



National Home Visiting  
**Resource Center**

*Helping Children &  
Families Thrive*

**2017**

# Home Visiting Yearbook





It is easier to build  
strong children than  
to repair broken men.

— Frederick Douglass



## 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.

In 2017, its inaugural year, the NHVRC will—

- ✔ Publish original products, including the *2017 Home Visiting Yearbook*
- ✔ Build an online collection of home visiting resources and research
- ✔ Create a space to share professional and personal experiences with home visiting

Join the conversation at [nhvrc.org](http://nhvrc.org)

## Acknowledgments

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



A photograph of a man with dark hair and a mustache, wearing a blue plaid shirt, smiling as he looks at a young boy. The boy is wearing a colorful plaid shirt and is focused on painting a picture on a white surface. They are both at a wooden table. In the background, there are colorful toys on a shelf. A large, dark blue, curved graphic element is overlaid on the right side of the image, partially obscuring the text.

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## Executive Summary

The *2017 Home Visiting Yearbook* compiles key data on early childhood home visiting, a proven service delivery strategy that helps children and families thrive. Home visiting has existed in some form for more than 100 years, paving the way to a healthier, safer, and more successful future for families. It connects parents-to-be and parents of young children with a designated support person who guides them through the early stages of raising a family. For many, it is a bridge to becoming the kind of parents they want to be so they can unlock their child's potential.

Home visiting is voluntary and tailored to meet families where they are—from a teenage single mother in Phoenix to an expectant military couple near the Smoky Mountains to a Native American woman raising a grandchild with special needs in North Dakota. Depending on the family's circumstances, the home visitor might talk with them about their child's developmental milestones, coach them in positive parenting, connect them with needed services, and even help them create a resume so they can find a job. Home visiting is cost effective, with demonstrated improvements in child health, well-being, and school readiness and parent self-sufficiency.

Home visiting is offered in many communities, perhaps even yours. The *2017 Home Visiting Yearbook* presents, for the first time, the most comprehensive picture available of home visiting on the national and state levels. It reveals the breadth of home visiting across America but also the gaps, where families in need are going without this vital source of support. To produce the *Yearbook*, the National Home Visiting Resource Center examined publicly available data, collected new data, and analyzed what we found.



There are so many barriers to receiving the help you might need, whether it's transportation, childcare...We take all of those barriers out of it. [Parents and caregivers] can be sitting on their couch, their kids can be playing with toys. They can bring their books. I think that gives them a sense of ease as we begin to talk.

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**Chris Margard, home visitor**

Photo courtesy of Matthew Johnson/Urban Institute

## Highlights

- ✔ More than 18 million pregnant women and families (including more than 23 million children) could benefit from home visiting.
- ✔ More than a quarter of a million families received evidence-based home visiting services in 2015 over the course of more than 2 million home visits.
- ✔ States have long supported home visiting services by pooling limited resources. They allocate federal dollars and state funds from tobacco settlements and taxes, lotteries, and budget line items. Some foundations provide additional funding. Home visiting is provided at no cost to recipients.
- ✔ Through the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), the federal government has bolstered evidence-based home
- visiting since 2010, investing \$1.85 billion for services, research, and local infrastructure to develop early childhood systems.
- ✔ Evidence-based home visiting is now implemented in all 50 states, the District of Columbia, 5 territories, and 25 tribal communities. About 40 percent of all counties have at least one local agency offering evidence-based home visiting.
- ✔ The field is moving toward professionalization of the home visiting workforce to standardize and support the knowledge and skills needed to serve families successfully.
- ✔ The evidence base for home visiting is strong and growing.

The *Yearbook* is based on the best information available but reflects limitations associated with the lack of a standard reporting mechanism for home visiting. Our data are therefore incomplete and underestimate the number of families served.

In future years, we will expand the story of home visiting, even as that story continues to unfold in innovative ways across the country. We will work with models and states to collect the most complete data possible. We will also keep listening. We want to understand what other questions need answers, what emerging issues need attention, and what new and essential information the field needs to achieve its goals.

Read on to discover the state of early childhood home visiting in America today and a vision for what it could be. Use the *Yearbook* to make informed decisions about home visiting in your program, agency, community, or state. Share it widely. Keep the conversation going. Let us know what you think.



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## Introduction

Recent years have brought an unprecedented expansion of early childhood home visiting. Together, states and communities have made new inroads implementing home visiting models that improve outcomes for children and families. The value of home visiting is increasingly documented and recognized. Yet there has been no comprehensive picture of how home visiting is playing out across the country.

The 2017 *Home Visiting Yearbook* shares reliable, objective information to inform sound decisions in policy and practice. It asks critical questions, including the following:

- ✓ Where do home visiting programs operate?
- ✓ How many families and children are being served by home visiting, and how many more could benefit?
- ✓ Who develops and administers home visiting?
- ✓ Who funds home visiting?

This first edition of the *Yearbook* presents a snapshot of home visiting using the most complete data available. It looks at the national landscape of home visiting and then drills down to the states. The *Yearbook* relies primarily on 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) and organizations that have developed home visiting models that are recognized as evidence based.<sup>1</sup> It also draws on public data sources such as the Health Resources and Services Administration and the U.S. Census Bureau.

The National Home Visiting Resource Center (NHVRC) acknowledges that the service data presented here are not complete because of the lack of a standard reporting mechanism for home visiting. For details about our mixed-methods approach, which included both qualitative and quantitative data, see [appendix 1](#). In future *Yearbooks*, we will seek to expand and improve our data collection efforts.

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<sup>1</sup> The *Yearbook* defines evidence-based home visiting as programs that have met rigorous U.S. Department of Health and Human Services criteria for evidence of effectiveness as determined by the Home Visiting Evidence of Effectiveness project (HomVEE).



## CHAPTER ONE

# A Primer on Early Childhood Home Visiting

This chapter serves as an introduction to early childhood home visiting, providing context for the data presented later in the *Yearbook*. It presents—

- Background information that defines home visiting and outlines its history
- Highlights from the evidence base for home visiting, describing its demonstrated impact on critical needs
- An overview of the funding sources for home visiting services



## What Is Home Visiting?

Few experiences are as rewarding and challenging as parenthood. Many parents still remember the friends and relatives they turned to for advice after discovering they were expecting a child. Unfortunately, not everyone has a built-in system to help them navigate a child's early years.

Early childhood home visiting is a service delivery strategy that matches new and expectant parents 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 another location of the family's choice, often reaching socially or geographically isolated families.

A two-generation approach, home visiting delivers both parent- and child-oriented services to help the whole family. It views child and family development from a holistic perspective that encompasses—

- ✓ Child health and well-being
- ✓ Parent health and well-being
- ✓ Child development and school readiness
- ✓ Family economic self-sufficiency
- ✓ Positive parent-child relationships
- ✓ Family functioning

Home visiting can benefit all families that welcome a child into their lives. For families facing additional stressors, such as unemployment or health concerns, a consistent lifeline can provide the stability they need to get back on their feet. Home visitors get to know each family over time and tailor services to meet its needs. A home visit might include an assessment of child and family strengths and needs, provision of information on child developmental stages and progress, structured parent-child activities, family goal setting, assistance addressing crises or resolving problems, coordination with needed community services, or emotional support during stressful times.<sup>i</sup>


## Home Visiting: A Brief History

Early childhood home visiting is not new. As early as 1883, private charities sent home visitors to provide guidance and model healthy behaviors to the urban poor.<sup>ii</sup> Over time, new professions were created to support families in the home. The Settlement House movement of the early 1900s propelled the Progressive Era in the United States, promoting visiting nurses, teachers, and social workers.<sup>iii</sup> Federal interest in the needs of mothers and young children led to the passage in 1935 of Title V, the Maternal and Child Health Program (which was later converted to a block grant). In the 1960s, the War on Poverty increased awareness of early child care and child development.

In the early 1970s, C. Henry Kempe, a crusader for the prevention of child maltreatment, advocated for a universal approach to prevention through a network of home health visitors.<sup>iv</sup> Influenced by this approach, modern home visiting began with Hawaii's implementation of the Healthy Start Project in 1975.<sup>v</sup> In 1977, David Olds initiated the first randomized control trial of what would become the Nurse-Family Partnership model, marking the beginning of rigorous evidence building in home visiting.<sup>vi</sup> Political and community support for home visiting also began to gather and, bolstered by state and foundation funding, led to the creation of the first Parents as Teachers program in 1981.<sup>vii</sup>

The burgeoning development of home visiting models continued throughout the 1990s. In 1992, Healthy Families America emerged from the National Committee to Prevent Child Abuse (now Prevent Child Abuse America),<sup>viii</sup> with funding support from Ronald McDonald Children's Charities (now Ronald McDonald House Charities). Critical to the design of Healthy Families America was the development of infrastructure to replicate the model, including training, technical assistance, and an accreditation system to assess implementation. This laid the groundwork for the national expansion of home visiting models a decade later. Models also emerged from practice communities and academic settings, including Minding the Baby, which began in 2002 as a collaboration of the Yale Child Study Center, Yale School of Nursing, Fair Haven Community Health Center, and Cornell Scott-Hill Health Center.<sup>ix</sup>

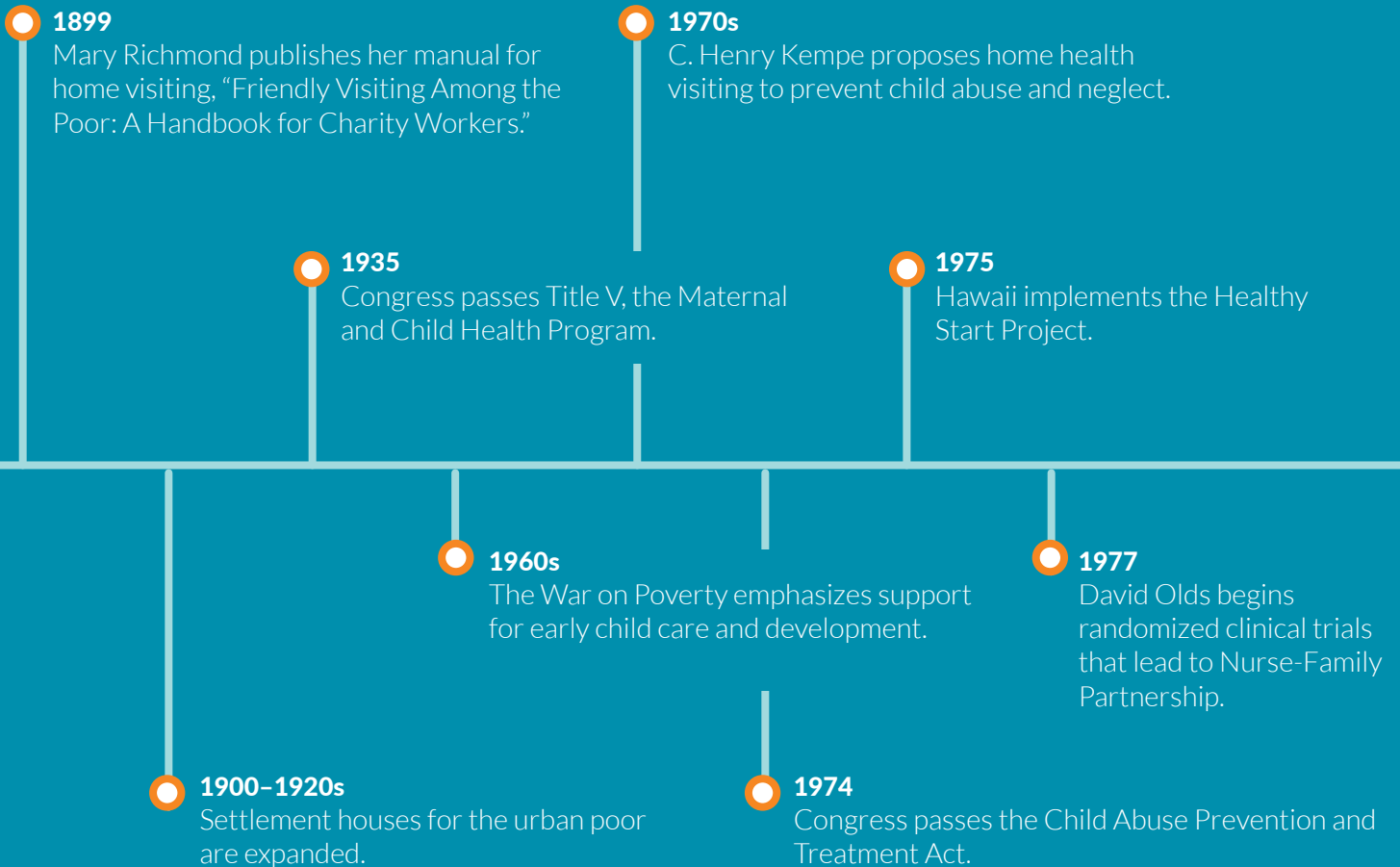
In the new millennium, several models established national offices, and six of the largest models collaborated to create a national forum.<sup>x</sup> Its focus was to improve home visiting and develop benchmarks for measuring quality. In 2009, the U.S. Department of Health and Human Services (HHS) established the Home Visiting Evidence of Effectiveness project (HomVEE) to review the evidence base for home visiting models.<sup>xi</sup> Bipartisan support for evidence-based home visiting led to the creation of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) in 2010. Five years later, MIECHV funding was reauthorized through 2017.



**Bipartisan support for  
evidence-based home  
visiting led to MIECHV.**



# Home Visiting: A Timeline





**1981**

The Missouri Department of Education designs first Parents as Teachers program.



**1994**

Head Start expands home visiting to children from birth to age 3 (Early Head Start).



**2009**

HHS launches HomVEE to review the evidence base for home visiting models.



**2011**

Pew Charitable Trusts hosts the first National Summit on Quality in Home Visiting Programs.



**2000**

National Home Visiting Forum convenes for first time.



**2015**

Congress reauthorizes MIECHV funding through 2017.



**1992**

Healthy Families America is established.



**2010**

Congress invests \$1.5 billion in home visiting through MIECHV.



## Evidence-Based Models

Home visiting models vary based on factors such as their target audience, the outcomes they prioritize, and the duration and frequency of home visits. As of June 2017, 20 home visiting models met rigorous HHS criteria for evidence of effectiveness, as determined by HomVEE (see [NHVRC Model Profiles](#)):

- |                                                                 |                                                                                       |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|
| ✓ Attachment and Biobehavioral Catch-Up (ABC) Intervention      | ✓ Healthy Families America (HFA)*                                                     |
| ✓ Child FIRST*                                                  | ✓ HealthySteps <sup>2</sup>                                                           |
| ✓ Early Head Start-Home Visiting (EHS)*                         | ✓ Home Instruction for Parents of Preschool Youngsters (HIPPY)*                       |
| ✓ Early Intervention Program for Adolescent Mothers             | ✓ Maternal Early Childhood Sustained Home-Visiting Program (MECSH)                    |
| ✓ Early Start (New Zealand)                                     | ✓ Minding the Baby*                                                                   |
| ✓ Family Check-Up for Children*                                 | ✓ Nurse-Family Partnership (NFP)*                                                     |
| ✓ Family Connects*                                              | ✓ Oklahoma's Community-Based Family Resource and Support (CBFRS) Program <sup>3</sup> |
| ✓ Family Spirit*                                                | ✓ Parents as Teachers (PAT)*                                                          |
| ✓ Health Access Nurturing Development Services (HANDS) Program* | ✓ Play and Learning Strategies (PALS)*                                                |
| ✓ Healthy Beginnings                                            | ✓ SafeCare Augmented*                                                                 |

\* Designates the 13 models that met HHS criteria for evidence of effectiveness and were operating in the United States in 2015, the year for which data are reported in this Yearbook. HomVEE reviews are ongoing.

<sup>2</sup> During a recent update, HomVEE revised the HealthySteps profile to include changes to the model, noting home visiting is not HealthySteps' primary service delivery strategy. States could implement HealthySteps with MIECHV funds in fiscal years 2014 and 2015 but could no longer do so beginning in fiscal year 2016.

<sup>3</sup> Oklahoma's Community-Based Family Resource and Support Program is no longer in operation. See <https://homvee.acf.hhs.gov/models.aspx> for details.

## Why Home Visiting?

The first 5 years of life are the building blocks for children’s future health, development, and academic achievement.<sup>xii</sup> In fact, children’s early experiences and interactions with adults shape brain development and serve as the foundation for subsequent learning.<sup>xiii, xiv, xv</sup> Early childhood home visiting empowers parents and caregivers to meet their family’s needs and to engage more fully in their children’s care and growth. The results are improved outcomes and positive returns on investment for adults and children alike.

Home visiting has a strong evidence base, with many studies showing that it works.<sup>4</sup> As a two-generation approach, home visiting has the potential to improve outcomes across a range of domains, such as child health, school readiness, parent economic self-sufficiency, and parenting practices. Not all domains have been well studied or have demonstrated improvement across all home visiting models.<sup>5</sup> Here we highlight examples of home visiting’s demonstrated impact on critical needs.<sup>xvi, xvii</sup>

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<sup>4</sup> For more comprehensive reviews of the evidence base for home visiting, see *Solving Social Ills Through Early Childhood Home Visiting*, retrieved from <http://www.pewtrusts.org/en/research-and-analysis/reports/0001/01/01/solving-social-ills-through-early-childhood-home-visiting> and *Components Associated with Home Visiting Program Outcomes: A Meta-analysis*, retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24187111>.

<sup>5</sup> For details about models by outcome domain, see evidence reviews conducted by HomVEE, Home Visiting Evidence Effectiveness: Outcomes, retrieved from <https://homvee.acf.hhs.gov/outcomes.aspx>



## Healthy Babies

Access to prenatal care prevents birth complications for both infants and mothers and reduces health care costs.<sup>xviii</sup> Unfortunately, national data reveal that not all babies get a healthy start:<sup>6</sup>

- Six percent of expectant mothers had delayed or no prenatal care.<sup>xix</sup>
- Ten percent of infants were born prematurely.<sup>xx</sup>
- Approximately 6 percent of infants died before age 1.<sup>xxi</sup>

### Home Visiting as Part of the Solution

Home visitors work with expectant and new mothers to ensure optimal care in pregnancy and infancy. Indeed, pregnant home visiting recipients are more likely to access prenatal care and carry their babies to term.<sup>xxii</sup> Home visiting also promotes infant caregiving practices like breastfeeding, which has been associated with positive long-term outcomes related to cognitive development and child health.<sup>xxiii</sup>



## Safe Homes and Nurturing Relationships

Preventable injuries and abuse happen all too frequently to children in the United States:

- Nineteen percent of children under 18 visited the emergency room because of accident or injury between 2010 and 2013.<sup>xxiv</sup>
- Unintentional injuries were a leading cause of death and disability among children aged 1–4.<sup>xxv</sup>
- The rate of substantiated child abuse was 9 per 1,000 children under 18, with the majority of victims under age 1.<sup>xxvi</sup>

### Home Visiting as Part of the Solution

Home visitors provide parents with knowledge and training to make their homes safer. For example, educating parents about how to “baby proof” their home can reduce unintentional injuries. Home visitors also teach parents how to engage with their children in positive, nurturing, and responsive ways, thus reducing child maltreatment.<sup>xxvii</sup>

<sup>6</sup> Data presented in this section are from 2014 unless otherwise indicated. For national and state data about maternal and child health indicators of well-being, see [appendix 2](#).





## Optimal Early Learning and Long-Term Academic Achievement

Because the early years of life are critical to brain development, parent-child activities like reading together are linked to future academic achievement. Nationally, many children do not get the start they need to launch a positive academic trajectory:

- Sixty-four percent of fourth graders failed to meet standards for reading proficiency in 2015.<sup>xxviii</sup>

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### Home Visiting as Part of the Solution

Home visitors offer parents timely information about child development, helping them recognize the value of reading and other activities for children's learning. This guidance translates to improvements in children's early language and cognitive development, as well as academic achievement in grades 1 through 3.<sup>xxix, xxx</sup>



## Self-Sufficient Parents

Many people do not have the education and job opportunities they need to successfully navigate the transition to parenting and adulthood:

- For 14 percent of children under 18, the head of household had less than a high school diploma.
- For another 45 percent of children under 18, the head of household had only a high school diploma.<sup>xxxi</sup>
- Approximately 3 in 10 children under age 18 lived in families where no parent had regular, full-time employment.<sup>xxxii</sup>

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### Home Visiting as Part of the Solution

Home visitors help parents set goals to promote their financial self-sufficiency. This support translates to better education and employment outcomes. Compared with their counterparts, parents enrolled in home visiting have higher monthly incomes, are more likely to be enrolled in school, and are more likely to be employed.<sup>xxxiii, xxxiv, xxxv, xxxvi</sup>

## Strong Return on Investment

Studies of the cost-effectiveness of home visiting<sup>xxxvii</sup> show yields of \$1.80 to \$5.70 for every dollar invested.<sup>xxxviii</sup>

For example, home visiting can reduce child emergency room visits, lowering health care expenses.<sup>xxxix</sup> It can help identify developmental and social-emotional delays so children can access services early, lowering future mental health and special education costs.<sup>xl</sup> Among adult participants, outcomes include higher employment rates and tax revenues, reduced criminal activity, and reduced reliance on welfare programs.<sup>xli</sup> This strong return on investment is consistent with established research on other types of early childhood interventions.<sup>xlii</sup>





My mom was only 15 when I was born. My father was convicted of murder shortly afterwards. I grew up in a housing project in Sarasota, Florida. The odds were really against me succeeding.

Even now at 28 years old, one thing I remember from my childhood is HIPPY. My mom has told me through the years how the HIPPY home visitor would coach her. Then my mom would do the math and reading lessons with me.

I am grateful to this day that my mom cared and took the time to get this help for my benefit.

Thanks to HIPPY, I graduated from high school and from college. Today, I am teaching, coaching football, mentoring young men, and helping out at the United Way Resource Center.



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***Leroy Butler, former home visiting participant and current board member for Home Instruction for Parents of Preschool Youngsters (HIPPY)***

Photo courtesy of Leroy Butler

## How Is Home Visiting Funded?

Early childhood home visiting is provided to recipients at no cost to them. Agencies blend dollars from funding sources at the federal, state, and local levels to cover the cost of services. MIECHV has provided a significant boost of federal funding for evidence-based home visiting, but MIECHV awardees and other agencies that operate home visiting programs seek diverse funding streams to reach the many more families who could benefit.

Aside from MIECHV, states may allocate federal dollars toward home visiting from Title V of the Maternal and Child Health Block Grant Program, Temporary Assistance for Needy Families, Medicaid, Healthy Start, and the Community-Based Child Abuse Prevention Program. For example, prior to first receiving MIECHV funds in 2010, Louisiana combined state general funds, federal maternal and child health dollars, Medicaid dollars, and Temporary Assistance for Needy Families funding to support implementation of the Nurse-Family Partnership model.

<sup>xliii</sup> For decades, states have also drawn on a mix of general and dedicated funds to support home visiting, including tobacco settlements and taxes, lotteries, and budget line items. Funding is made available through health, education, and human services agencies.

States, local agencies, nonprofit organizations, and research institutes also leverage private dollars to develop, implement, and expand home visiting services. Examples of organizations that support or have supported home visiting include the United Way, March of Dimes, and philanthropic partners such as the Robert Wood Johnson Foundation, Heising-Simons Foundation, W. K. Kellogg Foundation, Richard W. Goldman Family Foundation, Pew Charitable Trusts, and others.

## About MIECHV

Since 2010, Congress has invested \$1.85 billion through MIECHV to help states expand and implement evidence-based home visiting. MIECHV dollars contribute to service delivery and help build the infrastructure needed to sustain home visiting. These investments strengthen system integration and workforce development. Three percent of MIECHV funds are designated for tribal awardees.

MIECHV is committed to evidence; it requires state awardees to devote the majority of funds toward implementing evidence-based models. Three percent of MIECHV funds are set aside to further bolster the home visiting evidence base through research and evaluation. Awardees must also monitor and report on performance.<sup>xliv</sup>

The number of families served by MIECHV programs quadrupled between 2012 and 2015. In 2015, MIECHV state awardees served—

- Twenty-six percent of all counties
- Twenty-nine percent of urban counties
- Twenty-three percent of rural counties<sup>xlv</sup>





## CHAPTER TWO

# The Early Childhood Home Visiting National Landscape

This chapter presents national data about home visiting. The data come from evidence-based models, state agencies, and public data sources.

The service data are based on the best information available but are not complete. States have great flexibility in using blended funding streams to implement home visiting models that meet local needs. There is no standard reporting mechanism for home visiting across models and states outside of MIECHV. Some models and states were unable to respond to our requests for data or could provide only partial data. And although MIECHV is an important funding source and a key driver of evaluation and innovation, there are many local and promising home visiting programs funded by other sources that we were unable to include.

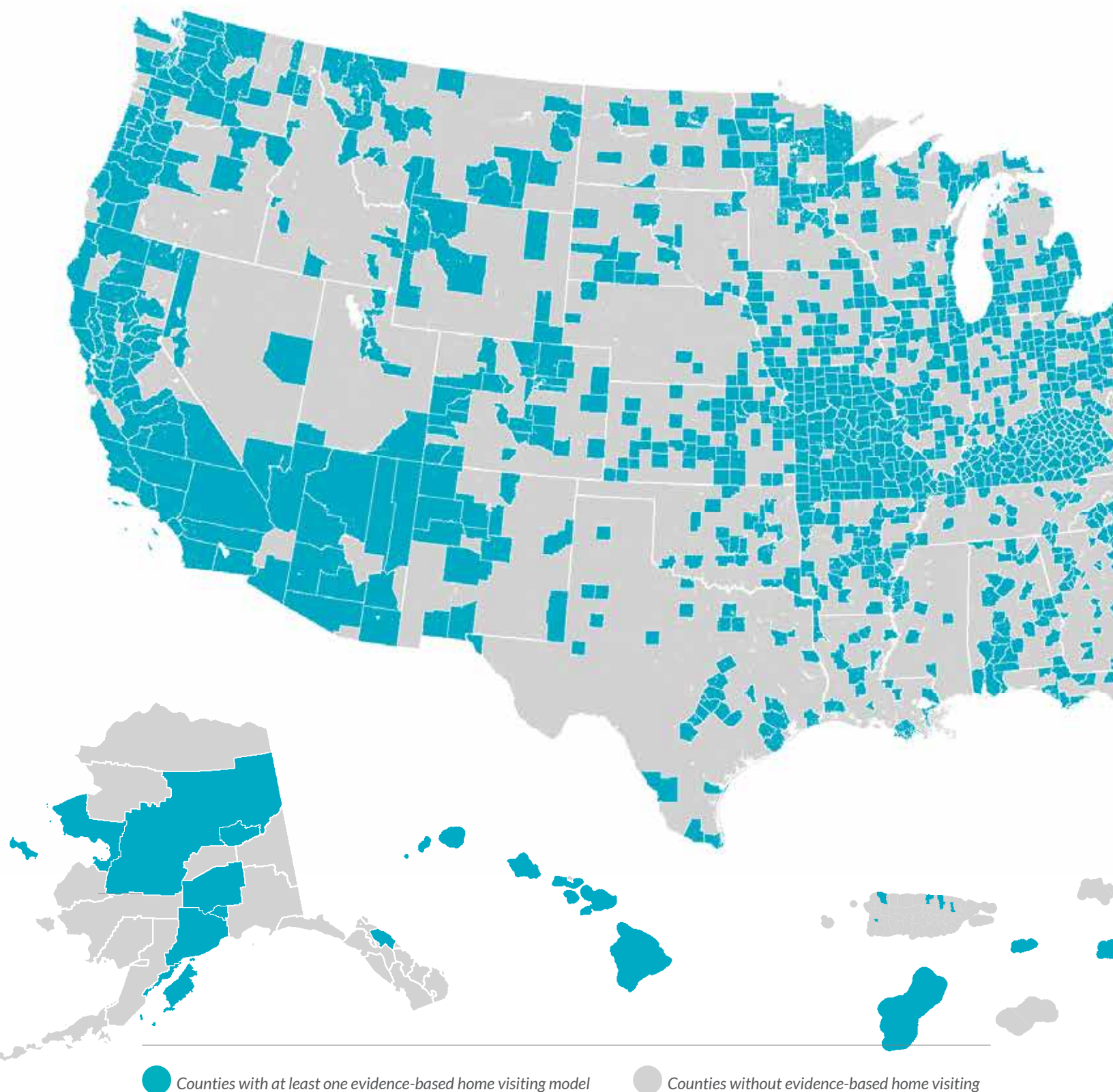
Despite these limitations, the national landscape portrayed here tells the most complete story yet about home visiting. It presents—

- 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

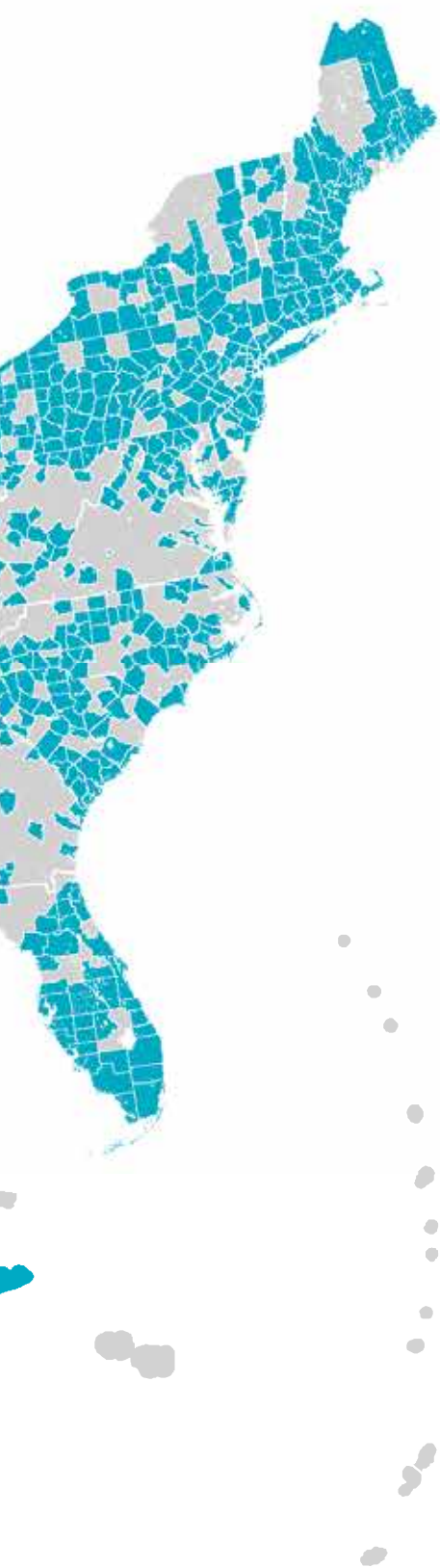


# Where Do Home Visiting Programs Operate?

Exhibit 1. Evidence-Based Home Visiting by County (2015)







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

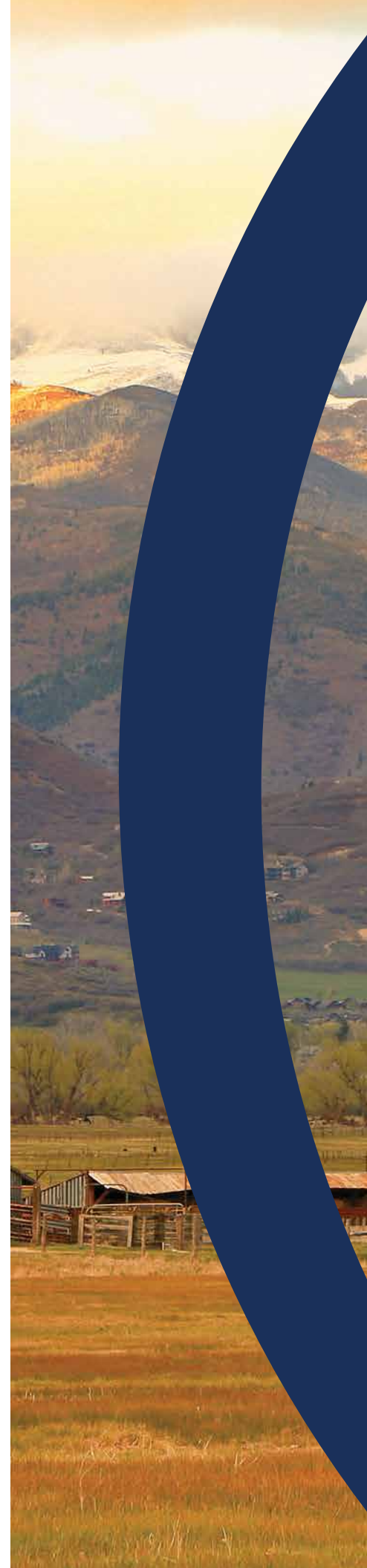
Home visiting is also provided to American Indian and Alaska Native families both on and off reservations, including families in 25 tribal communities that have received MIECHV funds. As shown in exhibit 1, services are concentrated in the Northeast, the West Coast, and parts of the Midwest and Southwest. Coverage is lower in rural and frontier areas.

Approximately 40 percent of all U.S. counties have at least one local home visiting agency offering evidence-based home visiting.<sup>7</sup> States must balance limited resources with a desire to reach as many families and communities as possible. Some fund home visiting in all counties. The Kentucky Health Access Nurturing Development Services (HANDS) program, for example, offers home visiting to first-time parents in every county across the state. Thirteen states offer evidence-based home visiting services in 75 percent or more of their counties. Others concentrate funds in high-needs communities or urban areas or do not have funds to serve families throughout the state. Ten states offer services in fewer than 25 percent of their counties.

<sup>7</sup> Estimates are based on data collected from 11 evidence-based model developers on the locations of their local implementing agencies and data on MIECHV-funded counties posted on the Health Resources and Services Administration web site: <http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>. The 11 models that provided location data are Child First, Early Head Start (EHS), Family Check-Up, Family Connects, Family Spirit, Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Play and Learning Strategies (PALS), and SafeCare.

## Local Agencies

In 2015, more than 3,200 local agencies delivered evidence-based home visiting. Local agencies are usually housed in a central location and serve families in nearby communities. Some are city or county based, while others work across a broader geographic area, which may involve extensive travel to participants' homes. For example, an agency in a rural area may serve families beyond the county in which it is located. Local agencies 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.





## Rural Home Visiting in Action

The Rural Home Visiting Project seeks to reduce service gaps in rural and frontier communities in Washington State by helping them bring trained professionals to families' doorsteps. Since 2014, the project has conducted community planning with eight rural counties to help them establish evidence-based home visiting services. Four of those counties received awards through a public-private fund established by the state to promote home visiting innovation, says Liv Woodstrom, the project lead and community partnerships manager at Thrive Washington.

The project's community planning process engages stakeholders to help counties map out their current infrastructure and determine how to coordinate services. Participants also discuss local priorities such as reducing teen pregnancy or focusing on education as a path to economic success. The process enables counties to ramp up their caseloads quickly, Woodstrom says. Grantees have already served more than 160 families.



**Liv Woodstrom, *project lead and community partnerships manager,*  
*Thrive Washington***

Photo courtesy of Thrive Washington

## 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 all home visiting models that were considered evidence based in 2015 and to all state, territory, and tribal MIECHV awardees. The responses, while not complete, begin to describe the hundreds of thousands of families working with home visitors to pursue better lives.

The national profile on the following page quantifies and describes the families served through evidence-based home visiting models in 2015, regardless of how the services were funded. Of the 13 models operating across the United States in 2015, 7 provided data on the number of families and/or children served, and 5 of the largest models also provided data on the characteristics of those participants. The respondents reported serving 269,206 families and 311,976 children and providing 2,368,136 home visits. One in 4 families had infants under 1 year old, and 1 in 4 parents did not have a high school diploma.

### NOTES

**Models** Thirteen models operating in the United States in 2015 met HHS criteria for evidence of effectiveness at that time: Child First, Early Head Start (EHS), Family Check-Up, Family Connects, Family Spirit, Health Access Nurturing Development Services (HANDS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Minding the Baby, Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Play and Learning Strategies (PALS), and SafeCare. HFA, HIPPY, Minding the Baby, NFP, and PAT provided data on the number of families served. Child First, EHS, HFA, HIPPY, NFP, and PAT provided data on the number of children served. EHS, HFA, HIPPY, NFP, and PAT provided participant data. HFA, HIPPY, NFP, and PAT provided data on the number of home visits completed. Four of the five models that provided participant data were able to provide data on educational attainment: EHS, HIPPY, NFP, and PAT.

**Ethnicity** includes data from the following models: EHS, HFA, HIPPY, NFP, and PAT. HFA, HIPPY, and NFP reported ethnicity for adult participants. EHS reported ethnicity for children and pregnant women. PAT reported ethnicity for children.

**Race** includes data from the following models: EHS, HFA, HIPPY, NFP, and PAT. HFA, HIPPY, and NFP reported race for adult participants. EHS reported race for children and pregnant caregivers. PAT reported race for children.

**Educational** attainment includes data from the following models: EHS, HIPPY, NFP, and PAT.

**Child age** includes data from the following models: EHS, HFA, HIPPY, NFP, and PAT.

**Child insurance** status includes data from the following models: EHS, HFA, HIPPY, and NFP. Public insurance includes Medicaid, State Children's Health Insurance Program, Tri-Care, and Early and Periodic Screening, Diagnostic and Treatment.

**Primary language** includes data from the following models: EHS, HFA, HIPPY, and NFP. EHS reported primary language of children and pregnant women. HIPPY and NFP reported primary language of children. HFA reported primary language of adult participants.

## NATIONAL PROFILE

## Families Served Through Evidence-Based Home Visiting in 2015



2,368,136

home visits provided



269,206

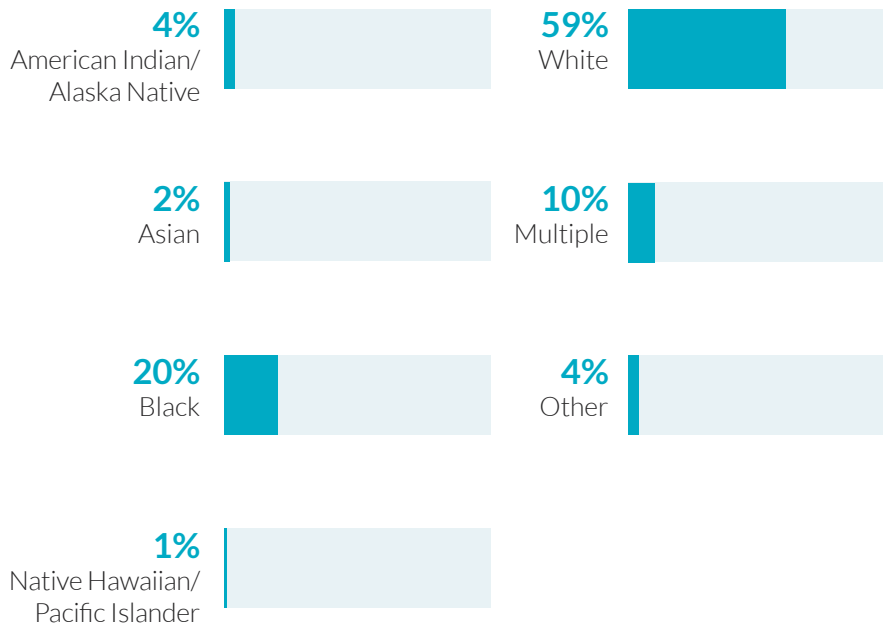
families served



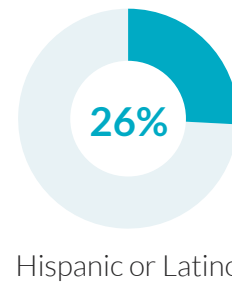
311,976

children served

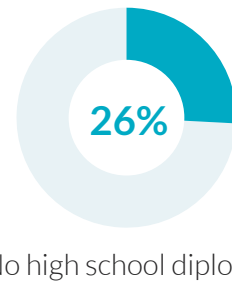
## Race



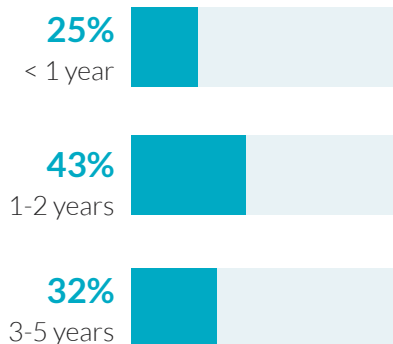
## Ethnicity



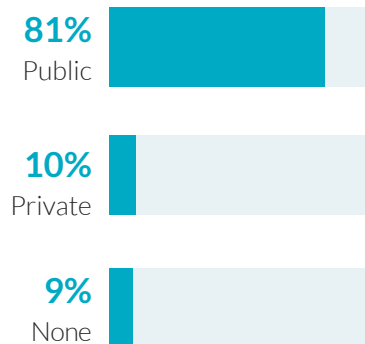
## Caregiver education



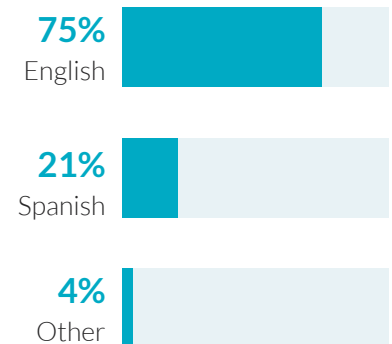
## Child age



## Child insurance status



## Primary language



## Families Served Through MIECHV in 2015

MIECHV demonstrates a significant federal investment in evidence-based home visiting<sup>8</sup> but accounts for only a portion of the total number of families reached. MIECHV awardees are required to report annually about the families they serve. We reached out to states and territories to request this information, and most (46 of 56) shared it with us. Supplemented with publicly available information from the Health Resources and Services Administration, we calculated the reach of MIECHV-funded services in 2015.

