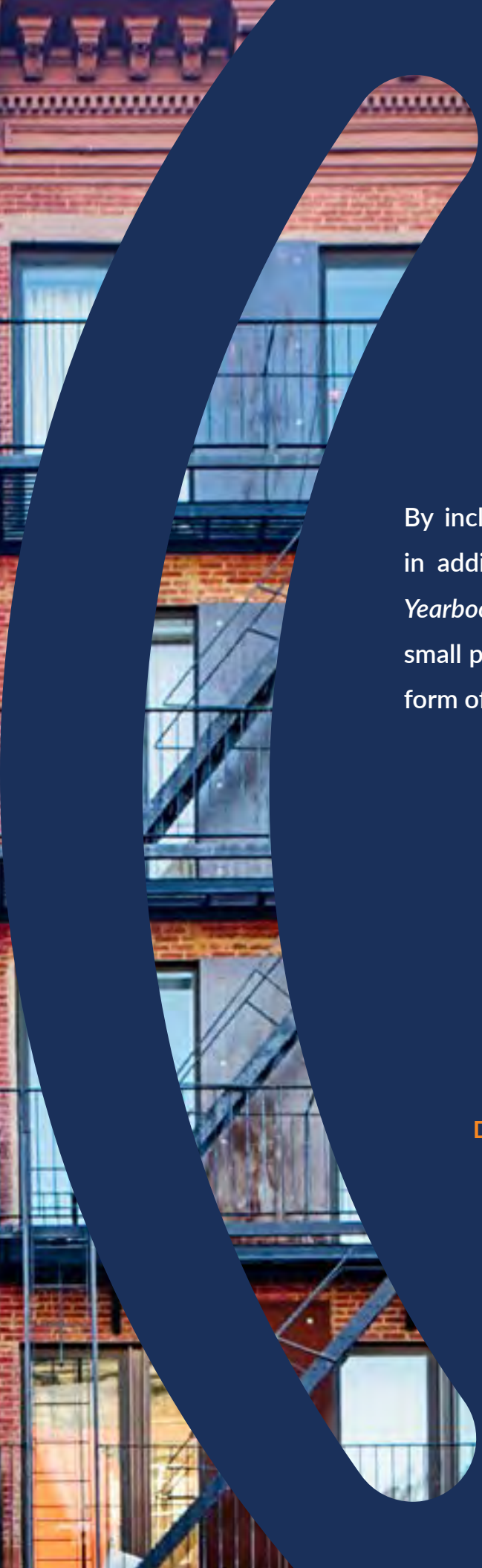
Exhibit 4. Families Served by Emerging Home Visiting Models: Child and Family Characteristics

	Percentage
Child age	
< 1 year	66
1–2 years	30
3–5 years	4
Child health insurance status	
Public	92
Private	7
None	1
Ethnicity	
Hispanic or Latino	57

	Percentage
Caregiver education	
No high school diploma	32
High school diploma/GED	35
Some college/training	24
Bachelor's degree or higher	9
Household income	
Low income	86

[8] We looked at several criteria to determine which models to reach out to for this expanded data collection, such as whether models had been reviewed by HomVEE or tested as a MIECHV promising approach. We then consulted with members of our Advisory Committee to get their expert feedback on our list. See appendix 1 on page 34 for more details. Models represented in the emerging models numbers include Baby TALK, Following Baby Back Home (FBBH), HealthConnect One's Community-Based Doula Program (HC One), Maternal Infant Health Outreach Worker Program (MIHOW), Nurses for Newborns, Parent-Child Assistance Program (PCAP), Parent-Child Home Program (PCHP), Team for Infants Exposed to Substance abuse Program (TIES), and Welcome Baby.

Source for exhibit 4: Data provided by emerging models. See appendix 1 on page 34 for more detail by variable.



By including data from emerging home visiting models—in addition to those deemed evidence based—the 2018 *Yearbook* better describes and honors the many large and small programs that reach families with this most powerful form of relationship-based service.

Deanna Gomby, *president and chief executive officer, Heising-Simons Foundation*

Photo courtesy of Heising-Simons Foundation

How Many Families and Children Could Benefit From Home Visiting?

Early childhood home visiting provides support and connections that can benefit all pregnant and parenting families. Nationally, we estimate close to 18.1 million pregnant women and families are potential beneficiaries, including all pregnant women and families with children under 6 years old and not yet in kindergarten. This broad estimate includes 16.8 million families with young children and 1.3 million pregnant women without young children, according to estimates from the American Community Survey (2012–2016).[9]

Many families have more than one child who could benefit from home visiting. If we estimate the number of individual children rather than families, we find 23.3 million children could potentially benefit from home visiting. This number includes 3.8 million infants (under 1 year), 7.9 million toddlers (1–2 years), and 11.6 million preschoolers (3–5 years and not yet in kindergarten).

Home visiting has great potential to improve the lives of all young children and families, yet limited resources restrict the number that receive services. As a result, most home visiting services are geared toward particular subpopulations, including the following.

Families With Infants

The first few months after a baby's birth can be stressful for any family, regardless of income, race, or other factors.[xvi, xvii] Across the United States, there are approximately 3.5 million families with infants (see exhibit 5 on page 22). Some home visiting models, such as Family Connects, are available to all families with newborns in their service area, regardless of income or other factors. Such community-wide programs take a universal approach to supporting parents after a birth and connecting them to the resources they need.

Low-Income Families

Children growing up in poverty are at risk of entering kindergarten with lower school readiness than other children.[xviii] More than 1 in 4 potential home visiting beneficiaries are poor—that is, they have annual family incomes less than 100 percent of the federal poverty threshold. Still more families experience financial stress, even if their incomes rise above that level. Home visiting models, such as Early Head Start Home-Based Option, focus on low-income families, working with parents to set goals, continue their education, and find employment.

[9] The 2012–2016 American Community Survey (https://usa.ipums.org/usa/index.shtml) is the most recent 5-year file available at the time of analysis. The estimate of pregnant women is based on mothers with infants, with certain adjustments. See appendix 1 on page 34 for more information on methods.

Young Mothers and Expectant Mothers

Children born to teen mothers are at higher risk of maltreatment and school failure than children born to older mothers.[xix,xx] Home visiting can give young mothers the support they need to complete their education, enter the workforce, reduce subsequent unintended pregnancies, and avoid long-term poverty. At the local level, many programs prioritize enrollment of pregnant women and mothers under age 21.

Other

Other priority populations include single mothers, parents with low education, families with a history of substance abuse or child maltreatment, children with developmental delays, and other families at risk of poor child outcomes. It is not possible to quantify some of these families in our estimates using the American Community Survey, which does not collect data on substance abuse, child maltreatment, or developmental delays. We provide estimates of five potential targeted populations in exhibit 5; see appendix 2 on page 42 for alternate estimates based on other maternal and child health indicators that commonly reflect child risk and/or child well-being.

As home visitors, we have a professional responsibility to approach mothers experiencing depression with concern, caution, and extreme love and care. We all think and process things differently, so there is no one right way to treat depression. I try to be understanding and supportive of moms during their time of need, reminding them of the positives in their life and their goals for their future.

April Krekeler, *Every Child Succeeds home visitor, Pathways to Home*

Photo courtesy of April Krekeler

Exhibit 5. Potential Beneficiaries of Early Childhood Home Visiting Services: Targeted Populations

	Number	Percentage of potential beneficiaries
Potential beneficiaries		
Pregnant women and families with children under 6 years old not yet in kindergarten	18,071,500	100
Targeted populations among potential beneficiaries		
Families with infants under 12 months	3,484,800	19
Families and pregnant women with income below poverty threshold	4,648,100	26
Pregnant women and mothers under 21 years	622,500	3
Single mothers and pregnant women	4,727,300	26
Parents and pregnant women with less than a high school education	1,483,600	8

To identify a subpopulation of high-priority families within each state, we estimate the number and percentage of families who meet *any* 1 of 5 targeting criteria: (1) having an infant, (2) income below the federal poverty threshold, (3) pregnant women and mothers under 21, (4) single/never married mothers or pregnant women, or (5) parents without a high school education (see exhibit 6). This definition was chosen to be useful to states, whether they aim to serve all infants or to focus on families with at least one demographic or economic characteristic associated with poor developmental outcomes.

Source for exhibits 5 and 6: Author tabulations of American Community Survey, 2012–2016. Note: See appendix 1 on page 34 for more detail on the data source and variable definitions.

Exhibit 6. Potential Beneficiaries of Early Childhood Home Visiting Services: High-Priority Families

	Number	Percentage of potential beneficiaries
Potential beneficiaries		
Pregnant women and families with children under 6 years old not yet in kindergarten	18,071,500	100
High-priority families		
Pregnant women and families meeting any one of five targeting criteria	9,477,000	52
Pregnant women and families meeting two or more targeting criteria	3,958,400	22

More than half (52 percent) of all pregnant women and families with children not yet in kindergarten meet any 1 of the 5 criteria, and 22 percent meet 2 or more criteria. In individual states, the percentage of high-priority families meeting 1 of the 5 criteria ranges from 43 percent in Utah to 62 percent in Mississippi and New Mexico (see NHVRC State Profiles on page 56). These estimates show that all states have large numbers of families who are likely to benefit from home visiting, even though actual targeting criteria differ from state to state and from program to program.

The characteristics of the children and families who could benefit from home visiting are described in exhibit 7. More than two-thirds of families potentially eligible for home visiting services are White and about half of potentially eligible children have private health insurance. High-priority children meeting any one of the targeting criteria differ from the broader population of all potential beneficiaries in several ways; for example, they are more likely to be infants, enrolled in public health insurance, and cared for by parents and other adults who have not yet completed high school.

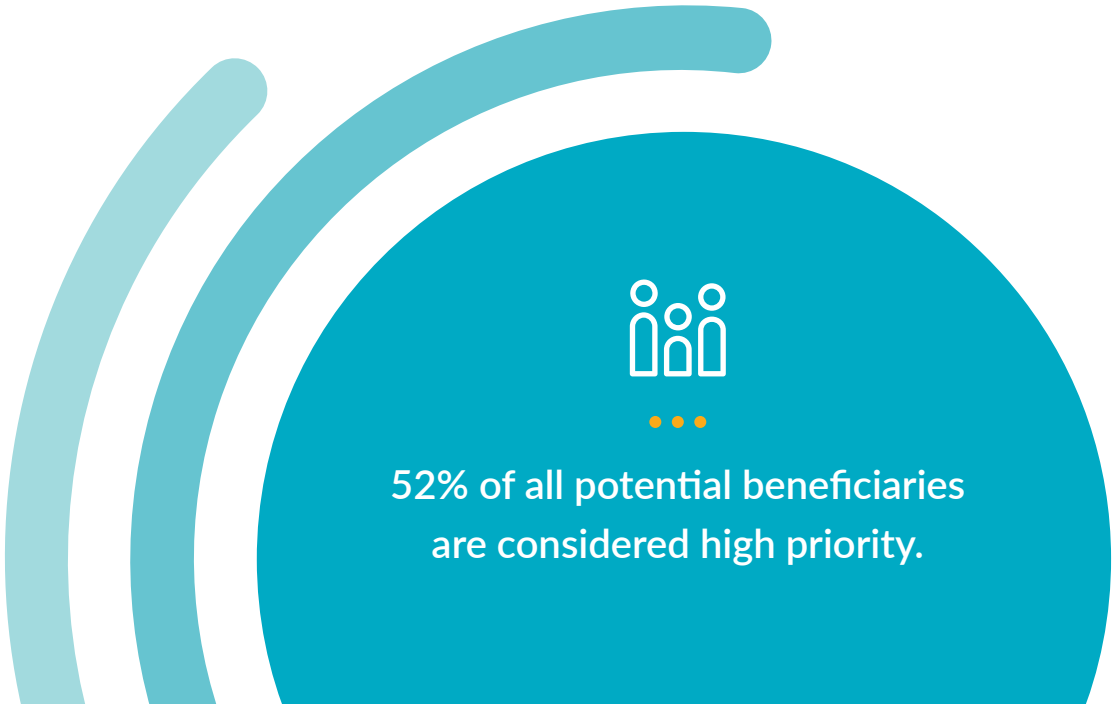


Exhibit 7. Potential Beneficiaries of Early Childhood Home Visiting Services: Child and Family Characteristics

	Percentage of potential beneficiaries	Percentage of high-priority beneficiaries (meeting any 1 of 5 targeting criteria)
Child age		
< 1 year	16	29
1–2 years	34	29
3–5 years	50	42
Primary language		
English	72	68
Spanish	19	25
Other	9	7
Child health insurance status		
Private	51	31
Public	45	63
None	5	5
Race		
American Indian/Alaska Native	1	1
Asian	6	4
Black	14	19
Native Hawaiian/Pacific Islander	<0.5	<0.5
White	69	63
Multiple	3	3
Other	7	9
Ethnicity		
Hispanic or Latino	23	29
Education		
Less than a high school education	11	20

Source for exhibit 7: Author tabulations of American Community Survey, 2012–2016. Note: Percentages may not add up to 100 due to rounding. Some children with public health insurance also have private health insurance. Child age, child health insurance status, and primary language are based on data for children, with some exceptions. Language for children under 4 years old is based on language of their mother or other primary caregiver; race and ethnicity are measured by family and based on race and ethnicity of mother or other primary caregiver; caregiver education is based on data for parents in household, including all parents in family or head of household if no parents are present.

More than 19,000 home visitors delivered evidence-based services nationwide.

Who Provides Home Visiting?

Home visitors are frontline staff from local agencies who work with families in their homes. They are nurses, social workers, early childhood specialists, or paraprofessionals trained to conduct home visits with pregnant women and families with young children.

Home visitors work with supervisors who encourage their professional and personal growth. Supervisors help manage caseloads, ensure staff responsibilities are completed, and support home visitors as they develop skills to serve families better. Sometimes supervisors provide services to families directly. Agencies may also employ staff who provide administrative, data entry, or data management support.

Home Visitors and Supervisors

Evidence-based home visiting models reported that more than 19,000 home visitors deliver evidence-based services nationwide. They also reported employing more than 3,100 supervisors to support the home visiting workforce. Emerging models reported employing more than 280 supervisors to support 1,500-plus home visitors.

The number of home visitors and supervisors varies by state and by funding source. For example, in 2017, Georgia had 60 full-time equivalent (FTE) home visitor positions and 20 FTE supervisor positions funded by MIECHV to deliver evidence-based services. Other states reported employing as few as 5 FTE home visitors to as many as 198 FTE home visitors with MIECHV funding.

Home Visitor Education

Agencies strive to employ home visitors who can foster connections with families and develop trusting relationships. Educational requirements vary across local agencies and models. The NHVRC Model Profiles on page 164 provide more detail about educational requirements at the home visitor and supervisor levels. For more background information on the varying requirements states and agencies have for home visitors and supervisors regarding staffing levels, experience, and training, see our *2017 Home Visiting Yearbook* (nhvrc.org/yearbook/2017- home-visiting-yearbook).


2

CHAPTER 2

The Early Childhood Home Visiting Local Landscape: States, Territories, and Tribes

The previous chapter presented the national landscape of early childhood home visiting; this chapter drills down to the states, examining their efforts to deliver home visiting services that help children and families thrive.

It presents—

- An outline of the challenges states face, the families they serve, and the families who could potentially benefit from home visiting
- A preview of state-level data included after the appendices

What Is Happening in the States?

States, territories, and tribal organizations implement home visiting models that match the needs of their communities using varied funding streams, including MIECHV.

Maternal and child health indicators provide insight into states' varied contexts, which drive their decisions and priorities. For example, 6 percent of women had no or delayed prenatal care nationally, but the state average ranges from 2 percent in Rhode Island and Vermont to 11 percent in Arkansas and New Mexico. Appendix 2 on page 42 includes details on prenatal care, tobacco use during pregnancy, preterm births and infant mortality, emergency room visits, child abuse, fourth-grade reading proficiency, fourth-grade mathematics proficiency, and breastfeeding.

The number of potential beneficiaries in each state relates to its population size, ranging from 28,900 potential beneficiaries in Vermont to more than 2 million in California. However, size does not necessarily relate to the percentage of beneficiaries who meet 1 or more targeting criteria (have an infant or are low income, single parent, parent or expectant parent under 21, or parent with less than a high school diploma). The percentage of high-priority families meeting any 1 of 5 targeting criteria ranges from 43 percent in Utah to 62 percent in Mississippi and New Mexico.

States serve as many potential beneficiaries as possible. There are many reasons why they cannot reach all families who could benefit. States have limited funding and often must piece together federal, state, and private dollars to serve families. Geographic challenges can also prevent states from reaching more families. For example, in rural areas, home visitors may travel hours to see one family, which limits the number of families that can be served overall.

States work hard to overcome these barriers. In 2017, the number of families served by states ranged from 58 to 35,562. Some states have an expansive network of local agencies implementing evidence-based home visiting. For example, California has more than 200 local agencies implementing 7 models across the state, serving more than 16,000 families. Others have fewer local agencies but still reach many families.

Several states are exploring innovative ways to engage children and families in home visiting to enhance and improve services (https://www.nhvrc.org/product/family-engagement/). These efforts, paired with other innovations such as using technology to reach families, show the ways states work to expand their reach and deliver services to families in need.

Where Can I Learn More About My State?

The NHVRC compiled information from evidence-based models, national databases, and state MIECHV data to detail state-level efforts. For a closer look, see the following:

NHVRC State Profiles

Provide state-level information, including families served and potential beneficiaries, from evidence-based models. See page 56 or visit our website:

nhvrc.org/explore-research-and-data/hv-by-state

NHVRC Model Profiles

Describe evidence-based and emerging home visiting models, including states delivering the models and families served. See page 164 or visit our website:

nhvrc.org/discover-home-visiting/models

MIECHV State Data Tables

Provide state-level information on families served specifically by MIECHV-funded programs. See page 214.

Growing up, I was homeless and also spent time in foster care. I didn't want that life for my daughter, so I signed up for the home visiting program. My home visiting nurse, Angelica, helped me identify goals and stay on track. I now have a good job at Costco and plan to one day go back to school. I'm grateful that there is a program for people like me going through situations and needing that support.

Carmel, *participant, California Home Visiting Program*

Photo courtesy of California Department of Public Health


3

CHAPTER 3

Take-Home Messages

Early childhood home visiting is a proven service delivery strategy for helping children and families thrive. It can change the future for two generations by meeting families where they are—in their homes and in their lives.

Every day, home visitors support parents to make sure their children are healthy and ready to learn, often while helping parents break down barriers to achieving financial self-sufficiency and continuing their own educations. Home visitors serve families in urban, rural, suburban, and tribal settings. They serve parents who don't have family nearby and feel isolated, single parents who are learning to juggle new responsibilities, military spouses who are parenting solo through deployments, and teen parents who are completing high school—all at no cost to families.

Home visiting helps families through one of the most joyful but challenging times in their lives and lets them know they are not alone. It is voluntary and flexible. Home visitors get to know each family and connect them with services in the community if they need them.

The *2018 Home Visiting Yearbook* provides updated and expanded information about who receives, administers, and could benefit from home visiting:

- More than 300,000 families received evidence-based home visiting services in 2017 over the course of more than 3.5 million home visits.
- An additional 28,700 families received home visiting services from 9 emerging models that do not yet meet standards of evidence as determined by HomVEE. These 9 models provided more than 400,000 home visits in 2017.
- About 18 million pregnant women and families (including more than 23 million children) could benefit from home visiting but were not being reached in 2017. These numbers have held steady since 2015.
- Evidence-based home visiting was implemented in all 50 states, the District of Columbia, 5 territories, 25 tribal communities, and 53 percent of U.S. counties in 2017.
- States continue to support home visiting by combining funds from tobacco settlements and taxes, lotteries, and budget line items. With limited resources, states are working to expand the reach of home visiting and serve as many families as they can in a way that makes sense on a local level.
- MIECHV has strengthened home visiting by supporting services, research, and local infrastructure since 2010. MIECHV expired in September 2017 but was reauthorized in February 2018 for an additional 5 years.
- In 2017, MIECHV helped fund services for more than 81,000 families in states, territories, and tribal communities—a portion of the total families served by home visiting that year.

As we look ahead to future yearbooks, we will continue to seek the best data possible and to share compelling stories that bring those data to life. Our work will benefit from state initiatives to coordinate early childhood services and systems and from model developers' efforts to improve their own data systems. We will continue to reach out to models, including those still building their evidence base, so we can tell a more complete story of the field. These combined improvements will facilitate our ongoing work to connect the dots between home visiting as an investment for children and its long-term dividends for individuals, families, and communities.

APPENDIX 1

Methodology

The NHVRC team relied on data from multiple sources to develop the national summary of home visiting participants and state profiles. The team gathered quantitative data from publicly available datasets, MIECHV administrative data, evidence-based model administrative data, and NHVRC surveys. This *Yearbook* combines 2017 data from various sources to describe—

- Home visiting in each state through model data
- The federal contribution to home visiting through MIECHV administrative data
- Who could potentially benefit from home visiting through data from the American Community Survey (ACS)

Model and MIECHV Data

Data Collection Updates

Since the release of our inaugural yearbook in July 2017, more models and states have been willing to engage with our request for data. For example, all 15 evidence-based models operating in the United States in 2017 shared counts of the number of home visits they provided and of children and families served. The data collection process for the *2018 Home Visiting Yearbook* was also more streamlined, partially as a result of increased enthusiasm for the NHVRC's products and experience gleaned from previous data requests.

For the *2018 Yearbook*, we also engaged with other models that have demonstrated a contribution to home visiting but have not received a HomVEE designation of evidence based (i.e., emerging models). Nine out of 13 emerging models responded to our request for data. Recognizing that this list is not comprehensive, we did not combine data from emerging models with data from the evidence-based models in the *Yearbook*. Rather, we compiled data from 9 emerging models and presented them separately. See the Expanded Data Collection section of this appendix for more information on how we selected these models.

Sample and Recruitment

The team collected data from various stakeholders to capture comprehensive information about home visiting at the local, state, and national levels. As we did last year, we reached out to all evidence-based models operating in the United States in 2017 and state MIECHV agencies, and worked with the Administration for Children and Families to gather data on Tribal MIECHV programs.

The team received data from—

- State and territory MIECHV agencies (53 of 56)
- Evidence-based models (15 of 15)
- Emerging models (9 of 13)
- National Tribal MIECHV program (1 of 1)

Model Administrative Data

We contacted each of the 15 home visiting models operating in the United States in 2017 that met HomVEE standards for evidence of effectiveness at that time: ABC, Child First, EHS, FCU, Family Connects, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PAT, PALS, and SafeCare. The *2018 Yearbook* contains model profiles for two other evidence-based models operating internationally (Early Start in New Zealand and Healthy Beginnings in Australia) but does not include their service numbers in the data presented.

The team sent emails inviting each model to share data on the characteristics of participants served in 2017 and a list of the local agencies that served them. To the extent possible, we requested that participant demographic data mirror MIECHV administrative data required for federal reporting, so we could align model data with data shared by state and tribal MIECHV agencies.

The full data request included the following variables:

Local agency characteristics

- Agency names and addresses
- Geographic service areas
- Total number of FTE home visitors implementing the model at the end of 2017
- Total number of FTE supervisors implementing the model at the end of 2017

Participant characteristics

- Total number of children served in 2017
- Total number of families/households served in 2017
- Total number of home visits completed in 2017
- Caregiver ethnicity
- Caregiver race
- Caregiver educational attainment
- Child age
- Caregiver age
- Child insurance status
- Primary language exposure of child
- Low-income status

Not all models were able to provide data for each variable, but we accepted the data that these models had available. The following number of models shared administrative data:

- Fifteen models shared local agency information: ABC, Child First, EHS, FCU, Family Connects, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, PAT, and SafeCare.
- Fifteen models shared service numbers: ABC, Child First, EHS, FCU, Family Connects, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, PAT, and SafeCare.
    - Twelve of the models provided data on the number of home visits completed: ABC, Child First, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, PAT, and SafeCare.
    - Thirteen of the models provided data on the number of families served: ABC, Child First, Family Connects, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, PAT, and SafeCare.
    - Twelve of the models provided data on the number of children served: ABC, Child First, EHS, FCU, Family Spirit, HANDS, HFA, HIPPY, Minding the Baby, NFP, PALS, and PAT.
- Eight models shared participant data: Child First, EHS, HANDS, HFA, HIPPY, NFP, PAT, and SafeCare.
    - Ethnicity includes data from EHS, HANDS, HFA, HIPPY, NFP, PAT, and SafeCare. HANDS, HFA, HIPPY, NFP, and SafeCare reported ethnicity for adult participants. EHS reported ethnicity for children and pregnant caregivers. PAT reported ethnicity for children.

- Race includes data from EHS, HANDS, HFA, HIPPY, NFP, PAT, and SafeCare. HANDS, HFA, HIPPY, NFP, and SafeCare reported race for adult participants. EHS reported race for children and pregnant caregivers. PAT reported race for children.
- Educational attainment includes data from EHS, HANDS, HFA, HIPPY, NFP, and PAT.
- Child age includes data from EHS, HANDS, HFA, HIPPY, NFP, and PAT.
- Child insurance status includes data from EHS, HANDS, HFA, HIPPY, NFP, and PAT. Public insurance includes Medicaid, Children's Health Insurance Program (CHIP), and TRICARE. HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment benefits.
- Primary language includes data from EHS, HFA, HIPPY, NFP, and SafeCare. EHS reported primary language for children and pregnant women. SafeCare reported languages spoken in the home. HIPPY and NFP reported primary language of children. HFA reported primary language of adult participants.

Although models do not uniformly report data, the NVHRC team combined as much of the data we received as possible. These data represent the most comprehensive summary of home visiting services provided by evidence-based home visiting models across the nation.

We aggregated data across models and then used the summarized data to create—

- The NHVRC National Profile featuring model data on service numbers and participant demographics
- NHVRC State Profiles featuring model data on service numbers and participant demographics by state and ACS data on potential beneficiaries by state
- NHVRC Model Profiles featuring model data on service numbers, participant demographics, survey information on model requirements, and geographic information on where models operate

MIECHV Administrative Data

MIECHV legislation requires awardees to report data yearly to the federal government. These data include information such as the number of home visits conducted, number of participants served, and participant demographics. The team asked MIECHV agencies in each state to share a copy of this administrative data report. Most were able to share data, but a few territories were not.

The following number of agencies supplied MIECHV administrative data:

- State and territory MIECHV agencies (53 of 56)
- National Tribal MIECHV program (1 of 1)

We used the state MIECHV administrative data reports to produce the MIECHV State Data Tables presented on page 214.

Expanded Data Collection

To broaden our description of the home visiting landscape, we expanded data collection for the *2018 Home Visiting Yearbook* to include 9 emerging models. We started by creating a list of potential models to include.

Models were included if they met one of the following criteria:

- Reviewed by HomVEE but had not yet reached HomVEE evidence-based status
- Being evaluated through MIECHV as a promising approach
- Recognized as evidence based in either the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP) or the California Evidence Based Clearinghouse for Child Welfare (CEBC)

We brought this list to members of the Advisory Committee for their expert feedback and for suggestions of additional models. After receiving their feedback, which included adding the Welcome Baby and First Born models, we refined the list following the process below.

1. We first removed models that were not operating in the United States or were no longer being implemented anywhere. This resulted in 23 models. Of these, 21 were listed by HomVEE, NREPP, or CEBC.

2. We then reviewed the models to determine if they exclusively served prenatal women and children 0–5 years. This ensured we could have accurate counts of families with children in the target age group for early childhood home visiting. This step narrowed the list to 17 models.

3. We then sent the list to the Advisory Committee for final review. This resulted in a final list of 13 models to contact.

We reached out to these 13 models, asking them to provide information on their model, service delivery information, and if available, participant demographics.

Not all models were able to provide each piece of requested information, but we accepted the data that these models had available. The following number of models shared administrative data:

- Nine models shared service numbers: Baby TALK, FBBH, HC One, MIHOW, Nurses for Newborns, PCAP, PCHP, TIES, and Welcome Baby.
  - Nine of the models provided data on the number of home visits completed: Baby TALK, FBBH, HC One, MIHOW, Nurses for Newborns, PCAP, PCHP, TIES, and Welcome Baby.
  - Eight of the models provided data on the number of families served: Baby TALK, FBBH, HC One, MIHOW, PCAP, PCHP, TIES, and Welcome Baby.
  - Eight of the models provided data on the number of children served: Baby TALK, FBBH, MIHOW, Nurses for Newborns, PCAP, PCHP, TIES, and Welcome Baby.
- Eight models shared participant data: Baby TALK, FBBH, MIHOW, Nurses for Newborns, PCAP, PCHP, TIES, and Welcome Baby.
  - Ethnicity includes data from Baby TALK, FBBH, MIHOW, Nurses for Newborns, PCHP, TIES, and Welcome Baby. Baby TALK, MIHOW, Nurses for Newborns, PCHP, TIES, and Welcome Baby reported ethnicity for adult participants. FBBH reported ethnicity for children.
  - Race includes data from Baby TALK, FBBH, MIHOW, Nurses for Newborns, PCAP, PCHP, and TIES. Baby TALK, MIHOW, Nurses for Newborns, PCAP, PCHP, and TIES reported race for adult participants. FBBH reported race for children.
  - Educational attainment includes data from MIHOW, PCAP, TIES, and Welcome Baby.
  - Child age includes data from Baby TALK, FBBH, MIHOW, PCAP, PCHP, TIES, and Welcome Baby.

- Child insurance status includes data from Baby TALK, FBBH, MIHOW, TIES, and Welcome Baby. Public insurance includes Medicaid, Children's Health Insurance Program (CHIP), and TRICARE.
- Primary language includes data from Baby TALK, FBBH, MIHOW, PCHP, and TIES.
- Household income includes data from Baby TALK, MIHOW, PCAP, PCHP, TIES, and Welcome Baby.

We aggregated data across models and then used the summarized data to create—

- The emerging model section of the Yearbook, featuring model data on service numbers and participant demographics
- NHVRC Model Profiles featuring model data on service numbers, participant demographics, survey information on model requirements, and geographic information on where models operate

Surveys

Based on feedback, the NHVRC team dropped our request for state MIECHV agencies and models to complete a survey for the *Yearbook*. Some exceptions were made for—

- Models that did not complete the survey for a prior NHVRC publication
- Models that recently received an evidence-based designation from HomVEE
- Models operating internationally only

The survey covered content related to program, participant, and community characteristics; service capacity and enrollment; program implementation; and funding. Models were asked to share programmatic data, not individually identifiable information. All models had the opportunity to review their program information and to include updates prior to the release of the *2018 Yearbook*.

Survey data were used to develop the model profiles featured on page 164.

Data Analysis

We conducted a rigorous data cleaning and analysis procedure for all data sources. For the model data, we reviewed each model dataset to determine which data elements were available among those in our initial data request. We then examined all models to determine how to combine and report data uniformly across models for state and national profiles. We then cleaned the data to ensure all reported elements were complete. Next, we combined data across models using statistical analysis software. NHVRC staff double-entered state MIECHV administrative data to ensure accuracy before the software analysis.

To maintain the confidentiality of model and state data, we conducted cell suppression of variable categories with five or fewer participants. Following cell suppression, NHVRC staff applied uniform rounding rules to the final percentages presented throughout the *Yearbook* to ensure most totals equaled 100 percent.

NHVRC data and communications teams verified the final profiles before they were presented to state and model staff for additional review. In coming years, we will continue to work with states and models to address unique data issues and questions as they arise while adhering to our systematic protocols.

American Community Survey Data and Documentation

The *2018 Yearbook* catalogs national- and state-level information on potential beneficiaries of home visiting using information from the ACS. We first define potential beneficiaries broadly. We then examine subgroups of families who might be a higher priority for services based on several targeting criteria. ACS data were analyzed for all 50 states and the District of Columbia, but not for territories or tribal communities.

Data Source

The team relied on the 2016 ACS 5-year (2012–2016) file, accessed through the Integrated Public Use Microdata Series (IPUMS).[1] The ACS is a nationwide, ongoing survey designed to provide data on demographic, housing, social, and economic issues. IPUMS grants access to ACS microdata, where each record represents a person.

Potential Beneficiaries of Services

We define potential beneficiaries of home visiting services as families and subfamilies with pregnant women and/or children under 6. (Subfamilies are families that live in the household of someone else.) First, we estimate the number of families and subfamilies with children younger than 6 years old who are not yet enrolled in school (that is, not in kindergarten or a higher grade). To this estimate, we add an estimate of the number of families and subfamilies that include a pregnant woman and are not otherwise counted.

Estimates of pregnant women are based on adjusted counts of families with infants because the ACS does not identify pregnancy status. Specifically, we count the number of families with infants but no other children under age 7 in first grade or higher, as a proxy estimate of pregnant women without a child under age 6 not yet enrolled in kindergarten (assuming rough stability in the number of births from one year to the next). We multiply the number of families with infants by 0.75 to account for 9-month pregnancy.[2]

Families With High Priority for Services

To identify a subpopulation of "high-priority families," we count the number of families with young children and pregnant women who meet one of five different economic and demographic criteria (as defined below) and the number of families that meet at least two such criteria. We conferred with the NHVRC Advisory Committee to select our targeting criteria. Although other criteria could also be considered, we chose these because they align with several of the priority areas from the MIECHV legislation, they align with several of the model requirements for enrollment, and they are available in the ACS.

Targeting Criteria

We estimate the number of families with preschool children under 6 and pregnant women who meet each of the following criteria at the national and state levels:

- Presence of an infant; that is, a child younger than 1 year old. *By definition, none of the pregnant women without children under 6 meet this criterion.*
- Low income, where family income is below 100 percent of the federal poverty threshold.
- Young mother or young pregnant woman. We define young as under 21 years old.[3]
- Single mother, never married.
- Low parental education. We count the number of families in which the child's parent(s) have not completed 12th grade.[4]

[1] Ruggles, S., Genadek, K., Goeken, R., Grover, J., & Sobek, M. (2017). Integrated public use microdata series: Version 7.0 [Machine- readable database]. Minneapolis, MN: University of Minnesota.

[2] We do not attempt to refine the estimate to account for (1) fetal and infant deaths or (2) the lag in time before a woman's pregnancy would be verified; the first adjustment would raise the estimate of pregnant women not already counted, while the second would lower it.

[3] This represents a change from the *2017 Home Visiting Yearbook*, in which we defined "young" as under age 21 for mothers and under age 20 for pregnant women. The new specification (first used in the *Data Supplement to the 2017 Home Visiting Yearbook*) is consistent with MIECHV, which classifies pregnant women under age 21 as high-priority families.

[4] In two-parent households, we consider both parents' educational levels; in one-parent households, we consider only that parent's educational attainment. For pregnant women, we look at the education of the mother only.

APPENDIX 2

Maternal and Child Health Data and Documentation

We compiled data from several national databases to identify the extent of the need for home visiting services based on maternal and child health indicators beyond the demographic characteristics captured in the American Community Survey (ACS). We selected these indicators because they are commonly recognized in the field as indicators of child well-being, and they align with the goals of many home visiting programs to promote healthy birth outcomes and long-term child health and development. Included in this appendix are definitions of the indicators and sources of our information. Tables provide national and state data regarding each of these variables.

No or Delayed Prenatal Care

No or delayed prenatal care gives the percentage of mothers who, on their child's birth certificate, report not receiving prenatal care before their third trimester or at all in 2016. In 2003, states and other jurisdictions began to transition to a new version of the standard birth certificate and the last states switched over in 2014. These percentages exclude births categorized as "not stated," "not on certificate," or "excluded" from the total number of births. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2016). *Natality public-use data 2007-2016* [CDC WONDER Online Database, February 2018]. Retrieved from https://wonder.cdc.gov

Used Tobacco During Pregnancy

Used tobacco during pregnancy gives the percentage of mothers who used tobacco during pregnancy in 2016. All reporting areas, except California, routinely collect information on maternal tobacco use, but the information collected with the 2003 revision of the birth certificate is not comparable to the information collected with earlier versions of the birth certificate. Thus, maternal tobacco use data are recoded based on the birth certificate version used by the mother's place of residence in the year of birth. These percentages exclude births where tobacco use is categorized as "not stated" or "not reported" from the total number of births. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2016). *Natality public-use data 2007-2016* [CDC WONDER Online Database, February 2018]. Retrieved from https://wonder.cdc.gov

Preterm Births

Preterm births gives the percentage of births to women in 2016 where the gestational age was less than 37 weeks. This includes all births to women aged 15–64 occurring within the United States to residents and nonresidents. **Source:** Martin, J. A., Hamilton, B. E., Osterman, M. J. K., et al. (2018). Births: Final data for 2016. Supplemental tables. Table I-19. Preterm births, by race and Hispanic origin of mother: United States, each state and territory, 2016. *National Vital Statistics Reports*, 67(1).

Infant Mortality

Infant mortality gives the rate of infant (under 1 year) deaths per 1,000 live births in 2016. Vermont's data are from 2015 because 2016 data are not available. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Pressroom. Stats of the States, Infant Mortality Rates by State, as compiled from data provided from the CDC WONDER Online Database. Retrieved from https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm

Emergency Room Visits

Emergency room visits gives the percentage of children aged 0–5 who visited the emergency room 1 or more times because of an accident or injury in the past 12 months. The full population sample, pooled from 2010–2013 data, includes non-institutionalized children in the United States aged 0–17 and is weighted to be representative of that subgroup of the U.S. population. These are the same data as those found in the *Data Supplement to the 2017 Home Visiting Yearbook* because more recent data are not available. **Source:** National Health Interview Survey-Child and Family Core. NHIS-Child 2010-2013. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from www.childhealthdata.org

Child Abuse

Child abuse gives the rate per 1,000 children aged 0–17 with substantiated reports of child abuse or neglect in 2016. In the National Child Abuse and Neglect Data System (NCANDS), a substantiated disposition is one that "concludes the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy." A victim is defined as a child for whom the state determined at least one reported incidence of maltreatment was substantiated or indicated[1] or the child received a disposition of "alternative response" victim.[2] It is difficult to interpret differences in rates across states because each state has its own definitions of child abuse and neglect. **Source:** U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). *Child maltreatment 2016*. Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

Breastfeeding

Breastfeeding gives the percentage of infants born in 2014 who were ever breastfed or fed breast milk. These are the same data as those found in the *Data Supplement to the 2017 Home Visiting Yearbook* because more recent data are not available. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. (2016). *National Immunization Survey*. Retrieved from https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-state-2014.htm

Fourth-Grade Reading Proficiency

Fourth-grade reading proficiency gives the percentage of fourth-grade public school students in the United States who scored at or above proficiency level in reading in 2017. Public schools include charter schools and exclude Bureau of Indian Education schools and Department of Defense Education Activity schools. **Source:** U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2017). *National Assessment of Educational Progress, 2017 reading assessments*. Retrieved from https://www.nationsreportcard.gov/reading_math_2017_highlights/files/infographic_2018_reading.pdf

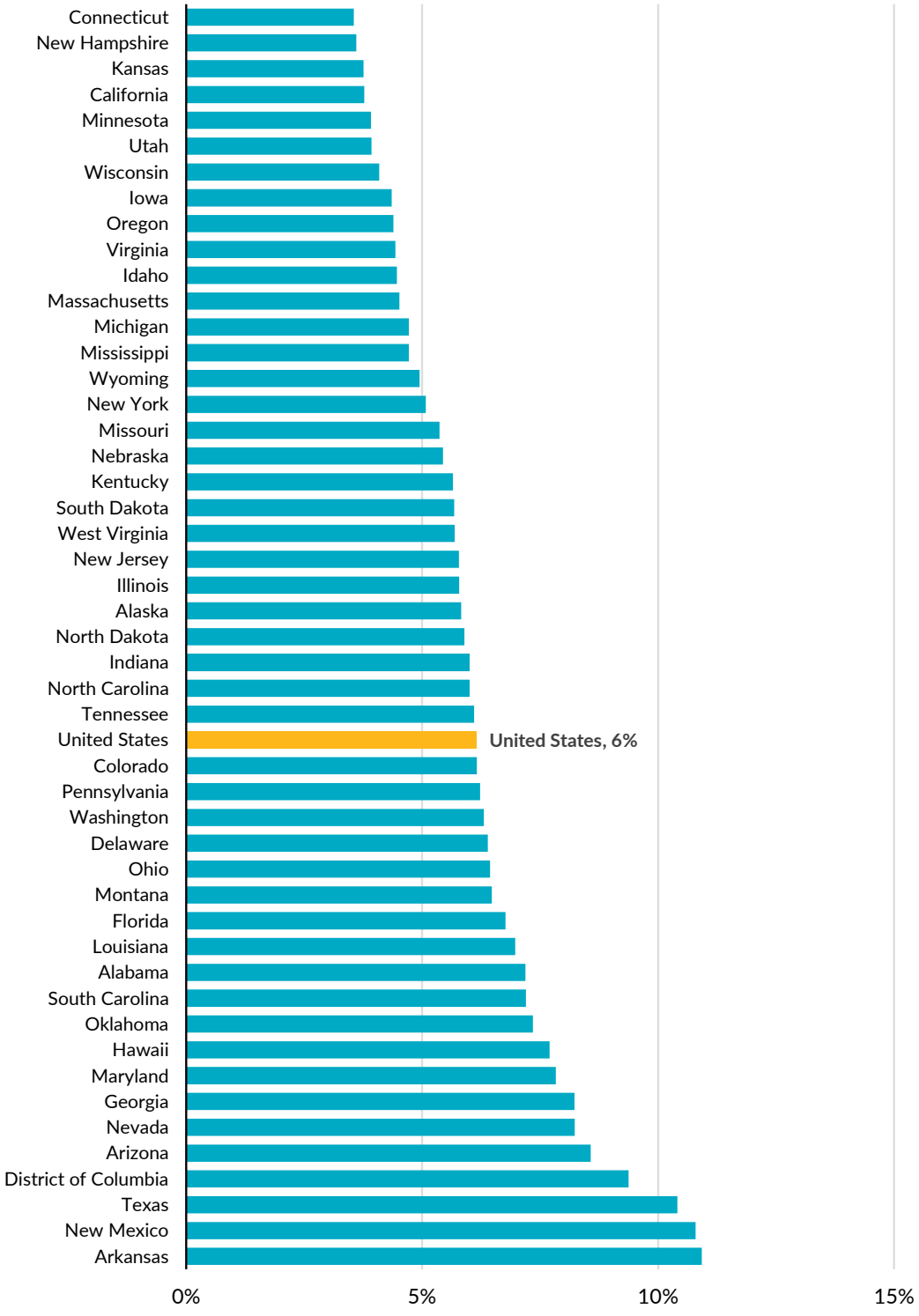
Fourth-Grade Mathematics Proficiency

Fourth-grade mathematics proficiency gives the percentage of fourth-grade public school students in the United States who scored at or above proficiency level in mathematics in 2017. Public schools include charter schools and exclude Bureau of Indian Education schools and Department of Defense Education Activity schools. **Source:** U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2017). *National Assessment of Educational Progress, 2017 mathematics assessments*. Retrieved from https://www.nationsreportcard.gov/reading_math_2017_highlights/files/infographic_2018_math.pdf

[1] Indicated: A less commonly used investigation disposition that concludes maltreatment could not be substantiated under state law or policy, but there was reason to suspect that at least one child may have been maltreated or was at risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions.

