



National Home Visiting  
**Resource Center**

*Helping Children &  
Families Thrive*

# Data Supplement

## 2017 Home Visiting Yearbook





Every home is a  
university and the  
parents are the teachers.

— Mahatma Gandhi





## 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 2018, the NHVRC will—

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

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

## Acknowledgments

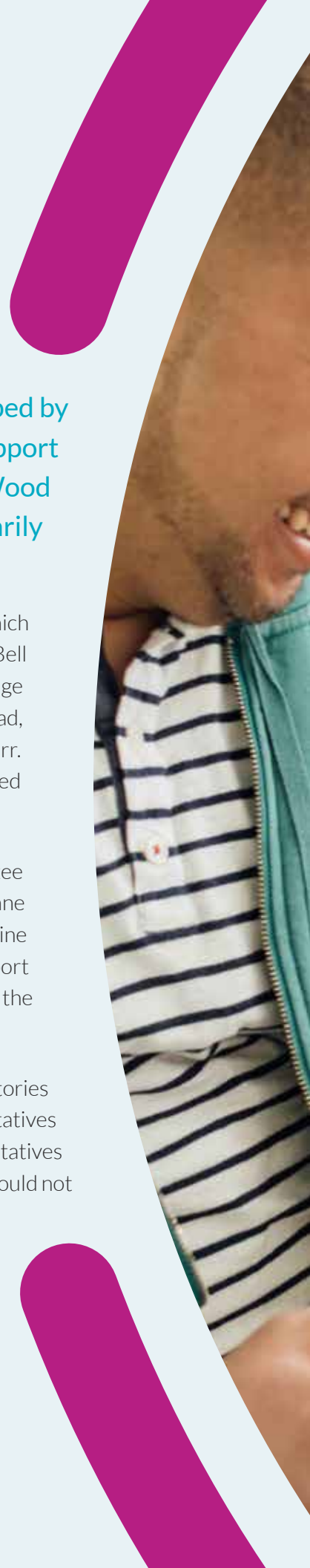
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A number of people contributed their time and expertise to the *Data Supplement*, which was produced under the general direction of Jill Filene and Allison Meisch of James Bell Associates and Julia Isaacs and Heather Sandstrom of the Urban Institute.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


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## Executive Summary

The *Data Supplement to 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 serves new parents and parents-to-be by connecting them with a designated support person who guides them through the early stages of raising a family. Home visitors regularly meet with families in their homes or another location of their choice. Services are voluntary and tailored to participants' needs.

Home visiting has a long history and a strong evidence base showing that it improves outcomes for children and families. However, until the release of our *2017 Home Visiting Yearbook* last July, there was no single source documenting the national home visiting landscape.

The *Data Supplement* builds on that inaugural *Yearbook*, which painted a first-of-its-kind picture of home visiting using the best available data from 2015. As before, the National Home Visiting Resource Center examined publicly available data and collected new data—this time from 2016—to present a more complete and up-to-date look at home visiting in action.

The supplement's robust data reflect advancements in data collection. For example, the supplement includes service information from 14 evidence-based home visiting models, up from 7 in the *2017 Home Visiting Yearbook*. Despite these improvements, there are still data limitations associated with the lack of a standard reporting mechanism across home visiting.



When I meet somebody for the first time, I listen for any hint of a dream or a goal that they have. It's wonderful when you see success, when [a home visiting participant's] car stays on the road, when they get a job, or when they get their baby to sleep at night. There are a lot of little successes every day.

**Stephanie Dunn, home visitor and former home visiting participant**

Photo courtesy of Community Concepts: Maine Families Program

## Highlights

- ✔ More than 300,000 families received evidence-based home visiting services in 2016 over the course of more than 3.8 million home visits.
- ✔ About 18 million pregnant women and families (including more than 23 million children) could benefit from home visiting but were not being reached in 2016.
- ✔ Evidence-based home visiting was implemented in all 50 states, the District of Columbia, 5 territories, 24 tribal communities, and 47 percent of U.S. counties in 2016.
- ✔ From 2010 to 2017, the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) strengthened home visiting by supporting services, research, and local infrastructure. In 2016, MIECHV helped fund services for 83,841 families in states, territories, and tribal organizations—a portion of the total families served by home visiting that year. MIECHV expired in September 2017 and, as of press time, had not been reauthorized.
- ✔ States supported home visiting by combining funds from tobacco settlements and taxes, lotteries, and budget line items in 2016. With limited resources, states are continually working to expand the reach of home visiting to serve as many families as they can in ways that make sense at the local level.

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

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

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## Introduction

Early childhood home visiting is a voluntary, proven service delivery strategy for promoting healthy children and self-sufficient parents. Home visiting connects new and expectant parents with a designated support person—often a trained nurse, social worker, or early childhood specialist—to meet in their home or another preferred location. Home visitors get to know families over time so they can connect them to needed resources and provide guidance on topics like prenatal health and developmental milestones.

The *Data Supplement to the 2017 Home Visiting Yearbook* presents 2016 national and state data gathered by the National Home Visiting Resource Center (NHVRC). It builds on the foundation laid by our first publication, the *2017 Home Visiting Yearbook*, which explored how many families and children were being served by home visiting in 2015—and how many more could benefit.

If you are familiar with home visiting, we invite you to explore our updated data. Those seeking an introduction to home visiting may first want to read our primer ([nhvrc.org/yearbook/2017-home-visiting-yearbook](http://nhvrc.org/yearbook/2017-home-visiting-yearbook)), which answers questions such as the following:

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

## Why a Data Supplement?

From day one, the NHVRC has worked to paint a comprehensive picture of home visiting across the country. The *2017 Home Visiting Yearbook* required an enormous data collection effort while we were simultaneously introducing ourselves as a new entity in the home visiting field and building critical relationships. Since then, we have strengthened and streamlined our approach, and state agencies and model developers have responded readily to our requests for data. The *Data Supplement to the 2017 Home Visiting Yearbook*—

- ✓ Focuses on data and does not include the extensive background information found in a full yearbook.
- ✓ Reflects NHVRC's commitment to delivering data faster, with less lag time.
- ✓ Sets our rollout of future yearbooks on a regular schedule. The full *2018 Home Visiting Yearbook* will present 2017 data and, along with future yearbooks, will be released in the fall.

Publication Title	Year of Data
2017 Home Visiting Yearbook	2015
Data Supplement to the 2017 Home Visiting Yearbook	2016
2018 Home Visiting Yearbook	2017

## What's Inside?

The *Data Supplement to the 2017 Home Visiting Yearbook* features 2016 data from organizations that implement evidence-based home visiting models and from agencies in states, territories, and the District of Columbia (hereafter referred to as states) that have received funds through the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). It also draws on public data sources such as the U.S. Census Bureau's American Community Survey. Similar to what we did in our *2017 Yearbook*, we present the national landscape of home visiting before drilling down to the states. Inside you'll find—

- ✓ Expanded data on who is being served by home visiting, with information from 14 evidence-based models<sup>1</sup>—up from 7 in our inaugural yearbook. This 100 percent increase translates to more robust service numbers.
- ✓ Information from 2016 on where home visiting is operating and how many families and children could benefit from home visiting.
- ✓ Updated state and model profiles and MIECHV state data tables.

<sup>1</sup>The *Data Supplement* defines evidence-based home visiting as programs that have met rigorous U.S. Department of Health and Human Services (HHS) criteria for evidence of effectiveness as determined by the Home Visiting Evidence of Effectiveness project ([homvee.acf.hhs.gov](http://homvee.acf.hhs.gov)).



## This supplement includes—

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### 1 NHVRC National Profile

Aggregate service numbers and participant demographics from models' own data

### 51 NHVRC State Profiles

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

### 1 NHVRC Tribal Profile

Aggregate data for all tribal MIECHV awardees from the Administration for Children and Families

### 17 NHVRC Model Profiles

Model-specific data capturing service numbers and participant demographics, geographic reach, and model requirements from models' own data

### 52 MIECHV State Data Tables

State-specific information about MIECHV home visiting services from state MIECHV awardees

## CHAPTER ONE

# The Early Childhood Home Visiting National Landscape

The national data presented here come from evidence-based models, state agencies, and public data sources.

As in our inaugural 2017 *Yearbook*, the service data are based on the best information available but are subject to limitations. Because states have flexibility in blending funding streams to implement home visiting, and because there is no standard reporting mechanism across funding sources and models, there is variability in the data. Some models and states were unable to respond to our requests for data or could provide only partial data—though twice as many models reported data than in the prior reporting year. And although evidence-based models provide a large portion of home visiting services, there are many promising home visiting programs that we were unable to include in the *Data Supplement* but hope to include in future publications. For details about our data collection approach, including limitations and future plans, [see our methodology appendix on page 28](#).

This chapter presents—

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





## What's New in the Data?

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

- ✔ **Model participation.** Ten evidence-based models shared data for the supplement on the number and characteristics of home visiting participants, up from five in the 2017 *Home Visiting Yearbook*. Additionally, 14 models shared service data and local agency information, up from 7 previously.
- ✔ **State participation.** The supplement includes data from 52 out of 56 state MIECHV agencies, representing all 50 states, the District of Columbia, and Puerto Rico. This increase from the 46 responses received previously represents a 93 percent state agency response rate.
- ✔ **Tribal MIECHV information.** For the supplement, the Administration for Children and Families shared national service data and demographic data on participants served through tribal MIECHV, a set-aside of broader MIECHV funding. Previously, only service data for tribal home visiting were included.

Increased participation by models and states in data collection should be taken into account when comparing numbers in the supplement with those in the 2017 *Home Visiting Yearbook*. Increases in the number of families served in 2016, for example, more likely reflect an uptick in the number of data submissions we received than a true increase in recipients—although the number of families served may have also increased. We hope in future years to explore trends in the data.



Sharing national data on home visiting sheds light on the thousands of families who benefit from services and the many more who still could. There is power in numbers.

**Diedra Henry-Spires, NHVRC advisory committee member**

Photo courtesy of Dalton-Daley Group

## Where Do the National Data Come From?

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

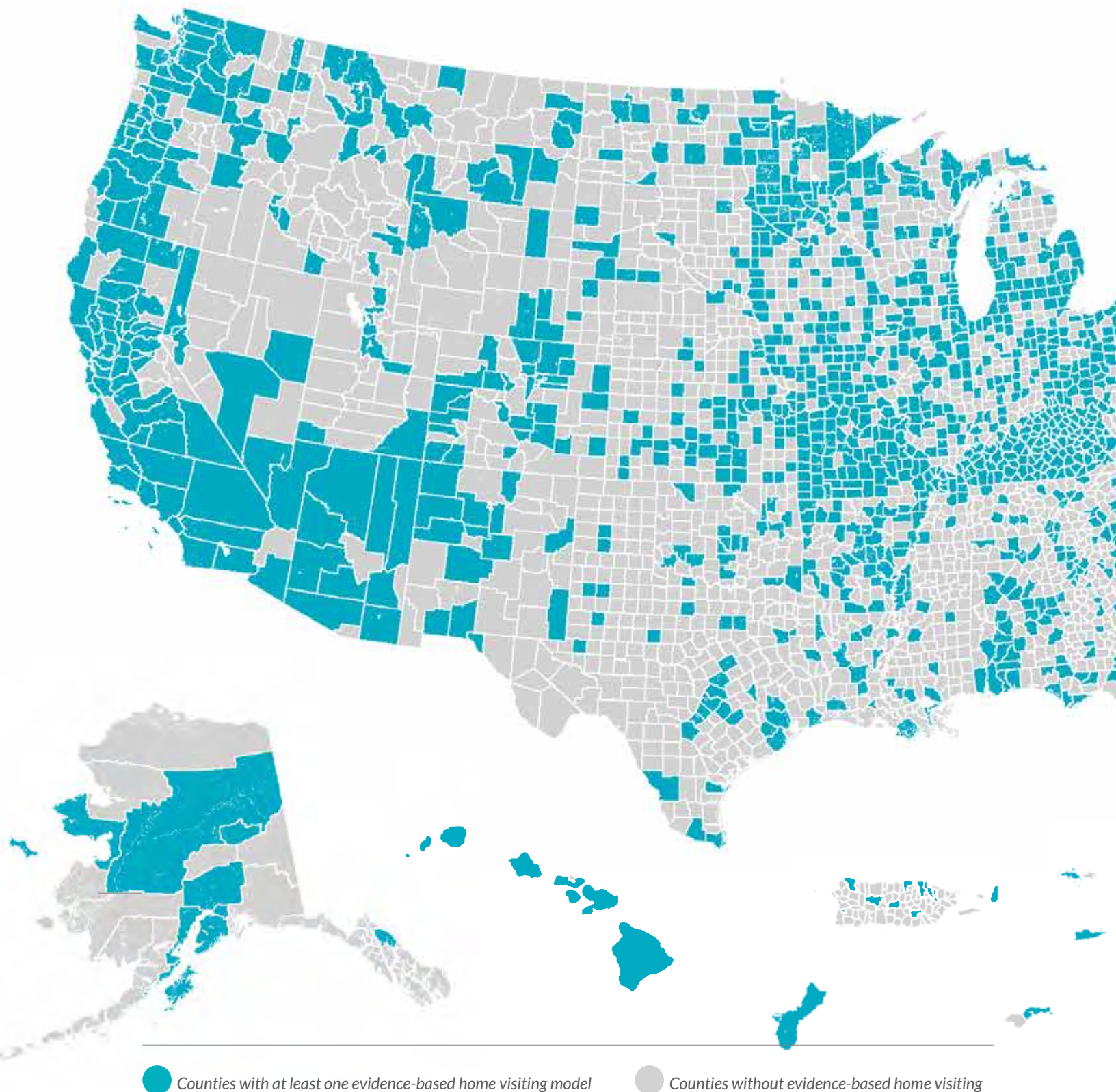
### Exhibit 1. National Data Sources for the *Data Supplement to the 2017 Home Visiting Yearbook*

Question addressed	Data type and source	Location in this chapter
Where do home visiting programs operate?	List of local agencies active in 2016 (provided by 14 models)	National map (pp. 8-9)
Who receives home visiting services?	Participant demographics; number of home visits and children and families served (provided by 10 models)	National profile (p. 11)
Who receives MIECHV-funded home visiting services?	Administrative MIECHV data (provided by 52 state MIECHV agencies)	National MIECHV summary (p. 13)
Who receives tribal MIECHV-funded home visiting services?	Administrative tribal MIECHV data (provided by Administration for Children and Families Tribal Home Visiting Program)	Tribal MIECHV summary (p. 13)
How many families and children could benefit from home visiting?	American Community Survey	Exhibits 3, 4, and 5 (pp. 16-18)
Who provides home visiting?	Counts of home visitors and supervisors (provided by 14 models and 49 state MIECHV agencies)	Chapter text (p. 19)

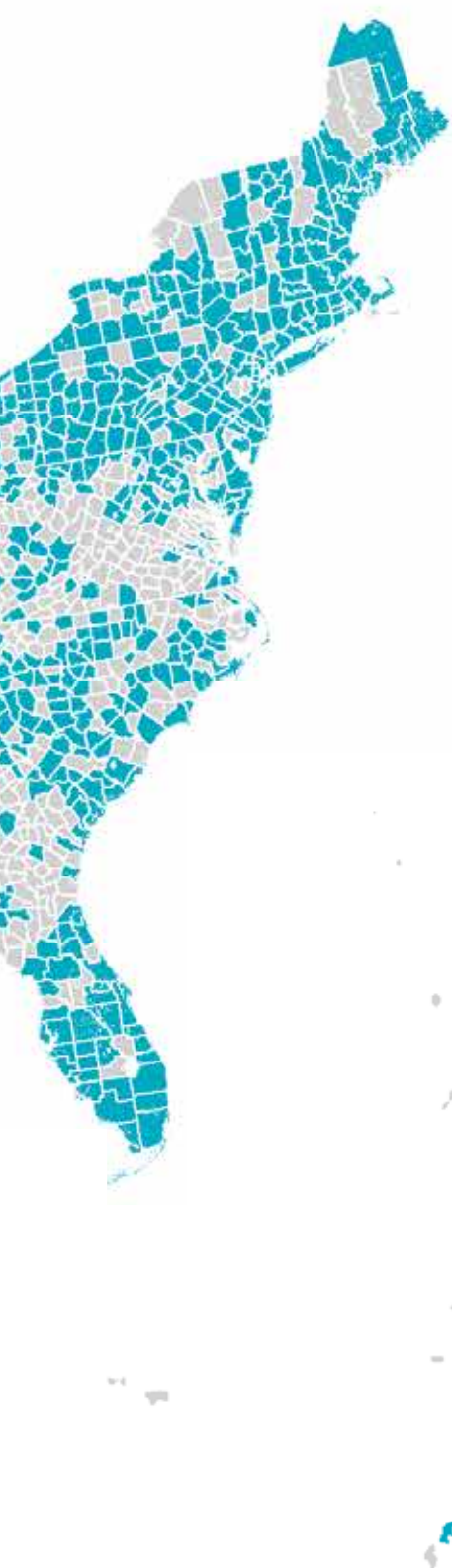


# Where Do Home Visiting Programs Operate?

Exhibit 2. Evidence-Based Home Visiting by County (2016)







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

Home visiting is also provided to American Indian and Alaska Native families both on and off reservations, including families in 24 tribal communities that have received MIECHV funding. As shown in exhibit 2, services are concentrated in the Northeast, the West Coast, and parts of the Midwest and Southwest. Coverage is lower in rural and frontier areas.

Approximately 47 percent of all U.S. counties have at least 1 local home visiting agency offering evidence-based home visiting.<sup>2</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. In Kentucky, for example, Health Access Nurturing Development Services (HANDS) offers home visiting to first-time parents in every county across the state. Eighteen states offer evidence-based home visiting services in 75 percent or more of their counties. Others concentrate funds in high-need communities or urban areas or do not have funds to serve families throughout the state. Eleven states offer services in fewer than 25 percent of their counties.

In 2016, more than 3,300 local agencies delivered evidence-based home visiting. Local agencies are usually housed in a central location and serve families in nearby communities. 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.

<sup>2</sup> Estimates are based on data collected from 14 evidence-based model developers on the locations of their local agencies. The 14 models that provided location data are Attachment and Biobehavioral Catch-Up (ABC), Child First, Early Head Start Home-Based Option (EHS), Family Check-Up, Family Spirit, Health Access Nurturing Development Services (HANDS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Maternal Early Childhood Sustained Home-Visiting (MECSH), Minding the Baby, Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Play and Learning Strategies (PALS), and SafeCare.

## Who Receives Home Visiting Services?

There is no single data source about the recipients of evidence-based early childhood home visiting services. We reached out to all home visiting models considered evidence based in 2016 and to all state, territory, and tribal MIECHV awardees. Their responses, which were more plentiful for the *Data Supplement* than for the *2017 Home Visiting Yearbook*, move us closer to capturing the hundreds of thousands of families working with evidence-based home visiting programs to pursue better lives.

The national profile on the following page quantifies and describes the families served through evidence-based home visiting models in 2016, regardless of how their services were funded. Of the 15 evidence-based models operating across the United States in 2016, 14 provided data on the number of families and/or children served. Ten models also provided data on the characteristics of those participants. The respondents reported serving 301,154 families and 312,154 children and providing 3,816,475 home visits. One in 3 families had infants under 1 year old, and nearly 3 in 10 parents did not have a high school diploma.<sup>3</sup>

### NOTES

**Models** include fifteen models operating in the United States in 2016 that met HHS criteria for evidence of effectiveness at that time: Attachment and Biobehavioral Catch-Up (ABC), Child First, Early Head Start Home-Based Option (EHS), Family Check-Up, Family Connects, Family Spirit, Health Access Nurturing Development Services (HANDS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngers (HIPPY), Maternal Early Childhood Sustained Home-Visiting (MECSH), Minding the Baby, Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Play and Learning Strategies (PALS), and SafeCare. ABC, Child First, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, PAT, and SafeCare provided data on the number of families served. ABC, Child First, EHS, Family Check-Up, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, and PAT provided data on the number of children served. Child First, EHS, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PAT, and SafeCare provided participant demographic data. ABC, Child First, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, and PAT provided data on the number of home visits completed. Eight of the 10 models that provided participant data reported child age and caregiver educational attainment: EHS, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, and PAT.

**Ethnicity** includes data from EHS, HANDS, HFA, HIPPY, MECSH,

Minding the Baby, NFP, PAT, and SafeCare. HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, and SafeCare reported ethnicity for adult participants. EHS reported ethnicity for children and pregnant caregivers. PAT reported ethnicity for children.

**Race** includes data from EHS, HANDS, HFA, HIPPY, MECSH, NFP, and PAT. HANDS, HFA, HIPPY, MECSH, 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 EHS, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, and PAT.

**Child age** includes data from EHS, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, and PAT.

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

**Primary language** includes data from EHS, HFA, HIPPY, MECSH, NFP, PAT, and SafeCare. EHS reported primary language for children and pregnant women. HIPPY, MECSH, and NFP reported primary language of children. HFA, PAT, and SafeCare reported primary language of adult participants

<sup>3</sup> Eight of the 10 models that provided participant data were able to report child age and caregiver educational attainment: EHS, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, and PAT.

## NHVRC NATIONAL PROFILE

### Families Served Through Evidence-Based Home Visiting in 2016



**3,816,475**

home visits provided



**301,154**

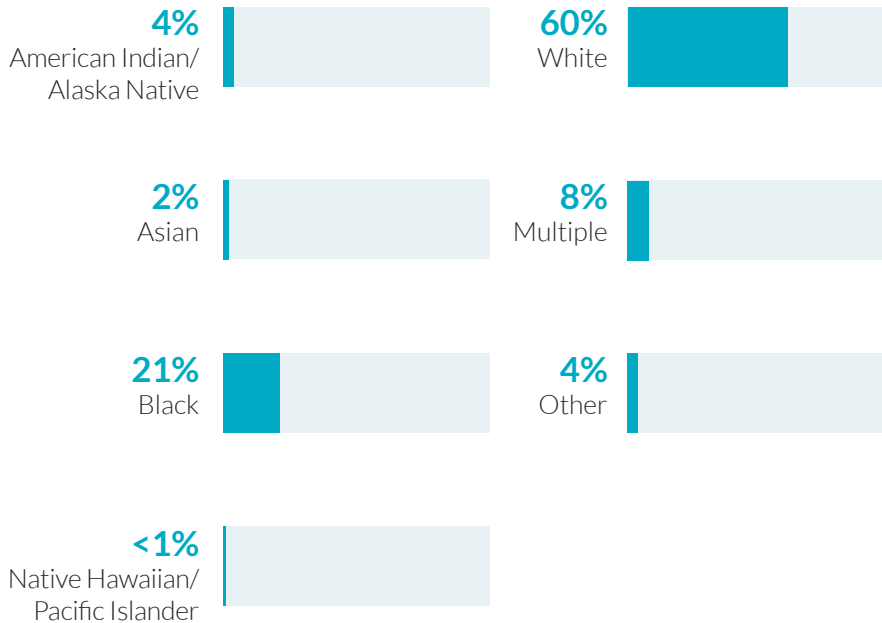
families served



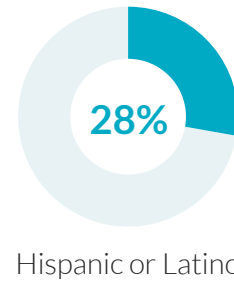
**312,154**

children served

#### Race



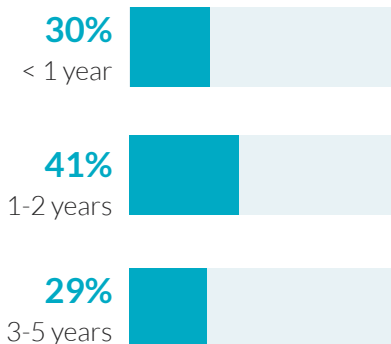
#### Ethnicity



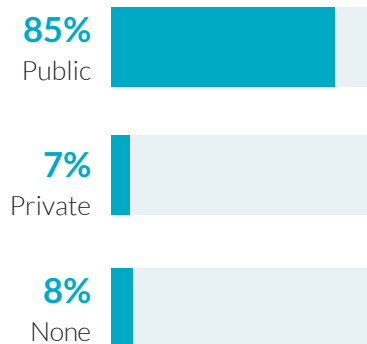
#### Caregiver education



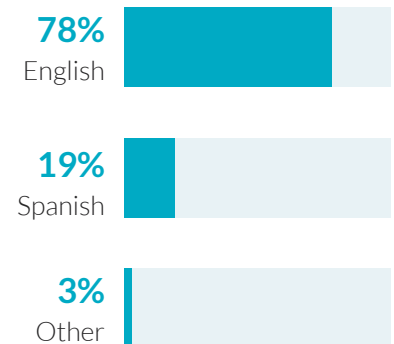
#### Child age



#### Child insurance status



#### Primary language



## Families Served Through MIECHV in 2016

MIECHV demonstrates a significant federal investment in evidence-based home visiting<sup>4</sup> but does not account for all families reached. MIECHV awardees are required to report data annually to the U.S. Department of Health and Human Services about the families they serve. We contacted states and territories to request this information, and most (52 of 56) shared it with us. Supplemented with publicly available data from the Health Resources and Services Administration, we calculated the extent of MIECHV-funded services in 2016.

State and territory MIECHV awardees served 82,191 families and more than 74,437 children<sup>5</sup> and provided 975,118 home visits in 2016.<sup>6</sup> Tribal MIECHV awardees served an additional 1,650 families and 1,729 children and provided 19,065 home visits in 2016.

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>i</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

Nearly three-quarters of households served through MIECHV (74 percent) reported annual family incomes below the federal poverty guidelines (approximately \$19,000 for a family of 3 in 2016). Nearly one-third of caregivers served were under 21 years old (31 percent), and nearly one-third did not have a high school diploma (31 percent).

For more information, see the [MIECHV State Data Tables on page 188](#).

<sup>4</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>5</sup> Data on children served are not publicly available, so this count is based on the data shared by 52 of 56 states and territories.

<sup>6</sup> The models represented in the MIECHV numbers are Child First, EHS, Family Check-Up, Family Spirit, HANDS, HFA, HIPPIY, NFP, PAT, SafeCare, and promising approaches.



## Families Served Through MIECHV in 2016: State and Territory Awardees



**975,118**

home visits provided



**82,191**

families served



**74,437**

children served

---

## Families Served Through MIECHV in 2016: Tribal Awardees



**19,065**

home visits provided



**1,650**

families served



**1,729**

children served



I think the Family Spirit approach is important to the families we serve . . . because it's created for Native American families. I think that's what helps, because families know that this was designed for me—it's mine.

---

**Shamika Dokes-Brown, tribal home visitor**

Photo courtesy of Shamika Dokes-Brown



## How Many Families and Children Could Benefit From Home Visiting?

Early childhood home visiting provides support and connections that can benefit all pregnant and parenting families. Nationally, we estimate close to 18.3 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. This broad estimate includes 16.9 million families with young children and 1.3 million pregnant women without young children, according to estimates from the American Community Survey (2011–2015).<sup>7</sup>

Many families have more than one child who could benefit from home visiting. If we estimate the number of individual children rather than families, we find 23.3 million children could potentially benefit from home visiting. This number includes 3.7 million infants (under 1 year), 7.9 million toddlers (1–2 years), and 11.7 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>ii,iii</sup> Across the United States, there are approximately 3.5 million families with infants (see exhibit 3). Some home visiting models, such as Family Connects, are available to all families with newborns in their service area, regardless of income or other factors. Such community-wide programs take a universal approach to supporting parents after a birth and connecting them to the resources they need.

### Low-Income Families

Children growing up in poverty are at risk of entering kindergarten with lower school readiness than

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<sup>7</sup> The 2011–2015 American Community Survey (<https://usa.ipums.org/usa/index.shtml>) is the most recent 5-year file available at the time of analysis. The estimate of pregnant women is based on mothers with infants, with certain adjustments. See appendix 1 for more information on methods.

other children.<sup>iv</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 Home-Based Option, focus on low-income families, working with parents to set goals, continue their educations, and find employment.

## Young Mothers and Expectant Mothers

Children born to teen mothers are at higher risk of maltreatment and school failure than children born to older mothers.<sup>v,vi</sup> Home visiting can give young 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 women and mothers under age 21.

## Other

Other priority populations include single mothers, parents with low education, families with a history of substance abuse or child maltreatment, children with developmental delays, and other families at risk of poor child outcomes. It is not possible to quantify some of these families in our estimates using the American Community Survey, which does not collect data on substance abuse, child maltreatment, or developmental delays. We provide estimates of five potential targeted populations in exhibit 3; [see appendix 2 on page 36](#) for alternate estimates based on other maternal and child health indicators that commonly reflect child risk and/or child well-being.



I had a rather tough condition that I developed as a teenager, so when I became pregnant, it got worse . . . Valerie, my home visitor, helped a lot with that, because she would go with me to some of the appointments just so she could learn more about my condition.

**Tierra Heisle, home visiting participant**

Photo courtesy of Tierra Heisle



**Exhibit 3. 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	18,269,100	100
<b>Targeted populations among potential beneficiaries</b>		
Families with infants under 12 months	3,498,200	19
Families and pregnant women with income below poverty threshold	4,829,100	26
Pregnant women and mothers under 21 years	648,500	4
Single mothers and pregnant woman	4,790,200	26
Parents and pregnant women with less than a high school education	1,583,700	9

To identify a subpopulation of high-priority families within each state, we estimate the number and percentage of families who meet *any 1 of 5* targeting criteria: (1) having an infant, (2) income below the federal poverty threshold, (3) pregnant women and mothers under 21, (4) single/never married mother or pregnant woman, or (5) parents without a high school education (see exhibit 4). 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 3 and 4: Author tabulations of American Community Survey, 2011–2015. Note: See [appendix 1 on page 28](#) for more detail on the data source and variable definitions.



**Exhibit 4. 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	18,269,100	100
<b>High-priority families</b>		
Pregnant women and families meeting any one of five targeting criteria	9,640,700	53
Pregnant women and families meeting two or more targeting criteria	4,103,100	22

More than half (53 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. In individual states, the percentage of high-priority families meeting at least 1 of the 5 criteria ranges from 43 percent in Utah to 62 percent in Mississippi ([see NHVRC State Profiles on page 48](#)). These estimates show that all states have large numbers of families who are likely to benefit from home visiting, even though actual targeting criteria differ from state to state and from program to program.

The characteristics of the children and families who could benefit from home visiting are described in exhibit 5. Half of the young children potentially eligible for home visiting services are preschool age (3–5 years) and 1 in 5 speak Spanish as their primary language at home. High-priority children meeting any one of the targeting criteria differ from the broader population of all potential beneficiaries in several ways; for example, they are more likely to be infants, enrolled in public health insurance, and cared for by parents and other adults who have not yet completed high school.

### Exhibit 5. Potential Beneficiaries of Early Childhood Home Visiting Services: Child and Family Characteristics

	Percentage of potential beneficiaries	Percentage of high-priority beneficiaries (meeting any 1 of 5 targeting criteria)
<b>Child age</b>		
< 1 year	16	29
1–2 years	34	29
3–5 years	50	42
<b>Primary language</b>		
English	72	68
Spanish	20	25
Other	9	7
<b>Child health insurance status</b>		
Private	50	31
Public	44	63
None	5	6
<b>Caregiver race</b>		
American Indian/Alaska Native	1	1
Asian or Pacific Islander	6	4
Black	14	19
White	69	63
Multiple	3	3
Other	7	9
<b>Caregiver ethnicity</b>		
Hispanic or Latino	23	29
<b>Caregiver education</b>		
Less than a high school education	11	21

## Who Provides Home Visiting?

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

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

### Home Visitors and Supervisors

Evidence-based home visiting models reported that more than 19,500 home visitors deliver evidence-based services nationwide. They reported employing more than 4,100 supervisors to support the workforce in delivering high-quality home visiting services to families.

The number of home visitors and supervisors varies by state and by funding source. For example, in 2016, Maryland had 54 full-time equivalent (FTE) home visitor positions and nearly 10 FTE supervisor positions funded by MIECHV. Other states reported employing as few as 3 FTE home visitors to as many as 115 FTE home visitors with MIECHV funding.

### Home Visitor Education

Agencies strive to employ home visitors who can foster connections with families and develop trusting relationships. Educational requirements vary across local agencies and models. The [NHVRC Model Profiles on page 156](#) provide more detail about educational requirements at the home visitor and supervisor levels. For more background information on the varying requirements states and agencies have for home visitors and supervisors regarding staffing levels, experience, and training, see our *2017 Home Visiting Yearbook* ([nhvrc.org/yearbook/2017-home-visiting-yearbook](http://nhvrc.org/yearbook/2017-home-visiting-yearbook)).

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Source for exhibit 5: Author tabulations of American Community Survey, 2011–2015. Note: Percentages may not add up to 100 due to rounding. Some children with public health insurance also have private health insurance. Child age, child health insurance status, and primary language are based on data for children, with some exceptions. Language for children under 4 years old is based on language of their mother or other primary caregiver; race and ethnicity are measured by family and based on race and ethnicity of mother or other primary caregiver; and caregiver education is based on data for parents(s) in household, including all parents in family or head of household if no parents are present.

## CHAPTER TWO

# 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 insight into states' varied contexts, which drive their decisions and priorities. For example, 8 percent of women used tobacco during pregnancy nationally, but the state average ranges from 2 percent in California to 25 percent in West Virginia. [Appendix 2 on page 36](#) 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 in each state relates to its population size, ranging from 28,900 potential beneficiaries in Vermont to more than 2 million in California. However, size does not necessarily relate to the percentage of beneficiaries who meet 1 or more targeting criteria (have an infant or are low income, single parent, parent or expectant parent under 21, or parent with less than a high school diploma). The percentage of high-priority families meeting at least 1 of 5 targeting criteria ranges from 43 percent in Utah to 62 percent in Mississippi and New Mexico.