State and territory MIECHV awardees served 77,365 families and more than 63,501 children<sup>9</sup> and provided 929,365 home visits in 2015.<sup>10</sup> Tribal MIECHV awardees served an additional 1,697 families and 1,726 children and provided 17,850 home visits in 2015.

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.<sup>xlvi</sup>

### High-priority families include those with—

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

More than three-quarters of households served through MIECHV reported annual family incomes below the federal poverty guidelines (approximately \$20,000 for a family of three in 2015). One-third of caregivers served were under 21 years old (34 percent), and about one-third did not have a high school diploma.

**For more information, see the [MIECHV State Data Tables on page 190](#).**

<sup>8</sup> 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.

<sup>9</sup> Data on children served are not publicly available, so this count is based on the data shared by 46 of 56 states and territories.

<sup>10</sup> The models represented in the MIECHV numbers are Child First, EHS, Family Spirit, Family Check-Up, HealthySteps, HFA, HIPPPY, NFP, PAT, and SafeCare.

## Families Served Through MIECHV in 2015: State and Territory Awardees



**929,365**

home visits provided



**77,365**

families served



**63,501**

children served

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## Families Served Through MIECHV in 2015: Tribal Awardees



**17,850**

home visits provided



**1,697**

families served



**1,726**

children served



I didn't know much about raising a child, especially while trying to fight an addiction. [My home visitor Chris] stepped in to assist us when we needed it the most. I felt like if I went back to my old ways that not only would I be letting [my daughter] down but my family and him as well. I have now been clean for 17 months.

— **Crystal Gray, home visiting participant**

Photo courtesy of Matthew Johnson/Urban Institute



## 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 that 18.3 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.<sup>11</sup> This broad estimate includes 17 million families with young children and 1.3 million pregnant women without young children.

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 23.7 million children could potentially benefit from home visiting. This number includes 3.7 million infants (under 1 year), 7.9 million toddlers (1–2 years), and 12.1 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.<sup>xlvii, xlviii</sup> Across the United States, there are approximately 3.5 million families with infants (see exhibit 2). Some home visiting models, such as Family Connects (originally Durham Connects), are available to all families with newborns in their service area, regardless of income. Such community-wide programs take a universal approach to supporting parents after a birth and connecting them to the resources they need.

<sup>11</sup> As detailed in [appendix 2](#), these estimates are derived from the 2010–2014 American Community Survey (<https://usa.ipums.org/usa/index.shtml>), 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.

## Low-Income Families

Children growing up in poverty are at risk of entering kindergarten with lower school readiness than other children.<sup>xlix</sup> 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 focus on low-income families, working with parents to set goals, continue their education, and find employment.

## Pregnant Teens and Young Mothers Under 21

Children born to teen mothers are at higher risk of maltreatment and school failure than children born to older mothers.<sup>l,li</sup> Home visiting can give teen mothers the support they need to complete their educations, enter the workforce, reduce subsequent unintended pregnancies, and avoid long-term poverty. At the local level, many programs prioritize enrollment of pregnant teens and young mothers.

## 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 *Yearbook* estimates based on 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 2; see [appendix 2](#) for alternate estimates based on other maternal and child health indicators that commonly reflect child risk and/or child well-being.



**18.3 million**

pregnant women and families could  
benefit from home visiting.



**Exhibit 2. Potential Beneficiaries of Early Childhood Home Visiting Services: Targeted Populations**

	Number	Percentage of potential beneficiaries
<b>Potential beneficiaries</b>		
Pregnant women and families with children under 6 years old not yet in kindergarten	18,281,000	100
<b>Targeted populations among potential beneficiaries</b>		
Families with infants under 12 months	3,493,000	19
Families and pregnant women with income below poverty threshold	4,810,000	26
Pregnant teens and mothers under 21 years	611,000	3
Single mothers and pregnant woman	3,965,000	22
Parents and pregnant women with less than a high school education	2,297,000	13

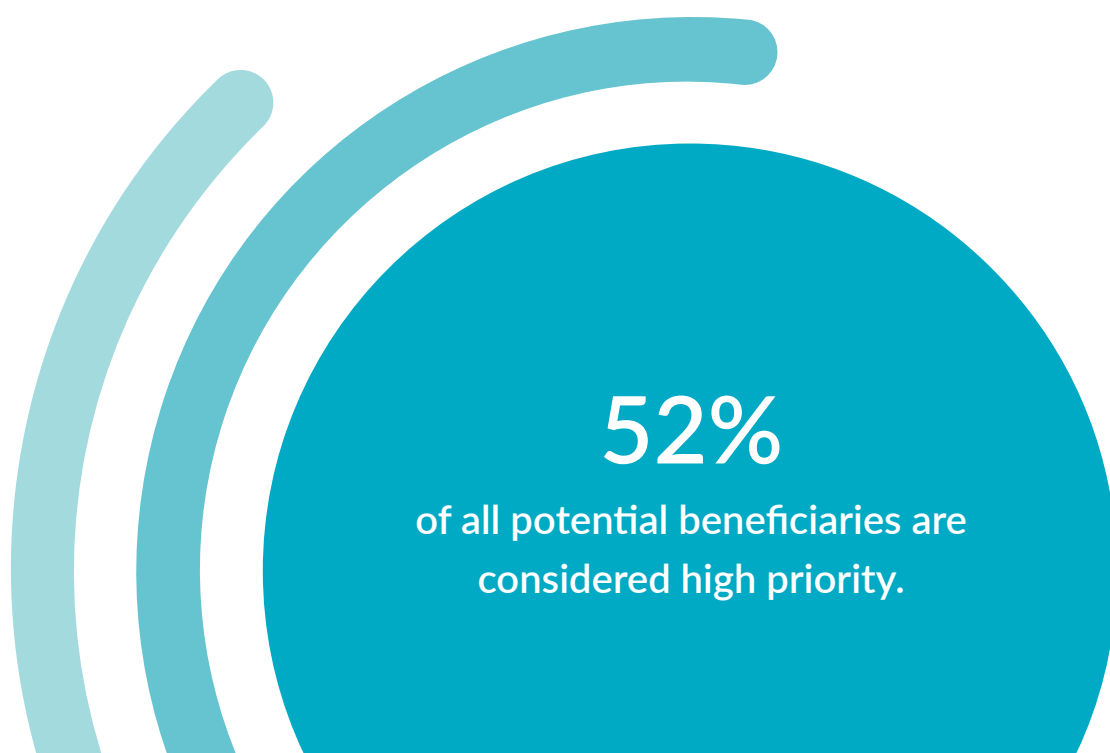
To identify a subpopulation of high-priority families within each state, we estimate the number and percentage of families who meet *any 1 of 5* targeting criteria: (1) having an infant, (2) income below the federal poverty threshold, (3) teen pregnancy or mother under 21, (4) single/never married mother or pregnant woman, or (5) parents without a high school education (see exhibit 3). 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 2 and 3: Author tabulations of American Community Survey, 2010–2014. Note: See [appendix 2](#) for more detail on the data source and variable definitions.

## Exhibit 3. Potential Beneficiaries of Early Childhood Home Visiting Services: High-Priority Families

	Number	Percentage of potential beneficiaries
<b>Potential beneficiaries</b>		
Pregnant women and families with children under 6 years old not yet in kindergarten	18,281,000	100
<b>High-priority families</b>		
Pregnant women and families meeting any one of five targeting criteria	9,577,000	52
Pregnant women and families meeting two or more targeting criteria	3,982,000	22

More than half (52 percent) of all pregnant women and families with children not yet in kindergarten meet *at least 1 of the 5* criteria above, and 22 percent meet 2 or more criteria. The percentage of high-priority families meeting at least 1 criteria ranges from 47 percent in New Hampshire to 67 percent in the District of Columbia (see [appendix 2](#)). 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.



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

Successful home visiting depends on trusting relationships. Agencies strive to employ home visitors who can foster connections with families. States and agencies have different requirements for home visitors and supervisors regarding staffing levels, education, experience, and training. Overall, the field is moving toward professionalizing the workforce to standardize and implement the knowledge and skills needed to deliver services successfully.

### Home Visitors and Supervisors

Evidence-based home visiting models reported that more than 14,500 home visitors deliver evidence-based services nationwide.<sup>12</sup> The number of home visitors and supervisors varies by state and by funding source. For example, in 2015, Vermont had 12.5 full-time equivalent (FTE) home visitor positions and 2.5 FTE supervisor positions funded by MIECHV, while Iowa had 427 FTE home visitor positions and 190 FTE supervisor positions funded by MIECHV and non-MIECHV sources.

### Home Visitor Education

Home visitors and supervisors comprise a skilled workforce with specialized knowledge of topics such as maternal and child health and interpersonal skills for serving diverse families. Some home visiting models require registered nurses or social workers as home visitors, with at least a bachelor's degree, while others allow paraprofessionals. We surveyed model developers and found the minimum hiring requirements for home visitor education vary across models. Minding the Baby requires home visitors to have a master's degree, while Parents as Teachers requires a high school diploma or GED and 2 years of early childhood experience. Recent evidence shows most home visitors have a college degree.<sup>13</sup>

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<sup>12</sup> The following models provided data on the number of home visitors: Child First, Early Head Start (EHS), Family Spirit, Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Minding the Baby, Nurse-Family Partnership (NFP), and Parents as Teachers (PAT).

Several models require supervisors to have a bachelor's degree or higher at the time of hire. For example, Healthy Families America requires a master's degree for supervisors. The [NHVRC Model Profiles](#) provide more detail about educational requirements.

## Staff Work Experience

Models require different types and levels of experience. Family Spirit recommends home visitors have experience with child health and development, home visiting, and working with children and families. Child First requires experience with early education, child health and development, home visiting, mental health assessments, working with children and families, and working with diverse cultures and ethnicities. For supervisors, most models recommend or require supervisory experience as well.

## Training

Home visiting models have initial training requirements for all home visitors ranging from brief webinars to multiday in-person trainings, and some models also require ongoing training. More than half of the states that responded to our survey indicated they have additional initial and ongoing training requirements for home visitors beyond what the models require. The additional training covers topics such as data collection and reporting, screening and assessment, the Health Insurance Portability and Accountability Act (HIPAA), mental health, and domestic violence.

Models require initial training for all supervisors. Some also require or recommend ongoing training for supervisors, while others leave it to local agencies to determine. Half of the states that responded to our survey indicated they have initial training requirements for supervisors, in addition to model requirements, and 44 percent indicated they have additional ongoing training requirements for supervisors. The training typically covers the topics of the home visitor training along with others, such as reflective supervision, recruitment and retention, leadership, and working with an advisory board.



**14,500 +**  
home visitors deliver evidence-based  
services nationwide.

## A Push for Professionalism

Many states have taken proactive steps to professionalize the home visiting workforce, including the following in 2015:

- ✓ Alabama, Oregon, Pennsylvania, and West Virginia developed core competencies that define knowledge and skill expectations for home visitors.
- ✓ Washington, DC, partnered with the Georgetown University Center for Child and Human Development to create a learning community offering in-person training, online modules, and an active email list for sharing information.





Finding out that Brooklyn had Down syndrome was hard for me. I didn't know who I could reach out to, where I could go. Thankfully, I had [home visitor] Stacey and she was able to help me through the process [of accessing services], which was really good. I consider Stacey family...she was the person that I could talk to outside of Brooklyn's dad and just, she was there for me.



**Monique Bullen, home visiting participant**

Photo courtesy of California Department of Health / California Home Visiting Program



## CHAPTER THREE

# 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 begins by outlining the challenges states face, the families they serve, and the families who could potentially benefit from home visiting, and then it previews the state-level data available in the sections that follow.





## 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 context on states' respective challenges, which drive their decision making and priorities. For example, 79 percent of women initiated breastfeeding nationally, but the state average ranges from 57 percent in Louisiana to 93 percent in California. [Appendix 2](#) includes details on prenatal care, tobacco use during pregnancy, preterm births and infant mortality, emergency room visits, child abuse, fourth-grade reading proficiency, and breastfeeding.

The number of potential beneficiaries relates to the population size of the state, ranging from 29,400 in Vermont to more than 2 million in California. However, size does not necessarily relate to the percentage of beneficiaries who meet one or more targeting criteria (have an infant or are low income, single parent, teen parent, or parent with less than a high school diploma). The percentage of high-priority families meeting at least one criteria ranges from 41 percent in New Hampshire to 61 percent in the District of Columbia.

States serve as many potential beneficiaries as possible. There are many reasons why they cannot reach all families that 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. The number of families states served in 2015 ranged from 200 to 31,000. Some states have an expansive network of local programs implementing evidence-based home visiting. For example, Illinois has more than 200 local programs implementing 8 models across the state, serving more than 11,500 families. Others have fewer local programs but still reach many families. States have flexibility to adapt to the needs of their communities and the available resources.

## Where Can I Learn More About My State?

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

### NHVRC State Profiles

Provide state-level information from the evidence-based models, including families served and potential beneficiaries. See [page 64](#) or visit our web site:

 [nhvrc.org/explore-research-and-data/hv-by-state](https://nhvrc.org/explore-research-and-data/hv-by-state)

### NHVRC Model Profiles

Describe the evidence-based models, including states and families served. See [page 170](#) or visit our web site:

 [nhvrc.org/discover-home-visiting/models](https://nhvrc.org/discover-home-visiting/models)

### MIECHV State Data Tables

Provide information on families served specifically by MIECHV-funded programs. See [page 190](#).



My hopes for my future and my husband's is eventually we want to go back to school. He wants to be a math teacher someday. I'm trying to push him to do that when it's obviously financially feasible for us to do it. For me, I think I want to be a school counselor because I really like to talk to people and help them through stuff.

—Kristi Diffin, *home visiting participant*

Photo courtesy of Lydia Thompson/Urban Institute





# 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 give parents the tools they need to make sure their children are healthy and ready to learn, often while breaking down barriers to achieving financial self-sufficiency and continuing their own education. Home visitors serve families in urban, rural, suburban, and tribal settings. They serve parents who don't have family nearby and feel isolated, new 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 the recipients.

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 2017 Home Visiting Yearbook expands our understanding of who receives, administers, and funds home visiting:

- ✔ More than a quarter of a million families received evidence-based home visiting services in 2015 over the course of more than 2 million home visits. About 18 million pregnant women and families (including more than 23 million children) could benefit from home visiting but are not being reached.
- ✔ States have backed home visiting for decades by combining funds from tobacco settlements and taxes, lotteries, and budget line items with federal dollars. 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.
- ✔ Home visiting has been strengthened through MIECHV, which has awarded \$1.85 billion in federal funding to states since 2010. The funds support home visiting services, research, and local infrastructure to develop early childhood systems. Awardees have the flexibility to choose the evidence-based home visiting models that work for them.
- ✔ Evidence-based home visiting is now implemented in all 50 states, the District of Columbia, 5 territories, 25 tribal communities, and 40 percent of counties.
- ✔ Researchers are expanding the evidence base demonstrating home visiting's effectiveness and cost-effectiveness in improving outcomes for children and parents. Their findings help decision makers implement programs that work and help practitioners improve.
- ✔ The home visiting field continues to advance. States and models have cultivated a professional home visiting workforce by requiring key competencies, qualifications, and training.





The *Yearbook* reflects the innovation and the complexity of home visiting today, with all the data collection challenges that brings. There are many models, multiple funding streams, and no uniform data systems.

In future *Yearbooks*, we will pursue pieces of the home visiting story that were missing this year. We will benefit from the work of states that are coordinating early childhood services and systems, and from the work of models that are becoming more focused on data. And we will continue to shine a light on home visiting, an investment in children and the people who love them that pays long-term dividends, strengthening families and communities for years to come.



## APPENDIX 1

# Methodology

The NHVRC team relied on data from multiple sources. The team used a mixed-methods approach, gathering quantitative and qualitative data from publicly available datasets, MIECHV administrative data, evidence-based model administrative data, and NHVRC interviews and surveys. The *Yearbook* combines 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

## Sample and Recruitment

The team collected data from various stakeholders to capture comprehensive information about home visiting at the local, state, and national levels.

To prepare for data collection in year 1, the team gathered contact information for state MIECHV agencies, tribal MIECHV programs, and evidence-based model developers. Contact information for representatives from these entities is available on the Health Resources and Services Administration, Administration for Children and Families, and HomVEE web sites. We sent initial emails to agency contacts providing them with background information about the project and asking to set up an interview. If we did not receive a response via email, we contacted them via phone to introduce them to the project and ask them to contribute to the study.

The team reached out to—

- State and territory MIECHV agencies (56)
- Tribal MIECHV awardees (25)
- Evidence-based models (17)

## Interviews

The team began data collection by contacting model developers and state MIECHV leads for a short (30-minute) introductory interview. “State” here refers to both state and territory MIECHV agencies. The interview informed participants of the project goals, allowed for conversations about available data, and introduced survey questions. We prepared participants to complete the survey by giving them guidance about the types of information they would need to compile before they completed the survey.

Interviews were conducted with the following participants:

- State MIECHV agencies (50/56)
- Tribal MIECHV programs (14/25)
- Evidence-based model developers (17/19)<sup>1</sup>

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<sup>1</sup> Although reviewed by HomVEE, HealthySteps is no longer considered to use home visiting as a primary service delivery strategy, so we did not contact this program. Oklahoma’s Community-Based Family Resource and Support Program is no longer operating; we contacted this program but did not collect data.

### Surveys

After completing the initial interviews, we followed up by sending survey protocols to participants. For the six state agencies that did not participate in an interview, we still followed up with a survey link and provided details in an email about the project to encourage them to participate. For tribal awardees, we sent surveys only to those who agreed to participate. We sent surveys to 17 evidence-based models (see footnote).

We developed separate survey protocols for state MIECHV agencies, tribal MIECHV awardees, and model developers; some standard questions were asked across multiple respondent groups. Surveys took approximately 60 minutes to complete. The team programmed the surveys using Qualtrics software. This allowed participants to save their responses and exit prior to completing the survey and return later.

The survey covered content related to program, participant, and community characteristics; service capacity and enrollment; program implementation; and funding. Participants were asked about programmatic data, not individually identifiable information.

Surveys were completed or partially completed by the following participants:

- State MIECHV agencies (38/56)
- Tribal MIECHV programs (3/3)<sup>2</sup>
- Evidence-based model developers (12/17)

### Model Administrative Data

We reached out to the evidence-based models to request aggregate-level administrative data on participants. We shared a list of the participant demographics we were requesting with models during their initial interview to determine which data models could potentially share. The variables we requested mirrored the administrative data state agencies report for MIECHV. We requested the same data elements from models and state MIECHV agencies but accepted the data the models had available, even if they did not perfectly align with the federal reporting elements. Additionally, we requested models share with us lists of the local programs that deliver services so we could compile information about where home visiting services are offered.

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<sup>2</sup> Tribal surveys were sent only to the three tribal MIECHV awardees who agreed to participate in the survey during the interview process. Because of the unique nature of tribal awardees, the Administration for Children and Families project officer encouraged us to send surveys only to those awardees who explicitly agreed to participate. We plan to continue to engage all tribal awardees in coming years and work to encourage more participation.

The following number of models shared administrative data:

- Five models shared participant data: Early Head Start (EHS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT).
- Seven models shared service numbers: Child First, EHS, HFA, HIPPY, Minding the Baby, NFP, and PAT.
- Twelve models shared local program information: Child First, EHS, Family Check-Up, Family Connects, Family Spirit, HFA, HIPPY, Minding the Baby, NFP, PAT, Play and Learning Strategies, and SafeCare.

## MIECHV Administrative Data

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

The following number of agencies supplied administrative data:

- State MIECHV agencies (46/56)
- Tribal MIECHV programs (3/3)

## American Community Survey Data and Documentation

The *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 2014 ACS 5-year (2010–2014) file, accessed through the Integrated Public Use Microdata Series (IPUMS).<sup>3</sup> 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.

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<sup>3</sup> Ruggles, S., Genadek, K., Goeken, R., Grover, J., & Sobek, M. (2015). *Integrated public use microdata series: Version 6.0* [Machine-readable database]. Minneapolis, MN: University of Minnesota.

## Potential Beneficiaries of Services

We define potential beneficiaries of home visiting services to include 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, as a proxy estimate of pregnant women without a child under age 6 (assuming rough stability in the number of births from 1 year to the next). We multiply the number of families with infants by 0.75 to account for 9-month pregnancy.<sup>4</sup>

## Families with High Priority for Services

To identify a subpopulation of “high-priority families,” we also count the number of families with young children and pregnant women who meet at least 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.

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<sup>4</sup> We do not attempt to refine the estimate to account for (1) fetal and infant deaths, (2) the fact some 6-year-olds with infant siblings would have been 5-year-olds in kindergarten when their mother was pregnant, or (3) the lag in time before a woman’s pregnancy would be verified; the first two adjustments would raise the estimate of pregnant women not already counted, while the third would lower it.

## 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.*
- Poor, where family income is below 100 percent of federal poverty threshold
- Young mother or young pregnant woman. *We define young as under 21 years old for mothers and under 20 for pregnant women.*
- 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.*<sup>5</sup>

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<sup>5</sup> 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, and in cases where a father is present when the child is an infant, the father's education level as well.



## APPENDIX 2

# Maternal and Child Health Indicators: Data and Documentation

The NHVRC team 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 2014. 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. Because of this inconsistency, three states' data are not included: Connecticut, New Jersey, and Rhode Island. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2014). *Nativity public-use data 2007–2014*: [Web]. Retrieved from CDC WONDER Online Database, April 2016.

## Used Tobacco During Pregnancy

Used tobacco during pregnancy gives the percentage of mothers who used tobacco during pregnancy in 2014. 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. Because of the inconsistency in data collection across states, four states' data are not included in available public records: Connecticut, Hawaii, New Jersey, and Rhode Island. **Source:** Curtin, S. C., & Mathews, T. J. (2016). Smoking prevalence and cessation before and during pregnancy: Data from the birth certificate, 2014. *National Vital Statistics Reports*, 65(1): 1–13.

## Preterm Births

Preterm births is the share of births in 2014 where the gestational age was less than 37 weeks. This includes all births occurring within the United States to residents and nonresidents. **Source:** Hamilton, B. E., Martin, J. A., Osterman, M. J. K., Curtin, S. A., & Mathew, T. J. (2015). Births: Final data for 2014. *National Vital Statistics Reports*, 64(12).

## Infant Mortality

Infant mortality gives the rate of infant (under 1 year) deaths per 1,000 live births in 2014. **Source:** Kochanek, K. D., Murphy, S. L., Xu, J. Q., & Tejada-Vera, B. (2016). Deaths: Final data for 2014. *National Vital Statistics Reports*, 65(4).

## Emergency Room Visits

Emergency room visits gives the share of children aged 0–5 who visited the emergency room 2 or more times because of an accident or injury in the past 12 months. The full population sample, pooled from 2010 to 2013 data, includes noninstitutionalized children in the United States aged 0–17, and is weighted to be representative of that subgroup of the U.S. population. **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 web site, [www.childhealthdata.org](http://www.childhealthdata.org).

### Child Abuse

Child abuse gives the rate per 1,000 of children aged 0–17 who are victims of child abuse or neglect. The National Child Abuse and Neglect Data System (NCANDS) is based on data reported by the states, and each state has its own definition of child abuse and neglect. NCANDS counts as victims those children for whom the state determined at least one reported incidence of maltreatment was substantiated or indicated; the count of victims also includes some children served under “alternate response” systems that do not involve a traditional investigation or formal determination regarding the alleged maltreatment.<sup>1</sup> **Source:** U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2016). *Child maltreatment 2014*. Retrieved from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>

### Breastfeeding

Breastfeeding gives the percent of infants born in 2013 who were ever breastfed or fed breast milk. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2016, April). *National immunization survey*. Retrieved from <https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>

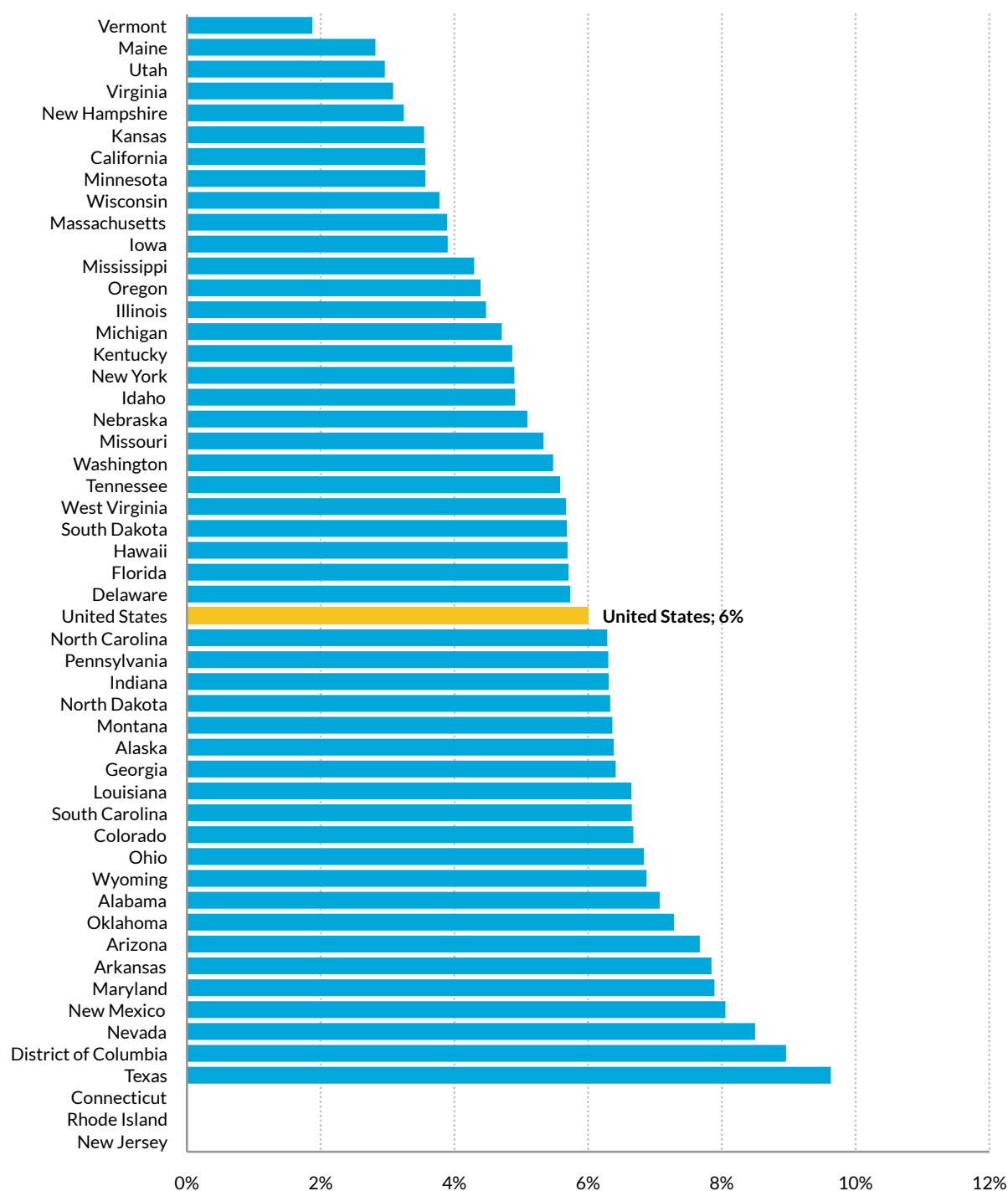
### Fourth-Grade Reading Proficiency

Fourth-grade reading proficiency gives the percentage of fourth-grade U.S. public school students who scored at or above proficiency level in 2015. 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. (2015). *National assessment of educational progress, 2015 reading assessments*. Retrieved from <http://nces.ed.gov/nationsreportcard/naepdata/report.aspx>

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<sup>1</sup> Most victims of child abuse or neglect have a “substantiated” disposition, where the allegation of maltreatment or risk of maltreatment was supported by state law or policy. “Indicated” is 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. When reporting data to NCANDS, states have the option of designating children who are served under “alternative response” programs as victims or nonvictims. Alternative response victims refers to instances where the Child Protective Services agency or the courts required a family to receive services even though there was not an investigation that determined the child was a victim of child maltreatment.

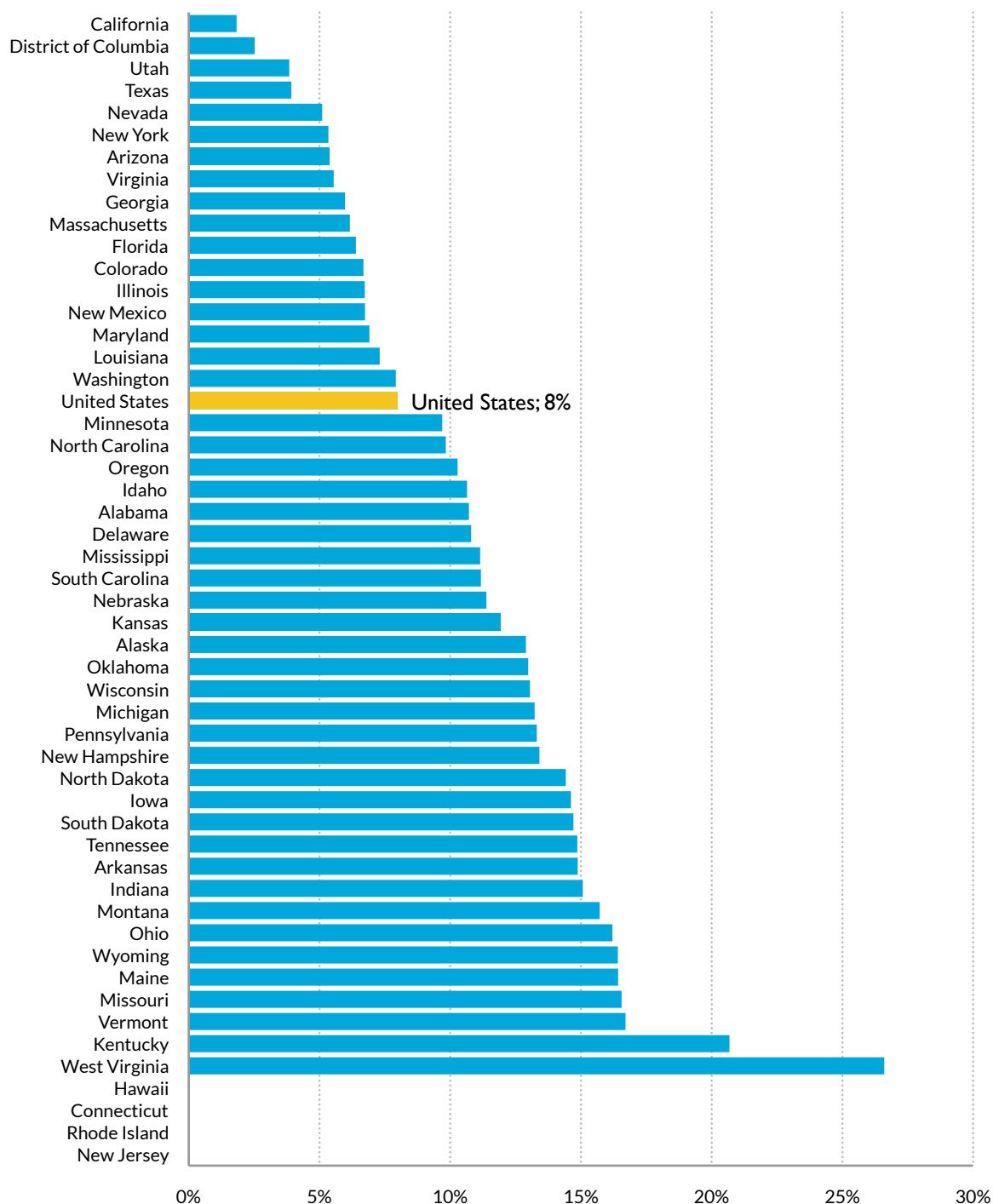
## Delayed or No Prenatal Care, 2014



**Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. *VitalStats*. Retrieved from <http://www.cdc.gov/nchs/vitalstats.htm>

**Notes:** Percentage of mothers with no or delayed prenatal care (no care before the third trimester); prenatal care 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. In 2014, this includes Connecticut, New Jersey, and Rhode Island.

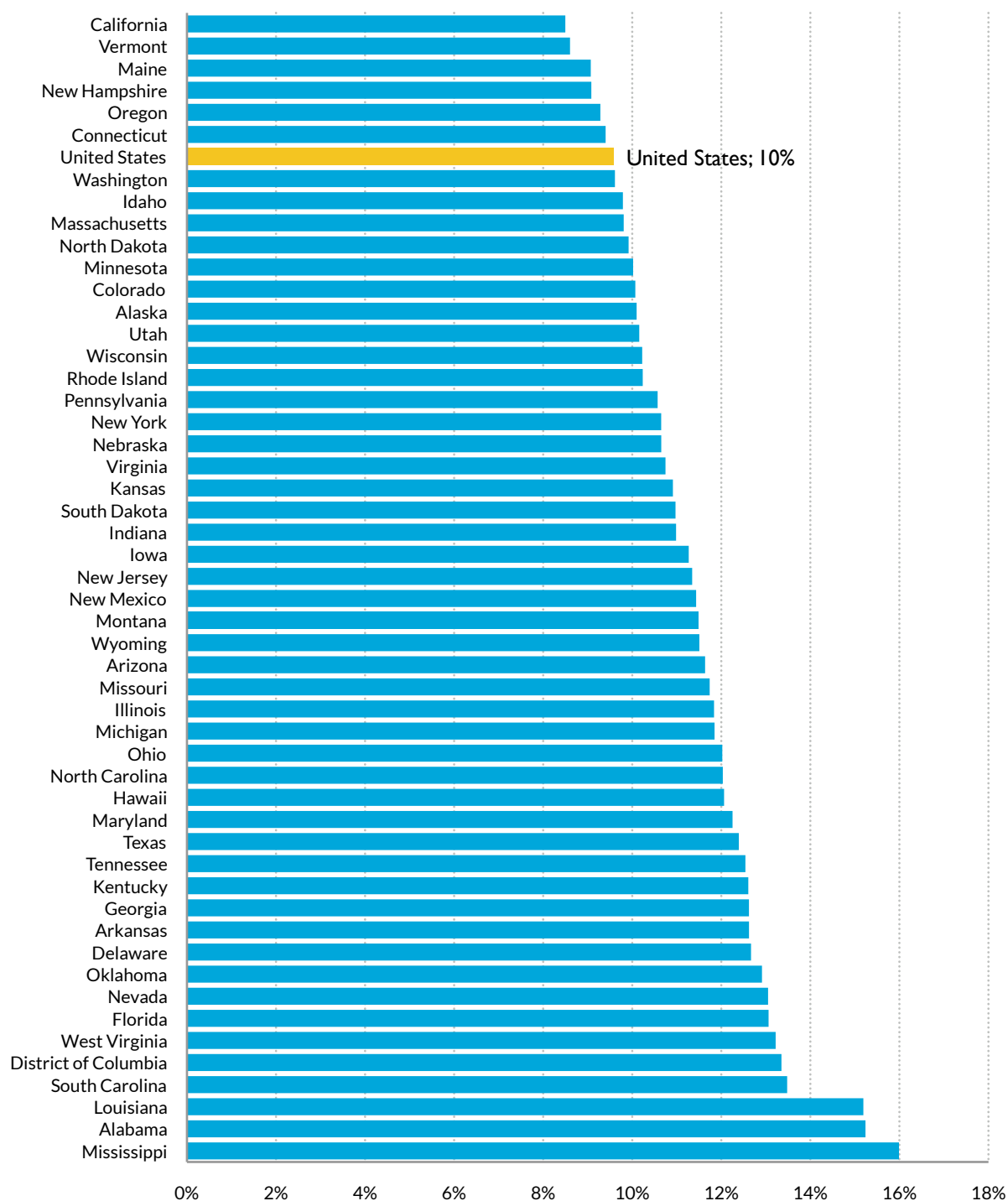
## Mothers Using Tobacco While Pregnant, 2014



**Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. *VitalStats*. Retrieved from <http://www.cdc.gov/nchs/vitalstats.htm>

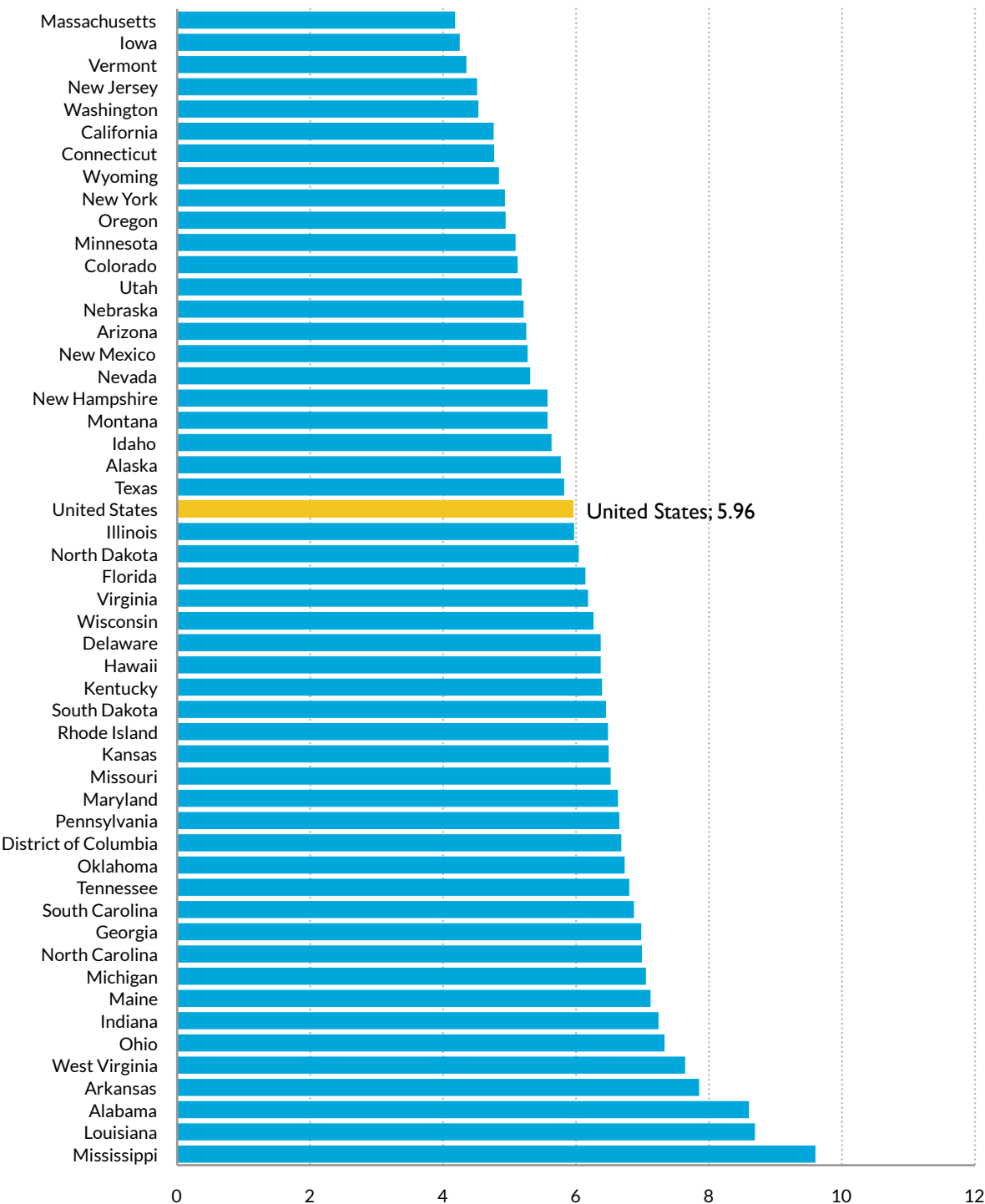
**Notes:** Data are recorded as “excluded” for births to mothers residing in a reporting area that continued to use the 1989 U.S. standard certificate of live birth in the specified year. In 2014, this includes Connecticut, Hawaii, New Jersey, and Rhode Island.