[2] Alternative response victim: The provision of a response other than an investigation that determines a child was a victim of maltreatment. Three states report children in this category, and it refers to those instances where the Child Protective Services agency or the courts required a family to receive services. Even though these children are considered victims by NCANDS, a perpetrator is not determined.

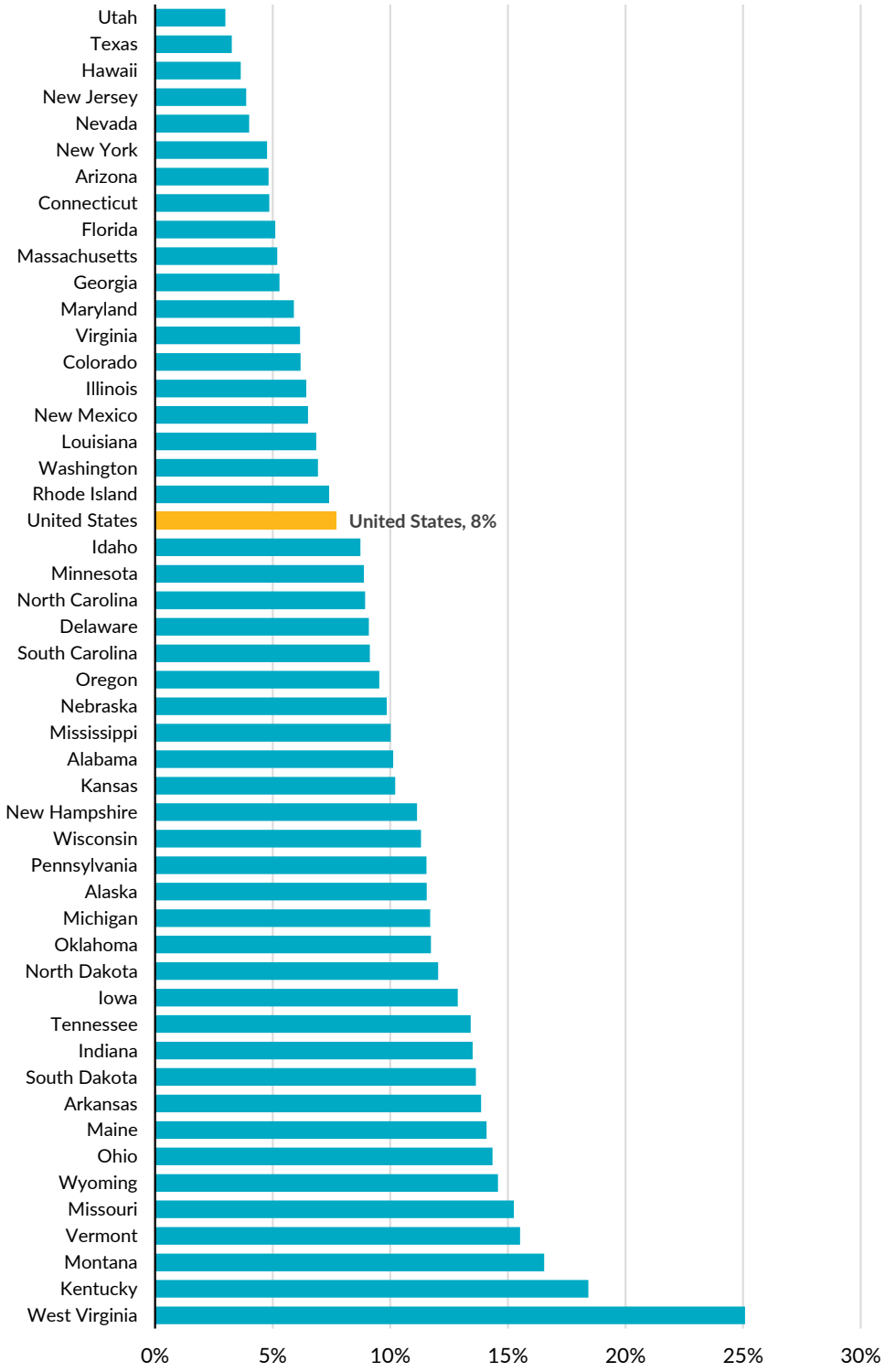
No or Delayed Prenatal Care, 2016



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2016). *Natality public-use data 2007-2016* [CDC WONDER Online Database, February 2018]. Retrieved from https://wonder.cdc.gov

Note: Data are recorded as "excluded" for births to mothers residing in a reporting area that continued to use the 1989 U.S. standard certificate of live birth in the specified year.

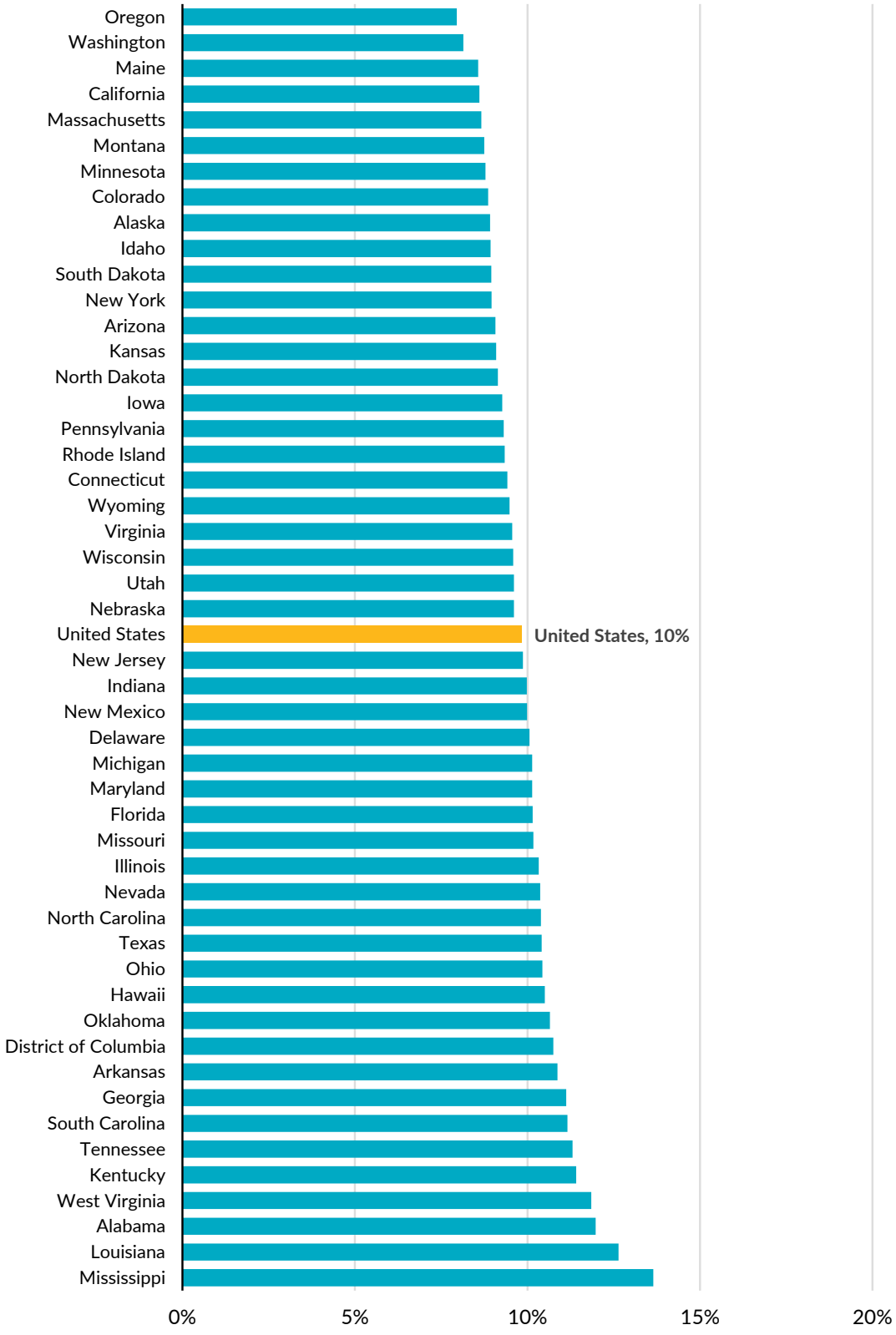
Mothers Using Tobacco While Pregnant, 2016



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2016). *Natality public-use data 2007-2016* [CDC WONDER Online Database, February 2018]. Retrieved from https://wonder.cdc.gov

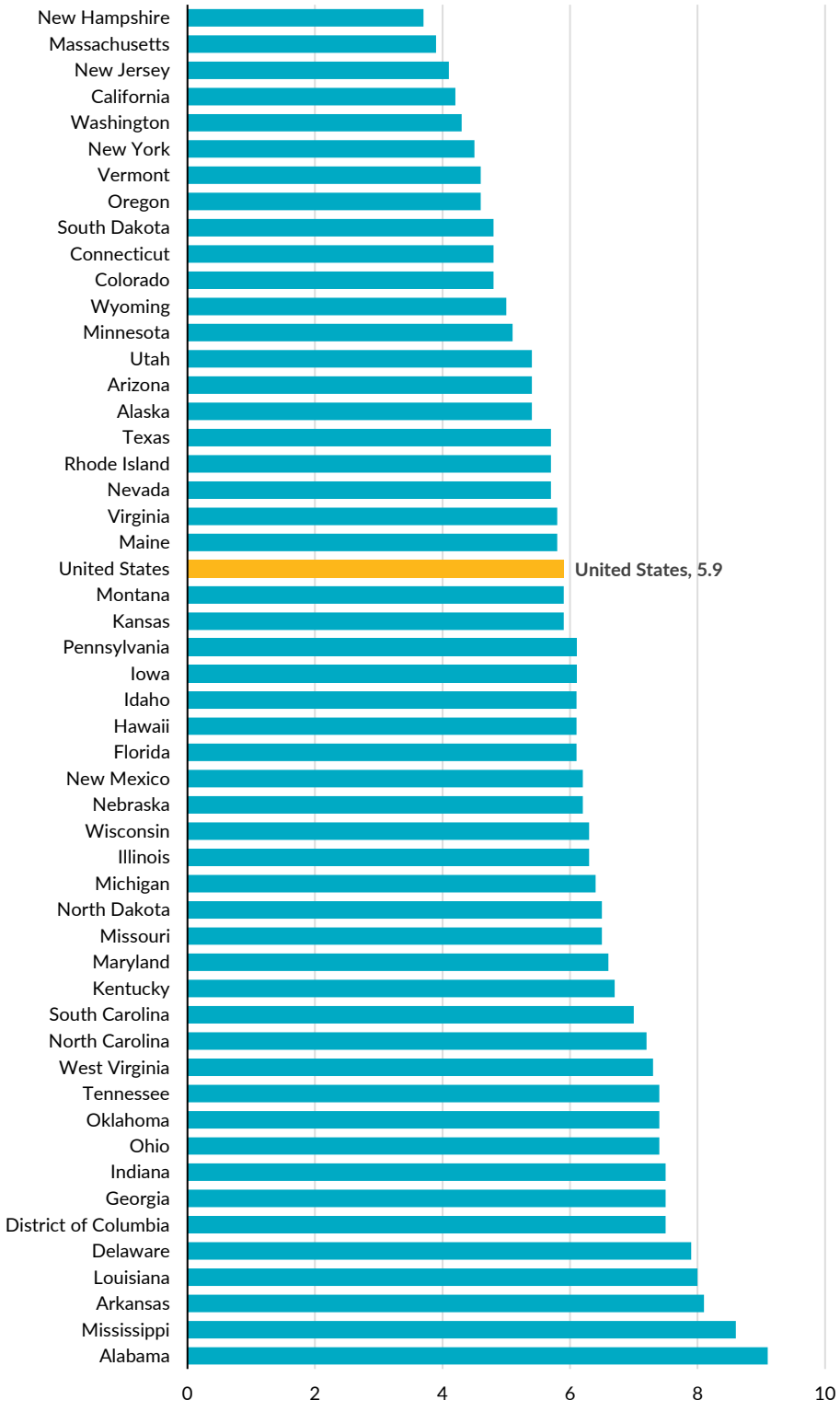
Note: Data are recorded as "excluded" for births to mothers residing in a reporting area that continued to use the 1989 U.S. standard certificate of live birth in the specified year.

Preterm Births, 2016



Source: Martin, J. A., Hamilton, B. E., Osterman, M. J. K., et al. (2018). Births: Final data for 2016. Supplemental tables. Table I-19. Preterm births, by race and Hispanic origin of mother: United States, each state and territory, 2016. *National Vital Statistics Reports*, 67(1).

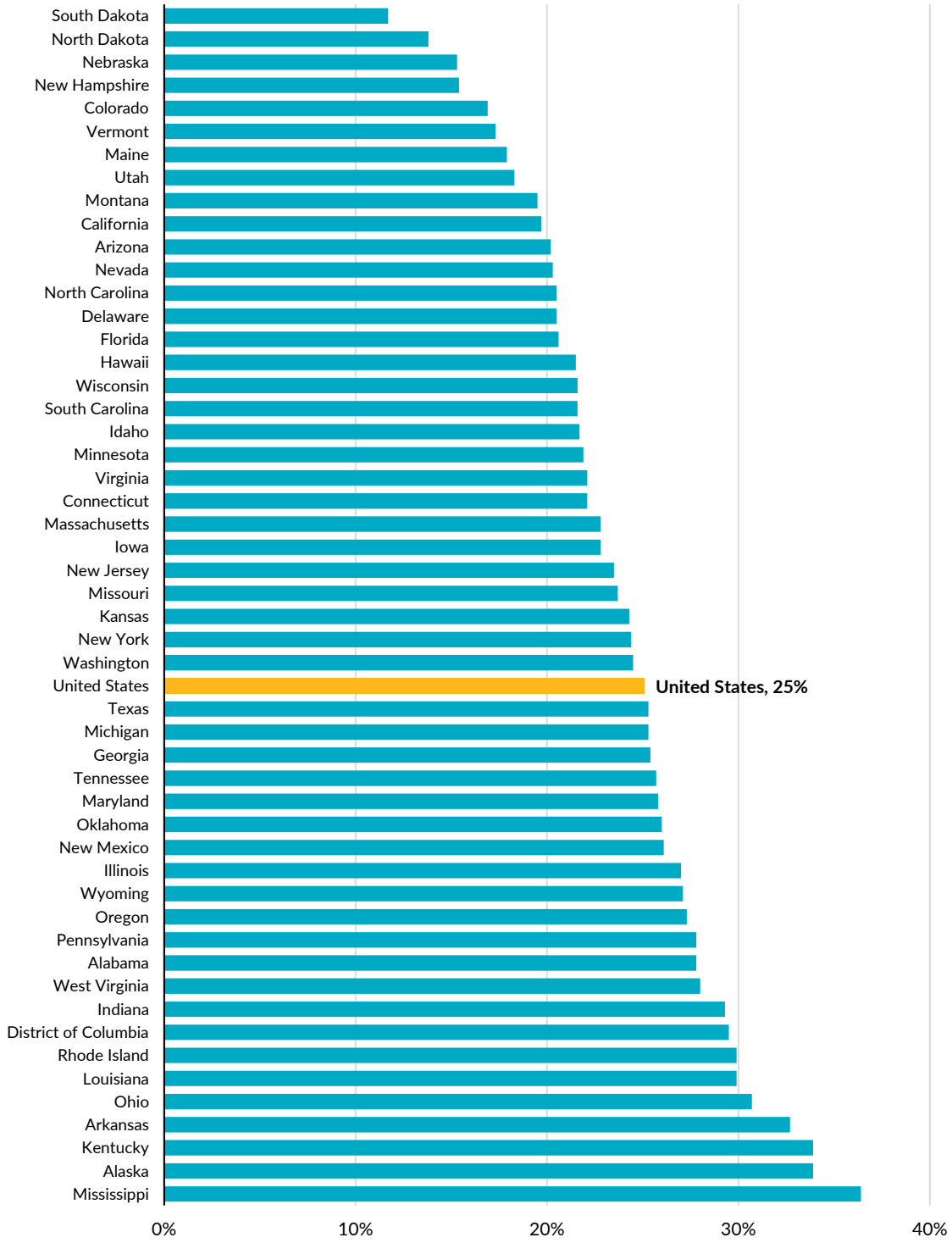
Infant Mortality per Thousand, 2016



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Pressroom. Stats of the States, Infant Mortality Rates by State, as compiled from data provided from the CDC WONDER Online Database. Retrieved from https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm

Note: This figure uses 2015 data for Vermont because 2016 data are not available.

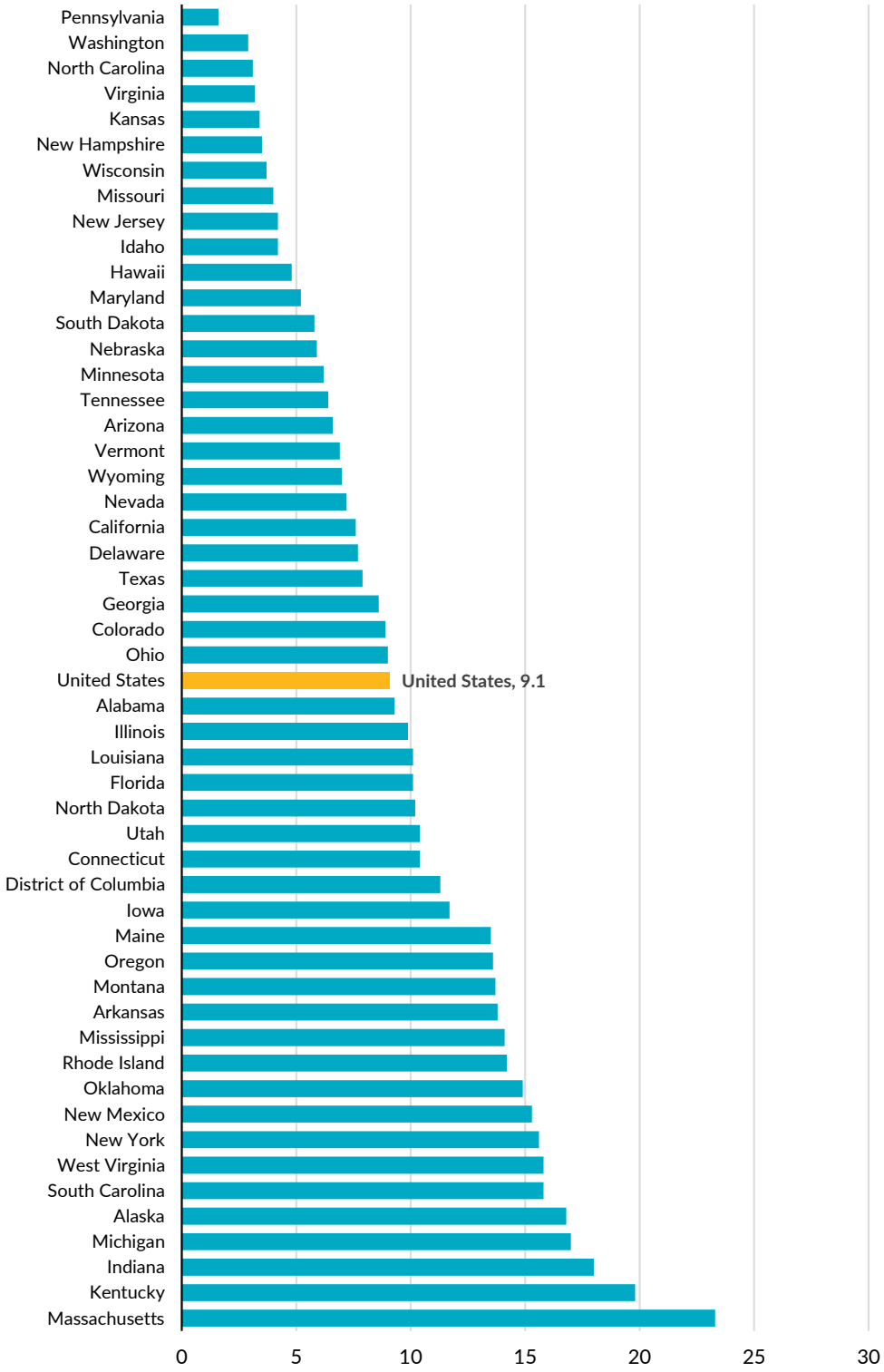
Children Aged 0-5 Who Visited the Emergency Room Due to Accident or Injury, 2013



Source: National Health Interview Survey-Child and Family Core. NHIS-Child 2010-2013. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from www.childhealthdata.org.

Note: This figure represents only children 0 to 5 years of age with at least one emergency room visit. The full population sampled is noninstitutionalized children in the United States 0 to 17 years of age. It is weighted to be representative of that subgroup of the U.S. population.

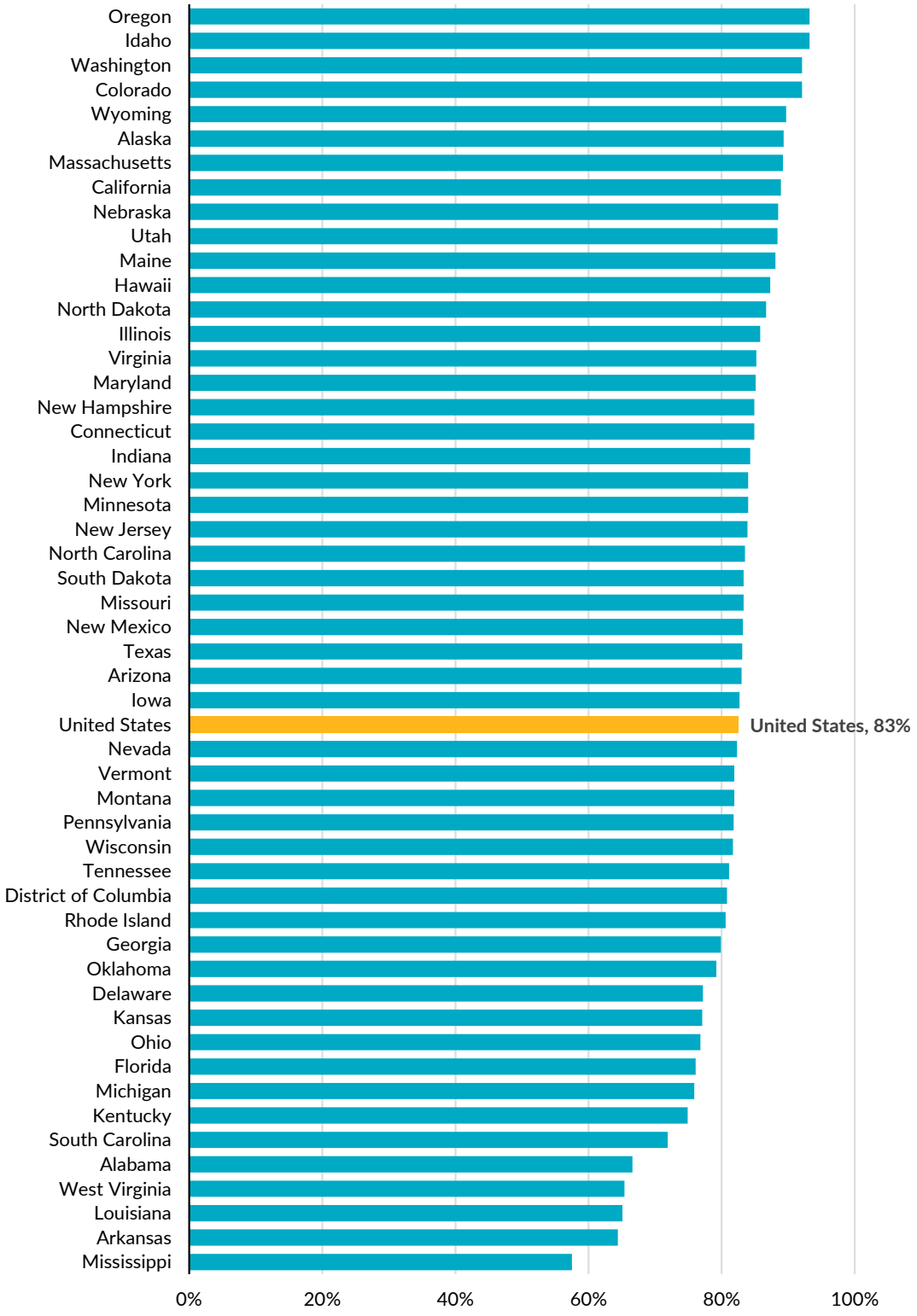
Reports of Child Abuse per Thousand, 2016



Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). *Child maltreatment 2016.* Retrieved from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

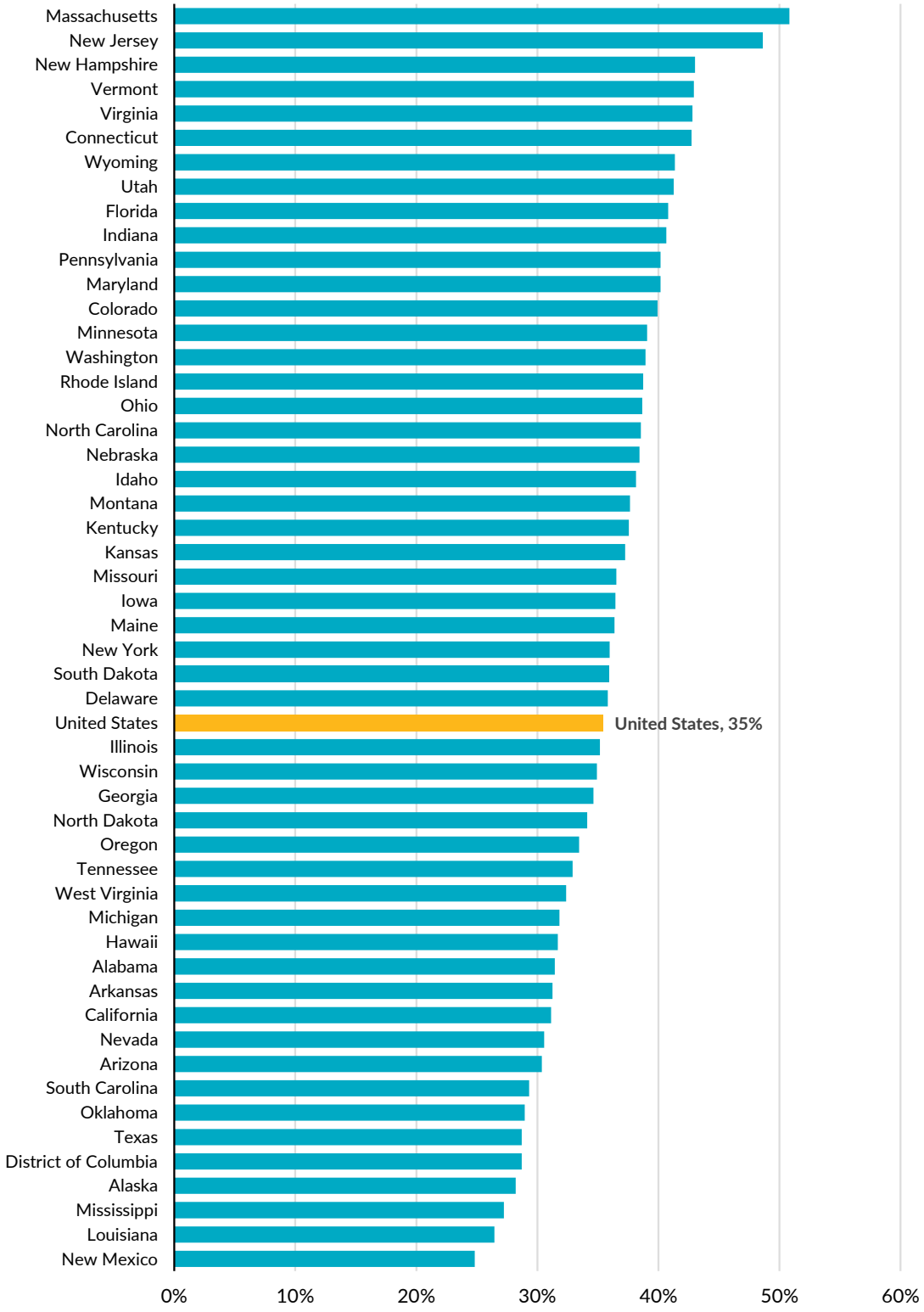
Note: It is difficult to interpret differences in rates across states because each state has its own definitions of child abuse and neglect.

Mothers Who Initiated Breastfeeding, 2014



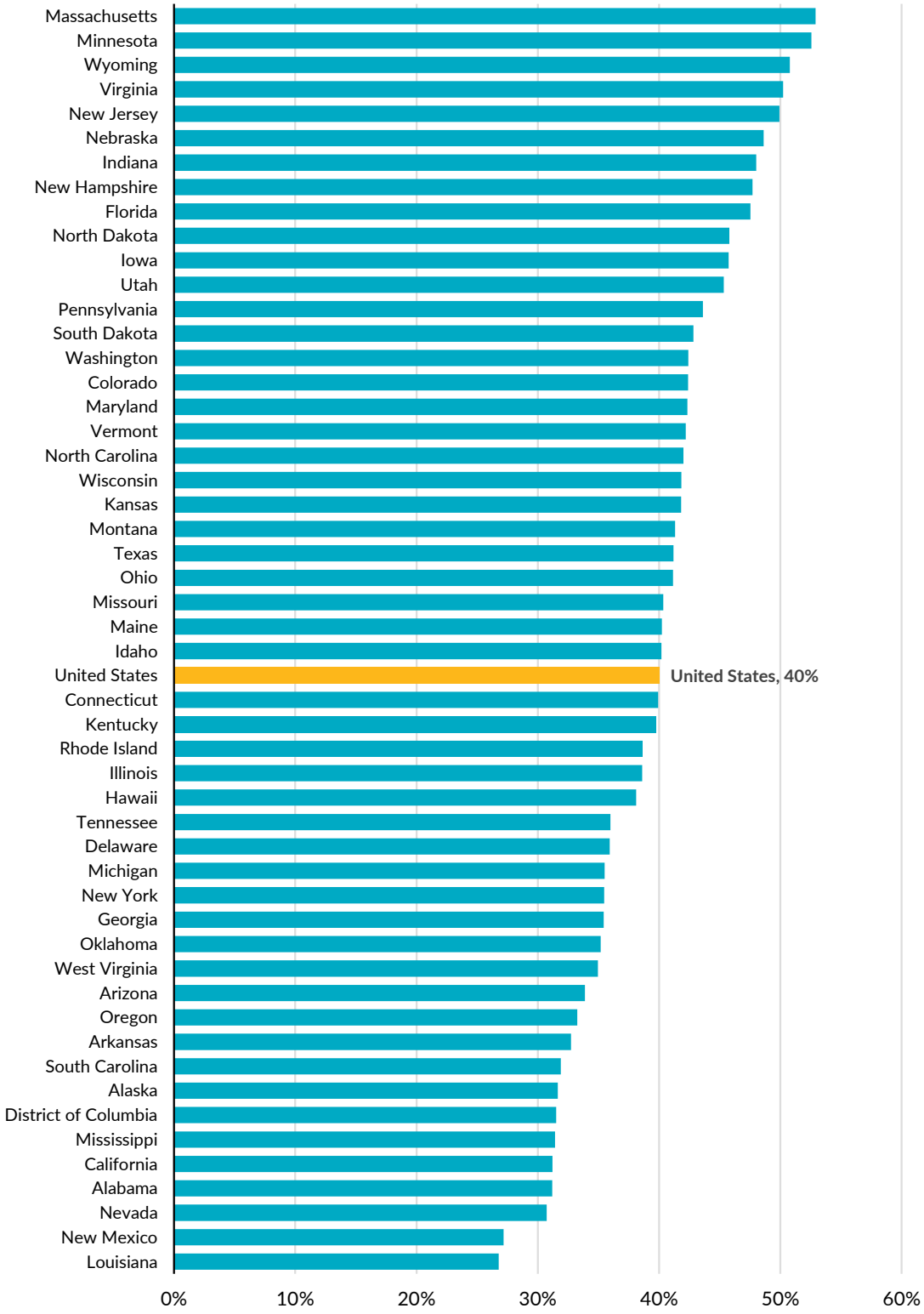
Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. (2016). *National Immunization Survey*. Retrieved from https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-state-2014.htm

Children At or Above Proficiency for Fourth-Grade Reading, 2017



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2017). *National Assessment of Educational Progress, 2017 reading assessments.* Retrieved from https://www.nationsreportcard.gov/reading_math_2017_highlights/files/infographic_2018_reading.pdf

Children At or Above Proficiency for Fourth-Grade Math, 2017



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2017). *National Assessment of Educational Progress, 2017 mathematics assessments.* Retrieved from https://www.nationsreportcard.gov/reading_math_2017_highlights/files/infographic_2018_math.pdf

APPENDIX 3
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NHVRC State Profiles

The NHVRC State Profiles compile data on evidence-based early childhood home visiting services in states, territories, and tribal communities. The profiles include 2017 data from several sources. Service numbers and participant demographic information come from data provided by 15 evidence-based models and reflect participants served with MIECHV and non-MIECHV funding. The profiles also include census information from the American Community Survey on who could benefit from home visiting.

NHVRC State Profiles Contents

* In some cases, data were not available to create a profile. For more information about MIECHV-funded home visiting in these locations, please see the Health Resources and Services Administration fact sheets: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets

** The tribal profile includes aggregate information from four evidence-based models that shared data on home visiting services provided by tribal-led organizations.

What to Expect in the NHVRC State Profiles

The NHVRC State Profiles include 2017 data from several sources. Evidence-based models provided service numbers and demographic information on participants served with MIECHV and non-MIECHV funding. Data on who could benefit from home visiting come from the American Community Survey. The profiles provide state-specific answers to the following questions:

How many children and families benefited from home visiting?

- Number of families served
- Number of children served
- Number of home visits completed
- Number of local programs operating in the state
- Home visiting models operating in the state

What types of families benefited from home visiting?

- Enrollee ethnicity
- Enrollee race
- Enrollee educational attainment
- Child age
- Child health insurance status
- Primary language

Who could have benefited from home visiting?

- Number and age of children under 6 years not yet in kindergarten
- Number of families with pregnant women and children under 6 years not yet in kindergarten
- Percentage of families with children under 1 year
- Percentage of families with single mothers
- Percentage of families with parents who have no high school diploma
- Percentage of families with pregnant women and mothers under 21 years
- Percentage of families who are low income (annual family incomes less than 100 percent of the federal poverty threshold)

Information was not available for several territories and individual tribal home visiting programs. Instead of individual tribal profiles, we include a profile presenting aggregate information about home visiting services provided by tribal-led organizations shared by four evidence-based models.

LEARN MORE

More information about the methods used to create the state profiles is in appendix 1 on page 34.
To see characteristics of participants served by MIECHV funds only, visit the MIECHV State Data Tables on page 214.

Alabama

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Alabama included Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 47 local agencies operated at least one of these models.

56,769
home visits provided

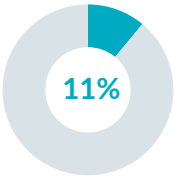
3,742
families served

4,338
children served

Race

- **<1%** American Indian/ Alaska Native
- **<1%** Asian
- **57%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **36%** White
- **4%** Multiple
- **0%** Other

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

- **9%** < 1 year
- **12%** 1-2 years
- **79%** 3-5 years

Child insurance status

- **74%** Public
- **22%** Private
- **4%** None

Primary language

- **94%** English
- **5%** Spanish
- **1%** Other

Alabama

Potential Beneficiaries in 2017

In Alabama, there were 273,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 344,100 children.

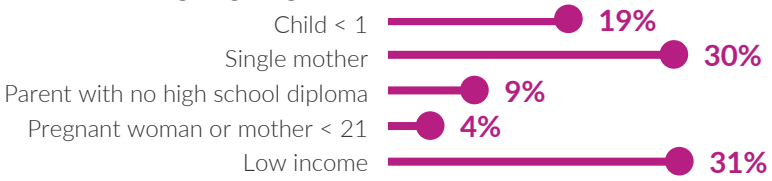
344,100 children
could benefit from home visiting

Of the 344,100 children who could benefit—

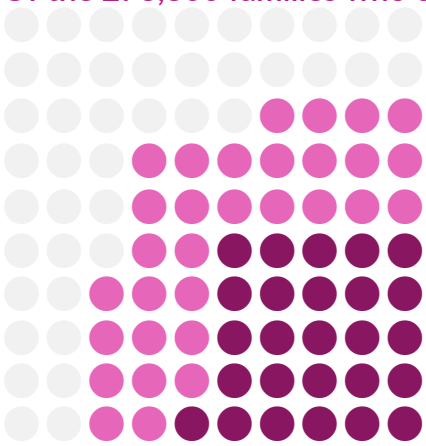
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
56,300	114,500	173,300
16%	33%	50%

273,300 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 Alabama who met the following targeting criteria:



Of the 273,300 families who could benefit—



57% of families met one or more targeting criteria

26% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS programs in AL include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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National Home Visiting Resource Center
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Alaska

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Alaska included Early Head Start Home-Based Option, Nurse-Family Partnership, and Parents as Teachers. Statewide, 14 local agencies operated at least one of these models.