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

States work hard to overcome these barriers. In 2016, the number of families served by state ranged from 240 to 33,077. Some states have an expansive network of local agencies implementing evidence-based home visiting. For example, Missouri has more than 300 local agencies implementing 5 models across the state, serving more than 33,000 families. Others have fewer local agencies but still reach many families.

Several states are exploring ways to use technology to enhance and improve services for children and families ([nhvrc.org/product/virtual-tools](http://nhvrc.org/product/virtual-tools)). Technology can help home visiting programs reduce geographic barriers to service delivery along with issues related to transportation, scheduling, and family engagement preferences. These innovations, paired with a commitment to family engagement, show the ways states work to expand their reach and deliver services to families in need.

## Where Can I Learn More About My State?

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

### NHVRC State Profiles

Provide state-level information, including families served and potential beneficiaries, from evidence-based models. See [page 48](#) 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 156](#) 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 188](#).



Our staff will receive psychological first aid training to address trauma from Hurricanes Irma and Maria. We are also preparing *parrandas* [Puerto Rico's version of holiday caroling] for all family participants, to change the bad feeling of the hurricanes' devastation.

**Nilsa Camareno Garcia, Puerto Rico-based home visiting  
program coordinator**

Photo courtesy of Maritza Camareno





# Take-Home Messages

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

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

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





## The *Data Supplement to the 2017 Home Visiting Yearbook* provides updated and expanded information about who receives, administers, and could benefit from home visiting:

- ✔ More than 300,000 families received evidence-based home visiting services in 2016 over the course of more than 3.8 million home visits.
- ✔ About 18 million pregnant women and families (including more than 23 million children) could benefit from home visiting but were not being reached in 2016. These numbers are roughly the same as in 2015.
- ✔ Evidence-based home visiting was implemented in all 50 states, the District of Columbia, 5 territories, 24 tribal communities, and 47 percent of U.S. counties in 2016.
- ✔ States continue to support home visiting by combining funds from tobacco settlements and taxes, lotteries, and budget line items. With limited resources, states are working to expand the reach of home visiting and serve as many families as they can in a way that makes sense on a local level.
- ✔ From 2010 to 2017, MIECHV strengthened home visiting by supporting services, research, and local infrastructure. In 2016, MIECHV helped fund services for more than 83,000 families in states, territories, and tribal organizations—a portion of the total families served by home visiting that year. MIECHV expired in September 2017 and, as of press time, had not been reauthorized.





This *Data Supplement* reflects our commitment to increasing stakeholder participation in data collection.

As we look ahead to future *Yearbooks*, we will continue to seek the best data possible and to share compelling stories that bring those data to life. We also hope to present trends in the data. Our work will benefit from state initiatives to coordinate early childhood services and systems and from model developers' efforts to improve their own data systems. These combined improvements will facilitate our ongoing work to connect the dots between home visiting as an evidence-based investment for children and its long-term dividends for individuals, families, and communities.

## APPENDIX 1

# Methodology

The NHVRC team relied on data from multiple sources to develop the national summary of home visiting participants and state profiles. The team gathered quantitative data from publicly available datasets, MIECHV administrative data, evidence-based model administrative data, and NHVRC surveys. This *Data Supplement* combines 2016 data from various sources to describe—

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



# Model and MIECHV Data

## Data Collection Updates

Home visiting participant data were underreported in the *2017 Home Visiting Yearbook*. The NHVRC was emerging as a new entity in the field; because we were just beginning to build relationships with models and states, not all of them participated in our initial data collection. After the release of the *2017 Home Visiting Yearbook* in July, more models and states were willing to engage with our request for data. For example, 14 models shared counts of the number of home visits they provided and children and families served—double the number that had participated previously. The data collection process for the *Data Supplement* was also more streamlined, partially as a result of increased enthusiasm for the NHVRC's products and experience gleaned from the first data request.

## Sample and Recruitment

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

The team received data from—

- State and territory MIECHV agencies (52 of 56)
- Evidence-based models (14 of 15)
- National tribal MIECHV program (1 of 1)

## Model Administrative Data

We contacted each of the 15 home visiting models operating in the United States in 2016 that met U.S. Department of Health and Human Services criteria for evidence of effectiveness at that time: ABC, Child First, EHS, Family Check-Up, Family Connects, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PAT, PALS, and SafeCare. We also reached out to two evidence-based models operating internationally: Early Start in New Zealand and Healthy Beginnings in Australia. We have included model profiles for both, but their service numbers are not included in the data presented within the *Data Supplement*.

The team sent emails inviting each model to share data on the characteristics of participants served in 2016 and a list of the local agencies that served them. To the extent possible, we requested that participant demographic data mirror MIECHV administrative data required for federal reporting, so we could align model data with data shared by state MIECHV agencies.

The full data request includes the following variables:

### Local agency characteristics

- Agency names and addresses
- Geographic service areas
- Total number of FTE home visitors implementing the model at the end of 2016
- Total number of FTE supervisors implementing the model at the end of 2016

### Participant characteristics

- Total number of children served in 2016
- Total number of families/households served in 2016
- Total number of home visits completed in 2016
- Caregiver ethnicity
- Caregiver race
- Caregiver educational attainment
- Child age
- Caregiver age
- Child insurance status
- Primary language exposure of child
- Low-income status

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

- Fourteen models shared local agency information: ABC, Child First, EHS, Family Check-Up, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PAT, PALS, and SafeCare.
- Fourteen models shared service numbers: ABC, Child First, EHS, Family Check-Up, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PAT, PALS, and SafeCare.
  - Eleven of the models provided data on the number of home visits completed: ABC, Child First, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, and PAT.
  - Twelve of the models provided data on the number of families served: ABC, Child First, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, PAT, and SafeCare.

- Thirteen of the models provided data on the number of children served: ABC, Child First, EHS, Family Check-Up, Family Spirit, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PALS, and PAT.
- Ten models shared participant data: Child First, EHS, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PAT, and SafeCare. The following details describe aggregated model data by each variable:
  - Ethnicity includes data from EHS, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, PAT, and SafeCare. HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, and SafeCare reported ethnicity for adult participants. EHS reported ethnicity for children and pregnant caregivers. PAT reported ethnicity for children.
  - Race includes data from EHS, HANDS, HFA, HIPPY, MECSH, NFP, and PAT. HANDS, HFA, HIPPY, MECSH, 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 EHS, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, and PAT.
  - Child age includes data from EHS, HANDS, HFA, HIPPY, MECSH, Minding the Baby, NFP, and PAT.
  - Child insurance includes data from EHS, HANDS, HFA, HIPPY, MECSH, and NFP. Public insurance includes Medicaid, CHIP, and Tri-Care. HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment.
  - Primary language includes data from EHS, HFA, HIPPY, MECSH, NFP, PAT, and SafeCare. EHS reported primary language for children and pregnant caregivers. HIPPY, MECSH, and NFP reported primary language of children. HFA, PAT, and SafeCare reported primary language of adult participants.

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

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

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

## MIECHV Administrative Data

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

The following number of agencies supplied MIECHV administrative data:

- State MIECHV agencies (52 of 56)
- National tribal MIECHV program (1 of 1)

We used the state MIECHV administrative data reports to produce the MIECHV State Data Tables presented [on page 188](#).

## Surveys

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

- Models that did not complete the survey last year
- Models that recently received an evidence-based designation from the Home Visiting Evidence of Effectiveness project
- Models operating internationally only

The survey covered content related to program, participant, and community characteristics; service capacity and enrollment; program implementation; and funding. Models were asked to share programmatic data, not individually identifiable information. All models had the opportunity to review their program information and to include updates prior to the release of the *Data Supplement*, including models that completed their surveys during the data collection for the *2017 Home Visiting Yearbook*. Survey data were used to develop the model profiles featured [on page 156](#).

## Data Analysis

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

NHVRC staff double-entered state MIECHV administrative data to ensure accuracy before the software analysis.

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

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



# American Community Survey Data and Documentation

The *Data Supplement* 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 2015 ACS 5-year (2011–2015) file, accessed through the Integrated Public Use Microdata Series (IPUMS).<sup>1</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.

## 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 in first grade or higher, as a proxy estimate of pregnant women without a child under age 6 not yet enrolled in kindergarten (assuming rough stability in the number of births from 1 year to the next). We multiply the number of families with infants by 0.75 to account for 9-month pregnancy.<sup>2</sup>

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

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

## 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 1 of 5 different economic and demographic criteria (as defined below) and the number of families that meet at least two such criteria. We conferred with the NHVRC Advisory Committee to select our targeting criteria. Although other criteria could also be considered, we chose these because they align with several of the priority areas from the MIECHV legislation, they align with several of the model requirements for enrollment, and they are available in the ACS.

## Targeting Criteria

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

- Presence of an infant; that is, a child younger than 1 year old. *By definition, none of the pregnant women without children under 6 meet this criterion.*
- Low income, where family income is below 100 percent of federal poverty threshold.
- Young mother or young pregnant woman. *We define young as under 21 years old.*<sup>3</sup>
- 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>4</sup>

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<sup>3</sup> This represents a change from the 2017 *Home Visiting Yearbook*, in which we defined “young” as under age 21 for mothers and under age 20 for pregnant women. The new specification is consistent with MIECHV, which classifies pregnant women under age 21 as high-priority families.

<sup>4</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 only.

## APPENDIX 2

# Maternal and Child Health Data and Documentation

We compiled data from several national databases to identify the extent of the need for home visiting services based on maternal and child health indicators beyond the demographic characteristics captured in the American Community Survey (ACS).

We selected these indicators because they are commonly recognized in the field as indicators of child well-being, and they align with the goals of many home visiting programs to promote healthy birth outcomes and long-term child health and development. Included in this appendix are definitions of the indicators and sources of our information. Tables provide national and state data regarding each of these variables.

## No or Delayed Prenatal Care

No or delayed prenatal care gives the percentage of mothers who, on their child's birth certificate, report not receiving prenatal care before their third trimester or at all in 2015. 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, two states' data are not included: Connecticut and New Jersey. These percentages exclude births categorized as "not stated," "not on certificate," or "excluded" from the total number of births. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2015). *Nativity public-use data 2007–2015* [CDC WONDER Online Database, October 2017]. Retrieved from <https://wonder.cdc.gov>

## Used Tobacco During Pregnancy

Used tobacco during pregnancy gives the percentage of mothers who used tobacco during pregnancy in 2015. 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, two states' data are not included in available public records: Connecticut and New Jersey. Please note that these percentages exclude births categorized as "not stated," "not on certificate," or "excluded" from the total number of births. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2015). *Nativity public-use data 2007–2015* [CDC WONDER Online Database, October 2017]. Retrieved from <https://wonder.cdc.gov>

## Preterm Births

Preterm births is the percentage of births to women in 2015 where the gestational age was less than 37 weeks. This includes all births to women aged 15–64 occurring within the United States to residents and nonresidents. **Source:** Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Mathews, T. J. (2017). Births: Final data for 2015. Supplemental tables. Table I-8. Preterm births, by race and Hispanic origin of mother: United States, each state and territory, 2015. *National Vital Statistics Reports*, 66(1).

## Infant Mortality

Infant mortality gives the rate of infant (under 1 year) deaths per 1,000 live births in 2015. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2015). *Nativity public-use data 2007–2015* [CDC WONDER Online Database, October 2017]. Retrieved from <https://wonder.cdc.gov>

## Emergency Room Visits

Emergency room visits gives the share of children aged 0–5 who visited the emergency room 1 or more times because of an accident or injury in the past 12 months. The full population sample, pooled from 2010 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. Retrieved from <http://www.childhealthdata.org>

## Child Abuse

Child abuse gives the rate per 1,000 children aged 0–17 with substantiated reports of child abuse or neglect in 2015. In the National Child Abuse and Neglect Data System (NCANDS), a substantiated disposition is one that “concludes the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy.” A victim is defined as a child for whom the state determined at least one reported incidence of maltreatment was substantiated or indicated,<sup>1</sup> or the child received a disposition of “alternative response” victim.<sup>2</sup> **Source:** U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2017). *Child maltreatment 2015*. Retrieved from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>

## Breastfeeding

Breastfeeding gives the percentage of infants born in 2014 who were ever breastfed or fed breast milk. **Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. (2016). *National Immunization Survey*. Retrieved from [https://www.cdc.gov/breastfeeding/data/nis\\_data/rates-any-exclusive-bf-state-2014.htm](https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-state-2014.htm)

## Fourth-Grade Reading Proficiency

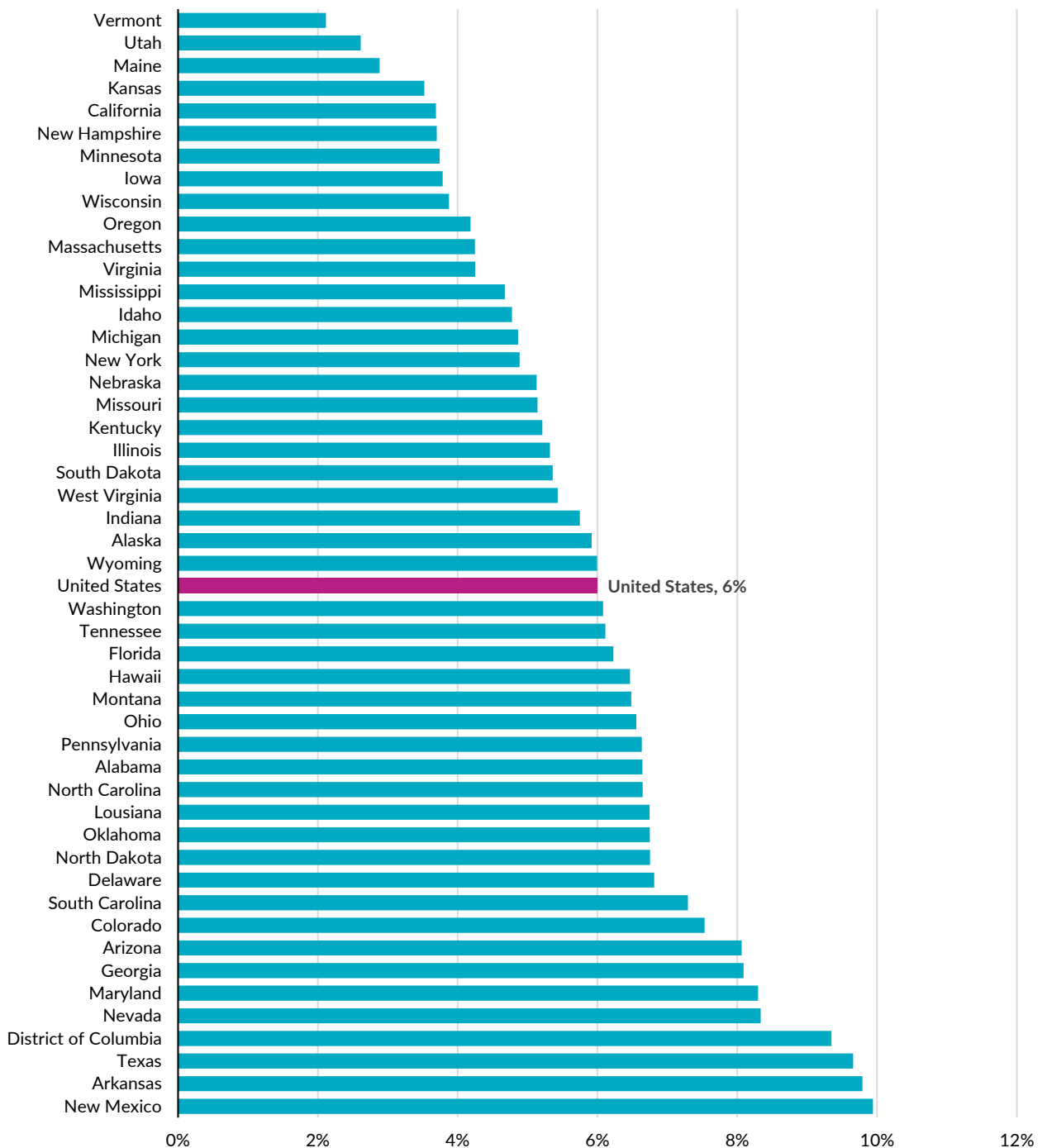
Fourth-grade reading proficiency gives the percentage of fourth-grade public school students in the United States who scored at or above proficiency level in reading in 2015. Public schools include charter schools and exclude Bureau of Indian Education schools and Department of Defense Education Activity schools. These are the same data as those found in the 2017 *Home Visiting Yearbook* because more recent data were not available; the 2017 data will be available in 2018. **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 <https://nces.ed.gov/nationsreportcard/naepdata>

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

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



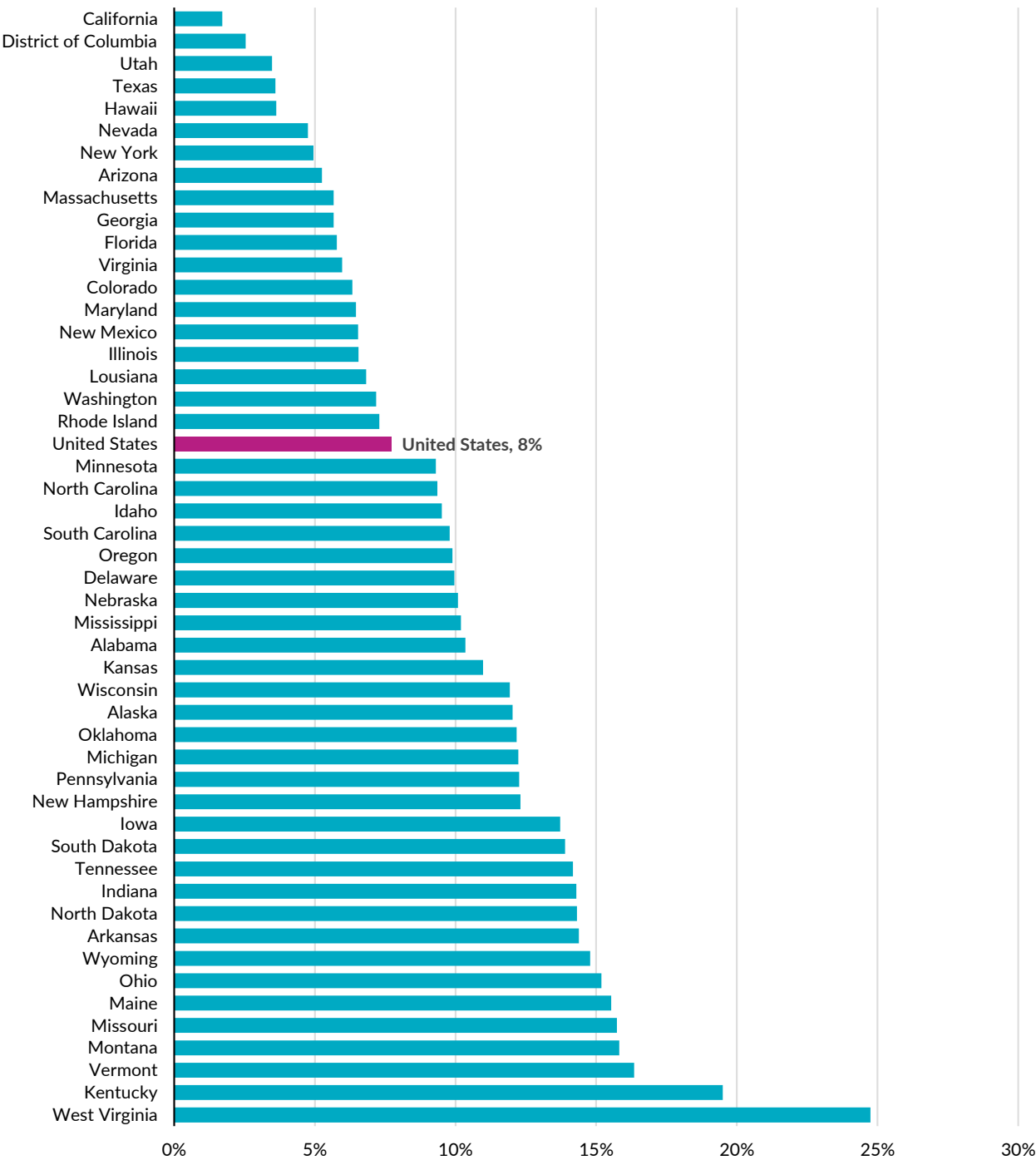
## Delayed or No Prenatal Care, 2015



**Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2015). *Nativity public-use data 2007–2015* [CDC WONDER Online Database, October 2017]. Retrieved from <https://wonder.cdc.gov>

**Note:** Data are recorded as "excluded" for births to mothers residing in a reporting area that continued to use the 1989 U.S. standard certificate of live birth in the specified year. In 2015, this includes Connecticut and New Jersey.

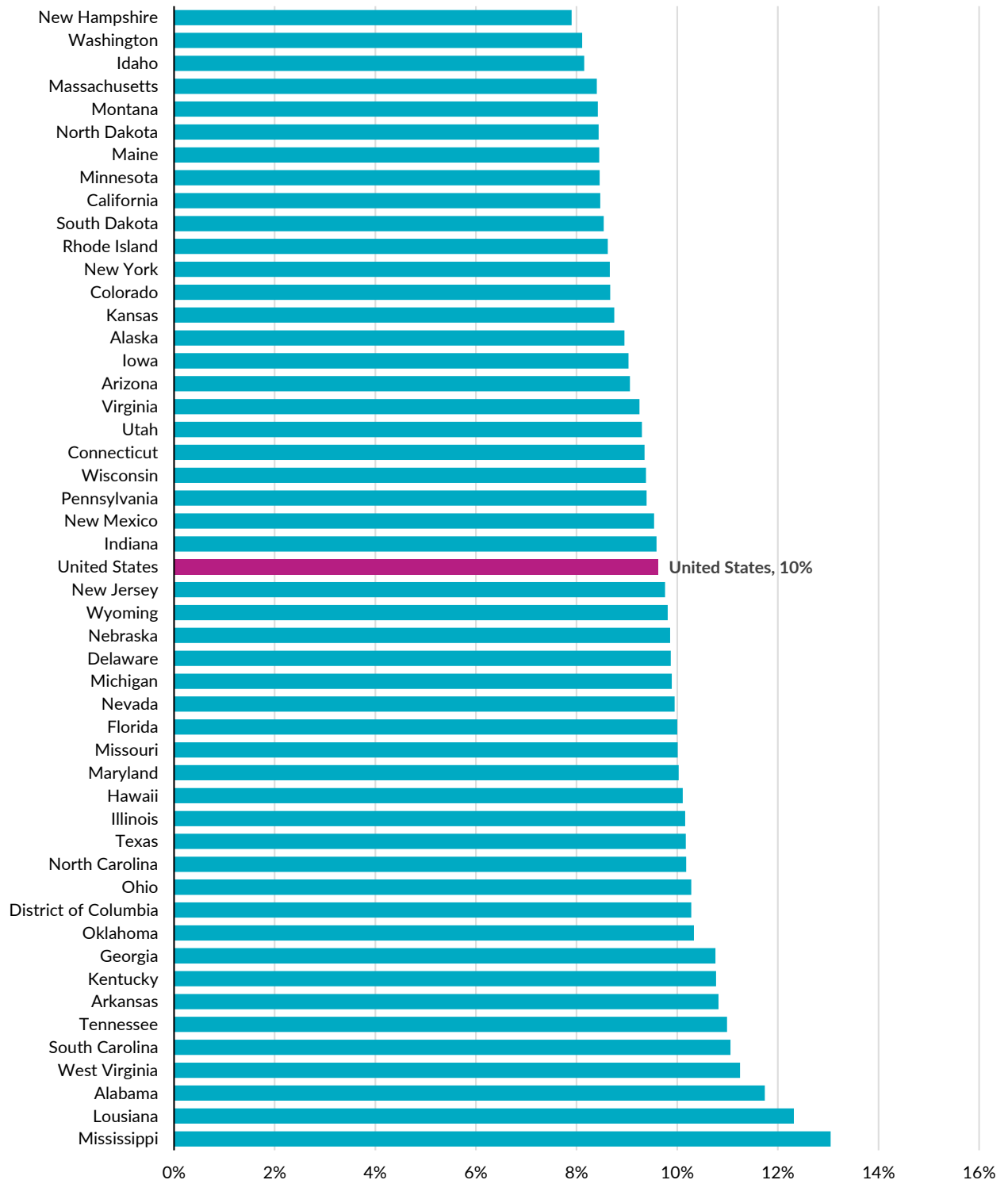
# Mothers Using Tobacco While Pregnant, 2015



**Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2015). *Nativity public-use data 2007–2015* [CDC WONDER Online Database, October 2017]. Retrieved from <https://wonder.cdc.gov>

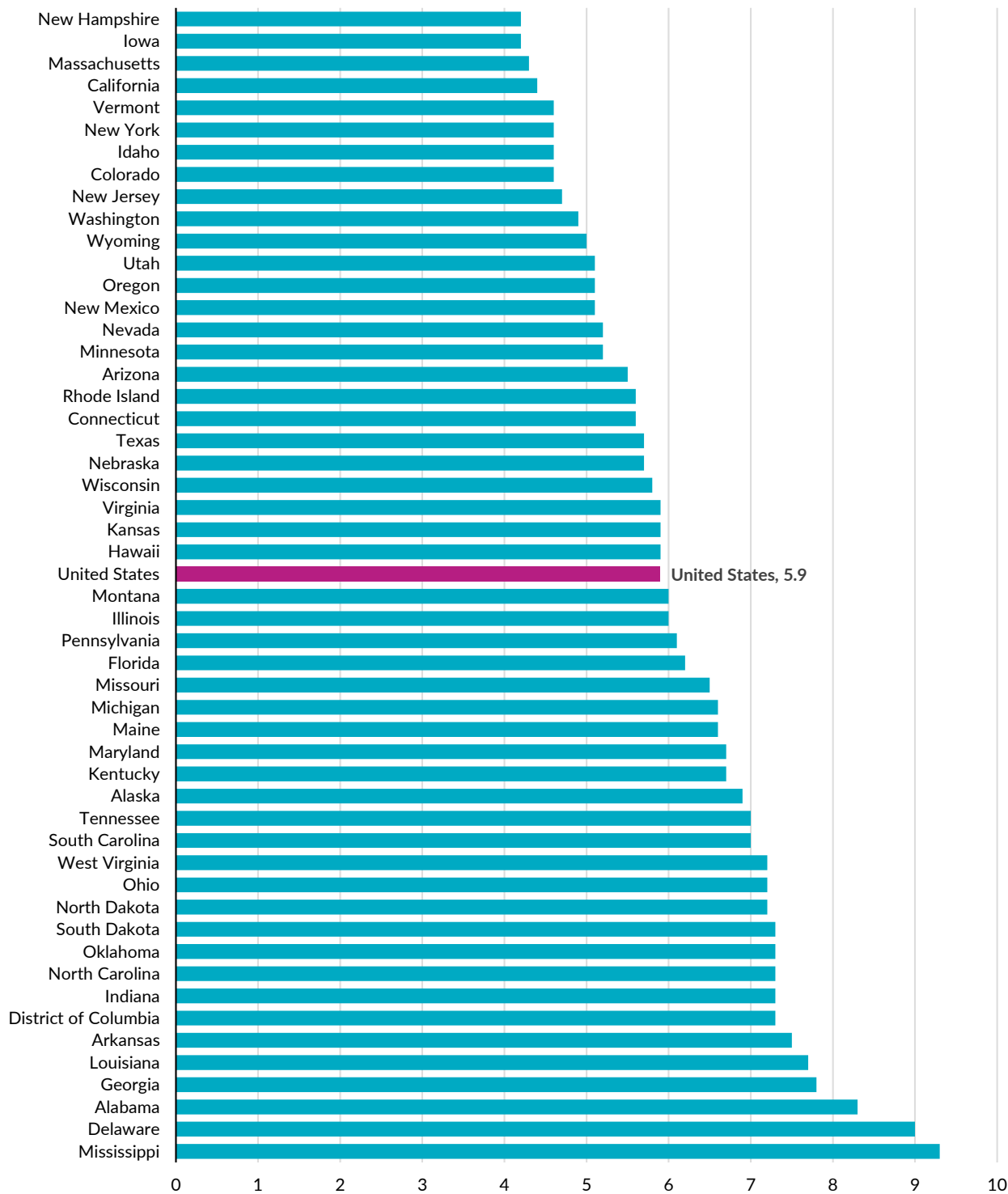
**Note:** Data are recorded as "excluded" for births to mothers residing in a reporting area that continued to use the 1989 U.S. standard certificate of live birth in the specified year. In 2015, this includes Connecticut and New Jersey.

## Preterm Births, 2015



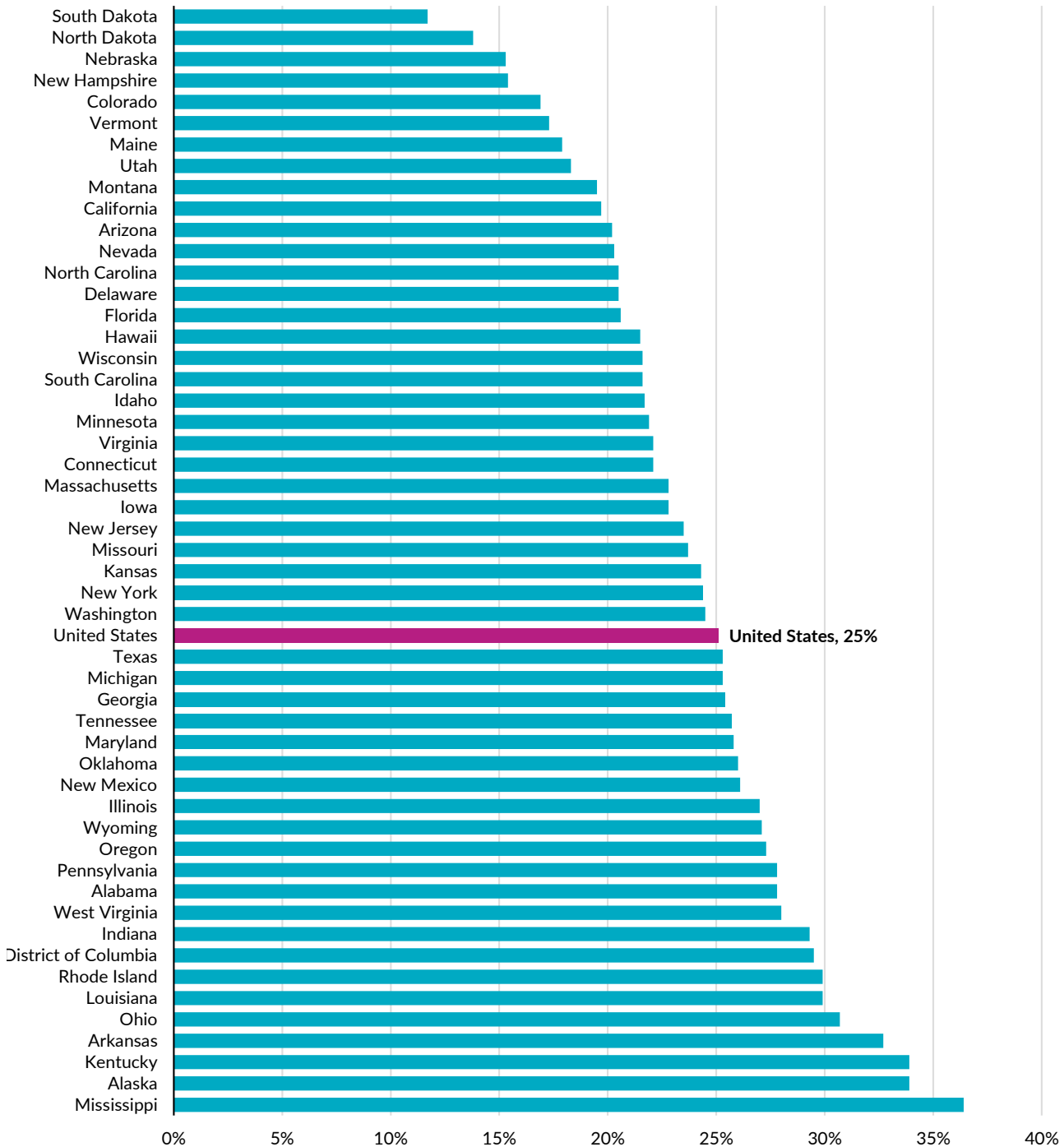
**Source:** Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Mathews, T. J. (2017). Births: Final data for 2015. Supplemental tables. Table I-8. Preterm births, by race and Hispanic origin of mother: United States, each state and territory, 2015. *National Vital Statistics Reports*, 66(1).