## Preterm Births, 2014



Source: Hamilton, B. E., Martin, J. A., Osterman, M. J. K., Curtin, S. A., & Mathew, T. J. (2015). Births: Final data for 2014. *National Vital Statistics Reports*, 64(12).

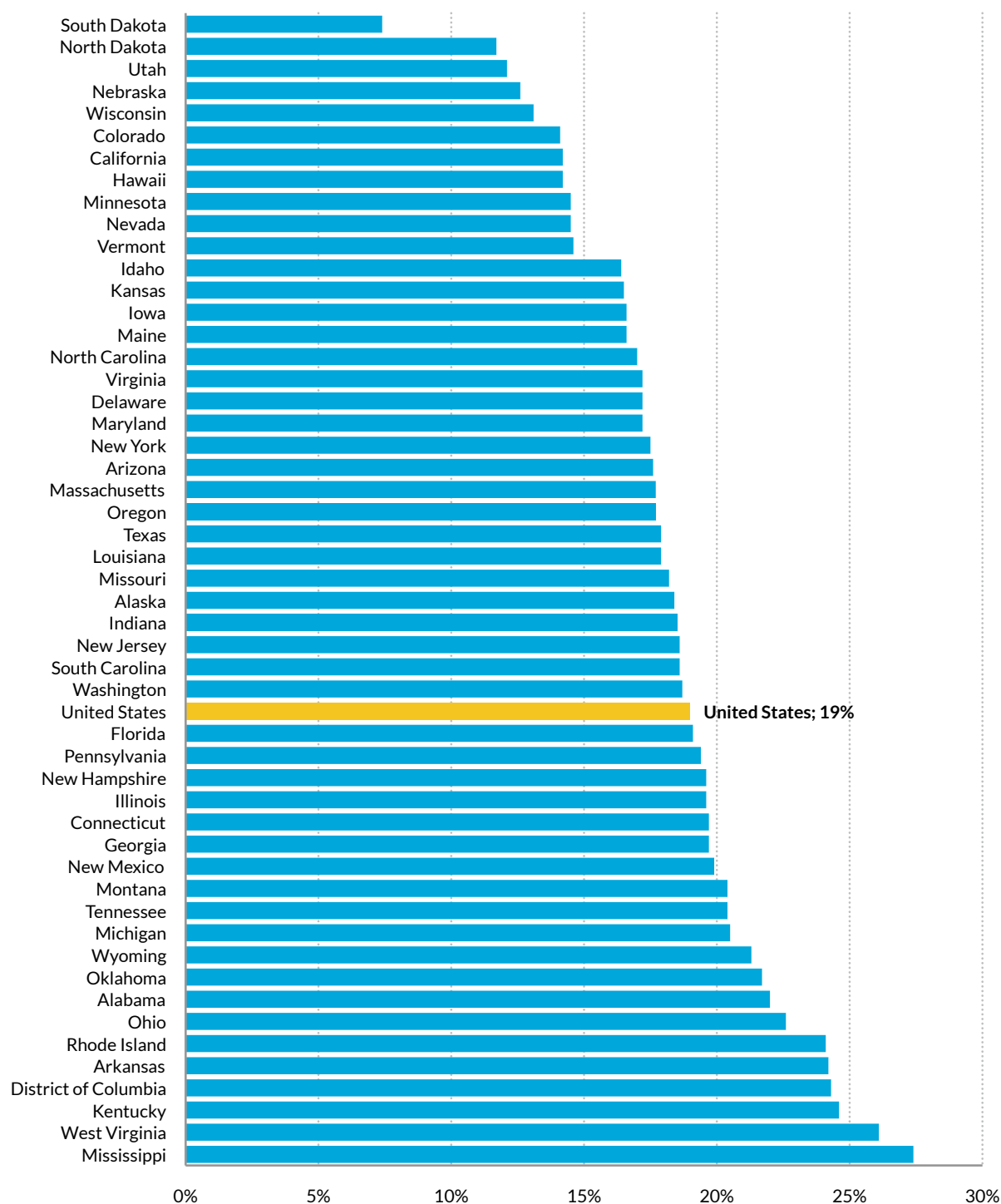
# Infant Mortality per Thousand, 2014



Source: Source: Kochanek, K. D., Murphy, S. L., Xu, J. Q., & Tejada-Vera, B. (2016). Deaths: Final data for 2014. *National Vital Statistics Reports*, 65(4).



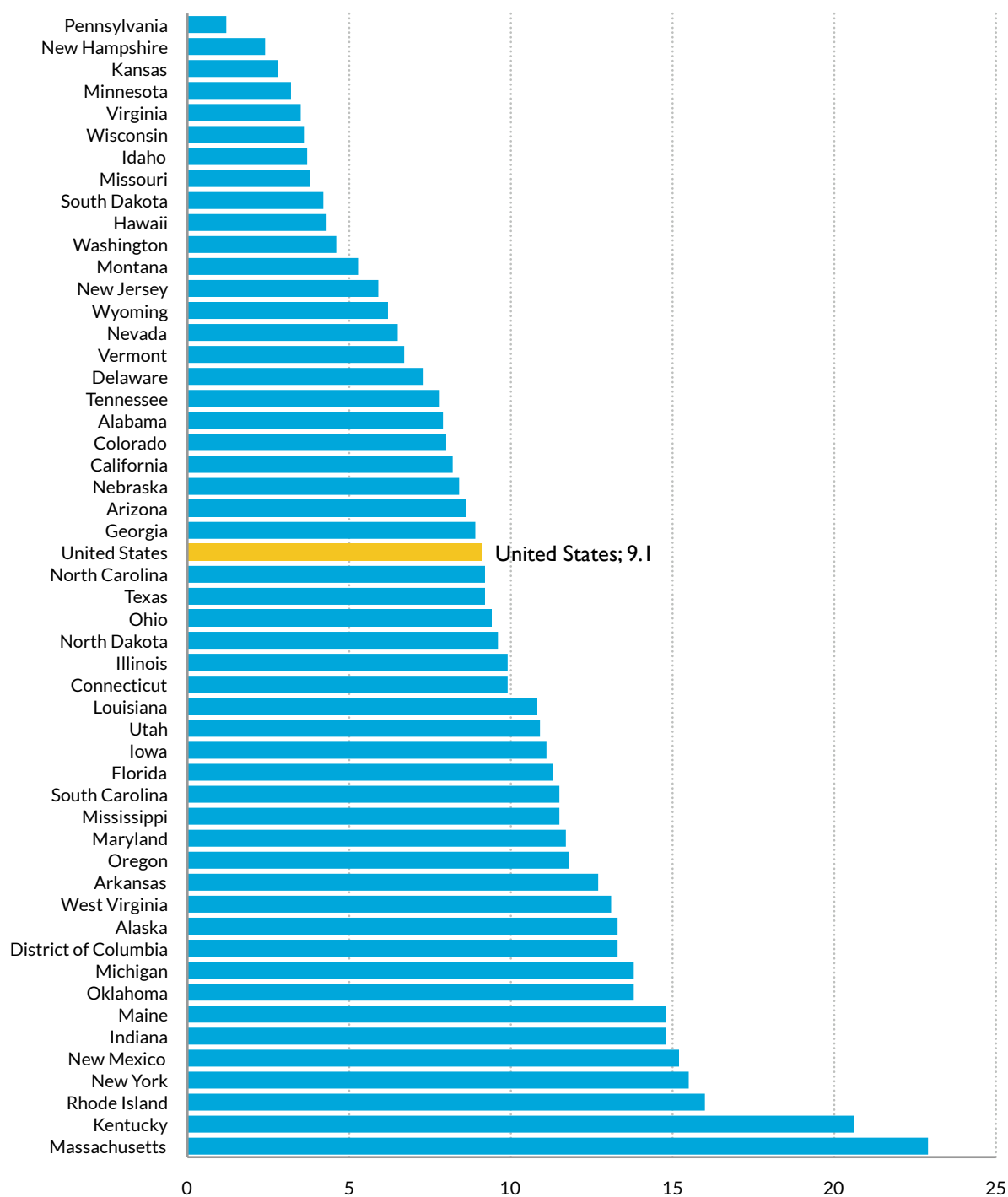
## Children Who Visited the Emergency Room Due to Accident or Injury, 2013



**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 web site, [www.childhealthdata.org](http://www.childhealthdata.org).

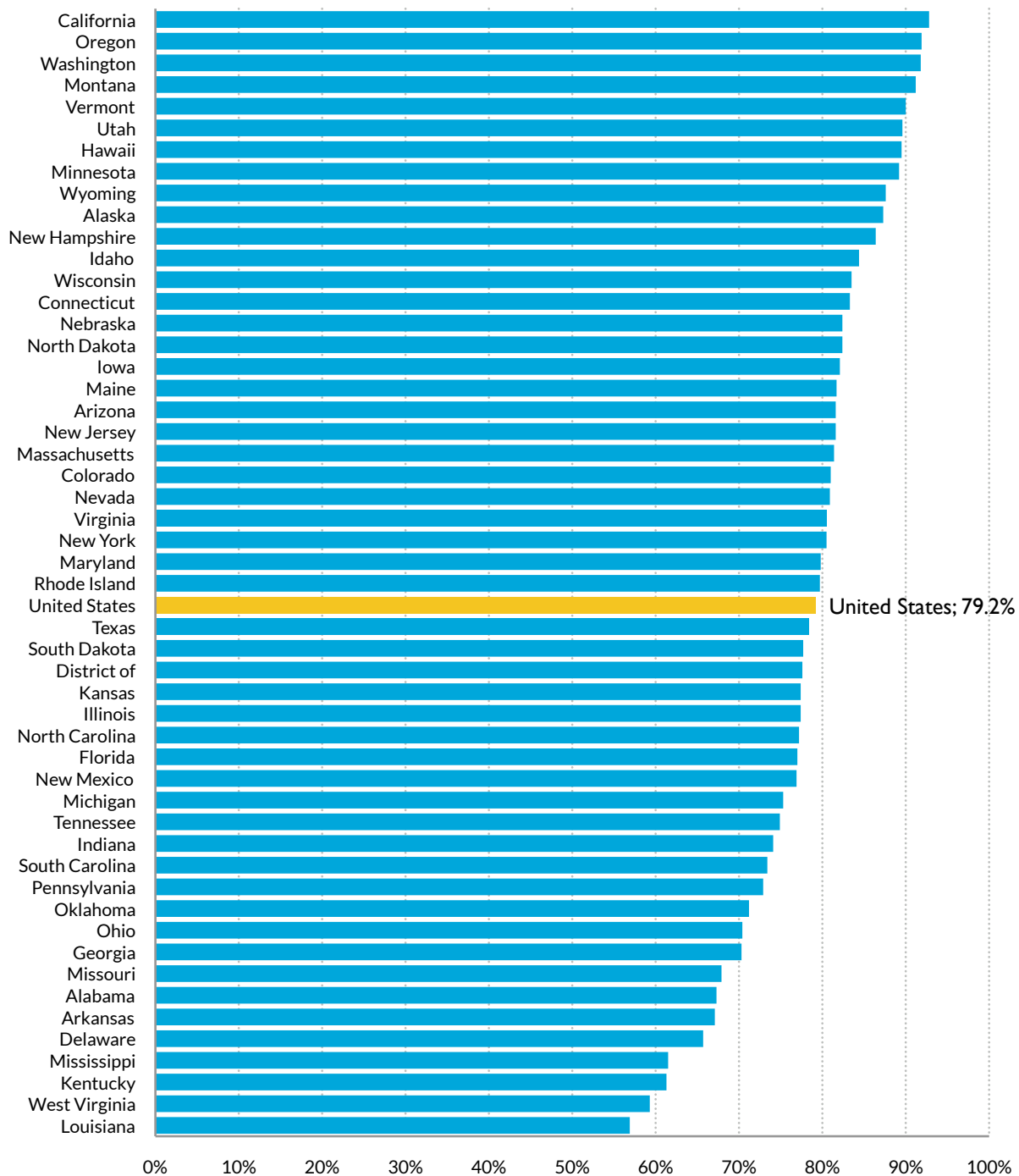
**Notes:** Population sampled is noninstitutionalized children in the US ages 0 to 17, and is weighted to be representative of that subgroup of the U.S. population.

## Reports of Child Abuse per Thousand, 2014



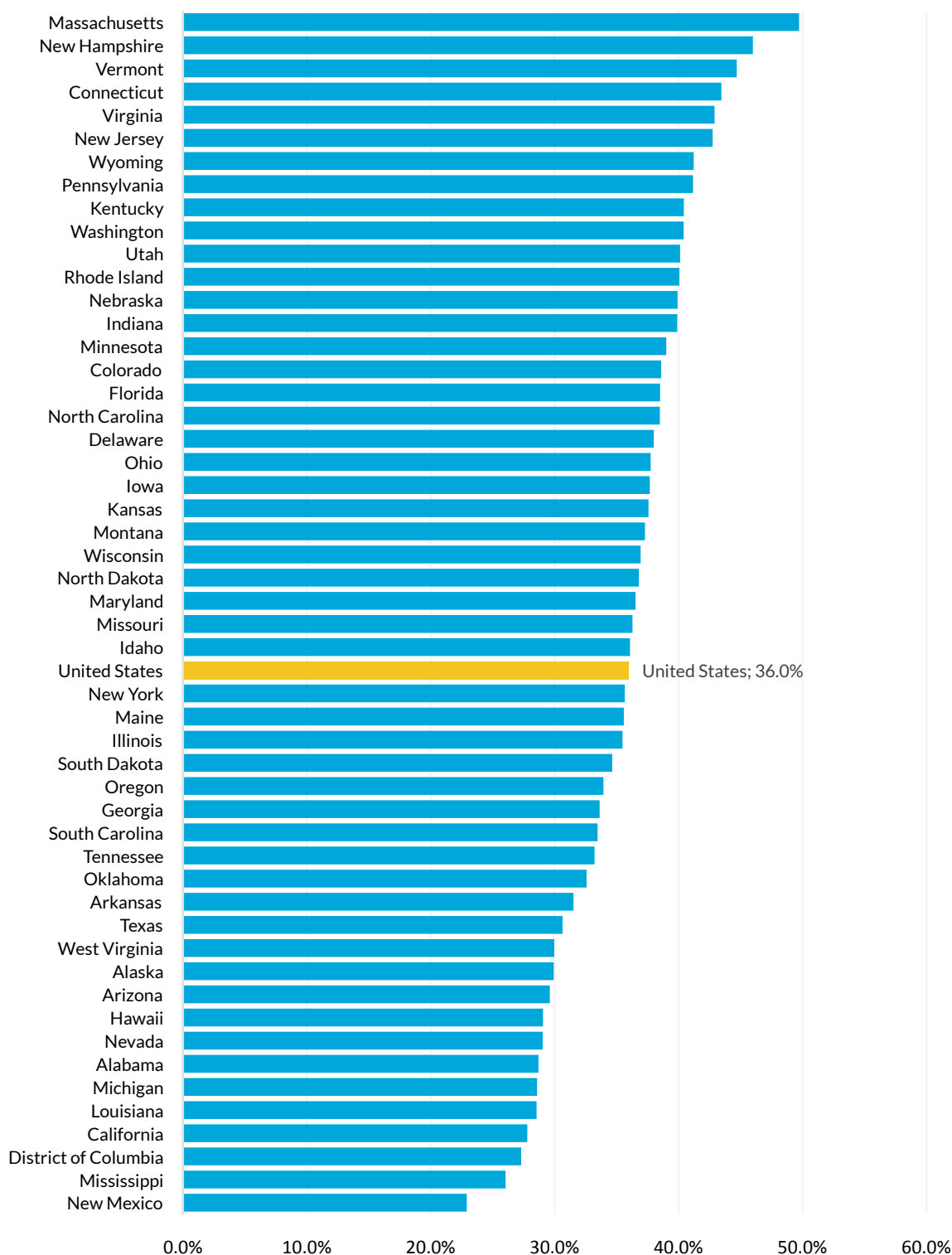
Source: U.S. Department of Health and Human Services, Children's Bureau. *Child Welfare Outcomes Report Data*. Retrieved from <http://cwoutcomes.acf.hhs.gov/data/overview>

## Mothers Who Initiated Breastfeeding, 2014



**Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2016, April). *National immunization survey*. Retrieved from <https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>

## Children at or Above Proficiency for Fourth-Grade Reading, 2015



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. (2015). *National assessment of educational progress, 2015 reading assessments*. Retrieved from <http://nces.ed.gov/nationsreportcard/naepdata/report.aspx>



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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 MIECHV communities from 2015. The profiles include data from several sources. Service numbers and demographic information on participants come from evidence-based model data. Not all models were able to share data, but five of the largest models (Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers) shared participant information. The profiles also include information from the American Community Survey on who could benefit from home visiting.

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Florida	85	Nebraska	119	Utah	155
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\* 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>

# What to Expect in the NHVRC State Profiles

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 of potential beneficiaries (pregnant women and families with 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 less than a high school diploma
- Percentage of families with teen parents or mothers under 21 years
- Percentage of families who are low income (100 percent and below the federal poverty threshold)

The profiles feature data from evidence-based home visiting models, which include home visiting participants served with MIECHV and non-MIECHV funding.<sup>1</sup> Information was not available for all states. For example, not all tribal awardees were able to share information. Instead of individual tribal profiles, we include an aggregate profile presenting information about all tribal MIECHV awardees.

For characteristics of MIECHV participants by location, see the [MIECHV State Data Tables on page 190](#).

<sup>1</sup> Nurse-Family Partnership (NFP) was able to share participant demographic information about only MIECHV participants for this Yearbook. We hope to include non-MIECHV information in our next Yearbook.

## STATE PROFILE – ALABAMA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Alabama included Early Head Start, 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.



42,896

home visits provided



3,224

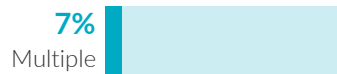
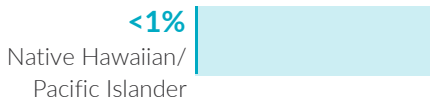
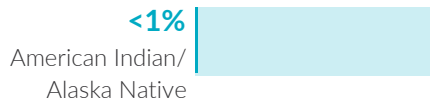
families served



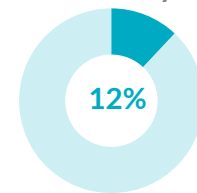
3,847

children served

## Race

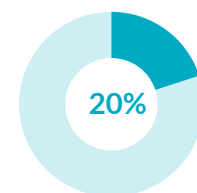


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language





## Potential Beneficiaries in 2015

In Alabama, there were 279,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**279,000** 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 Alabama who met the following criteria:



Of the 279,000 families who could benefit—

**61%**

met one or more of the criteria above

**30%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – ALASKA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Alaska included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, 16 local agencies operated at least one of these models.



7,539

home visits provided



968

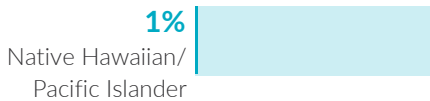
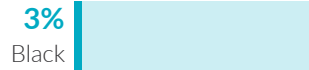
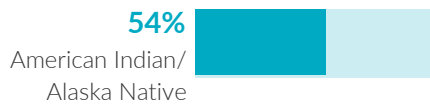
families served



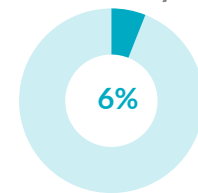
1,111

children served

## Race

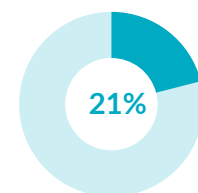


## Ethnicity



Hispanic or Latino

## Caregiver education

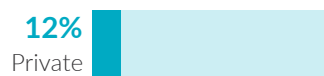


No high school diploma

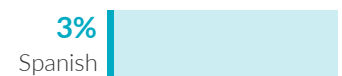
## Child age



## Child insurance status



## Primary language

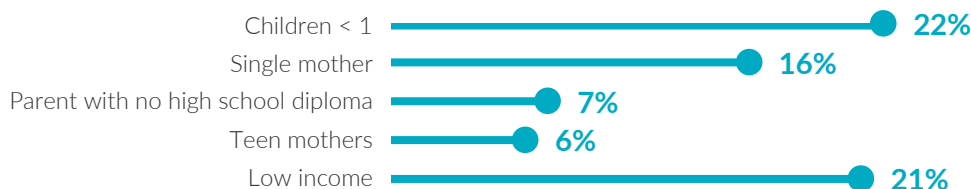


## Potential Beneficiaries in 2015

In Alaska, there were 48,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**48,000** 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 Alaska who met the following criteria:



Of the 48,000 families who could benefit—

**52%**

met one or more of the criteria above

**20%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – ARIZONA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Arizona included Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 64 local agencies operated at least one of these models.



55,593

home visits provided



10,252

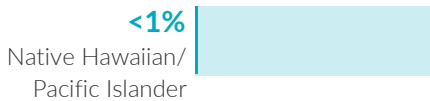
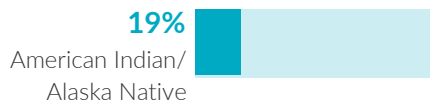
families served



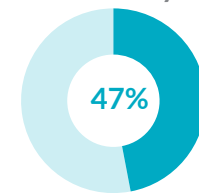
11,637

children served

## Race

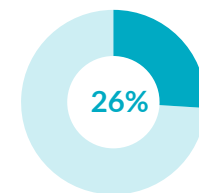


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

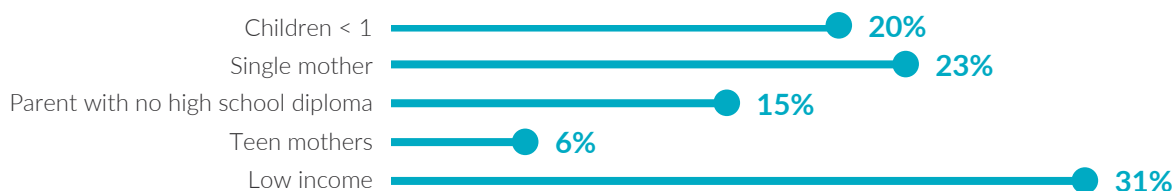


## Potential Beneficiaries in 2015

In Arizona, there were 387,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**387,700** 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 Arizona who met the following criteria:



Of the 387,700 families who could benefit—

**60%**

met one or more of the criteria above

**28%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in AZ include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – ARKANSAS

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Arkansas included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 69 local agencies operated at least one of these models.



91,831

home visits provided



6,426

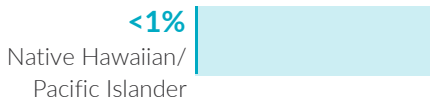
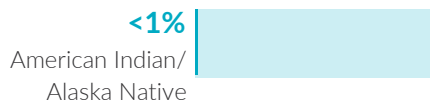
families served



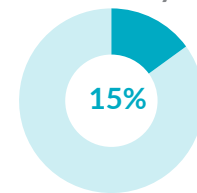
6,858

children served

## Race

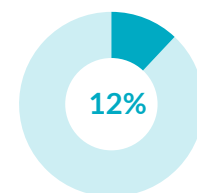


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language





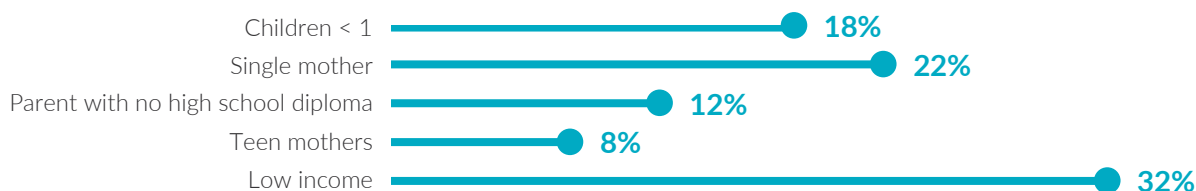
## STATE PROFILE – ARKANSAS

## Potential Beneficiaries in 2015

In Arkansas, there were 177,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**177,500** 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 Arkansas who met the following criteria:



Of the 177,500 families who could benefit—

**60%**

met one or more of the criteria above

**27%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in AR include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - CALIFORNIA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in California included Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 200 local agencies operated at least one of these models.



76,235

home visits provided



9,548

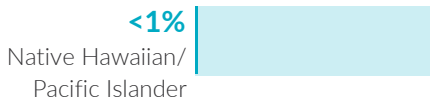
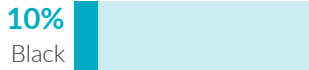
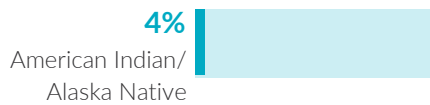
families served



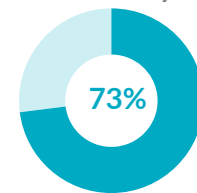
9,103

children served

## Race

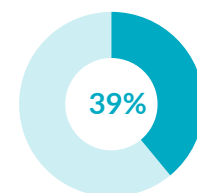


## Ethnicity



Hispanic or Latino

## Caregiver education

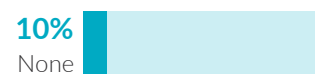
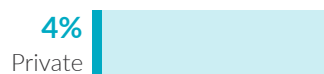


No high school diploma

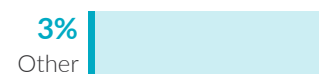
## Child age



## Child insurance status



## Primary language

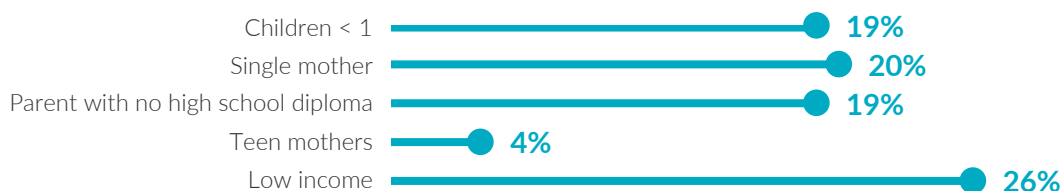


## Potential Beneficiaries in 2015

In California, there were 2,227,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**2,227,100** 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 California who met the following criteria:



Of the 2,227,100 families who could benefit—

**59%**

met one or more of the criteria above

**25%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPO public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPO reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - COLORADO

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Colorado included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 84 local agencies operated at least one of these models.



51,635

home visits provided



4,056

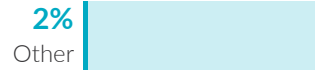
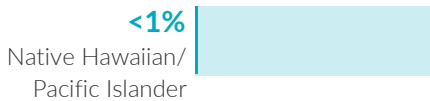
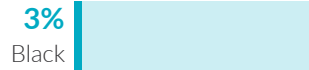
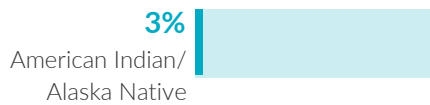
families served



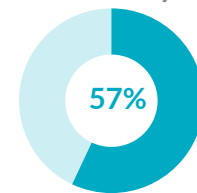
4,676

children served

## Race

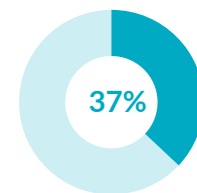


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

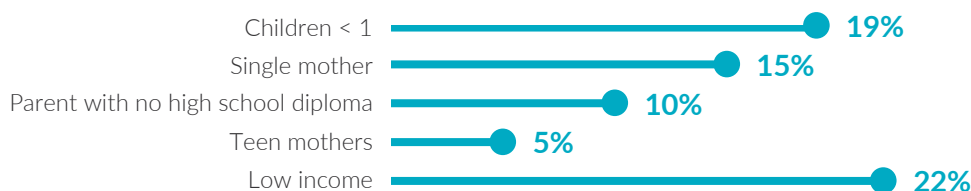


## Potential Beneficiaries in 2015

In Colorado, there were 315,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**315,600** 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 Colorado who met the following criteria:



Of the 315,600 families who could benefit—

**51%**

met one or more of the criteria above

**18%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in CO include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - CONNECTICUT

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Connecticut included Child First, Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, 86 local agencies operated at least one of these models.



55,775

home visits provided



4,270

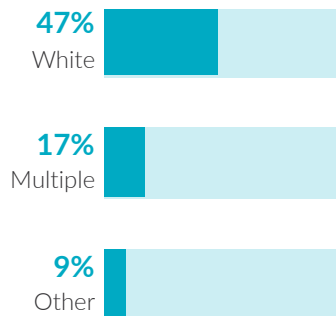
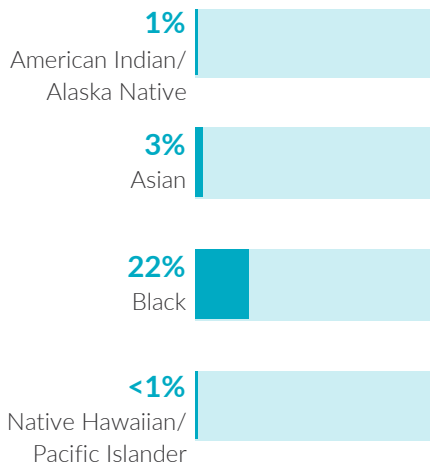
families served



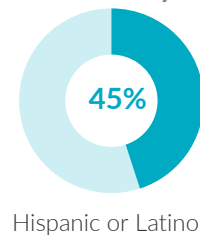
5,677

children served

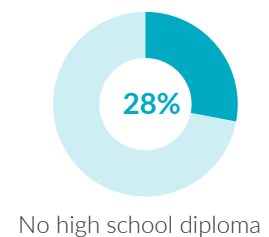
## Race



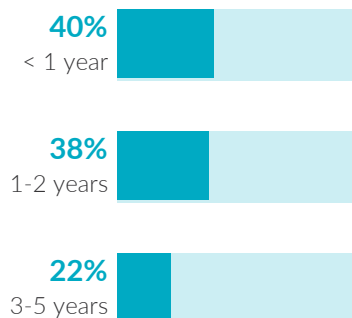
## Ethnicity



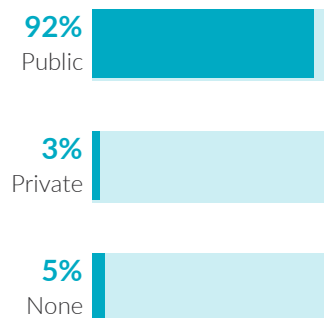
## Caregiver education



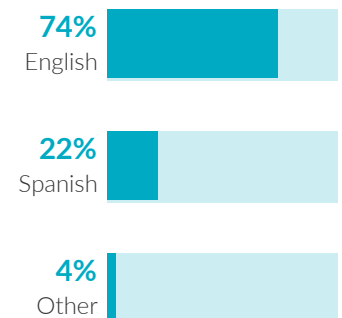
## Child age



## Child insurance status



## Primary language



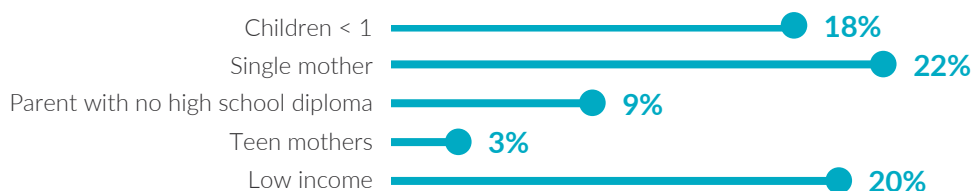
## STATE PROFILE – CONNECTICUT

## Potential Beneficiaries in 2015

In Connecticut, there were 187,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**187,000** 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 Connecticut who met the following criteria:



Of the 187,000 families who could benefit—

**51%**

met one or more of the criteria above

**19%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - DELAWARE

## Families Served Through Evidence-Based Home Visiting in 2015

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



17,843

home visits provided



1,776

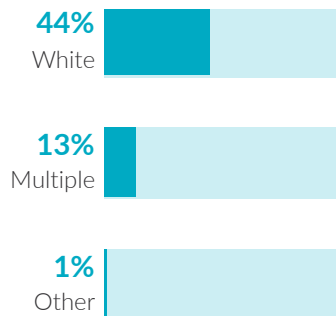
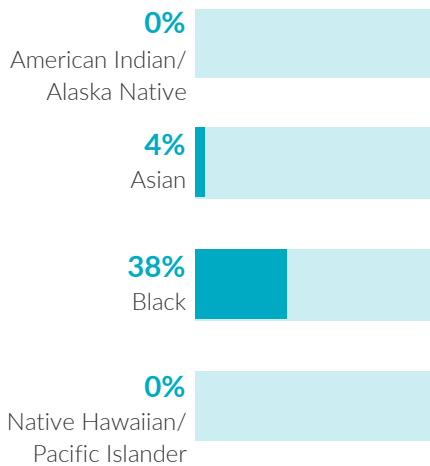
families served



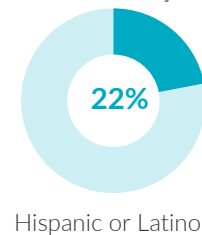
1,722

children served

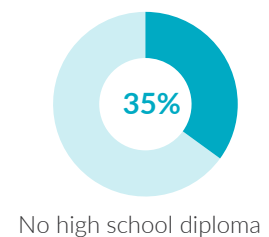
## Race



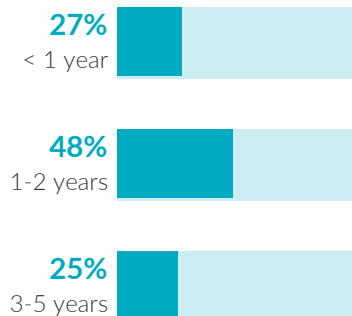
## Ethnicity



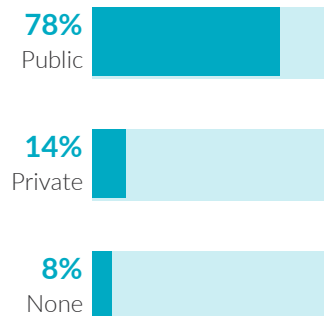
## Caregiver education



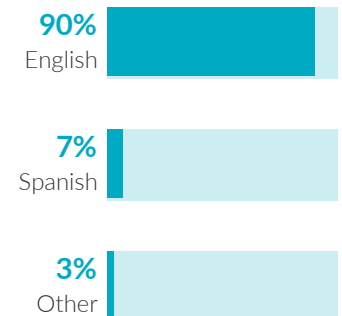
## Child age



## Child insurance status



## Primary language



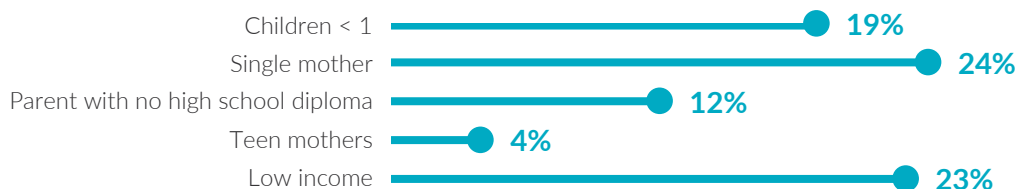
## STATE PROFILE – DELAWARE

## Potential Beneficiaries in 2015

In Delaware, there were 50,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**50,200** 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 Delaware who met the following criteria:



Of the 50,200 families who could benefit—

**57%**

met one or more of the criteria above

**22%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in DE include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - THE DISTRICT OF COLUMBIA

## Families Served Through Evidence-Based Home Visiting in 2015

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



3,574

home visits provided



377

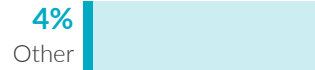
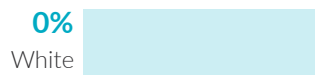
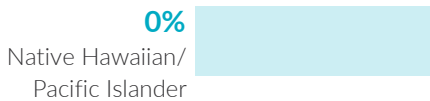
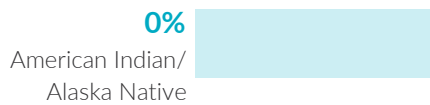
families served



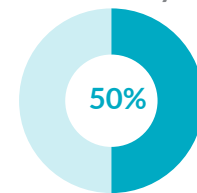
377

children served

## Race

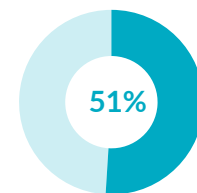


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language



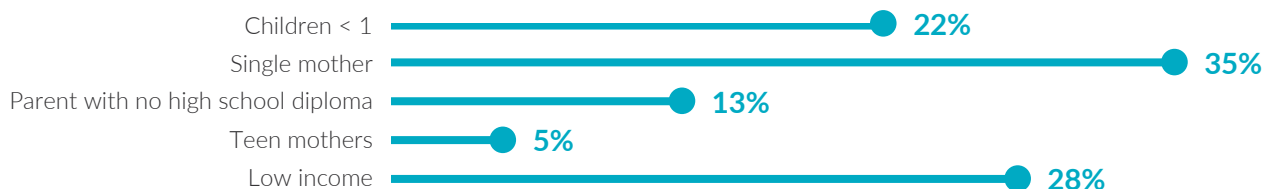
## STATE PROFILE – THE DISTRICT OF COLUMBIA

## Potential Beneficiaries in 2015

In the District of Columbia, there were 30,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**30,800** 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 the District of Columbia who met the following criteria:



Of the 30,800 families who could benefit—

**67%**

met one or more of the criteria above

**31%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPO public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPO reports primary language of children. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - FLORIDA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Florida included Child First, Early Head Start, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 99 local agencies operated at least one of these models.