7,457
home visits provided

895
families served

1,063
children served

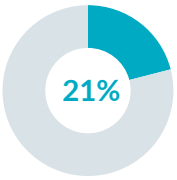
Race

- **50%** American Indian/ Alaska Native
- **4%** Asian
- **3%** Black
- **2%** Native Hawaiian/ Pacific Islander
- **26%** White
- **15%** Multiple
- **0%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **24%** < 1 year
- **47%** 1-2 years
- **29%** 3-5 years

Child insurance status

- **71%** Public
- **18%** Private
- **11%** None

Primary language

- **80%** English
- **4%** Spanish
- **16%** Other

Alaska

Potential Beneficiaries in 2017

In Alaska, there were 47,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 63,000 children.

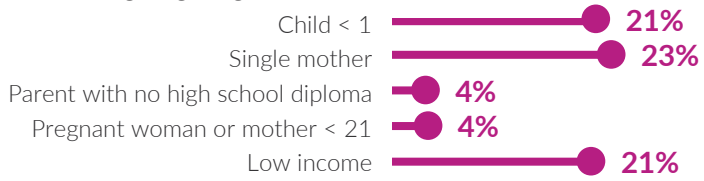
63,000 children
could benefit from home visiting

Of the 63,000 children who could benefit—

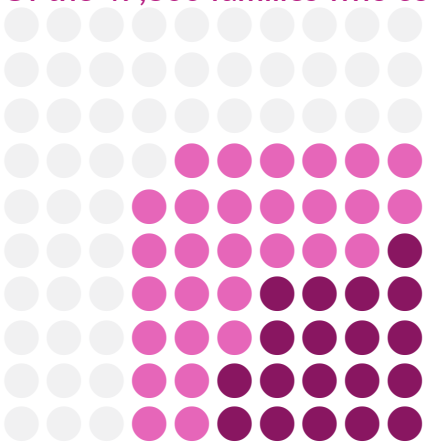
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
10,400	21,700	30,900
17%	34%	49%

47,800 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 Alaska who met the following targeting criteria:



Of the 47,800 families who could benefit—



48% of families met one or more targeting criteria

19% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Arizona

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Arizona included Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 77 local agencies operated at least one of these models.

160,179
home visits provided

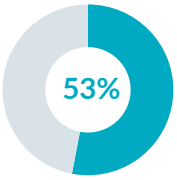
10,320
families served

12,030
children served

Race

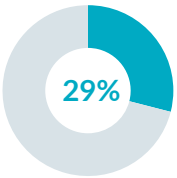
- **16%** American Indian/ Alaska Native
- **2%** Asian
- **5%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **64%** White
- **7%** Multiple
- **5%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **33%** < 1 year
- **31%** 1-2 years
- **36%** 3-5 years

Child insurance status

- **83%** Public
- **12%** Private
- **5%** None

Primary language

- **61%** English
- **26%** Spanish
- **13%** Other

Arizona

Potential Beneficiaries in 2017

In Arizona, there were 387,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 509,000 children.

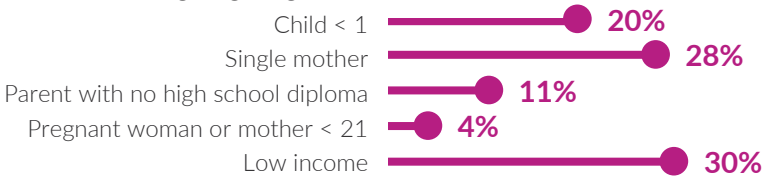
509,000 children
could benefit from home visiting

Of the 509,000 children who could benefit—

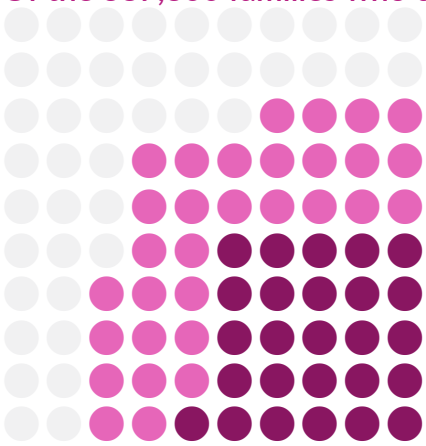
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
83,300	169,600	256,100
16%	33%	50%

387,300 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 Arizona who met the following targeting criteria:



Of the 387,300 families who could benefit—



57% of families met one or more targeting criteria

26% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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Arkansas

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Arkansas included Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 68 local agencies operated at least one of these models.

129,675
home visits provided

6,274
families served

7,000
children served

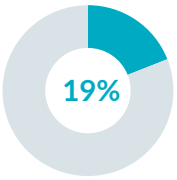
Race

- **<1%** American Indian/ Alaska Native
- **<1%** Asian
- **33%** Black
- **2%** Native Hawaiian/ Pacific Islander
- **57%** White
- **5%** Multiple
- **1%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **8%** < 1 year
- **7%** 1-2 years
- **85%** 3-5 years

Child insurance status

- **71%** Public
- **22%** Private
- **7%** None

Primary language

- **92%** English
- **7%** Spanish
- **<1%** Other

Arkansas

Potential Beneficiaries in 2017

In Arkansas, there were 175,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 225,900 children.

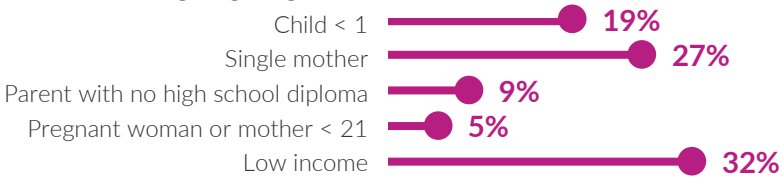
225,900 children
could benefit from home visiting

Of the 225,900 children who could benefit—

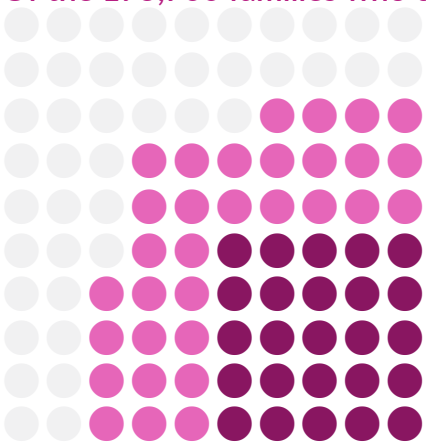
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
36,500	75,000	114,400
16%	33%	51%

175,700 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 Arkansas who met the following targeting criteria:



Of the 175,700 families who could benefit—



57% of families met one or more targeting criteria

25% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS programs in AR include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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California

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in California included Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 211 local agencies operated at least one of these models.

171,482
home visits provided

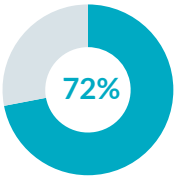
16,671
families served

17,452
children served

Race

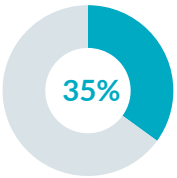
- **3%** American Indian/ Alaska Native
- **3%** Asian
- **9%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **59%** White
- **9%** Multiple
- **16%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **38%** < 1 year
- **44%** 1-2 years
- **18%** 3-5 years

Child insurance status

- **89%** Public
- **6%** Private
- **5%** None

Primary language

- **43%** English
- **54%** Spanish
- **3%** Other

California

Potential Beneficiaries in 2017

In California, there were 2,235,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 2,905,300 children.

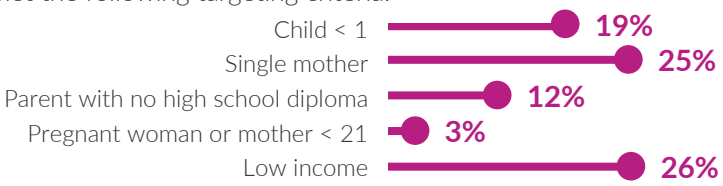
2,905,300 children
could benefit from home visiting

Of the 2,905,300 children who could benefit—

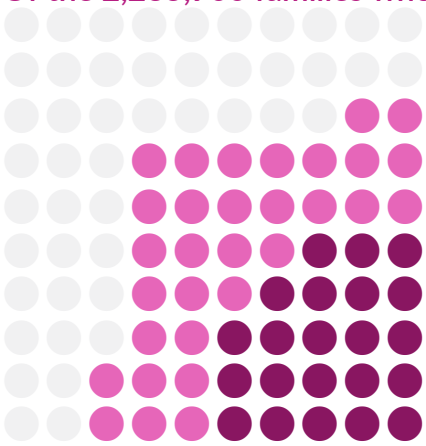
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
463,700	993,800	1,447,800
16%	34%	50%

2,235,900 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 California who met the following targeting criteria:



Of the 2,235,900 families who could benefit—



53% of families met one or more targeting criteria

22% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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Colorado

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Colorado included Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 79 local agencies operated at least one of these models.

108,737
home visits provided

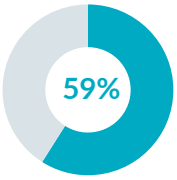
8,184
families served

9,338
children served

Race

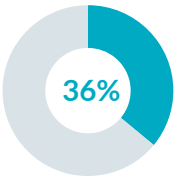
- **2%** American Indian/ Alaska Native
- **2%** Asian
- **4%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **80%** White
- **10%** Multiple
- **<1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **15%** < 1 year
- **25%** 1-2 years
- **60%** 3-5 years

Child insurance status

- **78%** Public
- **16%** Private
- **6%** None

Primary language

- **50%** English
- **46%** Spanish
- **4%** Other

Colorado

Potential Beneficiaries in 2017

In Colorado, there were 315,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 394,900 children.

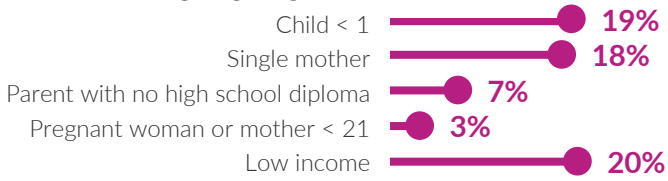
394,900 children
could benefit from home visiting

Of the 394,900 children who could benefit—

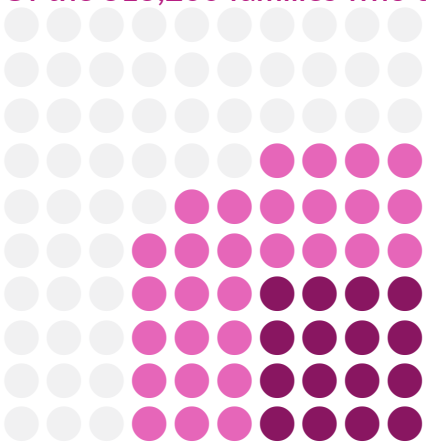
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
62,000	137,600	195,300
16%	35%	49%

315,200 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 Colorado who met the following targeting criteria:



Of the 315,200 families who could benefit—



45% of families met one or more targeting criteria

16% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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Connecticut

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Connecticut included Child First, Early Head Start Home-Based Option, Minding the Baby, Nurse-Family Partnership, and Parents as Teachers. Statewide, 173 local agencies operated at least one of these models.

87,730
home visits provided

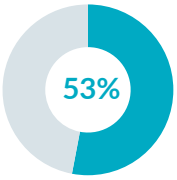
5,308
families served

5,231
children served

Race

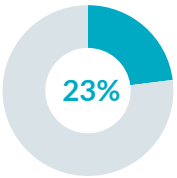
- **2%** American Indian/ Alaska Native
- **4%** Asian
- **17%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **48%** White
- **18%** Multiple
- **10%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **37%** < 1 year
- **33%** 1-2 years
- **30%** 3-5 years

Child insurance status

- **87%** Public
- **9%** Private
- **4%** None

Primary language

- **72%** English
- **25%** Spanish
- **3%** Other

Connecticut

Potential Beneficiaries in 2017

In Connecticut, there were 176,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 220,500 children.

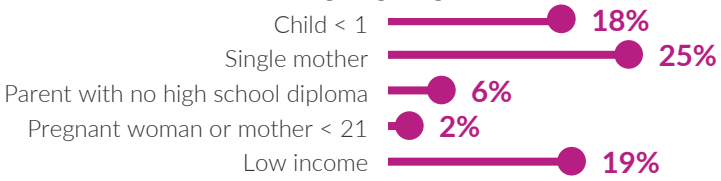
220,500 children
could benefit from home visiting

Of the 220,500 children who could benefit—

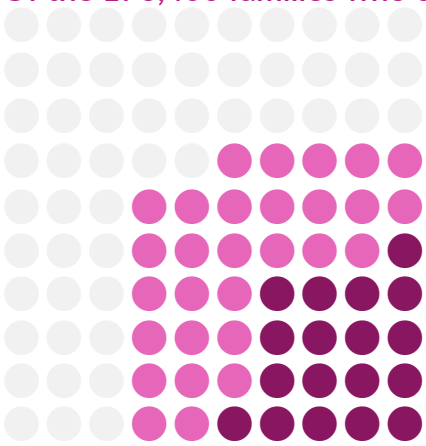
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
35,100	73,200	112,100
16%	33%	51%

176,400 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 Connecticut who met the following targeting criteria:



Of the 176,400 families who could benefit—



47% of families met one or more targeting criteria

18% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • Child First reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Minding the Baby reports children served, families served, and home visits only. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Delaware

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Delaware included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 10 local agencies operated at least one of these models.

14,478
home visits provided

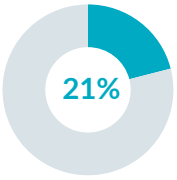
1,294
families served

1,433
children served

Race

- **4%** American Indian/ Alaska Native
- **6%** Asian
- **35%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **49%** White
- **5%** Multiple
- **<1%** Other

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

- **27%** < 1 year
- **32%** 1-2 years
- **41%** 3-5 years

Child insurance status

- **91%** Public
- **5%** Private
- **4%** None

Primary language

- **85%** English
- **13%** Spanish
- **2%** Other

Delaware

Potential Beneficiaries in 2017

In Delaware, there were 49,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 65,300 children.

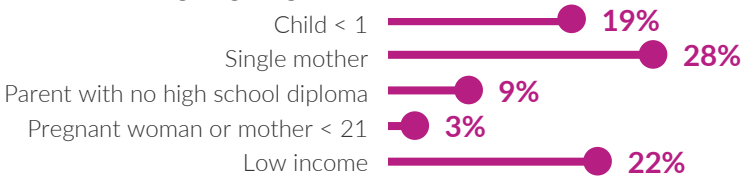
65,300 children
could benefit from home visiting

Of the 65,300 children who could benefit—

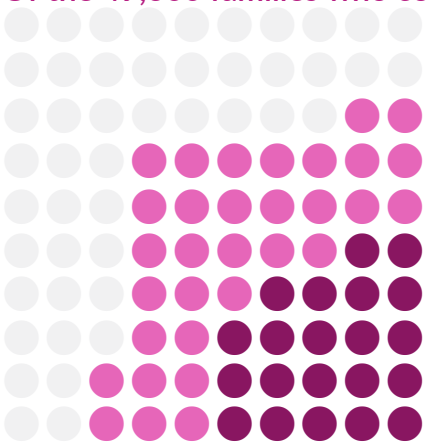
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
10,800	21,700	32,900
17%	33%	50%

49,600 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 Delaware who met the following targeting criteria:



Of the 49,600 families who could benefit—



53% of families met one or more targeting criteria

21% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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National Home Visiting Resource Center
www.nhvrc.org

District of Columbia

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in the District of Columbia included Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Districtwide, 11 local agencies operated at least one of these models.

4,922
home visits provided

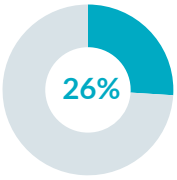
532
families served

639
children served

Race

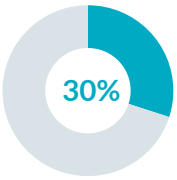
- **0%** American Indian/ Alaska Native
- **1%** Asian
- **62%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **11%** White
- **24%** Multiple
- **2%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **31%** < 1 year
- **46%** 1-2 years
- **23%** 3-5 years

Child insurance status

- **93%** Public
- **5%** Private
- **2%** None

Primary language

- **53%** English
- **45%** Spanish
- **2%** Other

District of Columbia

Potential Beneficiaries in 2017

In the District of Columbia, there were 34,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 47,400 children.

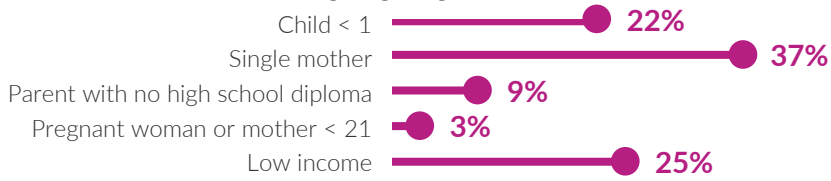
47,400 children
could benefit from home visiting

Of the 47,400 children who could benefit—

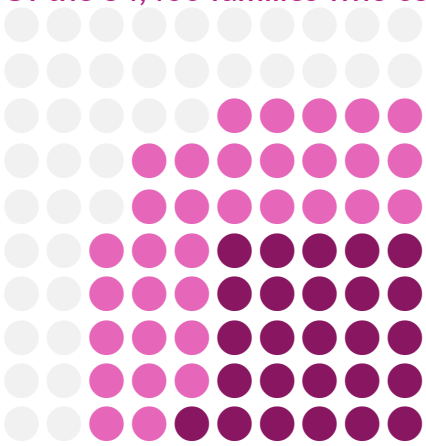
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
9,200	16,200	22,000
19%	34%	46%

34,400 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 the District of Columbia who met the following targeting criteria:



Of the 34,400 families who could benefit—



59% of families met one or more targeting criteria

26% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS programs in DC include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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National Home Visiting **Resource Center**
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Florida

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Florida included Child First, Early Head Start Home-Based Option, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Minding the Baby, Nurse-Family Partnership, and Parents as Teachers. Statewide, 108 local agencies operated at least one of these models.

310,773
home visits provided

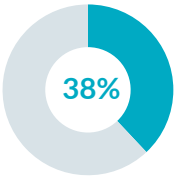
16,119
families served

16,073
children served

Race

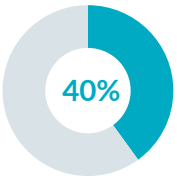
- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **33%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **52%** White
- **5%** Multiple
- **6%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **33%** < 1 year
- **33%** 1-2 years
- **34%** 3-5 years

Child insurance status

- **89%** Public
- **5%** Private
- **6%** None

Primary language

- **71%** English
- **26%** Spanish
- **3%** Other

Florida

Potential Beneficiaries in 2017

In Florida, there were 985,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 1,278,000 children.

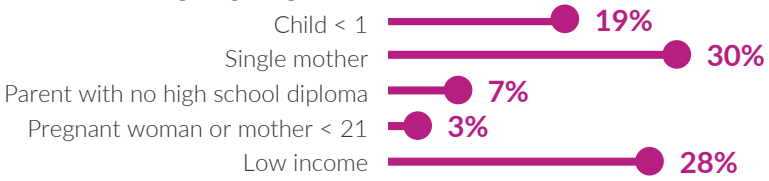
1,278,000 children
could benefit from home visiting

Of the 1,278,000 children who could benefit—

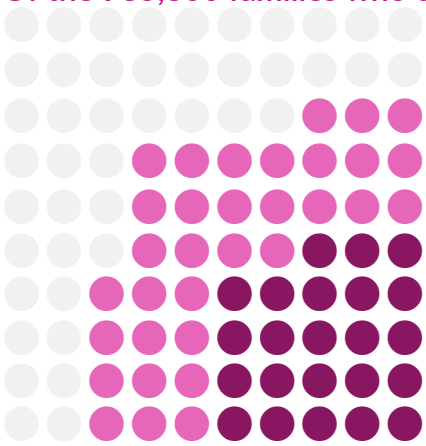
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
205,900	435,300	636,800
16%	34%	50%

985,300 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 Florida who met the following targeting criteria:



Of the 985,300 families who could benefit—



56% of families met one or more targeting criteria

23% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • Child First reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • FCU reports children served only. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • Minding the Baby reports children served, families served, and home visits only. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Georgia

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Georgia included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 40 local agencies operated at least one of these models.

35,000
home visits provided

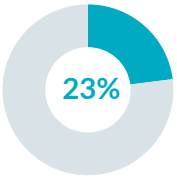
2,895
families served

3,075
children served

Race

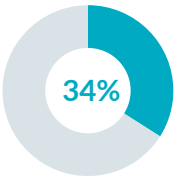
- **0%** American Indian/ Alaska Native
- **4%** Asian
- **47%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **41%** White
- **5%** Multiple
- **3%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **41%** < 1 year
- **28%** 1-2 years
- **31%** 3-5 years

Child insurance status

- **89%** Public
- **8%** Private
- **3%** None

Primary language

- **77%** English
- **22%** Spanish
- **<1%** Other

Georgia

Potential Beneficiaries in 2017

In Georgia, there were 613,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 780,400 children.

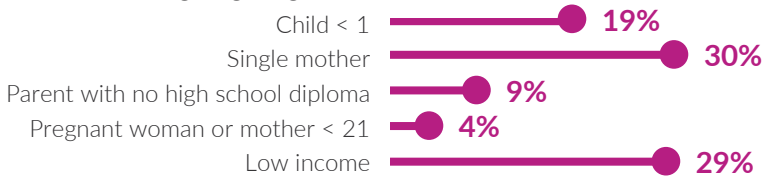
780,400 children
could benefit from home visiting

Of the 780,400 children who could benefit—

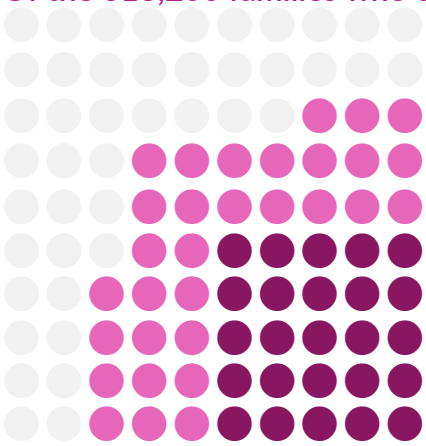
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
125,600	259,100	395,600
16%	33%	51%

613,200 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 Georgia who met the following targeting criteria:



Of the 613,200 families who could benefit—



56% of families met one or more targeting criteria

25% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS programs in GA include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Hawaii

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Hawaii included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 17 local agencies operated at least one of these models.

11,317
home visits provided

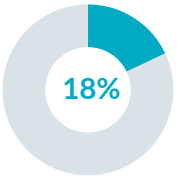
938
families served

902
children served

Race

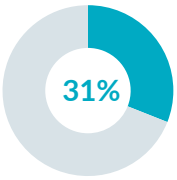
- **0%** American Indian/ Alaska Native
- **11%** Asian
- **0%** Black
- **40%** Native Hawaiian/ Pacific Islander
- **11%** White
- **37%** Multiple
- **1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **39%** < 1 year
- **33%** 1-2 years
- **28%** 3-5 years

Child insurance status

- **85%** Public
- **13%** Private
- **2%** None

Primary language

- **76%** English
- **4%** Spanish
- **20%** Other

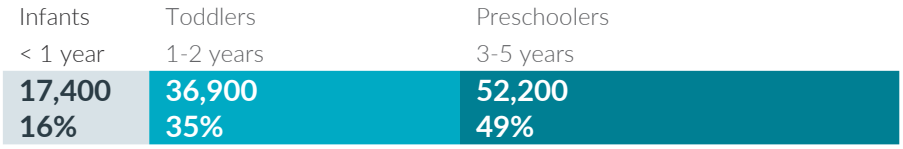
Hawaii

Potential Beneficiaries in 2017

In Hawaii, there were 80,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 106,500 children.

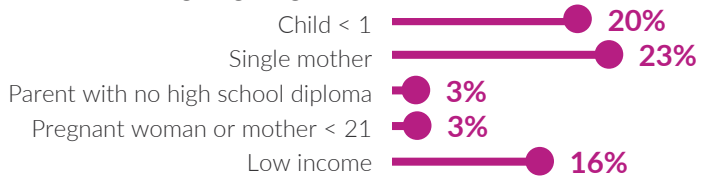
106,500 children
could benefit from home visiting

Of the 106,500 children who could benefit—

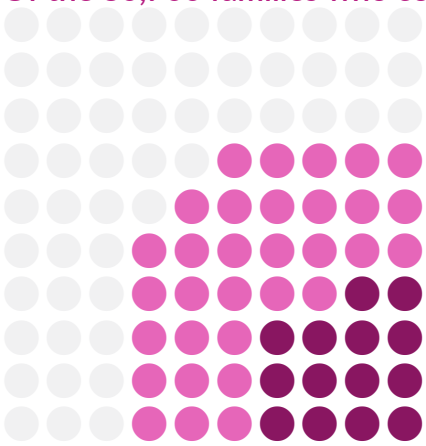


80,700 families
could benefit from home visiting

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



Of the 80,700 families who could benefit—



46% of families met one or more targeting criteria

14% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • ABC reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Idaho

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Idaho included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Nurse-Family Partnership, and Parents as Teachers. Statewide, 16 local agencies operated at least one of these models.

8,227
home visits provided

1,310
families served

1,547
children served

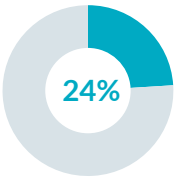
Race

- **1%** American Indian/ Alaska Native
- **2%** Asian
- **2%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **84%** White
- **8%** Multiple
- **2%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **34%** < 1 year
- **48%** 1-2 years
- **18%** 3-5 years

Child insurance status

- **86%** Public
- **7%** Private
- **7%** None

Primary language

- **87%** English
- **9%** Spanish
- **4%** Other

Idaho

Potential Beneficiaries in 2017

In Idaho, there were 98,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 133,500 children.

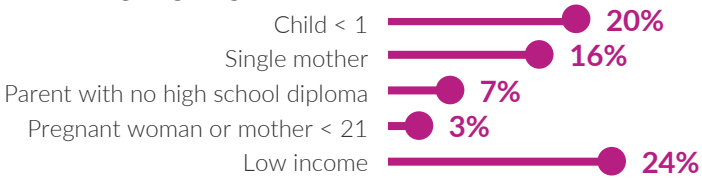
133,500 children
could benefit from home visiting

Of the 133,500 children who could benefit—

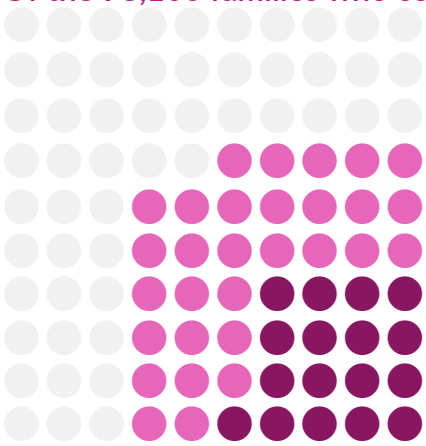
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
20,600	44,700	68,200
15%	33%	51%

98,100 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 Idaho who met the following targeting criteria:



Of the 98,100 families who could benefit—



47% of families met one or more targeting criteria

17% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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National Home Visiting Resource Center
www.nhvrc.org

Illinois

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Illinois included Early Head Start Home-Based Option, Family Connects, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 189 local agencies operated at least one of these models.

112,430
home visits provided

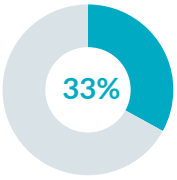
10,958
families served

11,491
children served

Race

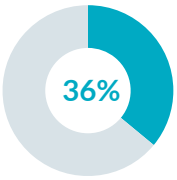
- **2%** American Indian/ Alaska Native
- **2%** Asian
- **33%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **49%** White
- **10%** Multiple
- **3%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **34%** < 1 year
- **44%** 1-2 years
- **22%** 3-5 years

Child insurance status

- **94%** Public
- **3%** Private
- **3%** None

Primary language

- **80%** English
- **18%** Spanish
- **2%** Other

Illinois

Potential Beneficiaries in 2017

In Illinois, there were 715,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 927,500 children.

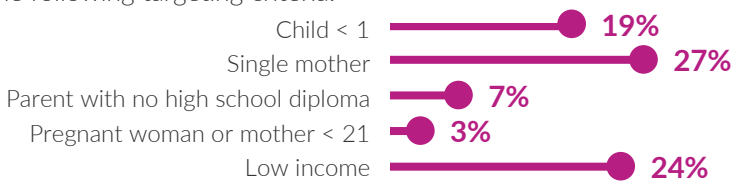
927,500 children
could benefit from home visiting

Of the 927,500 children who could benefit—

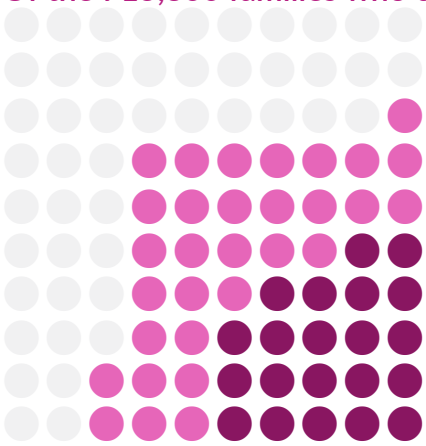
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
149,400	309,300	468,800
16%	33%	51%

715,300 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 Illinois who met the following targeting criteria:



Of the 715,300 families who could benefit—



52% of families met one or more targeting criteria

21% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Connects reports families served only. The number of families served was included as a proxy for children served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Indiana

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Indiana included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 74 local agencies operated at least one of these models.

151,802
home visits provided

12,008
families served

11,815
children served

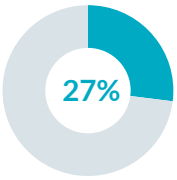
Race

- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **26%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **64%** White
- **5%** Multiple
- **3%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **51%** < 1 year
- **38%** 1-2 years
- **11%** 3-5 years

Child insurance status

- **89%** Public
- **8%** Private
- **3%** None

Primary language

- **91%** English
- **7%** Spanish
- **2%** Other

Indiana

Potential Beneficiaries in 2017

In Indiana, there were 384,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 498,300 children.

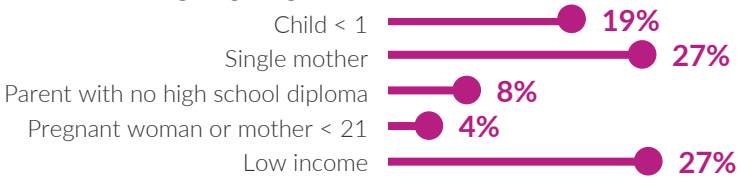
498,300 children
could benefit from home visiting

Of the 498,300 children who could benefit—

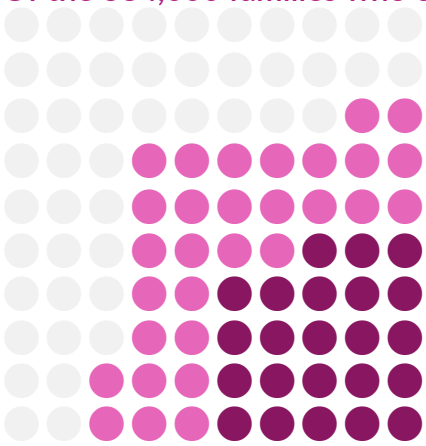
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
79,600	166,700	251,900
16%	33%	51%

384,000 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 Indiana who met the following targeting criteria:



Of the 384,000 families who could benefit—



53% of families met one or more targeting criteria

23% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Iowa

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Iowa included Early Head Start Home-Based Option, Family Connects, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 63 local agencies operated at least one of these models.

37,077
home visits provided

4,513
families served

5,822
children served

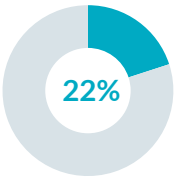
Race

- **<1%** American Indian/ Alaska Native
- **4%** Asian
- **10%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **82%** White
- **1%** Multiple
- **1%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **51%** < 1 year
- **32%** 1-2 years
- **17%** 3-5 years

Child insurance status

- **91%** Public
- **8%** Private
- **<1%** None

Primary language

- **83%** English
- **11%** Spanish
- **6%** Other

Iowa

Potential Beneficiaries in 2017

In Iowa, there were 182,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 232,300 children.

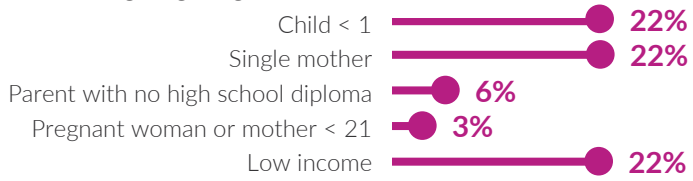
232,300 children
could benefit from home visiting

Of the 232,300 children who could benefit—

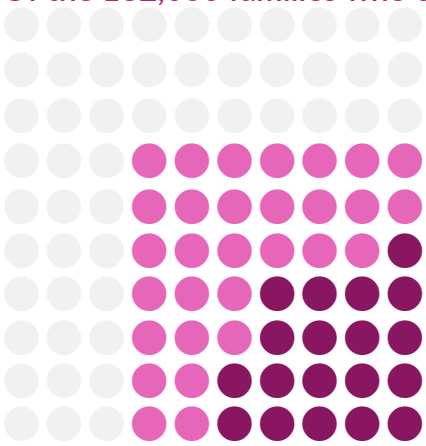
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
39,700 17%	75,500 33%	117,000 50%

182,000 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 Iowa who met the following targeting criteria:



Of the 182,000 families who could benefit—



49% of families met one or more targeting criteria

19% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • Home visiting service and demographic data in this profile were provided by IA. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never married mothers or pregnant women.

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Kansas

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Kansas included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 91 local agencies operated at least one of these models.

64,272
home visits provided

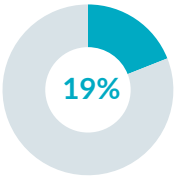
7,983
families served

9,614
children served

Race

3% American Indian/ Alaska Native	77% White
5% Asian	7% Multiple
4% Black	3% Other
<1% Native Hawaiian/ Pacific Islander	

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

27% < 1 year	
43% 1-2 years	
30% 3-5 years	

Child insurance status

85% Public	
7% Private	
8% None	

Primary language

75% English	
20% Spanish	
5% Other	

Kansas

Potential Beneficiaries in 2017

In Kansas, there were 181,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 235,400 children.

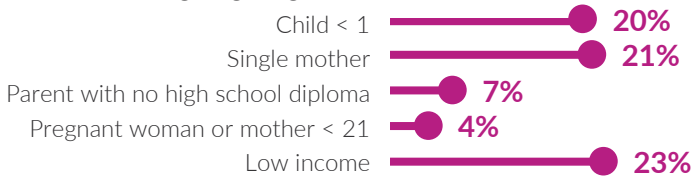
235,400 children
could benefit from home visiting

Of the 235,400 children who could benefit—

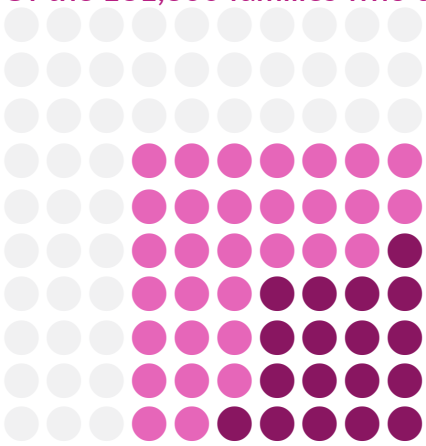
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
37,600	79,900	118,000
16%	34%	50%

181,300 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 Kansas who met the following targeting criteria:



Of the 181,300 families who could benefit—



49% of families met one or more targeting criteria

18% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Kentucky

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Kentucky included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Check-Up, Health Access Nurturing Development Services, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 135 local agencies operated at least one of these models.

198,592
home visits provided

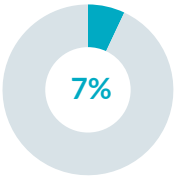
10,208
families served

8,876
children served

Race

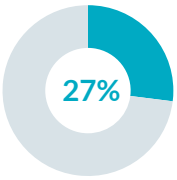
- **<1%** American Indian/ Alaska Native
- **<1%** Asian
- **9%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **88%** White
- **0%** Multiple
- **<1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **39%** < 1 year
- **56%** 1-2 years
- **5%** 3-5 years

Child insurance status

- **77%** Public
- **7%** Private
- **16%** None

Primary language

- **78%** English
- **16%** Spanish
- **6%** Other

Kentucky

Potential Beneficiaries in 2017

In Kentucky, there were 257,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 321,800 children.

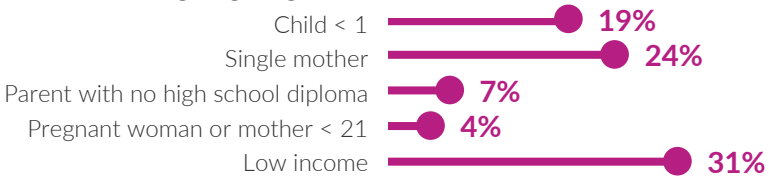
321,800 children
could benefit from home visiting

Of the 321,800 children who could benefit—

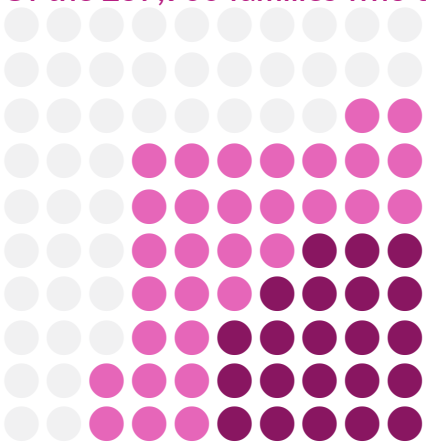
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
50,700	106,200	164,800
16%	33%	51%

257,900 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 Kentucky who met the following targeting criteria:



Of the 257,900 families who could benefit—



53% of families met one or more targeting criteria

22% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • ABC reports children served, families served, and home visits only. • EHS programs in KY include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • FCU reports children served only. The number of children served was included as a proxy for families served. • HANDS does not report primary language. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Louisiana

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Louisiana included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 24 local agencies operated at least one of these models.

40,773
home visits provided

3,176
families served

3,993
children served

Race

- **0%** American Indian/ Alaska Native
- **<1%** Asian
- **68%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **28%** White
- **2%** Multiple
- **<1%** Other

Ethnicity

Hispanic or Latino

Caregiver education

No high school diploma

Child age

- **41%** < 1 year
- **32%** 1-2 years
- **27%** 3-5 years

Child insurance status

- **87%** Public
- **7%** Private
- **6%** None

Primary language

- **95%** English
- **4%** Spanish
- **<1%** Other

Louisiana

Potential Beneficiaries in 2017

In Louisiana, there were 281,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 360,500 children.

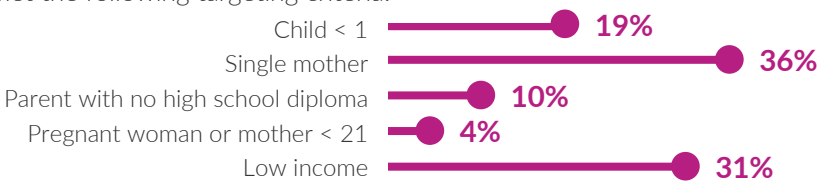
360,500 children
could benefit from home visiting

Of the 360,500 children who could benefit—

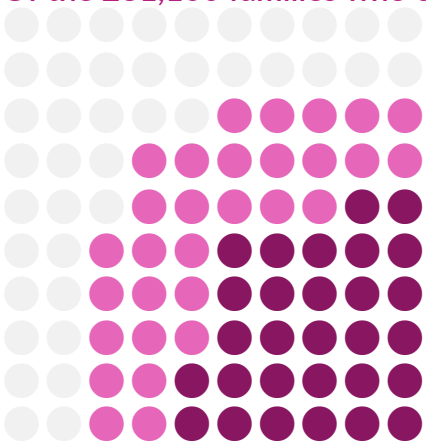
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
56,900	125,600	177,900
16%	35%	49%

281,100 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 Louisiana who met the following targeting criteria:



Of the 281,100 families who could benefit—



59% of families met one or more targeting criteria

29% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • ABC reports children served, families served, and home visits only. • EHS programs in LA include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Maine

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Maine included Early Head Start Home-Based Option and Parents as Teachers. Statewide, 21 local agencies operated at least one of these models.