# Infant Mortality per Thousand, 2015



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. (2015). *Nativity public-use data 2007–2015* [CDC WONDER Online Database, October 2017]. Retrieved from <https://wonder.cdc.gov>

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

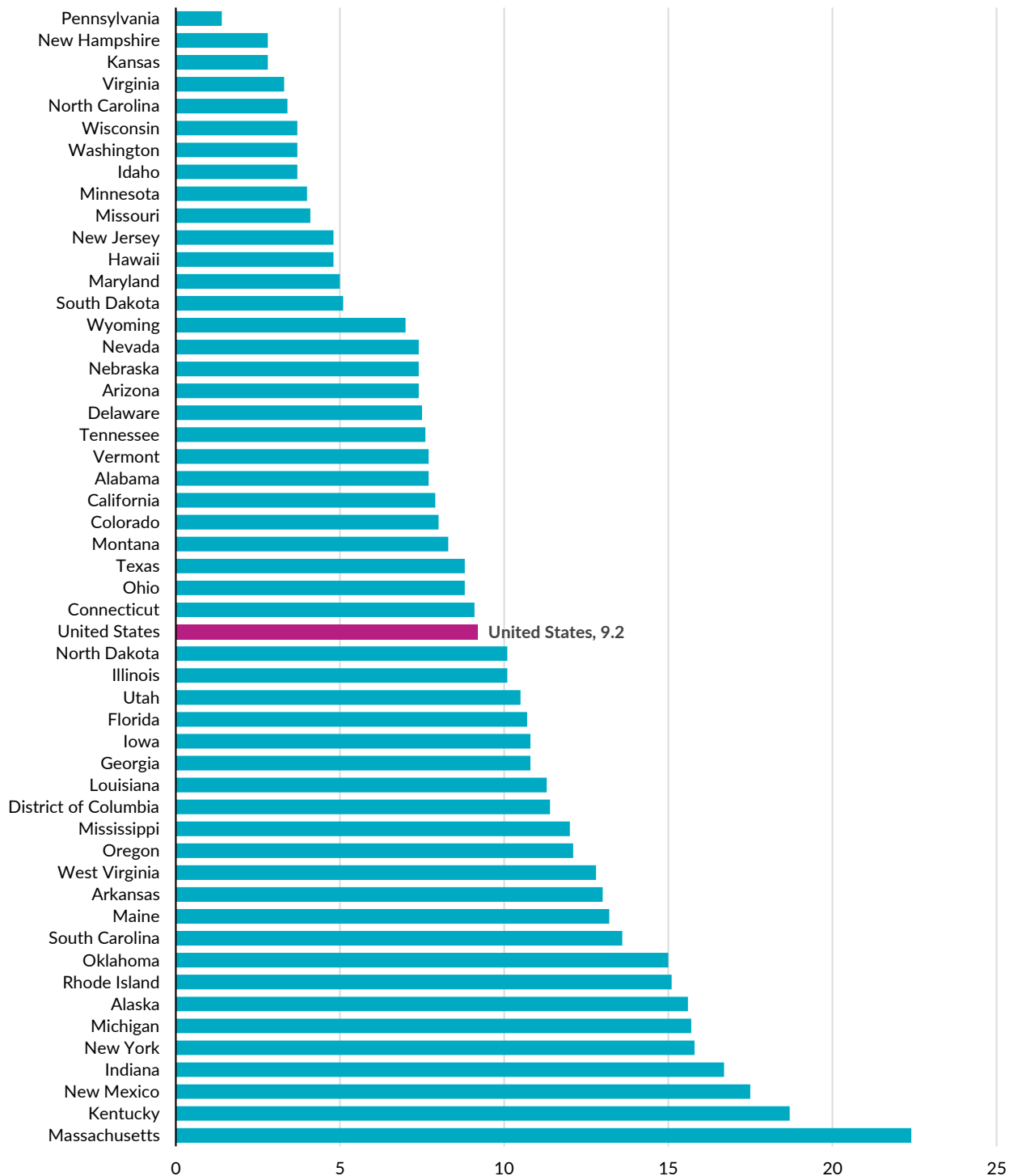


**Source:** National Health Interview Survey-Child and Family Core. NHIS-Child 2010–2013. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health web site. Retrieved from [www.childhealthdata.org](http://www.childhealthdata.org)

**Note:** This figure represents only children ages 0 to 5 with at least one emergency room visit. The full population sampled is non-institutionalized children in the U.S. ages 0 to 17, and it is weighted to be representative of that subgroup of the U.S. population.

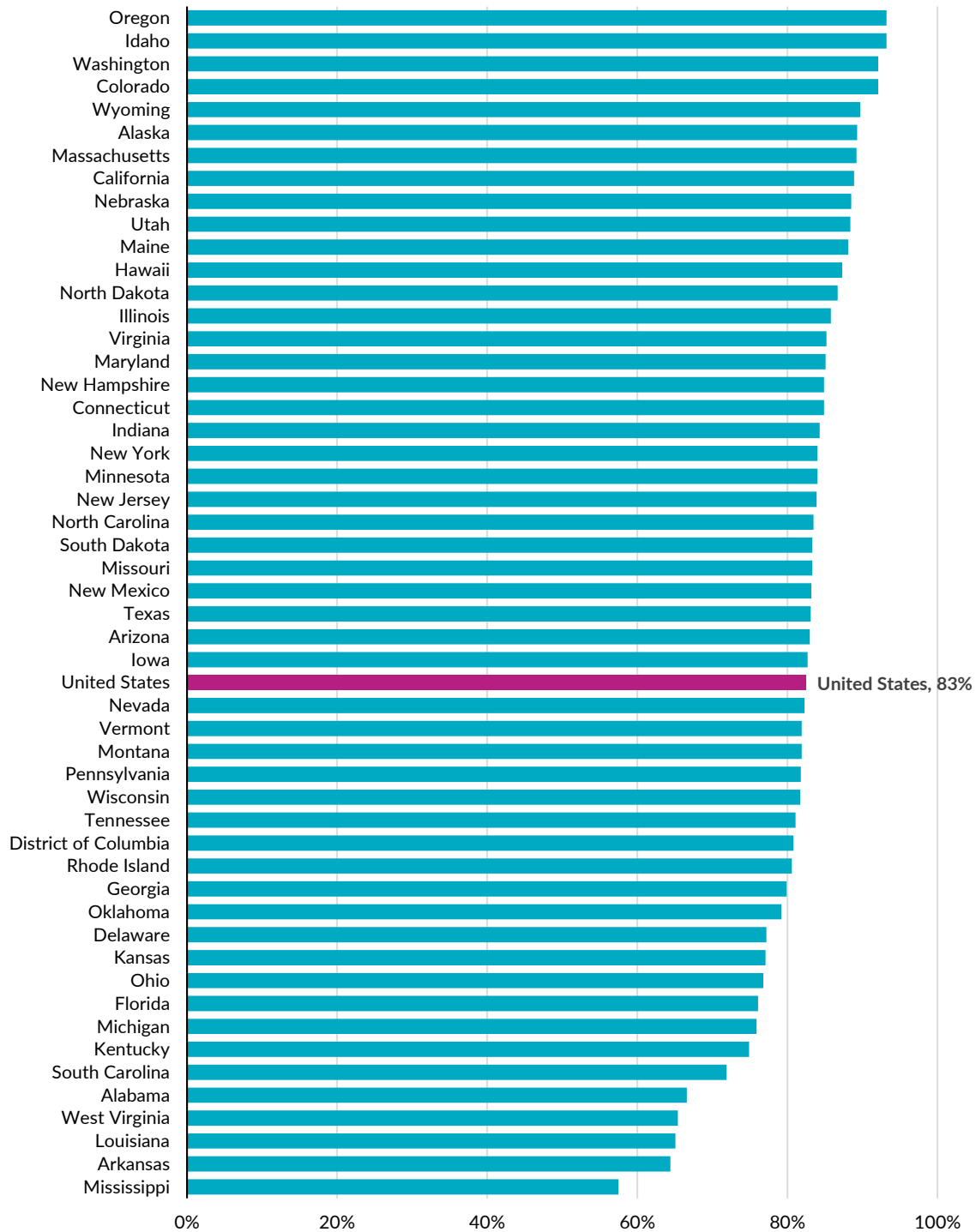


## Reports of Child Abuse per Thousand, 2015



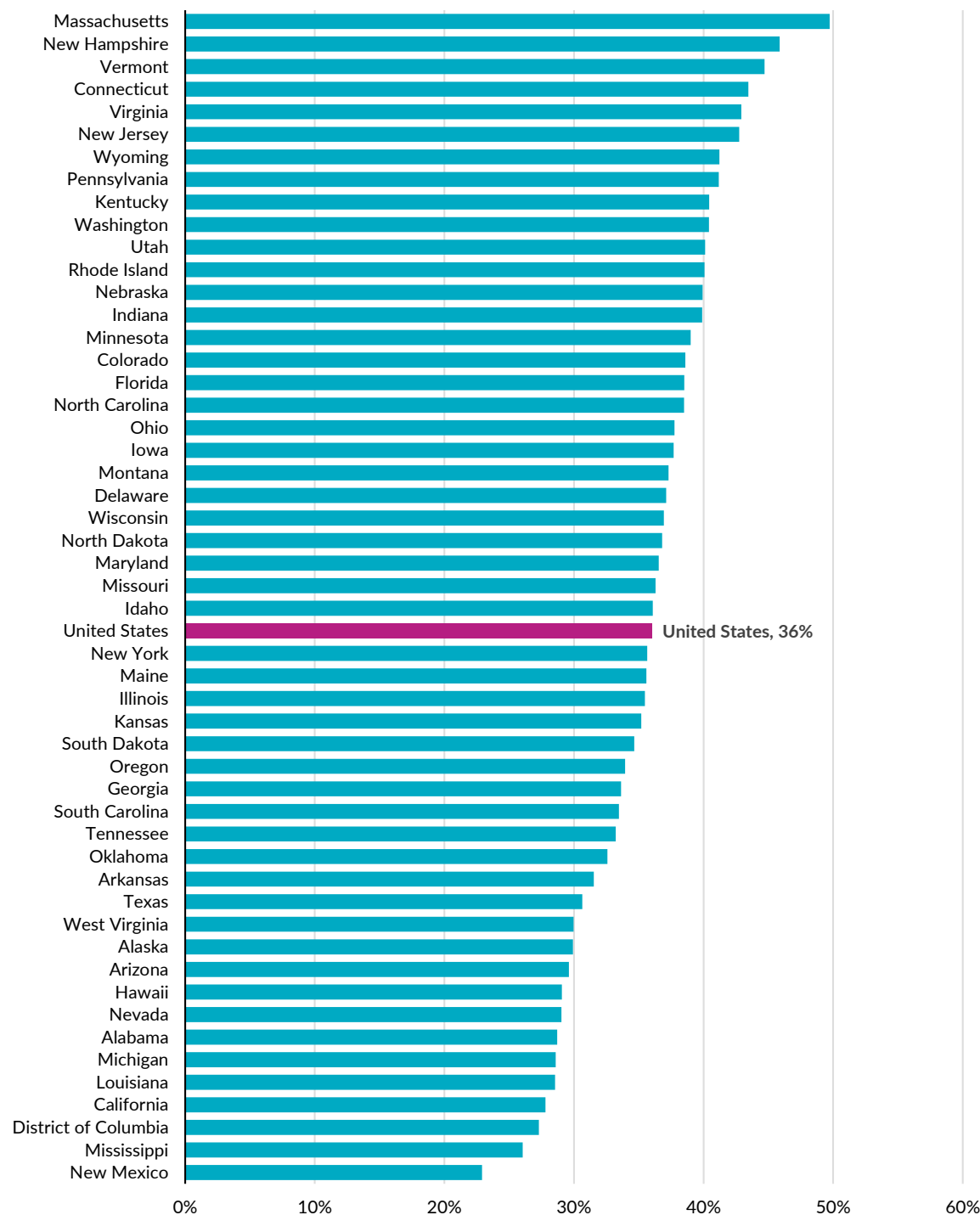
**Source:** U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). *Child maltreatment 2015*. Retrieved from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>

## Mothers Who Initiated Breastfeeding, 2014



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

# 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 <https://nces.ed.gov/nationsreportcard/naepdata/>

## APPENDIX 3

# References

- i. “Maternal, Infant, and Early Childhood Home Visiting Program,” Social Security Act, Title V, Section 511 (42 U.S.C. § 711), as amended by the Patient Protection and Affordable Care Act, § 2951 (P.L. 111-148). Catalog of Federal Domestic Assistance, <https://www.cfda.gov/index?s=program&mode=form&tab=core&id=02d630ef50978958f2cec65ff30c454a>
- ii. Gottman, J. M., & Notarius, C. I. (2000). Decade review: Observing marital interaction. *Journal of Marriage and Family*, 62(4), 927–947.
- iii. Kluwer, E. S., & Johnson, M. D. (2007). Conflict frequency and relationship quality across the transition to parenthood. *Journal of Marriage and Family*, 69(5), 1089–1106.
- iv. Isaacs, J. B. (2012). Starting school at a disadvantage: The school readiness of poor children. Washington, DC: Brookings Institution.
- v. Jaffee, S., Caspi, A., Moffitt, T. E., Belsky, J. A. Y., & Silva, P. (2001). Why are children born to teen mothers at risk for adverse outcomes in young adulthood? Results from a 20-year longitudinal study. *Development and Psychopathology*, 13(2), 377–397.
- vi. Stier, D. M., Leventhal, J. M., Berg, A. T., Johnson, L., & Mezger, J. (1993). Are children born to young mothers at increased risk of maltreatment? *Pediatrics*, 91(3), 642–648.

# NHVRC State Profiles

The NHVRC State Profiles compile data on evidence-based early childhood home visiting services in states, territories, and tribal communities. The profiles include 2016 data from several sources. Service numbers and participant demographic information come from data provided by 14 evidence-based models and reflect participants served with MIECHV and non-MIECHV funding. The profiles also include census information from the American Community Survey on who could benefit from home visiting.



## NHVRC State Profiles Contents

Alabama	51	Kentucky	85	Ohio	121
Alaska	53	Louisiana	87	Oklahoma	123
American Samoa*		Maine	89	Oregon	125
Arizona	55	Maryland	91	Pennsylvania	127
Arkansas	57	Massachusetts	93	Puerto Rico*	
California	59	Michigan	95	Rhode Island	129
Colorado	61	Minnesota	97	South Carolina	131
Connecticut	63	Mississippi	99	South Dakota	133
Delaware	65	Missouri	101	Tennessee	135
District of Columbia	67	Montana	103	Texas	137
Florida	69	Nebraska	105	Utah	139
Georgia	71	Nevada	107	Vermont	141
Guam*		New Hampshire	109	Virginia	143
Hawaii	73	New Jersey	111	Virgin Islands*	
Idaho	75	New Mexico	113	Washington	145
Illinois	77	New York	115	West Virginia	147
Indiana	79	North Carolina	117	Wisconsin	149
Iowa	81	Northern Mariana Islands*		Wyoming	151
Kansas	83	North Dakota	119	Tribal Profile**	153

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

\*\* For tribal home visiting, we include an aggregate profile presenting information about all tribal MIECHV awardees. This profile uses national data provided by the Administration for Children and Families and reflects MIECHV-funded home visiting only.

## What to Expect in the NHVRC State Profiles

The NHVRC State Profiles include 2016 data from several sources. Evidence-based models provided service numbers and demographic information on participants served with MIECHV and non-MIECHV funding. Data on who could benefit from home visiting come from the American Community Survey.

The profiles provide state-specific answers to the following questions:

### How many children and families benefited from home visiting?

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

### What types of families benefited from home visiting?

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

### Who could have benefited from home visiting?

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

In some cases, information was not available; for example, information was not available on several territories, and individual tribal home visiting information was also not available. Instead of individual tribal profiles, we include an aggregate profile presenting information about all tribal MIECHV awardees. This profile captures only MIECHV-funded home visiting and comes from Administration from Children and Families national data, not from the model data.

More information about the methods used to create the state profiles is in appendix 1. To see characteristics of participants served by MIECHV funds only, visit the MIECHV State Data Tables [on page 188](#).

## STATE PROFILE – ALABAMA

## Families Served Through Evidence-Based Home Visiting in 2016

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, 47 local agencies operated at least one of these models.


**58,376**

home visits provided

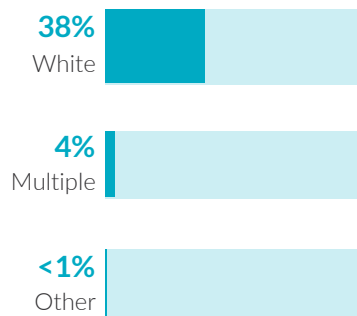
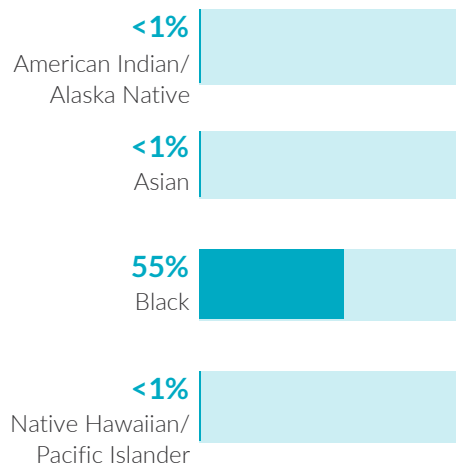

**3,852**

families served

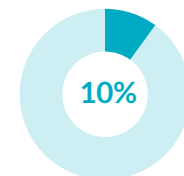

**4,615**

children served

## Race

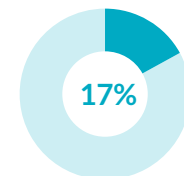


## Ethnicity



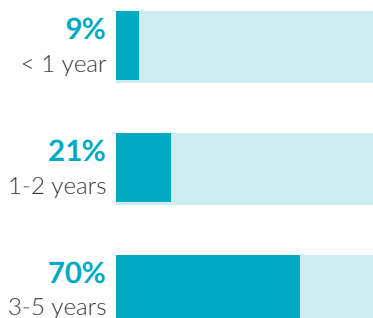
Hispanic or Latino

## Caregiver education

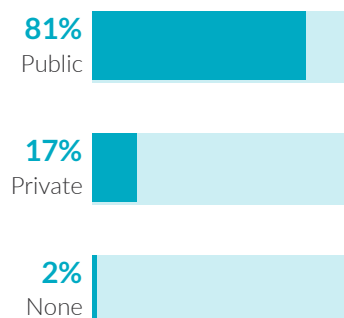


No high school diploma

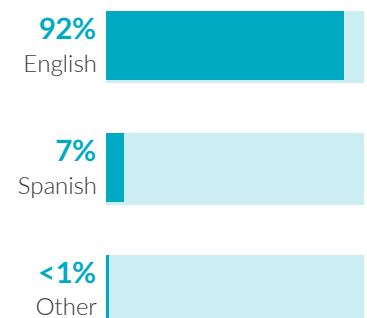
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – ALABAMA

Potential Beneficiaries in 2016

In Alabama, there were 280,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 346,900 children.

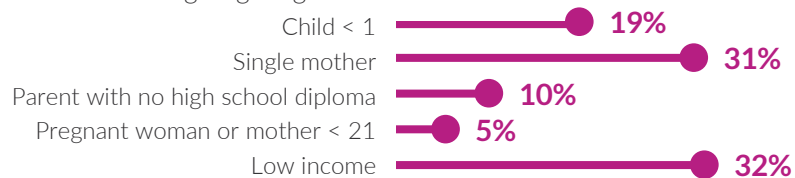
346,900  
children  
could benefit from  
home visiting

Of the 346,900 children who could benefit—

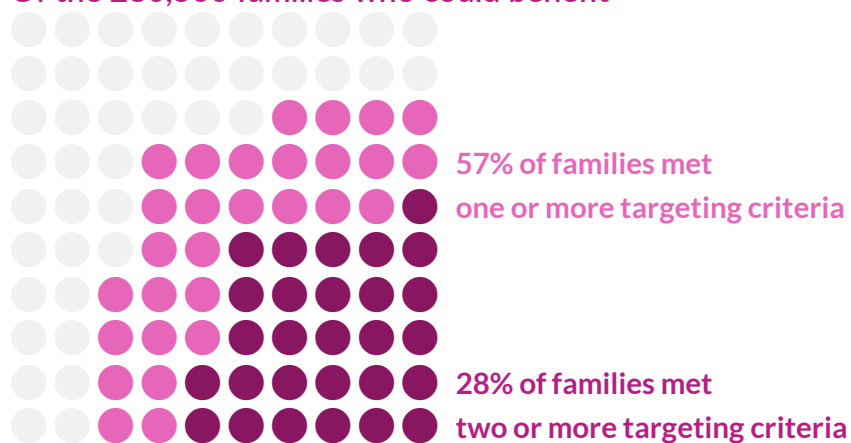
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
56,600 16%	114,700 33%	175,600 51%

280,500  
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 Alabama who met the following targeting criteria:



Of the 280,500 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • Percentages may not add to 100% due to rounding. • EHS programs in AL 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. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the *Data Supplement to the 2017 Home Visiting Yearbook*.



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## STATE PROFILE – ALASKA

## Families Served Through Evidence-Based Home Visiting in 2016

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


**10,157**

home visits provided

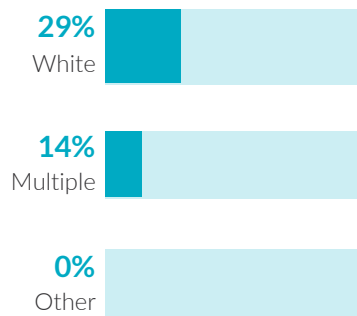
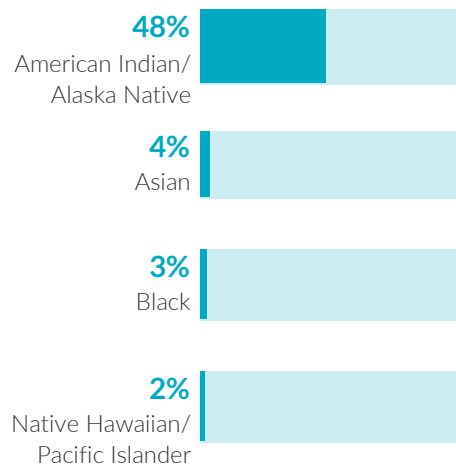

**1,102**

families served

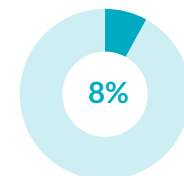

**979**

children served

## Race

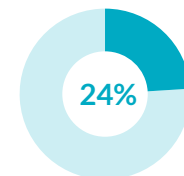


## Ethnicity



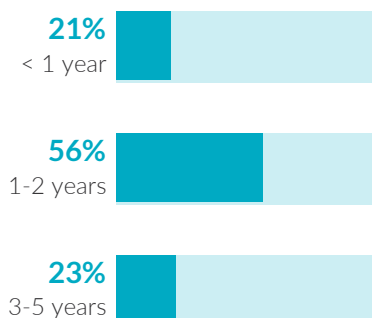
Hispanic or Latino

## Caregiver education

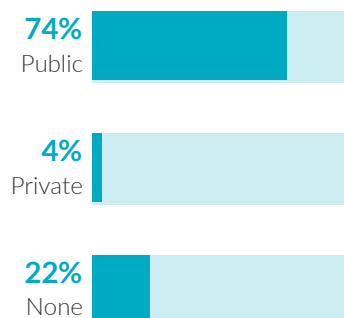


No high school diploma

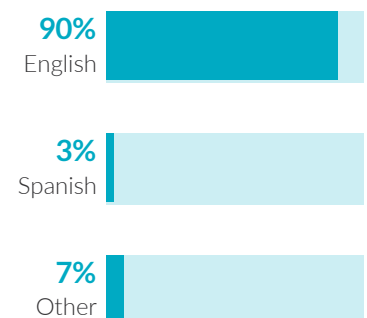
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – ALASKA

Potential Beneficiaries in 2016

In Alaska, there were 48,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 63,500 children.

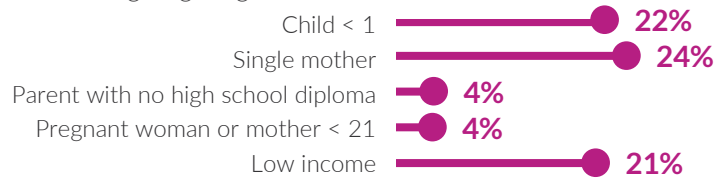
63,500  
children  
could benefit from  
home visiting

Of the 63,500 children who could benefit—

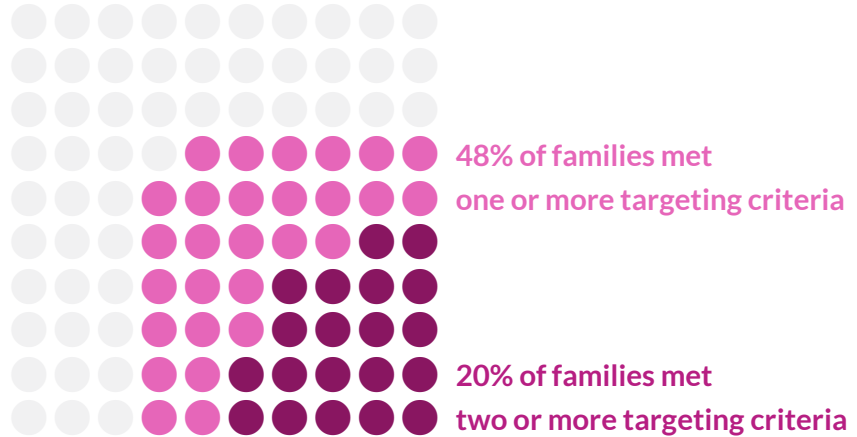
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
10,700 17%	21,800 34%	31,000 49%

48,300  
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 Alaska who met the following targeting criteria:



Of the 48,300 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – ARIZONA

## Families Served Through Evidence-Based Home Visiting in 2016

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



187,336

home visits provided



10,877

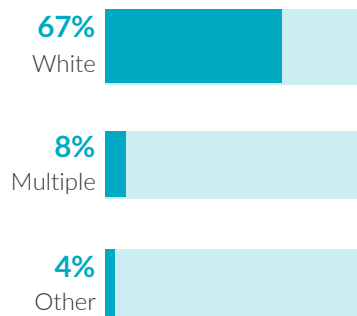
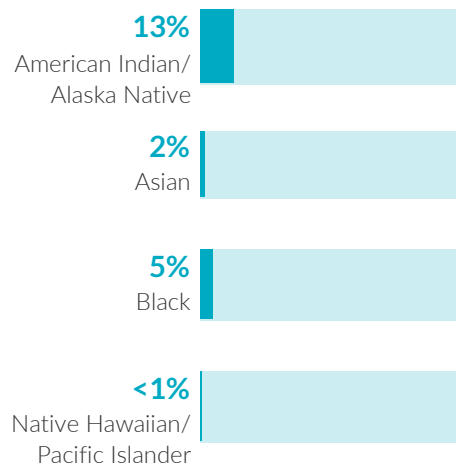
families served



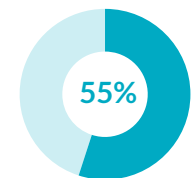
11,659

children served

## Race

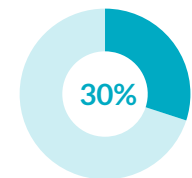


## Ethnicity



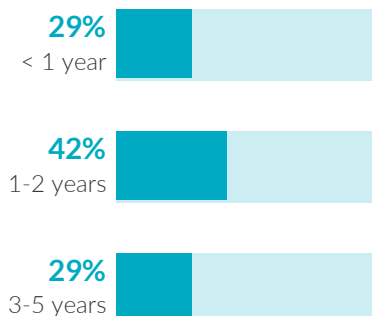
Hispanic or Latino

## Caregiver education

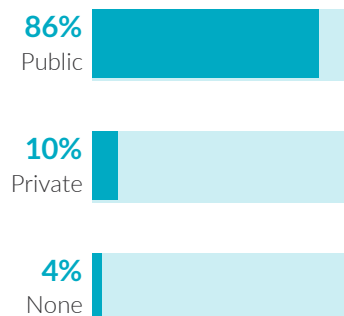


No high school diploma

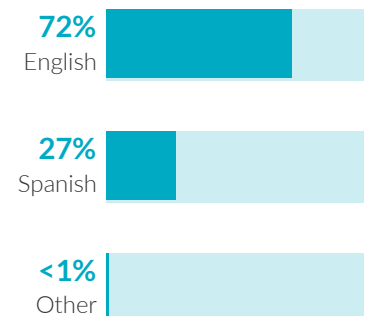
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – ARIZONA

Potential Beneficiaries in 2016

In Arizona, there were 390,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 509,700 children.

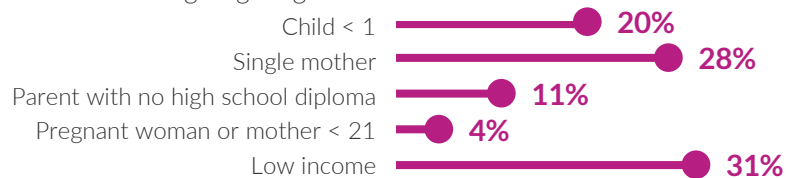
509,700  
children  
could benefit from  
home visiting

Of the 509,700 children who could benefit—

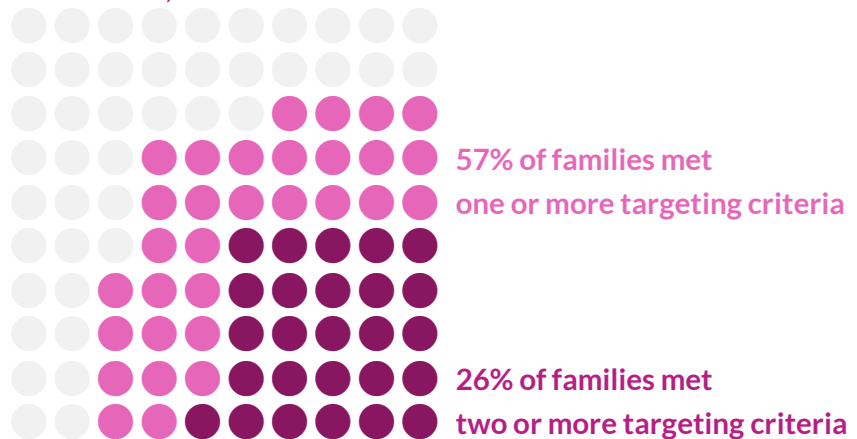
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
82,400 16%	170,200 33%	257,100 51%

390,900  
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 Arizona who met the following targeting criteria:



Of the 390,900 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • FCU reports children served only. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – ARKANSAS

## Families Served Through Evidence-Based Home Visiting in 2016

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, 66 local agencies operated at least one of these models.



136,955

home visits provided



6,045

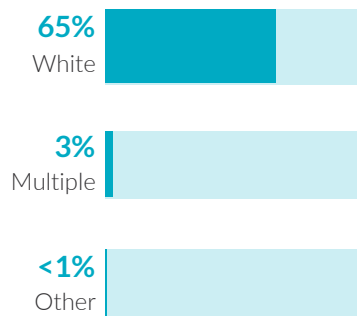
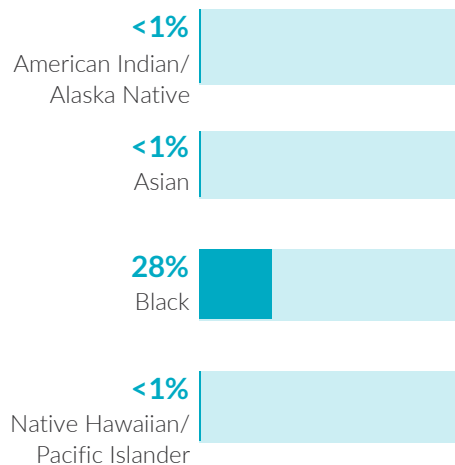
families served



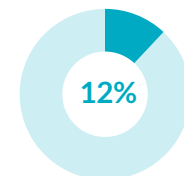
6,904

children served

## Race

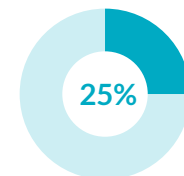


## Ethnicity



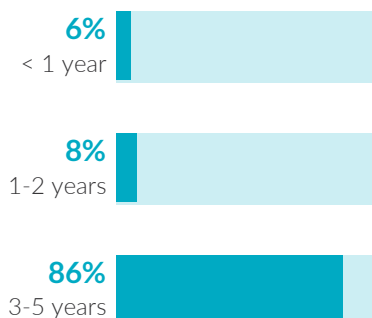
Hispanic or Latino

## Caregiver education

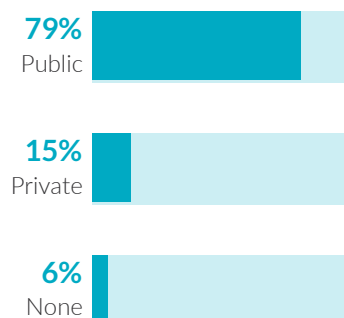


No high school diploma

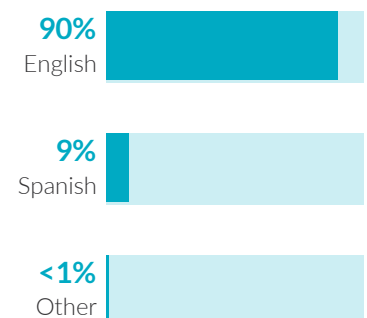
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – ARKANSAS

Potential Beneficiaries in 2016

In Arkansas, there were 175,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 226,800 children.

226,800  
children  
could benefit from  
home visiting

Of the 226,800 children who could benefit—

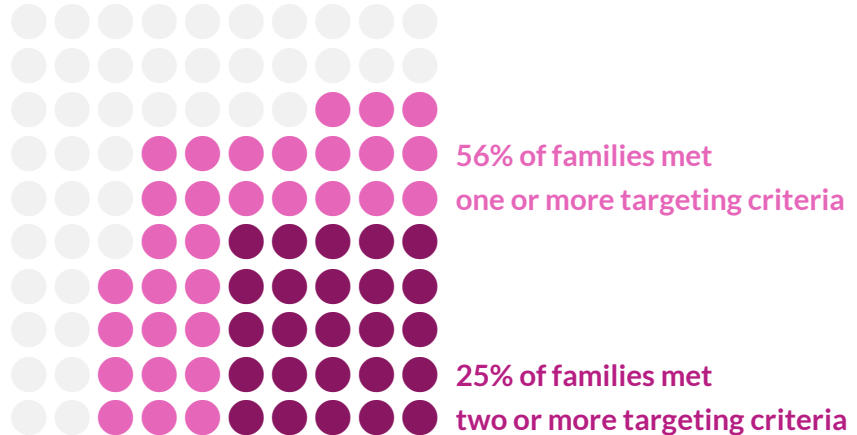
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
35,700 16%	75,400 33%	115,700 51%

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 Arkansas who met the following targeting criteria:



Of the 175,800 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS programs in AR include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • HFA reports primary language of caregivers. • HIPYP public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – CALIFORNIA

## Families Served Through Evidence-Based Home Visiting in 2016

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, 201 local agencies operated at least one of these models.