38,805

home visits provided



4,659

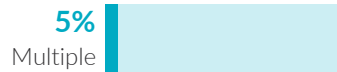
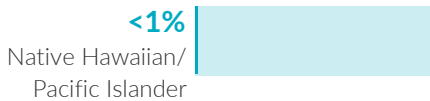
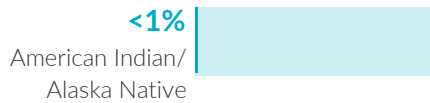
families served



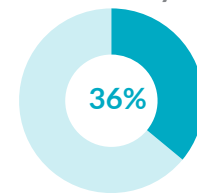
4,960

children served

## Race

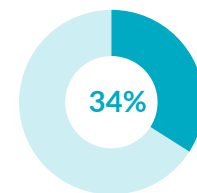


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

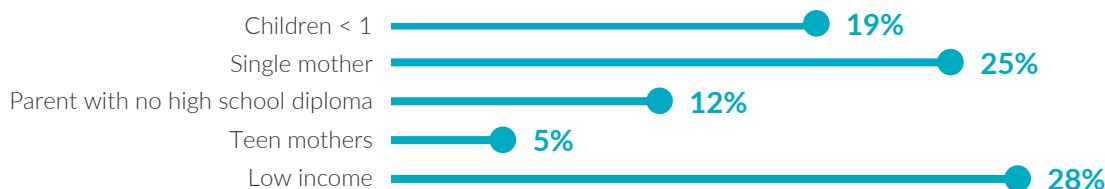


## Potential Beneficiaries in 2015

In Florida, there were 966,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**966,400** 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 Florida who met the following criteria:



Of the 966,400 families who could benefit—

**59%**

met one or more of the criteria above

**25%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA data are not available for FL. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - GEORGIA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Georgia included Early Head Start, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 62 local agencies operated at least one of these models.



30,826

home visits provided



2,202

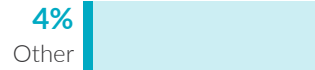
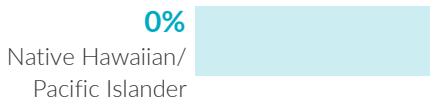
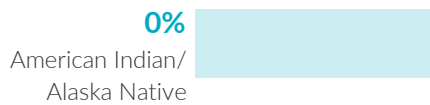
families served



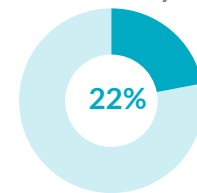
2,460

children served

## Race

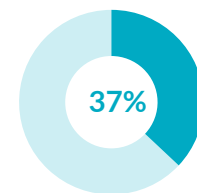


## Ethnicity



Hispanic or Latino

## Caregiver education

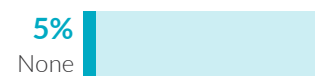


No high school diploma

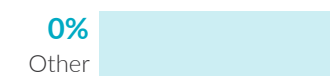
## Child age



## Child insurance status



## Primary language



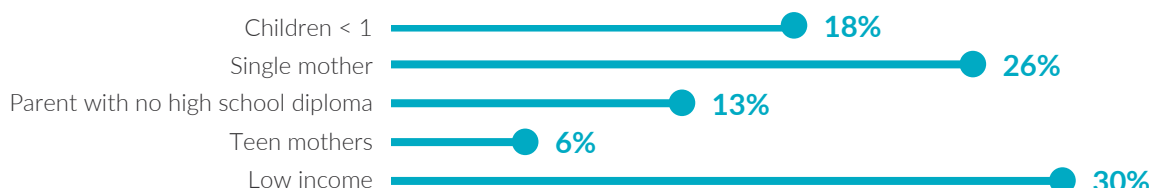


## Potential Beneficiaries in 2015

In Georgia, there were 611,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**611,800** 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 Georgia who met the following criteria:



Of the 611,800 families who could benefit—

**59%**

met one or more of the criteria above

**27%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in GA include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - HAWAII

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Hawaii included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 14 local agencies operated at least one of these models.



7,906

home visits provided



757

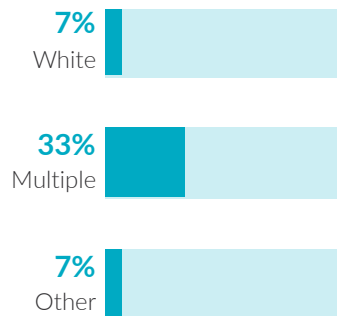
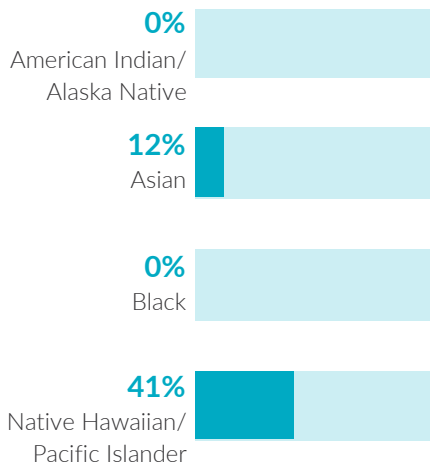
families served



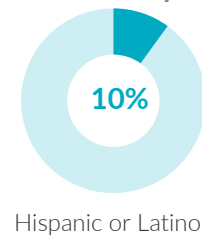
787

children served

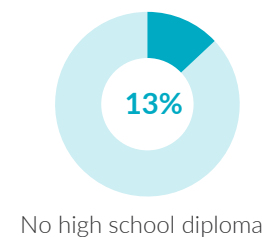
## Race



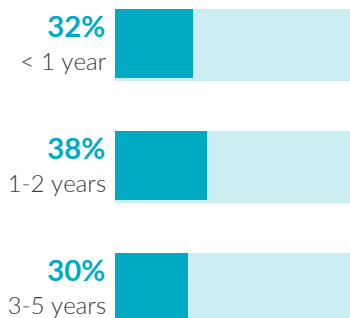
## Ethnicity



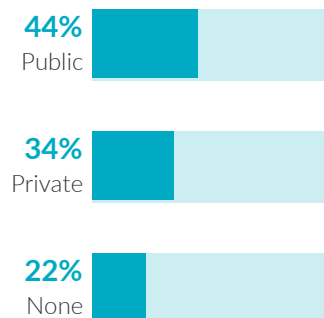
## Caregiver education



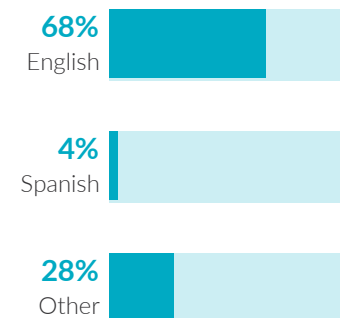
## Child age



## Child insurance status



## Primary language

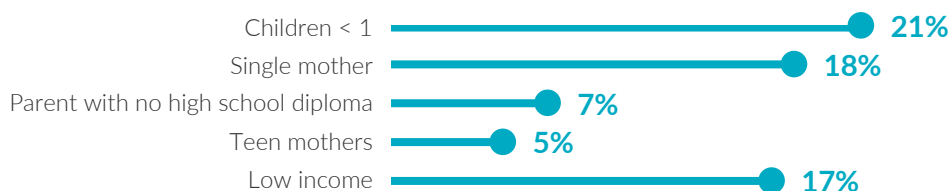


## Potential Beneficiaries in 2015

In Hawaii, there were 80,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**80,200** 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 Hawaii who met the following criteria:



Of the 80,200 families who could benefit—

**52%**

met one or more of the criteria above

**17%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in HI include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - IDAHO

## Families Served Through Evidence-Based Home Visiting in 2015

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



3,649

home visits provided



1,037

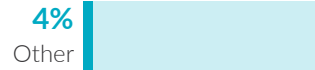
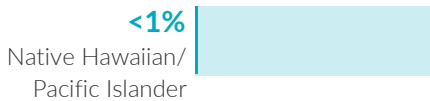
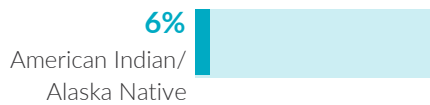
families served



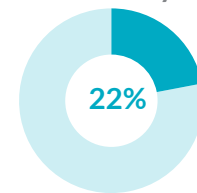
1,264

children served

## Race

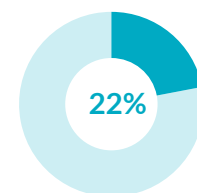


## Ethnicity



Hispanic or Latino

## Caregiver education

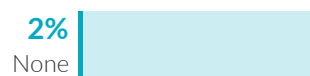
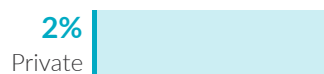


No high school diploma

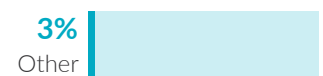
## Child age



## Child insurance status



## Primary language

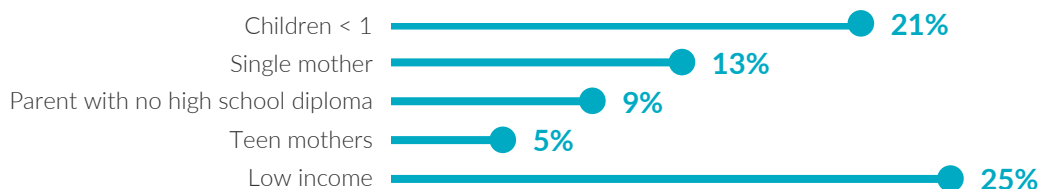


## Potential Beneficiaries in 2015

In Idaho, there were 103,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**103,900** 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 Idaho who met the following criteria:



Of the 103,900 families who could benefit—

**53%**

met one or more of the criteria above

**20%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - ILLINOIS

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Illinois included Early Head Start, Family Connects, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 203 local agencies operated at least one of these models.



112,733

home visits provided



11,655

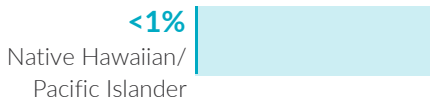
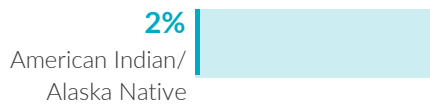
families served



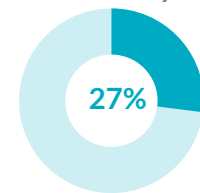
13,860

children served

## Race

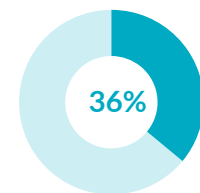


## Ethnicity



Hispanic or Latino

## Caregiver education

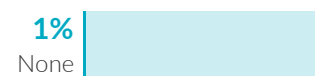
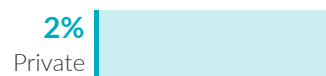


No high school diploma

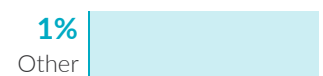
## Child age



## Child insurance status



## Primary language

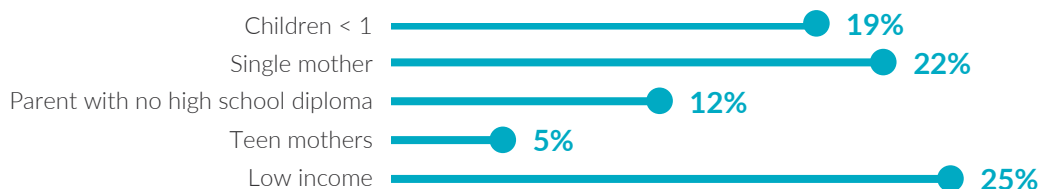


## Potential Beneficiaries in 2015

In Illinois, there were 742,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**742,400** 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 Illinois who met the following criteria:



Of the 742,400 families who could benefit—

**56%**

met one or more of the criteria above

**23%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPO public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPO reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - INDIANA

## Families Served Through Evidence-Based Home Visiting in 2015

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



20,805

home visits provided



12,563

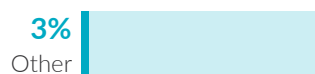
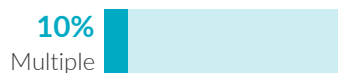
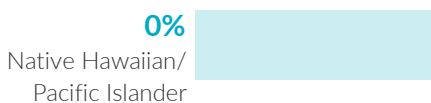
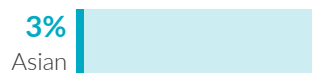
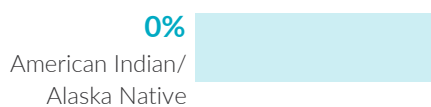
families served



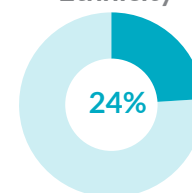
13,515

children served

## Race

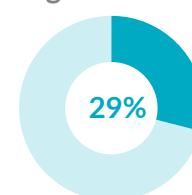


## Ethnicity



Hispanic or Latino

## Caregiver education

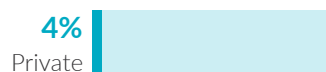


No high school diploma

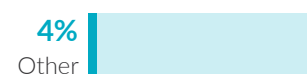
## Child age



## Child insurance status



## Primary language



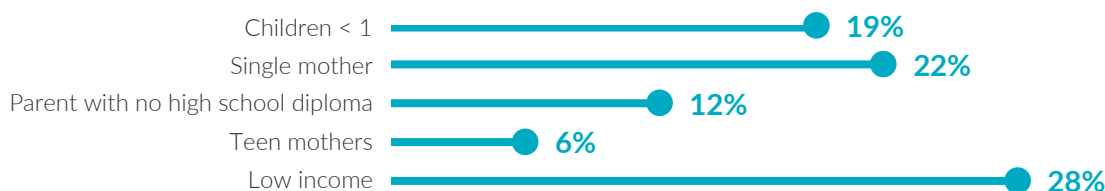


## Potential Beneficiaries in 2015

In Indiana, there were 392,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**392,400** 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 Indiana who met the following criteria:



Of the 392,400 families who could benefit—

**57%**

met one or more of the criteria above

**25%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is only represented in the number of children and families served. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - IOWA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Iowa included Early Head Start, Family Connects, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 73 local agencies operated at least one of these models.



51,195

home visits provided



4,554

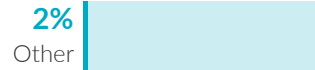
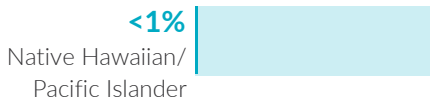
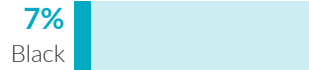
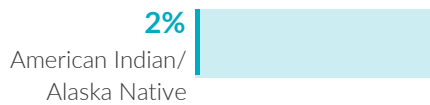
families served



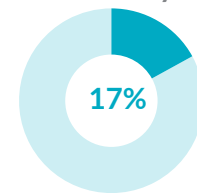
5,618

children served

## Race

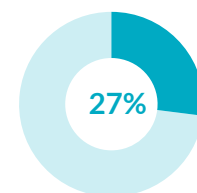


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

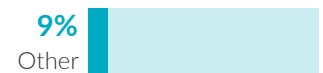
## Child age



## Child insurance status



## Primary language

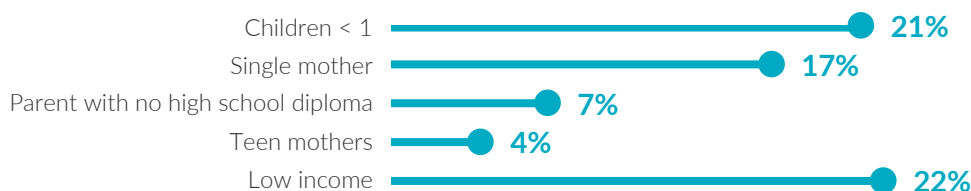


## Potential Beneficiaries in 2015

In Iowa, there were 185,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**185,800** 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 Iowa who met the following criteria:



Of the 185,800 families who could benefit—

**50%**

met one or more of the criteria above

**19%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - KANSAS

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Kansas included Early Head Start, Healthy Families America, Parents as Teachers, and Play and Learning Strategies. Statewide, 97 local agencies operated at least one of these models.



76,864

home visits provided



9,811

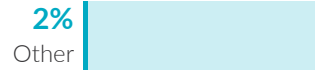
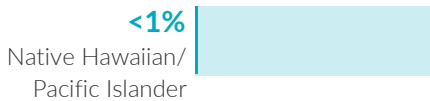
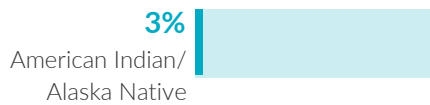
families served



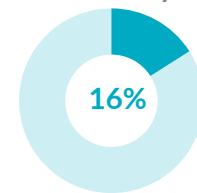
12,038

children served

## Race

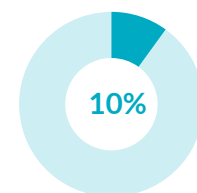


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language



## Potential Beneficiaries in 2015

In Kansas, there were 182,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**182,700** 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 Kansas who met the following criteria:



Of the 182,700 families who could benefit—

**54%**

met one or more of the criteria above

**20%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – LOUISIANA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Louisiana included Early Head Start, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 23 local agencies operated at least one of these models.



24,591

home visits provided



2,247

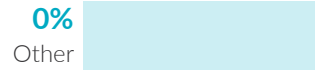
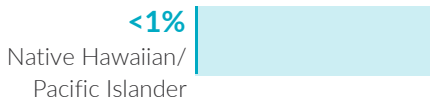
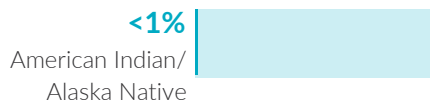
families served



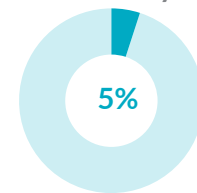
1,798

children served

## Race

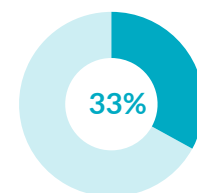


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

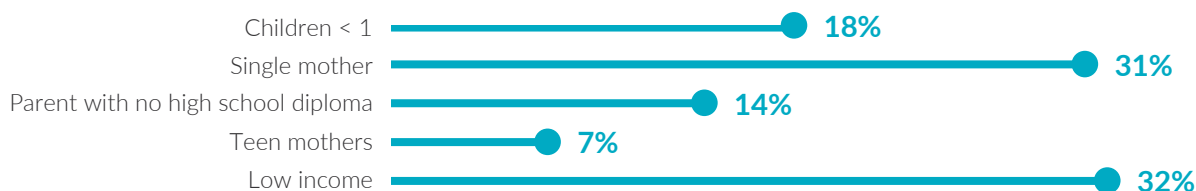


## Potential Beneficiaries in 2015

In Louisiana, there were 285,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**285,800** 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 Louisiana who met the following criteria:



Of the 285,800 families who could benefit—

**62%**

met one or more of the criteria above

**30%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in LA include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – MAINE

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Maine included Early Head Start and Parents as Teachers. Statewide, 24 local agencies operated at least one of these models.



23,996

home visits provided



2,332

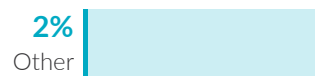
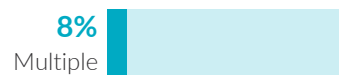
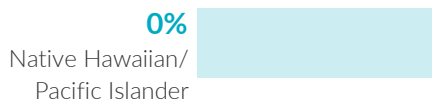
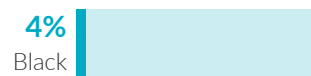
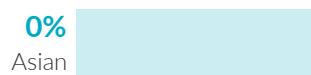
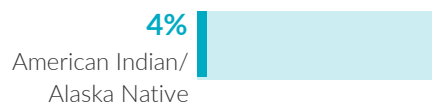
families served



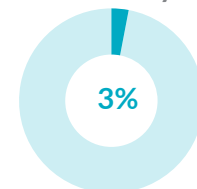
2,633

children served

## Race

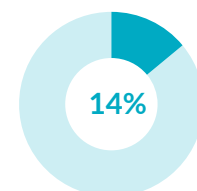


## Ethnicity



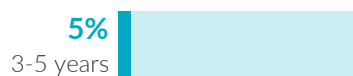
Hispanic or Latino

## Caregiver education

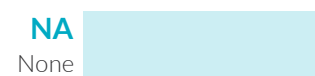
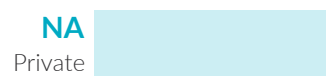
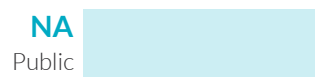


No high school diploma

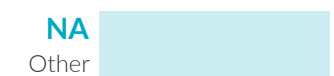
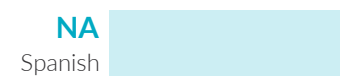
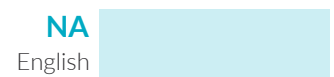
## Child age



## Child insurance status



## Primary language



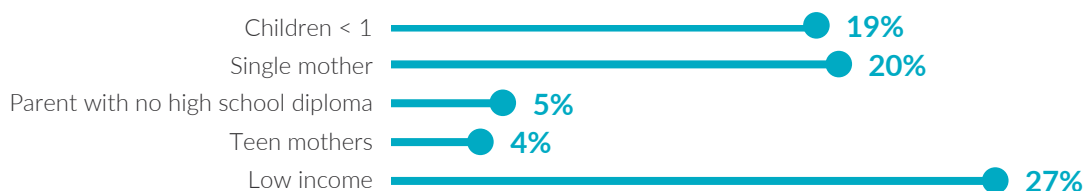


## Potential Beneficiaries in 2015

In Maine, there were 64,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**64,600** 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 Maine who met the following criteria:



Of the 64,600 families who could benefit—

**54%**

met one or more of the criteria above

**21%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in ME include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – MARYLAND

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Maryland included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 44 local agencies operated at least one of these models.



43,058

home visits provided



3,457

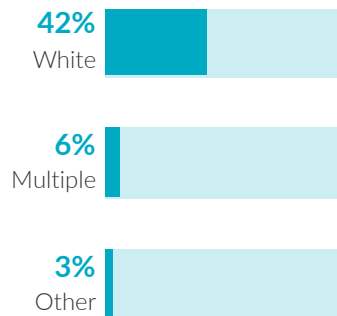
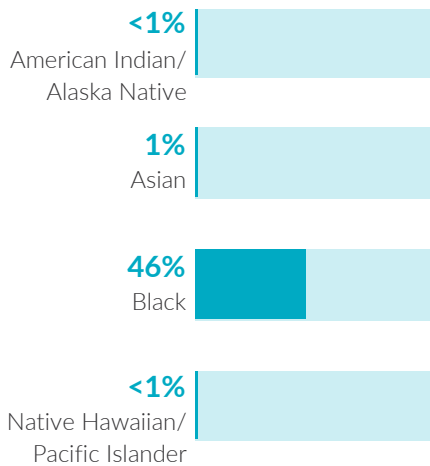
families served



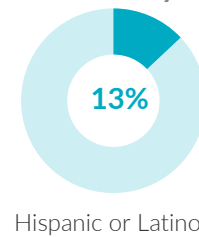
3,683

children served

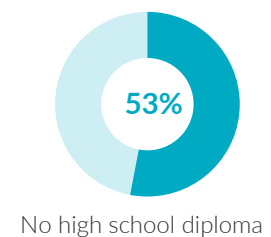
## Race



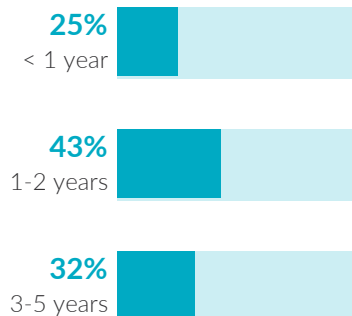
## Ethnicity



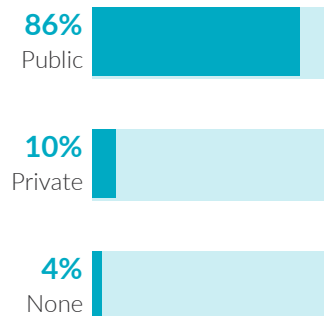
## Caregiver education



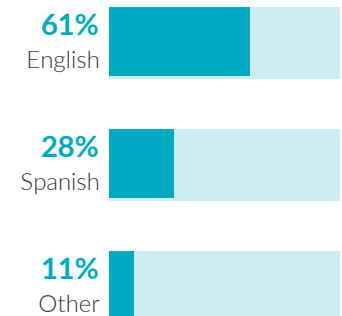
## Child age



## Child insurance status



## Primary language

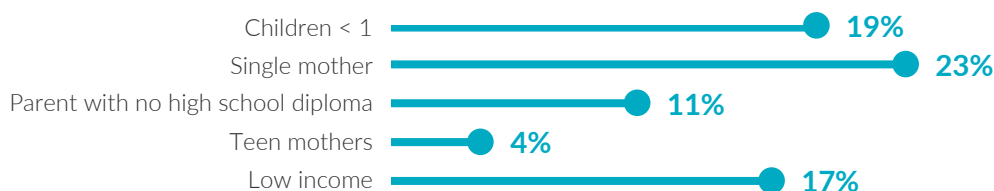


## Potential Beneficiaries in 2015

In Maryland, there were 336,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**336,300** 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 Maryland who met the following criteria:



Of the 336,300 families who could benefit—

**53%**

met one or more of the criteria above

**20%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in MD include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – MASSACHUSETTS

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Massachusetts included Early Head Start, Healthy Families America, and Parents as Teachers. Statewide, 45 local agencies operated at least one of these models.



37,739

home visits provided



3,575

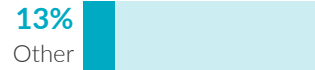
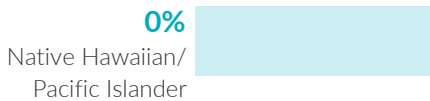
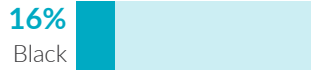
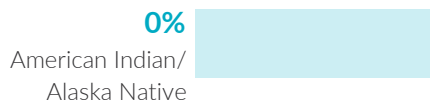
families served



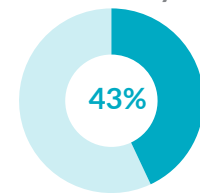
3,013

children served

## Race

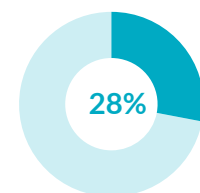


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

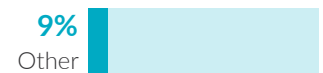
## Child age



## Child insurance status



## Primary language



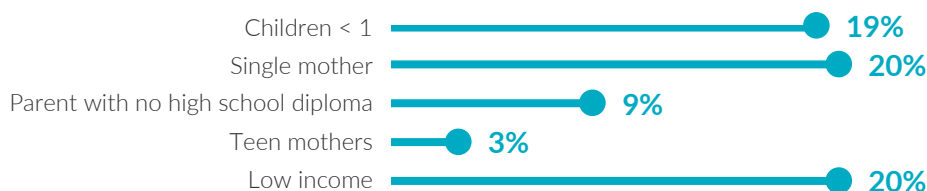
## STATE PROFILE – MASSACHUSETTS

## Potential Beneficiaries in 2015

In Massachusetts, there were 348,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**348,300** 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 Massachusetts who met the following criteria:



Of the 348,300 families who could benefit—

**51%**

met one or more of the criteria above

**19%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is only represented in the number of children and families served and the number of home visits. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – MICHIGAN

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Michigan included Early Head Start, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 104 local agencies operated at least one of these models.



83,511

home visits provided



8,580

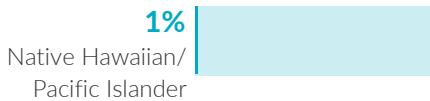
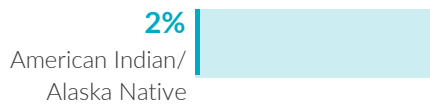
families served



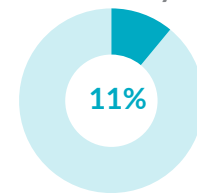
9,638

children served

## Race

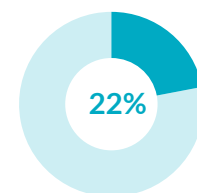


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language



## Potential Beneficiaries in 2015

In Michigan, there were 536,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**536,300** 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 Michigan who met the following criteria:



Of the 536,300 families who could benefit—

**58%**

met one or more of the criteria above

**26%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – MINNESOTA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Minnesota included Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 51 local agencies operated at least one of these models.



31,864

home visits provided



2,582

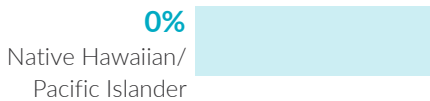
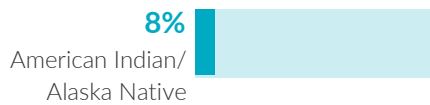
families served



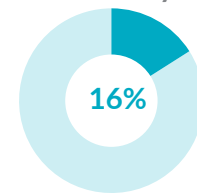
1,304

children served

## Race

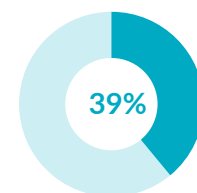


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language



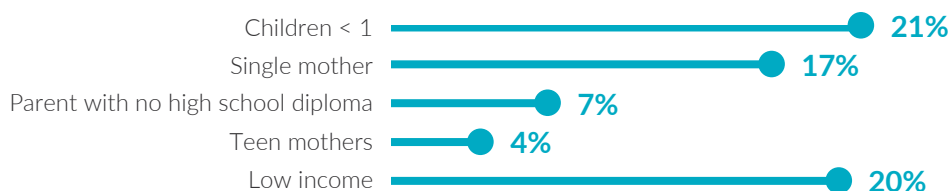


## Potential Beneficiaries in 2015

In Minnesota, there were 323,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**323,300** 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 criteria:



Of the 323,300 families who could benefit—

**50%**

met one or more of the criteria above

**18%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – MISSISSIPPI

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Mississippi included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 18 local agencies operated at least one of these models.



10,603

home visits provided



703

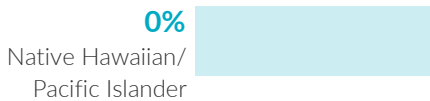
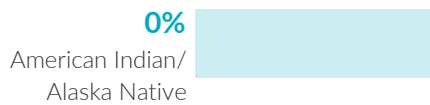
families served



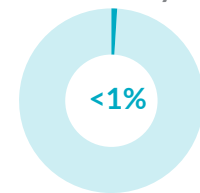
956

children served

## Race

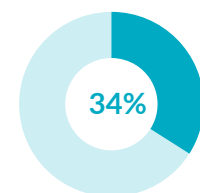


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language



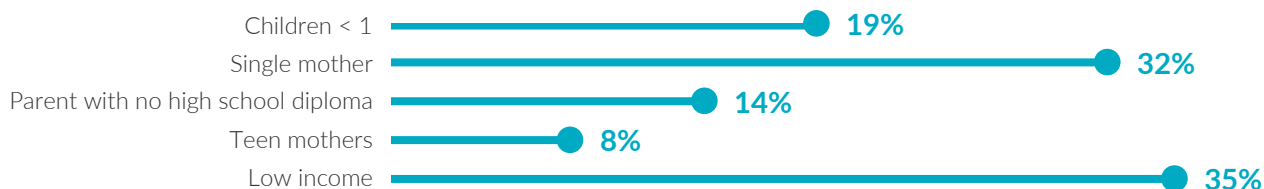
## STATE PROFILE – MISSISSIPPI

## Potential Beneficiaries in 2015

In Mississippi, there were 181,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**181,100** 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 criteria:



Of the 181,100 families who could benefit—

**64%**

met one or more of the criteria above

**33%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in MS include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – MISSOURI

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Missouri included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 370 local agencies operated at least one of these models.



158,633

home visits provided



30,932

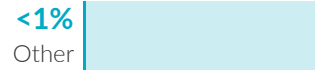
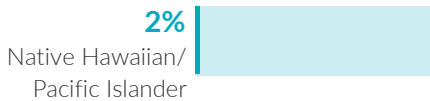
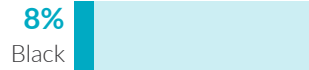
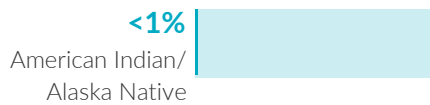
families served



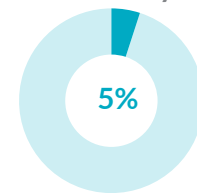
44,171

children served

## Race

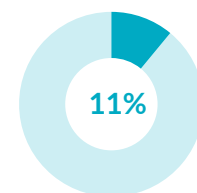


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

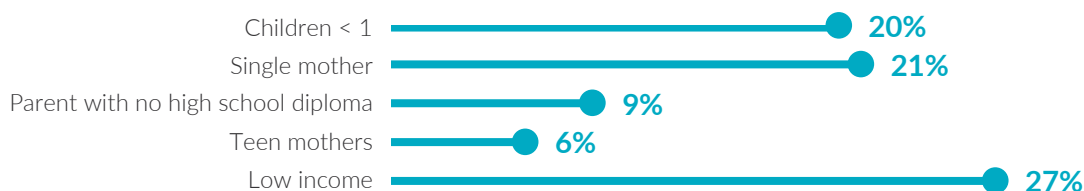


## Potential Beneficiaries in 2015

In Missouri, there were 353,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**353,800** 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 Missouri who met the following criteria:



Of the 353,800 families who could benefit—

**56%**

met one or more of the criteria above

**23%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in MO include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data, therefore EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – MONTANA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Montana included Early Head Start, Family Spirit, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 59 local agencies operated at least one of these models.



14,441

home visits provided



1,060

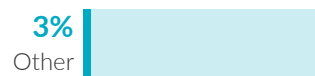
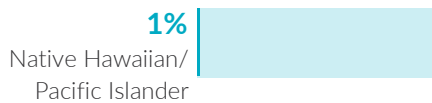
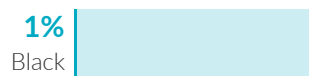
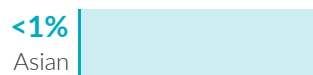
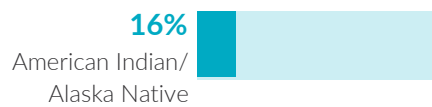
families served



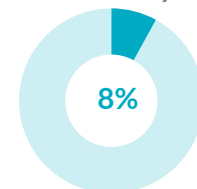
1,121

children served

## Race

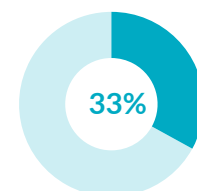


## Ethnicity



Hispanic or Latino

## Caregiver education

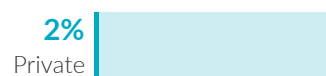


No high school diploma

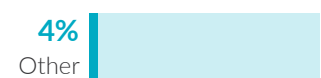
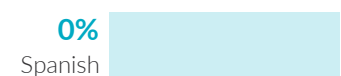
## Child age



## Child insurance status



## Primary language



## Potential Beneficiaries in 2015

In Montana, there were 55,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**55,900** 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 Montana who met the following criteria:



Of the 55,900 families who could benefit—

**52%**

met one or more of the criteria above

**21%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in MT include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – NEBRASKA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Nebraska included Early Head Start, Family Spirit, Healthy Families America, and Parents as Teachers. Statewide, 20 local agencies operated at least one of these models.



16,290

home visits provided



1,375

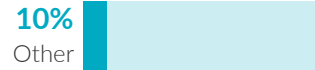
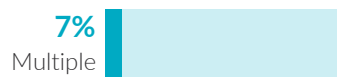
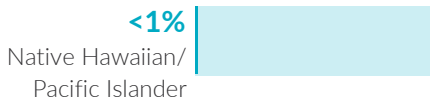
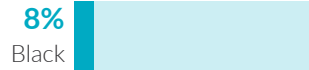
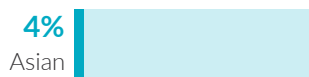
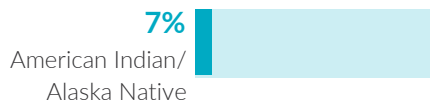
families served



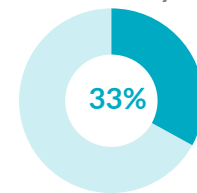
1,499

children served

## Race

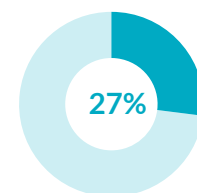


## Ethnicity



Hispanic or Latino

## Caregiver education

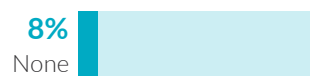
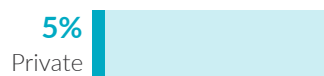


No high school diploma

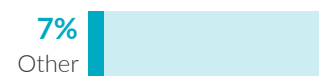
## Child age



## Child insurance status



## Primary language



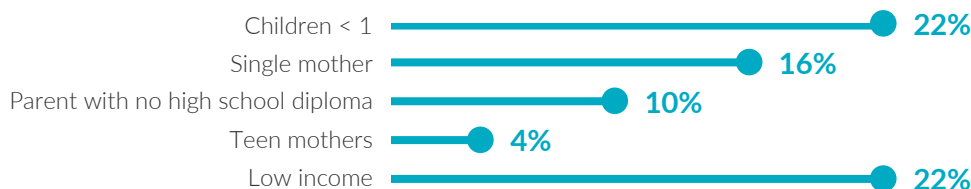


## Potential Beneficiaries in 2015

In Nebraska, there were 116,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**116,300** 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 Nebraska who met the following criteria:



Of the 116,300 families who could benefit—

**53%**

met one or more of the criteria above

**20%**

met two or more of the criteria above

### Notes

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## STATE PROFILE - NEVADA

## Families Served Through Evidence-Based Home Visiting in 2015

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



2,645

home visits provided



206

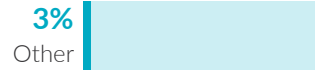
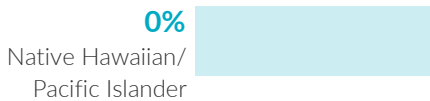
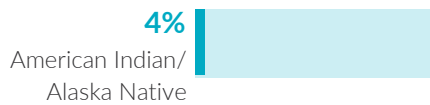
families served



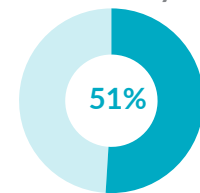
206

children served

## Race

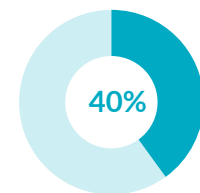


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

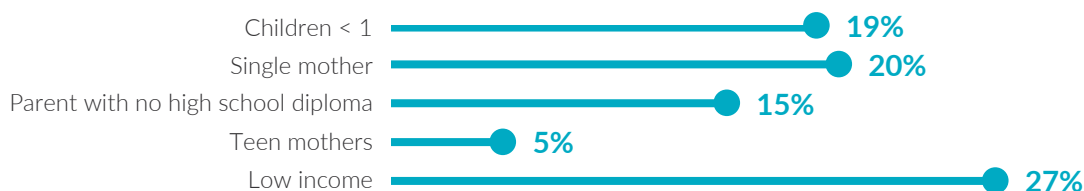


## Potential Beneficiaries in 2015

In Nevada, there were 168,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**168,900** 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 Nevada who met the following criteria:



Of the 168,900 families who could benefit—

**58%**

met one or more of the criteria above

**24%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in NV include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – NEW HAMPSHIRE

## Families Served Through Evidence-Based Home Visiting in 2015

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



3,377

home visits provided



434

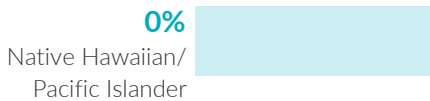
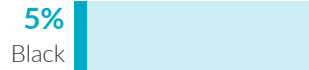
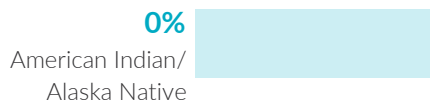
families served



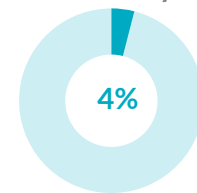
392

children served

## Race

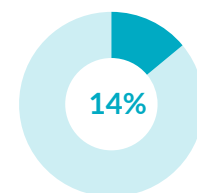


## Ethnicity



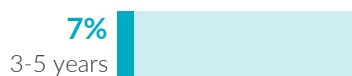
Hispanic or Latino

## Caregiver education

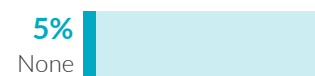
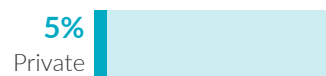


No high school diploma

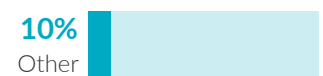
## Child age



## Child insurance status



## Primary language



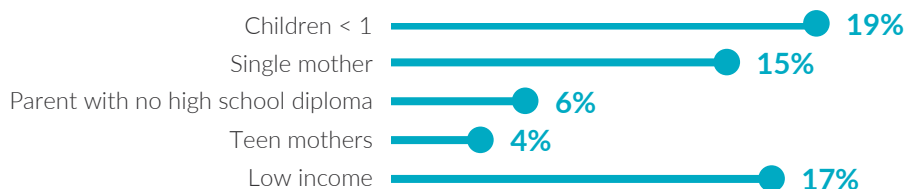
## STATE PROFILE – NEW HAMPSHIRE

## Potential Beneficiaries in 2015

In New Hampshire, there were 65,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**65,000** 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 New Hampshire who met the following criteria:



Of the 65,000 families who could benefit—

**47%**

met one or more of the criteria above

**15%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – NEW JERSEY

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in New Jersey included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 59 local agencies operated at least one of these models.