20,538
home visits provided

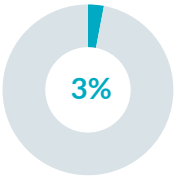
2,139
families served

2,120
children served

Race

- **2%** American Indian/ Alaska Native
- **1%** Asian
- **5%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **89%** White
- **2%** Multiple
- **0%** Other

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

- **72%** < 1 year
- **27%** 1-2 years
- **1%** 3-5 years

Child insurance status

- **78%** Public
- **20%** Private
- **2%** None

Primary language

- **94%** English
- **<1%** Spanish
- **5%** Other

Maine

Potential Beneficiaries in 2017

In Maine, there were 64,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 76,700 children.

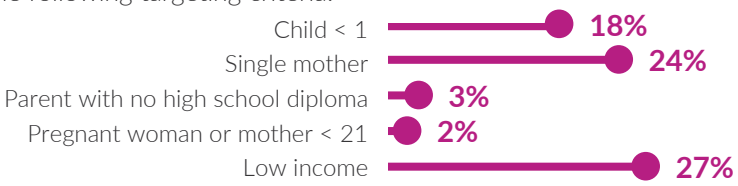
76,700 children
could benefit from home visiting

Of the 76,700 children who could benefit—

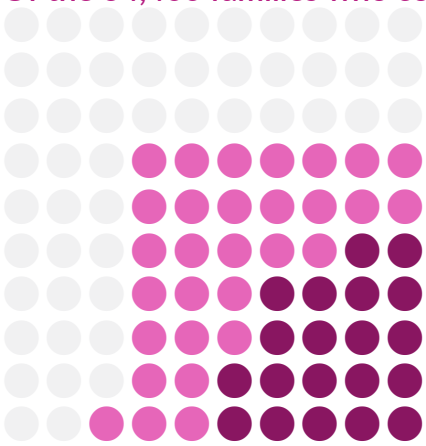
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
12,100	24,700	39,900
16%	32%	52%

64,400 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 Maine who met the following targeting criteria:



Of the 64,400 families who could benefit—



50% of families met one or more targeting criteria

20% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS programs in ME include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • PAT data in ME come from state MIECHV data.

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Maryland

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Maryland included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Connects, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 46 local agencies operated at least one of these models.

37,317
home visits provided

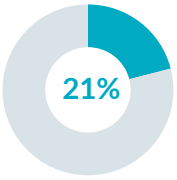
2,954
families served

2,843
children served

Race

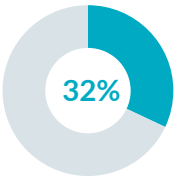
- **<1%** American Indian/ Alaska Native
- **1%** Asian
- **50%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **41%** White
- **5%** Multiple
- **1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **33%** < 1 year
- **37%** 1-2 years
- **30%** 3-5 years

Child insurance status

- **88%** Public
- **10%** Private
- **2%** None

Primary language

- **82%** English
- **16%** Spanish
- **2%** Other

Maryland

Potential Beneficiaries in 2017

In Maryland, there were 337,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 430,200 children.

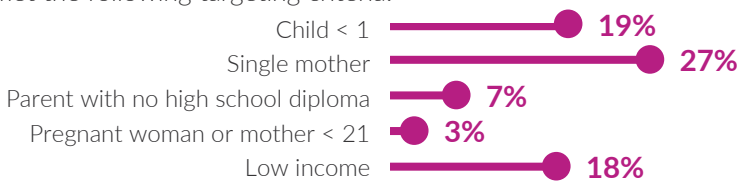
430,200 children
could benefit from home visiting

Of the 430,200 children who could benefit—

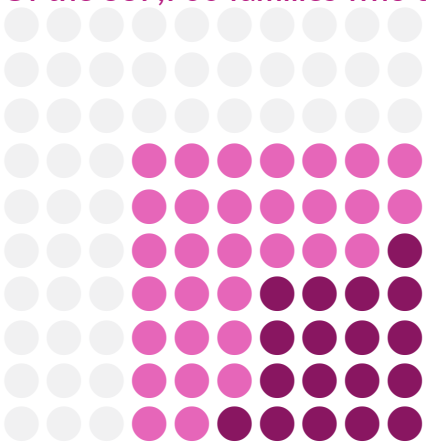
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
68,500	143,200	218,500
16%	33%	51%

337,700 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 targeting criteria:



Of the 337,700 families who could benefit—



49% of families met one or more targeting criteria

18% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Connects reports families served only. The number of families served was included as a proxy for children served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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National Home Visiting Resource Center
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Massachusetts

Families Served Through Evidence-Based Home Visiting in 2017

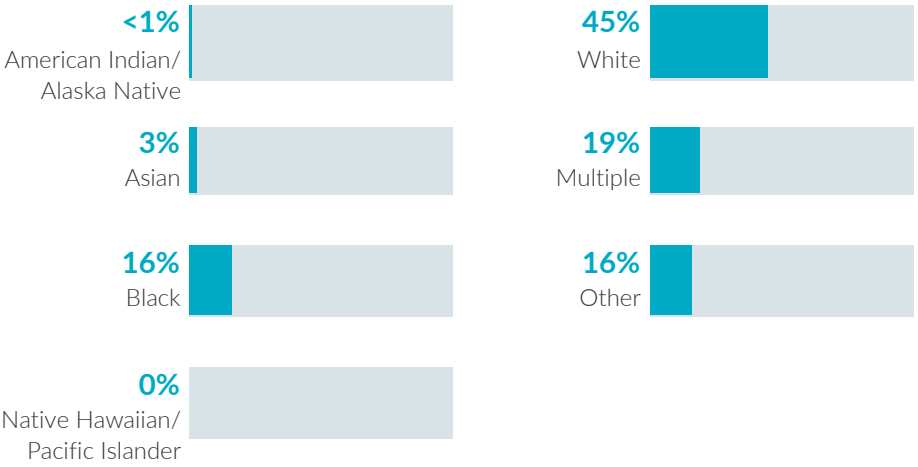
Models implemented in Massachusetts included Early Head Start Home-Based Option, Healthy Families America, and Parents as Teachers. Statewide, 48 local agencies operated at least one of these models.

36,431
home visits provided

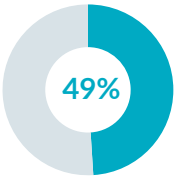
3,102
families served

2,664
children served

Race

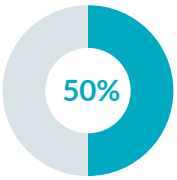


Ethnicity



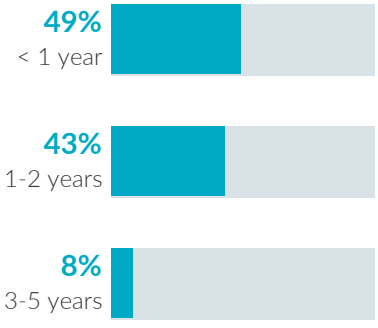
Hispanic or Latino

Caregiver education

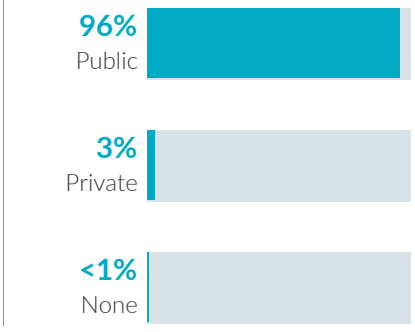


No high school diploma

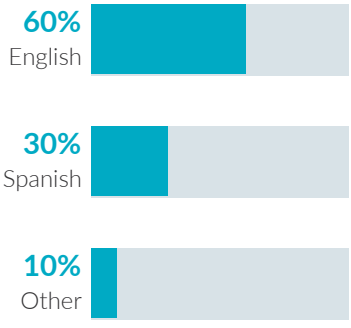
Child age



Child insurance status



Primary language



Massachusetts

Potential Beneficiaries in 2017

In Massachusetts, there were 339,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 425,500 children.

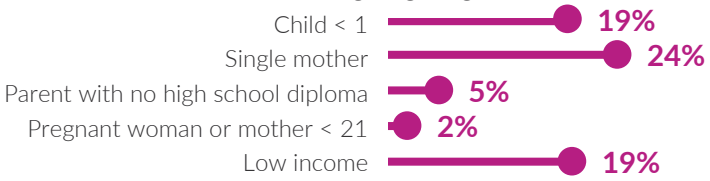
425,500 children
could benefit from home visiting

Of the 425,500 children who could benefit—

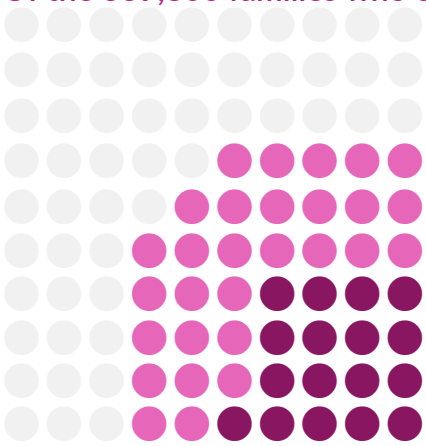
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
69,400 16%	141,000 33%	215,100 51%

339,800 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 Massachusetts who met the following targeting criteria:



Of the 339,800 families who could benefit—



46% of families met one or more targeting criteria

17% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Michigan

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Michigan included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and Play and Learning Strategies. Statewide, 109 local agencies operated at least one of these models.

117,734
home visits provided

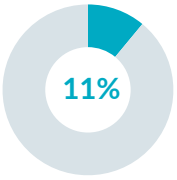
9,825
families served

11,035
children served

Race

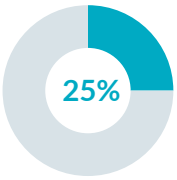
- 1% American Indian/ Alaska Native
- 3% Asian
- 25% Black
- <1% Native Hawaiian/ Pacific Islander
- 57% White
- 12% Multiple
- <1% Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- 27% < 1 year
- 41% 1-2 years
- 32% 3-5 years

Child insurance status

- 90% Public
- 6% Private
- 4% None

Primary language

- 94% English
- 2% Spanish
- 4% Other

Michigan

Potential Beneficiaries in 2017

In Michigan, there were 523,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 669,600 children.

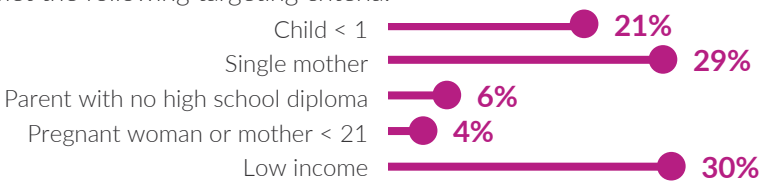
669,600 children
could benefit from home visiting

Of the 669,600 children who could benefit—

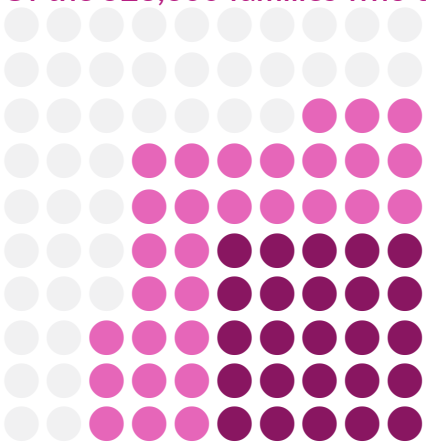
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
113,000	225,600	331,000
17%	34%	49%

523,600 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 Michigan who met the following targeting criteria:



Of the 523,600 families who could benefit—



55% of families met one or more targeting criteria

25% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • PALS reports children served, families served, and home visits only.

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Minnesota

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Minnesota included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 67 local agencies operated at least one of these models.

43,980
home visits provided

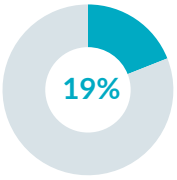
4,225
families served

4,628
children served

Race

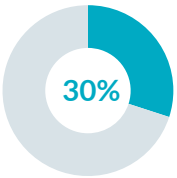
- **6%** American Indian/ Alaska Native
- **5%** Asian
- **18%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **60%** White
- **9%** Multiple
- **1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **43%** < 1 year
- **46%** 1-2 years
- **11%** 3-5 years

Child insurance status

- **78%** Public
- **12%** Private
- **10%** None

Primary language

- **82%** English
- **9%** Spanish
- **9%** Other

Minnesota

Potential Beneficiaries in 2017

In Minnesota, there were 322,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 409,200 children.

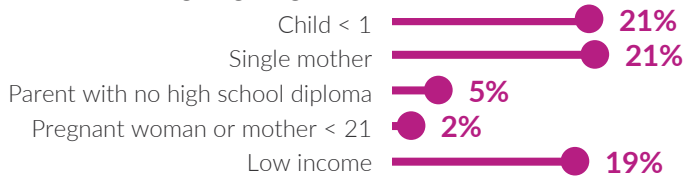
409,200 children
could benefit from home visiting

Of the 409,200 children who could benefit—

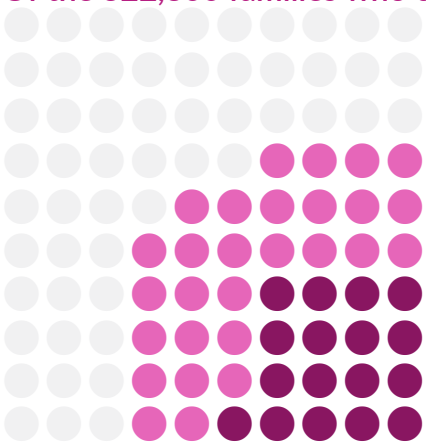
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
67,900	135,800	205,400
17%	33%	50%

322,300 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 Minnesota who met the following targeting criteria:



Of the 322,300 families who could benefit—



45% of families met one or more targeting criteria

17% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Mississippi

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Mississippi included Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 20 local agencies operated at least one of these models.

14,682
home visits provided

1,058
families served

829
children served

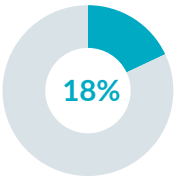
Race

- **4%** American Indian/ Alaska Native
- **<1%** White
- **0%** Asian
- **0%** Multiple
- **94%** Black
- **<1%** Other
- **0%** Native Hawaiian/ Pacific Islander

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **37%** < 1 year
- **47%** 1-2 years
- **16%** 3-5 years

Child insurance status

- **96%** Public
- **3%** Private
- **1%** None

Primary language

- **99%** English
- **<1%** Spanish
- **0%** Other

Mississippi

Potential Beneficiaries in 2017

In Mississippi, there were 179,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 228,000 children.

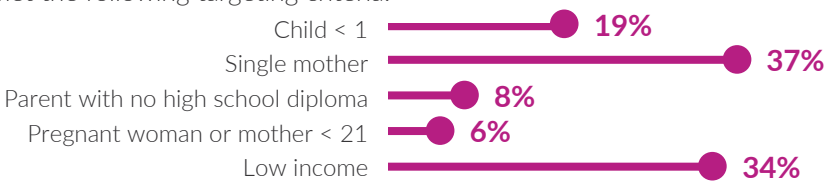
228,000 children
could benefit from home visiting

Of the 228,000 children who could benefit—

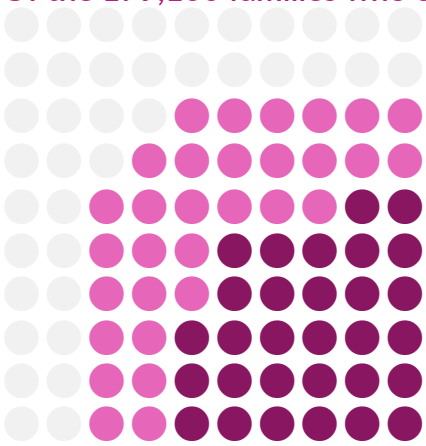
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
35,600	76,100	116,300
16%	33%	51%

179,100 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 Mississippi who met the following targeting criteria:



Of the 179,100 families who could benefit—



61% of families met one or more targeting criteria

30% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS programs in MS include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Missouri

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Missouri included Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 343 local agencies operated at least one of these models.

179,685
home visits provided

35,562
families served

46,336
children served

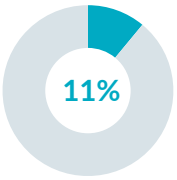
Race

- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **12%** Black
- **2%** Native Hawaiian/ Pacific Islander
- **68%** White
- **14%** Multiple
- **<1%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **19%** < 1 year
- **28%** 1-2 years
- **53%** 3-5 years

Child insurance status

- **95%** Public
- **3%** Private
- **2%** None

Primary language

- **94%** English
- **4%** Spanish
- **2%** Other

Missouri

Potential Beneficiaries in 2017

In Missouri, there were 344,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 440,000 children.

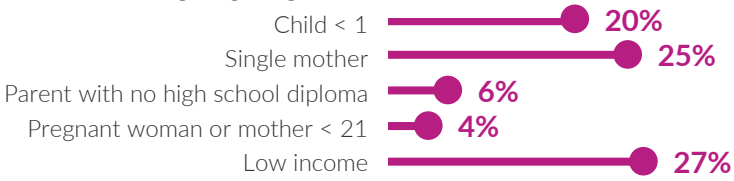
440,000 children
could benefit from home visiting

Of the 440,000 children who could benefit—

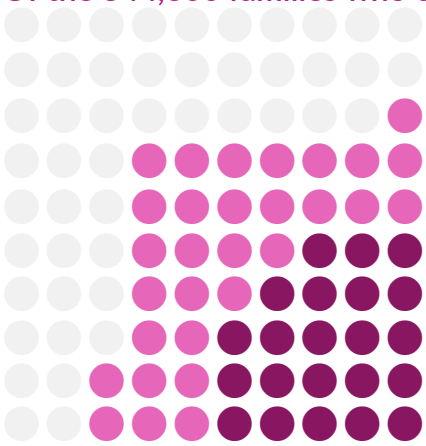
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
70,900	149,100	220,000
16%	34%	50%

344,600 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 Missouri who met the following targeting criteria:



Of the 344,600 families who could benefit—



52% of families met one or more targeting criteria

22% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Montana

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Montana included Early Head Start Home-Based Option, Family Spirit, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 62 local agencies operated at least one of these models.

13,863
home visits provided

1,181
families served

1,273
children served

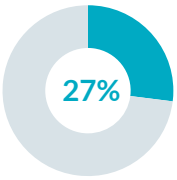
Race

- **22%** American Indian/ Alaska Native
- **0%** Asian
- **1%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **64%** White
- **12%** Multiple
- **1%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **37%** < 1 year
- **34%** 1-2 years
- **29%** 3-5 years

Child insurance status

- **67%** Public
- **12%** Private
- **21%** None

Primary language

- **98%** English
- **1%** Spanish
- **1%** Other

Montana

Potential Beneficiaries in 2017

In Montana, there were 55,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 73,400 children.

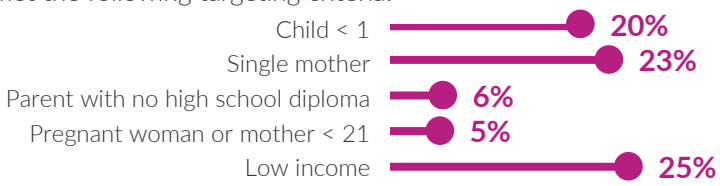
73,400 children
could benefit from home visiting

Of the 73,400 children who could benefit—

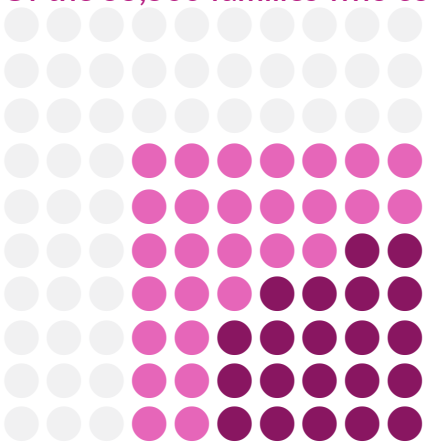
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
11,900	24,600	36,800
16%	34%	50%

55,500 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 Montana who met the following targeting criteria:



Of the 55,500 families who could benefit—



49% of families met one or more targeting criteria

21% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS programs in MT include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • Family Spirit reports children served, families served, and home visits only. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare data are not available for MT.

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National Home Visiting Resource Center
www.nhvrc.org

Nebraska

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Nebraska included Early Head Start Home-Based Option, Family Spirit, Healthy Families America, and Parents as Teachers. Statewide, 21 local agencies operated at least one of these models.

11,909
home visits provided

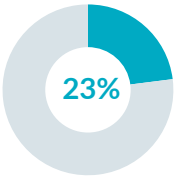
1,397
families served

1,439
children served

Race

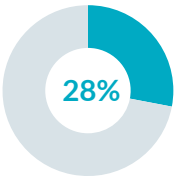
- **6%** American Indian/ Alaska Native
- **6%** Asian
- **11%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **68%** White
- **4%** Multiple
- **4%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **36%** < 1 year
- **49%** 1-2 years
- **15%** 3-5 years

Child insurance status

- **85%** Public
- **8%** Private
- **7%** None

Primary language

- **71%** English
- **16%** Spanish
- **13%** Other

Nebraska

Potential Beneficiaries in 2017

In Nebraska, there were 118,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 153,800 children.

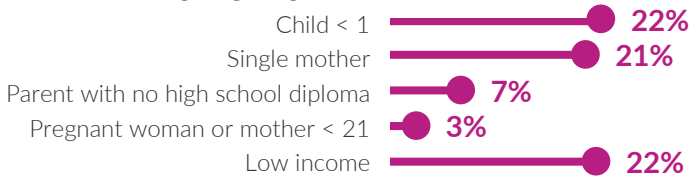
153,800 children
could benefit from home visiting

Of the 153,800 children who could benefit—

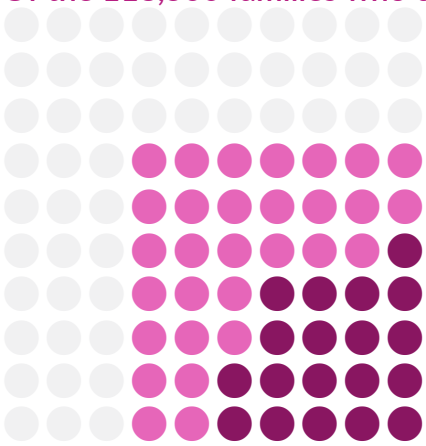
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
27,200	51,300	75,200
18%	33%	49%

118,500 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 Nebraska who met the following targeting criteria:



Of the 118,500 families who could benefit—



49% of families met one or more targeting criteria

19% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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National Home Visiting Resource Center
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Nevada

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Nevada included Early Head Start Home-Based Option, Family Check-Up, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 12 local agencies operated at least one of these models.

5,472
home visits provided

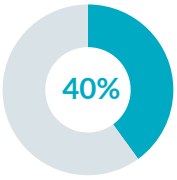
408
families served

535
children served

Race

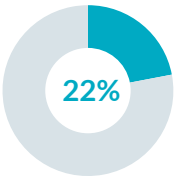
- **9%** American Indian/ Alaska Native
- **0%** Asian
- **12%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **64%** White
- **12%** Multiple
- **3%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **14%** < 1 year
- **18%** 1-2 years
- **68%** 3-5 years

Child insurance status

- **58%** Public
- **23%** Private
- **19%** None

Primary language

- **62%** English
- **38%** Spanish
- **0%** Other

Nevada

Potential Beneficiaries in 2017

In Nevada, there were 162,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 212,100 children.

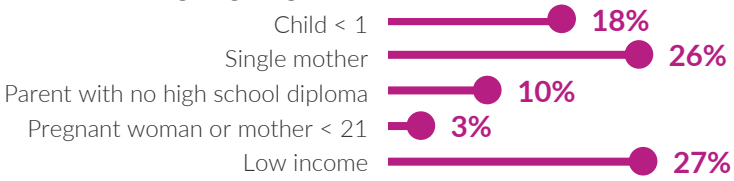
212,100 children
could benefit from home visiting

Of the 212,100 children who could benefit—

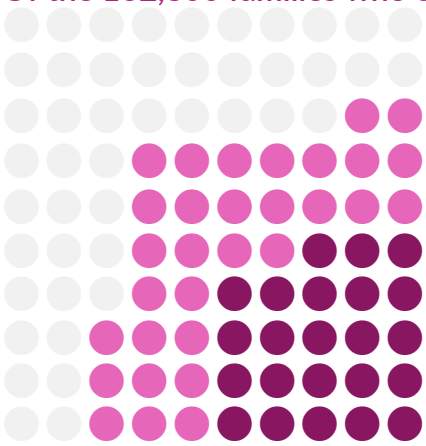
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
32,300	70,200	109,500
15%	33%	52%

162,800 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 Nevada who met the following targeting criteria:



Of the 162,800 families who could benefit—



54% of families met one or more targeting criteria

23% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS programs in NV include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • FCU reports children served only. The number of children served was included as a proxy for families served. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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National Home Visiting Resource Center
www.nhvrc.org

New Hampshire

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in New Hampshire included Early Head Start Home-Based Option and Healthy Families America. Statewide, 10 local agencies operated at least one of these models.

5,109
home visits provided

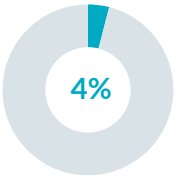
455
families served

424
children served

Race

- **0%** American Indian/ Alaska Native
- **4%** Asian
- **5%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **84%** White
- **6%** Multiple
- **<1%** Other

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

- **41%** < 1 year
- **49%** 1-2 years
- **10%** 3-5 years

Child insurance status

- **98%** Public
- **1%** Private
- **<1%** None

Primary language

- **96%** English
- **1%** Spanish
- **3%** Other

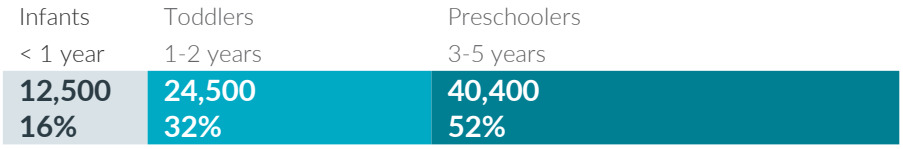
New Hampshire

Potential Beneficiaries in 2017

In New Hampshire, there were 61,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 77,300 children.

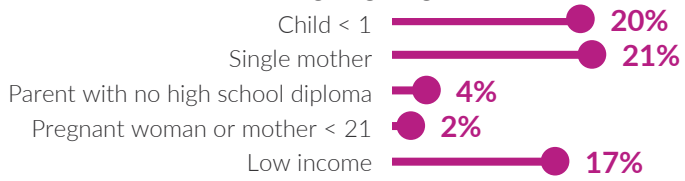
77,300 children
could benefit from home visiting

Of the 77,300 children who could benefit—

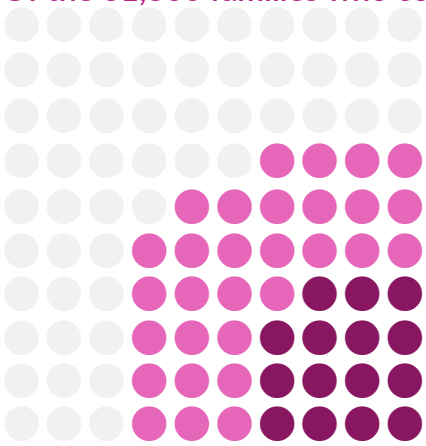


61,300 families
could benefit from home visiting

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



Of the 61,300 families who could benefit—



45% of families met one or more targeting criteria

15% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers.

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New Jersey

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in New Jersey included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 56 local agencies operated at least one of these models.

65,670
home visits provided

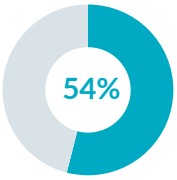
5,627
families served

5,688
children served

Race

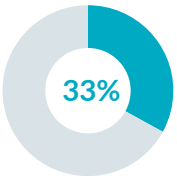
- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **29%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **47%** White
- **8%** Multiple
- **12%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **40%** < 1 year
- **39%** 1-2 years
- **21%** 3-5 years

Child insurance status

- **77%** Public
- **9%** Private
- **14%** None

Primary language

- **61%** English
- **36%** Spanish
- **3%** Other

New Jersey

Potential Beneficiaries in 2017

In New Jersey, there were 482,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 618,400 children.

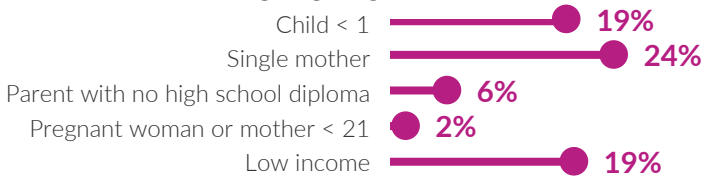
618,400 children
could benefit from home visiting

Of the 618,400 children who could benefit—

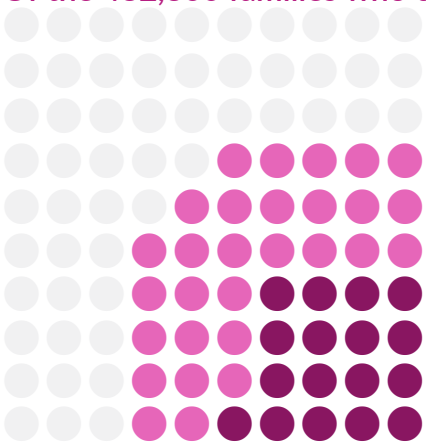
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
97,400	211,300	309,700
16%	34%	50%

482,300 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 New Jersey who met the following targeting criteria:



Of the 482,300 families who could benefit—



46% of families met one or more targeting criteria

17% of families met two or more targeting criteria

Notes • NHVRC State Profiles present data provided by evidence-based models, which may include both MIECHV and non-MIECHV data; numbers may vary from those in the MIECHV State Data Tables, which include MIECHV data only. • Percentages may not add up to 100 due to rounding. • 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 data are not available for NJ. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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New Mexico

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in New Mexico included Early Head Start Home-Based Option, Family Spirit, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 46 local agencies operated at least one of these models.

27,815
home visits provided

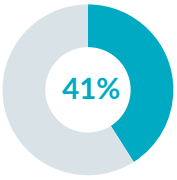
2,406
families served

2,765
children served

Race

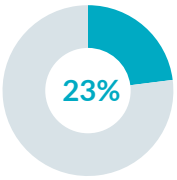
- **58%** American Indian/ Alaska Native
- **1%** Asian
- **0%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **21%** White
- **9%** Multiple
- **11%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **24%** < 1 year
- **30%** 1-2 years
- **46%** 3-5 years

Child insurance status

- **72%** Public
- **14%** Private
- **14%** None

Primary language

- **87%** English
- **10%** Spanish
- **3%** Other

New Mexico

Potential Beneficiaries in 2017

In New Mexico, there were 122,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 157,600 children.

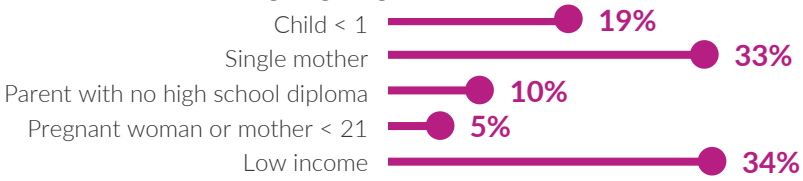
157,600 children
could benefit from home visiting

Of the 157,600 children who could benefit—

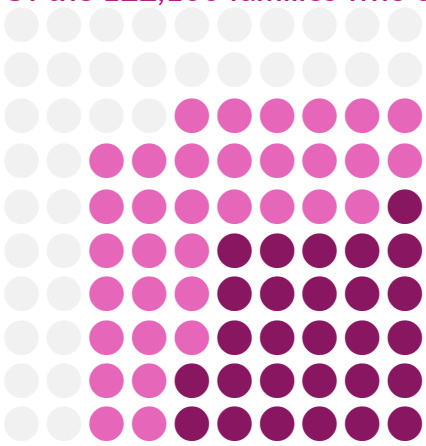
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
24,900	53,700	79,100
16%	34%	50%

122,100 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 New Mexico who met the following targeting criteria:



Of the 122,100 families who could benefit—



62% of families met one or more targeting criteria

28% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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New York

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in New York included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 127 local agencies operated at least one of these models.

137,483
home visits provided

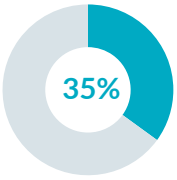
11,147
families served

12,000
children served

Race

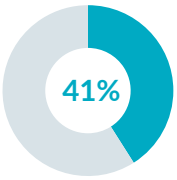
- **<1%** American Indian/ Alaska Native
- **3%** Asian
- **39%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **44%** White
- **7%** Multiple
- **5%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **41%** < 1 year
- **39%** 1-2 years
- **20%** 3-5 years

Child insurance status

- **90%** Public
- **7%** Private
- **3%** None

Primary language

- **73%** English
- **23%** Spanish
- **4%** Other

New York

Potential Beneficiaries in 2017

In New York, there were 1,038,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 1,340,800 children.

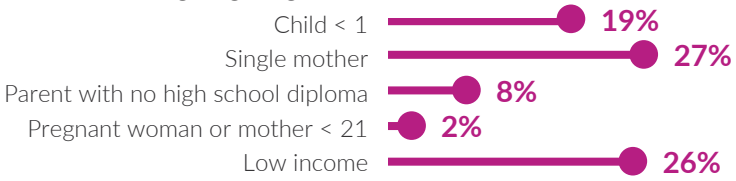
1,340,800 children
could benefit from home visiting

Of the 1,340,800 children who could benefit—

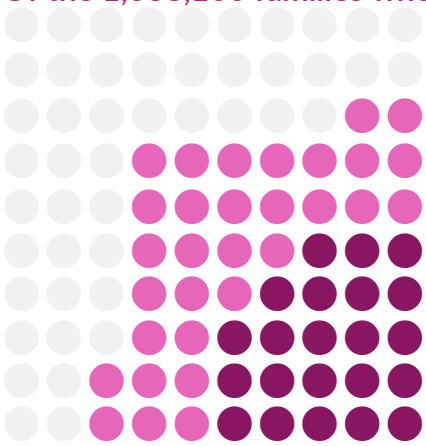
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
221,200	462,900	656,700
16%	35%	49%

1,038,100 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 New York who met the following targeting criteria:



Of the 1,038,100 families who could benefit—



53% of families met one or more targeting criteria

22% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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National Home Visiting Resource Center
www.nhvrc.org

North Carolina

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in North Carolina included Attachment and Biobehavioral Catch-Up, Child First, Early Head Start Home-Based Option, Family Connects, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 111 local agencies operated at least one of these models.

88,228
home visits provided

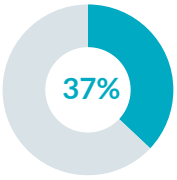
13,387
families served

14,567
children served

Race

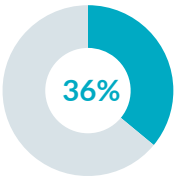
- **4%** American Indian/ Alaska Native
- **<1%** Asian
- **27%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **44%** White
- **15%** Multiple
- **8%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **23%** < 1 year
- **30%** 1-2 years
- **47%** 3-5 years

Child insurance status

- **89%** Public
- **6%** Private
- **5%** None

Primary language

- **80%** English
- **17%** Spanish
- **3%** Other

North Carolina

Potential Beneficiaries in 2017

In North Carolina, there were 564,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 716,800 children.

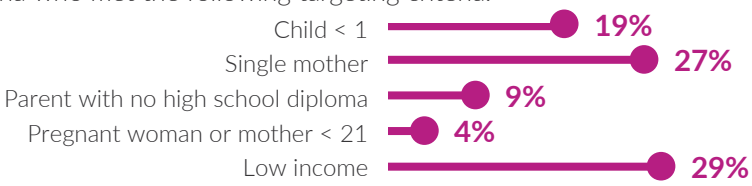
716,800 children
could benefit from home visiting

Of the 716,800 children who could benefit—

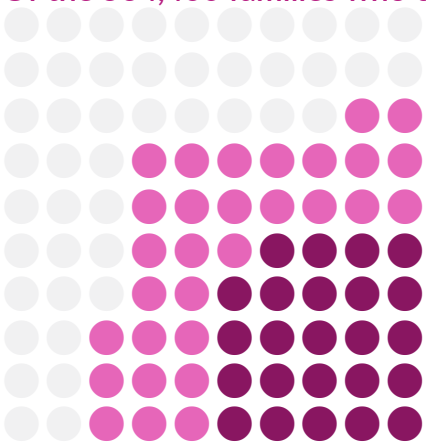
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
112,800	242,800	361,200
16%	34%	50%

564,400 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 North Carolina who met the following targeting criteria:



Of the 564,400 families who could benefit—



54% of families met one or more targeting criteria

24% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 data are not available for NC. • Child First reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Connects reports families served only. The number of families served was included as a proxy for children served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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National Home Visiting Resource Center
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North Dakota

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in North Dakota included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 15 local agencies operated at least one of these models.

6,392
home visits provided

599
families served

549
children served

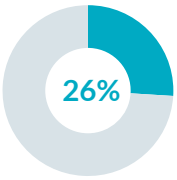
Race

- **76%** American Indian/ Alaska Native
- **0%** Asian
- **3%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **17%** White
- **3%** Multiple
- **<1%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **44%** < 1 year
- **43%** 1-2 years
- **13%** 3-5 years

Child insurance status

- **81%** Public
- **13%** Private
- **6%** None

Primary language

- **92%** English
- **2%** Spanish
- **6%** Other

North Dakota

Potential Beneficiaries in 2017

In North Dakota, there were 47,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 60,800 children.

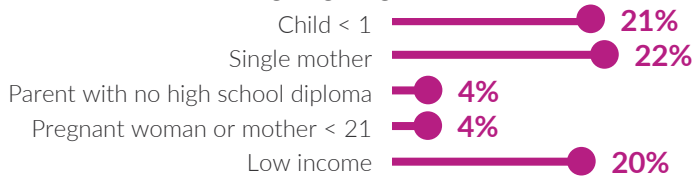
60,800 children
could benefit from home visiting

Of the 60,800 children who could benefit—

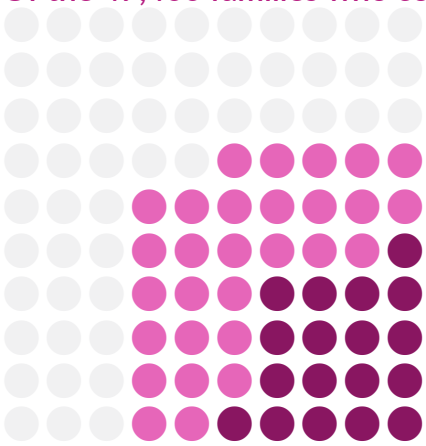
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
9,600	21,900	29,300
16%	36%	48%

47,400 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 North Dakota who met the following targeting criteria:



Of the 47,400 families who could benefit—



47% of families met one or more targeting criteria

18% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Ohio

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Ohio included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 131 local agencies operated at least one of these models.

137,899
home visits provided

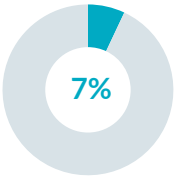
12,760
families served

13,211
children served

Race

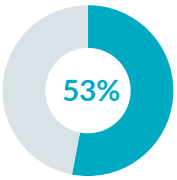
- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **28%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **61%** White
- **6%** Multiple
- **<1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **37%** < 1 year
- **46%** 1-2 years
- **17%** 3-5 years

Child insurance status

- **83%** Public
- **7%** Private
- **10%** None

Primary language

- **93%** English
- **4%** Spanish
- **3%** Other

Ohio

Potential Beneficiaries in 2017

In Ohio, there were 641,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 818,900 children.