174,166

home visits provided



16,216

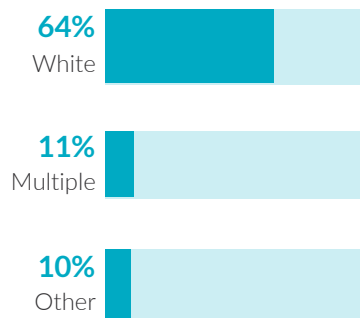
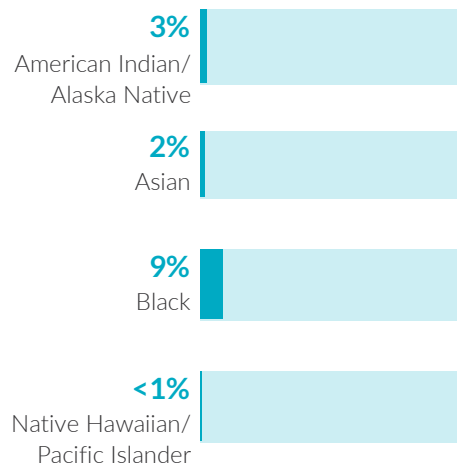
families served



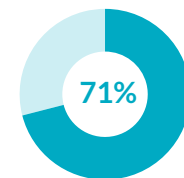
14,909

children served

## Race

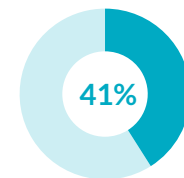


## Ethnicity



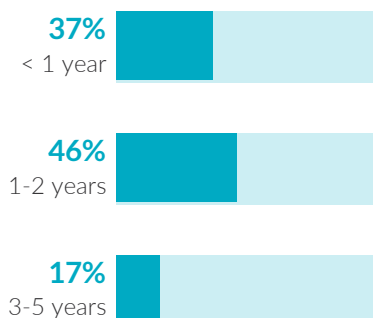
Hispanic or Latino

## Caregiver education

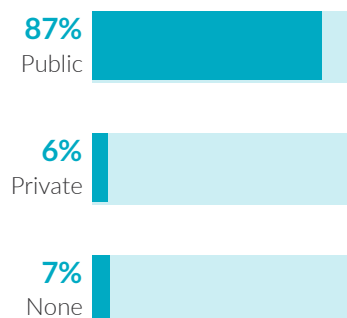


No high school diploma

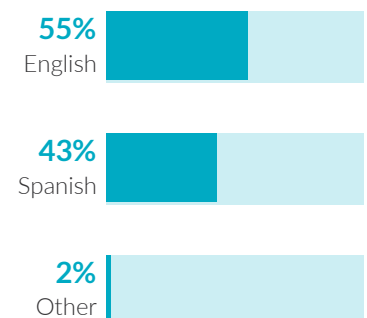
## Child age



## Child insurance status



## Primary language





## STATE PROFILE – CALIFORNIA

## Potential Beneficiaries in 2016

In California, there were 2,267,226 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 2,913,600 children.

# 2,913,600 children

could benefit from  
home visiting

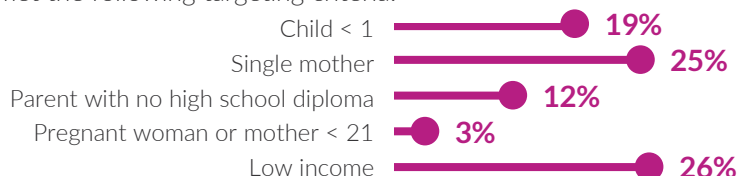
## Of the 2,913,600 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
464,000 16%	996,500 34%	1,453,100 50%

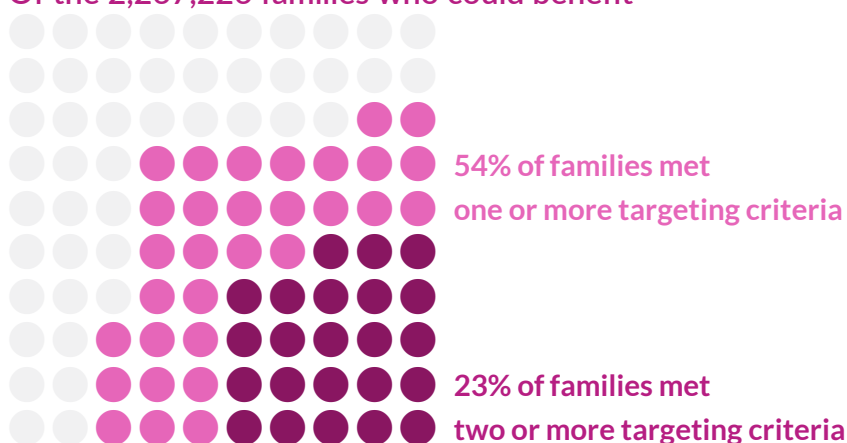
# 2,267,226 families

could benefit from  
home visiting

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



## Of the 2,267,226 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • HIPPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – COLORADO

## Families Served Through Evidence-Based Home Visiting in 2016

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.



147,038

home visits provided



8,810

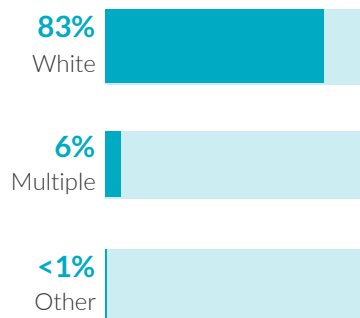
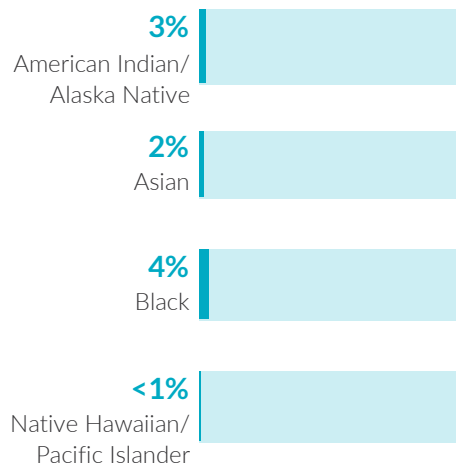
families served



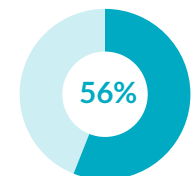
8,850

children served

## Race

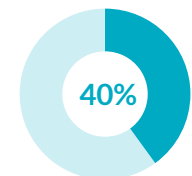


## Ethnicity



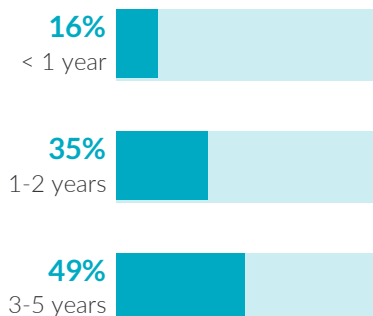
Hispanic or Latino

## Caregiver education

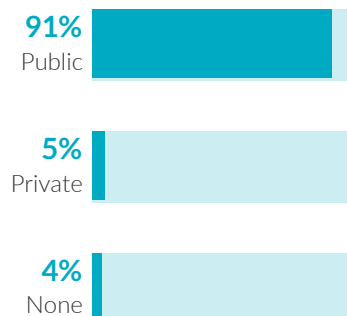


No high school diploma

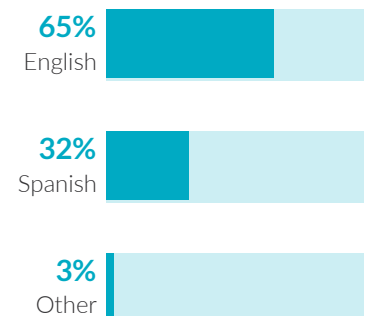
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – COLORADO

Potential Beneficiaries in 2016

In Colorado, there were 316,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 396,600 children.

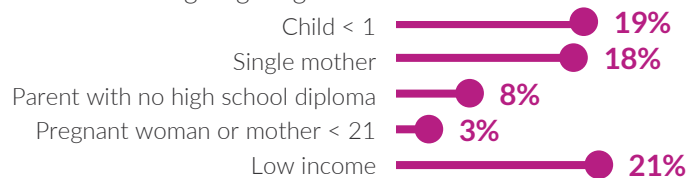
396,600  
children  
could benefit from  
home visiting

Of the 396,600 children who could benefit—

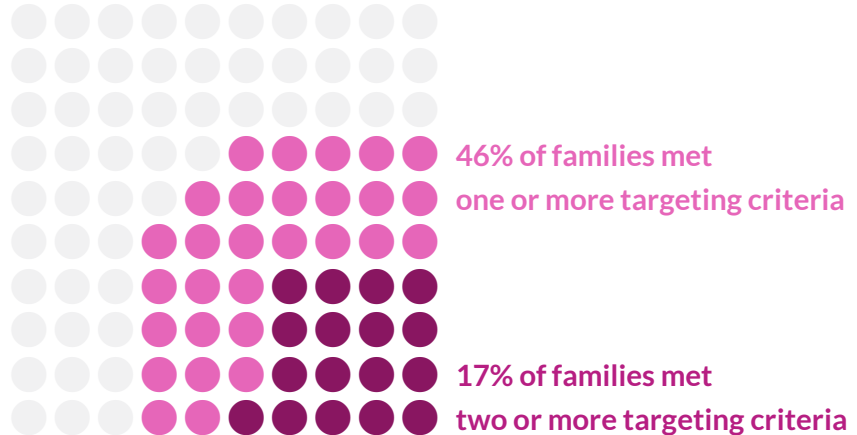
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
62,900 16%	136,900 34%	196,900 50%

316,900  
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 Colorado who met the following targeting criteria:



Of the 316,900 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – CONNECTICUT

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Connecticut included Child First, Early Head Start, Minding the Baby, Nurse-Family Partnership, and Parents as Teachers. Statewide, 89 local agencies operated at least one of these models.


**102,845**

home visits provided

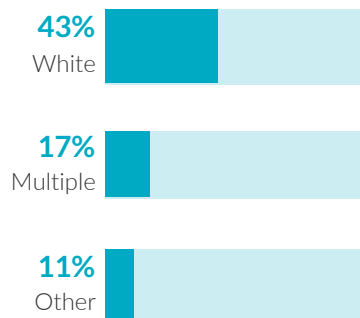
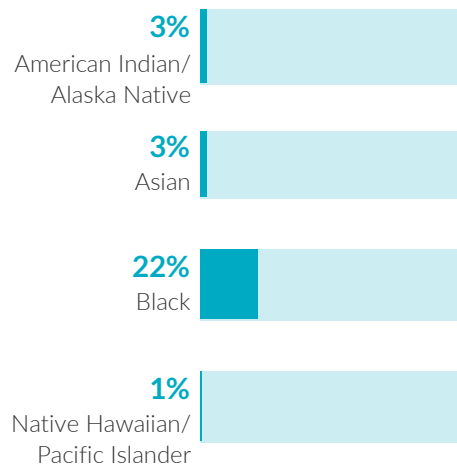

**5,343**

families served

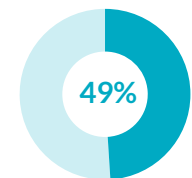

**5,439**

children served

## Race

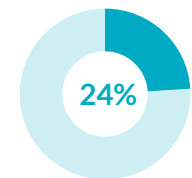


## Ethnicity



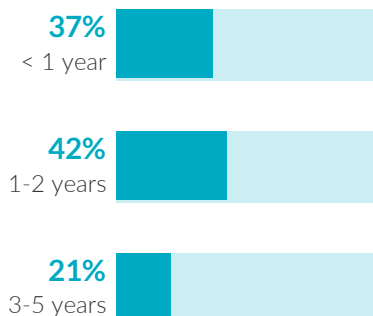
Hispanic or Latino

## Caregiver education

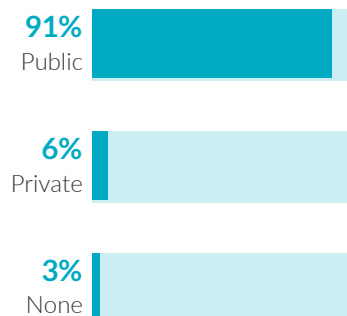


No high school diploma

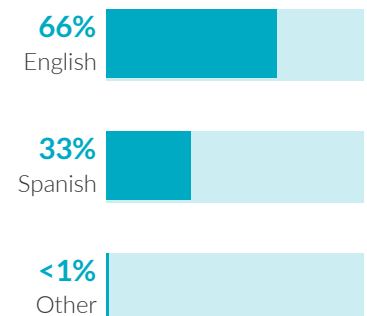
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – CONNECTICUT

Potential Beneficiaries in 2016

In Connecticut, there were 183,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 223,300 children.

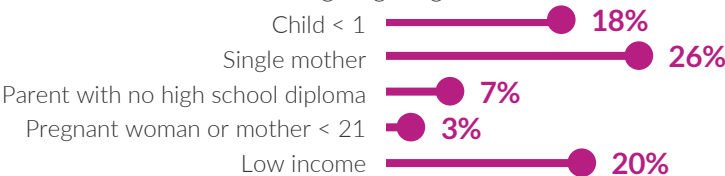
223,300  
children  
could benefit from  
home visiting

Of the 223,300 children who could benefit—

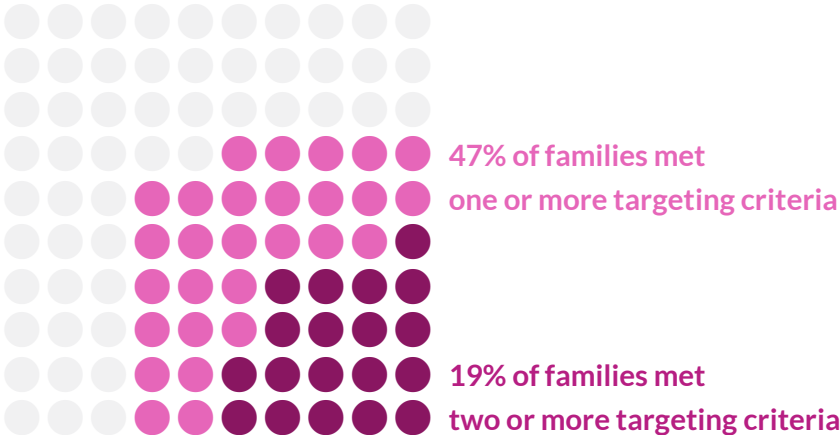
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
34,900 16%	73,900 33%	114,400 51%

183,300  
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 Connecticut who met the following targeting criteria:



Of the 183,300 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • Child First reports children served, families served, and home visits only. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Minding the Baby does not report child insurance status or primary language. Caregiver race was not included. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – DELAWARE

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Delaware included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 9 local agencies operated at least one of these models.



**19,090**

home visits provided



**1,459**

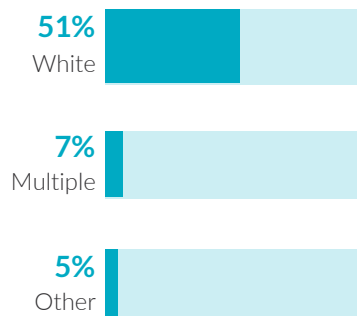
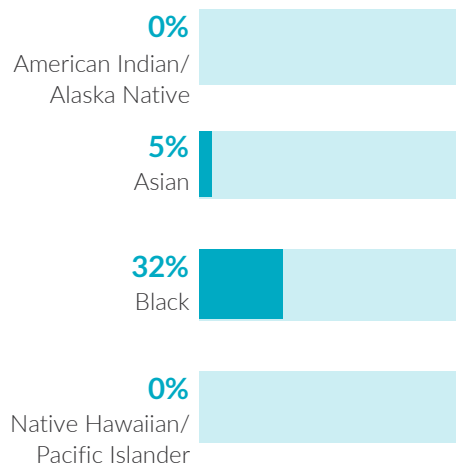
families served



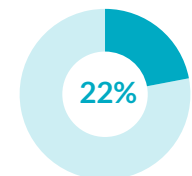
**1,470**

children served

## Race

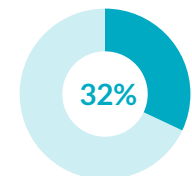


## Ethnicity



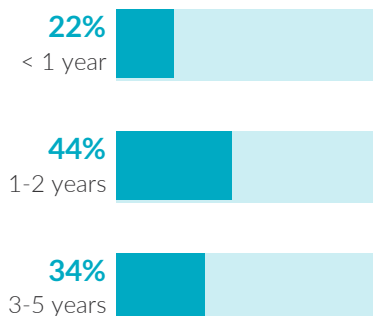
Hispanic or Latino

## Caregiver education

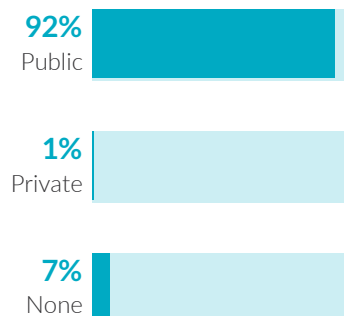


No high school diploma

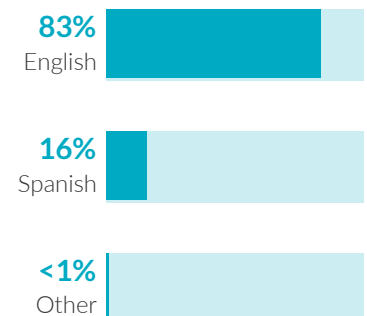
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – DELAWARE

Potential Beneficiaries in 2016

In Delaware, there were 50,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 65,400 children.

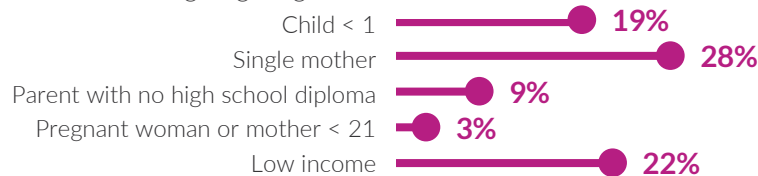
65,400  
children  
could benefit from  
home visiting

Of the 65,400 children who could benefit—

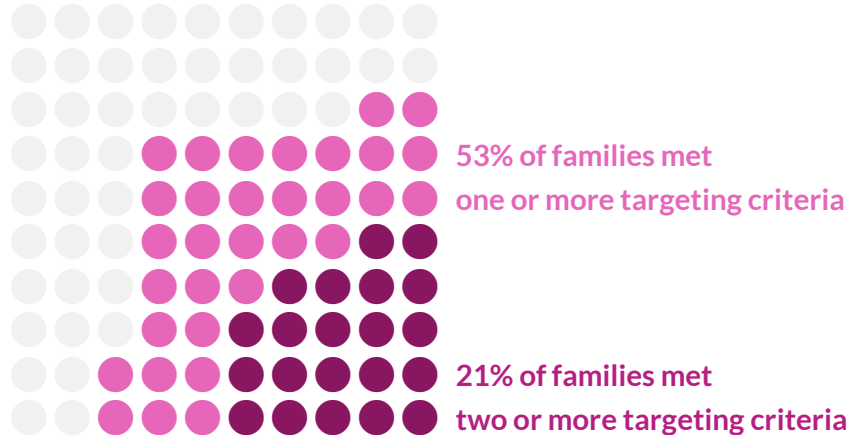
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
10,800 17%	21,600 33%	33,000 50%

50,400  
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 Delaware who met the following targeting criteria:



Of the 50,400 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS programs in 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. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – DISTRICT OF COLUMBIA

## Families Served Through Evidence-Based Home Visiting in 2016

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



4,874

home visits provided



566

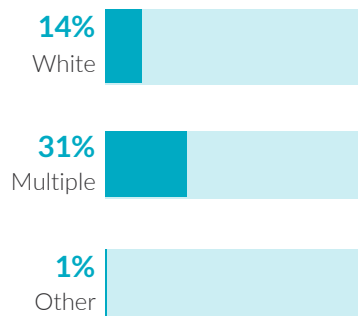
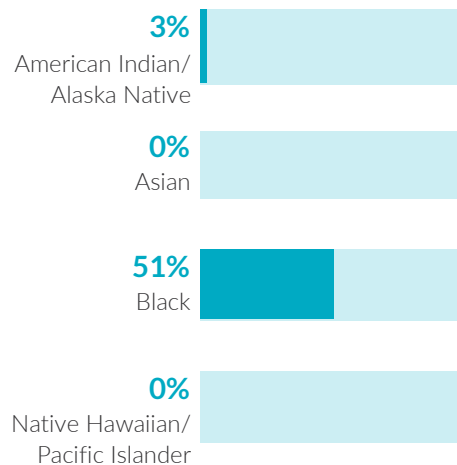
families served



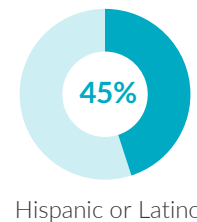
607

children served

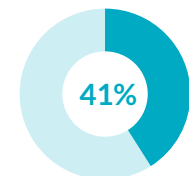
## Race



## Ethnicity

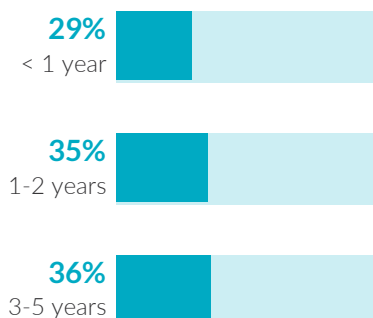


## Caregiver education

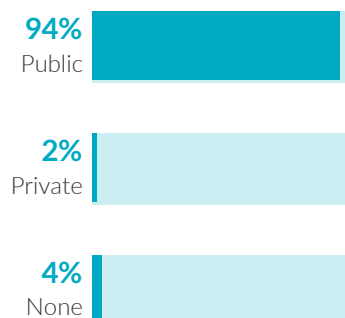


No high school diploma

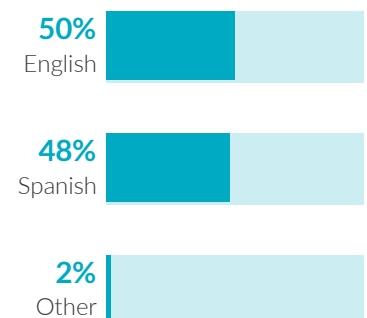
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – DISTRICT OF COLUMBIA

Potential Beneficiaries in 2016

In the District of Columbia, there were 32,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 45,500 children.

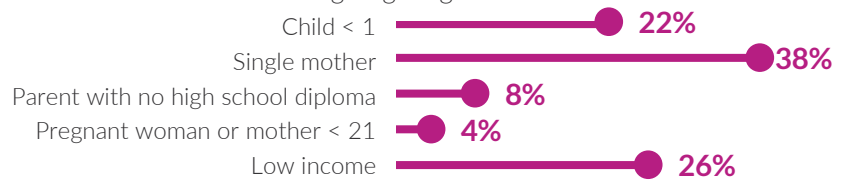
45,500  
children  
could benefit from  
home visiting

Of the 45,500 children who could benefit—

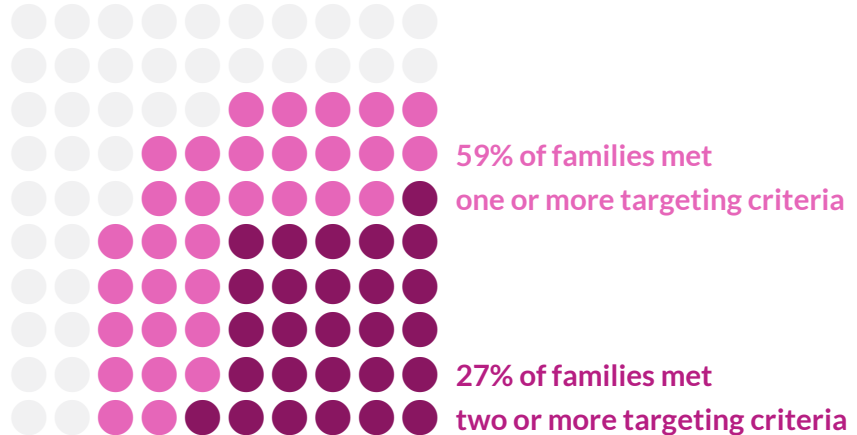
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
9,100 20%	15,400 34%	21,000 46%

32,600  
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 the District of Columbia who met the following targeting criteria:



Of the 32,600 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – FLORIDA

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Florida included Child First, Early Head Start, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Minding the Baby, Nurse-Family Partnership, and Parents as Teachers. Statewide, 102 local agencies operated at least one of these models.



154,515

home visits provided



15,580

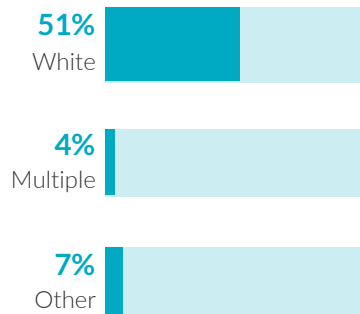
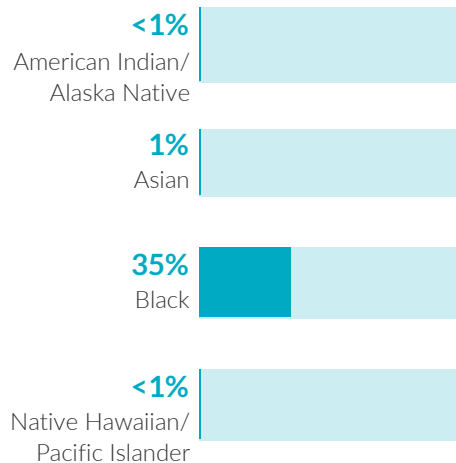
families served



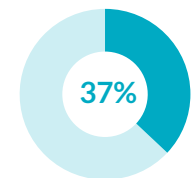
15,250

children served

## Race

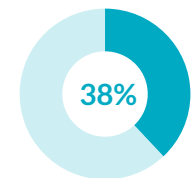


## Ethnicity



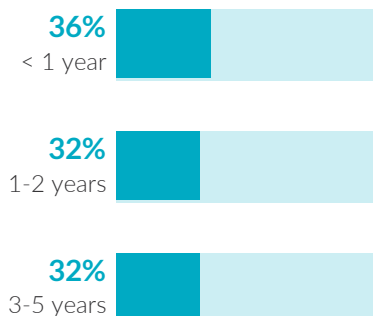
Hispanic or Latino

## Caregiver education

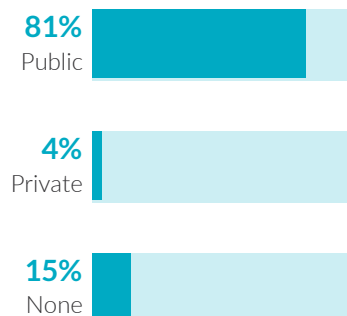


No high school diploma

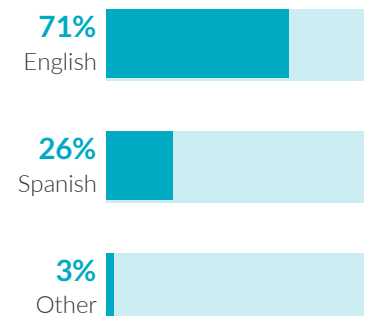
## Child age



## Child insurance status



## Primary language



## STATE PROFILE – FLORIDA

## Potential Beneficiaries in 2016

In Florida, there were 981,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 1,266,800 children.

# 1,266,800 children

could benefit from  
home visiting

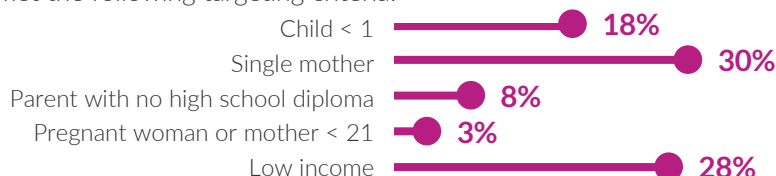
## Of the 1,266,800 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
200,900 16%	427,800 34%	638,100 50%

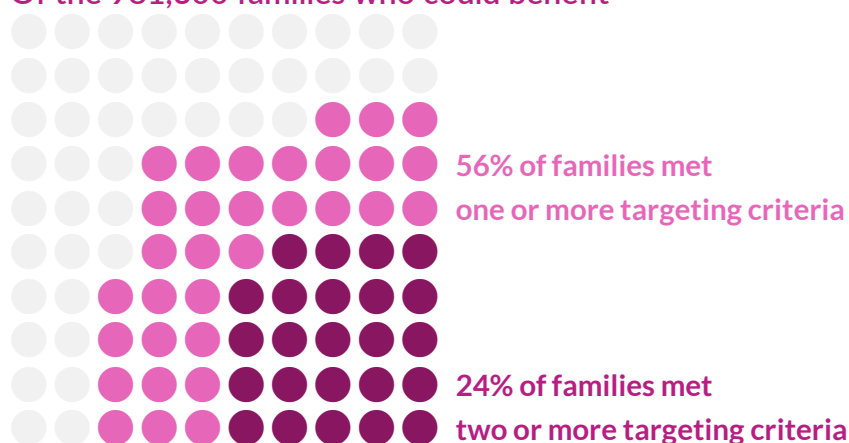
# 981,300 families

could benefit from  
home visiting

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



## Of the 981,300 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • Child First reports children served, families served, and home visits only. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • FCU reports children served only. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • Minding the Baby does not report child insurance status or primary language. Caregiver race was not included. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – GEORGIA

## Families Served Through Evidence-Based Home Visiting in 2016

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.


**32,321**

home visits provided

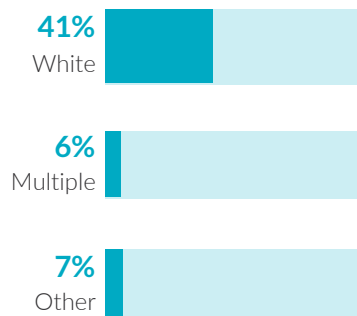
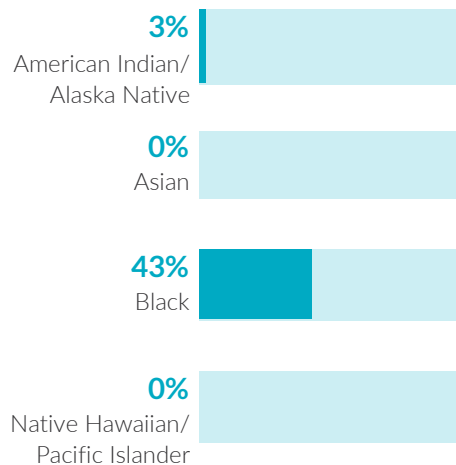

**3,002**

families served

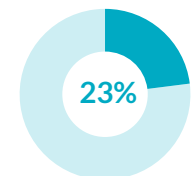

**2,965**

children served

## Race

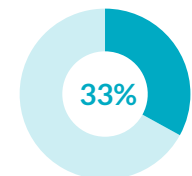


## Ethnicity



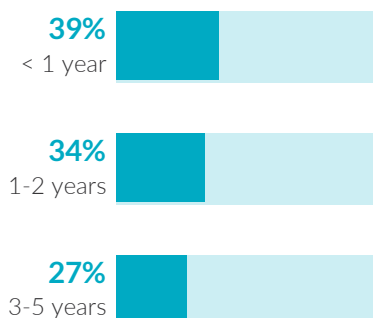
Hispanic or Latino

## Caregiver education

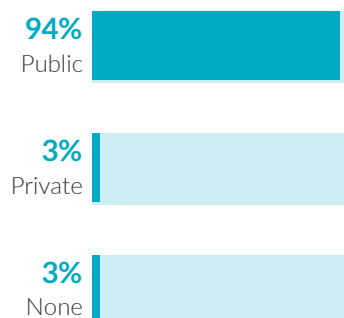


No high school diploma

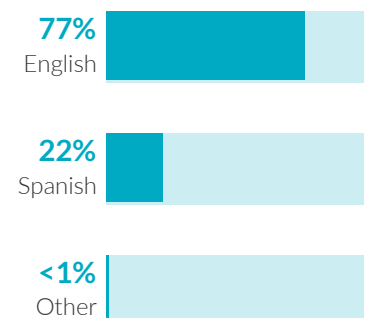
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – GEORGIA

Potential Beneficiaries in 2016

In Georgia, there were 617,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 787,700 children.