48,465

home visits provided



4,226

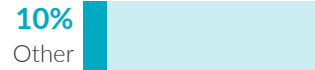
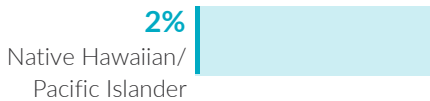
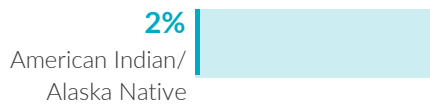
families served



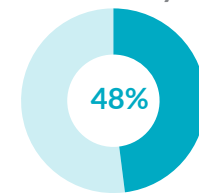
3,979

children served

## Race

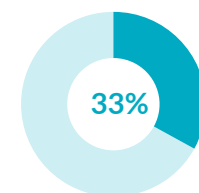


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

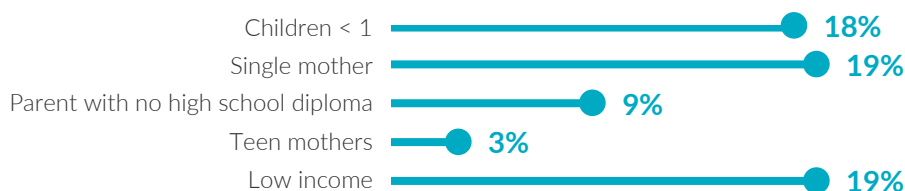


## Potential Beneficiaries in 2015

In New Jersey, there were 490,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**490,100** 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 Jersey who met the following criteria:



Of the 490,100 families who could benefit—

**50%**

met one or more of the criteria above

**18%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPO public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPO reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – NEW MEXICO

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in New Mexico included Early Head Start, Family Spirit, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 45 local agencies operated at least one of these models.



21,238

home visits provided



2,074

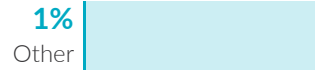
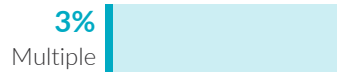
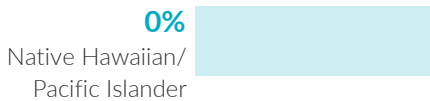
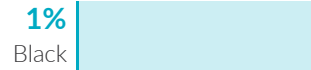
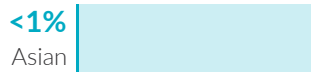
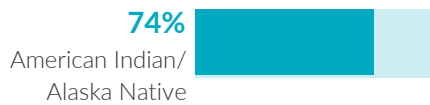
families served



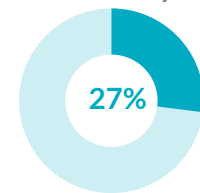
2,144

children served

## Race

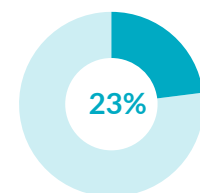


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language





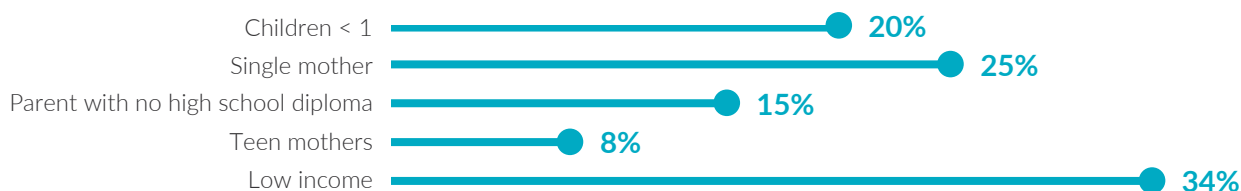
## STATE PROFILE – NEW MEXICO

## Potential Beneficiaries in 2015

In New Mexico, there were 127,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**127,000** 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 New Mexico who met the following criteria:



Of the 127,000 families who could benefit—

**64%**

met one or more of the criteria above

**31%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in NM include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – NEW YORK

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in New York included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, Play and Learning Strategies, and SafeCare. Statewide, 132 local agencies operated at least one of these models.



119,647

home visits provided



10,214

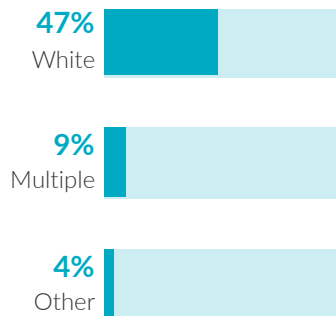
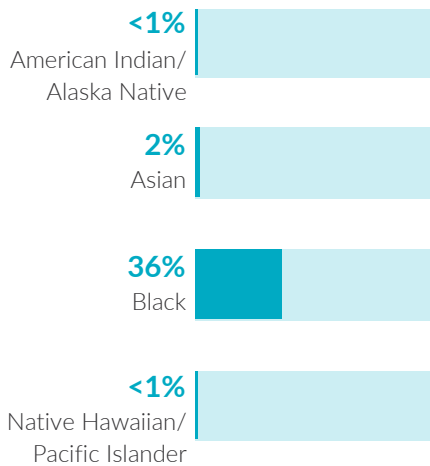
families served



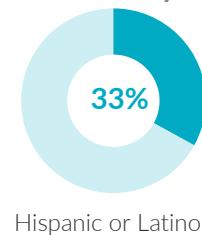
9,277

children served

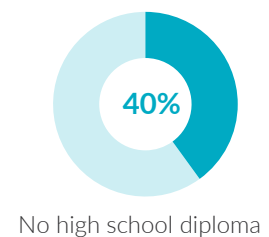
## Race



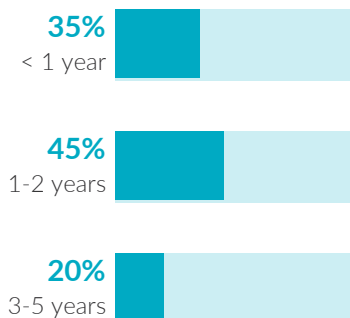
## Ethnicity



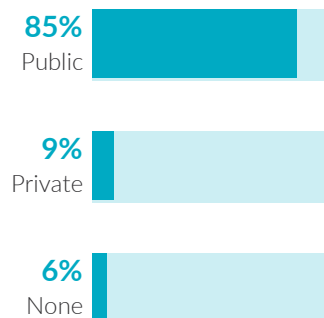
## Caregiver education



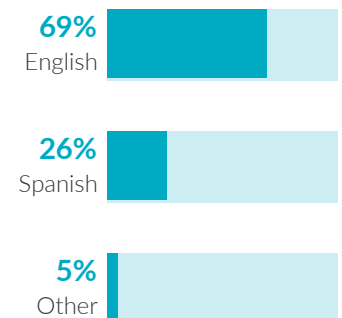
## Child age



## Child insurance status



## Primary language

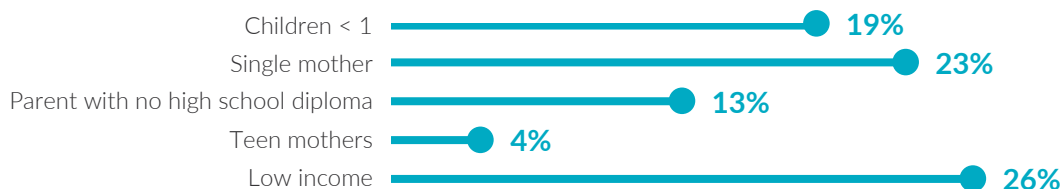


## Potential Beneficiaries in 2015

In New York, there were 1,106,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**1,106,000** 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 New York who met the following criteria:



Of the 1,106,000 families who could benefit—

**58%**

met one or more of the criteria above

**24%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPO public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPO reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – NORTH CAROLINA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in North Carolina included Early Head Start, Family Connects, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 91 local agencies operated at least one of these models.



56,923

home visits provided



4,511

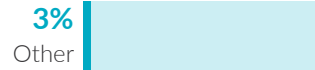
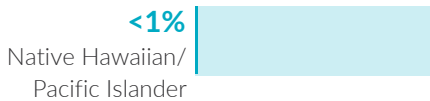
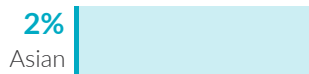
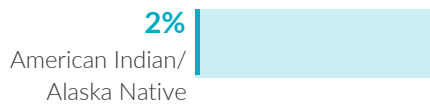
families served



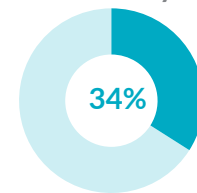
5,668

children served

## Race

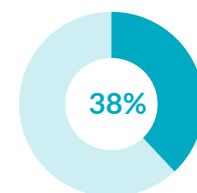


## Ethnicity



Hispanic or Latino

## Caregiver education

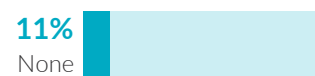


No high school diploma

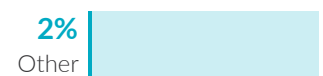
## Child age



## Child insurance status



## Primary language

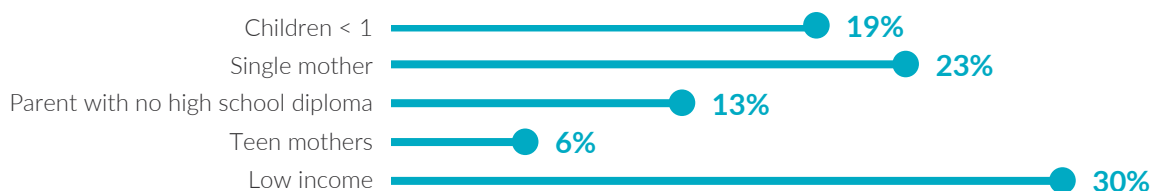


## Potential Beneficiaries in 2015

In North Carolina, there were 580,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**580,100** 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 North Carolina who met the following criteria:



Of the 580,100 families who could benefit—

**58%**

met one or more of the criteria above

**27%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPO public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPO reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is not represented in the number of home visits. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – NORTH DAKOTA

## Families Served Through Evidence-Based Home Visiting in 2015

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



2,730

home visits provided



376

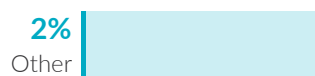
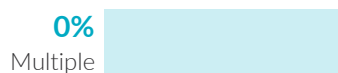
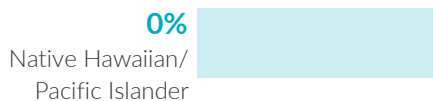
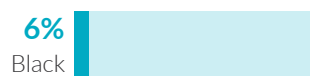
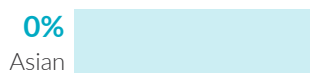
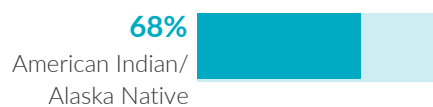
families served



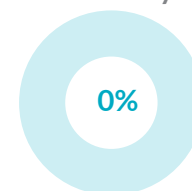
417

children served

## Race

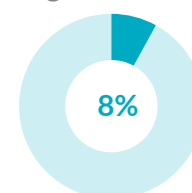


## Ethnicity



Hispanic or Latino

## Caregiver education

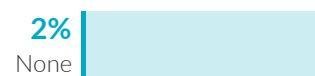
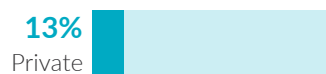


No high school diploma

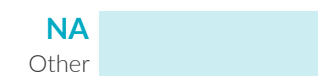
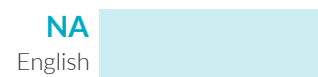
## Child age



## Child insurance status



## Primary language



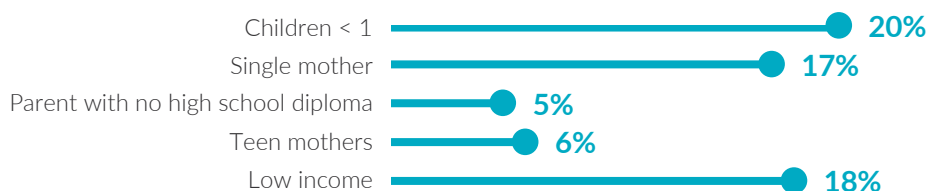
## STATE PROFILE – NORTH DAKOTA

## Potential Beneficiaries in 2015

In North Dakota, there were 44,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**44,600** 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 North Dakota who met the following criteria:



Of the 44,600 families who could benefit—

**48%**

met one or more of the criteria above

**17%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in ND include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - OHIO

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Ohio included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 129 local agencies operated at least one of these models.



45,979

home visits provided



15,548

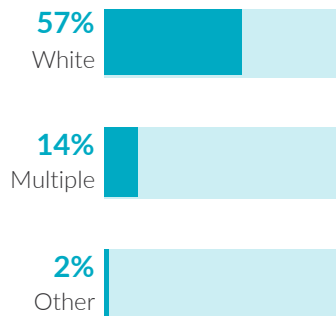
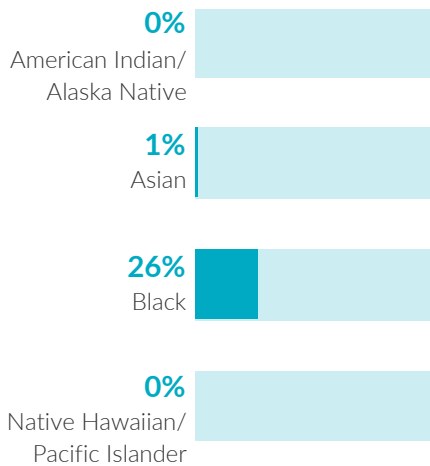
families served



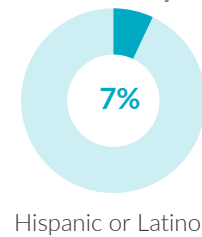
16,104

children served

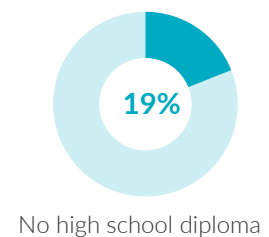
## Race



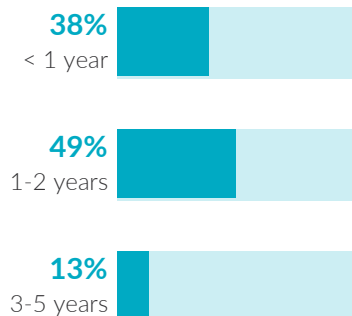
## Ethnicity



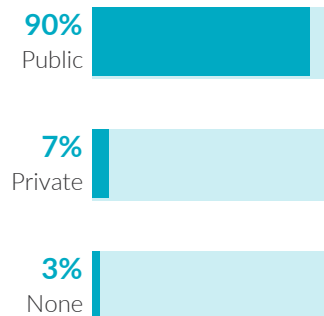
## Caregiver education



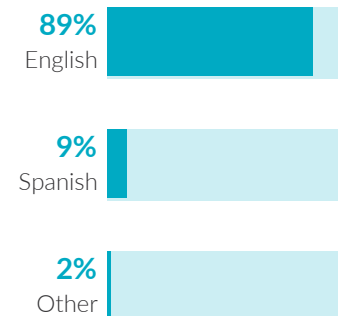
## Child age



## Child insurance status



## Primary language



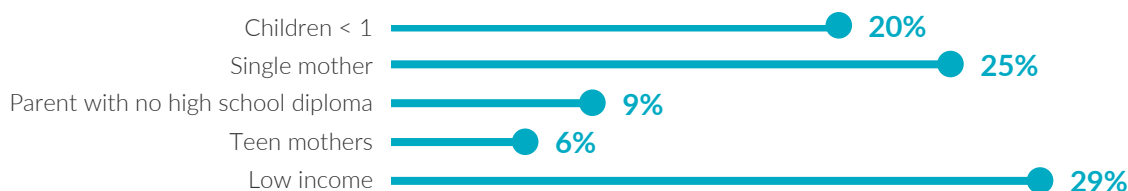


## Potential Beneficiaries in 2015

In Ohio, there were 649,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**649,100** 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 Ohio who met the following criteria:



Of the 649,100 families who could benefit—

**57%**

met one or more of the criteria above

**26%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPPY reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is only represented in the number of children and families served. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - OKLAHOMA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Oklahoma included Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 37 local agencies operated at least one of these models.



58,844

home visits provided



5,686

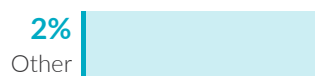
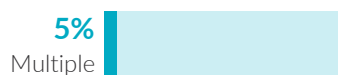
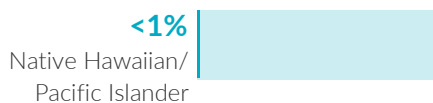
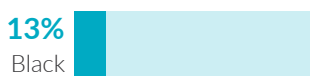
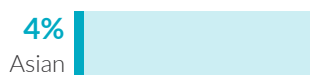
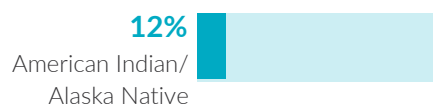
families served



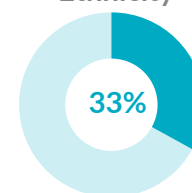
5,248

children served

## Race

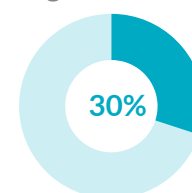


## Ethnicity



Hispanic or Latino

## Caregiver education

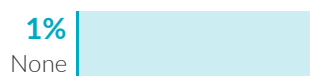


No high school diploma

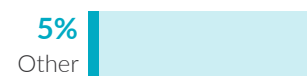
## Child age



## Child insurance status



## Primary language

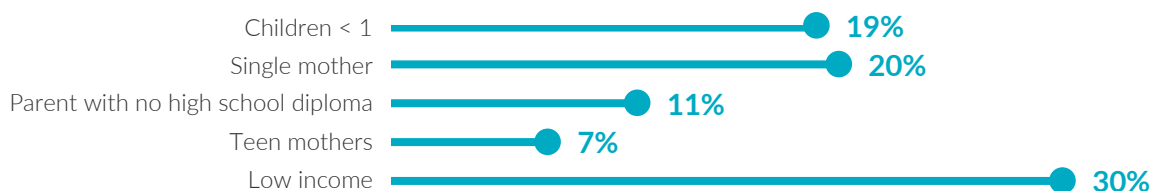


## Potential Beneficiaries in 2015

In Oklahoma, there were 244,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**244,300** 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 Oklahoma who met the following criteria:



Of the 244,300 families who could benefit—

**58%**

met one or more of the criteria above

**25%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • NFP data represent MIECHV and non-MIECHV participants. • EHS programs in OK include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – OREGON

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Oregon included Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 55 local agencies operated at least one of these models.



38,072

home visits provided



3,038

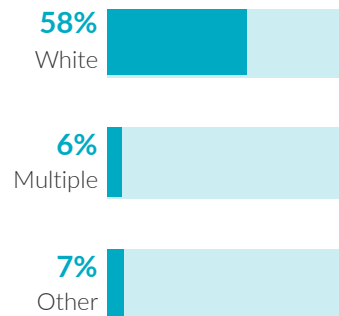
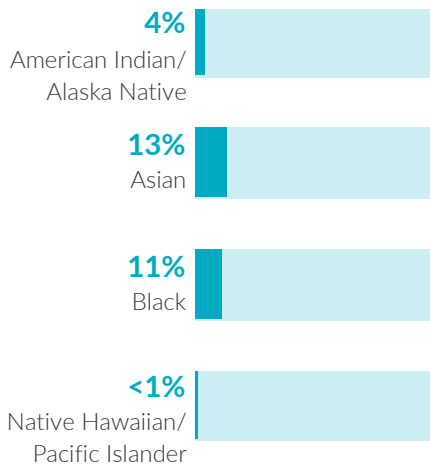
families served



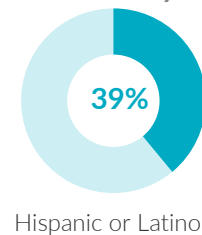
3,118

children served

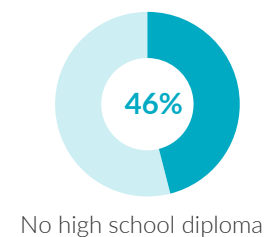
## Race



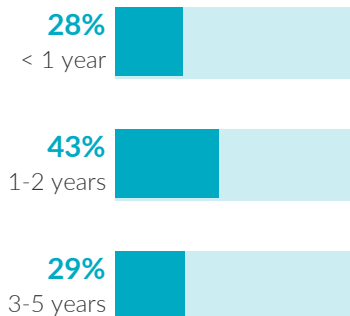
## Ethnicity



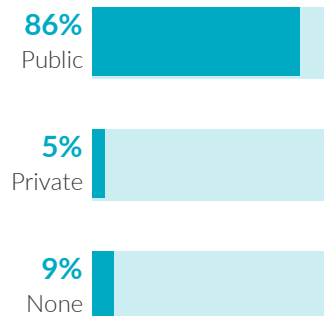
## Caregiver education



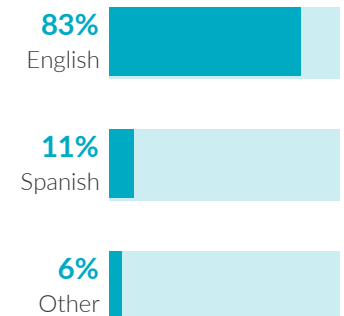
## Child age



## Child insurance status



## Primary language

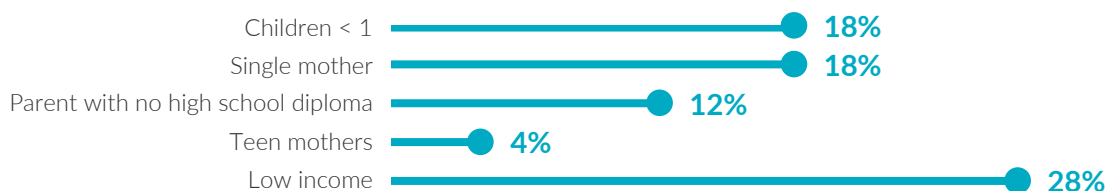


## Potential Beneficiaries in 2015

In Oregon, there were 219,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**219,100** 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 Oregon who met the following criteria:



Of the 219,100 families who could benefit—

**55%**

met one or more of the criteria above

**22%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – PENNSYLVANIA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Pennsylvania included Early Head Start, Family Check-Up, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 137 local agencies operated at least one of these models.



141,568

home visits provided



12,441

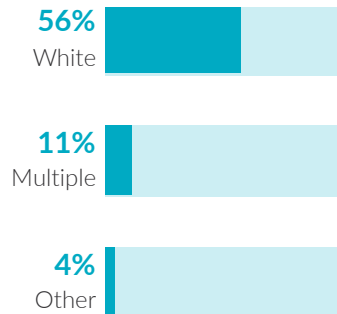
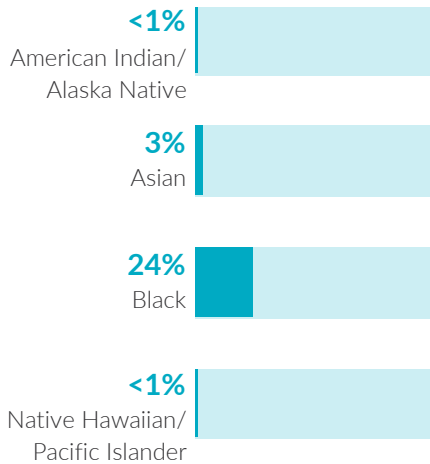
families served



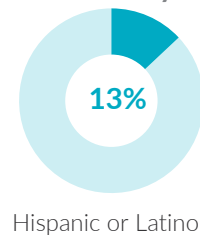
14,550

children served

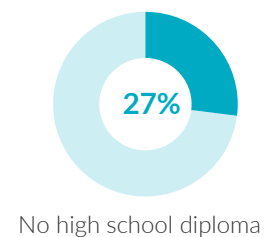
## Race



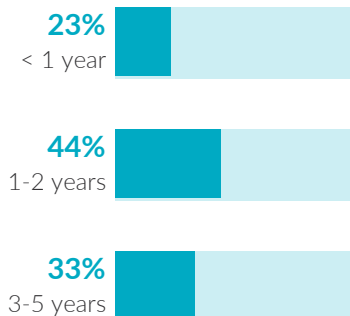
## Ethnicity



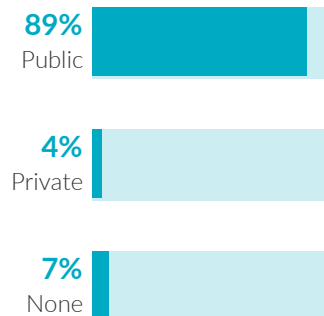
## Caregiver education



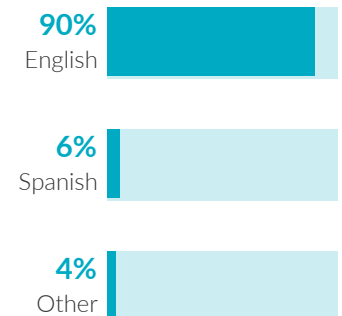
## Child age



## Child insurance status



## Primary language

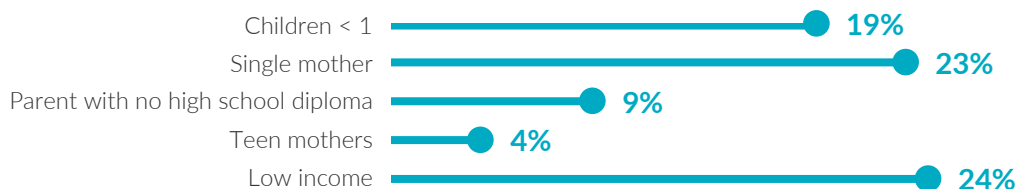


## Potential Beneficiaries in 2015

In Pennsylvania, there were 661,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**661,300** 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 Pennsylvania who met the following criteria:



Of the 661,300 families who could benefit—

**54%**

met one or more of the criteria above

**22%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - PUERTO RICO

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Puerto Rico included Early Head Start and Healthy Families America. Across the territory, 23 local agencies operated at least one of these models.



2,956

home visits provided



431

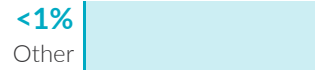
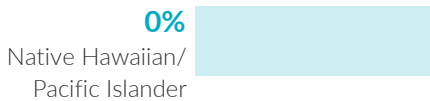
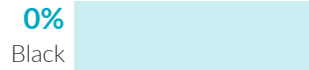
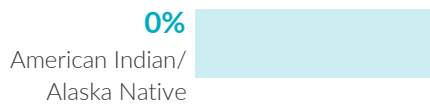
families served



407

children served

## Race

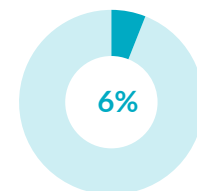


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language





## Potential Beneficiaries in 2015

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Information on potential beneficiaries was not available for Puerto Rico in 2015.

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – RHODE ISLAND

## Families Served Through Evidence-Based Home Visiting in 2015

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



5,877

home visits provided



1,799

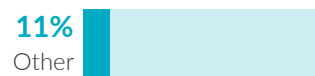
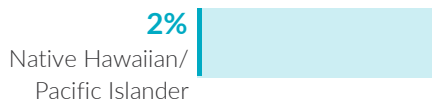
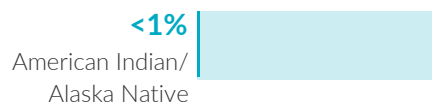
families served



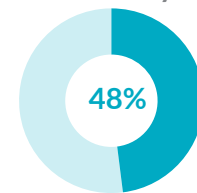
1,746

children served

## Race

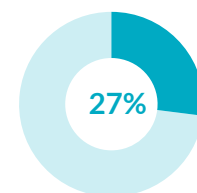


## Ethnicity



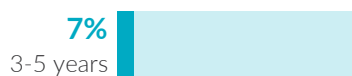
Hispanic or Latino

## Caregiver education

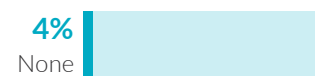
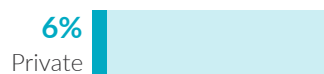


No high school diploma

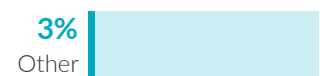
## Child age



## Child insurance status



## Primary language



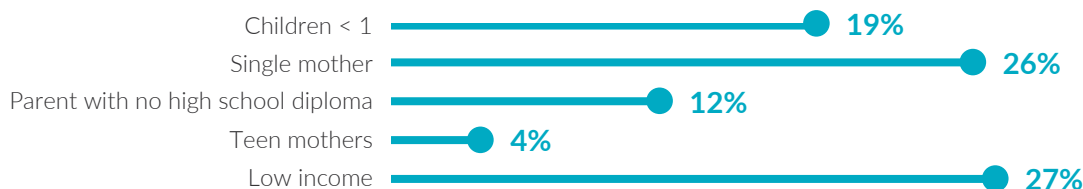
## STATE PROFILE – RHODE ISLAND

## Potential Beneficiaries in 2015

In Rhode Island, there were 54,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**54,300** 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 Rhode Island who met the following criteria:



Of the 54,300 families who could benefit—

**56%**

met one or more of the criteria above

**26%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is not represented in the number of home visits. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – SOUTH CAROLINA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in South Carolina included Early Head Start, Family Check-Up, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 70 local agencies operated at least one of these models.



33,990

home visits provided



2,249

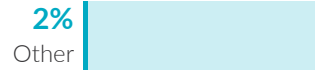
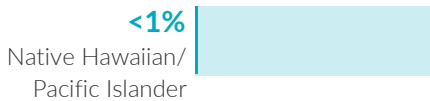
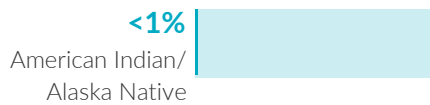
families served



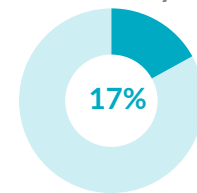
2,512

children served

## Race

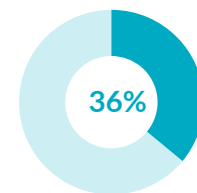


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language



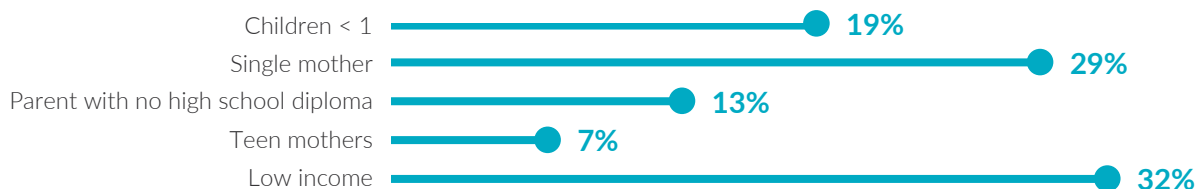
## STATE PROFILE – SOUTH CAROLINA

## Potential Beneficiaries in 2015

In South Carolina, there were 269,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**269,600** 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 South Carolina who met the following criteria:



Of the 269,600 families who could benefit—

**60%**

met one or more of the criteria above

**29%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in SC include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE – SOUTH DAKOTA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in South Dakota included Early Head Start, Family Spirit, Nurse-Family Partnership, and Parents as Teachers. Statewide, 24 local agencies operated at least one of these models.



7,334

home visits provided



833

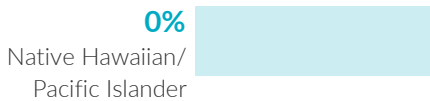
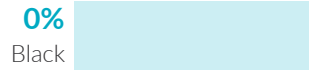
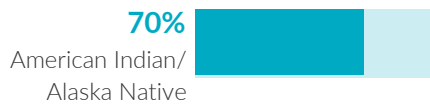
families served



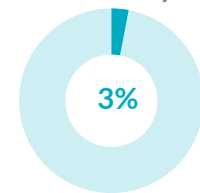
916

children served

## Race

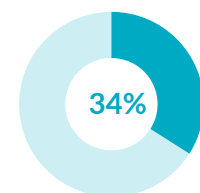


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

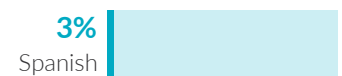
## Child age



## Child insurance status



## Primary language



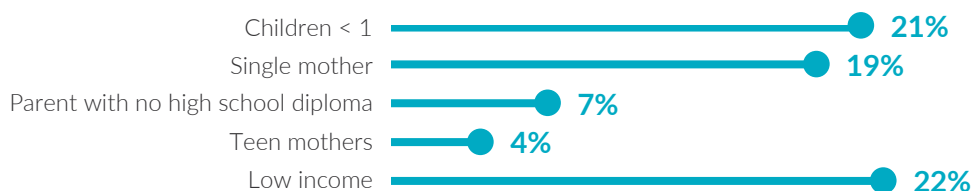
## STATE PROFILE – SOUTH DAKOTA

## Potential Beneficiaries in 2015

In South Dakota, there were 53,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**53,100** 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 South Dakota who met the following criteria:



Of the 53,100 families who could benefit—

**52%**

met one or more of the criteria above

**19%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - TENNESSEE

## Families Served Through Evidence-Based Home Visiting in 2015

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



23,997

home visits provided



2,829

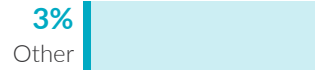
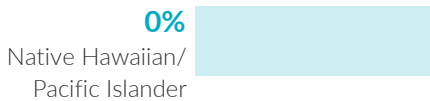
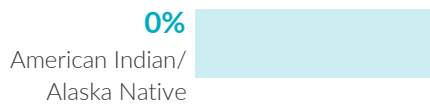
families served



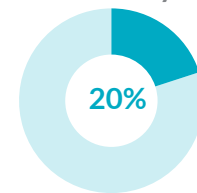
2,872

children served

## Race

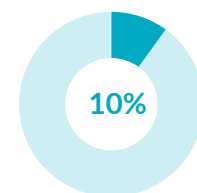


## Ethnicity



Hispanic or Latino

## Caregiver education

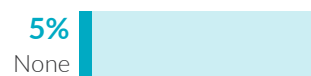


No high school diploma

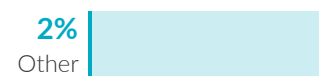
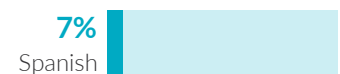
## Child age



## Child insurance status



## Primary language



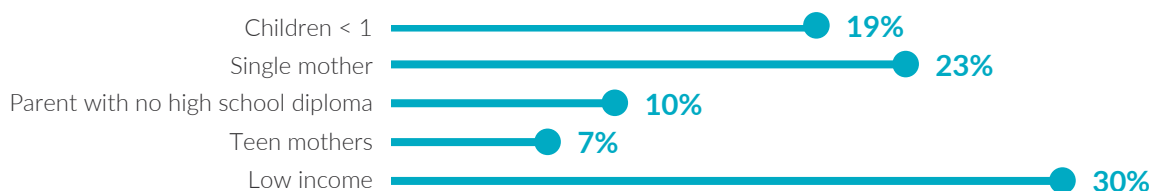


## Potential Beneficiaries in 2015

In Tennessee, there were 375,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**375,600** 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 Tennessee who met the following criteria:



Of the 375,600 families who could benefit—

**57%**

met one or more of the criteria above

**26%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - TEXAS

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Texas included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, Play and Learning Strategies, and SafeCare. Statewide, 111 local agencies operated at least one of these models.



76,567

home visits provided



9,659

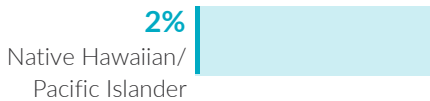
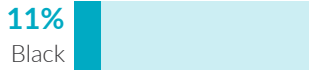
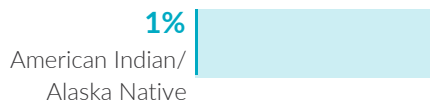
families served



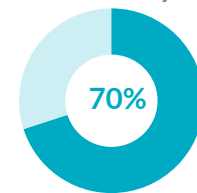
11,145

children served

## Race

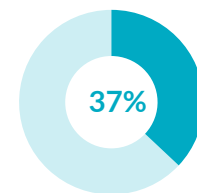


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

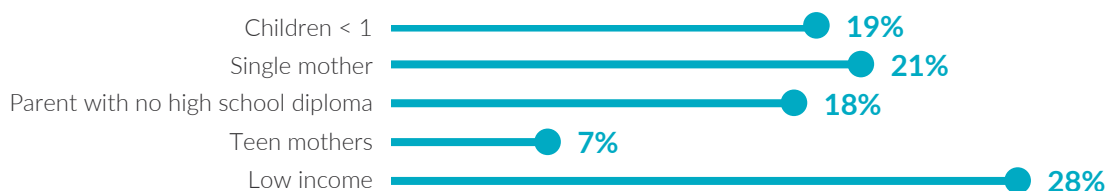


## Potential Beneficiaries in 2015

In Texas, there were 1,175,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**1,175,800** 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 Texas who met the following criteria:



Of the 1,175,800 families who could benefit—

**59%**

met one or more of the criteria above

**27%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPA reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - UTAH

## Families Served Through Evidence-Based Home Visiting in 2015

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



19,712

home visits provided



1,786

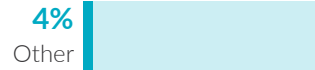
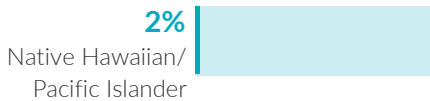
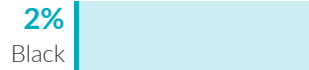
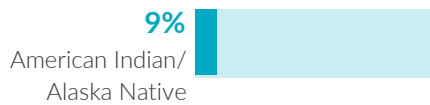
families served



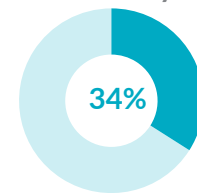
1,882

children served

## Race

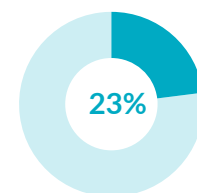


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

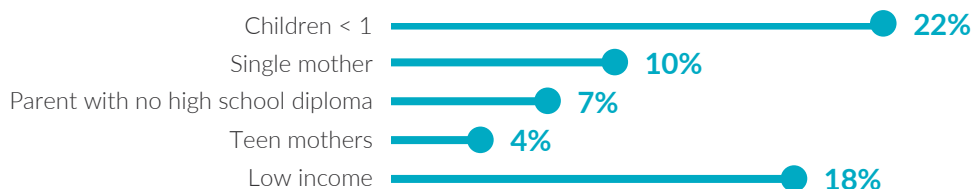


## Potential Beneficiaries in 2015

In Utah, there were 218,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**218,100** 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 Utah who met the following criteria:



Of the 218,100 families who could benefit—

**48%**

met one or more of the criteria above

**14%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • HFA is only represented in the number of children and families served and the number of home visits. • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - VERMONT

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Vermont included Early Head Start, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 12 local agencies operated at least one of these models.