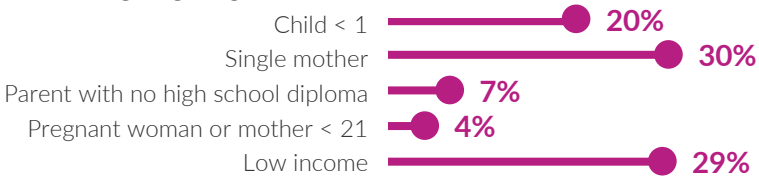
818,900 children
could benefit from home visiting

Of the 818,900 children who could benefit—

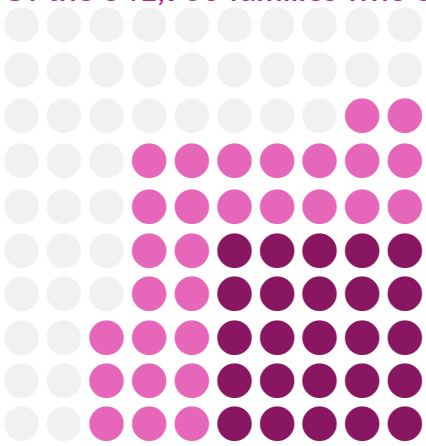
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
132,900	272,200	413,800
16%	33%	51%

641,900 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 Ohio who met the following targeting criteria:



Of the 641,900 families who could benefit—



54% of families met one or more targeting criteria

25% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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Oklahoma

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Oklahoma included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Connects, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 41 local agencies operated at least one of these models.

82,767
home visits provided

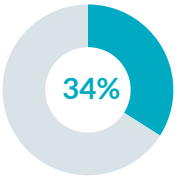
6,900
families served

6,494
children served

Race

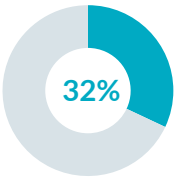
- 15% American Indian/ Alaska Native
- 3% Asian
- 13% Black
- <1% Native Hawaiian/ Pacific Islander
- 57% White
- 7% Multiple
- 4% Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- 38% < 1 year
- 41% 1-2 years
- 21% 3-5 years

Child insurance status

- 93% Public
- 6% Private
- <1% None

Primary language

- 43% English
- 54% Spanish
- 3% Other

Oklahoma

Potential Beneficiaries in 2017

In Oklahoma, there were 242,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 313,200 children.

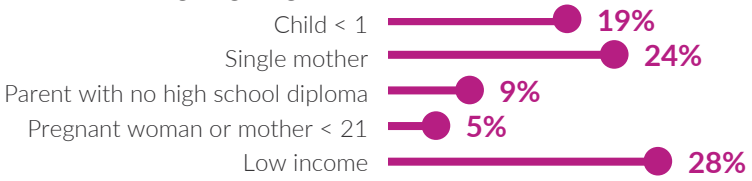
313,200 children
could benefit from home visiting

Of the 313,200 children who could benefit—

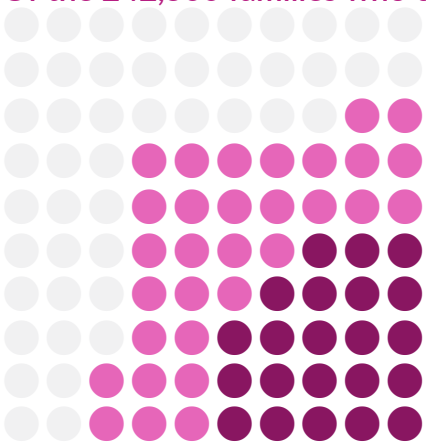
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
48,900	108,100	156,100
16%	35%	50%

242,500 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 Oklahoma who met the following targeting criteria:



Of the 242,500 families who could benefit—



53% of families met one or more targeting criteria

22% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 reports children served, families served, and home visits only. • EHS programs in OK include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • Family Connects reports families served only. The number of families served was included as a proxy for children served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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www.nhvrc.org

Oregon

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Oregon included Early Head Start Home-Based Option, Family Connects, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 59 local agencies operated at least one of these models.

49,547
home visits provided

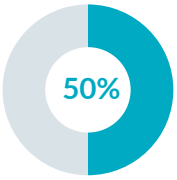
3,770
families served

4,271
children served

Race

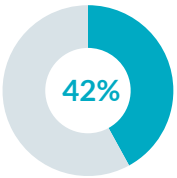
- **4%** American Indian/ Alaska Native
- **11%** Asian
- **14%** Black
- **3%** Native Hawaiian/ Pacific Islander
- **51%** White
- **11%** Multiple
- **6%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **32%** < 1 year
- **34%** 1-2 years
- **34%** 3-5 years

Child insurance status

- **83%** Public
- **7%** Private
- **10%** None

Primary language

- **66%** English
- **25%** Spanish
- **9%** Other

Oregon

Potential Beneficiaries in 2017

In Oregon, there were 216,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 272,600 children.

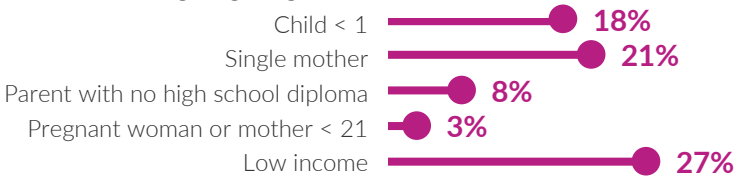
272,600 children
could benefit from home visiting

Of the 272,600 children who could benefit—

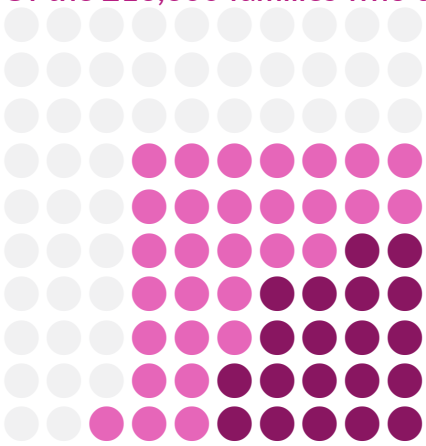
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
42,300 16%	92,600 34%	137,700 51%

216,600 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 Oregon who met the following targeting criteria:



Of the 216,600 families who could benefit—



50% of families met one or more targeting criteria

20% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Connects reports families served only. The number of families served was included as a proxy for children served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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Pennsylvania

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Pennsylvania included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 132 local agencies operated at least one of these models.

144,159
home visits provided

14,537
families served

17,037
children served

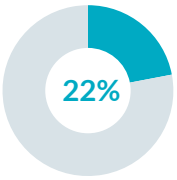
Race

- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **22%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **59%** White
- **11%** Multiple
- **4%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **28%** < 1 year
- **38%** 1-2 years
- **34%** 3-5 years

Child insurance status

- **89%** Public
- **7%** Private
- **4%** None

Primary language

- **88%** English
- **7%** Spanish
- **5%** Other

Pennsylvania

Potential Beneficiaries in 2017

In Pennsylvania, there were 654,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 841,300 children.

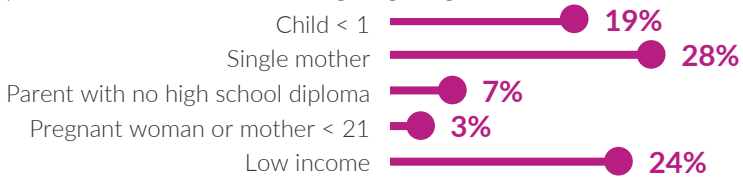
841,300 children
could benefit from home visiting

Of the 841,300 children who could benefit—

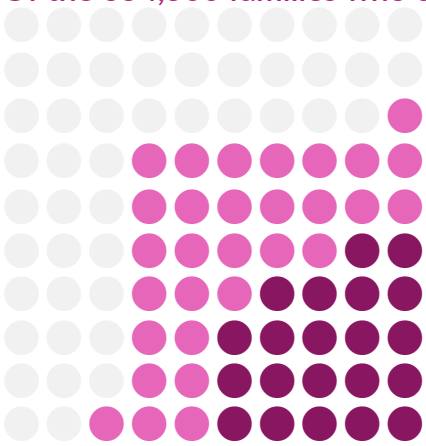
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
136,700	285,300	419,300
16%	34%	50%

654,500 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 Pennsylvania who met the following targeting criteria:



Of the 654,500 families who could benefit—



51% of families met one or more targeting criteria

21% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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 data are not available for PA. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • FCU reports children served only. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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Puerto Rico

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Puerto Rico included Early Head Start Home-Based Option and Healthy Families America. Across the territory, eight local agencies operated at least one of these models.

2,408
home visits provided

130
families served

125
children served

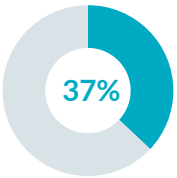
Race

- **0%** American Indian/ Alaska Native
- **0%** Asian
- **0%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **44%** White
- **55%** Multiple
- **<1%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **42%** < 1 year
- **46%** 1-2 years
- **12%** 3-5 years

Child insurance status

- **99%** Public
- **<1%** Private
- **0%** None

Primary language

- **0%** English
- **100%** Spanish
- **0%** Other

Puerto Rico

Potential Beneficiaries in 2017

Information on potential beneficiaries was not available for Puerto Rico in 2017.

Notes • Percentages may not add up to 100 due to rounding. • Public insurance includes Medicaid, CHIP, and TRICARE. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS programs in PR include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • HFA reports primary language of caregivers.

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Rhode Island

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Rhode Island included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 25 local agencies operated at least one of these models.

23,877
home visits provided

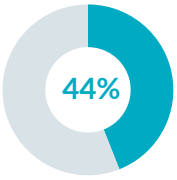
2,167
families served

2,246
children served

Race

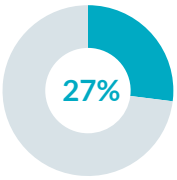
- **1%** American Indian/ Alaska Native
- **2%** Asian
- **22%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **47%** White
- **5%** Multiple
- **22%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **42%** < 1 year
- **45%** 1-2 years
- **13%** 3-5 years

Child insurance status

- **91%** Public
- **6%** Private
- **3%** None

Primary language

- **63%** English
- **31%** Spanish
- **6%** Other

Rhode Island

Potential Beneficiaries in 2017

In Rhode Island, there were 54,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 65,100 children.

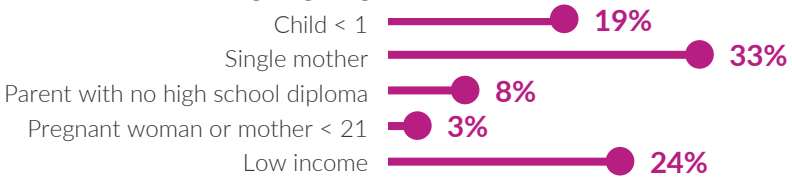
65,100 children
could benefit from home visiting

Of the 65,100 children who could benefit—

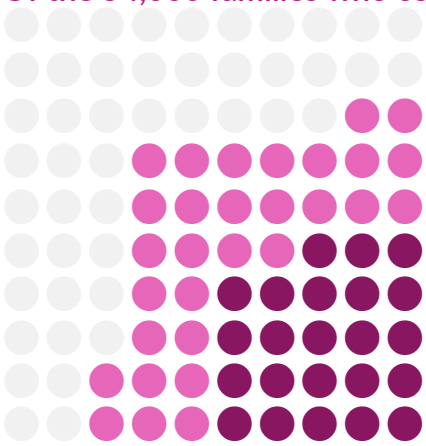
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
10,800	21,400	32,900
17%	33%	51%

54,000 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 Rhode Island who met the following targeting criteria:



Of the 54,000 families who could benefit—



53% of families met one or more targeting criteria

23% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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South Carolina

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in South Carolina included Early Head Start Home-Based Option, Family Check-Up, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 66 local agencies operated at least one of these models.

58,613
home visits provided

3,797
families served

4,495
children served

Race

- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **61%** Black
- **2%** Native Hawaiian/ Pacific Islander
- **26%** White
- **6%** Multiple
- **2%** Other

Ethnicity

Hispanic or Latino

Caregiver education

No high school diploma

Child age

- **21%** < 1 year
- **28%** 1-2 years
- **51%** 3-5 years

Child insurance status

- **74%** Public
- **10%** Private
- **16%** None

Primary language

- **88%** English
- **11%** Spanish
- **<1%** Other

South Carolina

Potential Beneficiaries in 2017

In South Carolina, there were 263,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 337,100 children.

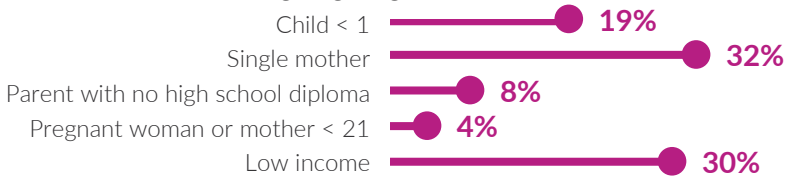
337,100 children
could benefit from home visiting

Of the 337,100 children who could benefit—

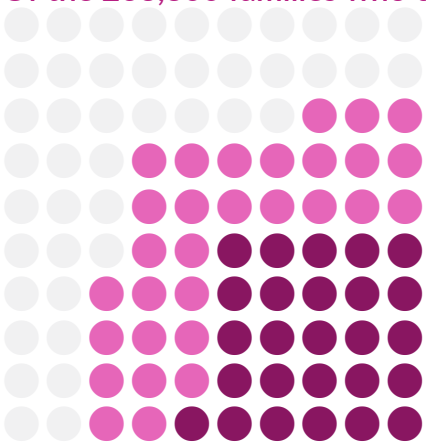
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
54,100	114,900	168,000
16%	34%	50%

263,300 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 South Carolina who met the following targeting criteria:



Of the 263,300 families who could benefit—



56% of families met one or more targeting criteria

26% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS programs in SC include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • FCU data are not available for SC. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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South Dakota

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in South Dakota included Early Head Start Home-Based Option, Family Spirit, Nurse-Family Partnership, and Parents as Teachers. Statewide, 15 local agencies operated at least one of these models.

5,257
home visits provided

827
families served

905
children served

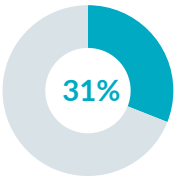
Race

47% American Indian/ Alaska Native	42% White
3% Asian	7% Multiple
0% Black	<1% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

40% < 1 year	
45% 1-2 years	
15% 3-5 years	

Child insurance status

77% Public	
16% Private	
7% None	

Primary language

92% English	
3% Spanish	
5% Other	

South Dakota

Potential Beneficiaries in 2017

In South Dakota, there were 54,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 71,700 children.

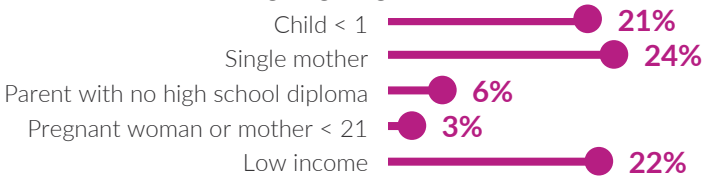
71,700 children
could benefit from home visiting

Of the 71,700 children who could benefit—

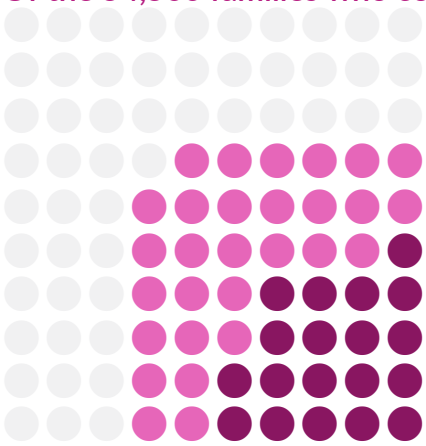
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
11,900	24,000	35,800
17%	33%	50%

54,500 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 South Dakota who met the following targeting criteria:



Of the 54,500 families who could benefit—



48% of families met one or more targeting criteria

19% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Tennessee

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Tennessee included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 24 local agencies operated at least one of these models.

31,802
home visits provided

2,538
families served

2,649
children served

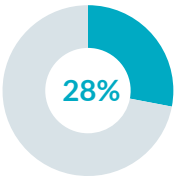
Race

- **4%** American Indian/ Alaska Native
- **0%** Asian
- **34%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **52%** White
- **4%** Multiple
- **6%** Other

Ethnicity

Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **38%** < 1 year
- **39%** 1-2 years
- **23%** 3-5 years

Child insurance status

- **93%** Public
- **6%** Private
- **<1%** None

Primary language

- **89%** English
- **9%** Spanish
- **2%** Other

Tennessee

Potential Beneficiaries in 2017

In Tennessee, there were 374,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 475,300 children.

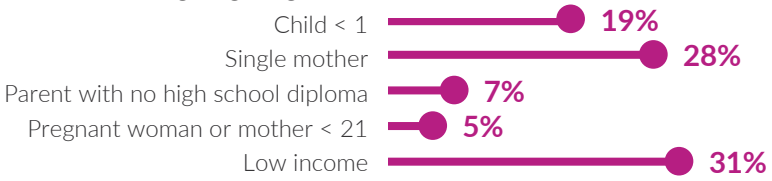
475,300 children
could benefit from home visiting

Of the 475,300 children who could benefit—

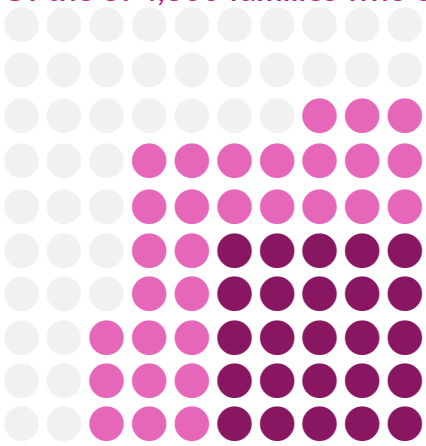
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
75,600 16%	161,700 34%	238,000 50%

374,300 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 Tennessee who met the following targeting criteria:



Of the 374,300 families who could benefit—



55% of families met one or more targeting criteria

25% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Texas

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Texas included Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, Play and Learning Strategies, and SafeCare. Statewide, 115 local agencies operated at least one of these models.

209,005
home visits provided

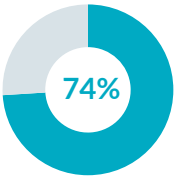
15,009
families served

17,911
children served

Race

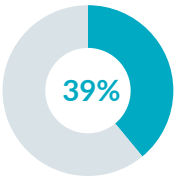
- **1%** American Indian/ Alaska Native
- **1%** Asian
- **11%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **79%** White
- **6%** Multiple
- **<1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **14%** < 1 year
- **20%** 1-2 years
- **66%** 3-5 years

Child insurance status

- **84%** Public
- **3%** Private
- **13%** None

Primary language

- **33%** English
- **66%** Spanish
- **<1%** Other

Texas

Potential Beneficiaries in 2017

In Texas, there were 1,761,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 2,306,100 children.

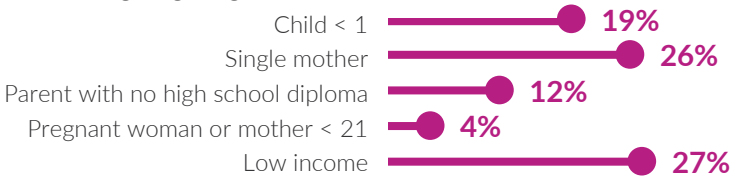
2,306,100 children
could benefit from home visiting

Of the 2,306,100 children who could benefit—

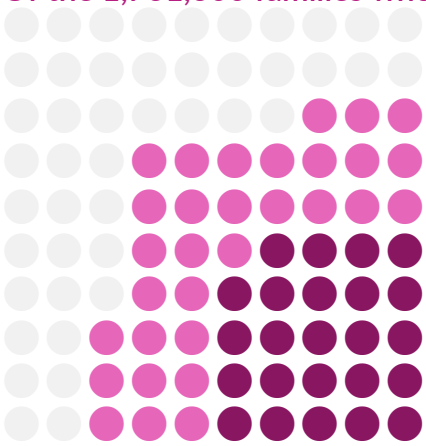
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
370,800	783,200	1,152,200
16%	34%	50%

1,761,600 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 Texas who met the following targeting criteria:



Of the 1,761,600 families who could benefit—



55% of families met one or more targeting criteria

24% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • PALS data are not available for TX. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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Utah

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Utah included Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 27 local agencies operated at least one of these models.

20,162
home visits provided

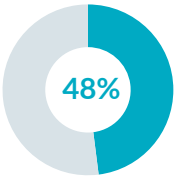
2,110
families served

2,360
children served

Race

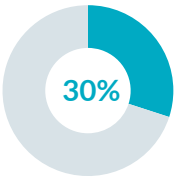
- **8%** American Indian/ Alaska Native
- **6%** Asian
- **4%** Black
- **2%** Native Hawaiian/ Pacific Islander
- **73%** White
- **6%** Multiple
- **1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **34%** < 1 year
- **45%** 1-2 years
- **21%** 3-5 years

Child insurance status

- **66%** Public
- **14%** Private
- **20%** None

Primary language

- **80%** English
- **19%** Spanish
- **1%** Other

Utah

Potential Beneficiaries in 2017

In Utah, there were 216,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 299,200 children.

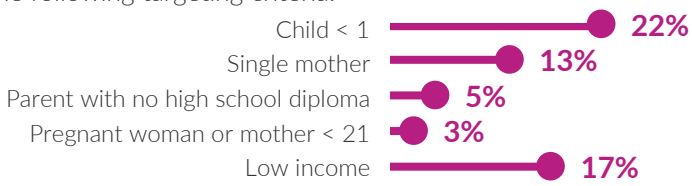
299,200 children
could benefit from home visiting

Of the 299,200 children who could benefit—

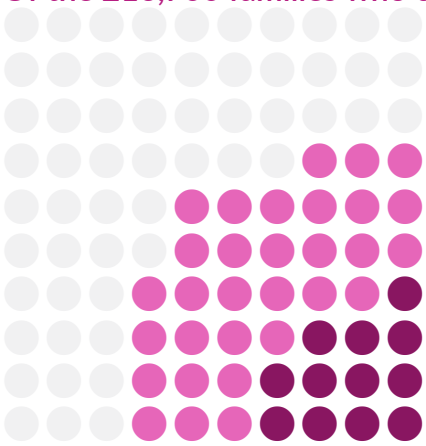
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
49,500	101,200	148,600
17%	34%	50%

216,700 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 Utah who met the following targeting criteria:



Of the 216,700 families who could benefit—



43% of families met one or more targeting criteria

12% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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National Home Visiting Resource Center
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Vermont

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Vermont included Early Head Start Home-Based Option, Maternal Early Childhood Sustained Home-Visiting, Nurse-Family Partnership, and Parents as Teachers. Statewide, 28 local agencies operated at least one of these models.

5,552
home visits provided

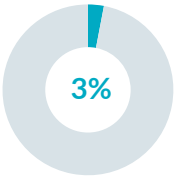
705
families served

619
children served

Race

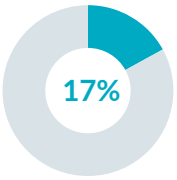
0% American Indian/ Alaska Native	90% White
0% Asian	6% Multiple
3% Black	1% Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

40% < 1 year	
36% 1-2 years	
24% 3-5 years	

Child insurance status

89% Public	
3% Private	
8% None	

Primary language

98% English	
<1% Spanish	
<1% Other	

Vermont

Potential Beneficiaries in 2017

In Vermont, there were 28,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 35,800 children.

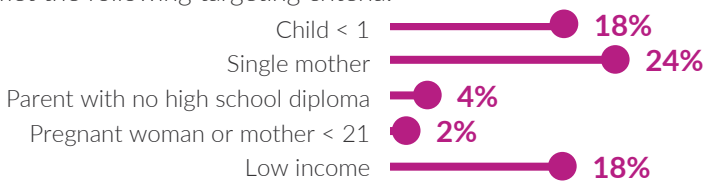
35,800 children
could benefit from home visiting

Of the 35,800 children who could benefit—

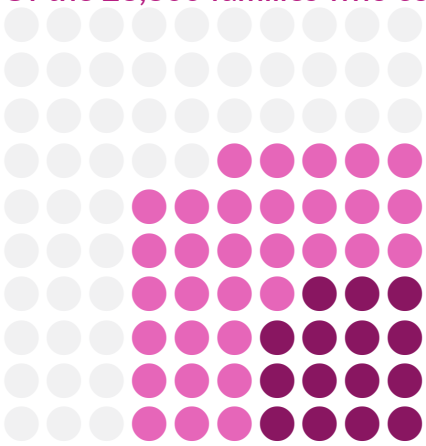
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
5,700	11,200	18,900
16%	31%	53%

28,800 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 Vermont who met the following targeting criteria:



Of the 28,800 families who could benefit—



47% of families met one or more targeting criteria

15% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS programs in VT include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • MECSH reports families served and home visits only. The number of families served was included as a proxy for children served. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Virginia

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Virginia included Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 58 local agencies operated at least one of these models.

76,212
home visits provided

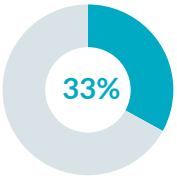
6,107
families served

6,058
children served

Race

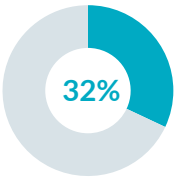
- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **44%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **46%** White
- **5%** Multiple
- **1%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **35%** < 1 year
- **31%** 1-2 years
- **34%** 3-5 years

Child insurance status

- **81%** Public
- **10%** Private
- **9%** None

Primary language

- **55%** English
- **39%** Spanish
- **6%** Other

Virginia

Potential Beneficiaries in 2017

In Virginia, there were 471,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 598,100 children.

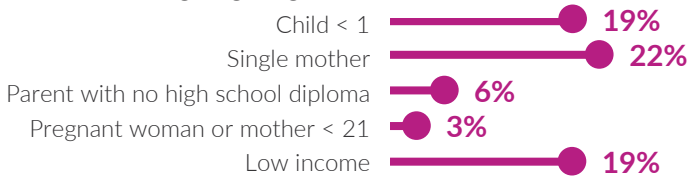
598,100 children
could benefit from home visiting

Of the 598,100 children who could benefit—

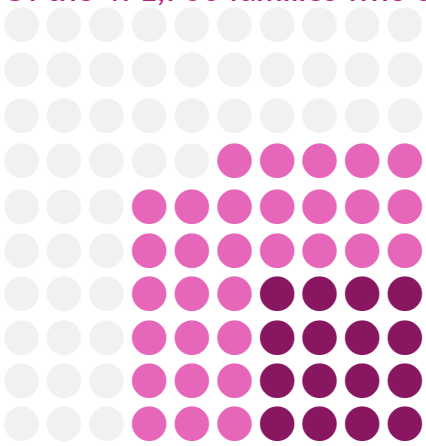
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
98,600	201,900	297,500
16%	34%	50%

471,700 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 Virginia who met the following targeting criteria:



Of the 471,700 families who could benefit—



47% of families met one or more targeting criteria

16% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Washington

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Washington included Early Head Start Home-Based Option, Family Spirit, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 86 local agencies operated at least one of these models.

59,592
home visits provided

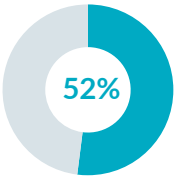
5,557
families served

6,041
children served

Race

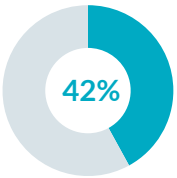
- **9%** American Indian/ Alaska Native
- **2%** Asian
- **9%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **61%** White
- **13%** Multiple
- **5%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **37%** < 1 year
- **44%** 1-2 years
- **19%** 3-5 years

Child insurance status

- **90%** Public
- **5%** Private
- **5%** None

Primary language

- **44%** English
- **48%** Spanish
- **8%** Other

Washington

Potential Beneficiaries in 2017

In Washington, there were 413,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 524,600 children.

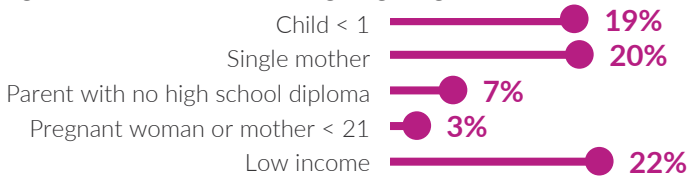
524,600 children
could benefit from home visiting

Of the 524,600 children who could benefit—

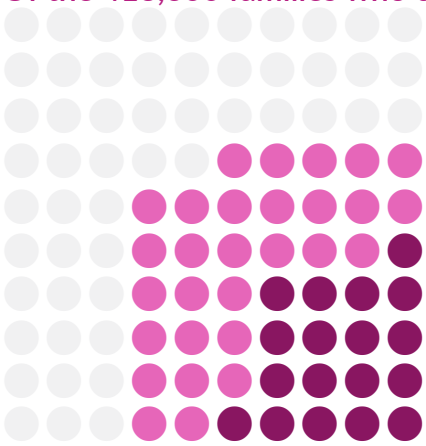
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
84,600	174,900	265,100
16%	33%	51%

413,600 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 Washington who met the following targeting criteria:



Of the 413,600 families who could benefit—



47% of families met one or more targeting criteria

18% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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West Virginia

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in West Virginia included Early Head Start Home-Based Option, Healthy Families America, and Parents as Teachers. Statewide, 30 local agencies operated at least one of these models.

16,256
home visits provided

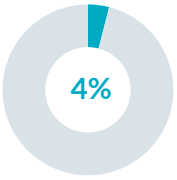
1,876
families served

2,276
children served

Race

- **0%** American Indian/ Alaska Native
- **<1%** Asian
- **6%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **82%** White
- **10%** Multiple
- **<1%** Other

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

- **25%** < 1 year
- **36%** 1-2 years
- **39%** 3-5 years

Child insurance status

- **96%** Public
- **3%** Private
- **1%** None

Primary language

- **80%** English
- **13%** Spanish
- **7%** Other

West Virginia

Potential Beneficiaries in 2017

In West Virginia, there were 95,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 120,300 children.

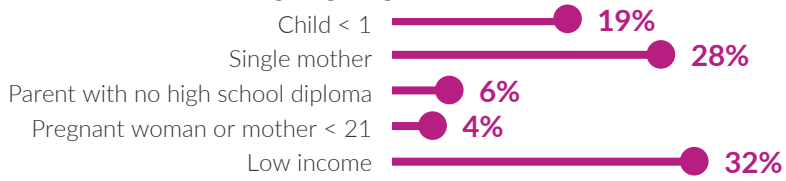
120,300 children
could benefit from home visiting

Of the 120,300 children who could benefit—

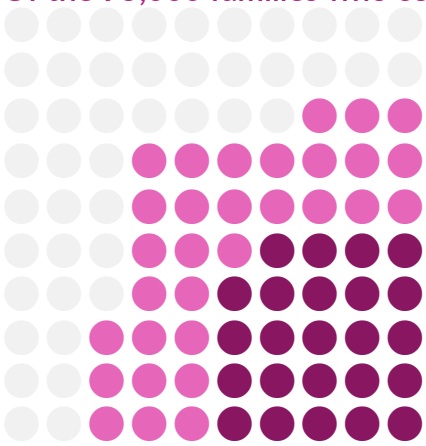
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
19,700	41,000	59,600
16%	34%	50%

95,000 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 West Virginia who met the following targeting criteria:



Of the 95,000 families who could benefit—



55% of families met one or more targeting criteria

24% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Wisconsin

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Wisconsin included 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, 64 local agencies operated at least one of these models.

50,222
home visits provided

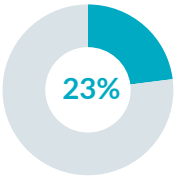
4,833
families served

4,993
children served

Race

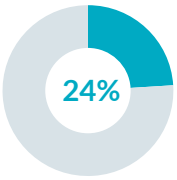
- **8%** American Indian/ Alaska Native
- **3%** Asian
- **12%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **62%** White
- **10%** Multiple
- **4%** Other

Ethnicity



Hispanic or Latino

Caregiver education



No high school diploma

Child age

- **34%** < 1 year
- **42%** 1-2 years
- **24%** 3-5 years

Child insurance status

- **85%** Public
- **9%** Private
- **6%** None

Primary language

- **78%** English
- **17%** Spanish
- **5%** Other

Wisconsin

Potential Beneficiaries in 2017

In Wisconsin, there were 309,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 397,200 children.

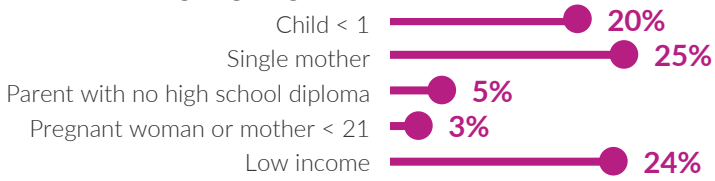
397,200 children
could benefit from home visiting

Of the 397,200 children who could benefit—

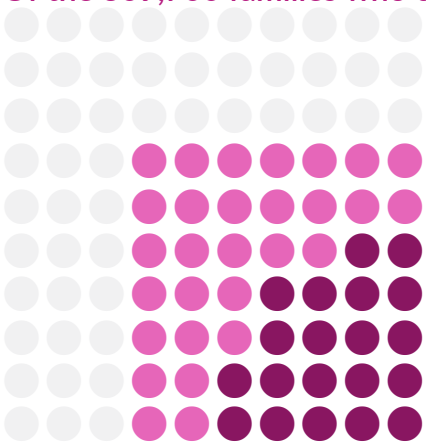
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
63,000	136,100	198,100
16%	34%	50%

309,700 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 Wisconsin who met the following targeting criteria:



Of the 309,700 families who could benefit—



49% of families met one or more targeting criteria

20% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Connects reports families served only. The number of families served was included as a proxy for children served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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Wyoming

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Wyoming included Early Head Start Home-Based Option, Family Spirit, Nurse-Family Partnership, and Parents as Teachers. Statewide, 11 local agencies operated at least one of these models.

5,227
home visits provided

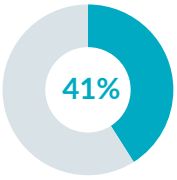
535
families served

534
children served

Race

- **5%** American Indian/ Alaska Native
- **0%** Asian
- **2%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **75%** White
- **17%** Multiple
- **1%** Other

Ethnicity



Hispanic or Latino

Caregiver education

No high school diploma

Child age

- **36%** < 1 year
- **50%** 1-2 years
- **14%** 3-5 years

Child insurance status

- **96%** Public
- **2%** Private
- **2%** None

Primary language

- **64%** English
- **36%** Spanish
- **0%** Other

Wyoming

Potential Beneficiaries in 2017

In Wyoming, there were 34,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 44,700 children.

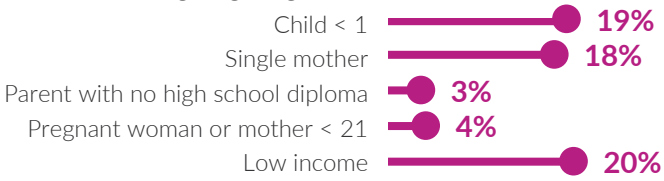
44,700 children
could benefit from home visiting

Of the 44,700 children who could benefit—

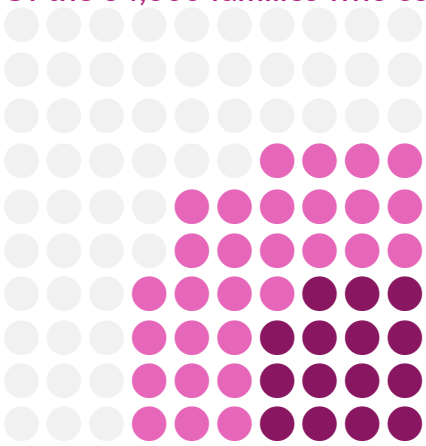
Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
6,900	15,200	22,600
15%	34%	51%

34,600 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 Wyoming who met the following targeting criteria:



Of the 34,600 families who could benefit—



44% of families met one or more targeting criteria

15% of families met two or more targeting criteria

Notes • Percentages may not add up to 100 due to rounding. • 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT primary language data are not included.

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National Home Visiting Resource Center
www.nhvrc.org

Tribal-Led Organizations

Families Served Through Evidence-Based Home Visiting in 2017

Data in this profile represent tribal-led organizations implementing Early Head Start Home-Based Option, Family Spirit, Nurse-Family Partnership, and Parents as Teachers. Nationwide, 123 tribal-led organizations implemented at least one of these models.

35,119
home visits provided

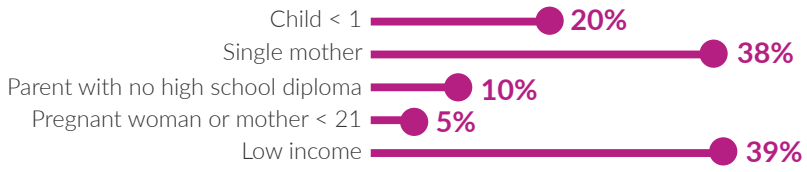
4,273
families served

4,189
children served

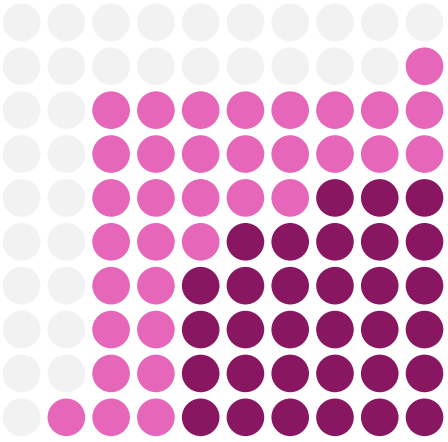
Potential Beneficiaries in 2017

Nationally, there were 342,100 American Indian/Alaska Native pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. The NHVRC estimated the percentage of families who met the following targeting criteria:

342,100 families
could benefit from home visiting



Of the 342,100 families who could benefit—



66% of families met one or more targeting criteria

32% of families met two or more targeting criteria

Notes • Data represent home visiting services provided by tribal-led organizations, as identified by four evidence-based home visiting models. • American Indian/Alaska Native pregnant women and families were identified by the race of mother or other primary caregiver and includes those who reported American Indian/Alaska Native alone or as one of multiple races. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never married mothers or pregnant women.

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National Home Visiting Resource Center
www.nhvrc.org

III

NHVRC Model Profiles

Each early childhood home visiting model provides a unique service approach to meeting diverse family needs. Profiles are included for both evidence-based and emerging models that shared information about their approach. Most models shared program information and 2017 participant data in their responses. When full participant demographic information was not available, we included a brief history of the model.

NHVRC Model Profiles Contents

*Indicates the model has met standards of evidence as determined by HomVEE (homvee.acf.hhs.gov). Individual model profiles include a checkmark at the top of the page if a model has been designated by HomVEE as evidence based.

What to Expect in the NHVRC Model Profiles

The model profiles feature data provided to the NHVRC by evidence-based and emerging models. Most models provided both program information gathered through a survey and 2017 participant data. The profiles provide model-specific answers to the following questions:

What is the model's approach to providing home visiting services?

- Goals and target population
- Frequency of home visits
- Duration of home visiting services
- When services are initiated

Who is implementing the model?

- Number of full-time home visitors and supervisors
- Education requirements for home visitors and supervisors
- Caseload requirements for home visitors and supervisors

Where is the model implemented?

- Areas served
- Number of local agencies operating

Who is being served by the model?

- Participant demographics based on model data collection

LEARN MORE

Learn more about the methods used to create the model profiles in appendix 1 on page 34.

Attachment and Biobehavioral Catch-Up

ABC helps caregivers provide nurturing care and engage in positive parent-child interaction. ABC supports caregivers in reading children's cues in order to provide a responsive, predictable environment to enhance children's behavioral and regulatory capabilities. ABC offers two programs: one for infants and one for toddlers. See www.ABCintervention.org for details.

What is the model's approach to providing home visiting services?

Home visits take place weekly. Services are provided for 10 weeks. For the infant program, ABC requires families to enroll when the child is between 6 and 24 months old. For the toddler program, ABC requires families to enroll when the child is between 24 and 48 months old.

ABC's target population includes the following:

- Low-income families
- Families with history of child abuse or neglect/involvement with child welfare system
- Families who consider their child to be growing up in a challenging environment
- Children experiencing a caregiving transition (e.g., foster care placement, adoption)

Who is implementing the model?