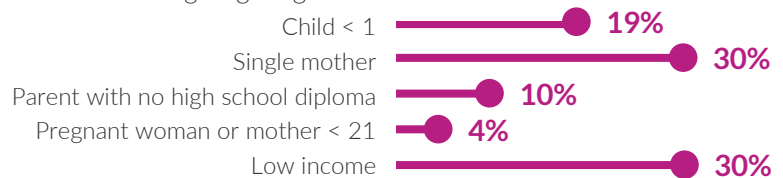
787,700  
children  
could benefit from  
home visiting

Of the 787,700 children who could benefit—

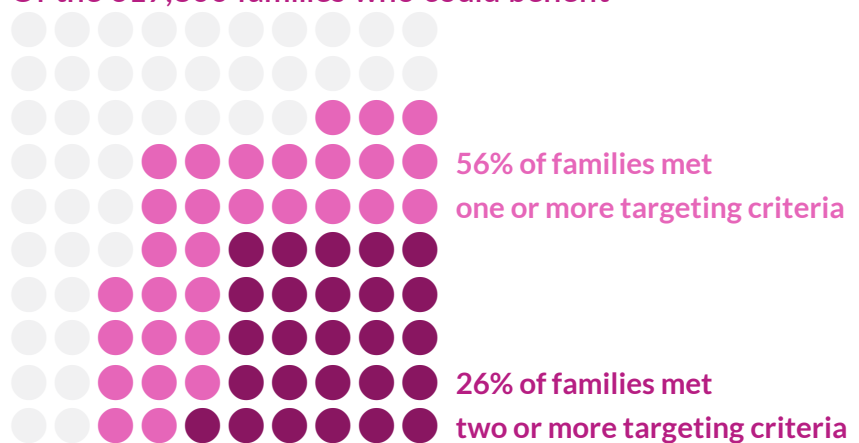
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
123,900 16%	261,900 33%	401,900 51%

617,800  
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 targeting criteria:



Of the 617,800 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS programs in GA include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – HAWAII

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Hawaii included Attachment and Biobehavioral Catch-Up, Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 16 local agencies operated at least one of these models.



7,889

home visits provided



887

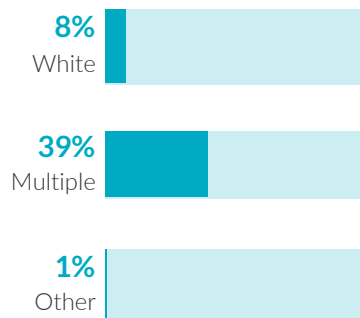
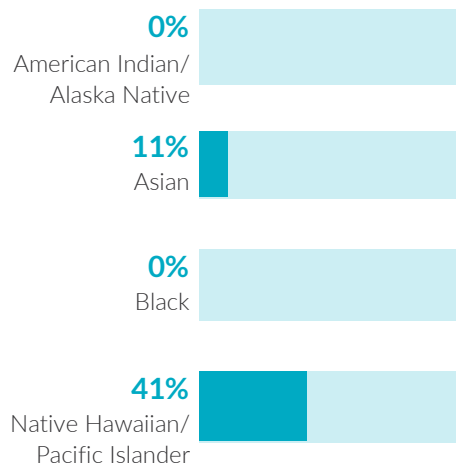
families served



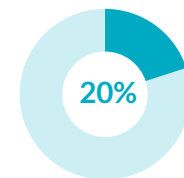
877

children served

## Race

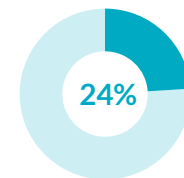


## Ethnicity



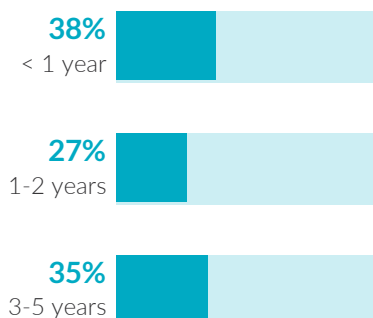
Hispanic or Latino

## Caregiver education

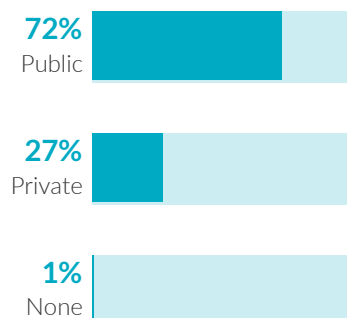


No high school diploma

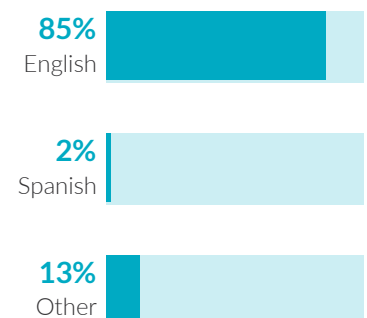
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – HAWAII

Potential Beneficiaries in 2016

In Hawaii, there were 82,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 104,400 children.

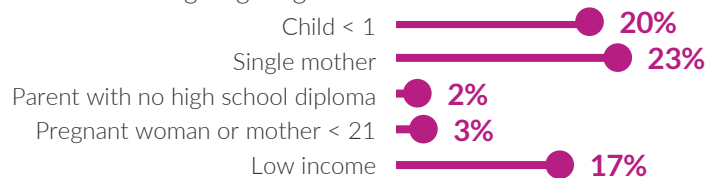
104,400  
children  
could benefit from  
home visiting

Of the 104,400 children who could benefit—

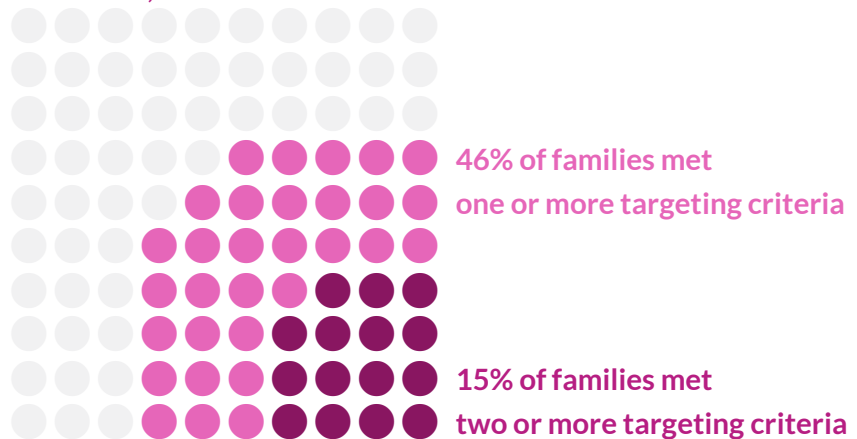
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
17,000 16%	36,500 35%	50,800 49%

82,800  
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 Hawaii who met the following targeting criteria:



Of the 82,800 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • ABC data are not available for HI. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – IDAHO

## Families Served Through Evidence-Based Home Visiting in 2016

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



**9,547**

home visits provided



**1,399**

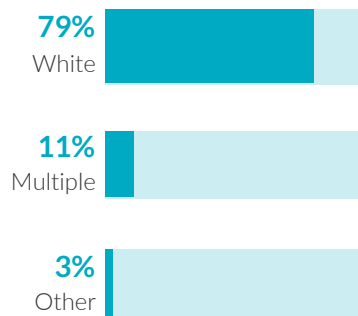
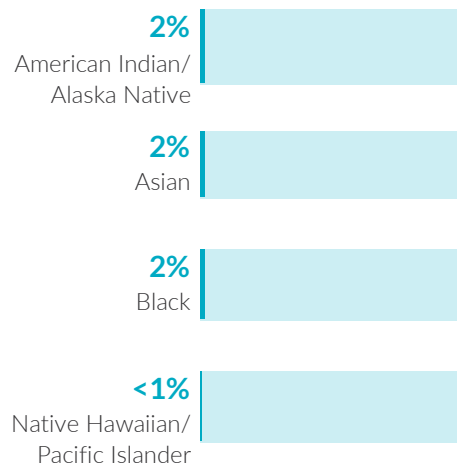
families served



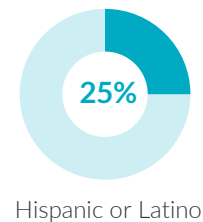
**1,562**

children served

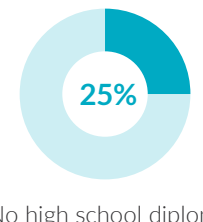
## Race



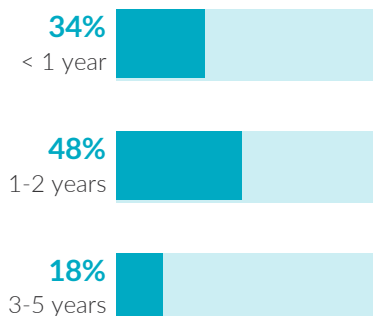
## Ethnicity



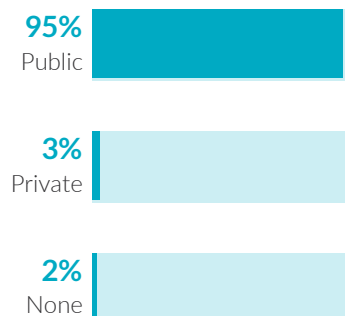
## Caregiver education



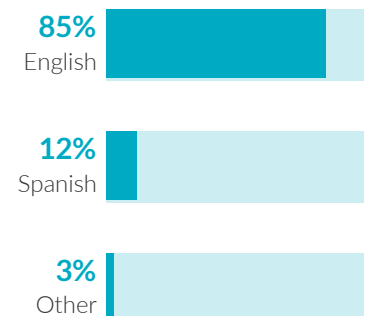
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – IDAHO

Potential Beneficiaries in 2016

In Idaho, there were 100,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 134,700 children.

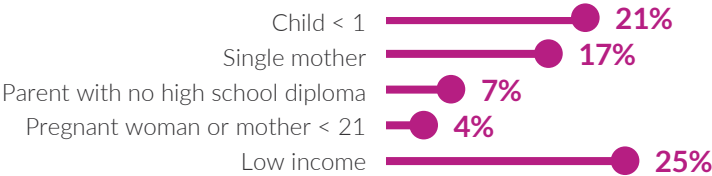
134,700  
children  
could benefit from  
home visiting

Of the 134,700 children who could benefit—

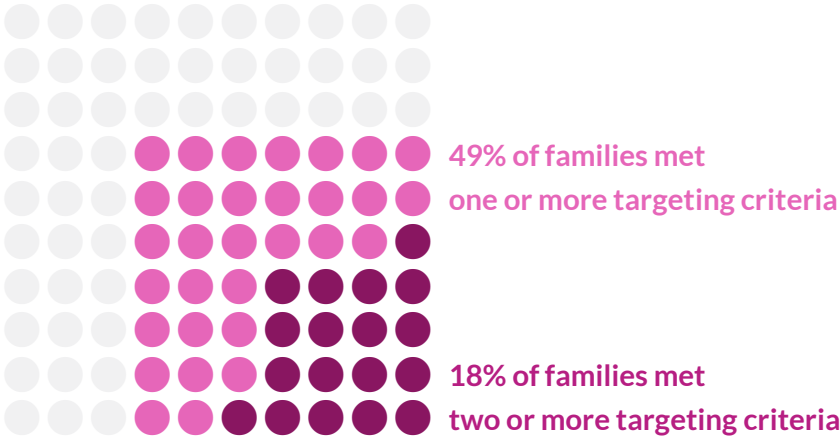
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
22,100 17%	43,400 32%	69,200 51%

100,500  
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 Idaho who met the following targeting criteria:



Of the 100,500 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – ILLINOIS

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Illinois included Early Head Start, Family Spirit, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 198 local agencies operated at least one of these models.



134,883

home visits provided



11,701

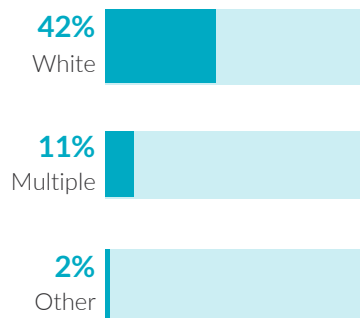
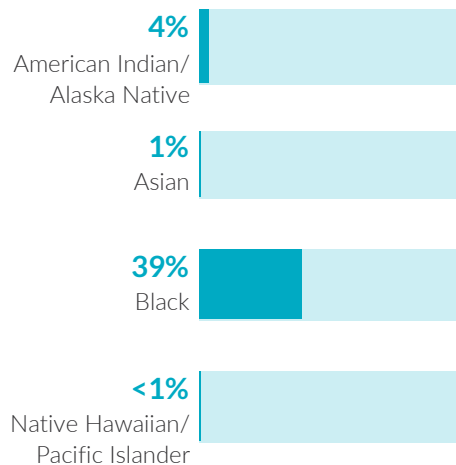
families served



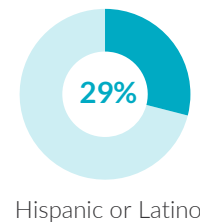
12,228

children served

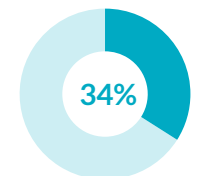
## Race



## Ethnicity

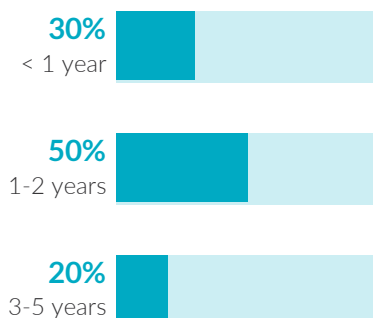


## Caregiver education

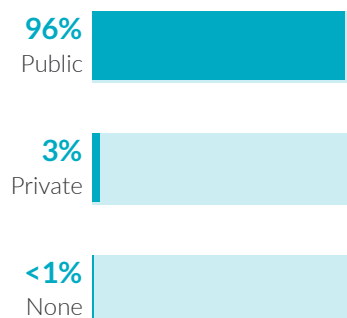


No high school diploma

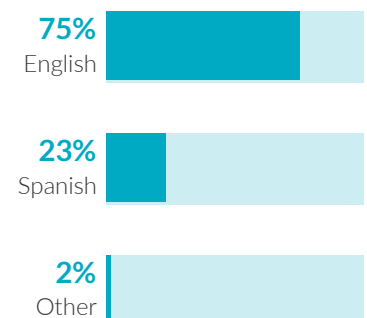
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – ILLINOIS

Potential Beneficiaries in 2016

In Illinois, there were 737,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 939,300 children.

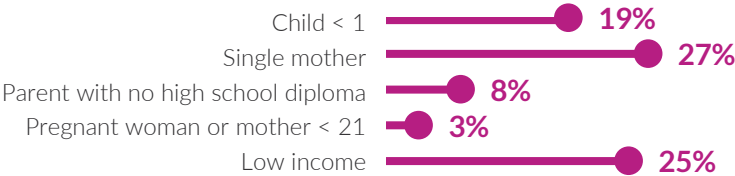
939,300  
children  
could benefit from  
home visiting

Of the 939,300 children who could benefit—

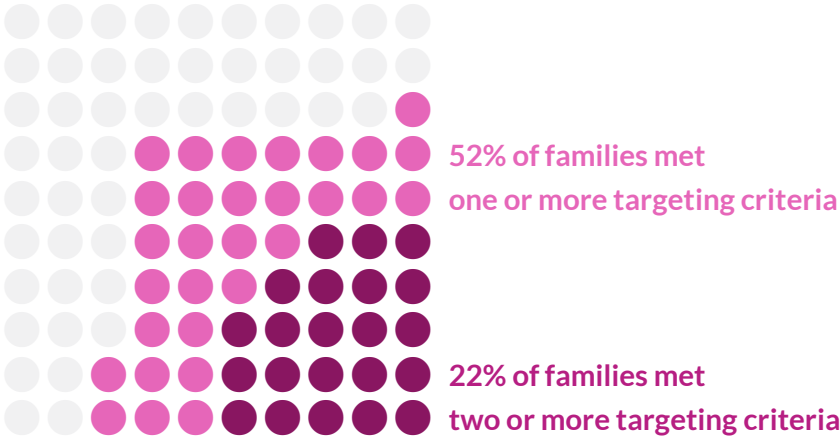
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
149,200 16%	311,100 33%	479,000 51%

737,700  
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 Illinois who met the following targeting criteria:



Of the 737,700 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – INDIANA

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Indiana included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 72 local agencies operated at least one of these models.


**161,480**

home visits provided

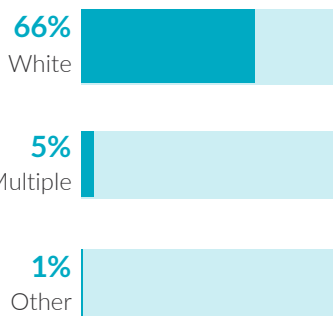
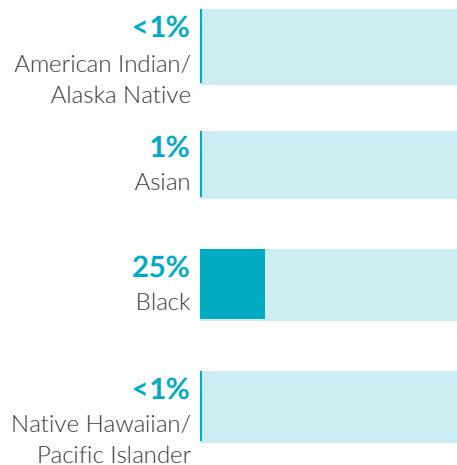

**11,990**

families served

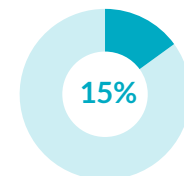

**11,486**

children served

## Race

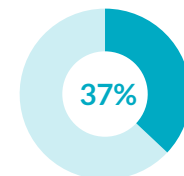


## Ethnicity



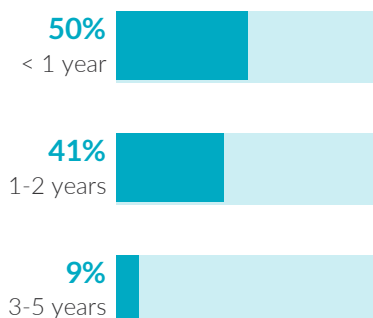
Hispanic or Latino

## Caregiver education

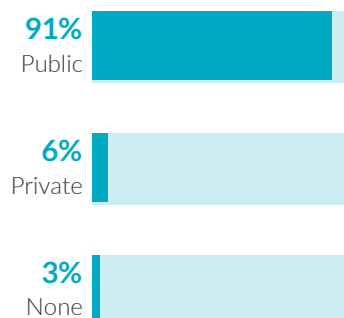


No high school diploma

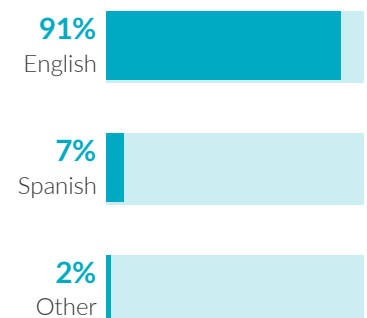
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – INDIANA

Potential Beneficiaries in 2016

In Indiana, there were 387,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 499,800 children.

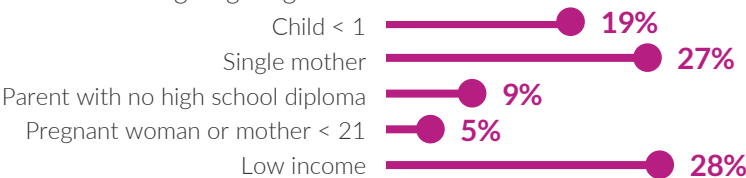
499,800  
children  
could benefit from  
home visiting

Of the 499,800 children who could benefit—

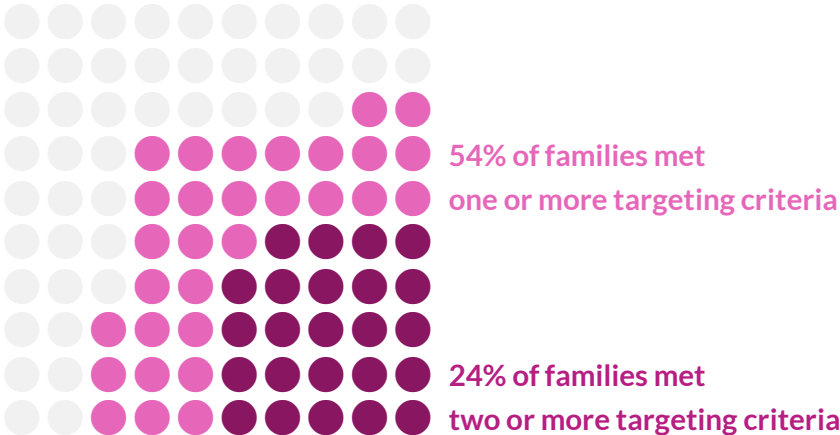
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
79,200 16%	167,800 33%	252,800 51%

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 Indiana who met the following targeting criteria:



Of the 387,700 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – IOWA

## Families Served Through Evidence-Based Home Visiting in 2016

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


**61,165**

home visits provided

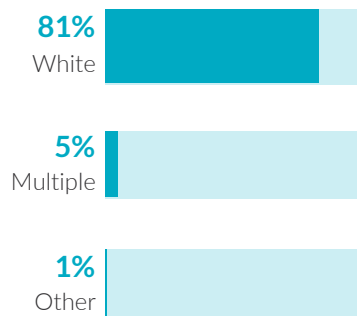
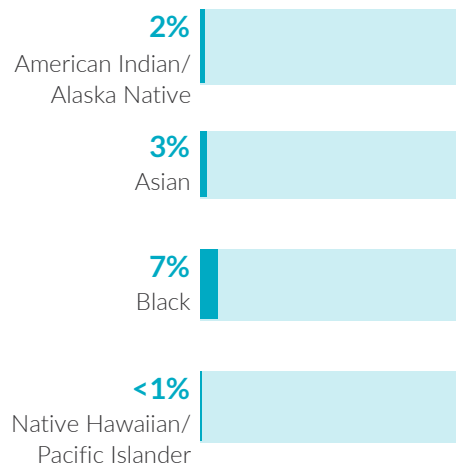

**4,617**

families served

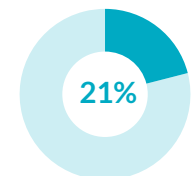

**5,407**

children served

## Race

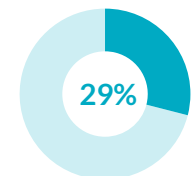


## Ethnicity



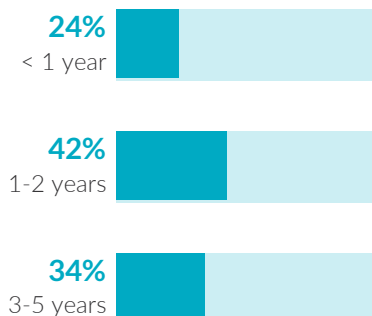
Hispanic or Latino

## Caregiver education

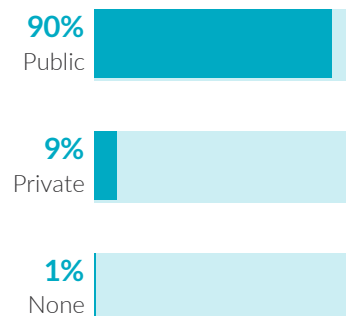


No high school diploma

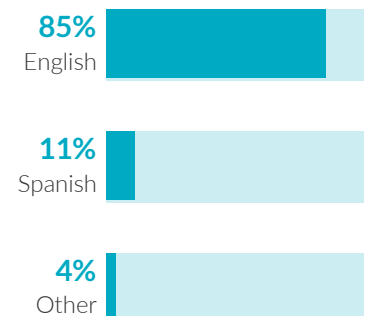
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – IOWA

Potential Beneficiaries in 2016

In Iowa, there were 181,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 231,600 children.

231,600  
children

could benefit from  
home visiting

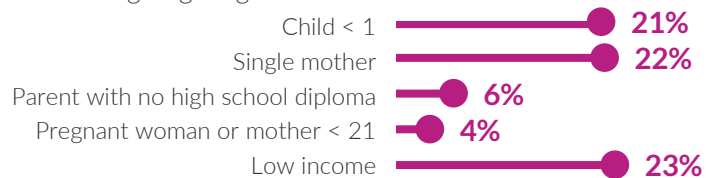
Of the 231,600 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
38,200 16%	76,300 33%	117,000 51%

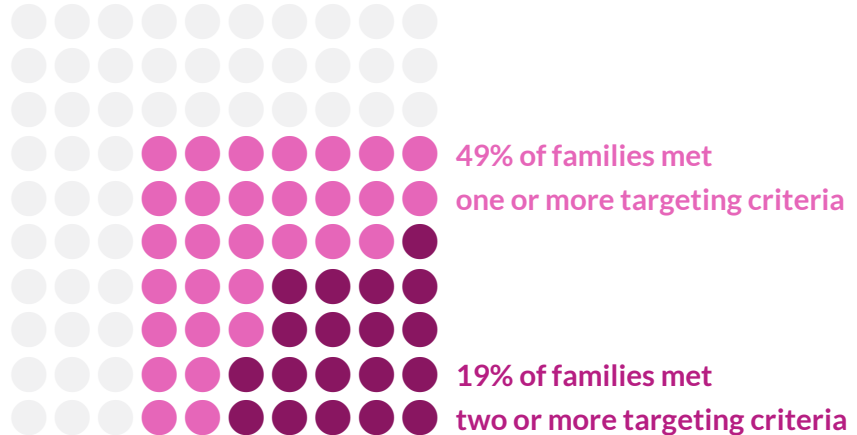
181,500  
families

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 Iowa who met the following targeting criteria:



Of the 181,500 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare data are not available for IA.

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## STATE PROFILE – KANSAS

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Kansas included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 92 local agencies operated at least one of these models.


**77,395**

home visits provided

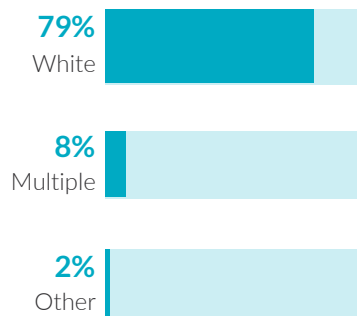
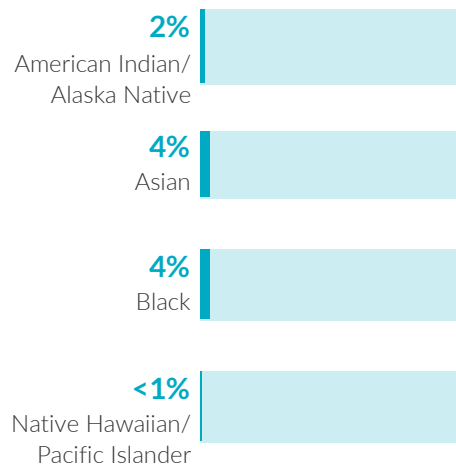

**9,080**

families served

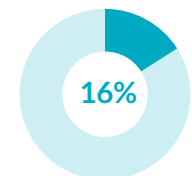

**11,026**

children served

## Race

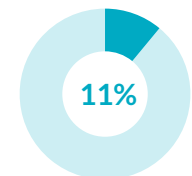


## Ethnicity



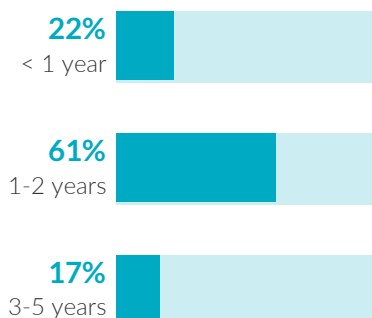
Hispanic or Latino

## Caregiver education

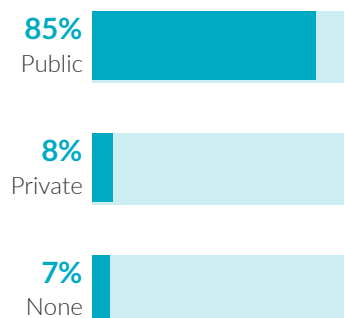


No high school diploma

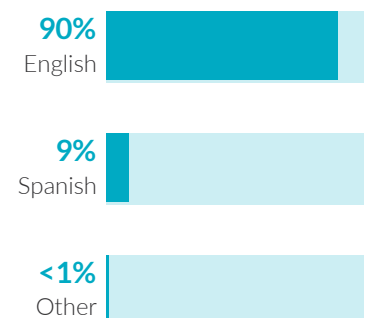
## Child age



## Child insurance status



## Primary language



STATE PROFILE – KANSAS

Potential Beneficiaries in 2016

In Kansas, there were 182,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 237,800 children.

237,800  
children

could benefit from  
home visiting

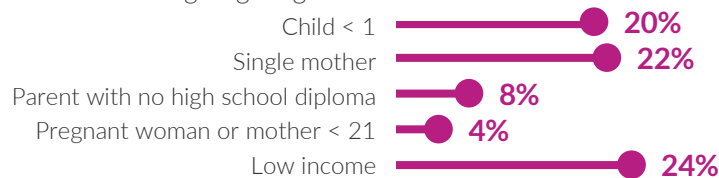
Of the 237,800 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
37,500 16%	80,100 34%	120,200 50%

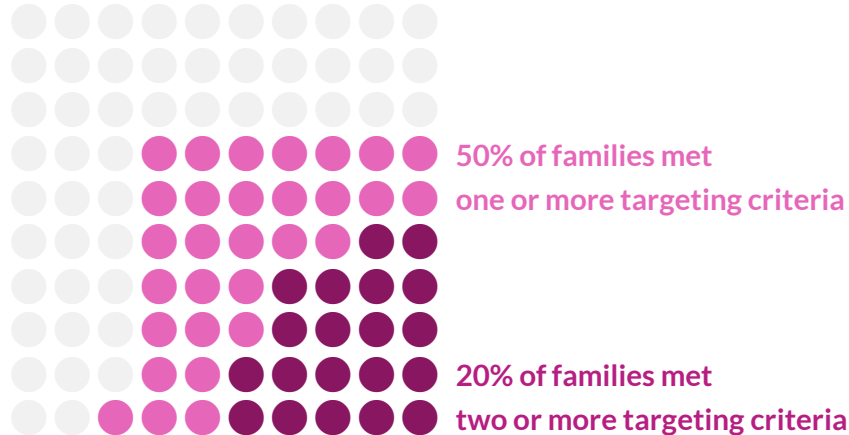
182,400  
families

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 Kansas who met the following targeting criteria:



Of the 182,400 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – KENTUCKY

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Kentucky included Early Head Start, Health Access Nurturing Development Services, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 74 local agencies operated at least one of these models.


**213,845**

home visits provided

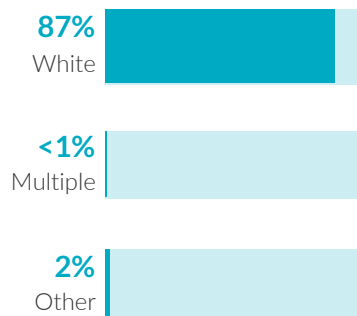
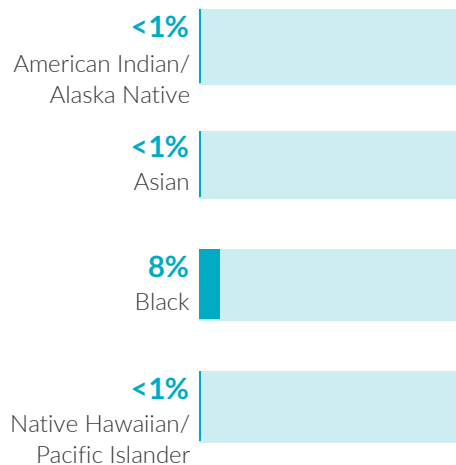

**11,248**

families served

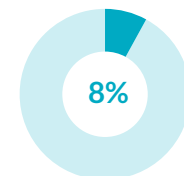

**8,848**

children served

## Race

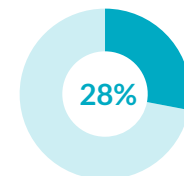


## Ethnicity



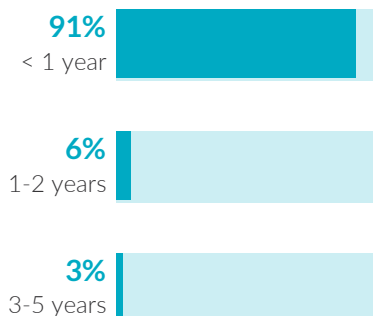
Hispanic or Latino

## Caregiver education

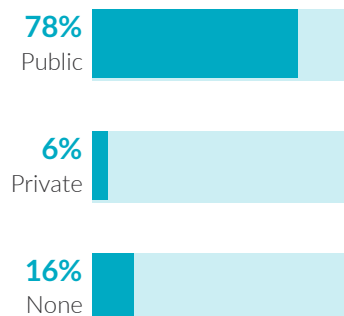


No high school diploma

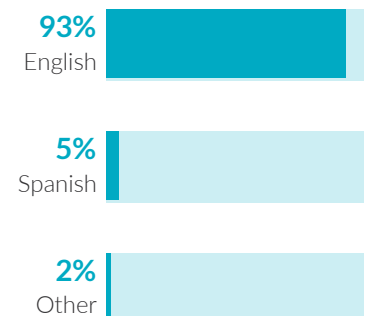
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – KENTUCKY

Potential Beneficiaries in 2016

In Kentucky, there were 261,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 325,100 children.