4,541

home visits provided



354

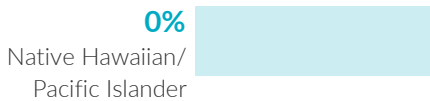
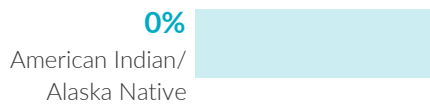
families served



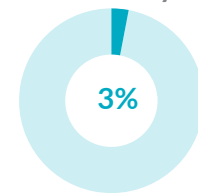
320

children served

## Race

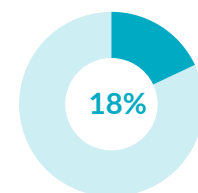


## Ethnicity



Hispanic or Latino

## Caregiver education



No high school diploma

## Child age



## Child insurance status



## Primary language

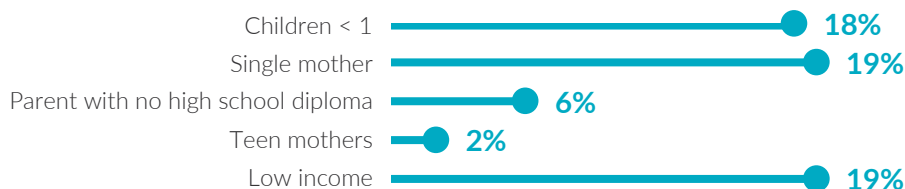


## Potential Beneficiaries in 2015

In Vermont, there were 29,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**29,400** 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 Vermont who met the following criteria:



Of the 29,400 families who could benefit—

**52%**

met one or more of the criteria above

**14%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • EHS programs in HI include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - VIRGINIA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Virginia included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 61 local agencies operated at least one of these models.



69,808

home visits provided



5,578

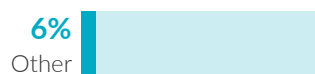
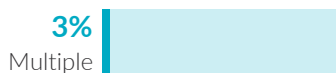
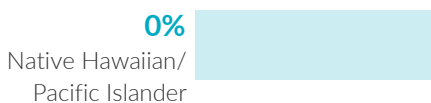
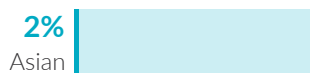
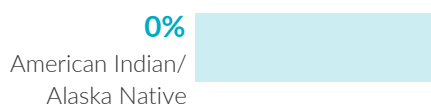
families served



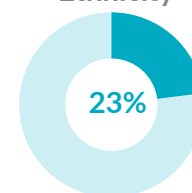
6,005

children served

## Race

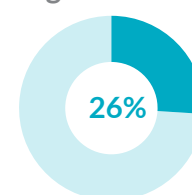


## Ethnicity



Hispanic or Latino

## Caregiver education

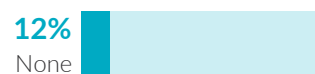
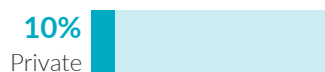


No high school diploma

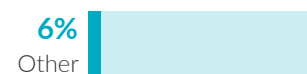
## Child age



## Child insurance status



## Primary language



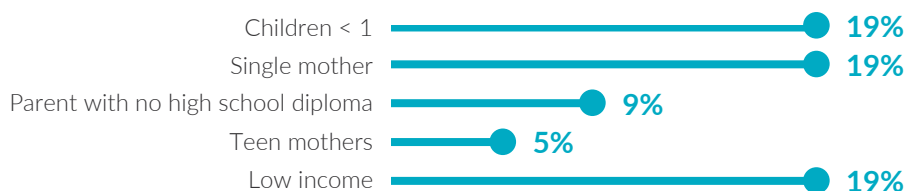


## Potential Beneficiaries in 2015

In Virginia, there were 478,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**478,400** 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 Virginia who met the following criteria:



Of the 478,400 families who could benefit—

**51%**

met one or more of the criteria above

**19%**

met two or more of the criteria above

### Notes

Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • EHS data may be underreported. These numbers represent EHS programs providing home-based services only. Data from EHS programs that provide both home-based and center-based services are not included. EHS race, ethnicity, and primary language data include children and pregnant women. EHS does not report the number of families served or home visits completed. • HFA data may be underreported due to new data collection procedures implemented in 2015. HFA does not report caregiver education. HFA reports primary language of caregivers. • HIPPI public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. HIPPI reports primary language of children. • NFP data may be underreported. These numbers reflect only participants receiving NFP services through MIECHV funding. • PAT reports race and ethnicity of children. PAT does not report child insurance status or primary language. • To protect confidentiality, race categories with fewer than five participants were combined with "Other." • Low income is defined as family income below the federal poverty threshold. • Teen mothers include pregnant teenagers or mothers under 21 years. • Single mothers include single, never-married mothers or pregnant women.

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## STATE PROFILE - WASHINGTON

## Families Served Through Evidence-Based Home Visiting in 2015

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



33,142

home visits provided



3,556

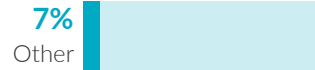
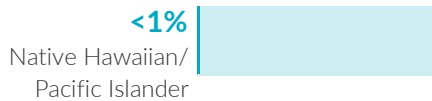
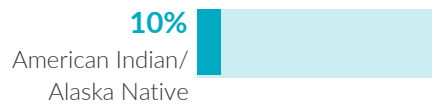
families served



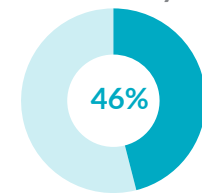
3,551

children served

## Race

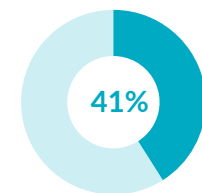


## Ethnicity



Hispanic or Latino

## Caregiver education

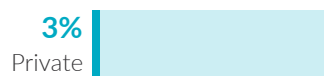


No high school diploma

## Child age



## Child insurance status



## Primary language



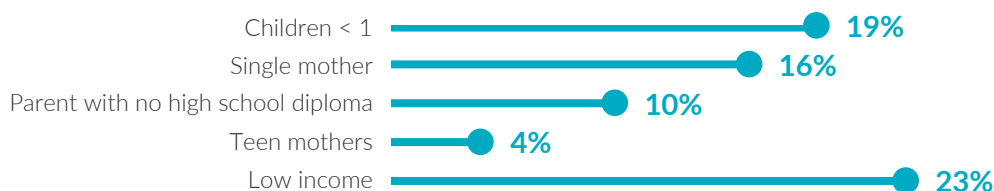
## STATE PROFILE – WASHINGTON

## Potential Beneficiaries in 2015

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.

**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 criteria:



Of the 413,600 families who could benefit—

**53%**

met one or more of the criteria above

**20%**

met two or more of the criteria above

### Notes

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## STATE PROFILE - WEST VIRGINIA

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in West Virginia included Early Head Start, Healthy Families America, and Parents as Teachers. Statewide, 28 local agencies operated at least one of these models.



9,985

home visits provided



1,487

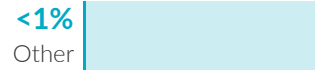
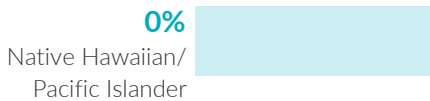
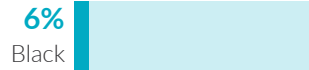
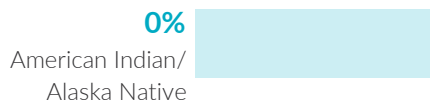
families served



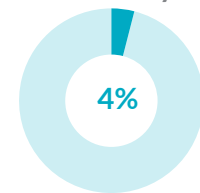
1,751

children served

## Race

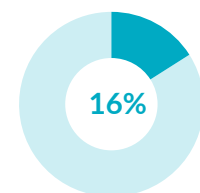


## Ethnicity



Hispanic or Latino

## Caregiver education

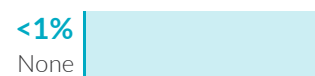
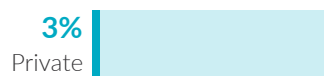


No high school diploma

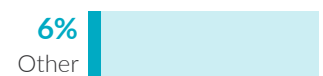
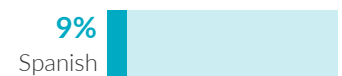
## Child age



## Child insurance status



## Primary language



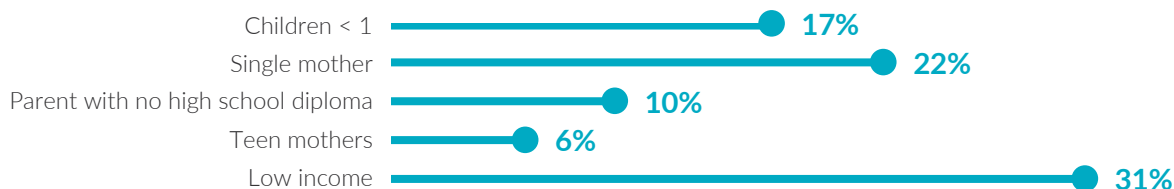
## STATE PROFILE – WEST VIRGINIA

## Potential Beneficiaries in 2015

In West Virginia, there were 95,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**95,500** 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 West Virginia who met the following criteria:



Of the 95,500 families who could benefit—

**57%**

met one or more of the criteria above

**24%**

met two or more of the criteria above

### Notes

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## STATE PROFILE – WISCONSIN

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Wisconsin included Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 63 local agencies operated at least one of these models.



51,582

home visits provided



4,600

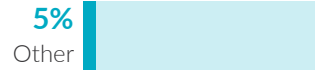
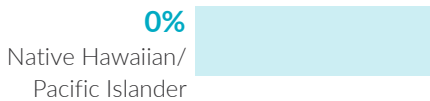
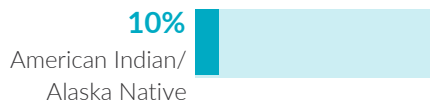
families served



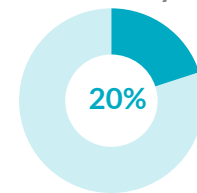
4,733

children served

## Race

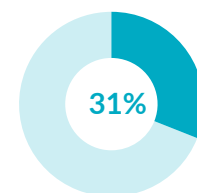


## Ethnicity



Hispanic or Latino

## Caregiver education

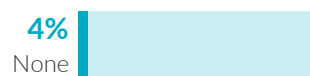


No high school diploma

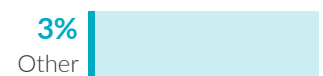
## Child age



## Child insurance status



## Primary language

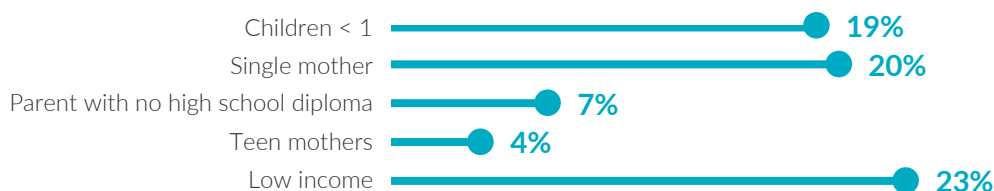


## Potential Beneficiaries in 2015

In Wisconsin, there were 317,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**317,000** 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 Wisconsin who met the following criteria:



Of the 317,000 families who could benefit—

**52%**

met one or more of the criteria above

**20%**

met two or more of the criteria above

### Notes

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## STATE PROFILE - WYOMING

## Families Served Through Evidence-Based Home Visiting in 2015

Models implemented in Wyoming included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, 10 local agencies operated at least one of these models.



3,854

home visits provided



370

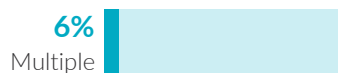
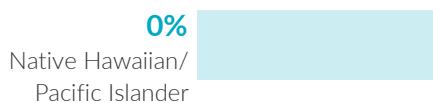
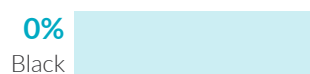
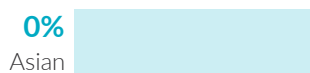
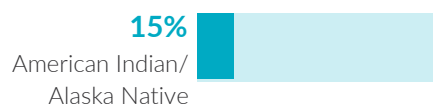
families served



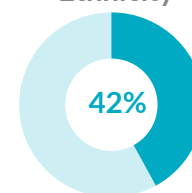
387

children served

## Race

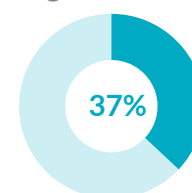


## Ethnicity



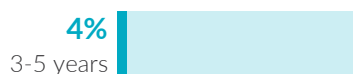
Hispanic or Latino

## Caregiver education

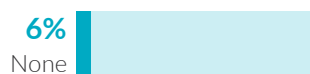


No high school diploma

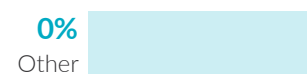
## Child age



## Child insurance status



## Primary language





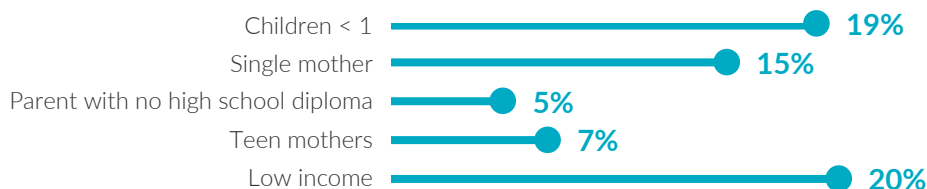
## STATE PROFILE – WYOMING

## Potential Beneficiaries in 2015

In Wyoming, there were 35,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting.

**35,700** 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 Wyoming who met the following criteria:



Of the 35,700 families who could benefit—

**48%**

met one or more of the criteria above

**17%**

met two or more of the criteria above

### Notes

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## TRIBAL PROFILE

## Families Served Through the Tribal Maternal, Infant, and Early Childhood Home Visiting Program in 2015



17,850

home visits provided



1,697

families served



1,726

children served

The Tribal Home Visiting Program, part of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), provides home visiting services to American Indian and Alaska Native (AIAN) families and children. The 25 tribal organizations funded through MIECHV are located across the country on reservations, in rural and urban areas, and remote villages. This program provides culturally responsive services while strengthening tribal capacity to support the health and well-being of AIAN families.

## Which models are used?

- ✓ Family Spirit
- ✓ Home Instruction for Parents of Preschool Youngsters
- ✓ Nurse-Family Partnership
- ✓ Parent-Child Assistance Program
- ✓ Parents as Teachers
- ✓ SafeCare

## Which tribes are implementing the tribal MIECHV program?

- ✓ Cherokee Nation
- ✓ Choctaw Nation (Cohort 1)
- ✓ Choctaw Nation (Cohort 3)
- ✓ Confederated Salish & Kootenai Tribes
- ✓ Confederated Tribes of Siletz Indians
- ✓ Eastern Band of Cherokee Indians
- ✓ Fairbanks Native Association
- ✓ Inter-Tribal Council of Michigan, Inc.
- ✓ Kodiak Area Native Association
- ✓ Lake County Tribal Health Consortium, Inc.
- ✓ Native American Community Health Center
- ✓ Native American Health Center, Inc.
- ✓ Native American Professional Parent Resources, Inc.
- ✓ Northern Arapaho Tribe
- ✓ Port Gamble S'Klallam Tribe
- ✓ Pueblo of San Felipe
- ✓ Red Cliff Band of Lake Superior Chippewa
- ✓ Riverside-San Bernardino County Indian Health, Inc.
- ✓ South Central Foundation
- ✓ South Puget Intertribal Planning Agency
- ✓ Taos Pueblo
- ✓ United Indians of All Tribes Foundation
- ✓ White Earth Band of Chippewa Indians
- ✓ Yellowhawk Tribal Health Center
- ✓ Yerington Paiute Tribe

For more information about Tribal MIECHV-funded home visiting in these locations, please see the Administration for Children and Families fact sheets: [www.acf.hhs.gov/ecd/home-visiting/tribal-home-visiting/grantees](http://www.acf.hhs.gov/ecd/home-visiting/tribal-home-visiting/grantees)

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# NHVRC Model Profiles

Each evidence-based early childhood home visiting model provides a unique service approach to meeting diverse family needs. Profiles are included for models that completed a survey about their approach. Participant demographics are included for models that provided it.

## NHVRC Model Profiles Contents

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Healthy Families America (HFA)	175	Family Connects	185
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Parents as Teachers (PAT)	181	Play and Learning Strategies (PALS)	188
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## What to Expect in the NHVRC Model Profiles

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
- Education requirements for home visitors and supervisors
- Caseload requirements for home visitors

### **Where is the model implemented?**

- Areas served
- Number of local programs operating

### **Who is being served by the model?**

- Participant demographics based on model data collection

## MODEL PROFILE

## EARLY HEAD START – HOME VISITING

EHS-HV 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-HV supports the mental health and social and emotional development of children from birth to 3 years old.

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

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

EHS-HV's 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-HV employed 4,495 full-time home visitors in 2015. The home visitor education recommendations and requirements are determined by local programs. Home visitors are required to maintain a caseload of 10 to 12 families.

#### Supervisors

EHS-HV supervisor education recommendations and requirements are determined by local programs.

### Where is the model implemented?



EHS-HV operated in 780 local agencies across 50 states and the District of Columbia, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands in 2015/2016. EHS-HV also operated outside the United States and its territories in the Federated States of Micronesia, Palau, and the Marshall Islands in 2015/2016.

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## MODEL PROFILE — EARLY HEAD START - HOME VISITING

## Families Served Through Evidence-Based Home Visiting in 2015



2,454,672

estimated home visits provided

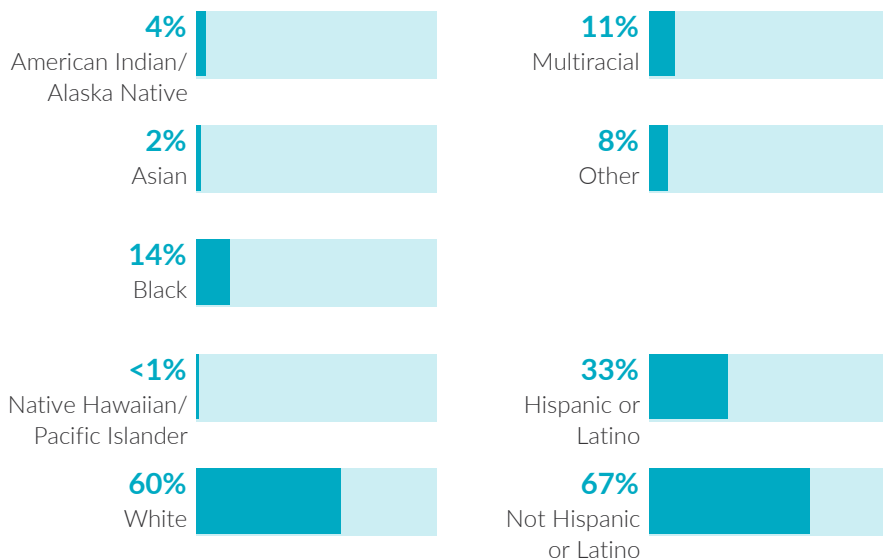


51,139

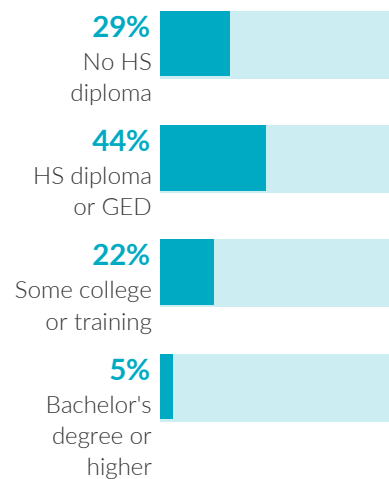
children served

Of the 51,139 children receiving Early Head Start home visiting services in 2015, 22,327 children from 187 exclusively home-based centers are represented in the demographics below.

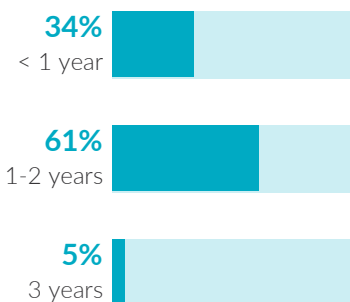
## Race and ethnicity



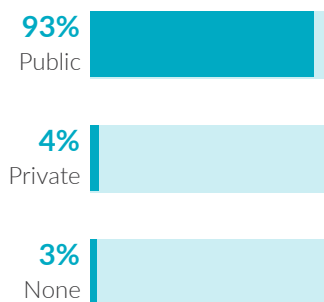
## Caregiver education



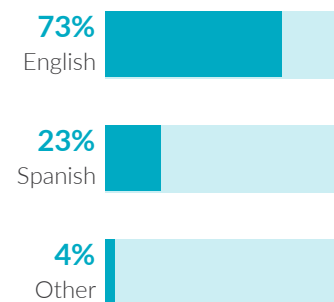
## Child age



## Child insurance status



## Primary language



## MODEL PROFILE

## 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.

### 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 visits. Services are provided for a duration of 3 to 5 years. HFA recommends families to 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 employed 3,113 full-time home visitors in 2015. The model requires a high school diploma or bachelor's degree for home visitors depending on state or program needs. The maximum caseload requirement for home visitors is 25 families.

#### Supervisors

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 575 local agencies across 37 states and the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands in 2015/2016.

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## MODEL PROFILE — HEALTHY FAMILIES AMERICA

### Families Served Through Evidence-Based Home Visiting in 2015



**442,390**

home visits provided



**59,684**

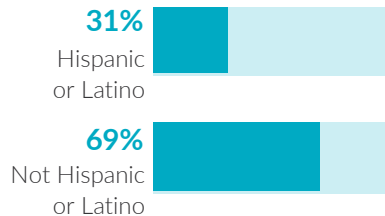
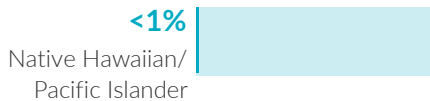
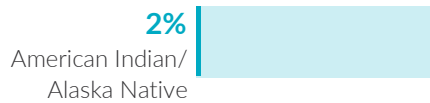
families served



**58,721**

children served

#### Race and ethnicity



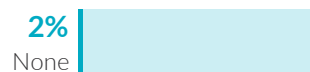
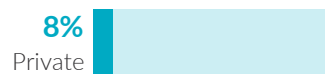
#### Caregiver age



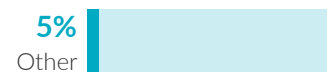
#### Child age



#### Child insurance status



#### Primary language



Note: The number of families and children served represents approximately 75 percent of HFA sites served in 2015.

## MODEL PROFILE

## 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.

### 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:

- ✓ Expectant mothers
- ✓ Low-income families
- ✓ Parents/caregivers with limited education
- ✓ Families with history of child abuse or neglect/involvement with child welfare system

### Who is implementing the model?

#### Home Visitors

HIPPY employed 759 full-time home visitors in 2015. 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 requires a bachelor's degree for supervisors.

### Where is the model implemented?



HIPPY operated in 125 local agencies across 21 states and the District of Columbia in 2015/2016. HIPPY also operated outside the United States and its territories in Argentina, Australia, Austria, Canada, Germany, Israel, Italy, New Zealand, and South Africa in 2015/2016.

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# MODEL PROFILE - HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS

## Families Served Through Evidence-Based Home Visiting in 2015



**168,113**

home visits provided



**13,689**

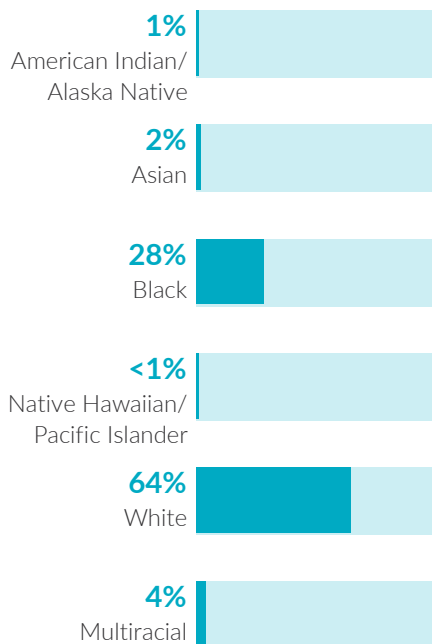
families served



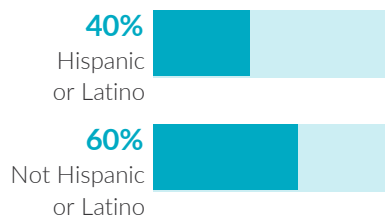
**14,775**

children served

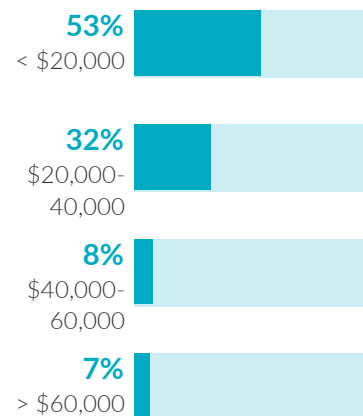
### Race



### Ethnicity



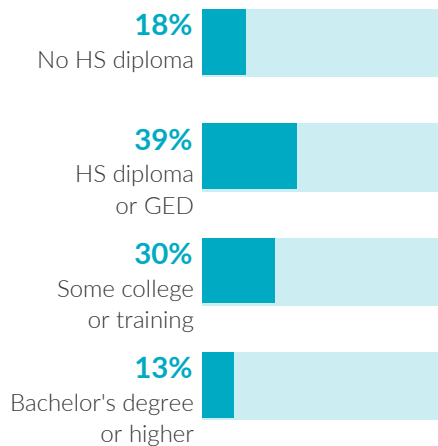
### Household income



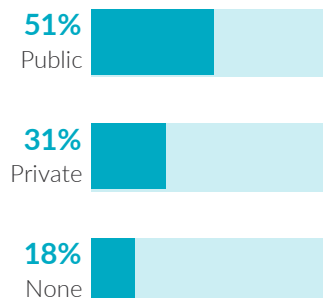
### Child age



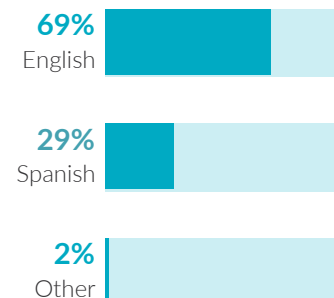
### Caregiver education



### Child insurance status




### Primary language



## MODEL PROFILE

## NURSE-FAMILY PARTNERSHIP

NFP 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).

<p><b>What is the model's approach to providing home visiting services?</b></p>	<p>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. NFP requires families to initiate services prenatally by the 28th week of pregnancy.</p> <p>NFP's target population includes the following:</p> <ul style="list-style-type: none"> <li>✓ Expectant mothers</li> <li>✓ Low-income or low-resource families</li> <li>✓ First-time mothers</li> </ul>
<p><b>Who is implementing the model?</b></p>	<p><b>Home Visitors</b></p> <p>NFP employed 1,864 full-time home visitors in 2015. The model requires a bachelor's nursing degree for home visitors. The maximum caseload requirement for home visitors is 25 families.</p> <p><b>Supervisors</b></p> <p>NFP requires a bachelor's nursing degree for supervisors; a master's nursing degree is recommended.</p>
<p><b>Where is the model implemented?</b></p>	 <p>NFP operated in 258 local agencies across 42 states and the Virgin Islands in 2015/2016.</p>

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## MODEL PROFILE — NURSE-FAMILY PARTNERSHIP

## Families Served Through Evidence-Based Home Visiting in 2015



203,057

home visits provided



19,196

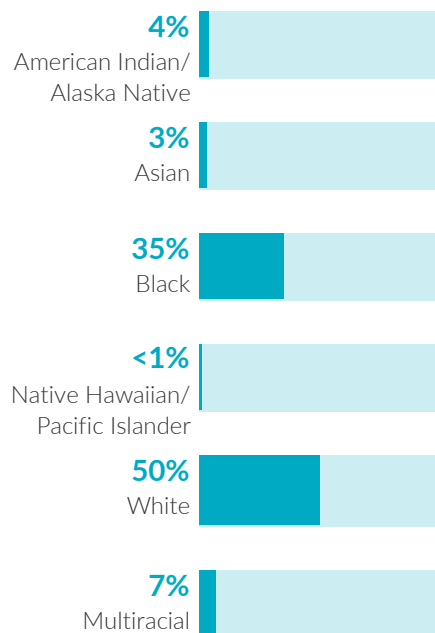
families served



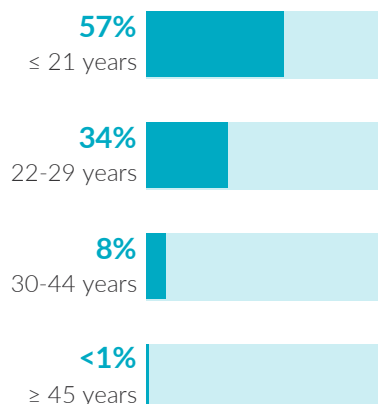
13,700

children served

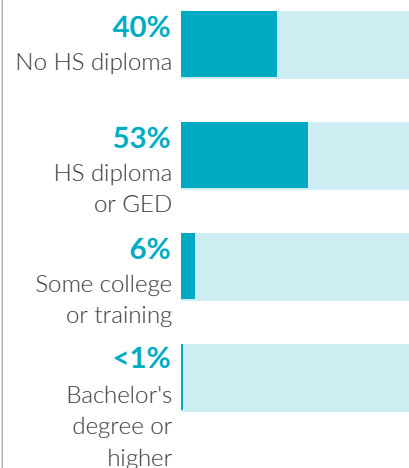
## Race



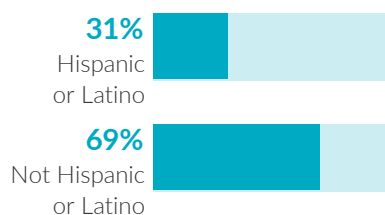
## Caregiver age



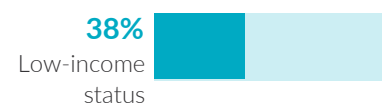
## Caregiver education



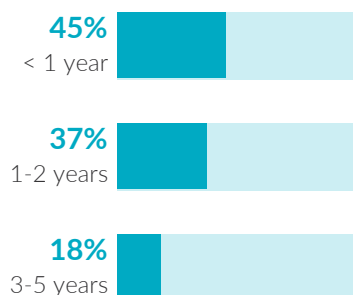
## Ethnicity



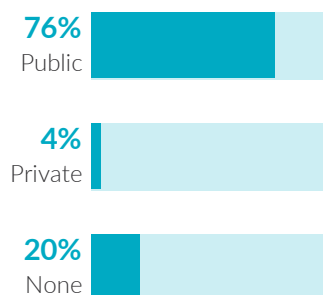
## Household income



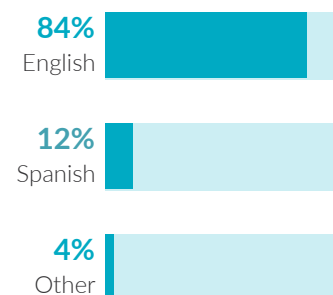
## Child age



## Child insurance status



## Primary language



Note: The number of home visits, families served, and children served include MIECHV and non-MIECHV participants. The demographic data presented here are based on MIECHV participants only.

## MODEL PROFILE

## 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.

### 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. Services are provided when the child is between 2 and 6 years old. Families may enroll at any age through kindergarten, but PAT recommends families to 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 employed 3,922 full-time home visitors in 2015. The model requires a high school diploma plus 2 years of experience in the early childhood field for home visitors; a bachelor's or master's degree is recommended. The maximum caseload requirement for home visitors is 24 families.

#### Supervisors

PAT 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 1,388 local agencies across 49 states and the District of Columbia in 2015/2016. PAT also operated outside the United States and its territories in the United Kingdom, Canada, Germany, Switzerland, and Australia in 2015/2016.

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MODEL PROFILE - PARENTS AS TEACHERS

Families Served Through Evidence-Based Home Visiting in 2015



1,250,275

home visits provided



124,458

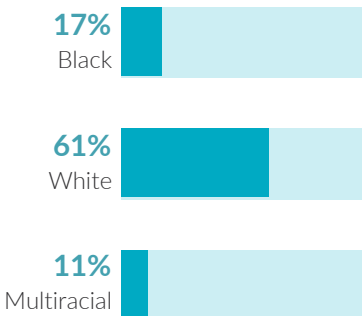
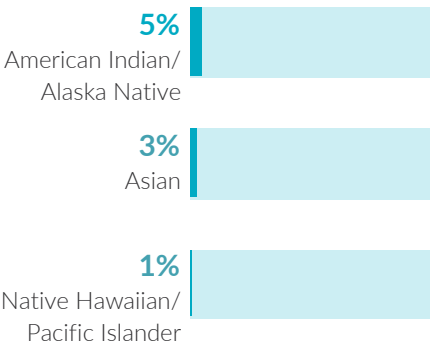
families served



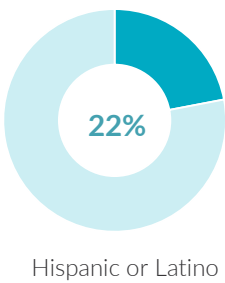
158,139

children served

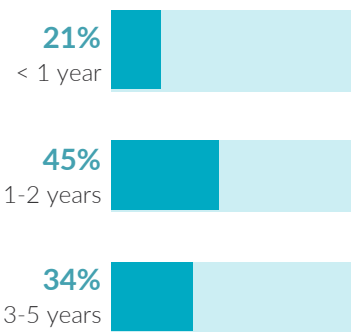
Race



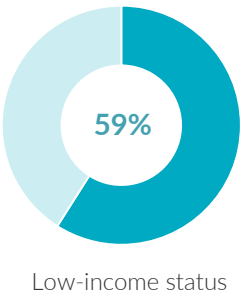
Ethnicity



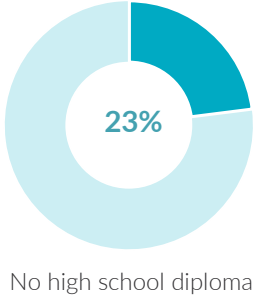
Child age



Household income



Caregiver education



## MODEL PROFILE

### CHILD FIRST

Child First helps to heal and protect children and families from the devastating effects of trauma and chronic stress by providing a psychotherapeutic intervention by promoting strong, nurturing caregiver-child relationships; enhancing adult capacity; and providing care coordination to connect families with comprehensive services and supports.

#### 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, based on a family's level of need. Services are provided until the child is 6 to 12 months old, with the possibility of extending beyond 1 year based on the family's level of 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
- ✓ First-time mothers or first-time parents
- ✓ Teenage mothers or teenage parents
- ✓ Unmarried mothers or single parents
- ✓ Parents/caregivers with limited education
- ✓ Children with developmental delays or disabilities

#### Who is implementing the model?

##### Home Visitors

Child First employed 104 full-time home visitors in 2015. 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 are required to maintain a caseload of 12 to 16 families.

##### Supervisors

Child First requires a master's degree in a mental health specialty with a license for supervisors.

#### Where is the model implemented?



Child First operated in 17 local agencies across two states in 2015/2016.

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## MODEL PROFILE

## 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.

**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**

The model recommends a master's degree for home visitors. There are no requirements for home visitor caseload limits.

**Supervisors**

FCU requires a master's degree for supervisors.

**Where is the model implemented?**


FCU operated in six local agencies across five states in 2015/2016.

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## MODEL PROFILE

## 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.

**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 to initiate services before the child is 12 weeks old. Families may enroll until the child is 6 months old.

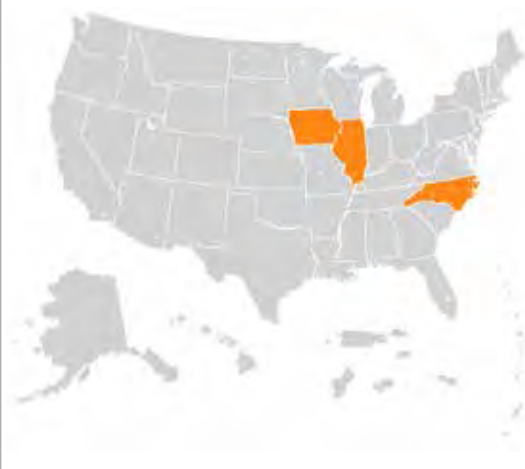
Family Connects serves all families with newborns.

**Who is implementing the model?**
**Home Visitors**

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 requires a bachelor's degree for supervisors; a master's degree is recommended.

**Where is the model implemented?**


Family Connects operated in four local agencies across three states in 2015/2016.

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## MODEL PROFILE

## 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.

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

Home visits take place once per week 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 to initiate services prenatally, preferably at the 28th week of pregnancy.

Family Spirit's target population includes the following:

- ✓ Expectant mothers
- ✓ First-time mothers or first-time parents
- ✓ Teenage mothers or teenage parents

### Who is implementing the model?

#### Home Visitors

Family Spirit employed 250 full-time home visitors in 2015. The model recommends a high school diploma for home visitors. The maximum caseload requirement for home visitors is 25 families.

#### Supervisors

Family Spirit requires a bachelor's degree or equivalent work experience for supervisors.

### Where is the model implemented?



Family Spirit operated in 31 local agencies across 14 states in 2015/2016.

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## MODEL PROFILE

## MINDING THE BABY

Minding the Baby supports reflective parenting, secure attachment, maternal and child health and mental health, and self-efficacy using an interdisciplinary approach with first-time young mothers and their families. The model pairs a social worker with a nurse practitioner to support a family's development together.

### 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 employed four full-time home visitors in 2015. The model recommends a master's degree for home visitors. The maximum caseload requirement for home visitors is 25 families.

#### Supervisors

Minding the Baby requires a master's degree for supervisors; a doctoral degree is recommended.

### Where is the model implemented?



Minding the Baby operated in two local agencies across two states in 2015/2016. Minding the Baby also operated outside the United States and its territories in the United Kingdom in 2015/2016.

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## MODEL PROFILE

## 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.

### 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's 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

PALS requires a bachelor's degree for supervisors; a master's degree is recommended.

### Where is the model implemented?



PALS operated in six local agencies across five states and the District of Columbia in 2015/2016.

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

SafeCare serves all families with young children. The model does not recommend or require any specific family characteristics for enrollment.

## Home Visitors

## Supervisors

## Where is the model implemented?



2017 HOME VISITING YEARBOOK

# 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. The tables include the same data elements as the NHVRC State Profiles but for MIECHV participants only.

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. Some states were not able to share MIECHV data.

## MIECHV State Data Tables Contents

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Alabama	193	Kentucky*	222	Ohio	222
Alaska*		Louisiana	208	Oklahoma	223
American Samoa*		Maine	209	Oregon	224
Arizona	194	Maryland	210	Pennsylvania	225
Arkansas	195	Massachusetts	211	Puerto Rico*	
California	196	Michigan	212	Rhode Island	226
Colorado	197	Minnesota	213	South Carolina	227
Connecticut	198	Mississippi	214	South Dakota	228
Delaware*		Missouri*		Tennessee	229
District of Columbia	199	Montana*		Texas	230
Florida	200	Nebraska	215	Utah	231
Georgia	201	Nevada	216	Vermont	232
Guam*		New Hampshire	217	Virginia	233
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Idaho	203	New Mexico	219	Washington	234
Illinois	204	New York	220	West Virginia	235
Indiana	205	North Carolina	221	Wisconsin	236
Iowa	206	North Dakota*		Wyoming	237
Kansas	207	Northern Mariana Islands*			

\* 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>



## What to Expect in the MIECHV State Data Tables

The MIECHV State Data Tables 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?

- Enrollee ethnicity
- Enrollee race
- Enrollee educational attainment
- Enrollee age
- Child age
- Child health insurance status
- Primary language
- Household income 100 percent and below the federal poverty guidelines

If you do not see a table for a state or territory, 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 information about tribal MIECHV awardees, also see the Administration for Children and Families tribal awardee profiles: <https://www.acf.hhs.gov/ecd/home-visiting/tribal-home-visiting/grantees>

## MIECHV STATE DATA TABLE – ALABAMA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Alabama included Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers.