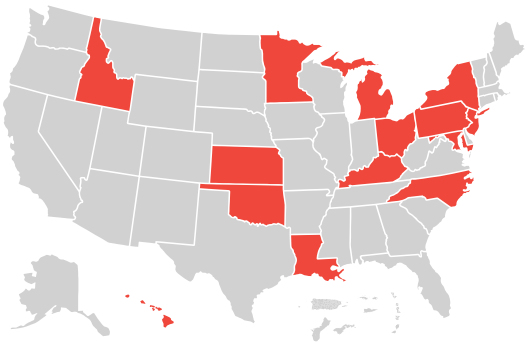
Home Visitors

ABC was implemented by 61 home visitors in 2017. Home visitor education recommendations and requirements are determined by local agencies. There are no requirements for home visitor caseload limits.

Supervisors

ABC was implemented by 14 supervisors in 2017. Supervisor education recommendations and requirements are determined by local agencies.

Where is the model implemented?



ABC operated in 34 local agencies across 14 states in 2017. ABC also operated outside the United States and its territories in Australia, Germany, and Russia in 2017.

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Attachment and Biobehavioral Catch-Up

Families Served Through Evidence-Based Home Visiting in 2017

11,583
home visits provided

1,093
families served

1,191
children served

Mission

ABC aims to support infants and toddlers who have experienced early adversity, such as neglect or a change in caregivers. Parent coaches help caregivers learn to follow their children's lead with delight, behave in nurturing ways when children are distressed, and avoid behaving in frightening or intrusive ways.

History

Twenty-five years ago, Dr. Mary Dozier and her colleagues and students at the University of Delaware's Infant Caregiver Project developed ABC to address the needs of infants in foster care. ABC was tested in three randomized controlled trials studying infants in foster care, infants living with birth parents in a foster care diversion program, and infants adopted internationally. These studies showed positive short- and long-term effects on children's attachment, diurnal cortisol patterns, self-regulation, and language development; positive effects were also noted for parents' behavior and neurobiology. Model developers identified parent coaches' "in-the-moment" comments to participants as ABC's mechanism of intervention and developed clear fidelity criteria for replication. The model is now disseminated across the United States and internationally. It is currently being evaluated in several independent effectiveness trials.

Baby TALK

Baby TALK (Teaching Activities for Learning and Knowledge) is a family support model that provides a framework for community-based systems building and interventions. Baby TALK strives to positively impact child development and nurture healthy parent-child relationships during the critical early years. Home visitors build strong relationships with participants and create support systems to promote healthy attachment, encourage parental feelings of competence, reduce parental stress, promote child development, promote protective factors and resilience, and support positive family and child outcomes. See www.babytalk.org for details.

What is the model's approach to providing home visiting services?

Home visits take place at least twice per month. Families with multiple risk factors may receive weekly visits. Services are provided prenatally until the child is 5 years old. Baby TALK recommends families initiate services prenatally, though families may enroll at any age prior to 5 years old.

Baby TALK serves all families with young children. Program funding sources may define a specific target population.

Who is implementing the model?

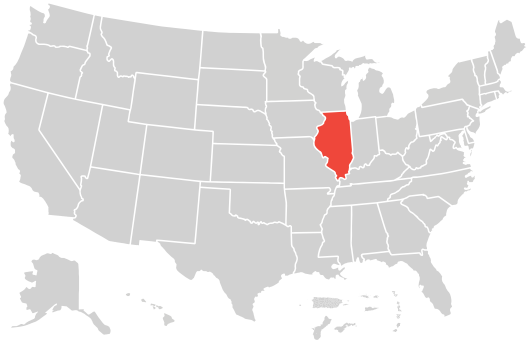
Home Visitors

Baby TALK was implemented by 248 home visitors in 2017. The model requires a bachelor's degree and Baby TALK certification for home visitors. The maximum caseload requirement for home visitors is 24 families, but caseloads may vary depending on families' needs.

Supervisors

Baby TALK was implemented by 77 supervisors in 2017. The model requires a minimum of a bachelor's degree and 5 years of experience working with young children and families for supervisors.

Where is the model implemented?



Baby TALK operated in 77 local agencies across 1 state in 2017.

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Baby TALK

Families Served Through Home Visiting in 2017

36,660
home visits provided

3,701
families served

3,630
children served

Race

- **0%** American Indian/ Alaska Native
- **2%** Asian
- **18%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **55%** White
- **3%** Multiple
- **22%** Other

Ethnicity

- **22%** Hispanic or Latino
- **78%** Not Hispanic or Latino

Caregiver age

- **13%** ≤ 21 years
- **60%** 22-24 years
- **26%** 30-44 years
- **<1%** ≥ 45 years

Child age

- **62%** < 1 year
- **34%** 1-2 years
- **4%** 3-5 years

Primary language

- **66%** English
- **33%** Spanish
- **1%** Other

Household income

- **95%** Low-income status
- **5%** Not low-income status

Child insurance status

- **95%** Public
- **5%** Private
- **0%** None

Note • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

Child First

Child First helps to heal and protect children and families from the effects of trauma and chronic stress by providing a psychotherapeutic intervention that promotes nurturing caregiver-child relationships, enhances adult capacity, and provides care coordination to connect families with services and supports. See www.childfirst.org for details.

What is the model's approach to providing home visiting services?

Home visits take place twice per week during a month-long assessment period and a minimum of once per week thereafter. Services are provided for families and their children prenatally through 5 years old for approximately 6 to 12 months, but can extend beyond 12 months depending on a family's need.

Child First's target population includes the following:

- Children with emotional or behavioral problems
- Caregivers with depression, PTSD, and other mental health problems
- Low-income families
- Caregivers experiencing domestic violence or trauma
- Children experiencing abuse, neglect, or other trauma
- Families with history of substance abuse or in need of treatment
- Families who are homeless
- Children with developmental delays or disabilities

Who is implementing the model?

Home Visitors

Child First was implemented by 167 full-time equivalent (FTE) home visitors in 2017. The model requires care coordinators to have a bachelor's degree and mental health clinicians to have a master's degree in a mental health specialty with a license. Home visitors typically maintain a caseload of 12 to 16 families.

Supervisors

Child First was implemented by 28 FTE supervisors in 2017. The model requires a master's degree in a mental health specialty with a license for supervisors.

Where is the model implemented?

Child First operated in 23 local agencies across three states in 2017.

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Child First

Families Served Through Evidence-Based Home Visiting in 2017

52,784
home visits provided

1,777
families served

1,800
children served

Race

- **0%** American Indian/ Alaska Native
- **1%** Asian
- **23%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **62%** White
- **7%** Multiple
- **7%** Other

Caregiver age

- **5%** ≤ 21 years
- **28%** 22-29 years
- **39%** 30-44 years
- **16%** ≥ 45 years

Caregiver education

- **21%** No HS diploma
- **34%** HS diploma or GED
- **26%** Some college or training
- **14%** Bachelor's degree or higher

Ethnicity

- **36%** Hispanic or Latino
- **61%** Not Hispanic or Latino

Household income

- **89%** Low-income status

Child age

- **15%** < 1 year
- **22%** 1-2 years
- **63%** 3-6 years

Child insurance status

- **90%** Public
- **9%** Private
- **1%** None

Primary language

- **82%** English
- **13%** Spanish
- **4%** Other

Notes • Data on ethnicity, race, caregiver education, insurance status, and language are based on a subset of families. Ethnicity is unknown for 3 percent of recipients. Education status is unknown for 5 percent of recipients. • Low income is defined as families meeting the eligibility requirements for Medicaid. Poverty status of 1 percent of recipients is unknown due to lack of insurance. • 1 percent of children are over 6 years old.

Early Head Start Home-Based Option

EHS provides individualized services to pregnant women, infants, and toddlers to promote the school readiness of young children from low-income families. The model is administered by the Office of Head Start in the U.S. Department of Health and Human Services' Administration for Children and Families. EHS supports the mental health and social and emotional development of children from birth to 3 years old. See eclkc.ohs.acf.hhs.gov/programs/article/home-based-option for details.

What is the model's approach to providing home visiting services?

Home visits take place weekly. Services are provided until the child is 3 years old. There are no age requirements for when families should begin services.

EHS' target population includes the following:

- Low-income families
- Teenage mothers or teenage parents
- Parents/caregivers with limited education
- Children with developmental delays or disabilities
- Children with special health care needs
- Families with history of substance abuse or in need of treatment
- Families with history of child abuse or neglect/involvement with child welfare system
- Children in foster care

Who is implementing the model?

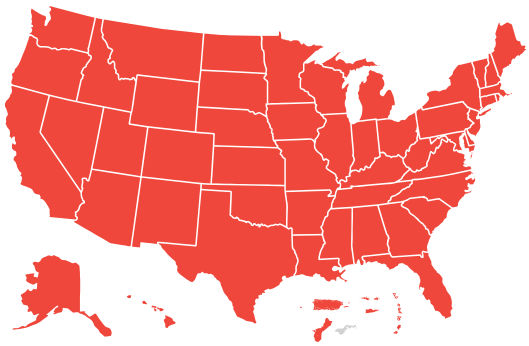
Home Visitors

EHS was implemented by 5,881 home visitors in 2017. The home visitor education recommendations and requirements are determined by local agencies. Home visitors are required to maintain a caseload of 10 to 12 families.

Supervisors

EHS was implemented by 1,234 supervisors in 2017. The supervisor education recommendations and requirements are determined by local agencies.

Where is the model implemented?



EHS operated in 821 local agencies across 50 states and the District of Columbia, Guam, the Northern Mariana Islands, Palau, Puerto Rico, and the U.S. Virgin Islands in 2017.

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Early Head Start Home-Based Option

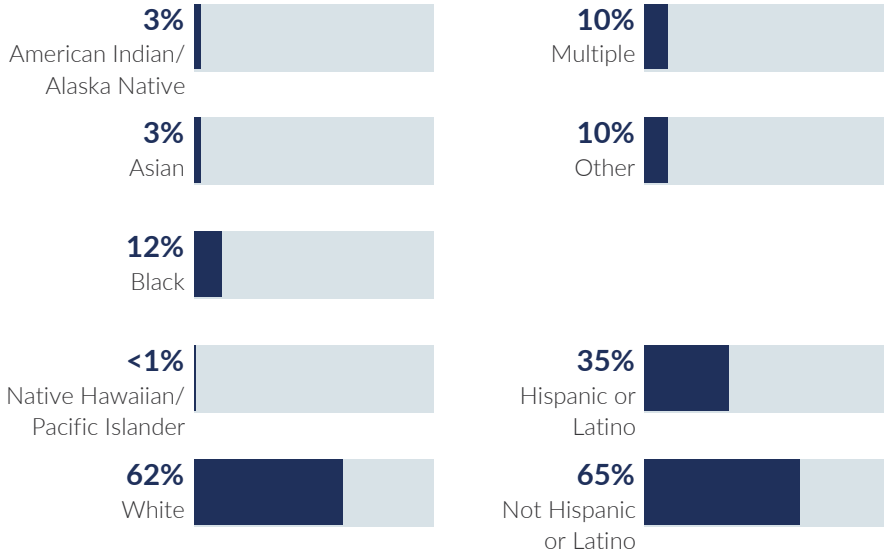
Families Served Through Evidence-Based Home Visiting in 2017

2,775,916
estimated home visits provided

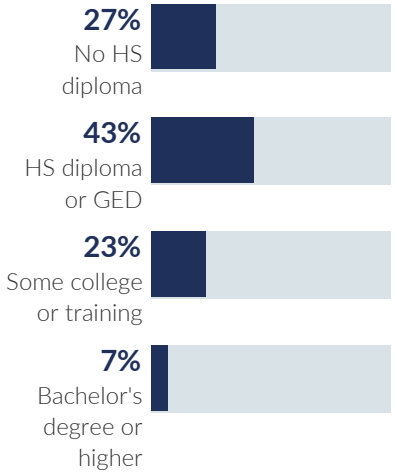
56,001
children served

Of the 56,001 children receiving Early Head Start home-based services, 24,618 children from 204 exclusively home-based programs are represented in the demographics below.

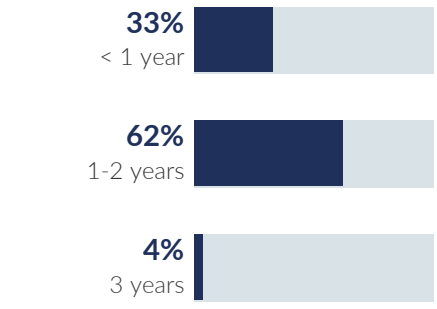
Race and ethnicity



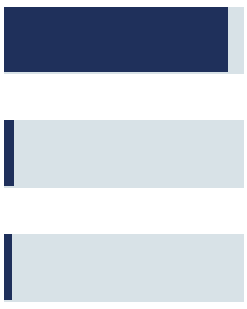
Caregiver education



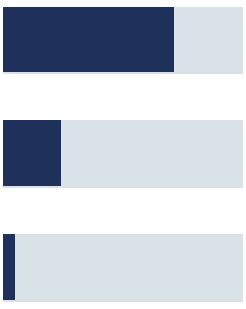
Child age



Child insurance status



Primary language



Note • Percentages may not add up to 100 due to rounding.

Early Start

Early Start serves caregivers with newborns through intensive home visiting. Services are targeted toward caregivers who face challenges that may negatively impact the well-being of their children. Early Start uses a planned, focused, and systematic approach to help caregivers learn and apply nurturing parenting practices, discover personal strengths and abilities, and make healthy lifestyle changes. See www.earlystart.co.nz for details.

What is the model's approach to providing home visiting services?

Home visits take place based on a family's needs. Families with the highest level of need receive weekly visits for the first 15 to 18 months of enrollment. Families at the next level receive one visit every 2 weeks for 1 year or until set criteria are reached. Families at the next level receive monthly visits and families at the lowest level of need receive quarterly visits with a phone call between visits. Services are provided until the child is 5 years old and begins school. Early Start requires families to initiate services before the child is 9 months old. Families are encouraged to enroll prenatally.

Early Start's target population includes the following:

- Low-income families
- First-time mothers or first-time parents
- Teenage mothers or teenage parents
- Unmarried mothers or single parents
- Parents/caregivers with limited education
- Families with history of substance abuse or in need of treatment
- Families with history of child abuse or neglect/involvement with child welfare system

Who is implementing the model?

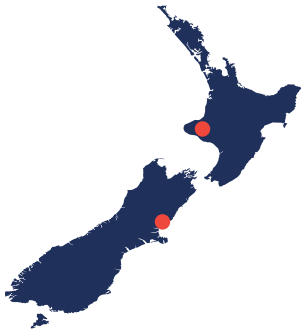
Home Visitors

Early Start was implemented by 29 home visitors in 2017. The model requires a bachelor's degree for home visitors. Home visitors are required to maintain a caseload of 10 to 14 families.

Supervisors

Early Start was implemented by seven supervisors in 2017. The model requires a bachelor's degree for supervisors.

Where is the model implemented?



Early Start does not currently operate in the United States. Early Start offered services in two local agencies in New Zealand in 2017.

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Family Check-Up

FCU promotes social and emotional adjustment in children by reducing coercive and negative parenting, increasing positive parenting, and reducing maternal depression. Targeted outcomes in early childhood include reductions in behavioral problems at home and school, reductions in emotional distress, and increases in self-regulation and school readiness. See reachinstitute.asu.edu/programs/family-check-up for details.

What is the model's approach to providing home visiting services?

The model is adaptive and tailored to each family. The frequency of home visits varies by a family's level of need. Families typically receive a total of six to nine home visits. FCU requires families to initiate services when the child is between 2 and 8 years old.

FCU serves all families with young children and does not recommend or require any specific family characteristics for enrollment.

Who is implementing the model?

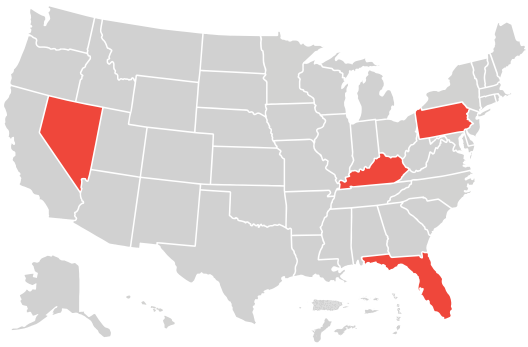
Home Visitors

FCU was implemented by 14 home visitors in 2017. The model recommends a master's degree for home visitors. There are no requirements for home visitor caseload limits.

Supervisors

The model requires a master's degree for supervisors.

Where is the model implemented?



FCU operated in four local agencies across four states in 2017.

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Family Connects

Family Connects supports new parents by offering newborn and postpartum health assessments, systematically assessing family needs, providing supportive guidance, and linking families to community resources, as needed and desired. Additionally, the model works to systematically identify and align services supporting families and young children, with the dual goals of increasing communication and continuity across service providers and identifying areas where family needs exceed community resources. Family Connects aims to reach at least 60 to 70 percent of families with newborns in each community it serves. See www.familyconnects.org for details.

What is the model's approach to providing home visiting services?

Home visits take place 2 to 3 weeks after birth, offering one to three home visits in total. Family Connects recommends families initiate services before the child is 12 weeks old. Families may enroll until the child is 6 months old.

Family Connects serves all families with newborns.

Who is implementing the model?

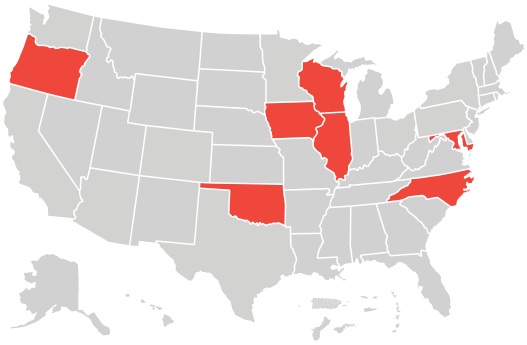
Home Visitors

Family Connects was implemented by 41 full-time equivalent (FTE) home visitors in 2017. The model requires a bachelor's degree for home visitors. Home visitors are required to maintain a caseload of six to eight new families per week.

Supervisors

Family Connects was implemented by 9.5 FTE supervisors in 2017. The model requires a bachelor's degree for supervisors; a master's degree is recommended.

Where is the model implemented?



Family Connects operated in 10 local agencies across seven states in 2017.

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Family Spirit

Family Spirit is an evidence-based, culturally tailored home visiting program of the Johns Hopkins Center for American Indian Health. The model promotes optimal health and well-being for parents and their children. It combines the use of paraprofessionals from the community as home visitors and a culturally focused, strengths-based curriculum as a core strategy to support young families. Parents gain knowledge and skills to promote healthy development and positive lifestyles for themselves and their children. See www.jhsph.edu/caih/familyspirit for details.

What is the model's approach to providing home visiting services?

Home visits take place weekly until the child is 3 months old, every other week until the child is 6 months old, monthly until the child is 22 months old, and then every other month until the child is 3 years old. Services are provided for 39 months (prenatally until the child is 3 years old). Family Spirit recommends families initiate services prenatally, preferably at or before the 28th week of pregnancy.

Family Spirit's target population includes the following:

- Expectant mothers
- Young mothers 22 years old and under
- Families of American Indian heritage

Who is implementing the model?

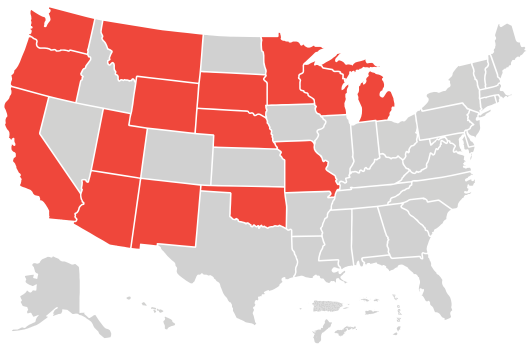
Home Visitors

Family Spirit was implemented by 422 full-time equivalent (FTE) home visitors in 2017. The model recommends at least a high school diploma or GED plus 2 or more years of related work experience for home visitors. Family Spirit recommends a caseload of 20 to 25 families for each full-time home visitor, depending on the stage of enrollment and distance of each participant.

Supervisors

Family Spirit was implemented by 88 FTE supervisors in 2017. The model recommends at least a college degree and/or relevant work experience for supervisors.

Where is the model implemented?



Family Spirit operated in 56 local agencies across 15 states in 2017.

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Family Spirit

Families Served Through Evidence-Based Home Visiting in 2017

12,085
home visits provided

1,981
families served

1,663
children served

Mission

Family Spirit envisions a future where every community, regardless of socioeconomic status, will have access to an evidence-based, culturally-competent early childhood home-visiting model that employs local paraprofessionals to promote optimal health and well-being for parents and young children in their communities.

History

Family Spirit began in 1995 as the Share Our Strengths program at the Johns Hopkins Center for American Indian Health. Share Our Strengths was developed in partnership with the Navajo, White Mountain Apache, and San Carlos Apache tribal communities to support the tribes' mothers and young children. In 1998, the Johns Hopkins Center for American Indian Health began offering a fatherhood program in tandem with Share Our Strengths. These two programs merged to become the Family Strengthening program. Family Strengthening was rigorously evaluated by Johns Hopkins Center for American Indian Health in partnership with participating tribal communities in a series of randomized control trials. The developers then expanded the curriculum to address families' needs prenatally until their child's third birthday. Family Spirit, as it is implemented today, began in 2006 and evolved from these rigorous evaluations.

Following Baby Back Home

Following Baby Back Home provides education and case management services for infants discharged from the neonatal intensive care unit (NICU) and their families. Home visiting services are provided by a registered nurse and licensed social work team for infants 0 to 3 years old. Home visitors educate caregivers on the importance of attending medical appointments and maintaining their child's immunizations to reduce preventable re-hospitalizations and emergency room visits. Services are provided to help enrolled families identify resources to meet their needs in providing a safe, nurturing home for their baby. See www.arhomevisiting.org/app-programs/following-baby-back-home for details.

What is the model's approach to providing home visiting services?

Families must enroll upon discharge from the NICU. They receive home visits twice per month for the first 2 months, followed by monthly visits until the child is 1 year old. Families then receive home visits every other month, with a phone call between visits, until the child is 3 years old.

Following Baby Back Home's target population includes the following:

- Families with infants who have had a NICU stay
- Children with developmental delays or disabilities
- Children with special health care needs

Who is implementing the model?

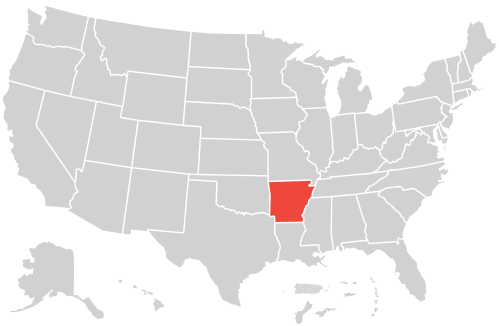
Home Visitors

Following Baby Back Home was implemented by 12 full-time equivalent (FTE) home visitors in 2017.

Supervisors

Following Baby Back Home was implemented by three FTE supervisors in 2017.

Where is the model implemented?



Following Baby Back Home operated in one state in 2017.

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National Home Visiting Resource Center
www.nhvrc.org

Following Baby Back Home

Families Served Through Home Visiting in 2017

2,633
home visits provided

399
families served

489
children served

Race

- **0%** American Indian/ Alaska Native
- **0%** Asian
- **34%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **62%** White
- **2%** Multiple
- **2%** Other

Ethnicity

- **11%** Hispanic or Latino
- **89%** Not Hispanic or Latino

Primary language

- **94%** English
- **5%** Spanish
- **<1%** Other

Child age

- **61%** < 1 year
- **32%** 1-2 years
- **7%** 3-5 years

Child insurance status

- **86%** Public
- **13%** Private
- **<1%** None

Health Access Nurturing Development Services

HANDS is a statewide home visiting program in Kentucky that provides assistance to overburdened parents during the prenatal period until their child is 3 years old. The model's main goals are to promote healthy pregnancies and births, optimal child growth and development, safe homes, and family self-sufficiency. See www.kyhands.com for detail.

What is the model's approach to providing home visiting services?

Home visits take place weekly, beginning prenatally, until the child is 6 months old. After the child is 6 months old, visit frequency is determined by the family's level of need. Services are offered until the child is 3 years old. HANDS requires families to initiate services prenatally or before the child is 3 months old.

HANDS' target population includes the following:

- Families with low incomes, unstable housing, or who are unemployed
- Unmarried mothers or single parents
- Parents/caregivers with limited education
- Families with history of substance or tobacco use
- Families facing challenges such as marital problems or inadequate social networks
- Mothers with late or no prenatal care or history of abortion
- Families with mental health issues

Who is implementing the model?

Home Visitors

HANDS was implemented by 461 home visitors in 2017. Paraprofessional home visitors must have a high school diploma. Professional home visitors must have a bachelor's or associate's degree in a related field or be a registered nurse or social worker. Home visitor caseloads are weighted based on families' needs; home visitors are expected to maintain an average weighted caseload of 38 to 40 families.

Supervisors

HANDS was implemented by 98 supervisors in 2017. The model requires supervisors to be an advanced registered nurse practitioner, registered nurse, or licensed social worker.

Where is the model implemented?

HANDS operated in 61 local agencies in one state in 2017.

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Health Access Nurturing Development Services

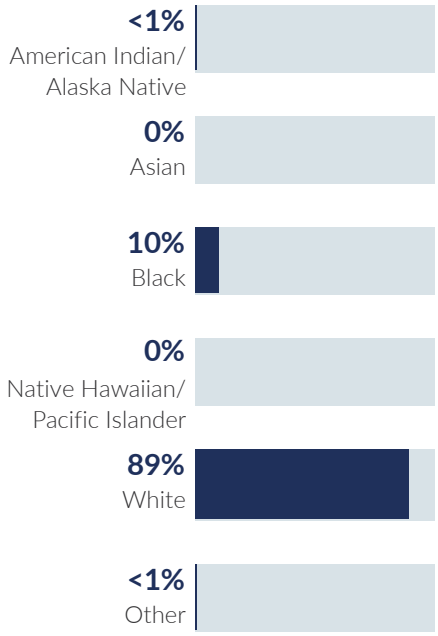
Families Served Through Evidence-Based Home Visiting in 2017

196,233
home visits provided

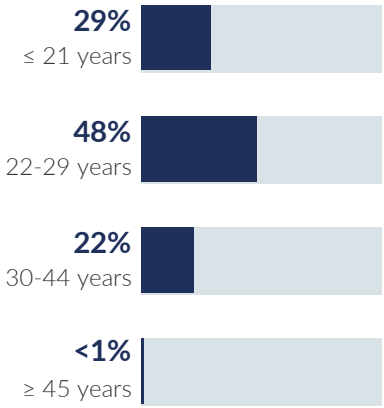
10,034
families served

8,681
children served

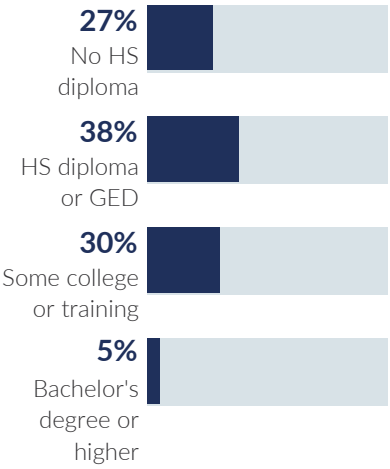
Race



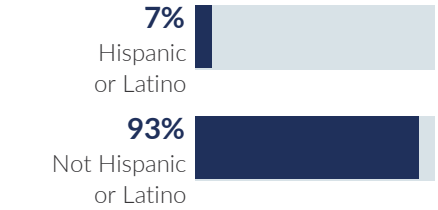
Caregiver age



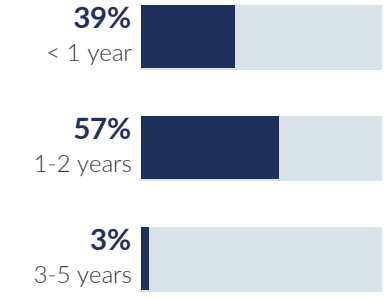
Caregiver education



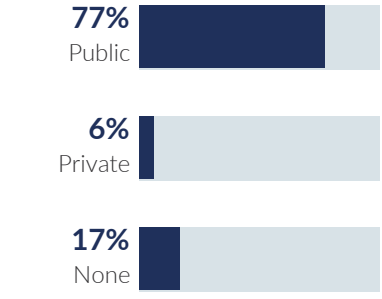
Ethnicity



Child age



Child insurance status



Note • Percentages may not add up to 100 due to rounding. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

HealthConnect One's Community-Based Doula Program

HealthConnect One's Community-Based Doula Program seeks to increase rates of breastfeeding, reduce rates of low birthweight and prematurity, reduce the use of non-medically necessary caesarean sections, reduce the use of epidurals in favor of alternative pain management techniques, and further develop the corps of community health workers in maternal and child health and early learning. See www.healthconnectone.org for details.

What is the model's approach to providing home visiting services?

Services are provided prenatally from the 28th week of pregnancy until the child is 6 months old or no longer breastfeeding. Families typically receive a total of 24 home visits—12 during pregnancy and 12 after birth. Home visits take place twice per month from the 28th week of pregnancy up to the 36th week of pregnancy, weekly from the 36th week of pregnancy to 8 weeks postpartum, and at least monthly after 8 weeks postpartum.

HealthConnect One serves all families during pregnancy, birth, and the early postpartum period. Some local programs have specific eligibility requirements.

Who is implementing the model?

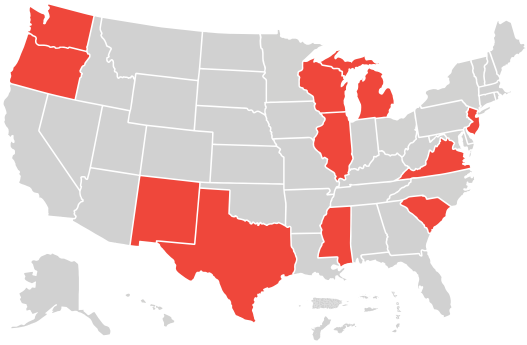
Home Visitors

HealthConnect One was implemented by 15 community health workers/doulas in 2017.

Supervisors

HealthConnect One was implemented by 11 supervisors in 2017.

Where is the model implemented?



HealthConnect One operated in 11 sites across 11 states in 2017.

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HealthConnect One's Community-Based Doula Program

Families Served Through Home Visiting in 2017

1,916
home visits provided

223
families served

Mission

HealthConnect One is a national leader in advancing respectful, community-based, peer-to-peer support for pregnancy, birth, breastfeeding, and early parenting.

History

HealthConnect One began in 1986 as the Chicago Breastfeeding Task Force. As the task force engaged with leaders in a variety of Chicago communities, it expanded its grassroots approach to breastfeeding promotion into a model program for community-based maternal and child health promotion.

HealthConnect One became nationally recognized for decreasing complications during births, decreasing rates of caesarean section births, increasing breastfeeding rates and attachment between mother and child, and increasing mothers' self-esteem and personal skills. HealthConnect One developed the Community-Based Doula Program to provide support to young families during pregnancy, birth, and the early postpartum period. The model has been replicated in 52 sites across 20 states with both public and private funding.

Healthy Beginnings

Healthy Beginnings aims to prevent early life factors that predict overweight and obesity in young children. Home visitors encourage healthy feeding practices and work to increase breastfeeding rates and duration to reduce children's body mass index at 12 and 24 months old. See www.healthybeginnings.net.au for details.

What is the model's approach to providing home visiting services?

Healthy Beginnings requires families to initiate services prenatally during the third trimester. Services are provided until the child is 2 years old. The model includes eight home visits during this period.

Healthy Beginnings' target population includes the following:

- Low-income families
- Indigenous families
- Culturally and linguistically diverse families
- Teenage mothers or teenage parents
- Unmarried mothers or single parents
- Parents/caregivers with limited education
- Children with developmental delays or disabilities
- Children with special health care needs
- Families with history of substance abuse or in need of treatment
- Families with history of child abuse or neglect/involvement with child welfare system

Who is implementing the model?

Home Visitors

Healthy Beginnings has been integrated as a module into four home visiting models. Home visitor education requirements are determined by local programs. Healthy Beginnings recommends a caseload of 25 families for each full-time home visitor, with no more than four new families added in a 6-month window.

Where is the model implemented?

Healthy Beginnings does not currently operate in the United States. Healthy Beginnings offered services in Australia and the United Kingdom in 2017.

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Healthy Families America

HFA seeks to build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth. Additionally, the model aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. See www.healthyfamiliesamerica.org for details.

What is the model's approach to providing home visiting services?

Home visits take place based on a family's level of need. All families are offered weekly home visits for at least 6 months after the birth of the child. Family progress criteria are then used to determine a family's readiness to move to less frequent visits, starting with every other week, then monthly, and finally, quarterly. Services are provided for a duration of 3 to 5 years. HFA recommends families initiate services prenatally, if possible, but allows for families to enroll after the child is born. Programs are required to enroll at least 80 percent of families by the time the child is 3 months old.

Local programs define target populations based on community needs data. All families receive an initial risk assessment to tailor services to meet their specific needs.

Who is implementing the model?

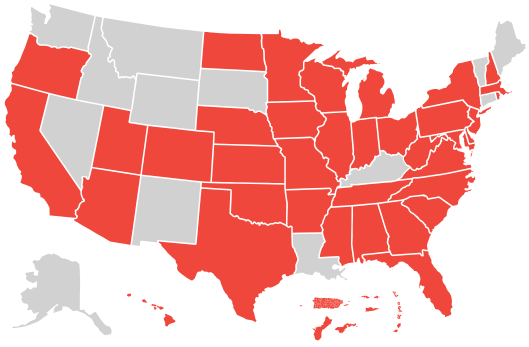
Home Visitors

HFA was implemented by 3,288 full-time equivalent (FTE) home visitors in 2017. The model requires a high school diploma or bachelor's degree for home visitors depending on state or agency needs. The maximum caseload requirement for home visitors is 25 families.

Supervisors

HFA was implemented by 499 FTE supervisors in 2017. HFA requires a master's degree or bachelor's degree plus 3 years of experience for supervisors.

Where is the model implemented?



HFA operated in 565 local agencies across 37 states and the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands in 2017. HFA also operated outside the United States and its territories in Canada in 2017.

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Healthy Families America

Families Served Through Evidence-Based Home Visiting in 2017

1,075,499
home visits provided

69,249
families served

66,585
children served

Race

- **2%** American Indian/ Alaska Native
- **2%** Asian
- **30%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **55%** White
- **5%** Multiple
- **6%** Other

Ethnicity

- **30%** Hispanic or Latino
- **70%** Not Hispanic or Latino

Caregiver education

- **42%** No HS diploma
- **58%** HS diploma or higher

Caregiver age

- **32%** ≤ 21 years
- **19%** 22-24 years
- **38%** 25-34 years
- **11%** 35-54 years
- **<1%** ≥ 55 years

Child age

- **46%** < 1 year
- **40%** 1-2 years
- **14%** 3-5 years

Child insurance status

- **91%** Public
- **6%** Private
- **3%** None

Primary language

- **79%** English
- **17%** Spanish
- **5%** Other

Note • Percentages may not add up to 100 due to rounding.

Home Instruction for Parents of Preschool Youngsters

HIPPY partners with parents to prepare their children for success in school. The model uses storybooks and a scripted curriculum to teach children school readiness skills and to empower parents to enrich their own education and job skills. The model also seeks to strengthen communities by supporting civic engagement and employing home visitors from the community, many of whom have participated in the program. See www.hippyusa.org for details.

What is the model's approach to providing home visiting services?

Home visits take place once per week. Services are provided until the child exits kindergarten. Children must be 3 years old by the start of the program year to enroll in the Year 1 curriculum.

HIPPY's target population includes the following:

- Low-income families
- Families with children ages 3 to 5 years old
- Parents/caregivers with limited education and skills
- Families with history of child abuse or neglect/involvement with child welfare system
- Immigrant families experiencing language barriers

Who is implementing the model?

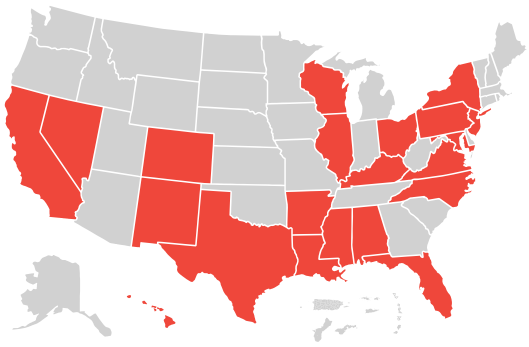
Home Visitors

HIPPY was implemented by 808 home visitors in 2017. The model requires a high school diploma for home visitors; a Child Development Associate Credential is recommended. Home visitors are required to maintain a caseload of 10 to 22 families.

Supervisors

HIPPY was implemented by 166 supervisors in 2017. The model requires a bachelor's degree for supervisors.

Where is the model implemented?



HIPPY operated in 126 local agencies across 21 states and the District of Columbia in 2017. HIPPY also operated outside the United States and its territories in Argentina, Australia, Austria, Canada, Denmark, Germany, Israel, Italy, New Zealand, and Switzerland in 2017.

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Home Instruction for Parents of Preschool Youngsters

Families Served Through Evidence-Based Home Visiting in 2017

298,442
home visits provided

14,523
families served

15,526
children served

Race

- **<1%** American Indian/ Alaska Native
- **2%** Asian
- **26%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **66%** White
- **4%** Multiple

Ethnicity

- **39%** Hispanic or Latino
- **61%** Not Hispanic or Latino

Child age

- **100%** 3-5 years

Caregiver education

- **22%** No HS diploma
- **37%** HS diploma or GED
- **29%** Some college or training
- **12%** Bachelor's degree or higher

Household income

- **50%** ≤ $20,000
- **33%** $20,001-40,000
- **10%** $40,001-60,000
- **6%** ≥ $60,001

Child insurance status

- **76%** Public
- **17%** Private
- **7%** None

Primary language

- **61%** English
- **37%** Spanish
- **2%** Other

Note • Percentages may not add up to 100 due to rounding.

Maternal Early Childhood Sustained Home-Visiting

MECSH aims to improve the health, development, and social well-being of families with new babies in need of additional sustained support. The model supports positive transitions to parenting, positive parenting skills, future-oriented and aspirational thinking, problem-solving skills, the ability to mobilize resources, and healthy relationships. See www.earlychildhoodconnect.edu.au/home-visiting-programs/mecsh-public/about-mecsh for details.

What is the model's approach to providing home visiting services?

Home visits take place based on the child's age. Families may receive three prenatal visits. After the child's birth, families receive visits weekly until the child is 6 weeks old, every 2 weeks until the child is 12 weeks old, every 3 weeks until the child is 6 months old, every 6 weeks until the child is 12 months old, and every 2 months until the child is 2 years old. MECSH recommends families initiate services prenatally, but allows for families to enroll until the child is 2 months old.

MECSH's target population includes the following:

- Expectant mothers
- Low-income families
- Unmarried mothers or single parents
- Parents/caregivers with limited education
- Families with history of substance abuse or in need of treatment
- Families with history of child abuse or neglect/involvement with child welfare system
- Families with mental health issues, including maternal depression and anxiety

Who is implementing the model?

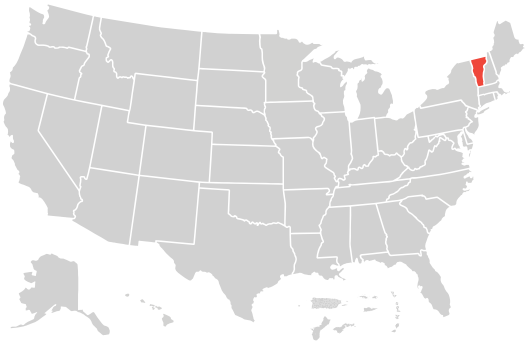
Home Visitors

MECSH was implemented by two full-time equivalent (FTE) home visitors in 2017. The model requires a bachelor's degree in nursing for home visitors. Home visitors are required to maintain a caseload of 20 to 30 families.