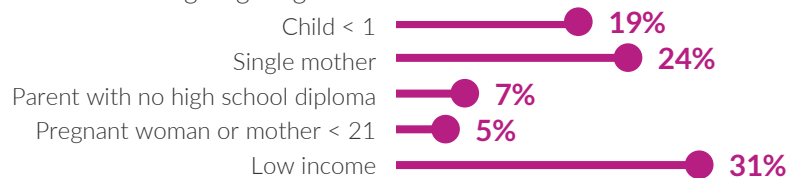
325,100  
children  
could benefit from  
home visiting

Of the 325,100 children who could benefit—

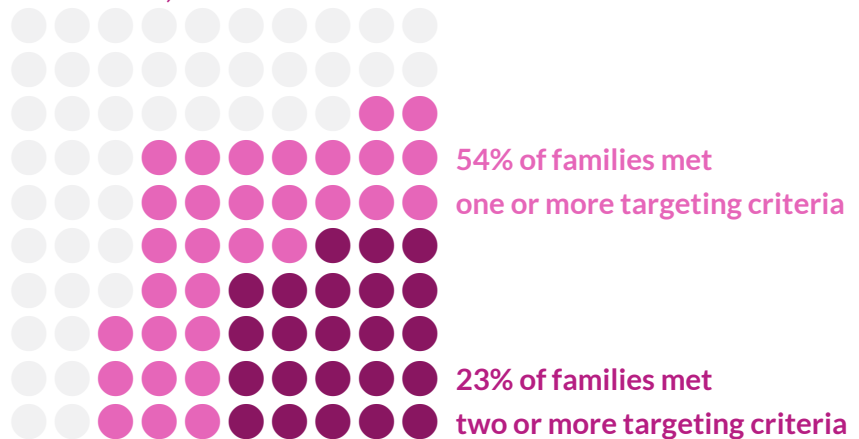
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
50,800 16%	107,200 33%	167,100 51%

261,500  
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 Kentucky who met the following targeting criteria:



Of the 261,500 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • Percentages may not add to 100% due to rounding. • EHS programs in KY 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. • HANDS does not report primary language. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – LOUISIANA

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Louisiana included Early Head Start, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 26 local agencies operated at least one of these models.


**79,631**

home visits provided

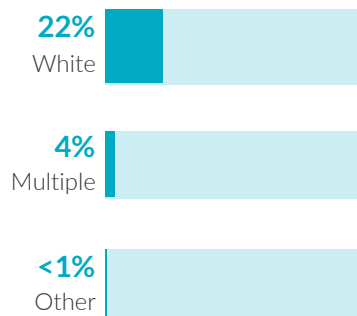
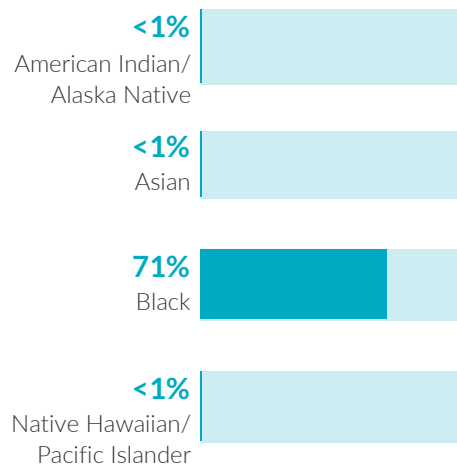

**4,422**

families served

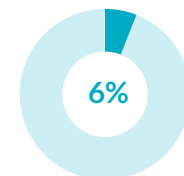

**3,661**

children served

## Race

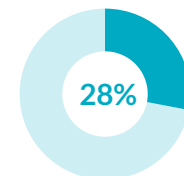


## Ethnicity



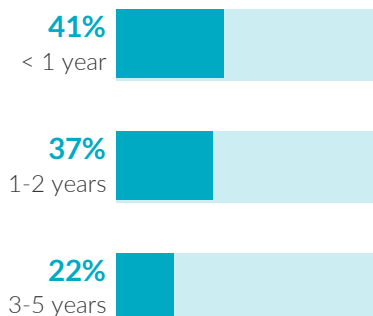
Hispanic or Latino

## Caregiver education

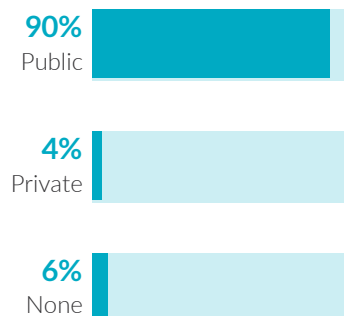


No high school diploma

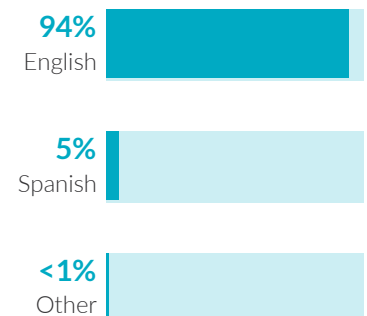
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – LOUISIANA

Potential Beneficiaries in 2016

In Louisiana, there were 285,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 362,700 children.

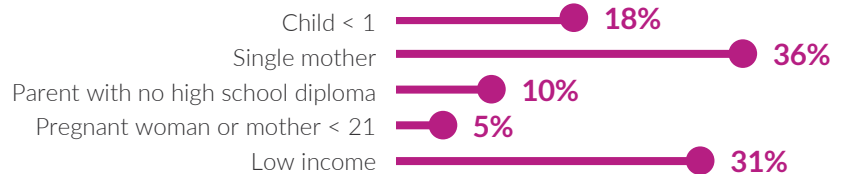
362,700  
children  
could benefit from  
home visiting

Of the 362,700 children who could benefit—

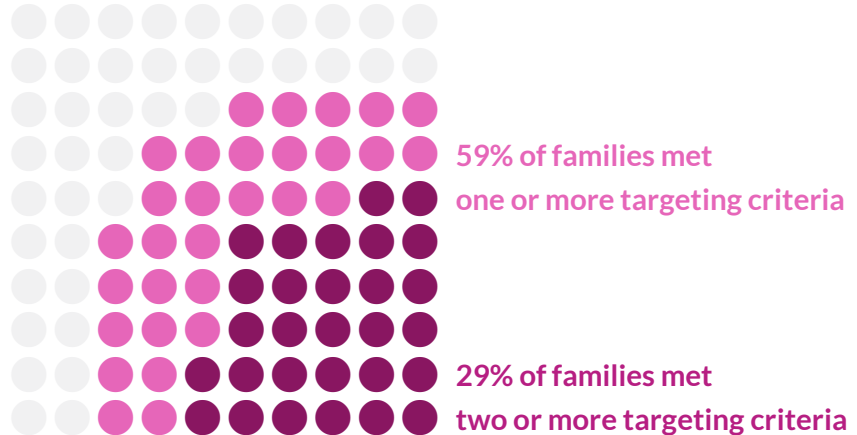
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
56,300 15%	122,800 34%	183,600 51%

285,200  
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 Louisiana who met the following targeting criteria:



Of the 285,200 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • Percentages may not add to 100% due to rounding. • 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. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – MAINE

## Families Served Through Evidence-Based Home Visiting in 2016

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


**22,029**

home visits provided

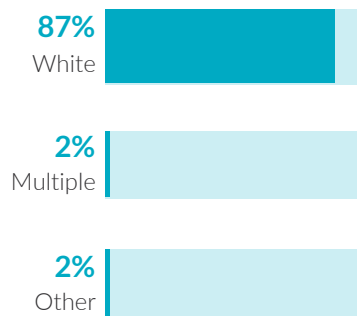
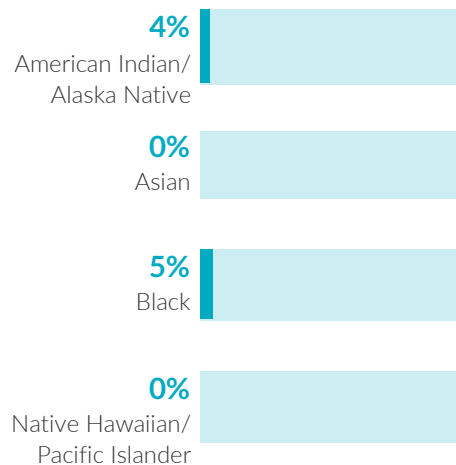

**2,281**

families served

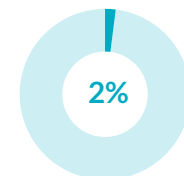

**2,265**

children served

## Race

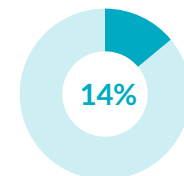


## Ethnicity



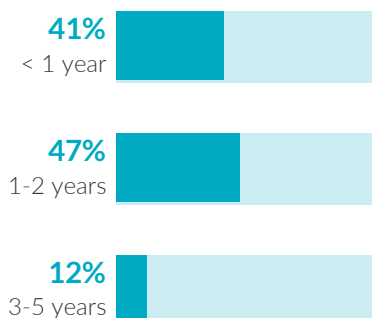
Hispanic or Latino

## Caregiver education

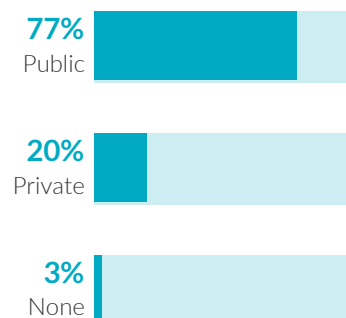


No high school diploma

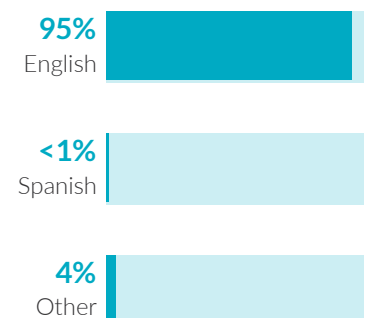
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – MAINE

Potential Beneficiaries in 2016

In Maine, there were 64,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 77,100 children.

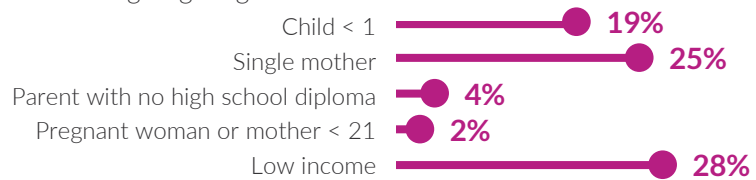
77,100  
children  
could benefit from  
home visiting

Of the 77,100 children who could benefit—

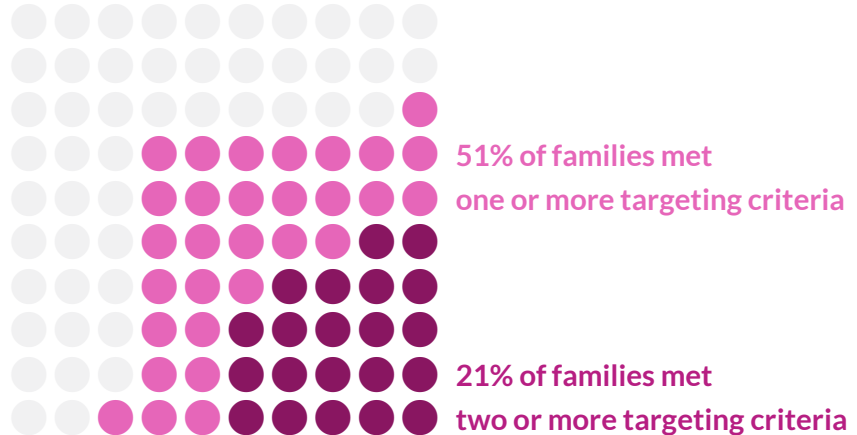
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
12,100 16%	25,300 33%	39,600 51%

64,100  
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 Maine who met the following targeting criteria:



Of the 64,100 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS programs in 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. • PAT data in ME come from state MIECHV data.

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## STATE PROFILE – MARYLAND

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Maryland included Attachment and Biobehavioral Catch-Up, Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 45 local agencies operated at least one of these models.



54,052

home visits provided



3,600

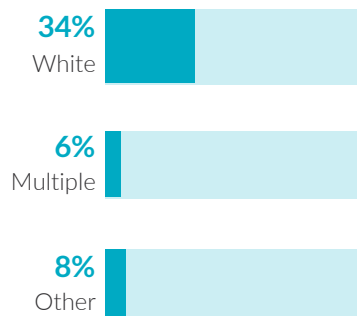
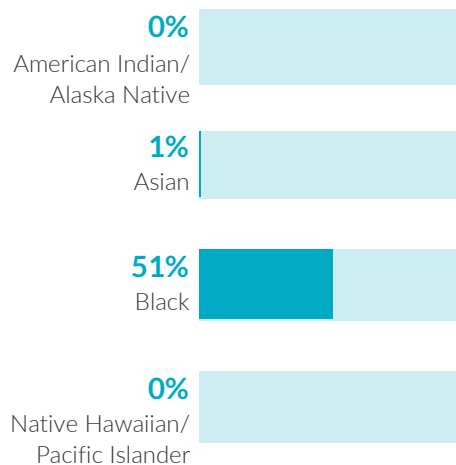
families served



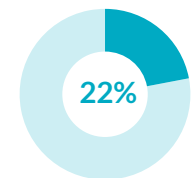
3,644

children served

## Race

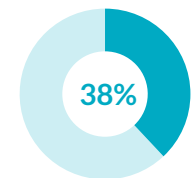


## Ethnicity



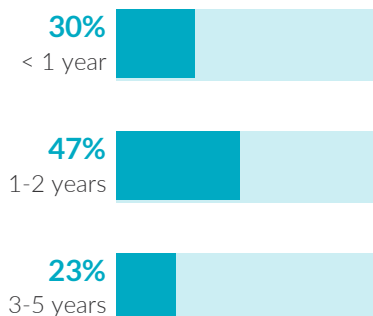
Hispanic or Latino

## Caregiver education

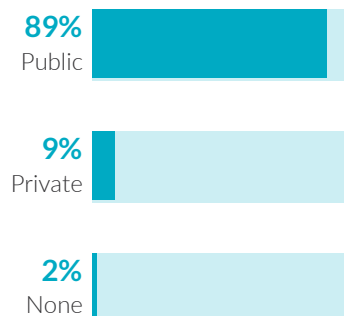


No high school diploma

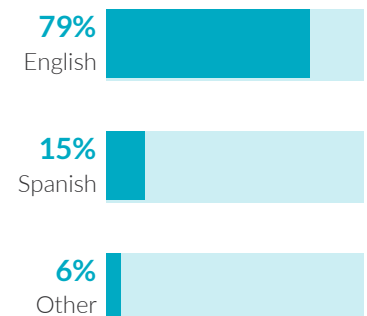
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – MARYLAND

Potential Beneficiaries in 2016

In Maryland, there were 338,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 429,100 children.

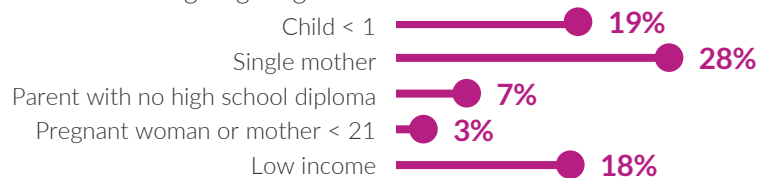
429,100  
children  
could benefit from  
home visiting

Of the 429,100 children who could benefit—

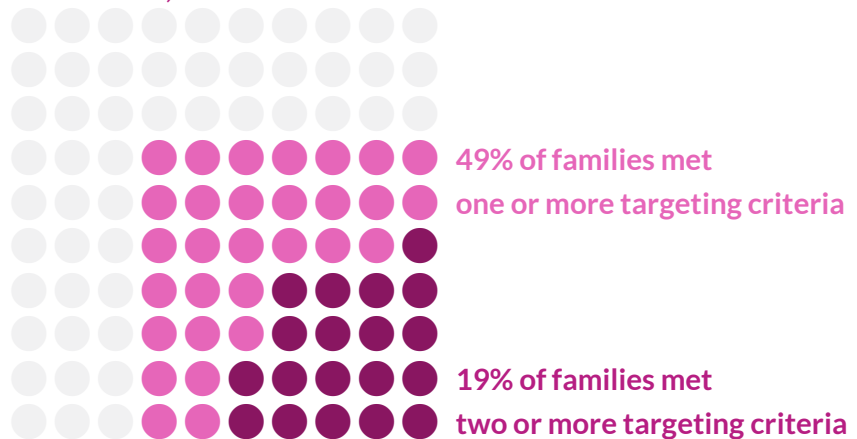
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
68,400 16%	142,100 33%	218,600 51%

338,300  
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 targeting criteria:



Of the 338,300 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • ABC data are not available for MD. • 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. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – MASSACHUSETTS

## Families Served Through Evidence-Based Home Visiting in 2016

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.



**42,489**

home visits provided



**3,339**

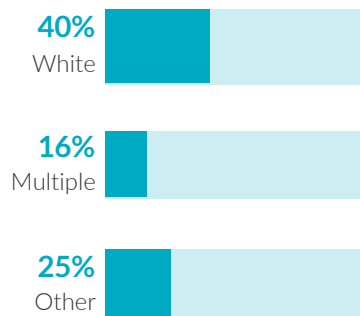
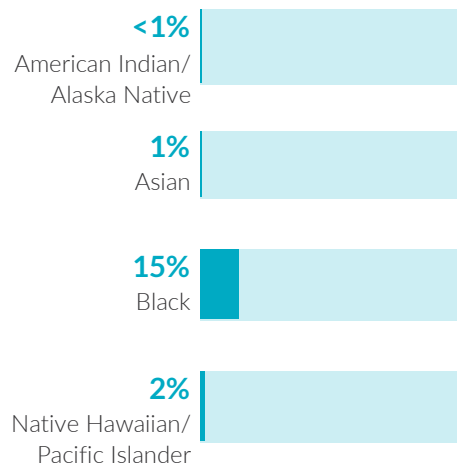
families served



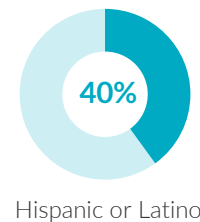
**3,024**

children served

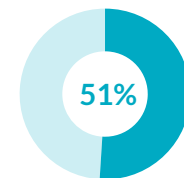
## Race



## Ethnicity

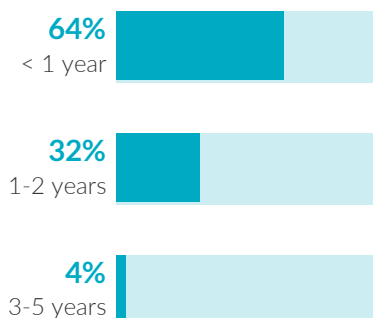


## Caregiver education

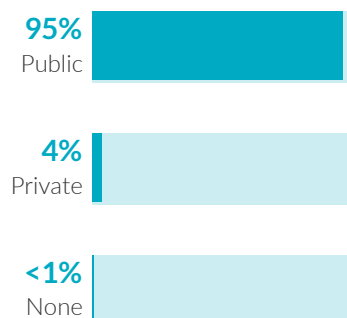


No high school diploma

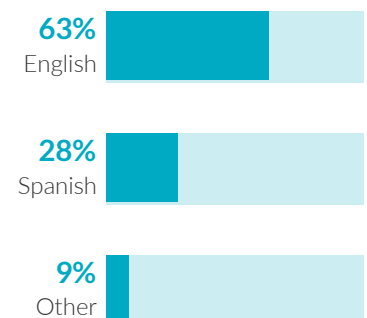
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – MASSACHUSETTS

Potential Beneficiaries in 2016

In Massachusetts, there were 344,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 426,500 children.

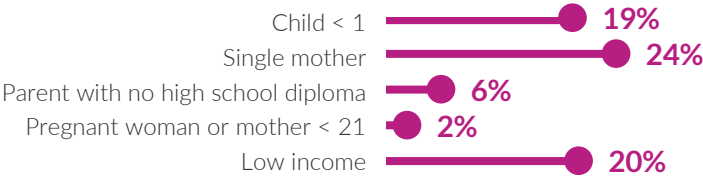
426,500  
children  
could benefit from  
home visiting

Of the 426,500 children who could benefit—

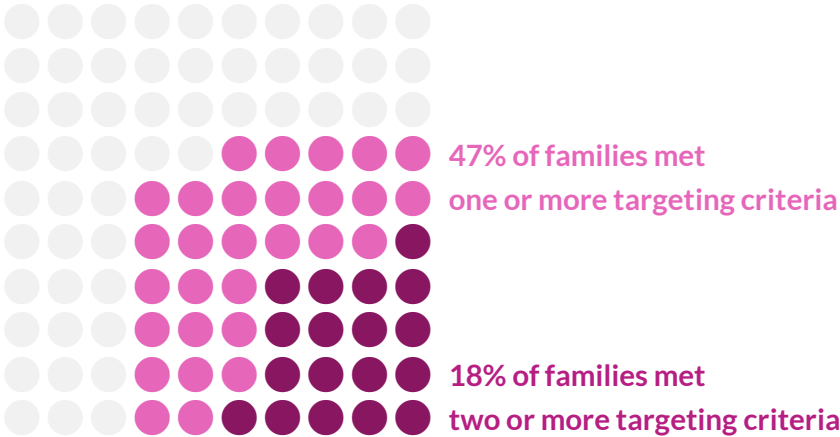
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
70,600 16%	140,100 33%	215,800 51%

344,900  
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 Massachusetts who met the following targeting criteria:



Of the 344,900 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – MICHIGAN

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Michigan included Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and Play and Learning Strategies. Statewide, 104 local agencies operated at least one of these models.


**112,050**

home visits provided

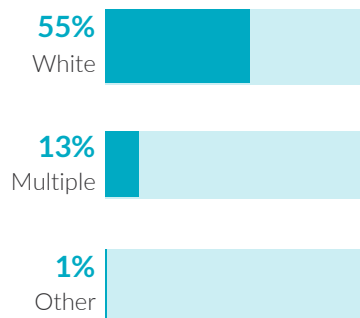
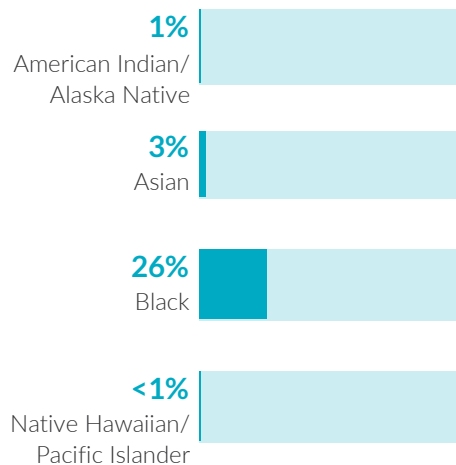

**11,060**

families served

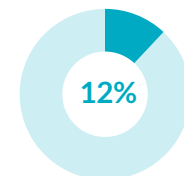

**12,012**

children served

## Race

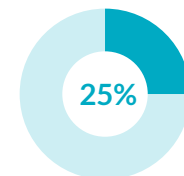


## Ethnicity



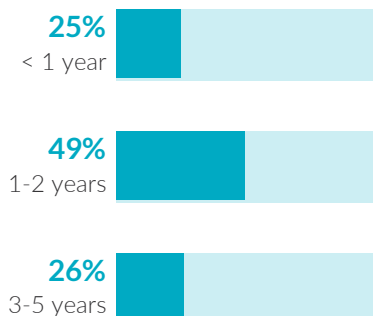
Hispanic or Latino

## Caregiver education

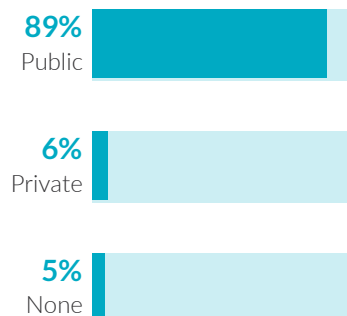


No high school diploma

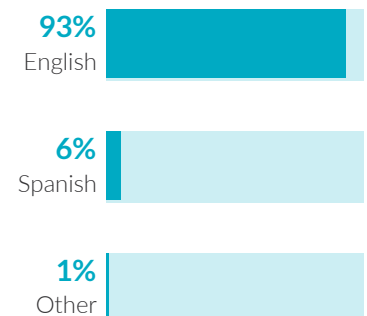
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – MICHIGAN

Potential Beneficiaries in 2016

In Michigan, there were 531,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 673,900 children.

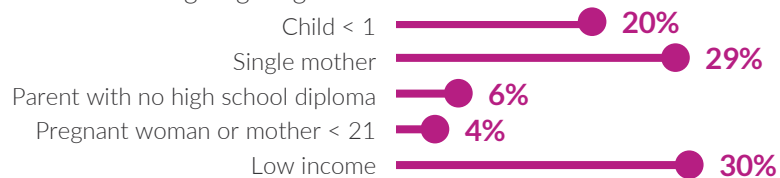
673,900  
children  
could benefit from  
home visiting

Of the 673,900 children who could benefit—

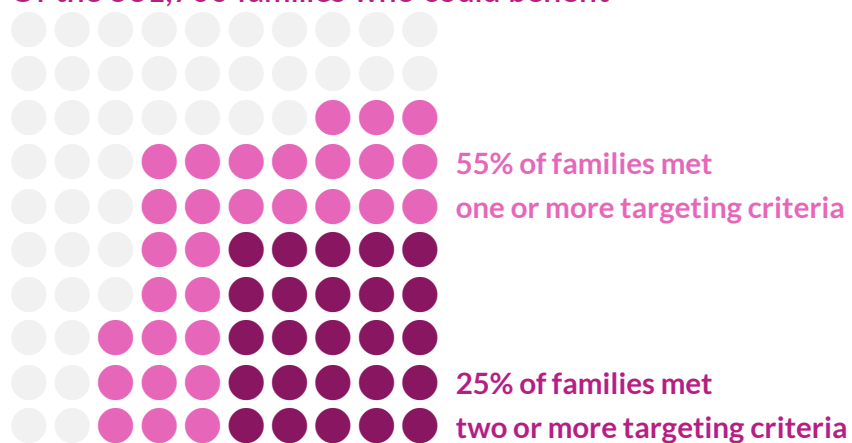
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
112,000 17%	228,700 34%	333,200 49%

531,700  
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 Michigan who met the following targeting criteria:



Of the 531,700 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • PALS reports children served, families served, and home visits only.

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## STATE PROFILE – MINNESOTA

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Minnesota included Attachment and Biobehavioral Catch-Up, Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 68 local agencies operated at least one of these models.



**50,644**

home visits provided



**4,314**

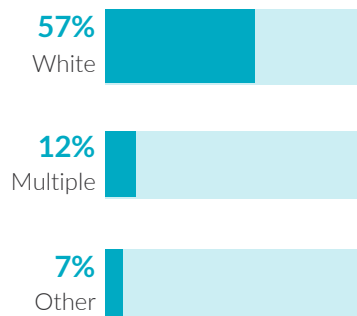
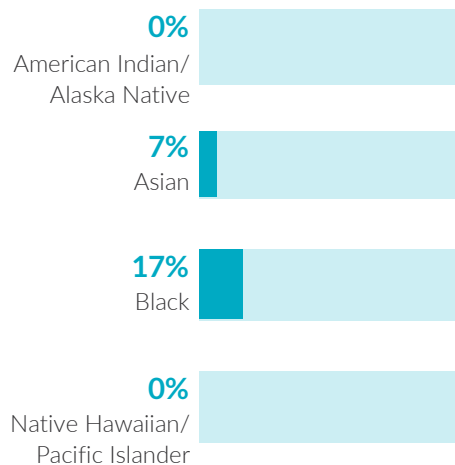
families served



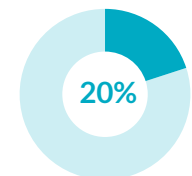
**3,703**

children served

## Race

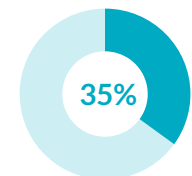


## Ethnicity



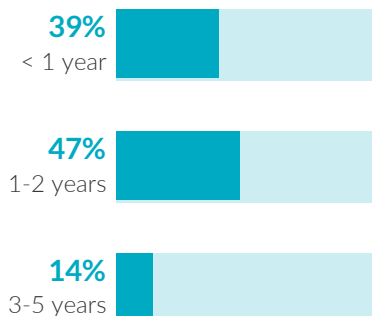
Hispanic or Latino

## Caregiver education

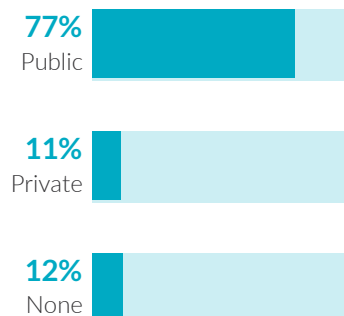


No high school diploma

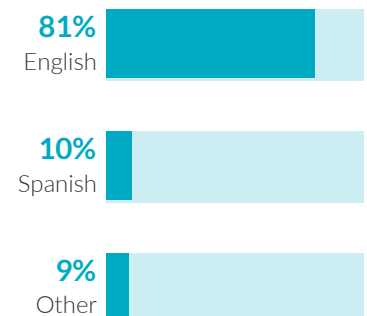
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – MINNESOTA

Potential Beneficiaries in 2016

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. These families included 410,400 children.

410,400  
children

could benefit from  
home visiting

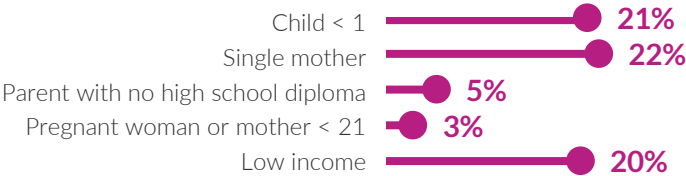
Of the 410,400 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
68,200 16%	138,000 34%	204,200 50%

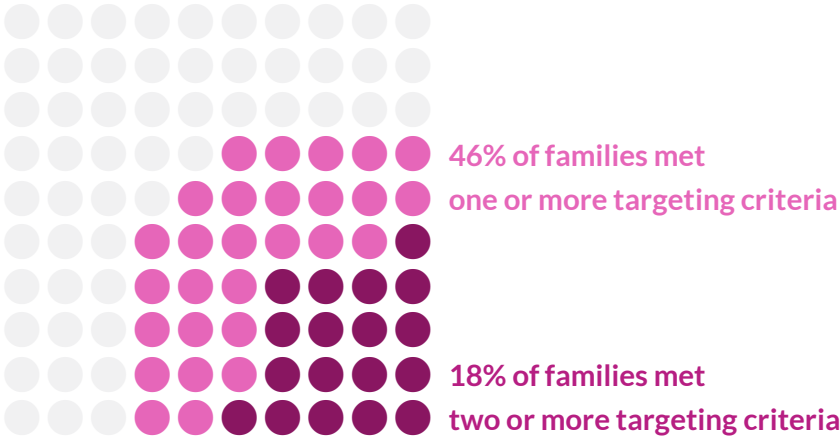
323,300  
families

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 targeting criteria:



Of the 323,300 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • ABC data are not available for MN. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit data are not available for MN. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – MISSISSIPPI

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Mississippi included Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 19 local agencies operated at least one of these models.



**24,735**

home visits provided



**1,780**

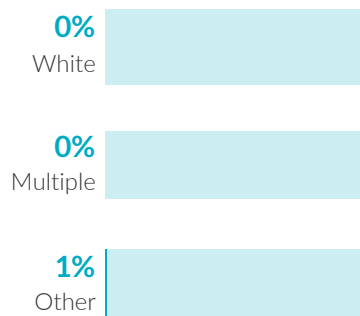
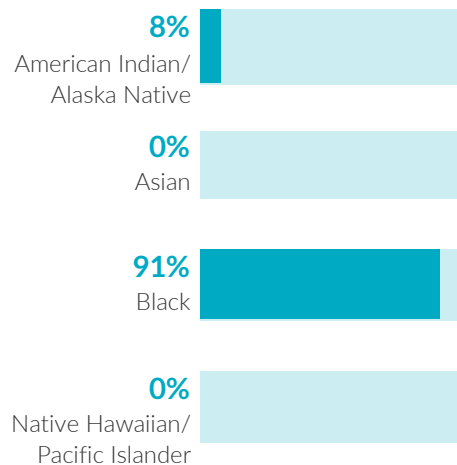
families served



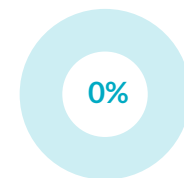
**1,397**

children served

## Race

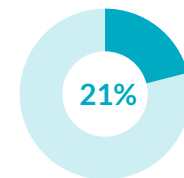


## Ethnicity



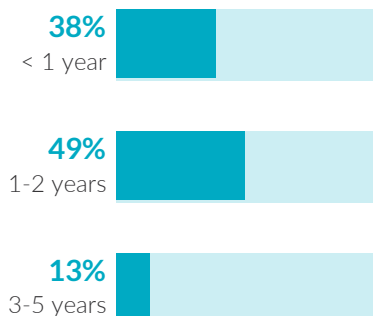
Hispanic or Latino

## Caregiver education

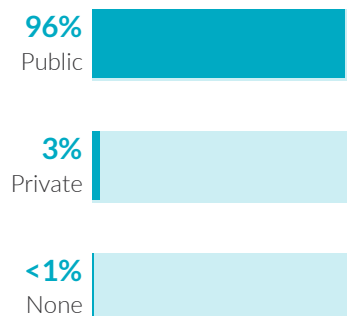


No high school diploma

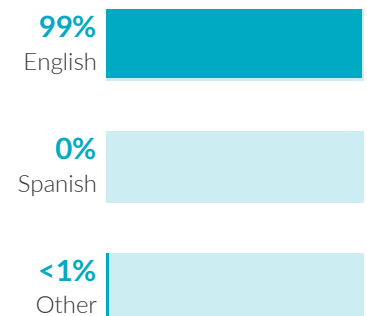
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – MISSISSIPPI

Potential Beneficiaries in 2016

In Mississippi, there were 180,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 232,500 children.