43,644

home visits provided

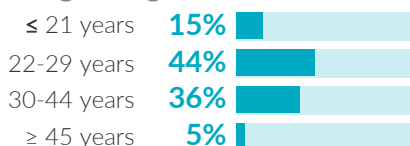
1,853

families served

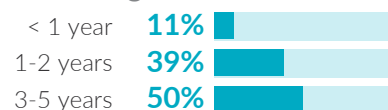
2,436

children served

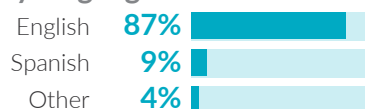
## Caregiver age



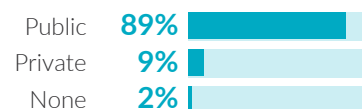
## Child age



## Primary language



## Child insurance status



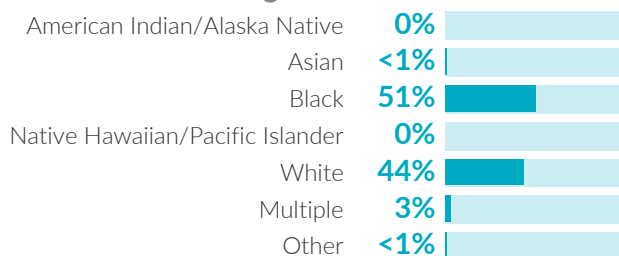
## Caregiver ethnicity



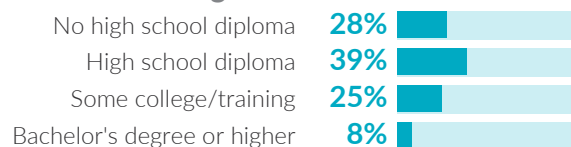
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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## MIECHV STATE DATA TABLE – ARIZONA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Arizona included Family Spirit, Healthy Families America, and Nurse-Family Partnership. Statewide, MIECHV funded 88 home visitors.

30,167

home visits provided

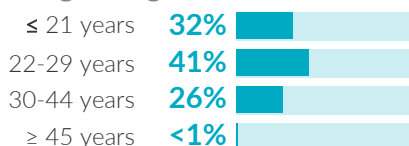
2,261

families served

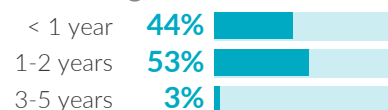
2,045

children served

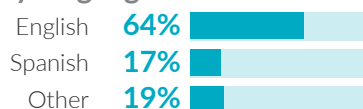
## Caregiver age



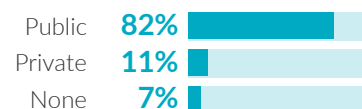
## Child age



## Primary language



## Child insurance status



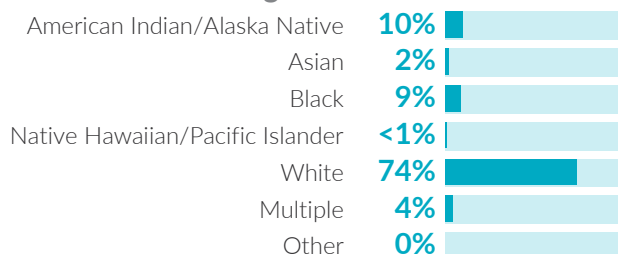
## Caregiver ethnicity



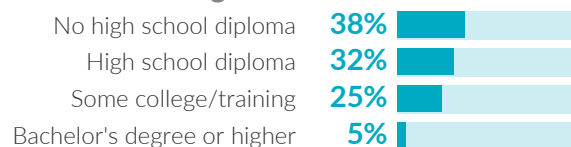
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – ARKANSAS

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

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.

18,561

home visits provided

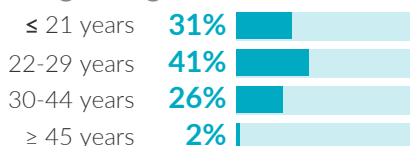
1,943

families served

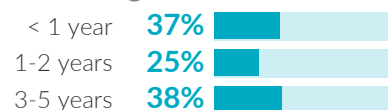
1,821

children served

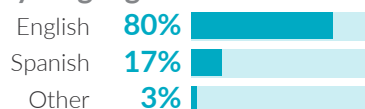
## Caregiver age



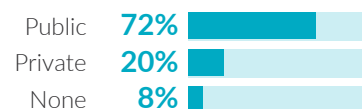
## Child age



## Primary language



## Child insurance status



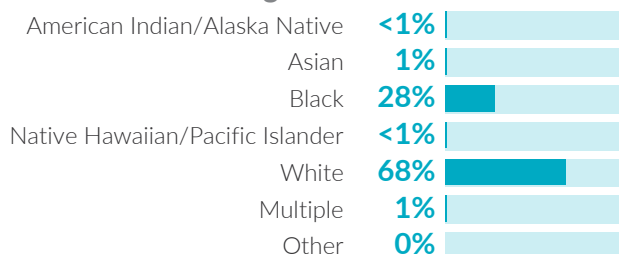
## Caregiver ethnicity



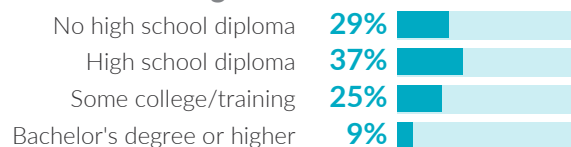
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • HRSA considers Following Baby Back Home a promising approach home visiting model. Its service numbers are included in the totals.

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## MIECHV STATE DATA TABLE – CALIFORNIA

# Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in California included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 110 home visitors and 23 supervisors.

## 29,596

home visits provided

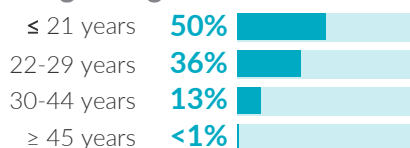
## 3,172

families served

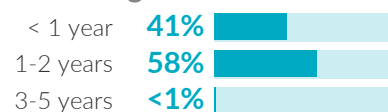
## 2,377

children served

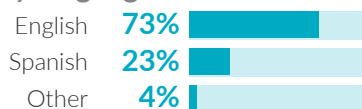
### Caregiver age



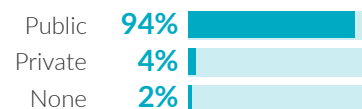
### Child age



### Primary language



### Child insurance status



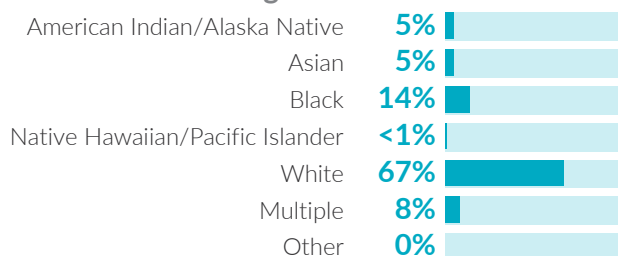
### Caregiver ethnicity



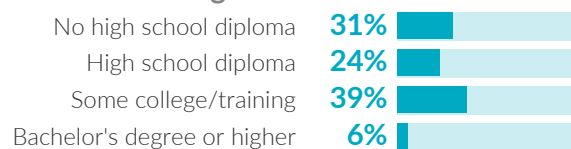
### Household income



### Caregiver race



### Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – COLORADO

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Colorado included Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and HealthySteps.

30,546

home visits provided

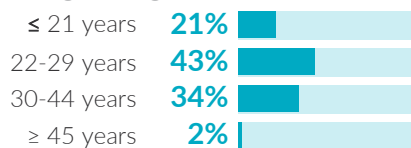
2,529

families served

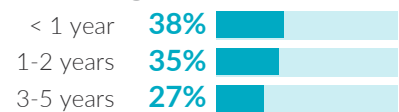
2,518

children served

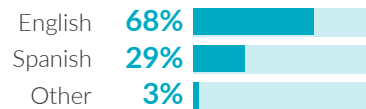
## Caregiver age



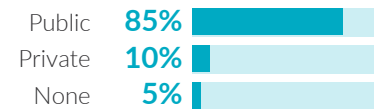
## Child age



## Primary language



## Child insurance status



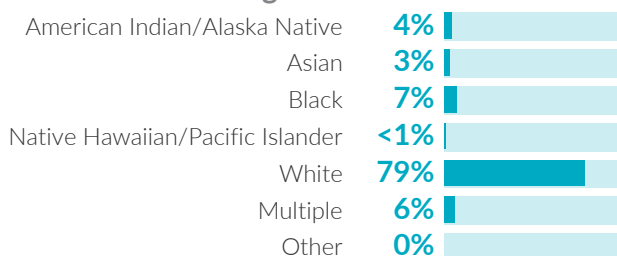
## Caregiver ethnicity



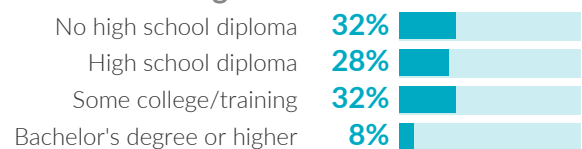
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • During a recent update, HomVEE noted that home visiting is not HealthySteps' primary service delivery strategy. Therefore, states could implement HealthySteps with MIECHV funds in fiscal years 2014 and 2015 but could no longer do so beginning in fiscal year 2016.

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## MIECHV STATE DATA TABLE – CONNECTICUT

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Connecticut included Child First, Early Head Start, Nurse-Family Partnership, and Parents as Teachers.

25,375

home visits provided

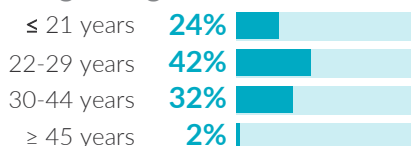
1,370

families served

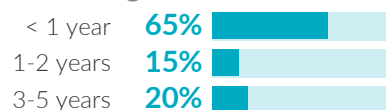
1,179

children served

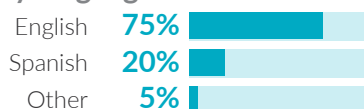
## Caregiver age



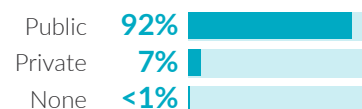
## Child age



## Primary language



## Child insurance status



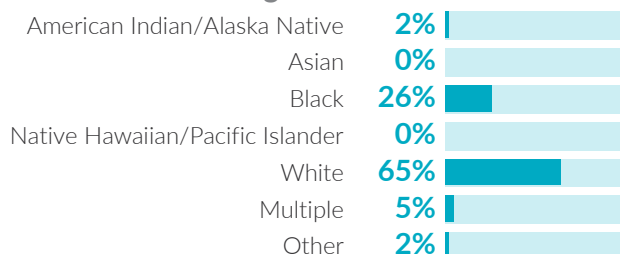
## Caregiver ethnicity



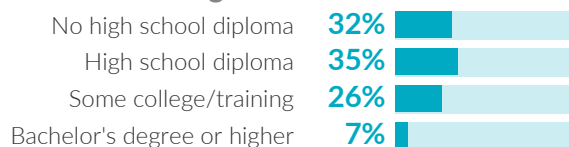
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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## MIECHV STATE DATA TABLE – DISTRICT OF COLUMBIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in the District of Columbia included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Districtwide, MIECHV funded 16 home visitors and three supervisors.

3,367

home visits provided

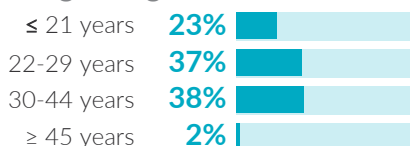
273

families served

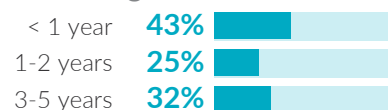
241

children served

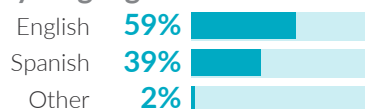
## Caregiver age



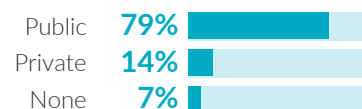
## Child age



## Primary language



## Child insurance status



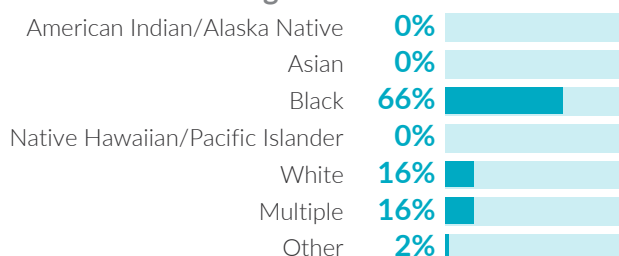
## Caregiver ethnicity



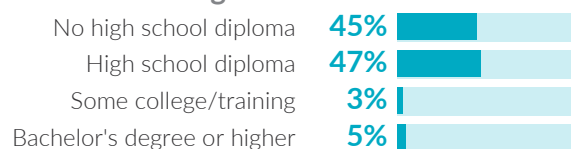
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – FLORIDA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Florida included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 64 home visitors and 14 supervisors.

15,549

home visits provided

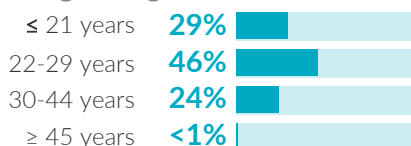
1,518

families served

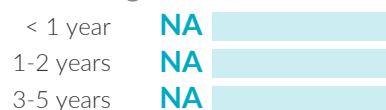
1,224

children served

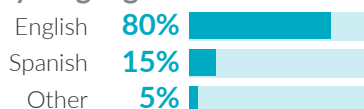
## Caregiver age



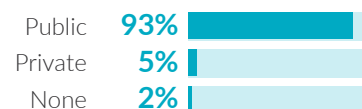
## Child age



## Primary language



## Child insurance status



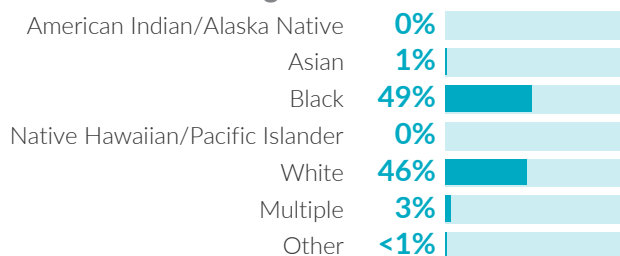
## Caregiver ethnicity



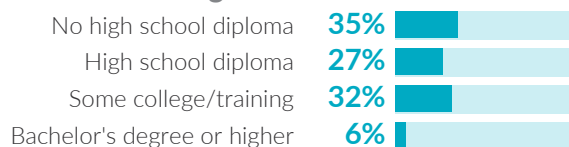
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – GEORGIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Georgia included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

9,611

home visits provided

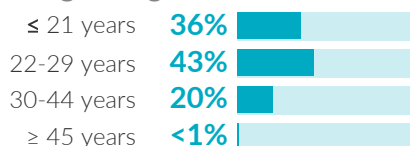
816

families served

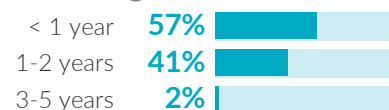
733

children served

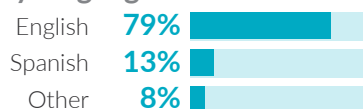
## Caregiver age



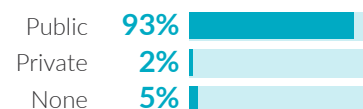
## Child age



## Primary language



## Child insurance status



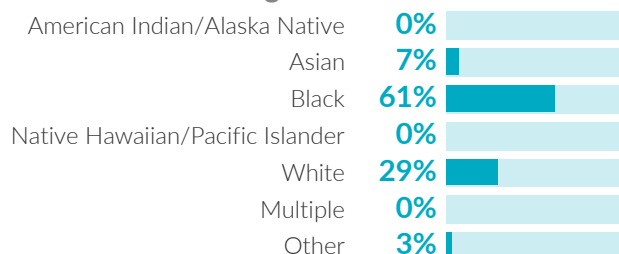
## Caregiver ethnicity



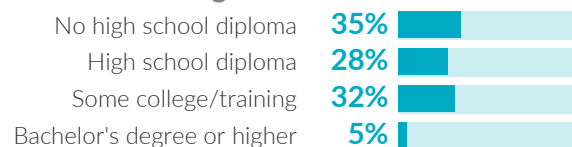
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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## MIECHV STATE DATA TABLE – HAWAII

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Hawaii included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers.

819

home visits provided

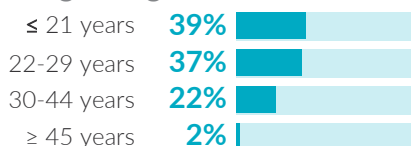
49

families served

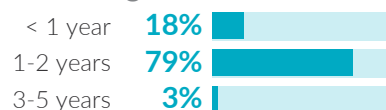
38

children served

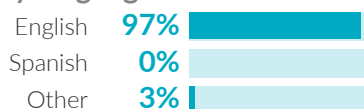
## Caregiver age



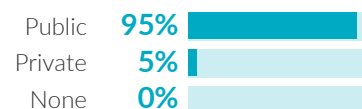
## Child age



## Primary language



## Child insurance status



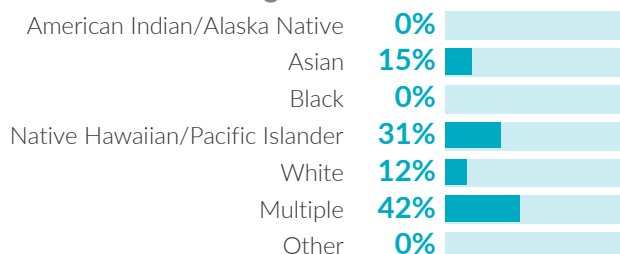
## Caregiver ethnicity



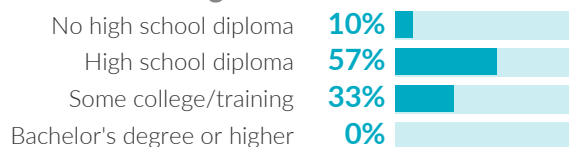
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – IDAHO

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Idaho included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 21 home visitors and six supervisors.

2,433

home visits provided

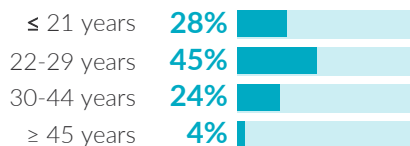
310

families served

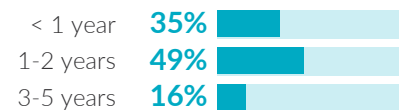
352

children served

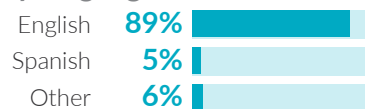
## Caregiver age



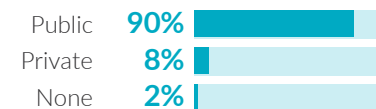
## Child age



## Primary language



## Child insurance status



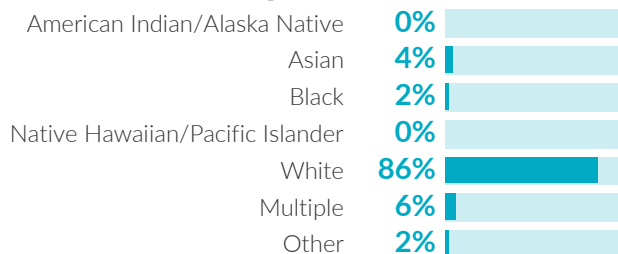
## Caregiver ethnicity



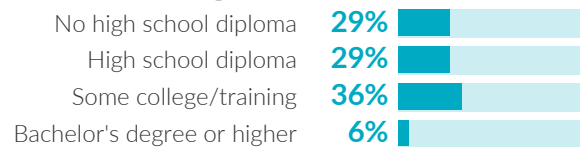
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – ILLINOIS

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Illinois included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 51 home visitors and 14 supervisors.

13,195

home visits provided

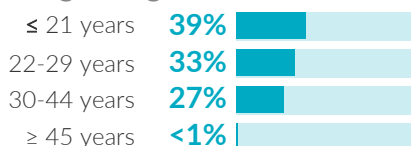
975

families served

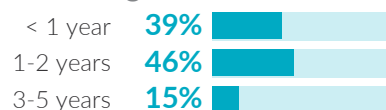
912

children served

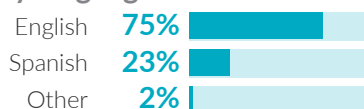
## Caregiver age



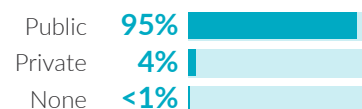
## Child age



## Primary language



## Child insurance status



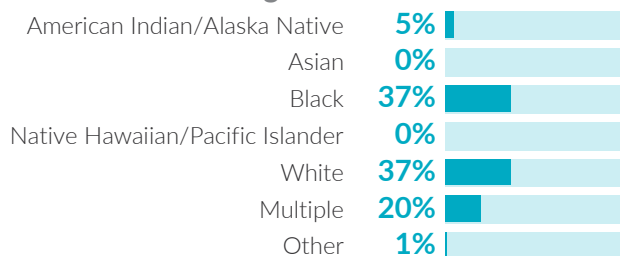
## Caregiver ethnicity



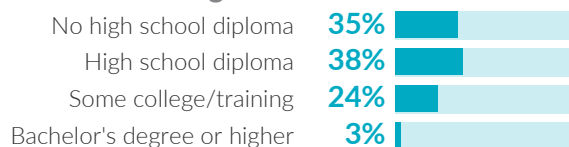
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – INDIANA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Indiana included Healthy Families America and Nurse-Family Partnership.

37,827

home visits provided

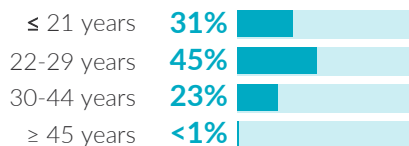
2,710

families served

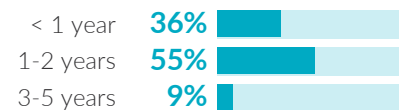
2,497

children served

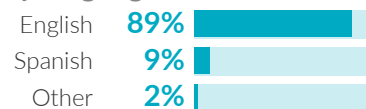
## Caregiver age



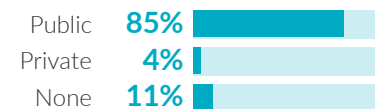
## Child age



## Primary language



## Child insurance status



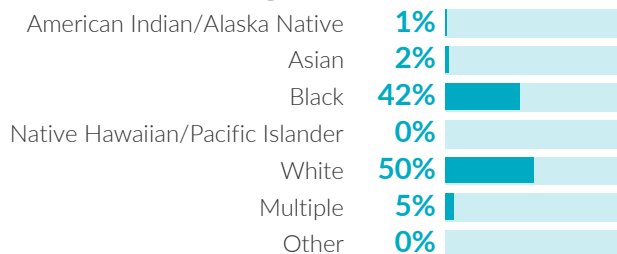
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – IOWA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Iowa included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

3,001

home visits provided

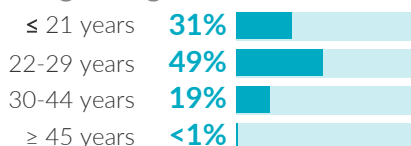
214

families served

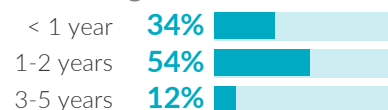
189

children served

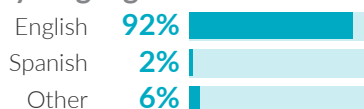
## Caregiver age



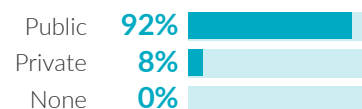
## Child age



## Primary language



## Child insurance status



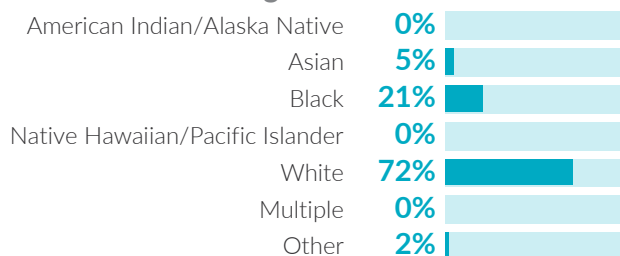
## Caregiver ethnicity



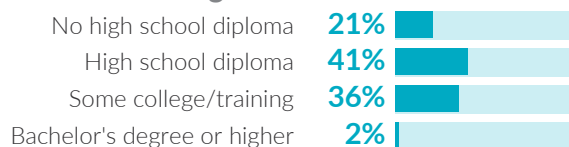
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – KANSAS

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Kansas included Early Head Start, Healthy Families America, and Parents as Teachers. Statewide, MIECHV funded 36 home visitors and six supervisors.

8,203

home visits provided

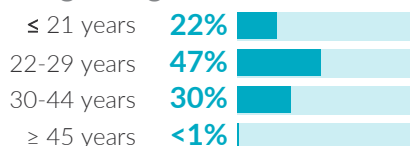
577

families served

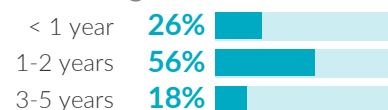
544

children served

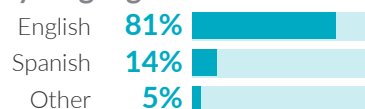
## Caregiver age



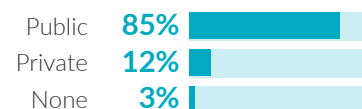
## Child age



## Primary language



## Child insurance status



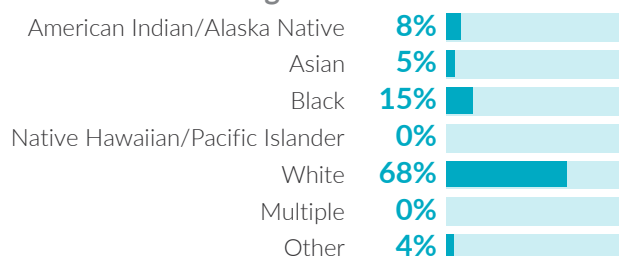
## Caregiver ethnicity



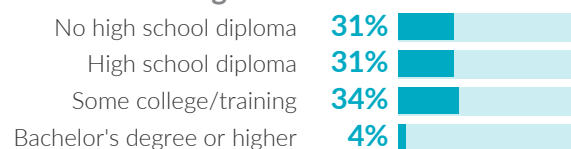
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – LOUISIANA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Louisiana included Nurse-Family Partnership and Parents as Teachers.

20,950

home visits provided

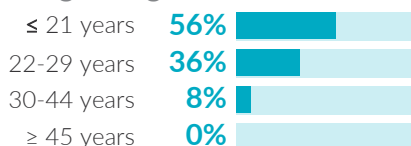
1,965

families served

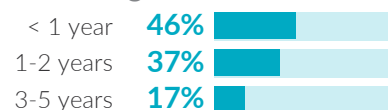
1,466

children served

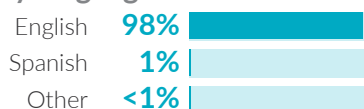
## Caregiver age



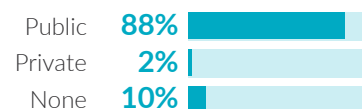
## Child age



## Primary language



## Child insurance status



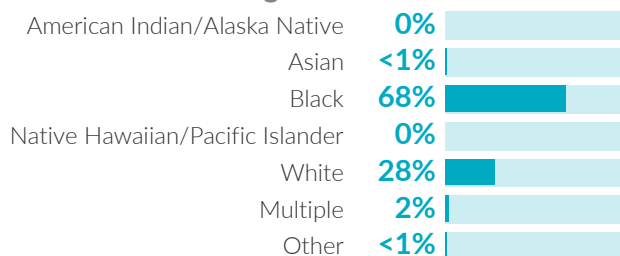
## Caregiver ethnicity



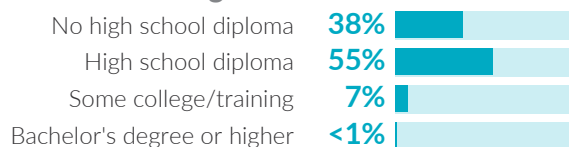
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – MAINE

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Maine was Parents as Teachers.

23,420

home visits provided

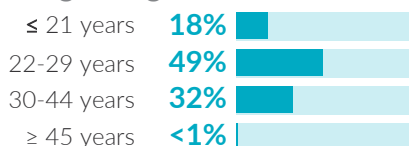
2,455

families served

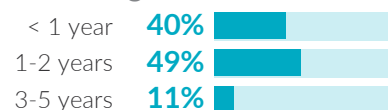
2,453

children served

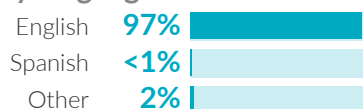
## Caregiver age



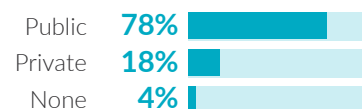
## Child age



## Primary language



## Child insurance status



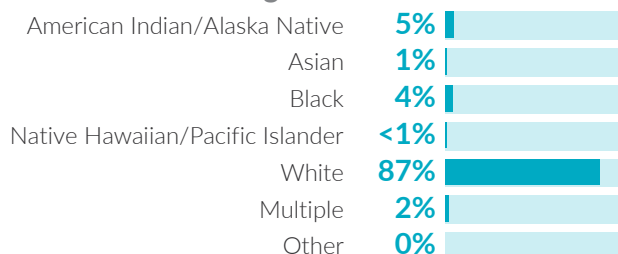
## Caregiver ethnicity



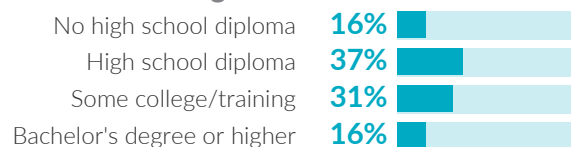
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – MARYLAND

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Maryland included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 71 home visitors and 12 supervisors.

16,346

home visits provided

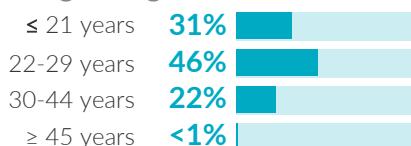
1,175

families served

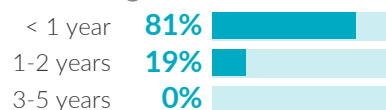
872

children served

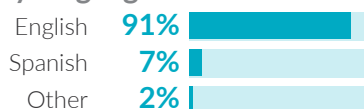
## Caregiver age



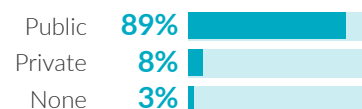
## Child age



## Primary language



## Child insurance status



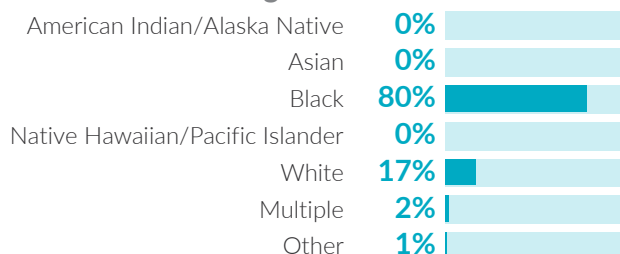
## Caregiver ethnicity



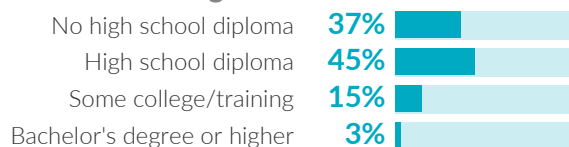
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – MASSACHUSETTS

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Massachusetts included Early Head Start, Healthy Families America, Parents as Teachers, and HealthySteps.

32,459

home visits provided

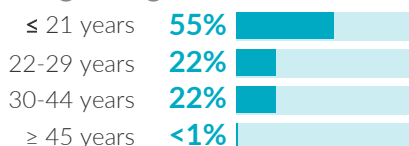
3,724

families served

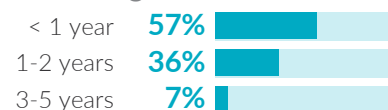
3,319

children served

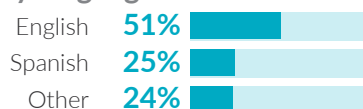
## Caregiver age



## Child age



## Primary language



## Child insurance status



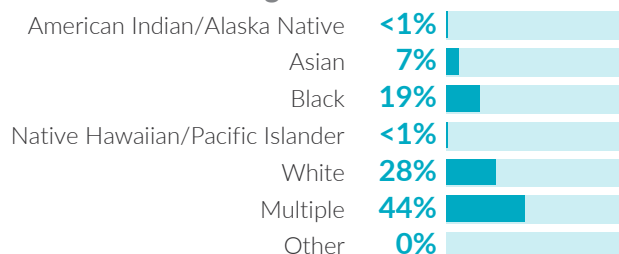
## Caregiver ethnicity



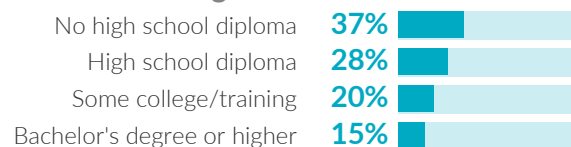
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – MICHIGAN

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Michigan included Early Head Start, Healthy Families America, and Nurse-Family Partnership.

16,417

home visits provided

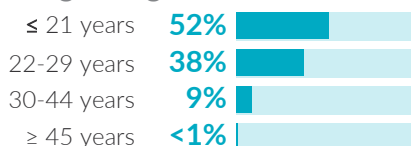
1,633

families served

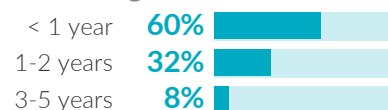
1,158

children served

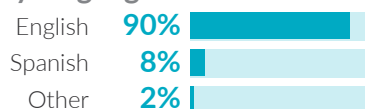
## Caregiver age



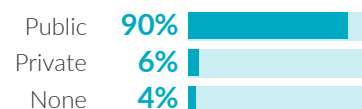
## Child age



## Primary language



## Child insurance status



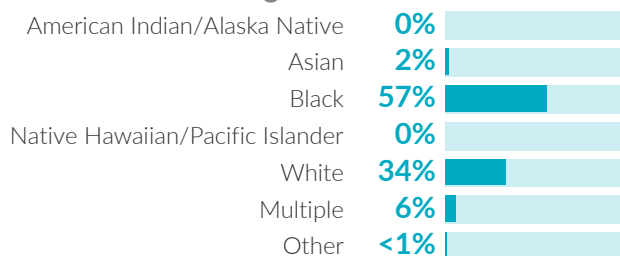
## Caregiver ethnicity



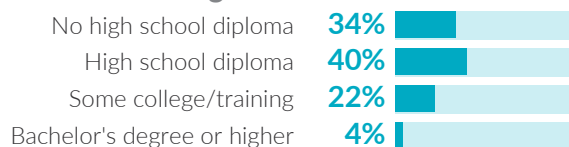
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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## MIECHV STATE DATA TABLE – MINNESOTA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Minnesota included Healthy Families America and Nurse-Family Partnership.

14,309

home visits provided

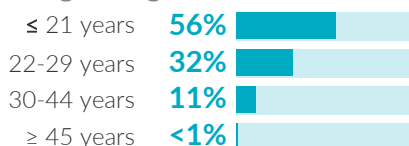
1,880

families served

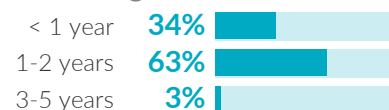
1,760

children served

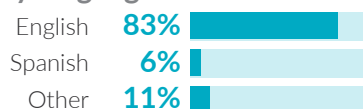
## Caregiver age



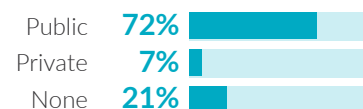
## Child age



## Primary language



## Child insurance status



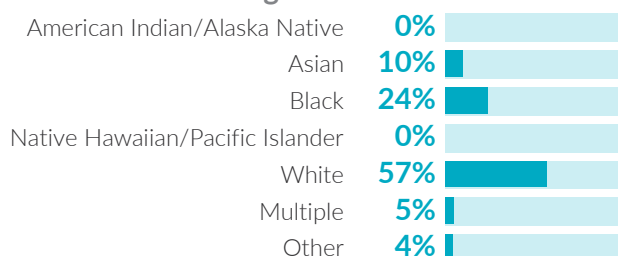
## Caregiver ethnicity



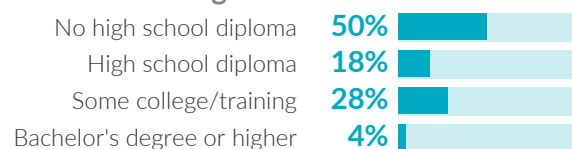
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – MISSISSIPPI

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Mississippi was Healthy Families America.

5,717

home visits provided

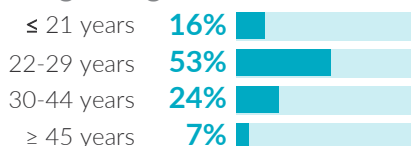
392

families served

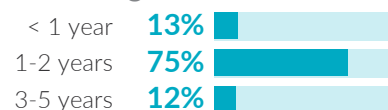
387

children served

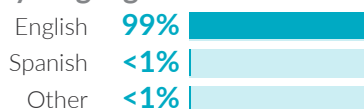
## Caregiver age



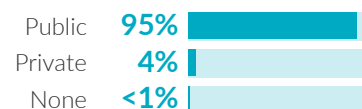
## Child age



## Primary language



## Child insurance status



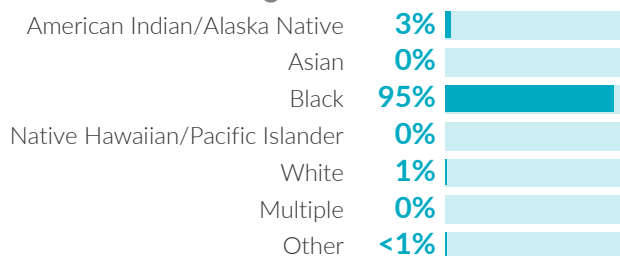
## Caregiver ethnicity



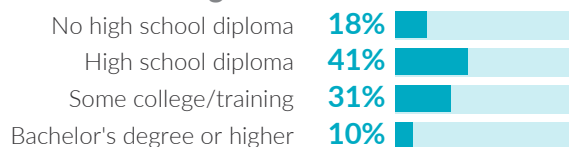
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – NEBRASKA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Nebraska was Healthy Families America. Statewide, MIECHV funded 21 home visitors and six supervisors.

5,605

home visits provided

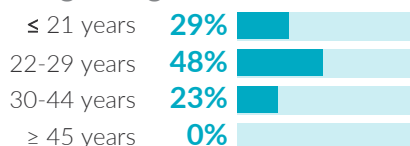
371

families served

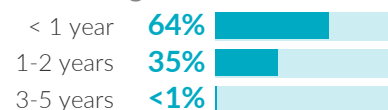
317

children served

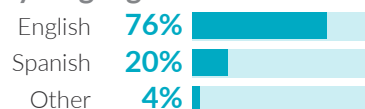
## Caregiver age



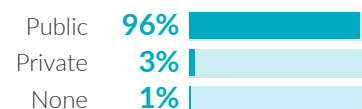
## Child age



## Primary language



## Child insurance status



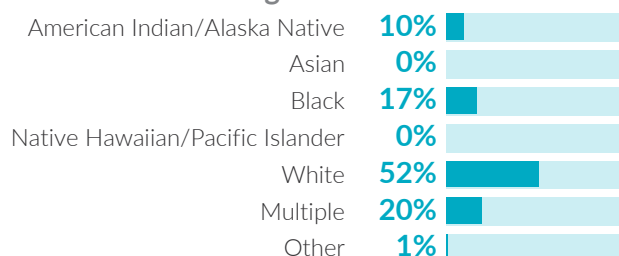
## Caregiver ethnicity



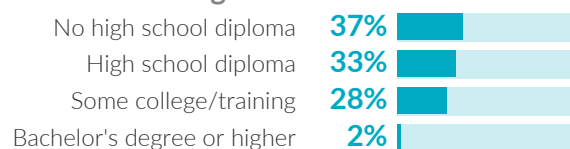
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – NEVADA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Nevada included Early Head Start, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 23 home visitors and 11 supervisors.