Supervisors

MECSH was implemented by 0.8 FTE supervisors in 2017. The model requires a bachelor's degree in nursing for supervisors.

Where is the model implemented?



MECSH operated in nine local agencies in one state in 2017. MECSH also operated outside the United States and its territories in Australia.

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Maternal Early Childhood Sustained Home-Visiting

Families Served Through Evidence-Based Home Visiting in 2017

638
home visits provided

64
families served

Mission

MECSH operates as a salutogenic, or health-creating, and child-focused prevention model that supports families with young children in adapting and self-managing their parenting journey and connects them to resources to help them parent effectively despite challenges they may face in their day-to-day lives.

History

MECSH, originally known as the Miller Early Childhood Sustained Home-Visiting Program, was developed in 2002 in the Miller/Green Valley areas of Sydney, Australia. It was developed by a University of New South Wales Australia team of academics and practitioners with expertise in early years nursing, communication development, pediatrics, social work, developmental psychology, maternal mental health, and midwifery. The Australian Research Council, Sydney South West Area Health Service, and New South Wales Departments of Community Services and Health collaborated to fund a randomized control trial to test its effectiveness. After the evaluation, the model was renamed to reflect its expansion beyond Miller/Green Valley. MECSH is currently housed in the Translational Research and Social Innovation group at Western Sydney University.

Maternal Infant Health Outreach Worker Program

MIHOW's primary goal is to improve maternal and child health outcomes through a strength-based approach to home visiting. MIHOW trains peer mentors to support women during pregnancy to become physically, mentally, and emotionally healthy for their baby's arrival. Once the baby is born, MIHOW focuses on promoting positive parent-child interactions and establishing a safe, stable, nurturing environment. See www.mihow.org for details.

What is the model's approach to providing home visiting services?

Home visits take place once per month. Services are provided until the child is 3 years old. MIHOW requires at least 80 percent of families served to initiate services prenatally.

MIHOW's target population includes the following:

- Expectant mothers
- First-time mothers or first-time parents
- Teenage mothers or teenage parents
- Unmarried mothers or single parents
- Parents/caregivers with limited education
- Low-income families
- Parents/caregivers experiencing physical/social isolation or limited support system
- Families experiencing language barriers

Who is implementing the model?

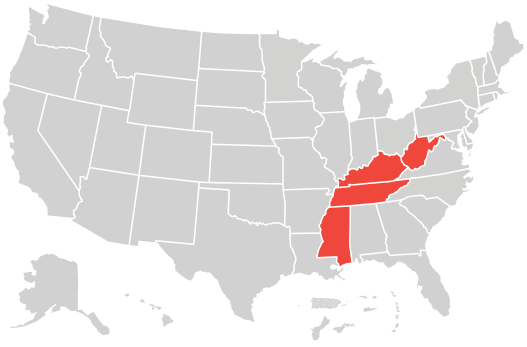
Home Visitors

MIHOW was implemented by 28 full-time equivalent (FTE) home visitors in 2017.

Supervisors

MIHOW was implemented by 10 FTE supervisors in 2017.

Where is the model implemented?



MIHOW operated in four states in 2017.

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National Home Visiting Resource Center
www.nhvrc.org

Maternal Infant Health Outreach Worker Program

Families Served Through Home Visiting in 2017

3,385
home visits provided

504
families served

461
children served

Race

- **0%** American Indian/ Alaska Native
- **1%** Asian
- **14%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **84%** White
- **0%** Multiple
- **<1%** Other

Caregiver age

- **21%** ≤ 21 years
- **47%** 22-29 years
- **31%** 30-44 years
- **<1%** ≥ 45 years

Caregiver education

- **33%** No HS diploma
- **42%** HS diploma or GED
- **17%** Some college or training
- **8%** Bachelor's degree or higher

Ethnicity

- **18%** Hispanic or Latino
- **82%** Not Hispanic or Latino

Household income

- **82%** Low-income status
- **18%** Not low-income status

Child age

- **46%** < 1 year
- **40%** 1-2 years
- **14%** 3-5 years

Child insurance status

- **81%** Public
- **10%** Private
- **9%** None

Primary language

- **78%** English
- **20%** Spanish
- **2%** Other

Note • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

Minding the Baby

Minding the Baby supports reflective parenting, secure attachment, maternal and child health, mental health, and self-efficacy using an interdisciplinary approach with first-time young mothers and their families. The model pairs a social worker and nurse practitioner to support a family's development together. See www.mtb.yale.edu for details.

What is the model's approach to providing home visiting services?

Home visits take place weekly until the child turns 1 year old, then every other week until the child turns 2 years old. The frequency may vary based on a family's level of need or in times of crisis. Services are provided for 27 months (prenatally until the child is 2 years old). Minding the Baby requires families to initiate services prenatally.

Minding the Baby's target population includes the following:

- Expectant mothers
- Low-income families
- First-time mothers or first-time parents
- Teenage mothers or teenage parents
- Families with history of child abuse or neglect/involvement with child welfare system

Who is implementing the model?

Home Visitors

Minding the Baby was implemented by 11 home visitors in 2017. The model recommends a master's degree for home visitors. The maximum caseload requirement for home visitors is 25 families.

Supervisors

Minding the Baby was implemented by 11 supervisors in 2017. The model requires a master's degree for supervisors; a doctoral degree is recommended.

Where is the model implemented?

Minding the Baby operated in four local agencies across two states in 2017. Minding the Baby also operated outside the U.S. and its territories in Denmark, England, and Scotland in 2017.

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Minding the Baby

Families Served Through Evidence-Based Home Visiting in 2017

873
home visits provided

60
families served

60
children served

Mission

The mission of the Minding the Baby National Office is to strengthen families through an interdisciplinary program aimed at limiting the effects of chronic stress and enhancing both physical and mental health. The office also seeks to train professionals to implement relationship-based reflective parenting programs worldwide.

History

Minding the Baby began in 2002 as a collaboration between the Yale Child Study Center, Yale School of Nursing, Fair Haven Community Health Center, and Cornell Scott-Hill Health Center. Today, national office staff continue to provide direct services in New Haven, CT, and to help agencies address community needs through a unified home visiting approach that emphasizes nursing and mental health. Minding the Baby was initially created for first-time mothers in New Haven, CT, but has since expanded to four sites in two states and internationally.

Nurse-Family Partnership

Nurse-Family Partnership seeks to improve participants' lives in three key areas: pregnancy outcomes (by helping women improve prenatal health), child health and development (by helping parents provide sensitive and competent caregiving), and parents' life trajectories (by helping them develop a vision for their future, plan subsequent pregnancies, continue their education, and find work). See www.nursefamilypartnership.org for details.

What is the model's approach to providing home visiting services?

Home visits take place based on a family's level of need and a child's age. Services are provided until the child's second birthday. Nurse-Family Partnership requires families to initiate services prenatally by the 28th week of pregnancy.

Nurse-Family Partnership's target population includes the following:

- Expectant mothers
- Low-income or low-resource families
- First-time mothers

Who is implementing the model?

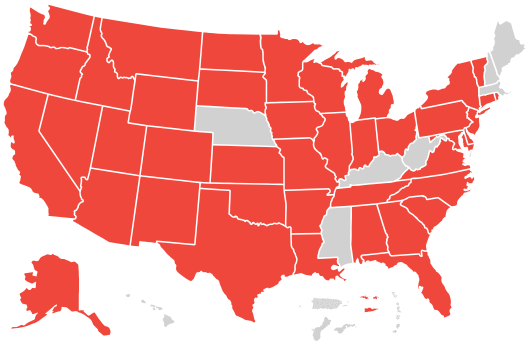
Home Visitors

Nurse-Family Partnership was implemented by 1,904 full-time equivalent (FTE) home visitors in 2017. The model requires a bachelor's degree in nursing for home visitors. The minimum caseload requirement for home visitors is 25 families.

Supervisors

Nurse-Family Partnership was implemented by 215 FTE supervisors in 2017. The model requires a bachelor's degree in nursing for supervisors; a master's degree in nursing is recommended.

Where is the model implemented?



Nurse-Family Partnership operated in 266 local agencies across 42 states and the Virgin Islands in 2017.

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Nurse-Family Partnership

Families Served Through Evidence-Based Home Visiting in 2017

533,244
home visits provided

51,253
families served

43,249
children served

Of the 51,253 families receiving NFP home visiting services in 2017, 19,799 families served through MIECHV funding are presented in the demographics below.

Race

- **3%** American Indian/ Alaska Native
- **3%** Asian
- **34%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **53%** White
- **6%** Multiple

Caregiver age

- **52%** ≤ 21 years
- **37%** 22-29 years
- **11%** 30-44 years
- **<1%** ≥ 45 years

Ethnicity

- **33%** Hispanic or Latino

Caregiver education

- **34%** No HS diploma
- **60%** HS diploma or GED
- **5%** Some college or training
- **1%** Bachelor's degree or higher

Child age

- **63%** < 1 year
- **32%** 1-2 years

Child insurance status

- **74%** Public
- **11%** Private
- **15%** None

Primary language

- **82%** English
- **13%** Spanish
- **5%** Other

Notes • Percentages may not add up to 100 due to rounding. • Caregivers and children with missing data have been excluded from the calculations. • The number of home visits, families served, and children served include MIECHV and non-MIECHV participants. All other data reflect participants receiving NFP services through MIECHV funding only. • Child age is based on the percentage of participants who completed the infancy (<1 year) and toddlerhood (1-2 years) program phases.

Nurses for Newborns

Nurses for Newborns strives to prevent infant mortality and reduce child abuse and neglect. Medical and community providers refer women with high-risk pregnancies and at-risk infants to the program, including infants who are medically fragile; infants of mothers who have medical, mental health, or substance use issues; and infants born to teen mothers. Nurses use home visits to provide education, support, assessment, and resource connection. See www.nursesfornewborns.org for details.

What is the model's approach to providing home visiting services?

Home visits take place based on a family's level of need. Services are provided until the child is 2 years old. Families may enroll prenatally or until the child is 12 months old.

Nurses for Newborns' target population includes the following:

- Teenage mothers or teenage parents
- Children with developmental delays or disabilities
- Children with special health care needs or medical conditions requiring surgery
- Families with history of substance abuse or in need of treatment
- Families with history of child abuse or neglect/involvement with child welfare system
- Expectant mothers with medical or mental health concerns

Who is implementing the model?

Home Visitors

Nurses for Newborns was implemented by 7 home visitors in 2017. The model requires that home visitors are registered nurses with a minimum of 3 years of experience in the neonatal intensive care unit, labor and delivery, nursery, maternity services, or pediatrics.

Supervisors

Nurses for Newborns was implemented by one supervisor in 2017.

Where is the model implemented?

Nurses for Newborns operated in six counties across one state in 2017.

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Nurses for Newborns

Families Served Through Home Visiting in 2017

2,371
home visits provided

439
children served

Race

0% American Indian/ Alaska Native	**61%** White
4% Asian	**0%** Multiple
31% Black	**4%** Other
0% Native Hawaiian/ Pacific Islander	

Ethnicity

14% Hispanic or Latino	**86%** Not Hispanic or Latino

Note • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

Parents as Teachers

PAT aims to increase parent knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, increase children's school readiness and school success, and prevent child abuse and neglect. The four components of the model (home visits, group connections, child screenings, and resource network) all focus on parent-child interaction, development-centered parenting, and family well-being. See www.parentsasteachers.org for details.

What is the model's approach to providing home visiting services?

Home visits take place based on a family's level of need. Families with one or fewer high-needs characteristics receive at least 12 visits each year. Those with two or more characteristics receive at least 24 visits each year. Programs are designed to deliver services for at least 2 years. Families may enroll at any age through kindergarten, but PAT recommends families initiate services prenatally.

PAT serves all families with young children. Some local programs have specific eligibility requirements.

Who is implementing the model?

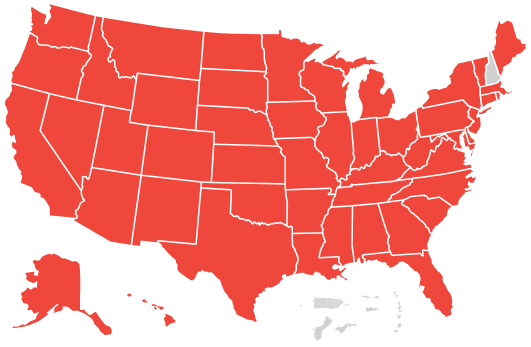
Home Visitors

PAT was implemented by 5,561 home visitors in 2017. Most home visitors (72 percent) have a bachelor's degree or higher. The model requires a high school diploma or GED plus 2 years of experience working with young children and/or parents for home visitors. Home visitors typically maintain a caseload of 15 to 22 families, depending on the families' level of need.

Supervisors

PAT was implemented by 788 full-time equivalent (FTE) supervisors in 2017. The model recommends a bachelor's or master's degree and 5 years of experience working with young children and families for supervisors.

Where is the model implemented?



PAT operated in 1,242 local agencies across 49 states and the District of Columbia in 2017. PAT also operated outside the United States and its territories in Canada, Germany, Switzerland, and the United Kingdom in 2017.

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Parents as Teachers

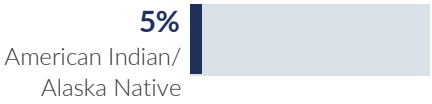
Families Served Through Evidence-Based Home Visiting in 2017

1,208,228
home visits provided

120,310
families served

145,808
children served

Race and ethnicity



Caregiver education

Household income

Child age

Languages spoken in the home

Caregiver age

Child insurance status

Note • Percentages may not add up to 100 due to rounding. • Participants may select more than one language spoken in the home. • Data from international programs are not presented in this profile.

Parent-Child Assistance Program

PCAP's primary goals are to help mothers with alcohol and drug use disorders: achieve and maintain recovery from substance abuse, build healthy family lives, and prevent the births of subsequent alcohol- or drug-exposed infants. The PCAP model is based on relational theory, motivational interviewing, and harm reduction principles to build trusting relationships with mothers, help participants identify goals and take incremental steps to meet them, connect families with comprehensive community services, and enhance maternal confidence. See depts.washington.edu/pcapuw for details.

What is the model's approach to providing home visiting services?

Home visits take place twice per month, with a higher frequency during times of family need. Services are provided for a duration of 3 years. Families may enroll until the child is 12 months old, but PCAP recommends families initiate services prenatally.

PCAP's target population includes the following:

- Families with history of substance abuse or in need of treatment
- Low-income families
- Expectant mothers
- Mothers ineffectively engaged with service providers

Who is implementing the model?

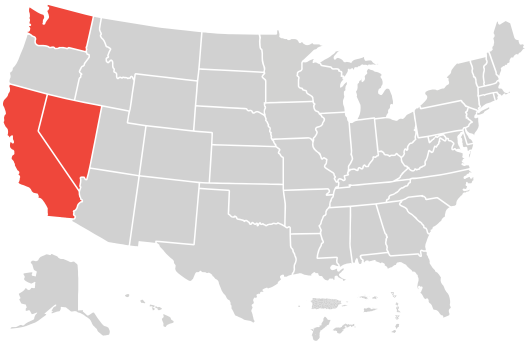
Home Visitors

PCAP was implemented by 81 full-time equivalent (FTE) home visitors in 2017.

Supervisors

PCAP was implemented by 12.5 FTE supervisors in 2017.

Where is the model implemented?



PCAP operated in three states in 2017. The model also operated outside the United States and its territories in Canada in 2017.

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National Home Visiting Resource Center
www.nhvrc.org

Parent-Child Assistance Program

Families Served Through Home Visiting in 2017

19,926
home visits provided

1,405
families served

1,064
children served

Race

- **7%** American Indian/ Alaska Native
- **0%** Asian
- **4%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **66%** White
- **18%** Multiple
- **5%** Other

Caregiver age

- **12%** ≤ 21 years
- **58%** 22-29 years
- **29%** 30-44 years
- **<1%** ≥ 45 years

Caregiver education

- **36%** No HS diploma
- **56%** HS diploma or GED
- **7%** Some college or training
- **1%** Bachelor's degree or higher

Child age

- **39%** < 1 year
- **57%** 1-2 years
- **4%** 3-5 years

Household income

- **100%** Low-income status

Note • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

Parent-Child Home Program

PCHP is an intensive home visiting program that provides underserved families with the knowledge, skills, and materials to build learning-rich home environments and prepare their children for school success. PCHP's goal is to ensure that children enter school ready to succeed and graduate from high school on par with their higher-income peers. PCHP also extends similar supports to family child care providers operating in under-resourced communities to encourage rich learning environments and reach parents who do not have access to home visits. See www.parent-child.org for details.

What is the model's approach to providing home visiting services?

Home visits take place twice per week during two 23-week cycles, for a minimum of 46 weeks (92 visits total). Services are provided to children between the ages of 16 months and 4 years old. Children typically enter the program at 2 years old and exit as they transition to pre-K or a Head Start center-based program.

PCHP's target population includes the following:

- Low-income families
- Families experiencing language or literacy barriers
- Families experiencing social isolation
- Parents/caregivers with limited education
- Immigrant/refugee families
- Families who are homeless

Who is implementing the model?

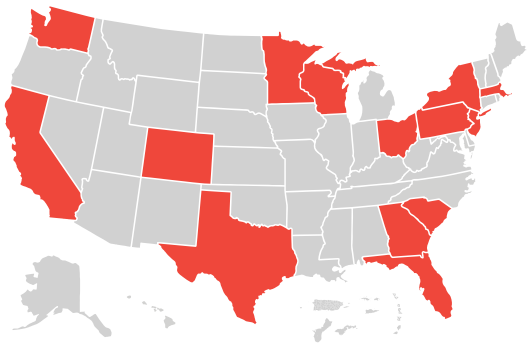
Home Visitors

PCHP was implemented by 959 community-based early learning specialists (ELS) in 2017. The model requires specialists to have a high school diploma or equivalent, be fluent in their families' native languages, share a cultural background with their families, and to have lived or worked in the communities they serve. The average caseload for a full-time ELS is 12 to 14 families.

Supervisors

PCHP was implemented by 133 community-based site coordinators in 2017. The model requires a bachelor's degree for community-based site coordinators.

Where is the model implemented?



PCHP operated in 115 local agencies across 14 states in 2017. The model also operated outside the United States and its territories in Bermuda, Canada, Chile, England, and Ireland in 2017.

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National Home Visiting Resource Center
www.nhvrc.org

Parent-Child Home Program

Families Served Through Home Visiting in 2017

303,612
home visits provided

7,129
families served

7,372
children served

Race and ethnicity

- **3%** American Indian/ Alaska Native
- **16%** Asian
- **49%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **29%** White
- **2%** Multiple
- **0%** Other
- **42%** Hispanic or Latino
- **58%** Not Hispanic or Latino

Caregiver age

- **2%** ≤ 21 years
- **31%** 22-29 years
- **62%** 30-44 years
- **5%** ≥ 45 years

Primary language

- **33%** English
- **39%** Spanish
- **28%** Other

Child age

- **2%** < 1 year
- **86%** 1-2 years
- **12%** 3-5 years

Household income

- **100%** Low-income status

Note • Low income is defined by model standards. 73 percent of participants are at or below 100 percent of the federal poverty guidelines.

Play and Learning Strategies

PALS works to strengthen the bond between parents and children using a responsive caregiving model. The model also provides stimulation that supports the development of children's language and cognitive skills. See www.childrenslearninginstitute.org/programs/play-and-learning-strategies-pals for details.

What is the model's approach to providing home visiting services?

Home visits take place once per week. Services are provided until the curriculum is completed, which typically takes 12 weeks for infants and 14 weeks for toddlers and preschool-age children. PALS requires families to initiate services following the birth of the child. Families may enroll when the child is between 5 and 59 months old, although the model recommends that families enroll before the child is 4 years old.

PALS' target population includes the following:

- Teenage mothers or teenage parents
- Unmarried mothers or single parents
- Parents/caregivers with limited education
- Children with developmental delays or disabilities
- Families with history of child abuse or neglect/involvement with child welfare system

Who is implementing the model?

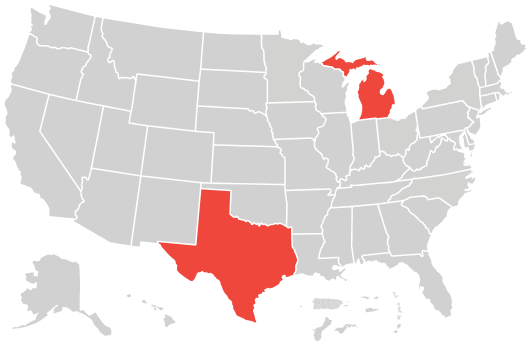
Home Visitors

The model requires a high school diploma for home visitors; a bachelor's degree is recommended. The maximum caseload requirement for home visitors is 12 families.

Supervisors

The model requires a bachelor's degree for supervisors; a master's degree is recommended.

Where is the model implemented?



PALS operated in four local agencies across two states in 2017.

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SafeCare

SafeCare aims to prevent child neglect and physical abuse. The model is designed to improve positive parenting skills so that all parents can provide a nurturing, safe, and healthy home environment for children. The curriculum focuses on three key areas: positive parent-child interaction, child health, and home safety. See www.safecare.org for details.

What is the model's approach to providing home visiting services?

SafeCare is delivered across 18 weekly home visits, which typically last 60 minutes each. SafeCare can be delivered to any family with a child between the ages of birth and 5 years old, with no other inclusion or exclusion family characteristics necessary for enrollment.

Who is implementing the model?

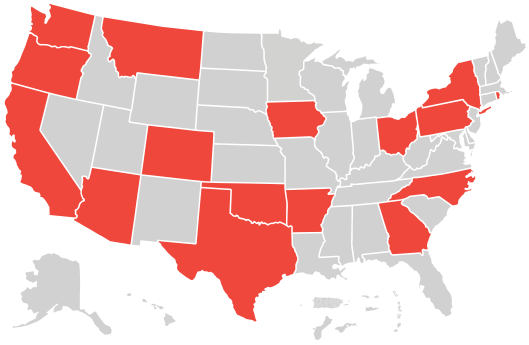
Home Visitors

SafeCare was implemented by 490 providers in 2017. The model requires a high school diploma and experience in child development for home visitors; a bachelor's degree is recommended. Home visitor caseload limits are determined by local programs.

Supervisors

SafeCare Coaches complete a certification process, which includes attending the home visitor training and an additional one-day workshop focused on fidelity monitoring and supportive coaching. A half-day training is available for supervisors and/or administrators who do not deliver the SafeCare program to families, but need more detailed information about the curriculum to effectively support implementation.

Where is the model implemented?



SafeCare operated in 117 local agencies across 16 states in 2017. SafeCare also operated outside the United States and its territories in Australia, Canada, Israel, Spain, Taiwan, and the United Kingdom in 2017.

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SafeCare

Families Served Through Evidence-Based Home Visiting in 2017

121,968
home visits provided

6,887
families served

Race

- **11%** American Indian/ Alaska Native
- **2%** Asian
- **13%** Black
- **<1%** Native Hawaiian/ Pacific Islander
- **57%** White
- **7%** Multiple
- **10%** Other

Ethnicity

- **48%** Hispanic or Latino
- **52%** Not Hispanic or Latino

Primary language

- **82%** English
- **18%** Spanish

Note • Percentages may not add up to 100 due to rounding.

Team for Infants Exposed to Substance abuse Program

TIES is an intensive home-based partnership with pregnant and postpartum women and their families affected by prenatal alcohol and other drug abuse. Social workers and parent educators work with families to create a jointly designed plan that builds on family strengths to promote overall physical, social, and emotional health. TIES aims to reduce parental alcohol and other drug use; build parenting capacity to support child development; address health and behavioral health care needs of parents and children; and improve access to stable income and safe, affordable housing. Contact Oneta Templeton at ojtempleton@cmh.edu for details.

What is the model's approach to providing home visiting services?

Home visits take place once per week. Services are provided until the child turns 2 years old. TIES recommends families initiate services prenatally, but allows for families to enroll until the child is 6 months old. Mothers must be at least 18 years old and have parental or kinship custody to participate.

TIES' target population includes the following:

- Families with history of substance abuse or in need of treatment
- Children born with prenatal alcohol or other drug exposure

Who is implementing the model?

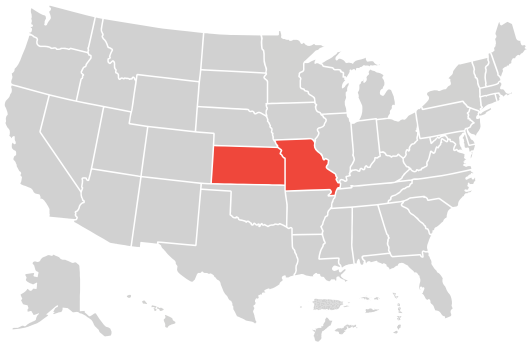
Home Visitors

TIES was implemented by 8.5 full-time equivalent (FTE) home visitors in 2017. The model requires a master's degree for family support specialists and a bachelor's degree for parent resource specialists. The maximum caseload for family support specialists is 10 active families. Parent resource specialists may have no more than 15 active families on their caseloads.

Supervisors

TIES was implemented by one FTE supervisor in 2017. The model requires a master's degree in social work for supervisors.

Where is the model implemented?



TIES operated in two communities in two states in 2017.

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National Home Visiting Resource Center
www.nhvrc.org

Team for Infants Exposed to Substance abuse Program

Families Served Through Home Visiting in 2017

2,302
home visits provided

85
families served

83
children served

Race

- **0%** American Indian/ Alaska Native
- **0%** Asian
- **40%** Black
- **0%** Native Hawaiian/ Pacific Islander
- **53%** White
- **0%** Multiple
- **7%** Other

Caregiver age

- **1%** ≤ 21 years
- **60%** 22-29 years
- **39%** 30-44 years
- **0%** ≥ 45 years

Caregiver education

- **45%** No HS diploma
- **23%** HS diploma or GED
- **28%** Some college or training
- **4%** Bachelor's degree or higher

Child age

- **39%** < 1 year
- **61%** 1-2 years

Household income

- **100%** Low-income status

Ethnicity

- **12%** Hispanic or Latino
- **88%** Not Hispanic or Latino

Child insurance status

- **98%** Public
- **2%** Private

Primary language

- **96%** English
- **4%** Spanish

Note • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

Welcome Baby

Welcome Baby is a voluntary, universal hospital- and home-based intervention for pregnant and postpartum women. Welcome Baby works with families to maximize the health, safety, and security of the baby; build a strong parent-child relationship; and facilitate access to support services when needed. See welcomebaby.labestbabies.org for details.

What is the model's approach to providing home visiting services?

Welcome Baby provides a home visit before the 27th week of pregnancy, followed by a phone call check-in and a home visit after the 28th week of pregnancy. Families receive five home visits after their baby is born. A registered nurse makes the first visit 3 to 14 days postpartum. A parent coach then visits the family at 2 to 4 weeks, 2 months, 3 to 4 months, and 9 months postpartum. Services are provided until the child is 9 months old. Welcome Baby recommends families initiate services prenatally if their location permits, or at the time of birth in a participating hospital.

Welcome Baby serves all families with young children. Some local programs have specific eligibility requirements.

Who is implementing the model?

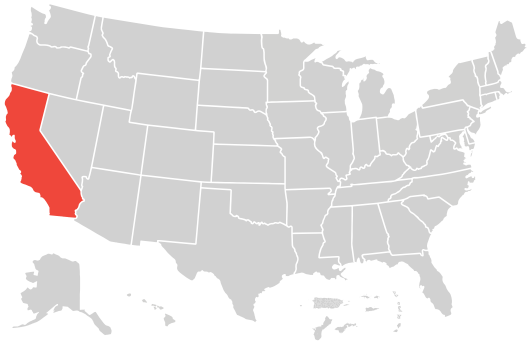
Home Visitors

Welcome Baby was implemented by 173 home visitors in 2017.

Supervisors

Welcome Baby was implemented by 37 supervisors in 2017.

Where is the model implemented?



Welcome Baby operated in one county in one state in 2017.

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Welcome Baby

Families Served Through Home Visiting in 2017

33,377
home visits provided

15,260
families served

15,260
children served

Ethnicity

77% Hispanic or Latino

23% Not Hispanic or Latino

Child age

100% < 1 year

Caregiver education

32% No HS diploma

33% HS diploma or GED

25% Some college or training

10% Bachelor's degree or higher

Child insurance status

91% Public

8% Private

1% None

Household income

60% Low-income status

MIECHV State Data Tables

MIECHV participants represent a portion of the total number of families served by early childhood home visiting. The MIECHV State Data Tables describe the families served with MIECHV funding. These tables include the same data elements as the NHVRC State Profiles but for MIECHV participants only. Data represent the information MIECHV agencies report annually as a requirement of MIECHV funding.

MIECHV funding supports promising approaches and evidence-based models. Promising approaches (indicated in the tables) are models that are not yet deemed evidence based but are being tested with MIECHV funding.

MIECHV State Data Tables Contents

*In some cases, data were not available to create a profile. For more information about MIECHV-funded home visiting in these locations, please see the Health Resources and Services Administration fact sheets: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets

**For tribal home visiting, we include an aggregate data table presenting information about all Tribal MIECHV awardees. This data table uses national data provided by the Administration for Children and Families and reflects MIECHV-funded home visiting only.

What to Expect in the MIECHV State Data Tables

The MIECHV State Data Tables include data shared by state MIECHV agencies. They provide state-specific answers to the following questions:

How many children and families benefited from home visiting?

- Number of families served
- Number of children served
- Number of home visits completed
- Home visiting models operating in the state through MIECHV funds
- Number of full-time home visitor and supervisor positions funded through MIECHV

What types of families benefited from home visiting?

- Caregiver ethnicity
- Caregiver race
- Caregiver educational attainment
- Caregiver age
- Child age
- Child health insurance status
- Primary language
- Household income 100 percent and below the federal poverty guidelines

LEARN MORE

Learn more about the methods used to create the data tables in appendix 1 on page 34.

Alabama

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Alabama included Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 77 full-time equivalent (FTE) home visitors and 17 FTE supervisors. FTE can include full-time and part-time staff.

20,341 home visits provided

1,967 families served

2,477 children served

Caregiver age

≤ 21 years	11%
22-29 years	43%
30-44 years	40%
≥ 45 years	6%

Child age

< 1 year	9%
1-2 years	34%
3-6 years	57%

Primary language

English	90%
Spanish	9%
Other	1%

Child insurance status

Public	86%
Private	13%
None	1%

Caregiver ethnicity

Hispanic or Latino	11%

Household income

Low income	71%

Caregiver race

American Indian/Alaska Native	<1%
Asian	<1%
Black	57%
Native Hawaiian/Pacific Islander	0%
White	39%
Multiple	2%
Other	0%

Caregiver education

No high school diploma	21%
High school diploma	39%
Some college/training	30%
Bachelor's degree or higher	10%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number.

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National Home Visiting Resource Center
www.nhvrc.org

Alaska

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Alaska was Nurse-Family Partnership. Statewide, MIECHV funded eight full-time equivalent (FTE) home visitors and one FTE supervisor. FTE can include full-time and part-time staff.

2,124 home visits provided

221 families served

154 children served

Caregiver age

≤ 21 years	38%
22-29 years	50%
30-44 years	12%
≥ 45 years	0%

Child age

< 1 year	35%
1-2 years	65%
3-6 years	0%

Primary language

English	80%
Spanish	8%
Other	12%

Child insurance status

Public	81%
Private	10%
None	9%

Caregiver ethnicity

Hispanic or Latino	52%

Household income

Low income	71%

Caregiver race

American Indian/Alaska Native	0%
Asian	12%
Black	11%
Native Hawaiian/Pacific Islander	0%
White	51%
Multiple	15%
Other	11%

Caregiver education

No high school diploma	19%
High school diploma	30%
Some college/training	43%
Bachelor's degree or higher	8%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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National Home Visiting Resource Center
www.nhvrc.org

Arkansas

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Arkansas included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and Following Baby Back Home. Statewide, MIECHV funded 87 full-time equivalent (FTE) home visitors and 16 FTE supervisors. FTE can include full-time and part-time staff.

31,228 home visits provided

2,492 families served

2,475 children served

Caregiver age

≤ 21 years	34%
22-29 years	38%
30-44 years	25%
≥ 45 years	3%

Child age

< 1 year	37%
1-2 years	33%
3-6 years	30%

Primary language

English	84%
Spanish	14%
Other	2%

Child insurance status

Public	86%
Private	10%
None	4%

Caregiver ethnicity

Hispanic or Latino	13%

Household income

Low income	80%

Caregiver race

American Indian/Alaska Native	<1%
Asian	2%
Black	37%
Native Hawaiian/Pacific Islander	<1%
White	57%
Multiple	2%
Other	0%

Caregiver education

No high school diploma	26%
High school diploma	45%
Some college/training	21%
Bachelor's degree or higher	8%

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California

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in California included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 85 full-time equivalent (FTE) home visitors and 17 FTE supervisors. FTE can include full-time and part-time staff.

33,216 home visits provided

3,347 families served

2,614 children served

Caregiver age

≤ 21 years	41%
22-29 years	40%
30-44 years	18%
≥ 45 years	<1%

Child age

< 1 year	52%
1-2 years	44%
3-6 years	4%

Primary language

English	71%
Spanish	25%
Other	4%

Child insurance status

Public	92%
Private	6%
None	2%

Caregiver ethnicity

Hispanic or Latino	62%

Household income

Low income	78%

Caregiver race

American Indian/Alaska Native	3%
Asian	7%
Black	12%
Native Hawaiian/Pacific Islander	<1%
White	69%
Multiple	8%
Other	0%

Caregiver education

No high school diploma	28%
High school diploma	28%
Some college/training	35%
Bachelor's degree or higher	9%

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Colorado

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Colorado included Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 86 full-time equivalent (FTE) home visitors and 12 FTE supervisors. FTE can include full-time and part-time staff.

33,265
home visits provided

3,601
families served

3,733
children served

Caregiver age

≤ 21 years	21%
22-29 years	40%
30-44 years	37%
≥ 45 years	2%

Child age

< 1 year	40%
1-2 years	40%
3-6 years	20%

Primary language

English	66%
Spanish	31%
Other	3%

Child insurance status

Public	82%
Private	15%
None	3%

Caregiver ethnicity

Hispanic or Latino	61%

Household income

Low income	50%

Caregiver race

American Indian/Alaska Native	4%
Asian	3%
Black	7%
Native Hawaiian/Pacific Islander	<1%
White	78%
Multiple	7%
Other	0%

Caregiver education

No high school diploma	28%
High school diploma	36%
Some college/training	27%
Bachelor's degree or higher	9%

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Connecticut

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Connecticut included Child First, Early Head Start Home-Based Option, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 81 full-time equivalent (FTE) home visitors and 22 FTE supervisors. FTE can include full-time and part-time staff.

14,633 home visits provided

1,270 families served

974 children served

Caregiver age

≤ 21 years	18%
22-29 years	37%
30-44 years	40%
≥ 45 years	5%

Child age

< 1 year	25%
1-2 years	29%
3-6 years	46%

Primary language

English	76%
Spanish	22%
Other	2%

Child insurance status

Public	92%
Private	7%
None	<1%

Caregiver ethnicity

Hispanic or Latino	43%

Household income

Low income	69%

Caregiver race

American Indian/Alaska Native	4%
Asian	2%
Black	18%
Native Hawaiian/Pacific Islander	1%
White	70%
Multiple	5%
Other	0%

Caregiver education

No high school diploma	28%
High school diploma	41%
Some college/training	24%
Bachelor's degree or higher	7%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number.

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Delaware

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Delaware included Healthy Families America and Parents as Teachers. Statewide, MIECHV funded 19 full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

3,531 home visits provided

493 families served

458 children served

Caregiver age

≤ 21 years	19%
22-29 years	40%
30-44 years	38%
≥ 45 years	3%

Child age

< 1 year	33%
1-2 years	33%
3-6 years	34%

Primary language

English	82%
Spanish	17%
Other	1%

Child insurance status

Public	85%
Private	14%
None	1%

Caregiver ethnicity

Hispanic or Latino	26%

Household income

Low income	68%

Caregiver race

American Indian/Alaska Native	2%
Asian	1%
Black	48%
Native Hawaiian/Pacific Islander	0%
White	41%
Multiple	8%
Other	0%

Caregiver education

No high school diploma	18%
High school diploma	59%
Some college/training	16%
Bachelor's degree or higher	7%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number.

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District of Columbia

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in the District of Columbia included Healthy Families America and Parents as Teachers. Districtwide, MIECHV funded 10 full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

2,625 home visits provided

215 families served

264 children served

Caregiver age

≤ 21 years	13%
22-29 years	43%
30-44 years	42%
≥ 45 years	2%

Child age

< 1 year	23%
1-2 years	56%
3-6 years	21%

Primary language

English	77%
Spanish	21%
Other	2%

Child insurance status

Public	96%
Private	4%
None	0%

Caregiver ethnicity

Hispanic or Latino	27%

Household income

Low income	96%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	73%
Native Hawaiian/Pacific Islander	0%
White	7%
Multiple	19%
Other	<1%

Caregiver education

No high school diploma	33%
High school diploma	52%
Some college/training	12%
Bachelor's degree or higher	3%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Florida

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Florida included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 73 full-time equivalent (FTE) home visitors and 17 FTE supervisors. FTE can include full-time and part-time staff.

22,659 home visits provided

1,983 families served

1,590 children served

Caregiver age

≤ 21 years	32%
22-29 years	43%
30-44 years	24%
≥ 45 years	1%

Child age

< 1 year	71%
1-2 years	28%
3-6 years	<1%

Primary language

English	76%
Spanish	19%
Other	5%

Child insurance status

Public	94%
Private	4%
None	2%

Caregiver ethnicity

Hispanic or Latino	33%

Household income

Low income	76%

Caregiver race

American Indian/Alaska Native	0%
Asian	2%
Black	44%
Native Hawaiian/Pacific Islander	0%
White	51%
Multiple	2%
Other	<1%

Caregiver education

No high school diploma	33%
High school diploma	29%
Some college/training	30%
Bachelor's degree or higher	8%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Georgia

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Georgia included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 60 full-time equivalent (FTE) home visitors and 20 FTE supervisors. FTE can include full-time and part-time staff.

17,279 home visits provided

1,362 families served

1,303 children served

Caregiver age

≤ 21 years	26%
22-29 years	44%
30-44 years	29%
≥ 45 years	<1%

Child age

< 1 year	65%
1-2 years	27%
3-6 years	8%

Primary language

English	71%
Spanish	22%
Other	7%

Child insurance status

Public	92%
Private	6%
None	2%

Caregiver ethnicity

Hispanic or Latino	28%

Household income

Low income	76%

Caregiver race

American Indian/Alaska Native	0%
Asian	5%
Black	49%
Native Hawaiian/Pacific Islander	0%
White	43%
Multiple	2%
Other	<1%

Caregiver education

No high school diploma	42%
High school diploma	26%
Some college/training	26%
Bachelor's degree or higher	6%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Guam

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Guam was Healthy Families America. Territory-wide, MIECHV funded seven full-time equivalent (FTE) home visitors and two FTE supervisors. FTE can include full-time and part-time staff.

707 home visits provided

58 families served

59 children served

Caregiver age

≤ 21 years	28%
22-29 years	43%
30-44 years	29%
≥ 45 years	0%

Child age

< 1 year	14%
1-2 years	37%
3-6 years	49%

Primary language

English	83%
Spanish	0%
Other	17%

Child insurance status

Public	85%
Private	5%
None	10%

Caregiver ethnicity

Hispanic or Latino	0%

Household income

Low income	84%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	0%
Native Hawaiian/Pacific Islander	93%
White	0%
Multiple	0%
Other	7%

Caregiver education

No high school diploma	62%
High school diploma	24%
Some college/training	14%
Bachelor's degree or higher	0%

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Hawaii

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Hawaii included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, MIECHV funded 34 full-time equivalent (FTE) home visitors and 11 FTE supervisors. FTE can include full-time and part-time staff.