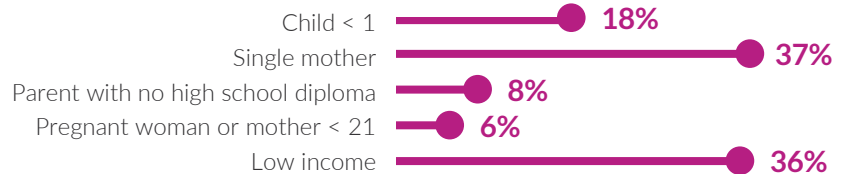
232,500  
children  
could benefit from  
home visiting

Of the 232,500 children who could benefit—

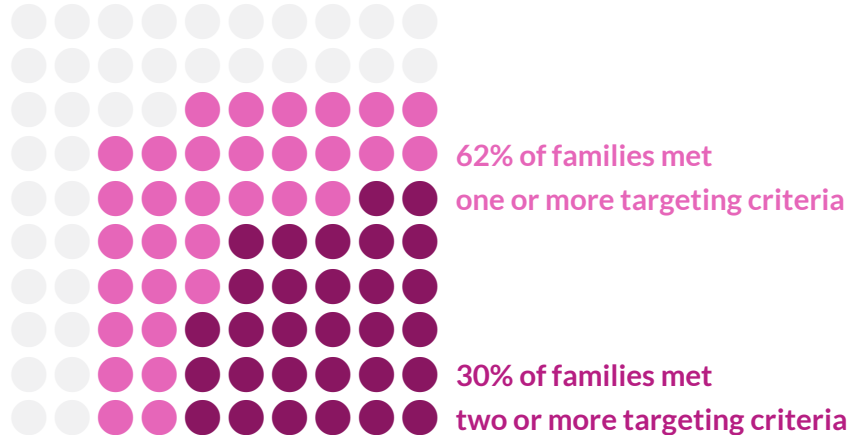
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
35,200 15%	77,000 33%	120,300 52%

180,600  
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 Mississippi who met the following targeting criteria:



Of the 180,600 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race and language categories with fewer than five participants were combined with "Other race" and "Other 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. • HFA reports primary language of caregivers. • HIPYP public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – MISSOURI

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Missouri included Early Head Start, Family Spirit, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 308 local agencies operated at least one of these models.


**179,221**

home visits provided

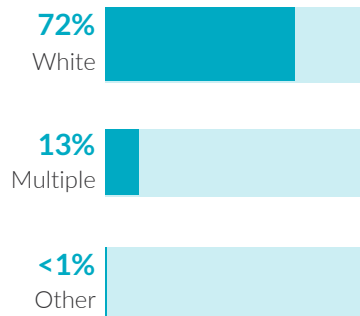
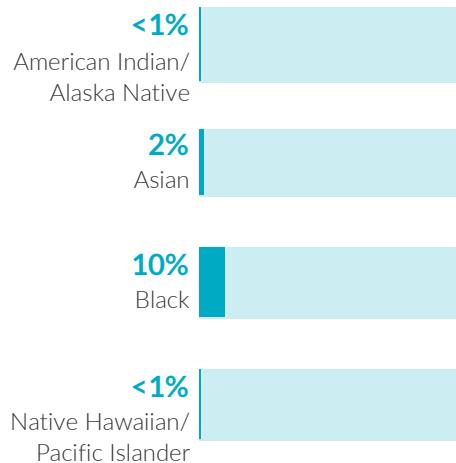

**33,077**

families served

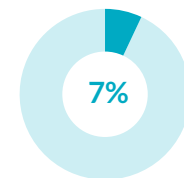

**43,489**

children served

## Race

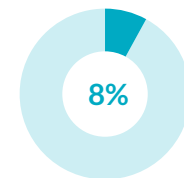


## Ethnicity



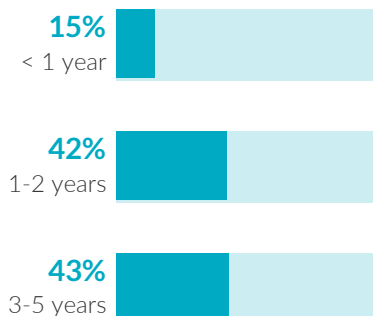
Hispanic or Latino

## Caregiver education

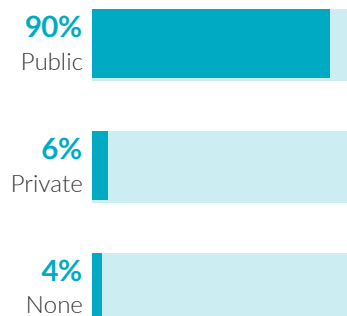


No high school diploma

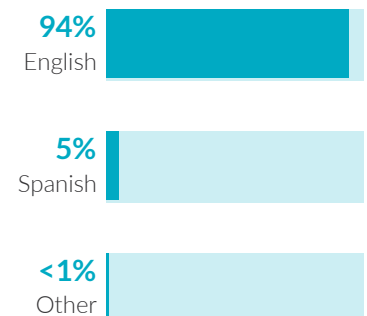
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – MISSOURI

Potential Beneficiaries in 2016

In Missouri, there were 349,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 442,900 children.

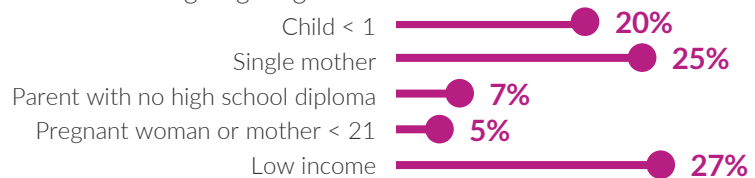
442,900  
children  
could benefit from  
home visiting

Of the 442,900 children who could benefit—

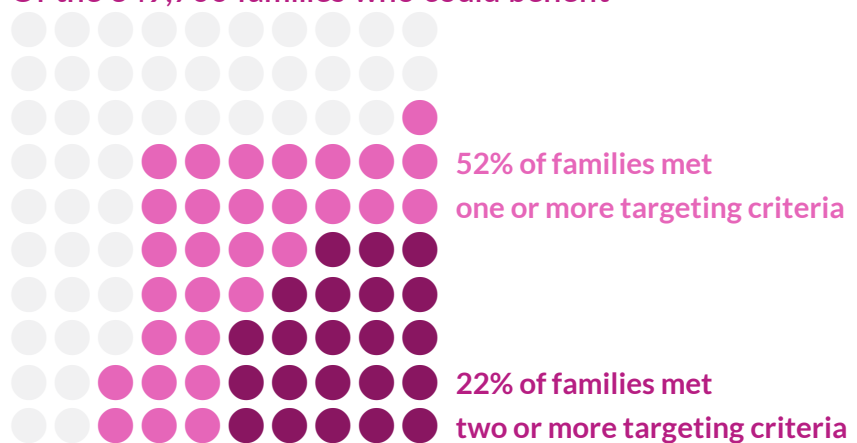
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
71,100 16%	148,700 34%	223,100 50%

349,700  
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 Missouri who met the following targeting criteria:



Of the 349,700 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS programs in 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. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – MONTANA

## Families Served Through Evidence-Based Home Visiting in 2016

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


**19,117**

home visits provided

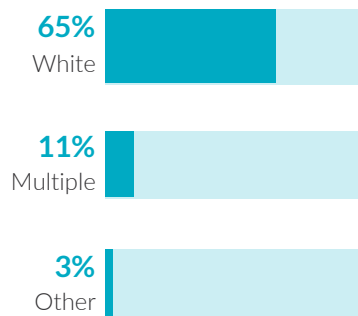
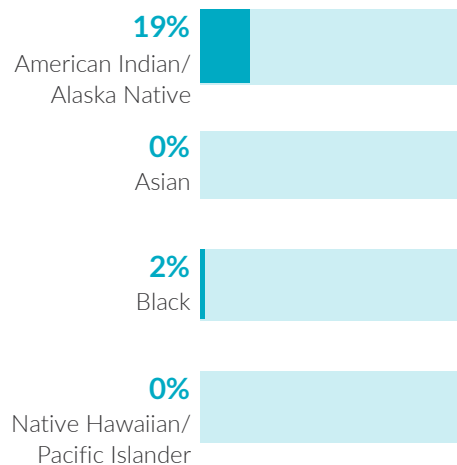

**1,340**

families served

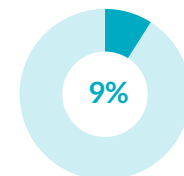

**1,314**

children served

## Race

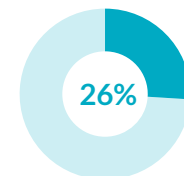


## Ethnicity



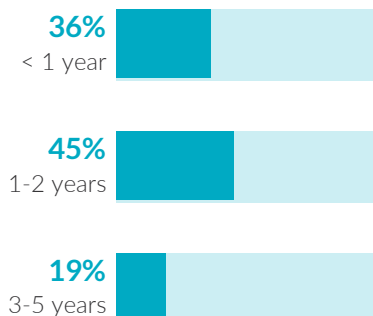
Hispanic or Latino

## Caregiver education

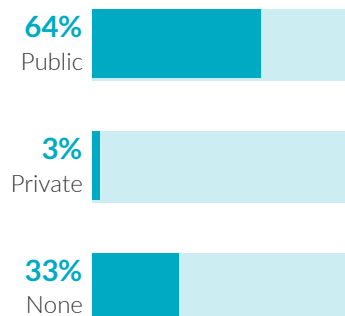


No high school diploma

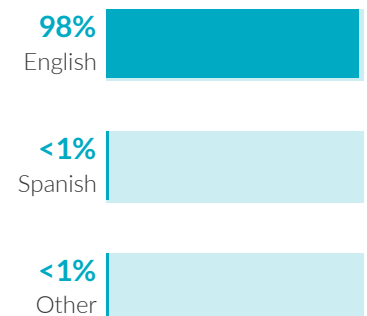
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – MONTANA

Potential Beneficiaries in 2016

In Montana, there were 54,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 73,700 children.

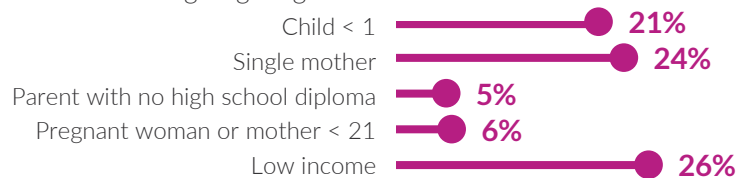
73,700  
children  
could benefit from  
home visiting

Of the 73,700 children who could benefit—

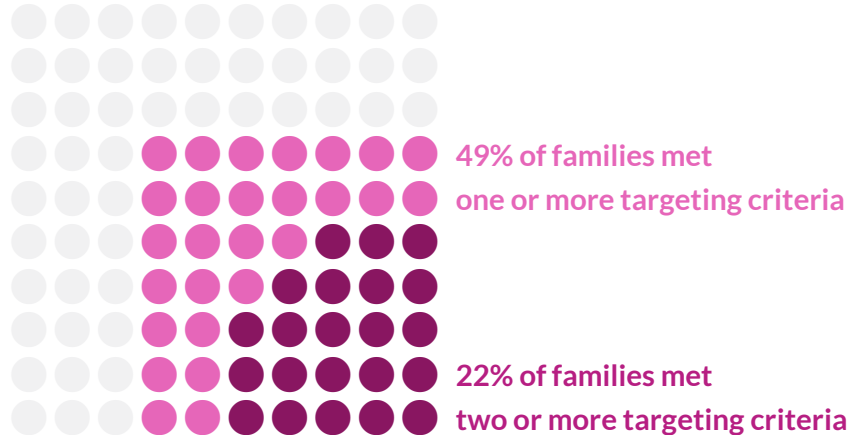
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
12,500 17%	23,900 32%	37,400 51%

54,800  
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 Montana who met the following targeting criteria:



Of the 54,800 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS programs in MT include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • Family Spirit reports children served, families served, and home visits only. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – NEBRASKA

## Families Served Through Evidence-Based Home Visiting in 2016

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



**12,564**

home visits provided



**1,140**

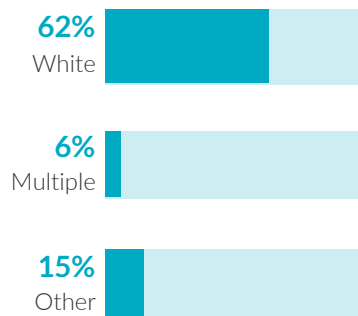
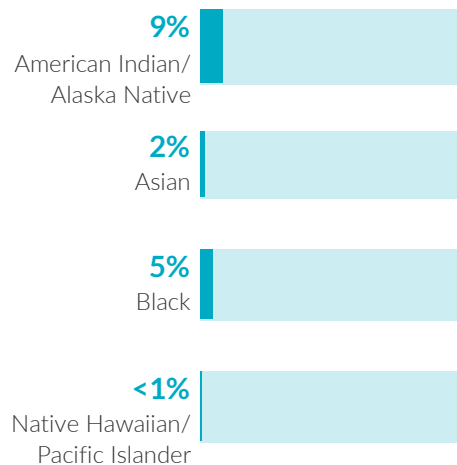
families served



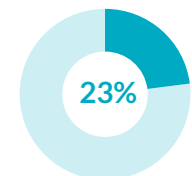
**1,170**

children served

## Race

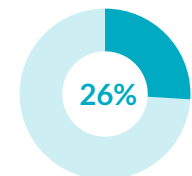


## Ethnicity



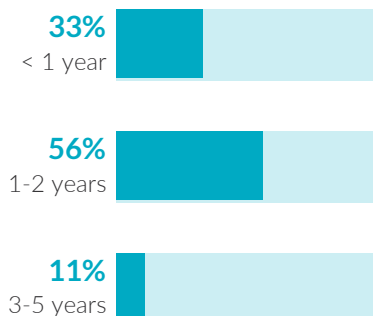
Hispanic or Latino

## Caregiver education

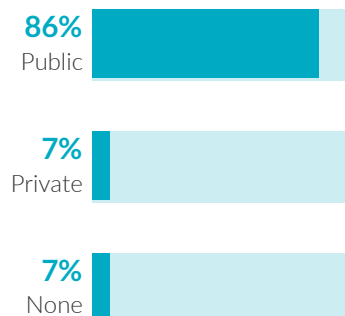


No high school diploma

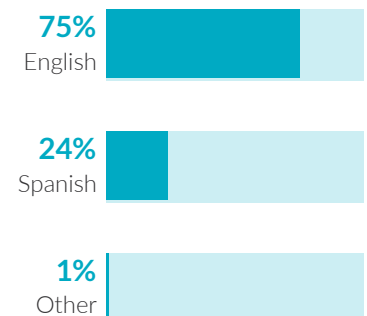
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – NEBRASKA

Potential Beneficiaries in 2016

In Nebraska, there were 117,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 152,700 children.

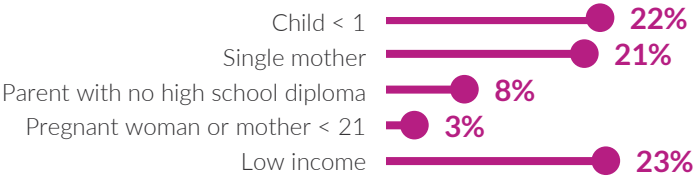
152,700  
children  
could benefit from  
home visiting

Of the 152,700 children who could benefit—

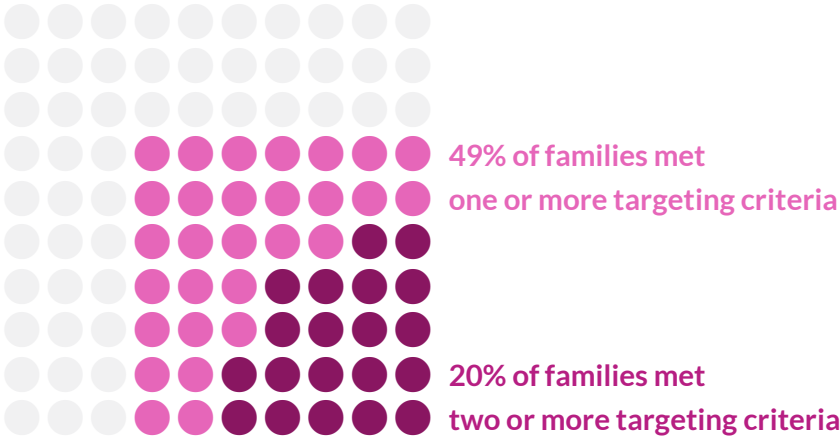
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
27,500 18%	50,900 33%	74,300 49%

117,200  
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 Nebraska who met the following targeting criteria:



Of the 117,200 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – NEVADA

## Families Served Through Evidence-Based Home Visiting in 2016

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, 19 local agencies operated at least one of these models.



7,350

home visits provided



487

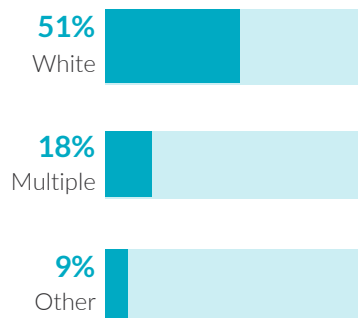
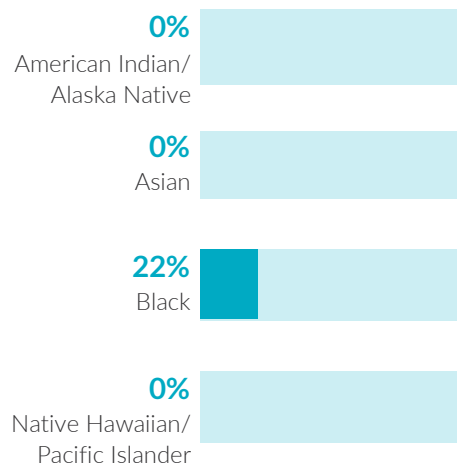
families served



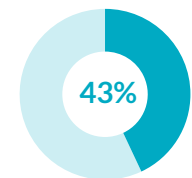
473

children served

## Race

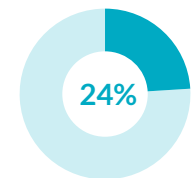


## Ethnicity



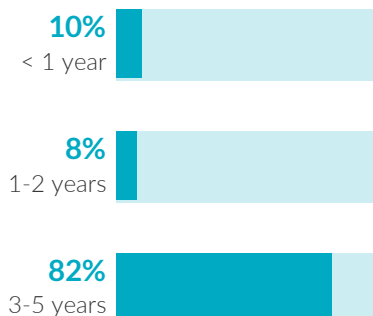
Hispanic or Latino

## Caregiver education

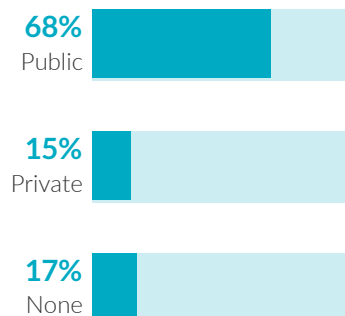


No high school diploma

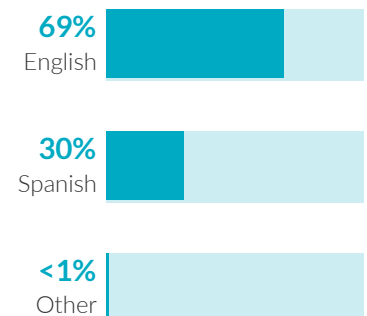
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – NEVADA

Potential Beneficiaries in 2016

In Nevada, there were 166,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 212,000 children.

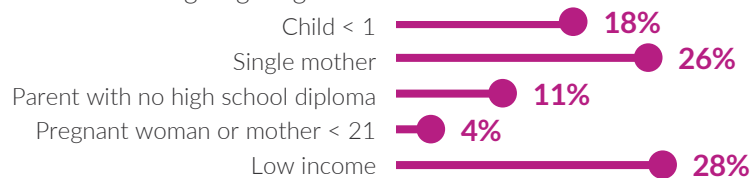
212,000  
children  
could benefit from  
home visiting

Of the 212,000 children who could benefit—

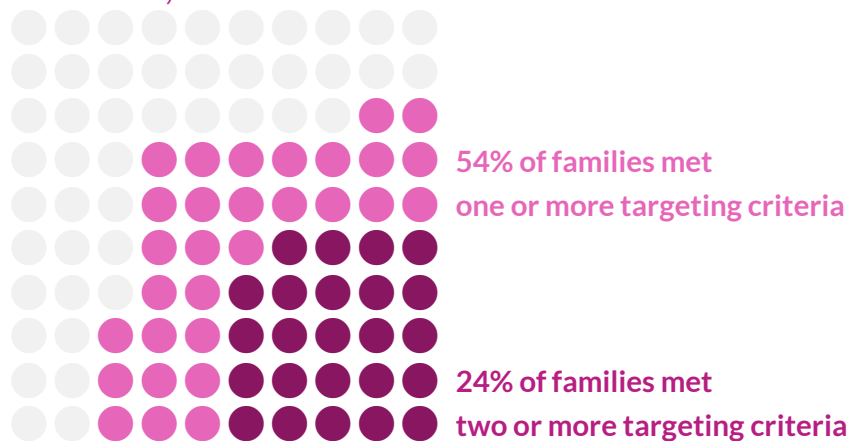
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
32,400 15%	70,200 33%	109,400 52%

166,600  
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 Nevada who met the following targeting criteria:



Of the 166,600 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS programs in NV include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • FCU reports children served only. The number of children served was included as a proxy for families served. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – NEW HAMPSHIRE

## Families Served Through Evidence-Based Home Visiting in 2016

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



**4,639**

home visits provided



**470**

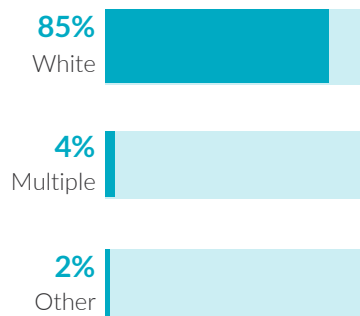
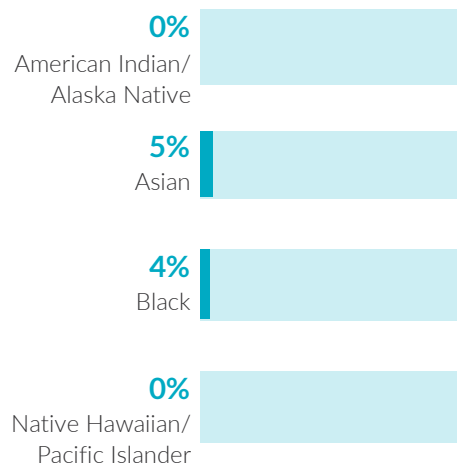
families served



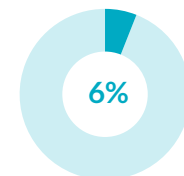
**403**

children served

## Race

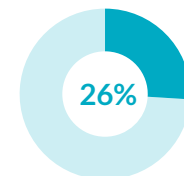


## Ethnicity



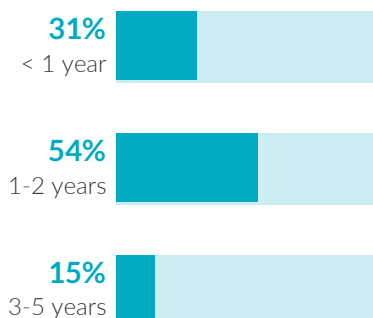
Hispanic or Latino

## Caregiver education

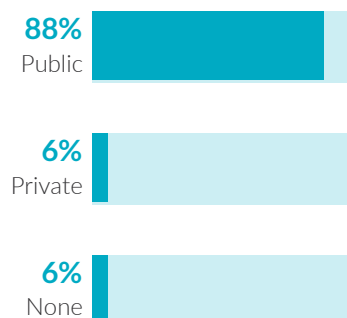


No high school diploma

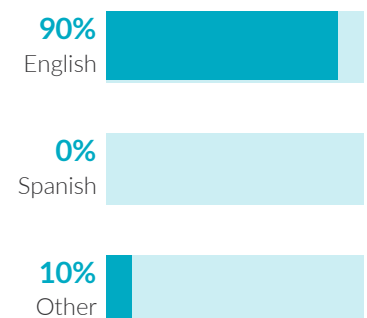
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – NEW HAMPSHIRE

Potential Beneficiaries in 2016

In New Hampshire, there were 63,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 78,200 children.

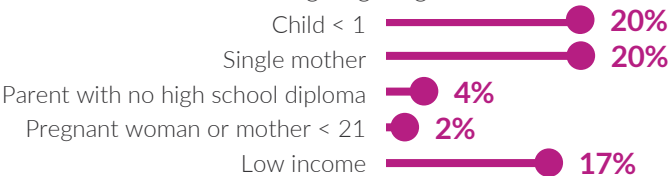
78,200  
children  
could benefit from  
home visiting

Of the 78,200 children who could benefit—

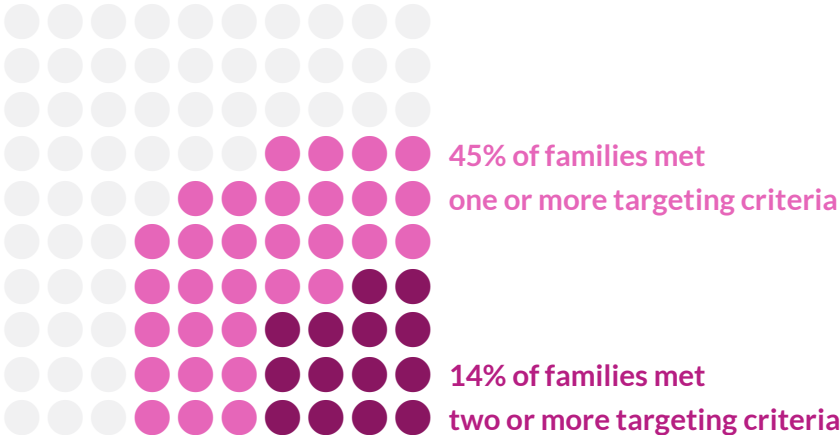
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
13,000 17%	24,600 31%	40,600 52%

63,200  
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 New Hampshire who met the following targeting criteria:



Of the 63,200 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA data in NH come from state MIECHV data.

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## STATE PROFILE – NEW JERSEY

## Families Served Through Evidence-Based Home Visiting in 2016

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.



85,900

home visits provided



6,220

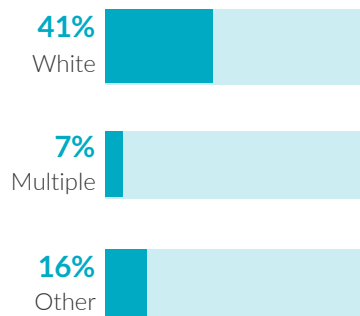
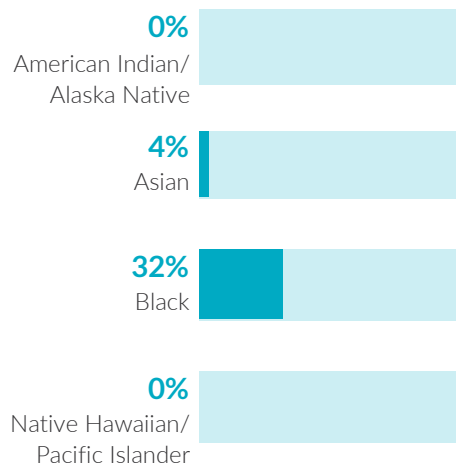
families served



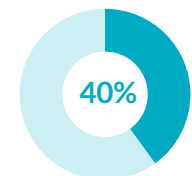
5,432

children served

## Race

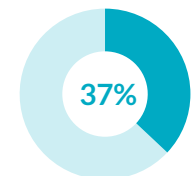


## Ethnicity



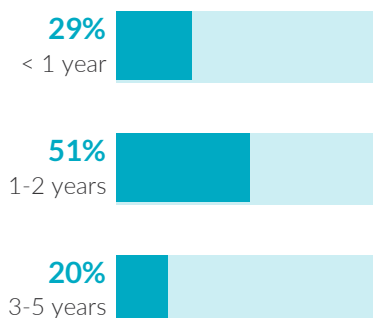
Hispanic or Latino

## Caregiver education

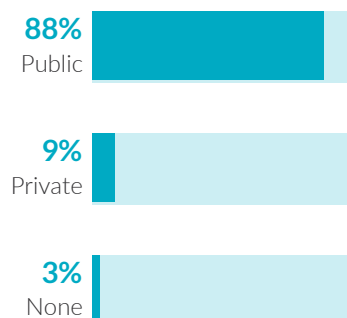


No high school diploma

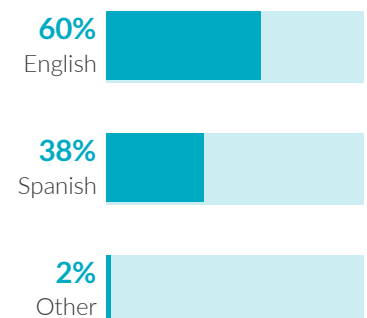
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – NEW JERSEY

Potential Beneficiaries in 2016

In New Jersey, there were 489,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 625,600 children.

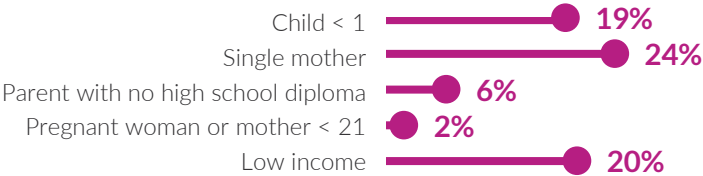
625,600  
children  
could benefit from  
home visiting

Of the 625,600 children who could benefit—

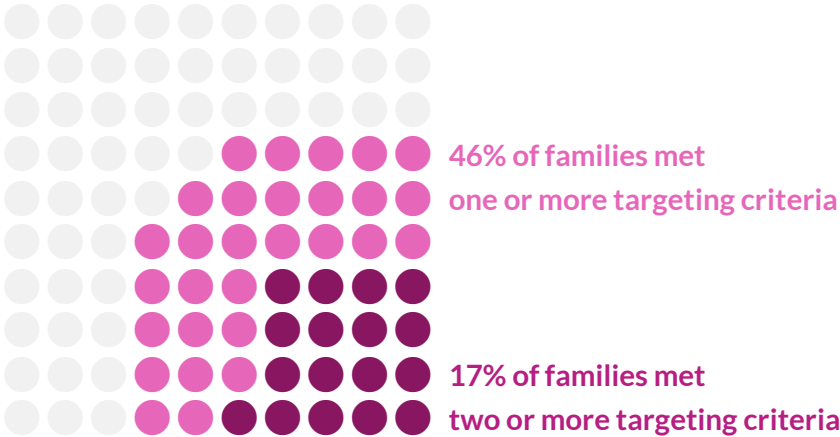
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
98,900 16%	211,600 34%	315,100 50%

489,700  
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 New Jersey who met the following targeting criteria:



Of the 489,700 families who could benefit—



Notes • The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data and may be underreported. Therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – NEW MEXICO

## Families Served Through Evidence-Based Home Visiting in 2016

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.


**27,186**

home visits provided

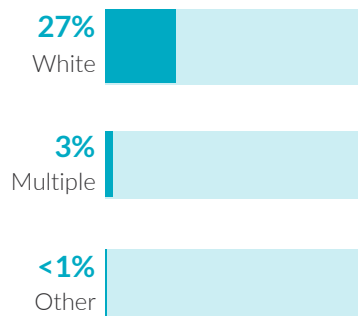
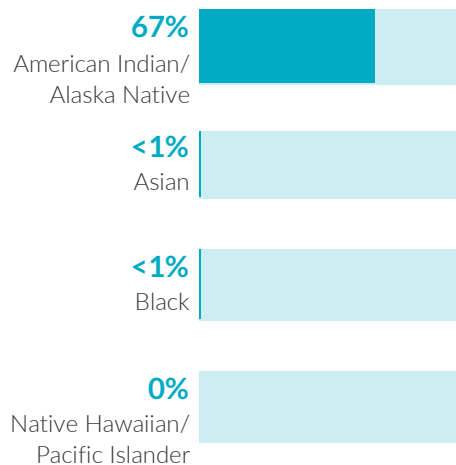

**2,209**

families served

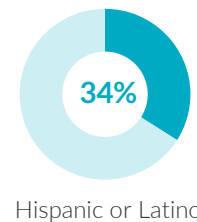

**2,414**

children served

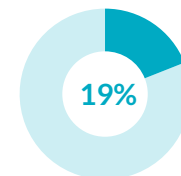
## Race



## Ethnicity

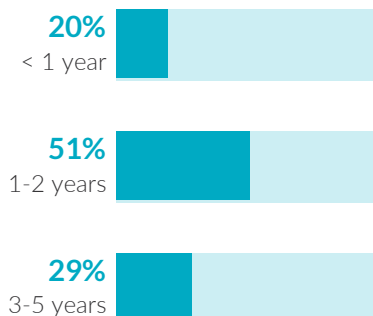


## Caregiver education

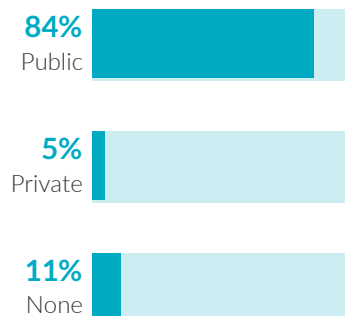


No high school diploma

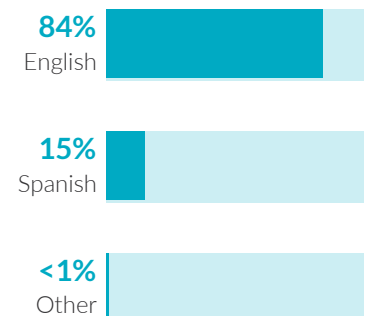
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – NEW MEXICO

Potential Beneficiaries in 2016

In New Mexico, there were 126,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 162,700 children.