3,505

home visits provided

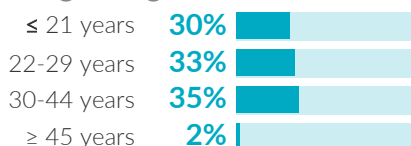
265

families served

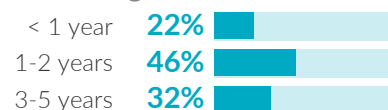
278

children served

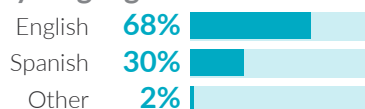
## Caregiver age



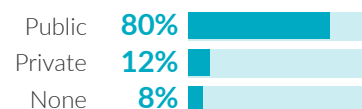
## Child age



## Primary language



## Child insurance status



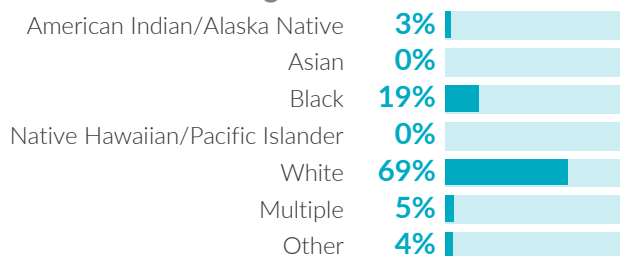
## Caregiver ethnicity



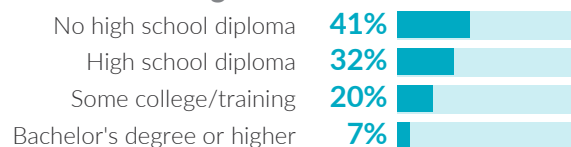
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – NEW HAMPSHIRE

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in New Hampshire was Healthy Families America. Statewide, MIECHV funded 16 home visitors and six supervisors.

4,579

home visits provided

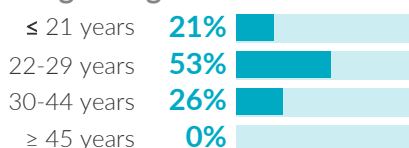
233

families served

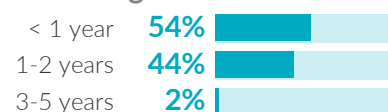
184

children served

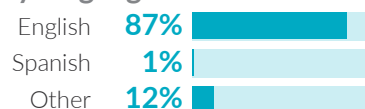
## Caregiver age



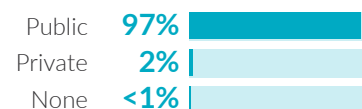
## Child age



## Primary language



## Child insurance status



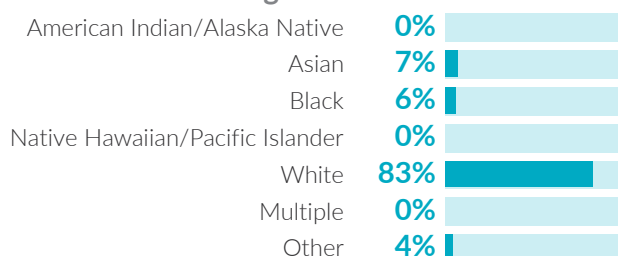
## Caregiver ethnicity



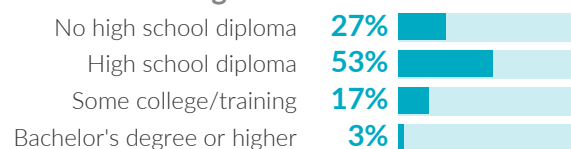
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – NEW JERSEY

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in New Jersey included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers.

76,628

home visits provided

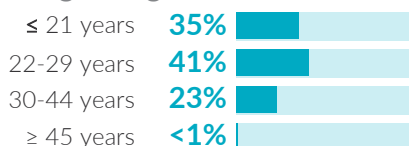
6,857

families served

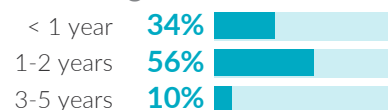
5,856

children served

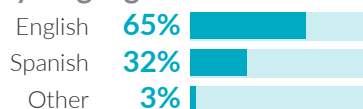
## Caregiver age



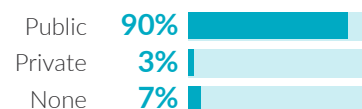
## Child age



## Primary language



## Child insurance status



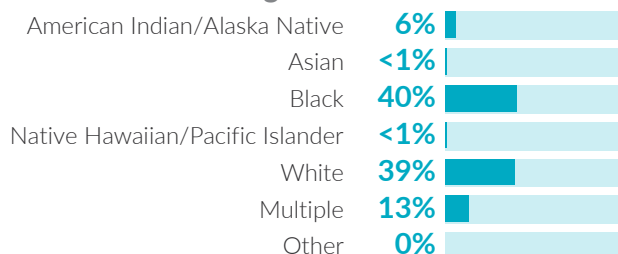
## Caregiver ethnicity



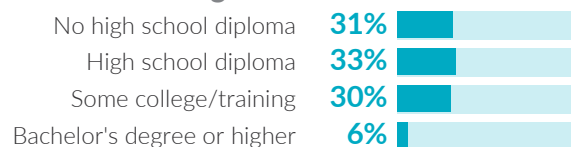
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – NEW MEXICO

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in New Mexico included Nurse-Family Partnership and Parents as Teachers.

4,430

home visits provided

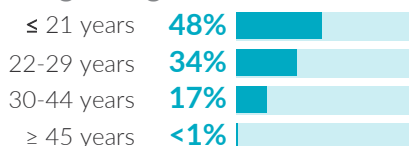
331

families served

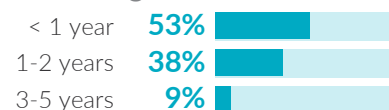
281

children served

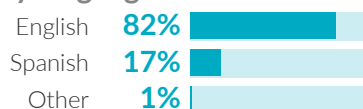
## Caregiver age



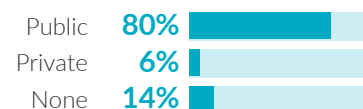
## Child age



## Primary language



## Child insurance status



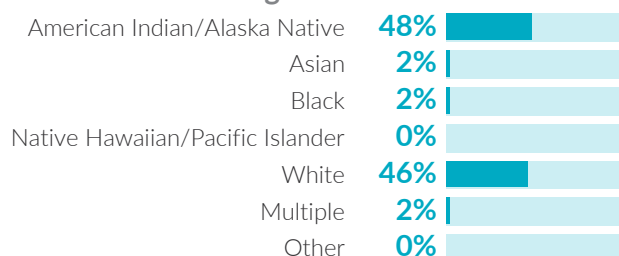
## Caregiver ethnicity



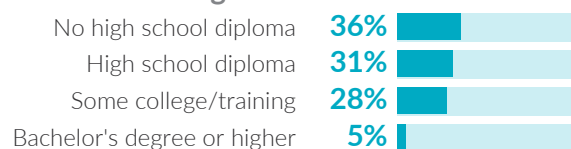
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – NEW YORK

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in New York included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 75 home visitors and 13 supervisors.

37,343

home visits provided

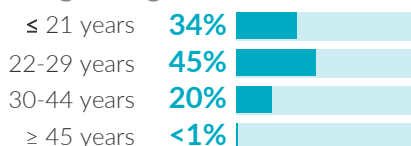
3,012

families served

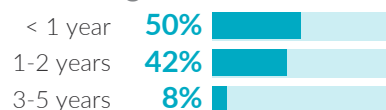
2,324

children served

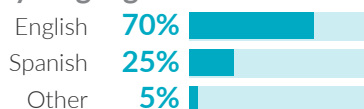
## Caregiver age



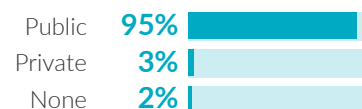
## Child age



## Primary language



## Child insurance status



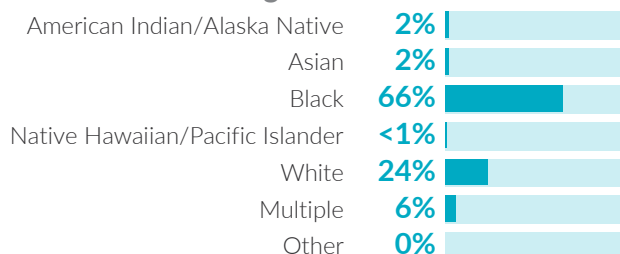
## Caregiver ethnicity



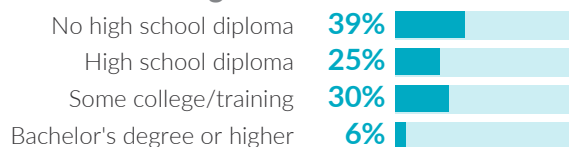
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – NORTH CAROLINA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in North Carolina included Healthy Families America and Nurse-Family Partnership.

6,870

home visits provided

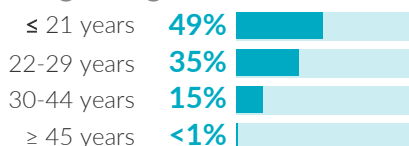
537

families served

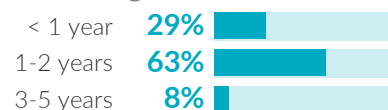
423

children served

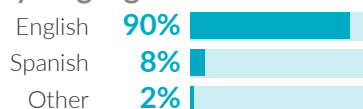
## Caregiver age



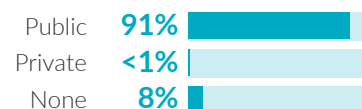
## Child age



## Primary language



## Child insurance status



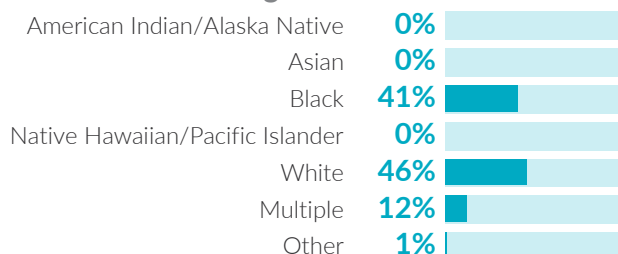
## Caregiver ethnicity



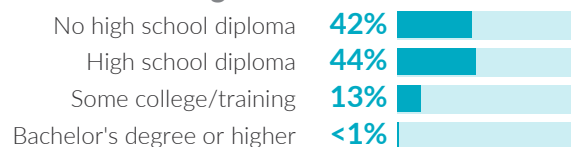
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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## MIECHV STATE DATA TABLE – OHIO

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Ohio included Healthy Families America and Nurse-Family Partnership.

15,512

home visits provided

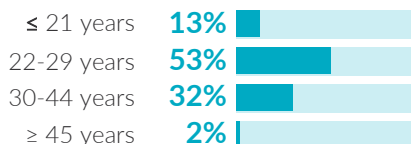
1,633

families served

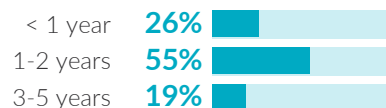
1,882

children served

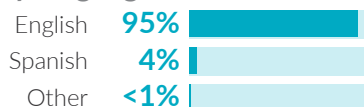
## Caregiver age



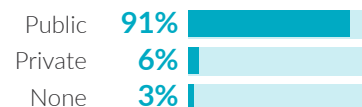
## Child age



## Primary language



## Child insurance status



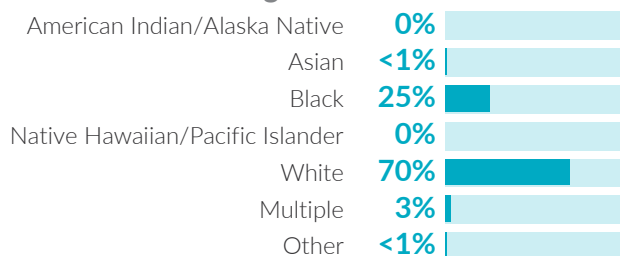
## Caregiver ethnicity



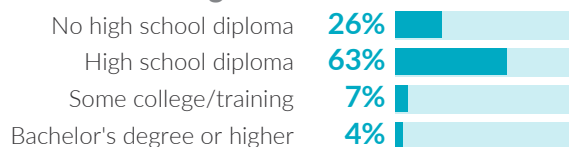
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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## MIECHV STATE DATA TABLE – OKLAHOMA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Oklahoma included Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, MIECHV funded 77 home visitors and 17 supervisors.

75,592

home visits provided

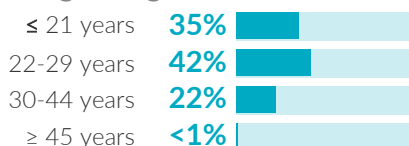
5,747

families served

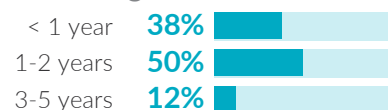
4,636

children served

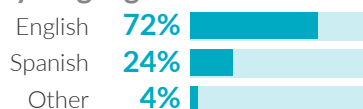
## Caregiver age



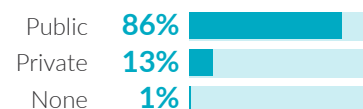
## Child age



## Primary language



## Child insurance status



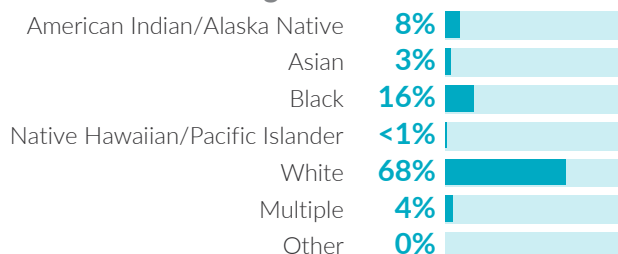
## Caregiver ethnicity



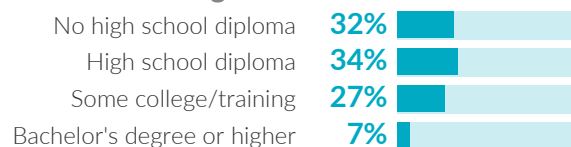
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – OREGON

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Oregon included Early Head Start, Healthy Families America, and Nurse-Family Partnership. Statewide, MIECHV funded 57 home visitors and 11 supervisors.

14,085

home visits provided

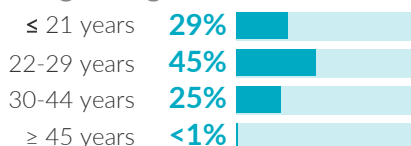
969

families served

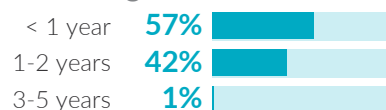
814

children served

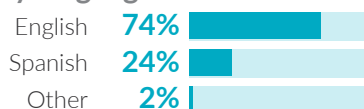
## Caregiver age



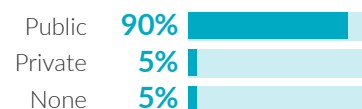
## Child age



## Primary language



## Child insurance status



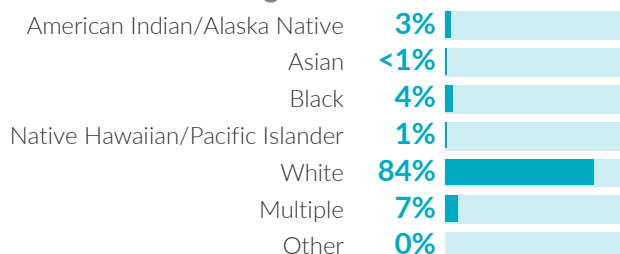
## Caregiver ethnicity



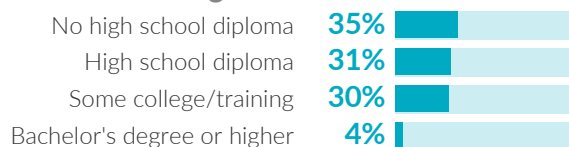
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – PENNSYLVANIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Pennsylvania included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

39,027

home visits provided

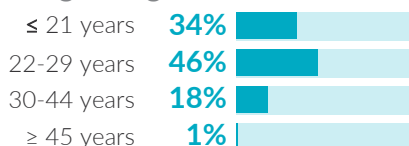
3,169

families served

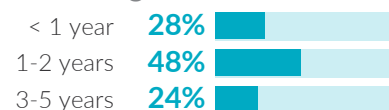
3,039

children served

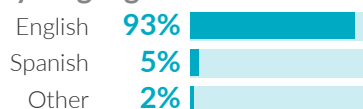
## Caregiver age



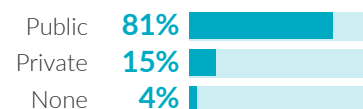
## Child age



## Primary language



## Child insurance status



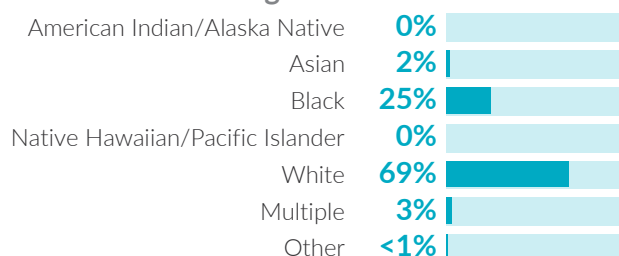
## Caregiver ethnicity



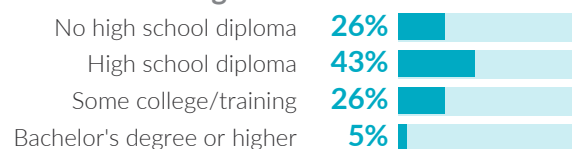
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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## MIECHV STATE DATA TABLE – RHODE ISLAND

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Rhode Island included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 57 home visitors and 18 supervisors.

11,740

home visits provided

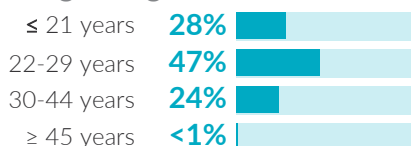
1,184

families served

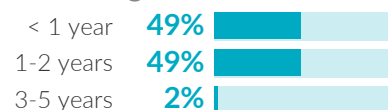
1,020

children served

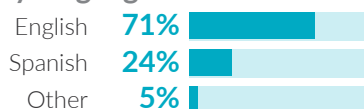
## Caregiver age



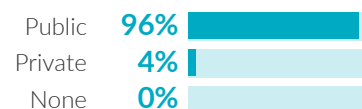
## Child age



## Primary language



## Child insurance status



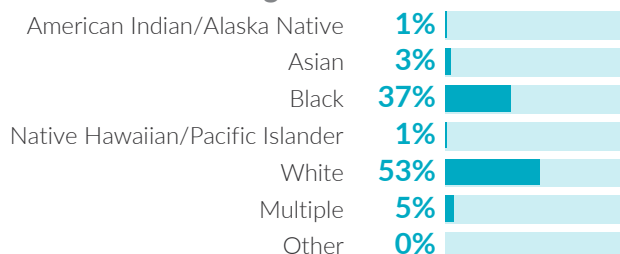
## Caregiver ethnicity



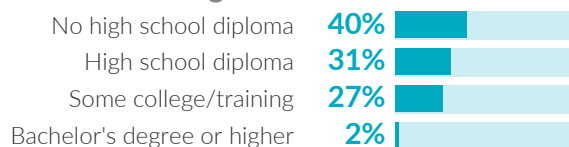
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – SOUTH CAROLINA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in South Carolina included Family Check-Up, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and HealthySteps.

8,296

home visits provided

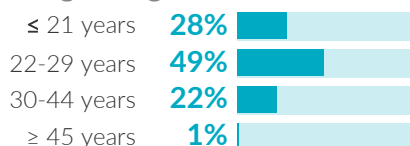
1,533

families served

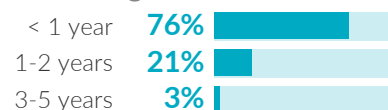
1,416

children served

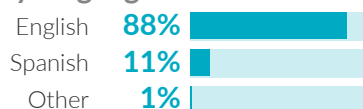
## Caregiver age



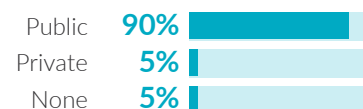
## Child age



## Primary language



## Child insurance status



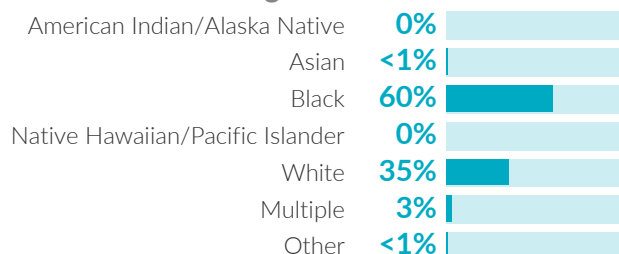
## Caregiver ethnicity



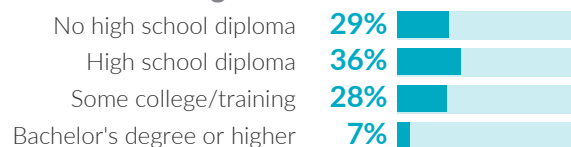
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • During a recent update, HomVEE noted that home visiting is not HealthySteps' primary service delivery strategy. Therefore, states could implement HealthySteps with MIECHV funds in fiscal years 2014 and 2015 but could no longer do so beginning in fiscal year 2016.

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## MIECHV STATE DATA TABLE – SOUTH DAKOTA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in South Dakota was Nurse-Family Partnership.

3,055

home visits provided

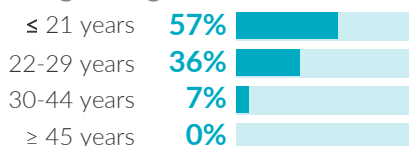
178

families served

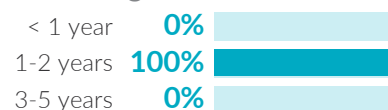
71

children served

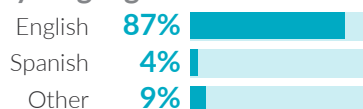
## Caregiver age



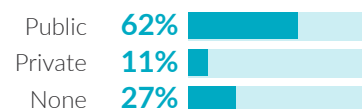
## Child age



## Primary language



## Child insurance status



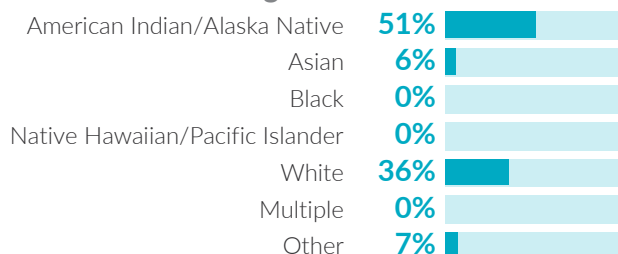
## Caregiver ethnicity



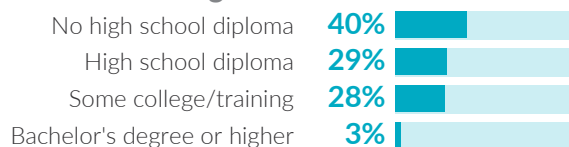
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – TENNESSEE

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Tennessee included Healthy Families America, Nurse-Family Partnership, Parents as Teachers, Nurses for Newborns, and Maternal Infant Health Outreach Worker Program.

20,633

home visits provided

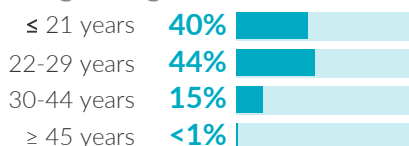
1,490

families served

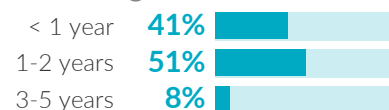
1,403

children served

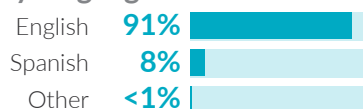
## Caregiver age



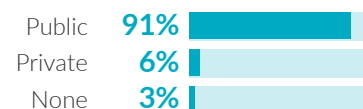
## Child age



## Primary language



## Child insurance status



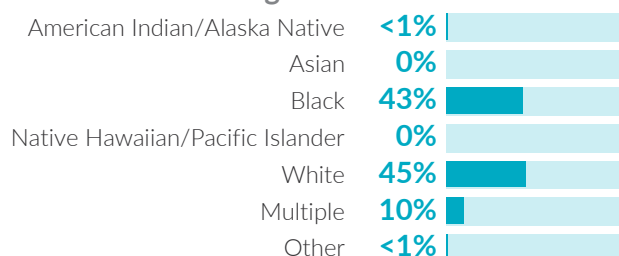
## Caregiver ethnicity



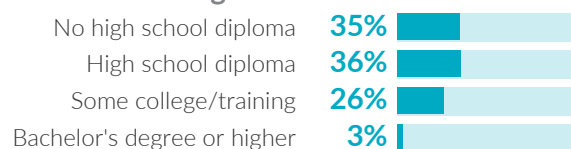
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • HRSA considers Nurses for Newborns and Maternal Infant Health Outreach Worker Program promising approach home visiting models. Their service numbers are included in the totals.

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## MIECHV STATE DATA TABLE – TEXAS

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Texas included Early Head Start, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers.

40,073

home visits provided

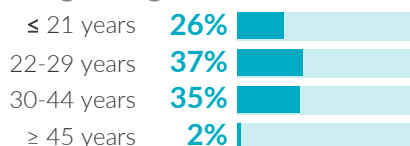
3,327

families served

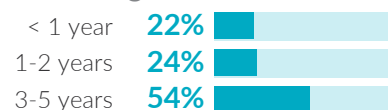
3,468

children served

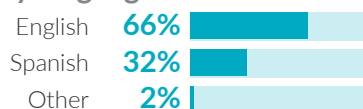
## Caregiver age



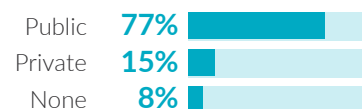
## Child age



## Primary language



## Child insurance status



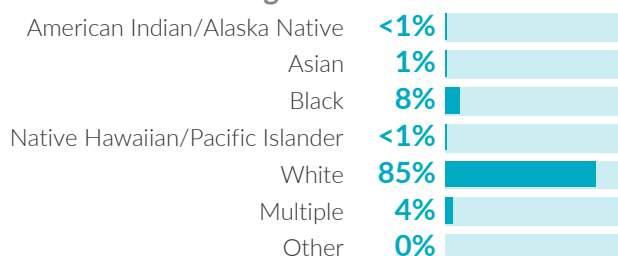
## Caregiver ethnicity



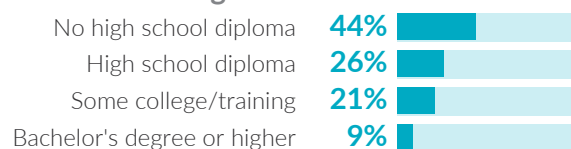
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines.

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## MIECHV STATE DATA TABLE – UTAH

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Utah included Nurse-Family Partnership and Parents as Teachers.

4,842

home visits provided

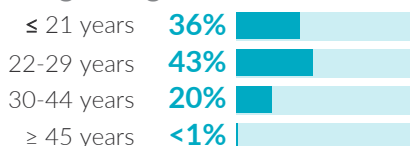
551

families served

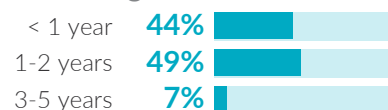
374

children served

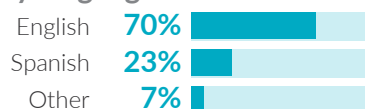
## Caregiver age



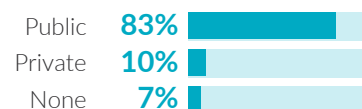
## Child age



## Primary language



## Child insurance status



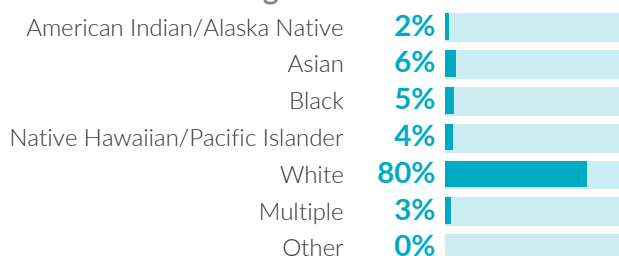
## Caregiver ethnicity



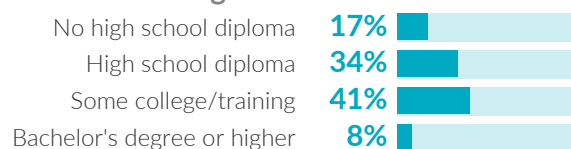
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – VERMONT

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Vermont was Nurse-Family Partnership. Statewide, MIECHV funded 13 home visitors.

4,144

home visits provided

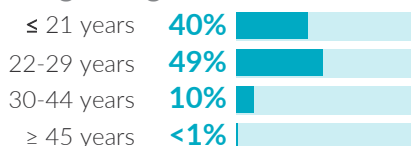
357

families served

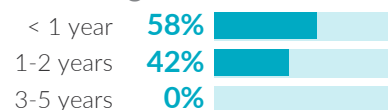
283

children served

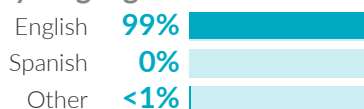
## Caregiver age



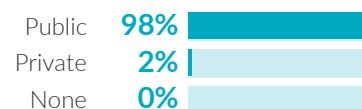
## Child age



## Primary language



## Child insurance status



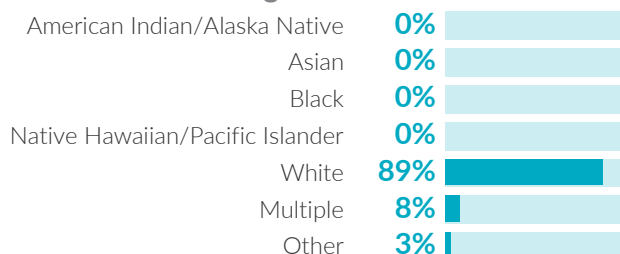
## Caregiver ethnicity



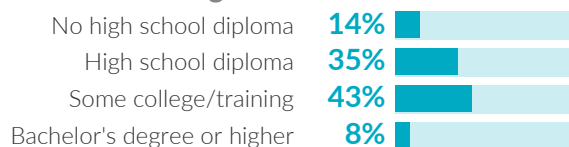
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – VIRGINIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Virginia included Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and Resource Mothers. Statewide, MIECHV funded 64 home visitors and 14 supervisors.

15,374

home visits provided

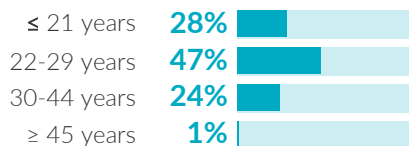
1,449

families served

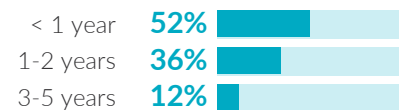
760

children served

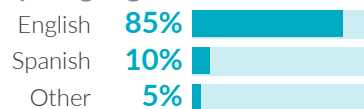
## Caregiver age



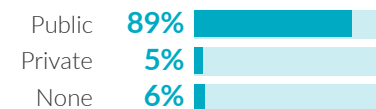
## Child age



## Primary language



## Child insurance status



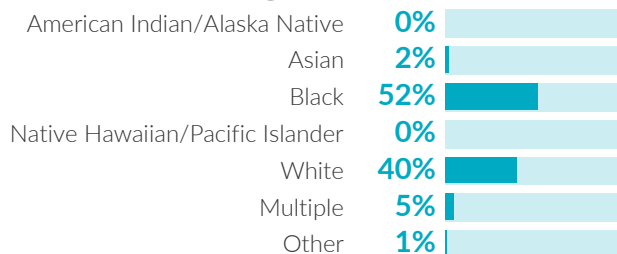
## Caregiver ethnicity



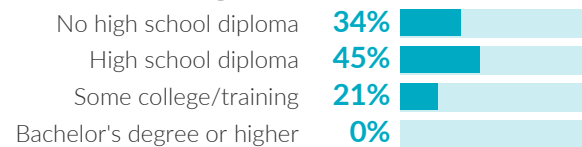
## Household income



## Caregiver race



## Caregiver education



## Notes

The MIECHV State Data Tables present data from state agencies and align with federal reporting requirements. The NHVRC State Profiles present data from evidence-based models, which have different reporting requirements; the data may therefore be different. • Public insurance includes Medicaid, State Children's Health Insurance Program, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income below the federal poverty guidelines. • Counts of full-time equivalent home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor positions may also be available in the state. HRSA considers Resource Mothers a promising approach home visiting model. Its service numbers are included in the totals.

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## MIECHV STATE DATA TABLE – WASHINGTON

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Washington included Nurse-Family Partnership and Parents as Teachers.

16,127

home visits provided

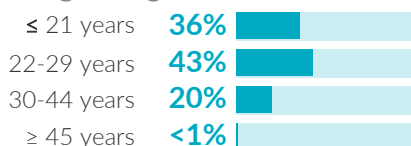
1,518

families served

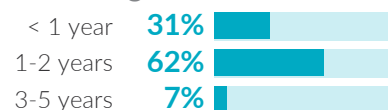
1,187

children served

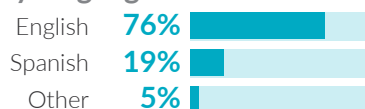
## Caregiver age



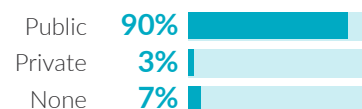
## Child age



## Primary language



## Child insurance status



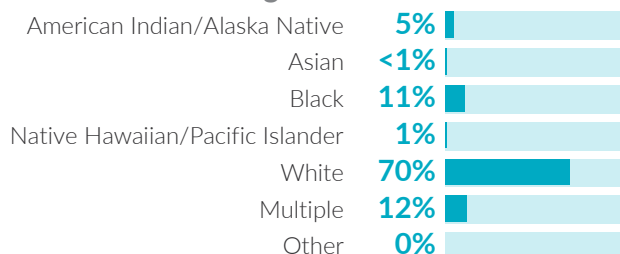
## Caregiver ethnicity



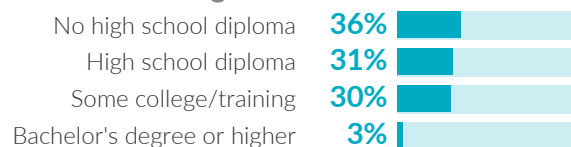
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – WEST VIRGINIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in West Virginia included Early Head Start, Healthy Families America, and Parents as Teachers.

11,088

home visits provided

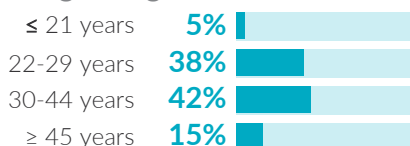
1,735

families served

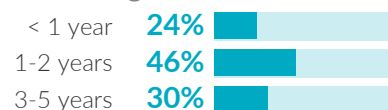
1,626

children served

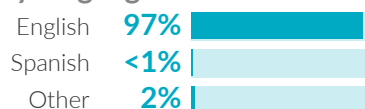
## Caregiver age



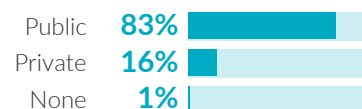
## Child age



## Primary language



## Child insurance status



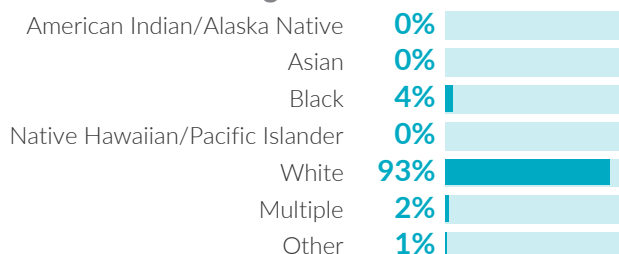
## Caregiver ethnicity



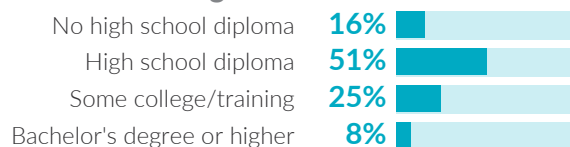
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – WISCONSIN

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

Evidence-based models implemented with MIECHV funds in Wisconsin included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 108 home visitors and 26 supervisors.

20,758

home visits provided

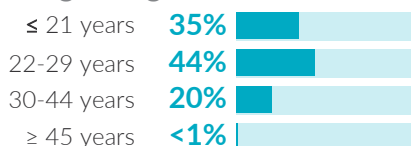
1,405

families served

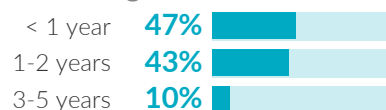
1,231

children served

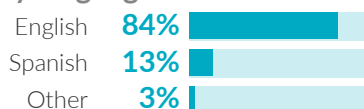
## Caregiver age



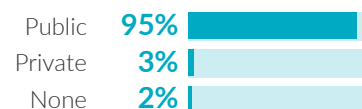
## Child age



## Primary language



## Child insurance status



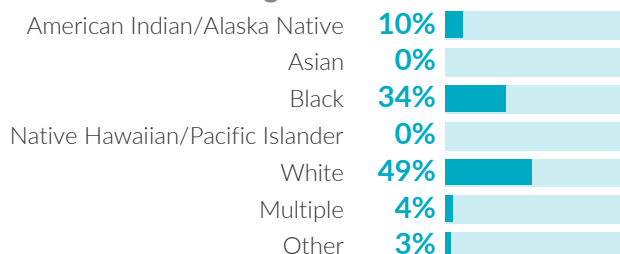
## Caregiver ethnicity



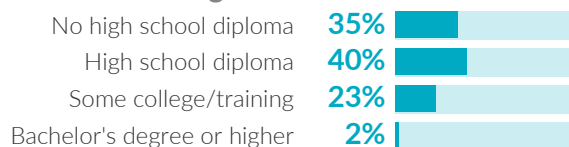
## Household income



## Caregiver race



## Caregiver education



## Notes

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## MIECHV STATE DATA TABLE – WYOMING

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2015

The evidence-based model implemented with MIECHV funds in Wyoming was Parents as Teachers.

1,173

home visits provided

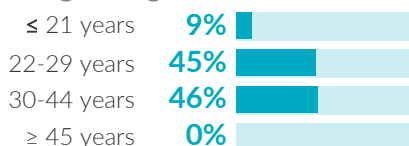
92

families served

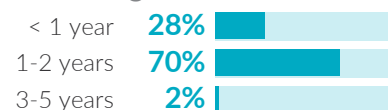
90

children served

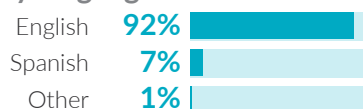
## Caregiver age



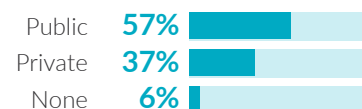
## Child age



## Primary language



## Child insurance status



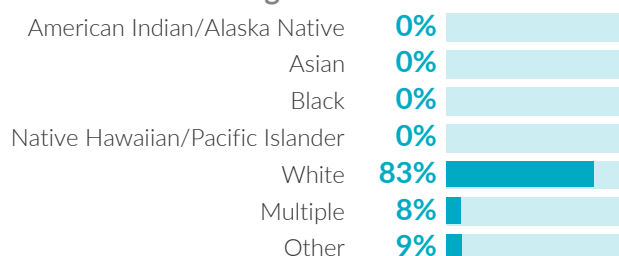
## Caregiver ethnicity



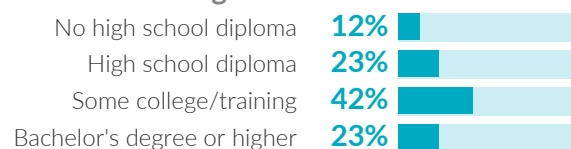
## Household income



## Caregiver race



## Caregiver education



## Notes

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