10,870 home visits provided

840 families served

801 children served

Caregiver age

≤ 21 years	18%
22-29 years	42%
30-44 years	38%
≥ 45 years	2%

Child age

< 1 year	52%
1-2 years	28%
3-6 years	20%

Primary language

English	83%
Spanish	5%
Other	12%

Child insurance status

Public	87%
Private	12%
None	1%

Caregiver ethnicity

Hispanic or Latino	19%

Household income

Low income	78%

Caregiver race

American Indian/Alaska Native	0%
Asian	11%
Black	0%
Native Hawaiian/Pacific Islander	36%
White	14%
Multiple	38%
Other	<1%

Caregiver education

No high school diploma	27%
High school diploma	43%
Some college/training	24%
Bachelor's degree or higher	6%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Idaho

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Idaho included Early Head Start Home-Based Option, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 23 full-time equivalent (FTE) home visitors and seven FTE supervisors. FTE can include full-time and part-time staff.

6,487 home visits provided

628 families served

704 children served

Caregiver age

≤ 21 years	21%
22-29 years	40%
30-44 years	35%
≥ 45 years	4%

Child age

< 1 year	24%
1-2 years	55%
3-6 years	21%

Primary language

English	80%
Spanish	12%
Other	8%

Child insurance status

Public	89%
Private	10%
None	<1%

Caregiver ethnicity

Hispanic or Latino	23%

Household income

Low income	54%

Caregiver race

American Indian/Alaska Native	0%
Asian	5%
Black	3%
Native Hawaiian/Pacific Islander	0%
White	87%
Multiple	3%
Other	2%

Caregiver education

No high school diploma	20%
High school diploma	40%
Some college/training	32%
Bachelor's degree or higher	8%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Illinois

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Illinois included Early Head Start Home-Based Option, Healthy Families America, and Parents as Teachers. Statewide, MIECHV funded 53 full-time equivalent (FTE) home visitors and 16 FTE supervisors. FTE can include full-time and part-time staff.

13,178 home visits provided

1,100 families served

1,087 children served

Caregiver age

≤ 21 years	39%
22-29 years	39%
30-44 years	21%
≥ 45 years	1%

Child age

< 1 year	52%
1-2 years	39%
3-6 years	9%

Primary language

English	72%
Spanish	26%
Other	2%

Child insurance status

Public	94%
Private	5%
None	1%

Caregiver ethnicity

Hispanic or Latino	34%

Household income

Low income	85%

Caregiver race

American Indian/Alaska Native	4%
Asian	0%
Black	39%
Native Hawaiian/Pacific Islander	0%
White	42%
Multiple	14%
Other	<1%

Caregiver education

No high school diploma	32%
High school diploma	43%
Some college/training	22%
Bachelor's degree or higher	3%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Indiana

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Indiana included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 81 full-time equivalent (FTE) home visitors and 19 FTE supervisors. FTE can include full-time and part-time staff.

29,544 home visits provided

2,390 families served

2,124 children served

Caregiver age

≤ 21 years	26%
22-29 years	49%
30-44 years	24%
≥ 45 years	<1%

Child age

< 1 year	52%
1-2 years	44%
3-6 years	4%

Primary language

English	87%
Spanish	9%
Other	4%

Child insurance status

Public	89%
Private	4%
None	7%

Caregiver ethnicity

Hispanic or Latino	18%

Household income

Low income	81%

Caregiver race

American Indian/Alaska Native	*
Asian	2%
Black	43%
Native Hawaiian/Pacific Islander	*
White	49%
Multiple	5%
Other	<1%

Caregiver education

No high school diploma	30%
High school diploma	35%
Some college/training	30%
Bachelor's degree or higher	5%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with *% were combined with "Other" race.

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Iowa

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Iowa included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 103 full-time equivalent (FTE) home visitors and 14 FTE supervisors. FTE can include full-time and part-time staff.

13,381
home visits provided

911
families served

844
children served

Caregiver age

≤ 21 years	32%
22-29 years	44%
30-44 years	23%
≥ 45 years	<1%

Child age

< 1 year	56%
1-2 years	36%
3-6 years	8%

Primary language

English	88%
Spanish	8%
Other	4%

Child insurance status

Public	91%
Private	8%
None	<1%

Caregiver ethnicity

Hispanic or Latino	15%

Household income

Low income	0%

Caregiver race

American Indian/Alaska Native	0%
Asian	1%
Black	16%
Native Hawaiian/Pacific Islander	0%
White	79%
Multiple	3%
Other	1%

Caregiver education

No high school diploma	20%
High school diploma	33%
Some college/training	43%
Bachelor's degree or higher	4%

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Kansas

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Kansas included Early Head Start Home-Based Option, Healthy Families America, Parents as Teachers, and Team for Infants Exposed to Substance Abuse. Statewide, MIECHV funded 37 full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

9,686 home visits provided

665 families served

739 children served

Caregiver age

≤ 21 years	15%
22-29 years	47%
30-44 years	36%
≥ 45 years	2%

Child age

< 1 year	25%
1-2 years	49%
3-6 years	26%

Primary language

English	76%
Spanish	18%
Other	6%

Child insurance status

Public	87%
Private	11%
None	2%

Caregiver ethnicity

Hispanic or Latino	28%

Household income

Low income	72%

Caregiver race

American Indian/Alaska Native	8%
Asian	0%
Black	13%
Native Hawaiian/Pacific Islander	0%
White	64%
Multiple	8%
Other	7%

Caregiver education

No high school diploma	30%
High school diploma	31%
Some college/training	34%
Bachelor's degree or higher	5%

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Kentucky

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Kentucky was Health Access Nurturing Development Services. Statewide, MIECHV funded 84 full-time equivalent (FTE) home visitors and 15 FTE supervisors. FTE can include full-time and part-time staff.

55,588 home visits provided

2,323 families served

1,717 children served

Caregiver age

≤ 21 years	33%
22-29 years	47%
30-44 years	19%
≥ 45 years	<1%

Child age

< 1 year	39%
1-2 years	58%
3-6 years	3%

Primary language

English	100%
Spanish	0%
Other	0%

Child insurance status

Public	88%
Private	5%
None	7%

Caregiver ethnicity

Hispanic or Latino	0%

Household income

Low income	82%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	1%
Native Hawaiian/Pacific Islander	0%
White	97%
Multiple	<1%
Other	<1%

Caregiver education

No high school diploma	28%
High school diploma	37%
Some college/training	32%
Bachelor's degree or higher	3%

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Louisiana

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Louisiana included Nurse-Family Partnership and Parents as Teachers. Statewide, MIECHV funded 67 full-time equivalent (FTE) home visitors and four FTE supervisors. FTE can include full-time and part-time staff.

22,934 home visits provided

2,123 families served

1,629 children served

Caregiver age

≤ 21 years	48%
22-29 years	39%
30-44 years	12%
≥ 45 years	<1%

Child age

< 1 year	47%
1-2 years	51%
3-6 years	2%

Primary language

English	97%
Spanish	2%
Other	<1%

Child insurance status

Public	95%
Private	1%
None	4%

Caregiver ethnicity

Hispanic or Latino	5%

Household income

Low income	84%

Caregiver race

American Indian/Alaska Native	<1%
Asian	0%
Black	67%
Native Hawaiian/Pacific Islander	0%
White	30%
Multiple	1%
Other	<1%

Caregiver education

No high school diploma	33%
High school diploma	57%
Some college/training	9%
Bachelor's degree or higher	1%

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Maine

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Maine was Parents as Teachers. Statewide, MIECHV funded 74 full-time equivalent (FTE) home visitors and 18 FTE supervisors. FTE can include full-time and part-time staff.

20,538 home visits provided

2,139 families served

2,120 children served

Caregiver age

≤ 21 years	16%
22-29 years	47%
30-44 years	35%
≥ 45 years	2%

Child age

< 1 year	72%
1-2 years	27%
3-6 years	1%

Primary language

English	94%
Spanish	<1%
Other	5%

Child insurance status

Public	78%
Private	20%
None	2%

Caregiver ethnicity

Hispanic or Latino	3%

Household income

Low income	56%

Caregiver race

American Indian/Alaska Native	2%
Asian	1%
Black	5%
Native Hawaiian/Pacific Islander	<1%
White	89%
Multiple	2%
Other	0%

Caregiver education

No high school diploma	14%
High school diploma	41%
Some college/training	28%
Bachelor's degree or higher	17%

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Maryland

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Maryland included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 61 full-time equivalent (FTE) home visitors and 11 FTE supervisors. FTE can include full-time and part-time staff.

14,610 home visits provided

1,326 families served

1,101 children served

Caregiver age

≤ 21 years	24%
22-29 years	44%
30-44 years	31%
≥ 45 years	<1%

Child age

< 1 year	42%
1-2 years	45%
3-6 years	13%

Primary language

English	90%
Spanish	9%
Other	1%

Child insurance status

Public	88%
Private	5%
None	7%

Caregiver ethnicity

Hispanic or Latino	12%

Household income

Low income	80%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	77%
Native Hawaiian/Pacific Islander	0%
White	20%
Multiple	2%
Other	<1%

Caregiver education

No high school diploma	37%
High school diploma	45%
Some college/training	14%
Bachelor's degree or higher	4%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Massachusetts

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Massachusetts included Early Head Start Home-Based Option, Healthy Families America, and Parents as Teachers. Statewide, MIECHV funded 53 full-time equivalent (FTE) home visitors and nine FTE supervisors. FTE can include full-time and part-time staff.

26,155 home visits provided

1,940 families served

1,656 children served

Caregiver age

≤ 21 years	63%
22-29 years	29%
30-44 years	7%
≥ 45 years	<1%

Child age

< 1 year	63%
1-2 years	25%
3-6 years	12%

Primary language

English	61%
Spanish	30%
Other	9%

Child insurance status

Public	93%
Private	6%
None	1%

Caregiver ethnicity

Hispanic or Latino	50%

Household income

Low income	76%

Caregiver race

American Indian/Alaska Native	*
Asian	3%
Black	22%
Native Hawaiian/Pacific Islander	0%
White	53%
Multiple	22%
Other	0%

Caregiver education

No high school diploma	42%
High school diploma	52%
Some college/training	4%
Bachelor's degree or higher	2%

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Michigan

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Michigan included Early Head Start Home-Based Option, Healthy Families America, and Nurse-Family Partnership. Statewide, MIECHV funded 79 full-time equivalent (FTE) home visitors and 15 FTE supervisors. FTE can include full-time and part-time staff.

25,853 home visits provided

2,162 families served

1,711 children served

Caregiver age

≤ 21 years	42%
22-29 years	43%
30-44 years	14%
≥ 45 years	<1%

Child age

< 1 year	43%
1-2 years	52%
3-6 years	5%

Primary language

English	90%
Spanish	7%
Other	3%

Child insurance status

Public	86%
Private	8%
None	6%

Caregiver ethnicity

Hispanic or Latino	15%

Household income

Low income	72%

Caregiver race

American Indian/Alaska Native	0%
Asian	3%
Black	54%
Native Hawaiian/Pacific Islander	0%
White	35%
Multiple	7%
Other	<1%

Caregiver education

No high school diploma	30%
High school diploma	43%
Some college/training	22%
Bachelor's degree or higher	5%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Minnesota

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Minnesota included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 65 full-time equivalent (FTE) home visitors and 11 FTE supervisors. FTE can include full-time and part-time staff.

14,187 home visits provided

1,983 families served

1,802 children served

Caregiver age

≤ 21 years	39%
22-29 years	42%
30-44 years	18%
≥ 45 years	<1%

Child age

< 1 year	36%
1-2 years	52%
3-6 years	12%

Primary language

English	79%
Spanish	10%
Other	11%

Child insurance status

Public	74%
Private	6%
None	20%

Caregiver ethnicity

Hispanic or Latino	20%

Household income

Low income	71%

Caregiver race

American Indian/Alaska Native	3%
Asian	8%
Black	23%
Native Hawaiian/Pacific Islander	1%
White	58%
Multiple	7%
Other	0%

Caregiver education

No high school diploma	32%
High school diploma	37%
Some college/training	27%
Bachelor's degree or higher	4%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number.

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Mississippi

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Mississippi was Healthy Families America. Statewide, MIECHV funded 44 full-time equivalent (FTE) home visitors and 10 FTE supervisors. FTE can include full-time and part-time staff.

12,222 home visits provided

693 families served

667 children served

Caregiver age

≤ 21 years	24%
22-29 years	52%
30-44 years	23%
≥ 45 years	<1%

Child age

< 1 year	37%
1-2 years	55%
3-6 years	8%

Primary language

English	99%
Spanish	<1%
Other	0%

Child insurance status

Public	NA
Private	NA
None	NA

Caregiver ethnicity

Hispanic or Latino	0%

Household income

Low income	93%

Caregiver race

American Indian/Alaska Native	<1%
Asian	0%
Black	96%
Native Hawaiian/Pacific Islander	0%
White	2%
Multiple	<1%
Other	0%

Caregiver education

No high school diploma	15%
High school diploma	34%
Some college/training	39%
Bachelor's degree or higher	12%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number.

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Missouri

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Missouri included Early Head Start Home-Based Option, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 27 full-time equivalent (FTE) home visitors and five FTE supervisors. FTE can include full-time and part-time staff.

7,624 home visits provided

493 families served

506 children served

Caregiver age

≤ 21 years	21%
22-29 years	48%
30-44 years	26%
≥ 45 years	5%

Child age

< 1 year	47%
1-2 years	26%
3-6 years	27%

Primary language

English	99%
Spanish	<1%
Other	0%

Child insurance status

Public	96%
Private	3%
None	<1%

Caregiver ethnicity

Hispanic or Latino	2%

Household income

Low income	89%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	39%
Native Hawaiian/Pacific Islander	0%
White	57%
Multiple	3%
Other	1%

Caregiver education

No high school diploma	30%
High school diploma	42%
Some college/training	26%
Bachelor's degree or higher	2%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Montana

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Montana included Family Spirit, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, MIECHV funded 42 full-time equivalent (FTE) home visitors and eight FTE supervisors. FTE can include full-time and part-time staff.

9,756
home visits provided

1,017
families served

985
children served

Caregiver age

≤ 21 years	30%
22-29 years	44%
30-44 years	24%
≥ 45 years	2%

Child age

< 1 year	43%
1-2 years	39%
3-6 years	18%

Primary language

English	98%
Spanish	<1%
Other	<1%

Child insurance status

Public	92%
Private	7%
None	1%

Caregiver ethnicity

Hispanic or Latino	7%

Household income

Low income	65%

Caregiver race

American Indian/Alaska Native	17%
Asian	0%
Black	1%
Native Hawaiian/Pacific Islander	0%
White	77%
Multiple	4%
Other	1%

Caregiver education

No high school diploma	19%
High school diploma	45%
Some college/training	31%
Bachelor's degree or higher	5%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Nebraska

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Nebraska was Healthy Families America. Statewide, MIECHV funded nine full-time equivalent (FTE) home visitors and four FTE supervisors. FTE can include full-time and part-time staff.

3,131 home visits provided

232 families served

223 children served

Caregiver age

≤ 21 years	19%
22-29 years	46%
30-44 years	32%
≥ 45 years	3%

Child age

< 1 year	56%
1-2 years	43%
3-6 years	<1%

Primary language

English	84%
Spanish	13%
Other	3%

Child insurance status

Public	90%
Private	8%
None	2%

Caregiver ethnicity

Hispanic or Latino	35%

Household income

Low income	78%

Caregiver race

American Indian/Alaska Native	13%
Asian	0%
Black	11%
Native Hawaiian/Pacific Islander	0%
White	63%
Multiple	11%
Other	2%

Caregiver education

No high school diploma	30%
High school diploma	45%
Some college/training	19%
Bachelor's degree or higher	6%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Nevada

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Nevada included Early Head Start Home-Based Option, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 22 full-time equivalent (FTE) home visitors and 12 FTE supervisors. FTE can include full-time and part-time staff.

5,353 home visits provided

510 families served

539 children served

Caregiver age

≤ 21 years	16%
22-29 years	40%
30-44 years	39%
≥ 45 years	5%

Child age

< 1 year	10%
1-2 years	33%
3-6 years	57%

Primary language

English	76%
Spanish	22%
Other	2%

Child insurance status

Public	78%
Private	18%
None	4%

Caregiver ethnicity

Hispanic or Latino	43%

Household income

Low income	63%

Caregiver race

American Indian/Alaska Native	6%
Asian	0%
Black	10%
Native Hawaiian/Pacific Islander	0%
White	74%
Multiple	7%
Other	3%

Caregiver education

No high school diploma	26%
High school diploma	41%
Some college/training	27%
Bachelor's degree or higher	6%

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New Hampshire

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in New Hampshire was Healthy Families America. Statewide, MIECHV funded 15 full-time equivalent (FTE) home visitors and six FTE supervisors. FTE can include full-time and part-time staff.

3,778 home visits provided

280 families served

247 children served

Caregiver age

≤ 21 years	14%
22-29 years	51%
30-44 years	34%
≥ 45 years	<1%

Child age

< 1 year	42%
1-2 years	46%
3-6 years	12%

Primary language

English	85%
Spanish	3%
Other	12%

Child insurance status

Public	98%
Private	2%
None	0%

Caregiver ethnicity

Hispanic or Latino	0%

Household income

Low income	75%

Caregiver race

American Indian/Alaska Native	0%
Asian	9%
Black	10%
Native Hawaiian/Pacific Islander	0%
White	80%
Multiple	0%
Other	<1%

Caregiver education

No high school diploma	25%
High school diploma	52%
Some college/training	20%
Bachelor's degree or higher	3%

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New Jersey

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in New Jersey included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 198 full-time equivalent (FTE) home visitors and 41 FTE supervisors. FTE can include full-time and part-time staff.

75,137 home visits provided

7,041 families served

5,707 children served

Caregiver age

≤ 21 years	28%
22-29 years	41%
30-44 years	30%
≥ 45 years	<1%

Child age

< 1 year	42%
1-2 years	46%
3-6 years	12%

Primary language

English	61%
Spanish	36%
Other	3%

Child insurance status

Public	90%
Private	4%
None	6%

Caregiver ethnicity

Hispanic or Latino	56%

Household income

Low income	72%

Caregiver race

American Indian/Alaska Native	2%
Asian	2%
Black	36%
Native Hawaiian/Pacific Islander	<1%
White	52%
Multiple	7%
Other	0%

Caregiver education

No high school diploma	30%
High school diploma	32%
Some college/training	30%
Bachelor's degree or higher	8%

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New Mexico

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in New Mexico included Nurse-Family Partnership and Parents as Teachers. Statewide, MIECHV funded 17 full-time equivalent (FTE) home visitors and four FTE supervisors. FTE can include full-time and part-time staff.

6,609 home visits provided

547 families served

576 children served

Caregiver age

≤ 21 years	21%
22-29 years	41%
30-44 years	33%
≥ 45 years	5%

Child age

< 1 year	22%
1-2 years	46%
3-6 years	32%

Primary language

English	79%
Spanish	20%
Other	1%

Child insurance status

Public	83%
Private	15%
None	2%

Caregiver ethnicity

Hispanic or Latino	55%

Household income

Low income	70%

Caregiver race

American Indian/Alaska Native	30%
Asian	1%
Black	0%
Native Hawaiian/Pacific Islander	0%
White	67%
Multiple	1%
Other	1%

Caregiver education

No high school diploma	16%
High school diploma	37%
Some college/training	36%
Bachelor's degree or higher	11%

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New York

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in New York included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 60 full-time equivalent (FTE) home visitors and 13 FTE supervisors. FTE can include full-time and part-time staff.

38,117 home visits provided

3,015 families served

2,678 children served

Caregiver age

≤ 21 years	28%
22-29 years	45%
30-44 years	26%
≥ 45 years	<1%

Child age

< 1 year	49%
1-2 years	47%
3-6 years	4%

Primary language

English	69%
Spanish	24%
Other	7%

Child insurance status

Public	94%
Private	4%
None	2%

Caregiver ethnicity

Hispanic or Latino	44%

Household income

Low income	80%

Caregiver race

American Indian/Alaska Native	1%
Asian	4%
Black	65%
Native Hawaiian/Pacific Islander	<1%
White	24%
Multiple	5%
Other	0%

Caregiver education

No high school diploma	29%
High school diploma	27%
Some college/training	36%
Bachelor's degree or higher	8%

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North Carolina

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in North Carolina included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 23 full-time equivalent (FTE) home visitors and five FTE supervisors. FTE can include full-time and part-time staff.

6,603 home visits provided

514 families served

416 children served

Caregiver age

≤ 21 years	45%
22-29 years	39%
30-44 years	15%
≥ 45 years	1%

Child age

< 1 year	38%
1-2 years	54%
3-6 years	8%

Primary language

English	92%
Spanish	7%
Other	<1%

Child insurance status

Public	89%
Private	3%
None	8%

Caregiver ethnicity

Hispanic or Latino	13%

Household income

Low income	71%

Caregiver race

American Indian/Alaska Native	7%
Asian	0%
Black	35%
Native Hawaiian/Pacific Islander	0%
White	44%
Multiple	13%
Other	<1%

Caregiver education

No high school diploma	34%
High school diploma	54%
Some college/training	11%
Bachelor's degree or higher	<1%

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Northern Mariana Islands

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in the Northern Mariana Islands was Healthy Families America. Territory-wide, MIECHV funded six full-time equivalent (FTE) home visitors and two FTE supervisors. FTE can include full-time and part-time staff.

1,506 home visits provided

102 families served

88 children served

Caregiver age

≤ 21 years	11%
22-29 years	39%
30-44 years	45%
≥ 45 years	5%

Child age

< 1 year	23%
1-2 years	63%
3-6 years	14%

Primary language

English	26%
Spanish	0%
Other	74%

Child insurance status

Public	91%
Private	2%
None	7%

Caregiver ethnicity

Hispanic or Latino	0%

Household income

Low income	98%

Caregiver race

American Indian/Alaska Native	0%
Asian	19%
Black	0%
Native Hawaiian/Pacific Islander	78%
White	0%
Multiple	0%
Other	3%

Caregiver education

No high school diploma	22%
High school diploma	53%
Some college/training	21%
Bachelor's degree or higher	4%

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Ohio

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Ohio included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 77 full-time equivalent (FTE) home visitors and 14 FTE supervisors. FTE can include full-time and part-time staff.

22,231 home visits provided

2,147 families served

1,939 children served

Caregiver age

≤ 21 years	16%
22-29 years	49%
30-44 years	32%
≥ 45 years	3%

Child age

< 1 year	30%
1-2 years	50%
3-6 years	20%

Primary language

English	95%
Spanish	3%
Other	2%

Child insurance status

Public	95%
Private	5%
None	0%

Caregiver ethnicity

Hispanic or Latino	7%

Household income

Low income	81%

Caregiver race

American Indian/Alaska Native	0%
Asian	2%
Black	29%
Native Hawaiian/Pacific Islander	0%
White	63%
Multiple	5%
Other	<1%

Caregiver education

No high school diploma	26%
High school diploma	61%
Some college/training	7%
Bachelor's degree or higher	6%

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Oklahoma

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Oklahoma included Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, MIECHV funded 38 full-time equivalent (FTE) home visitors and 10 FTE supervisors. FTE can include full-time and part-time staff.

12,430 home visits provided

1,100 families served

1,025 children served

Caregiver age

≤ 21 years	20%
22-29 years	38%
30-44 years	41%
≥ 45 years	<1%

Child age

< 1 year	19%
1-2 years	50%
3-6 years	31%

Primary language

English	49%
Spanish	46%
Other	5%

Child insurance status

Public	85%
Private	13%
None	2%

Caregiver ethnicity

Hispanic or Latino	55%

Household income

Low income	68%

Caregiver race

American Indian/Alaska Native	0%
Asian	5%
Black	16%
Native Hawaiian/Pacific Islander	0%
White	69%
Multiple	7%
Other	3%

Caregiver education

No high school diploma	45%
High school diploma	28%
Some college/training	20%
Bachelor's degree or higher	7%

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Oregon

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Oregon included Early Head Start Home-Based Option, Healthy Families America, and Nurse-Family Partnership. Statewide, MIECHV funded 51 full-time equivalent (FTE) home visitors and 11 FTE supervisors. FTE can include full-time and part-time staff.

14,759 home visits provided

1,052 families served

933 children served

Caregiver age

≤ 21 years	24%
22-29 years	46%
30-44 years	29%
≥ 45 years	<1%

Child age

< 1 year	36%
1-2 years	57%
3-6 years	7%

Primary language

English	77%
Spanish	21%
Other	2%

Child insurance status

Public	93%
Private	4%
None	3%

Caregiver ethnicity

Hispanic or Latino	35%

Household income

Low income	73%

Caregiver race

American Indian/Alaska Native	2%
Asian	1%
Black	3%
Native Hawaiian/Pacific Islander	<1%
White	85%
Multiple	8%
Other	0%

Caregiver education

No high school diploma	30%
High school diploma	33%
Some college/training	31%
Bachelor's degree or higher	6%

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Pennsylvania

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Pennsylvania included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 122 full-time equivalent (FTE) home visitors and 27 FTE supervisors. FTE can include full-time and part-time staff.

40,090
home visits provided

3,203
families served

3,259
children served

Caregiver age

≤ 21 years	36%
22-29 years	41%
30-44 years	21%
≥ 45 years	2%

Child age

< 1 year	51%
1-2 years	32%
3-6 years	17%

Primary language

English	88%
Spanish	8%
Other	4%

Child insurance status

Public	85%
Private	13%
None	2%

Caregiver ethnicity

Hispanic or Latino	23%

Household income

Low income	68%

Caregiver race

American Indian/Alaska Native	0%
Asian	3%
Black	26%
Native Hawaiian/Pacific Islander	0%
White	66%
Multiple	4%
Other	<1%

Caregiver education

No high school diploma	22%
High school diploma	41%
Some college/training	29%
Bachelor's degree or higher	8%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Puerto Rico

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Puerto Rico was Healthy Families America. Territory-wide, MIECHV funded nine full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

2,416 home visits provided

145 families served

125 children served

Caregiver age

≤ 21 years	75%
22-29 years	25%
30-44 years	0%
≥ 45 years	0%

Child age

< 1 year	33%
1-2 years	27%
3-6 years	40%

Primary language

English	0%
Spanish	100%
Other	0%

Child insurance status

Public	100%
Private	0%
None	0%

Caregiver ethnicity

Hispanic or Latino	100%

Household income

Low income	91%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	0%
Native Hawaiian/Pacific Islander	0%
White	43%
Multiple	56%
Other	<1%

Caregiver education

No high school diploma	37%
High school diploma	45%
Some college/training	15%
Bachelor's degree or higher	3%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Rhode Island

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Rhode Island included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 84 full-time equivalent (FTE) home visitors and 20 FTE supervisors. FTE can include full-time and part-time staff.

22,820 home visits provided

1,646 families served

1,600 children served

Caregiver age

≤ 21 years	19%
22-29 years	44%
30-44 years	36%
≥ 45 years	<1%

Child age

< 1 year	45%
1-2 years	44%
3-6 years	11%

Primary language

English	69%
Spanish	27%
Other	4%

Child insurance status

Public	88%
Private	8%
None	4%

Caregiver ethnicity

Hispanic or Latino	46%

Household income

Low income	74%

Caregiver race

American Indian/Alaska Native	2%
Asian	3%
Black	32%
Native Hawaiian/Pacific Islander	0%
White	62%
Multiple	0%
Other	<1%

Caregiver education

No high school diploma	32%
High school diploma	39%
Some college/training	23%
Bachelor's degree or higher	6%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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South Carolina

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in South Carolina included Family Check-Up, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 47 full-time equivalent (FTE) home visitors and 10 FTE supervisors. FTE can include full-time and part-time staff.

16,125 home visits provided

2,232 families served

2,071 children served

Caregiver age

≤ 21 years	21%
22-29 years	49%
30-44 years	28%
≥ 45 years	2%

Child age

< 1 year	11%
1-2 years	73%
3-6 years	16%

Primary language

English	84%
Spanish	15%
Other	1%

Child insurance status

Public	93%
Private	5%
None	2%

Caregiver ethnicity

Hispanic or Latino	19%

Household income

Low income	77%

Caregiver race

American Indian/Alaska Native	0%
Asian	<1%
Black	54%
Native Hawaiian/Pacific Islander	0%
White	37%
Multiple	7%
Other	<1%

Caregiver education

No high school diploma	26%
High school diploma	37%
Some college/training	31%
Bachelor's degree or higher	6%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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South Dakota

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in South Dakota was Nurse-Family Partnership. Statewide, MIECHV funded five full-time equivalent (FTE) home visitors and one FTE supervisor. FTE can include full-time and part-time staff.

1,694 home visits provided

157 families served

132 children served

Caregiver age

≤ 21 years	50%
22-29 years	41%
30-44 years	9%
≥ 45 years	0%

Child age

< 1 year	39%
1-2 years	61%
3-6 years	0%

Primary language

English	80%
Spanish	6%
Other	14%

Child insurance status

Public	87%
Private	8%
None	5%

Caregiver ethnicity

Hispanic or Latino	13%

Household income

Low income	61%

Caregiver race

American Indian/Alaska Native	37%
Asian	12%
Black	0%
Native Hawaiian/Pacific Islander	0%
White	45%
Multiple	5%
Other	<1%

Caregiver education

No high school diploma	41%
High school diploma	26%
Some college/training	30%
Bachelor's degree or higher	3%

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Tennessee

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Tennessee included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 68 full-time equivalent (FTE) home visitors and 21 FTE supervisors. FTE can include full-time and part-time staff.

16,701 home visits provided

1,569 families served

1,546 children served

Caregiver age

≤ 21 years	33%
22-29 years	46%
30-44 years	20%
≥ 45 years	<1%

Child age

< 1 year	30%
1-2 years	48%
3-6 years	22%

Primary language

English	89%
Spanish	8%
Other	3%

Child insurance status

Public	93%
Private	5%
None	2%

Caregiver ethnicity

Hispanic or Latino	12%

Household income

Low income	64%

Caregiver race

American Indian/Alaska Native	<1%
Asian	0%
Black	47%
Native Hawaiian/Pacific Islander	0%
White	47%
Multiple	4%
Other	<1%

Caregiver education

No high school diploma	29%
High school diploma	37%
Some college/training	30%
Bachelor's degree or higher	4%

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Texas

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Texas included Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 126 full-time equivalent (FTE) home visitors and 25 FTE supervisors. FTE can include full-time and part-time staff.

56,204 home visits provided

3,873 families served

4,450 children served

Caregiver age

≤ 21 years	20%
22-29 years	35%
30-44 years	42%
≥ 45 years	3%

Child age

< 1 year	14%
1-2 years	31%
3-6 years	55%

Primary language

English	62%
Spanish	37%
Other	1%

Child insurance status

Public	68%
Private	22%
None	10%

Caregiver ethnicity

Hispanic or Latino	71%

Household income

Low income	62%

Caregiver race

American Indian/Alaska Native	<1%
Asian	<1%
Black	8%
Native Hawaiian/Pacific Islander	<1%
White	85%
Multiple	4%
Other	0%

Caregiver education

No high school diploma	28%
High school diploma	28%
Some college/training	33%
Bachelor's degree or higher	11%

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Utah

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Utah was Parents as Teachers. Statewide, MIECHV funded 29 full-time equivalent (FTE) home visitors and eight FTE supervisors. FTE can include full-time and part-time staff.

13,644 home visits provided

932 families served

762 children served

Caregiver age

≤ 21 years	26%
22-29 years	42%
30-44 years	31%
≥ 45 years	<1%

Child age

< 1 year	NA
1-2 years	NA
3-6 years	NA

Primary language

English	67%
Spanish	28%
Other	5%

Child insurance status

Public	44%
Private	29%
None	27%

Caregiver ethnicity

Hispanic or Latino	40%

Household income

Low income	75%

Caregiver race

American Indian/Alaska Native	2%
Asian	3%
Black	4%
Native Hawaiian/Pacific Islander	3%
White	84%
Multiple	4%
Other	0%

Caregiver education

No high school diploma	23%
High school diploma	39%
Some college/training	29%
Bachelor's degree or higher	9%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number.

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Vermont

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Vermont was Nurse-Family Partnership. Statewide, MIECHV funded 13 full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

3,215 home visits provided

382 families served

301 children served

Caregiver age

≤ 21 years	34%
22-29 years	53%
30-44 years	12%
≥ 45 years	<1%

Child age

< 1 year	57%
1-2 years	43%
3-6 years	0%

Primary language

English	98%
Spanish	<1%
Other	<1%

Child insurance status

Public	89%
Private	3%
None	8%

Caregiver ethnicity

Hispanic or Latino	3%

Household income

Low income	74%

Caregiver race

American Indian/Alaska Native	0%
Asian	0%
Black	0%
Native Hawaiian/Pacific Islander	0%
White	90%
Multiple	7%
Other	3%

Caregiver education

No high school diploma	18%
High school diploma	32%
Some college/training	41%
Bachelor's degree or higher	9%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Virginia

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Virginia included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 65 full-time equivalent (FTE) home visitors and 17 FTE supervisors. FTE can include full-time and part-time staff.

14,668 home visits provided

1,291 families served

1,228 children served

Caregiver age

≤ 21 years	24%
22-29 years	45%
30-44 years	28%
≥ 45 years	3%

Child age

< 1 year	75%
1-2 years	19%
3-6 years	6%

Primary language

English	77%
Spanish	19%
Other	4%

Child insurance status

Public	88%
Private	6%
None	6%

Caregiver ethnicity

Hispanic or Latino	23%

Household income

Low income	74%

Caregiver race

American Indian/Alaska Native	0%
Asian	2%
Black	42%
Native Hawaiian/Pacific Islander	0%
White	48%
Multiple	7%
Other	1%

Caregiver education

No high school diploma	33%
High school diploma	39%
Some college/training	22%
Bachelor's degree or higher	6%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Washington

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Washington included Nurse-Family Partnership and Parents as Teachers. Statewide, MIECHV funded 60 full-time equivalent (FTE) home visitors and 10 FTE supervisors. FTE can include full-time and part-time staff.

18,118 home visits provided

1,692 families served

1,727 children served

Caregiver age

≤ 21 years	32%
22-29 years	44%
30-44 years	23%
≥ 45 years	<1%

Child age

< 1 year	26%
1-2 years	54%
3-6 years	20%

Primary language

English	62%
Spanish	34%
Other	4%

Child insurance status

Public	95%
Private	4%
None	<1%

Caregiver ethnicity

Hispanic or Latino	45%

Household income

Low income	62%

Caregiver race

American Indian/Alaska Native	8%
Asian	<1%
Black	12%
Native Hawaiian/Pacific Islander	1%
White	64%
Multiple	14%
Other	0%

Caregiver education

No high school diploma	25%
High school diploma	35%
Some college/training	34%
Bachelor's degree or higher	6%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number.

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West Virginia

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in West Virginia included Early Head Start Home-Based Option, Healthy Families America, Parents as Teachers, and Maternal Infant Health Outreach Worker Program. Statewide, MIECHV funded 108 full-time equivalent (FTE) home visitors and 23 FTE supervisors. FTE can include full-time and part-time staff.

20,302 home visits provided

1,962 families served

2,232 children served

Caregiver age

≤ 21 years	17%
22-29 years	46%
30-44 years	31%
≥ 45 years	6%

Child age

< 1 year	19%
1-2 years	46%
3-6 years	35%

Primary language

English	98%
Spanish	<1%
Other	<1%

Child insurance status

Public	81%
Private	18%
None	<1%

Caregiver ethnicity

Hispanic or Latino	<1%

Household income

Low income	67%

Caregiver race

American Indian/Alaska Native	0%
Asian	<1%
Black	6%
Native Hawaiian/Pacific Islander	0%
White	91%
Multiple	1%
Other	<1%

Caregiver education

No high school diploma	16%
High school diploma	44%
Some college/training	29%
Bachelor's degree or higher	11%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • Data include service numbers for Maternal Infant Health Outreach Worker Program, which is recognized by HRSA as a promising approach. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Wisconsin

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

Evidence-based models implemented with MIECHV funds in Wisconsin included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 73 full-time equivalent (FTE) home visitors and 18 FTE supervisors. FTE can include full-time and part-time staff.

18,303
home visits provided

1,477
families served

1,326
children served

Caregiver age

≤ 21 years	35%
22-29 years	41%
30-44 years	23%
≥ 45 years	1%

Child age

< 1 year	62%
1-2 years	30%
3-6 years	8%

Primary language

English	81%
Spanish	15%
Other	4%

Child insurance status

Public	91%
Private	6%
None	3%

Caregiver ethnicity

Hispanic or Latino	23%

Household income

Low income	68%

Caregiver race

American Indian/Alaska Native	11%
Asian	4%
Black	17%
Native Hawaiian/Pacific Islander	0%
White	65%
Multiple	0%
Other	3%

Caregiver education

No high school diploma	30%
High school diploma	40%
Some college/training	27%
Bachelor's degree or higher	3%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Wyoming

Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The evidence-based model implemented with MIECHV funds in Wyoming was Parents as Teachers. Statewide, MIECHV funded seven full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

1,837 home visits provided

180 families served

182 children served

Caregiver age

≤ 21 years	18%
22-29 years	34%
30-44 years	47%
≥ 45 years	1%

Child age

< 1 year	54%
1-2 years	45%
3-6 years	<1%

Primary language

English	91%
Spanish	6%
Other	3%

Child insurance status

Public	74%
Private	25%
None	<1%

Caregiver ethnicity

Hispanic or Latino	17%

Household income

Low income	53%

Caregiver race

American Indian/Alaska Native	13%
Asian	0%
Black	4%
Native Hawaiian/Pacific Islander	0%
White	76%
Multiple	5%
Other	2%

Caregiver education

No high school diploma	14%
High school diploma	38%
Some college/training	28%
Bachelor's degree or higher	20%

Notes • States provided data from their 2017 MIECHV federal report. Data represent families served through MIECHV-funded programs in fiscal year 2017. MIECHV State Data Tables include MIECHV data only. Numbers may vary from those in NHVRC State Profiles, which may include both MIECHV and non-MIECHV data provided by evidence-based models. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and TRICARE. • Caregivers include pregnant women, female caregivers, and male caregivers. • Low income is defined as family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race.

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Tribal

Families Served Through the Tribal Maternal, Infant, and Early Childhood Home Visiting Program in 2017

The Tribal MIECHV Program provides funding to 25 tribal organizations across the country. Evidence-based models implemented with Tribal MIECHV funds included Family Spirit, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parent-Child Assistance Project, Parents as Teachers, and SafeCare. Nationwide, Tribal MIECHV funded 73 full-time equivalent (FTE) home visitors and 24 FTE supervisors. FTE can include full-time and part-time staff.

17,525 home visits provided

1,716 families served

1,737 children served

Caregiver age

≤ 21 years	16%
22-29 years	48%
30-44 years	33%
≥ 45 years	3%

Child age

< 1 year	32%
1-2 years	46%
3-6 years	22%

Primary language

English	97%
Spanish	<1%
Other	2%

Child insurance status

Public	85%
Private	12%
None	3%

Caregiver ethnicity

Hispanic or Latino	11%

Household income

Low income	71%

Caregiver race

American Indian/Alaska Native	76%
Asian	<1%
Black	2%
Native Hawaiian/Pacific Islander	<1%
White	11%
Multiple	9%
Other	0%

Caregiver education

No high school diploma	22%
High school diploma	45%
Some college/training	26%
Bachelor's degree or higher	7%

Notes • Data in this profile were provided by the Administration for Children and Families Tribal Home Visiting Program. • Tribal organizations receiving Tribal MIECHV funds in 2017 included Cherokee Nation, Choctaw Nation of Oklahoma (Cohort 3), Choctaw Nation of Oklahoma (Implementation and Expansion Grant), Confederated Salish and Kootenai Tribes, Confederated Tribes of Siletz Indians, Cook Inlet Tribal Council, Crow Creek Tribal Schools, Eastern Band of Cherokee Indians, Inter-Tribal Council of Michigan, Lake County Tribal Health Consortium, Native American Community Health Center, Inc., Native American Health Center, Inc., Native American Professional Parent Resources, Inc., Navajo Nation, Port Gamble S'Klallam Tribe, Pueblo of San Felipe, Red Cliff Band of Lake Superior Chippewa, Riverside-San Bernardino County Indian Health, Inc., South Puget Intertribal Planning Agency, Southcentral Foundation, Taos Pueblo, Turtle Mountain Band of Chippewa, United Indians of All Tribes Foundation, White Earth Band of Chippewa, and Yellowhawk Tribal Health Center.

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