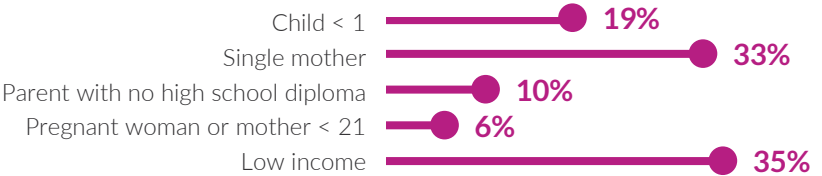
162,700  
children  
could benefit from  
home visiting

Of the 162,700 children who could benefit—

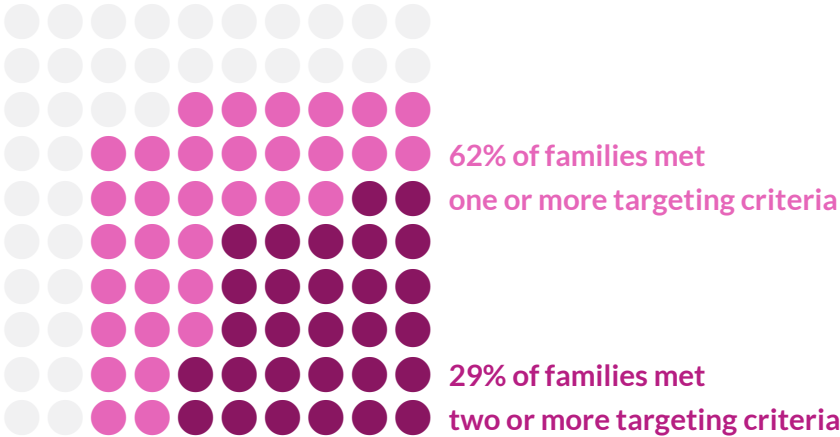
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
26,300 16%	55,000 34%	81,500 50%

126,200  
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 New Mexico who met the following targeting criteria:



Of the 126,200 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS programs in 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. • Family Spirit reports children served, families served, and home visits only. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – NEW YORK

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in New York included Attachment and Biobehavioral Catch-Up, 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.



168,722

home visits provided



11,375

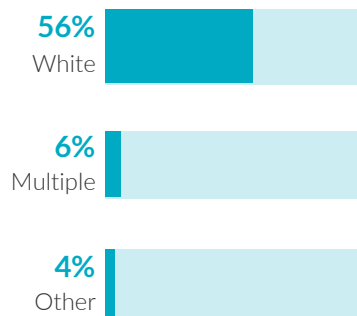
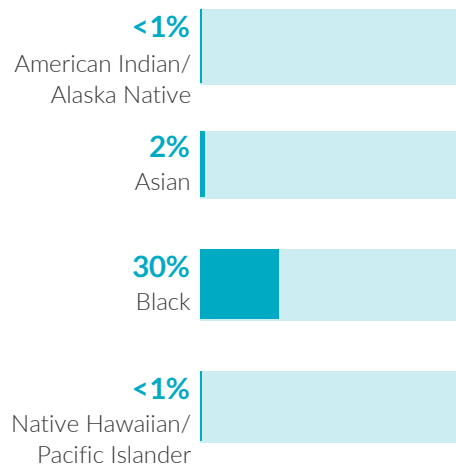
families served



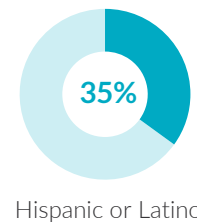
10,658

children served

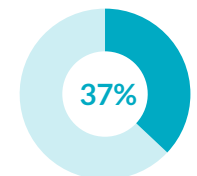
## Race



## Ethnicity

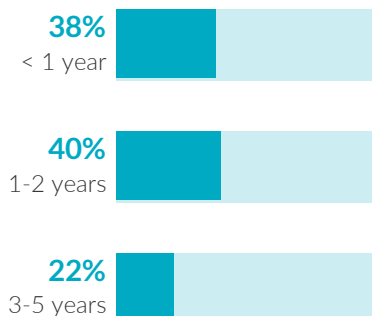


## Caregiver education

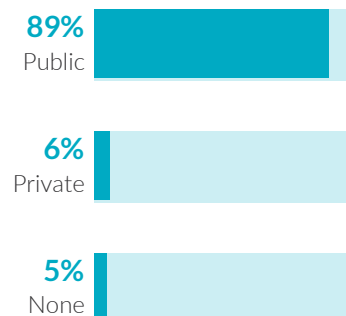


No high school diploma

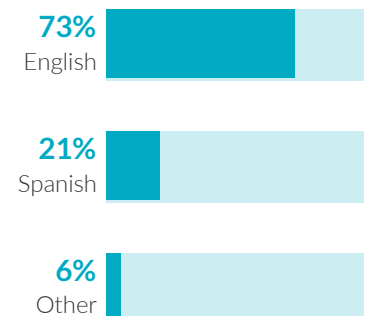
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – NEW YORK

Potential Beneficiaries in 2016

In New York, there were 1,055,105 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 1,345,000 children.

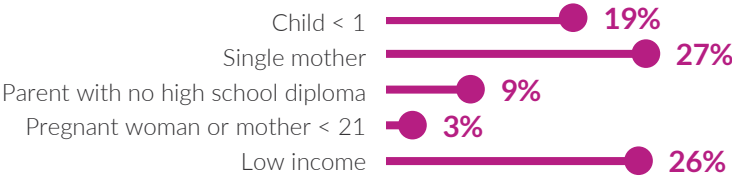
1,345,000  
children  
could benefit from  
home visiting

Of the 1,345,000 children who could benefit—

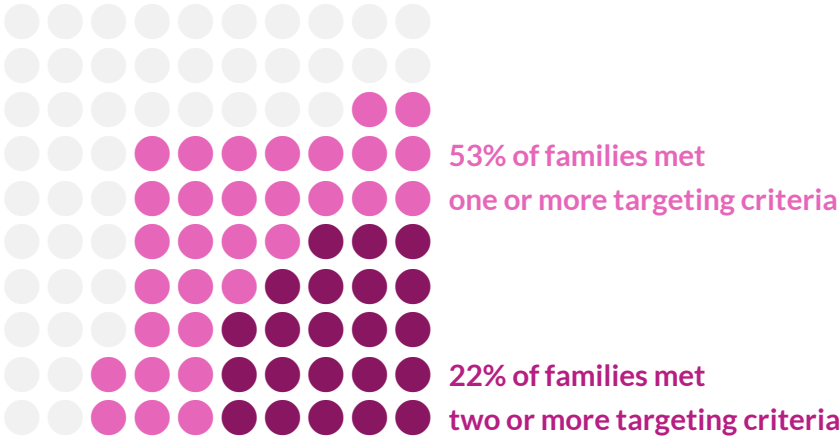
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
221,100 16%	465,600 35%	658,300 49%

1,055,105  
families  
could benefit from  
home visiting

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



Of the 1,055,105 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • ABC data are not available for NY. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – NORTH CAROLINA

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in North Carolina included Attachment and Biobehavioral Catch-Up, Child First, Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 94 local agencies operated at least one of these models.


**99,803**

home visits provided

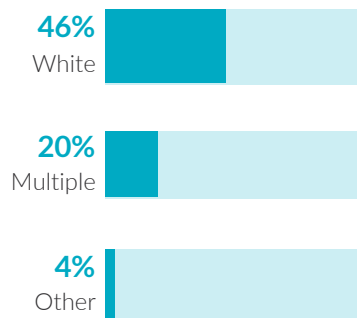
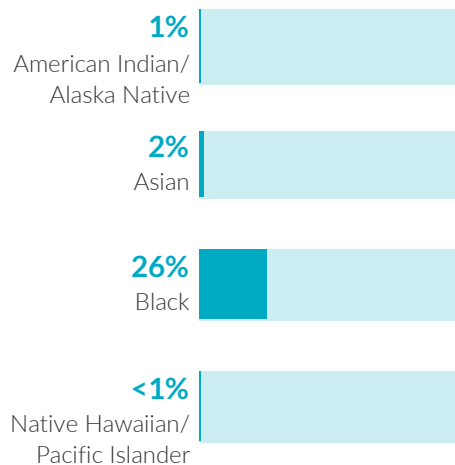

**5,825**

families served

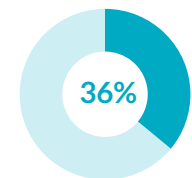

**6,379**

children served

## Race

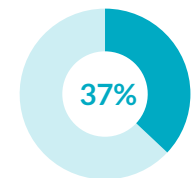


## Ethnicity



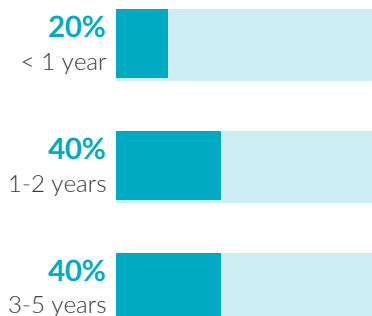
Hispanic or Latino

## Caregiver education

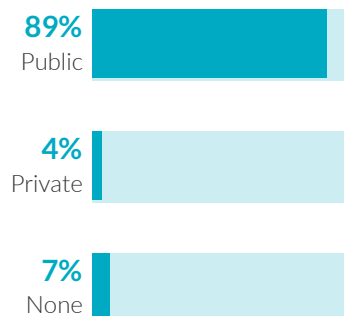


No high school diploma

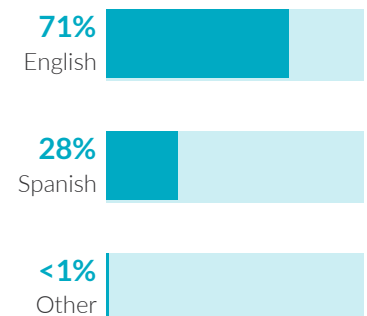
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – NORTH CAROLINA

Potential Beneficiaries in 2016

In North Carolina, there were 572,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 723,800 children.

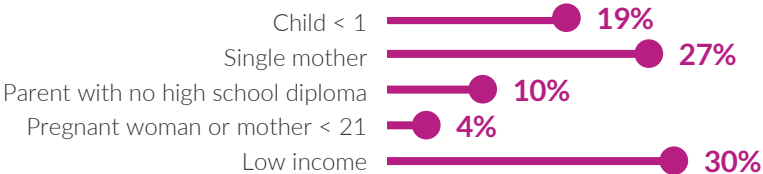
723,800  
children  
could benefit from  
home visiting

Of the 723,800 children who could benefit—

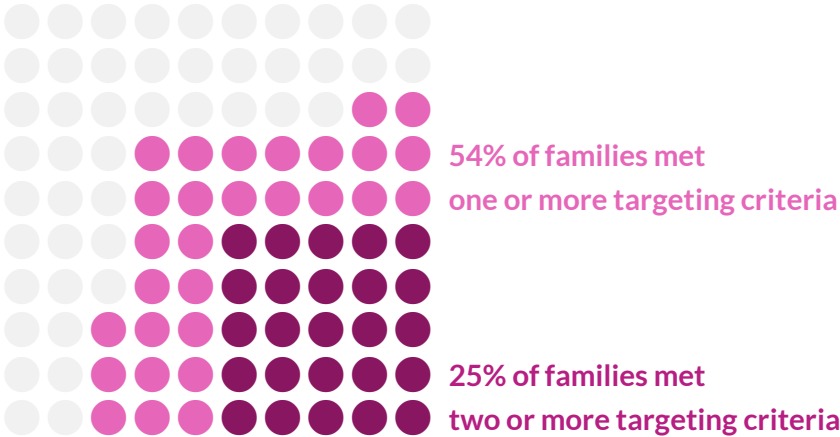
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
113,300 16%	245,000 34%	365,500 50%

572,800  
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 North Carolina who met the following targeting criteria:



Of the 572,800 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • ABC data are not available for NC. • Child First reports children served, families served, and home visits only. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – NORTH DAKOTA

## Families Served Through Evidence-Based Home Visiting in 2016

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


**9,384**

home visits provided

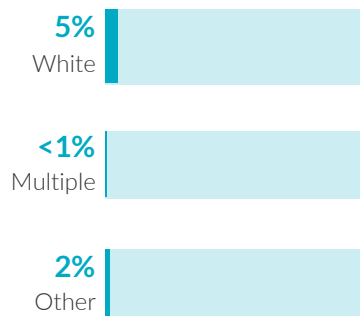
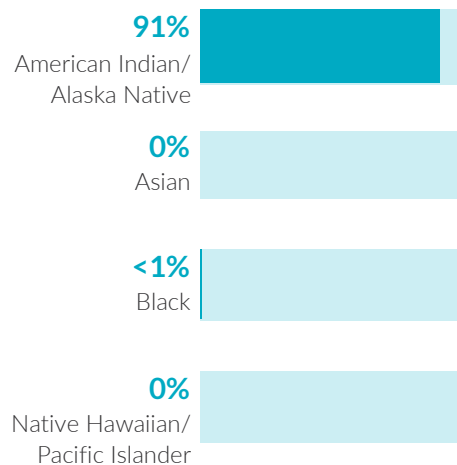

**805**

families served

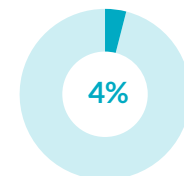

**860**

children served

## Race

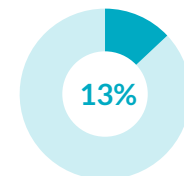


## Ethnicity



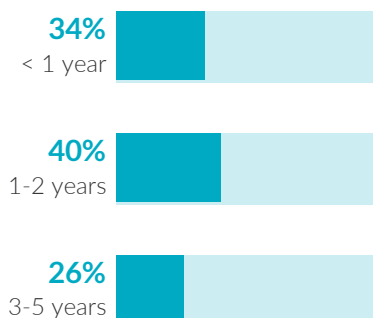
Hispanic or Latino

## Caregiver education

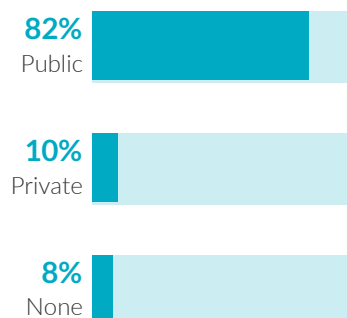


No high school diploma

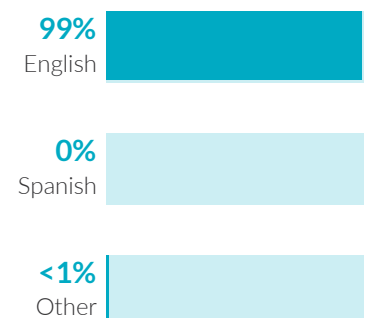
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – NORTH DAKOTA

Potential Beneficiaries in 2016

In North Dakota, there were 46,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 57,800 children.

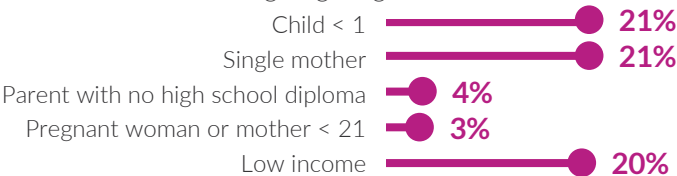
57,800  
children  
could benefit from  
home visiting

Of the 57,800 children who could benefit—

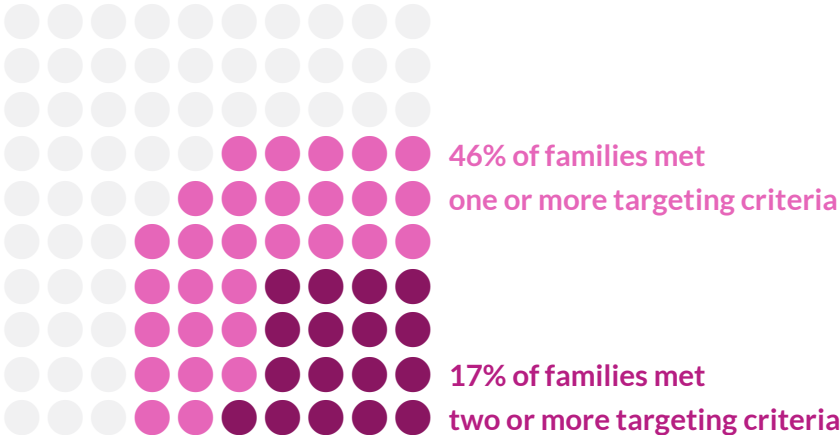
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
9,100 16%	20,900 36%	27,800 48%

46,600  
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 targeting criteria:



Of the 46,600 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race and language categories with fewer than five participants were combined with "Other race" and "Other 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. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – OHIO

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Ohio included Attachment and Biobehavioral Catch-Up, Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 128 local agencies operated at least one of these models.



113,064

home visits provided



10,117

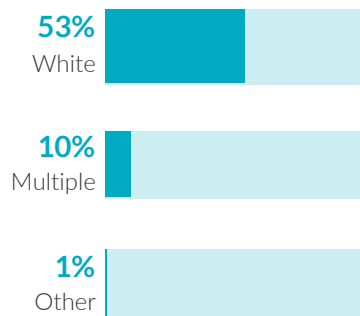
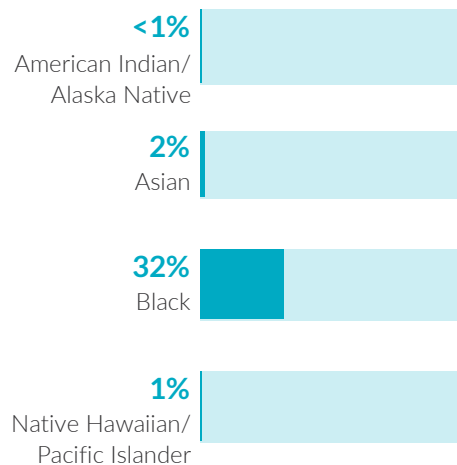
families served



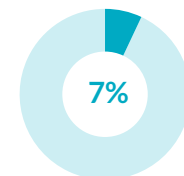
8,910

children served

## Race

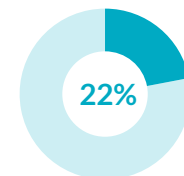


## Ethnicity



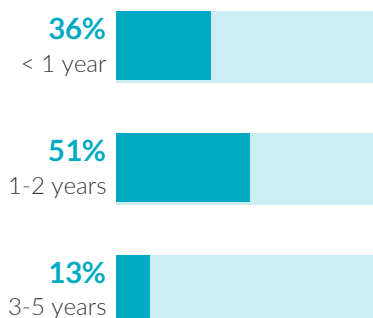
Hispanic or Latino

## Caregiver education

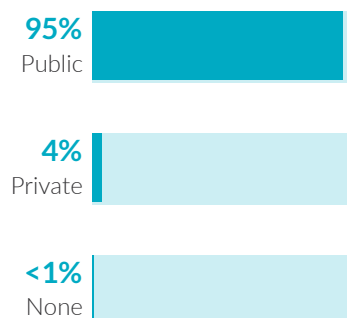


No high school diploma

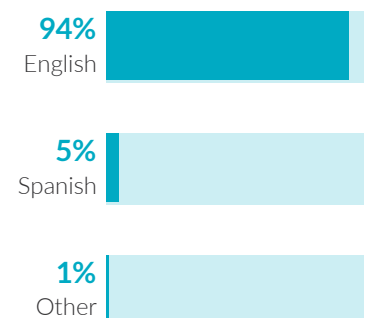
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – OHIO

Potential Beneficiaries in 2016

In Ohio, there were 647,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 823,000 children.

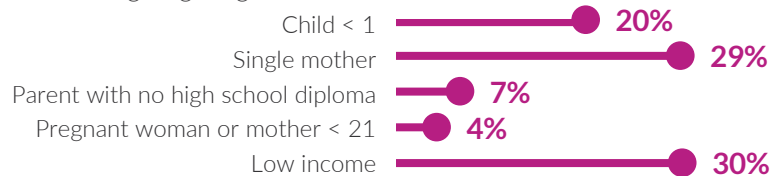
823,000  
children  
could benefit from  
home visiting

Of the 823,000 children who could benefit—

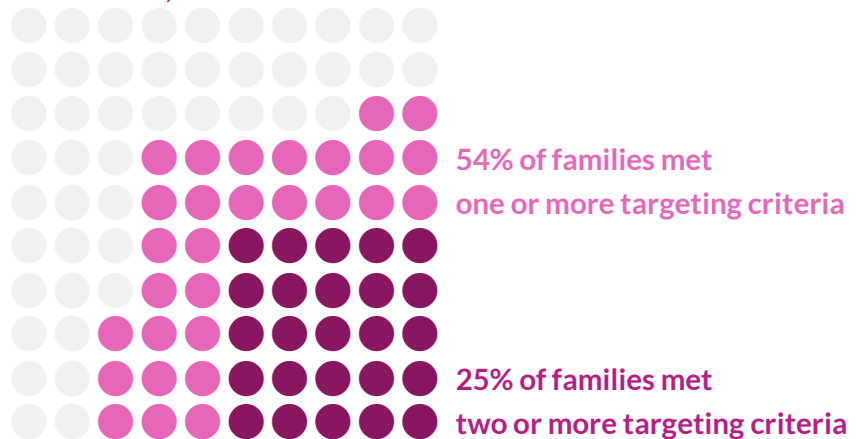
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
131,900 16%	270,000 33%	421,100 51%

647,600  
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 Ohio who met the following targeting criteria:



Of the 647,600 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • ABC data are not available for OH. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – OKLAHOMA

## Families Served Through Evidence-Based Home Visiting in 2016

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


**53,936**

home visits provided

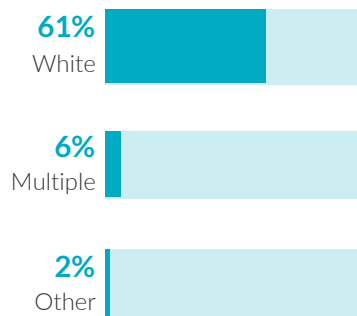
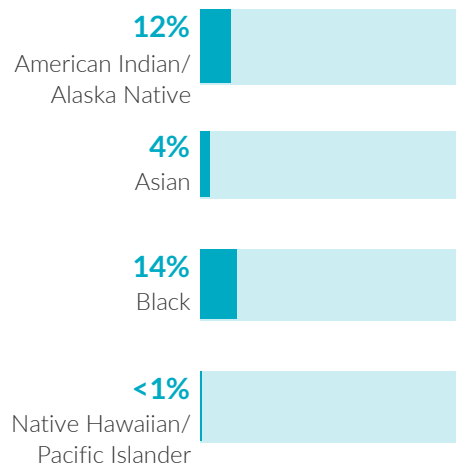

**7,468**

families served

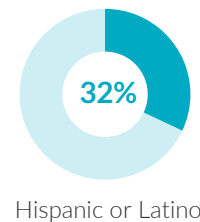

**6,949**

children served

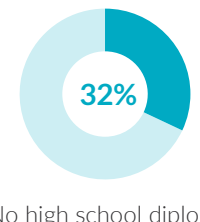
## Race



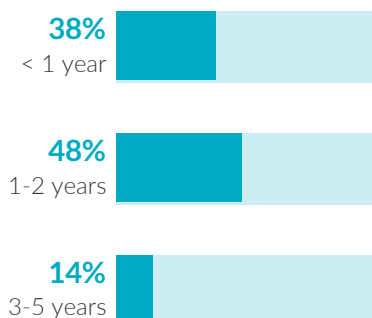
## Ethnicity



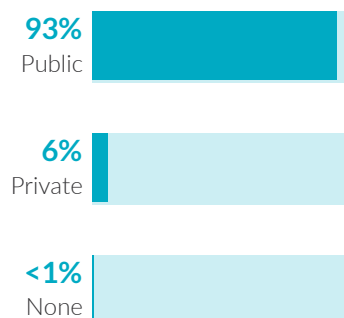
## Caregiver education



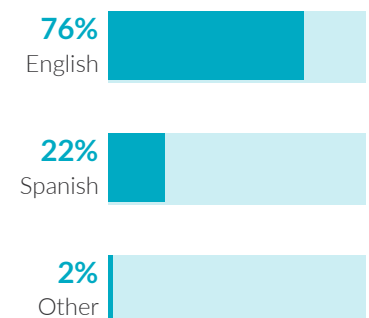
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – OKLAHOMA

Potential Beneficiaries in 2016

In Oklahoma, there were 243,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 312,900 children.

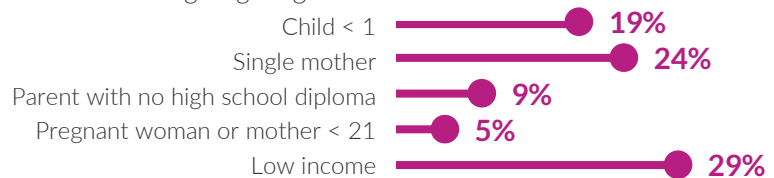
312,900  
children  
could benefit from  
home visiting

Of the 312,900 children who could benefit—

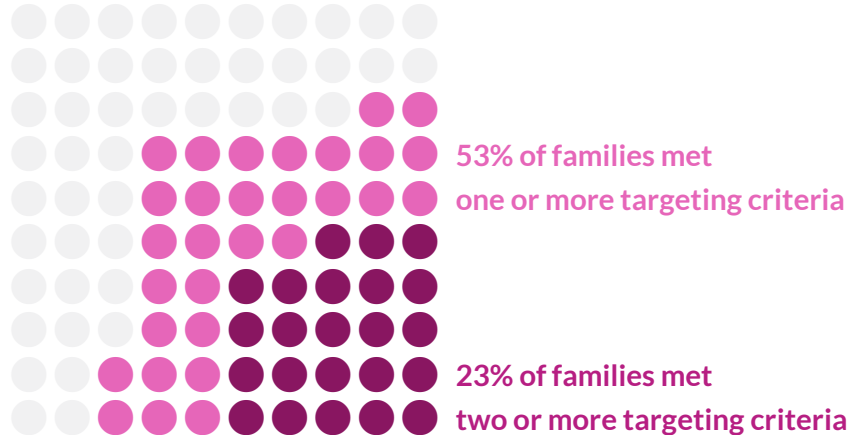
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
49,100 16%	107,600 34%	156,200 50%

243,100  
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 Oklahoma who met the following targeting criteria:



Of the 243,100 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS programs in 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. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – OREGON

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Oregon included Early Head Start, Family Spirit, Family Check-Up, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 56 local agencies operated at least one of these models.


**71,839**

home visits provided

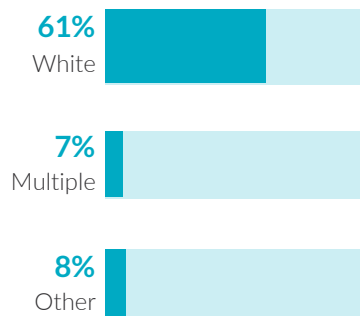
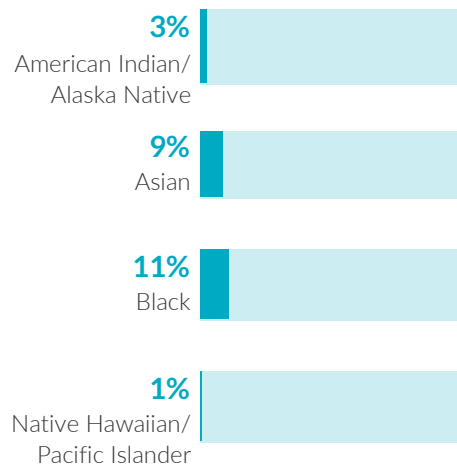

**4,656**

families served

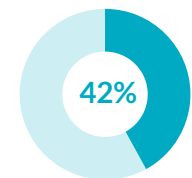

**5,617**

children served

## Race

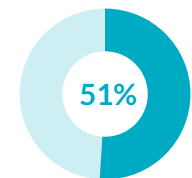


## Ethnicity



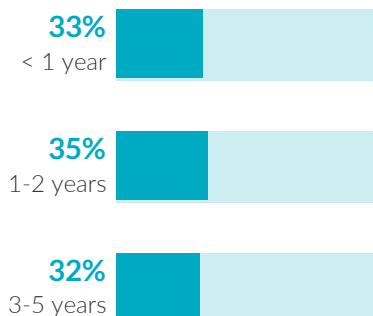
Hispanic or Latino

## Caregiver education

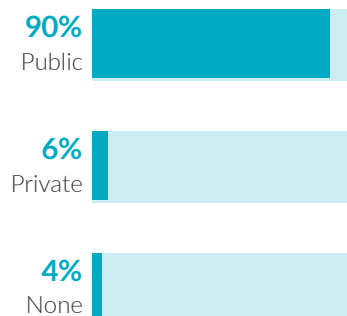


No high school diploma

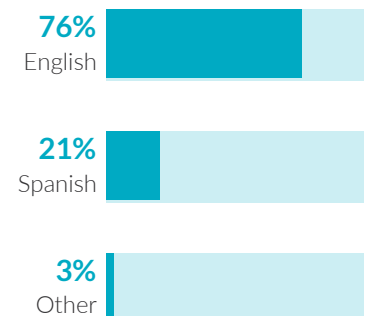
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – OREGON

Potential Beneficiaries in 2016

In Oregon, there were 218,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 272,200 children.

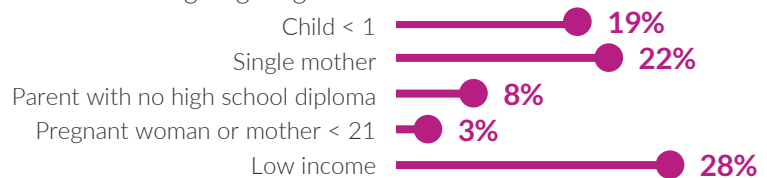
272,200  
children  
could benefit from  
home visiting

Of the 272,200 children who could benefit—

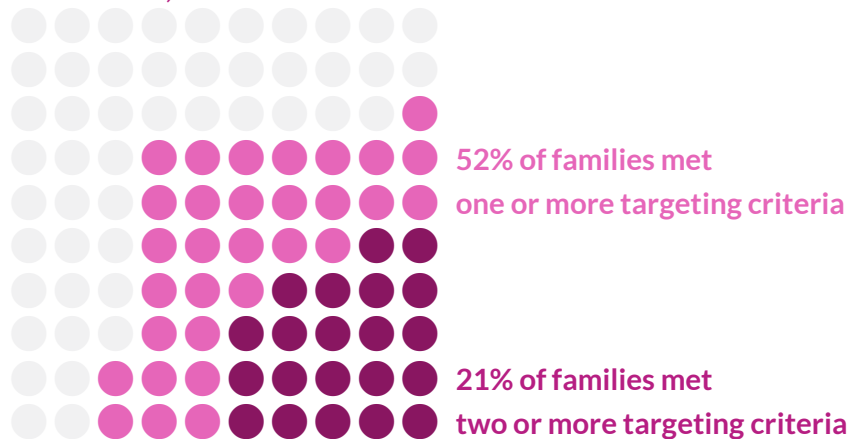
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
42,500 15%	91,900 34%	137,900 51%

218,500  
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 Oregon who met the following targeting criteria:



Of the 218,500 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • FCU reports children served only. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – PENNSYLVANIA

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Pennsylvania included 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, 138 local agencies operated at least one of these models.


**221,932**

home visits provided

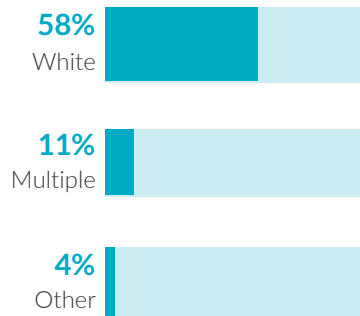
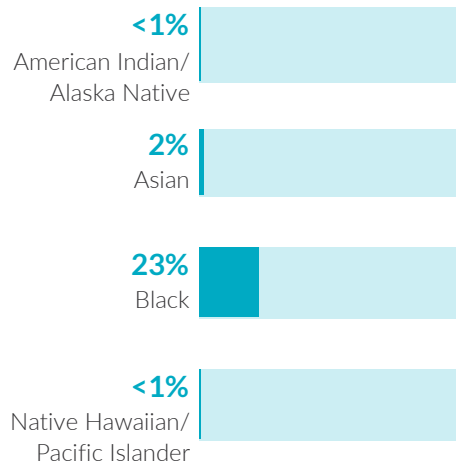

**15,918**

families served

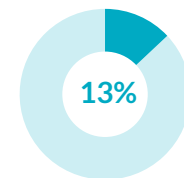

**17,206**

children served

## Race

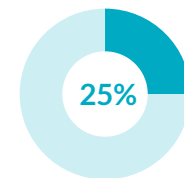


## Ethnicity



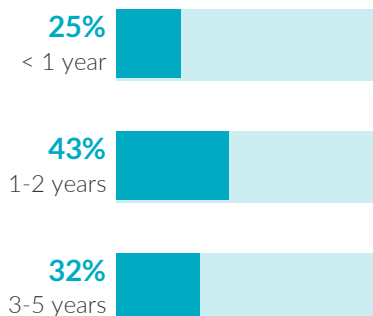
Hispanic or Latino

## Caregiver education

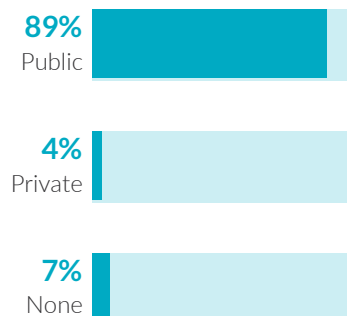


No high school diploma

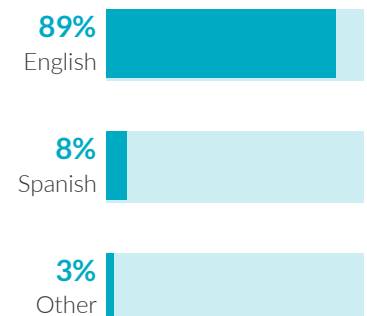
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – PENNSYLVANIA

Potential Beneficiaries in 2016

In Pennsylvania, there were 662,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 845,300 children.

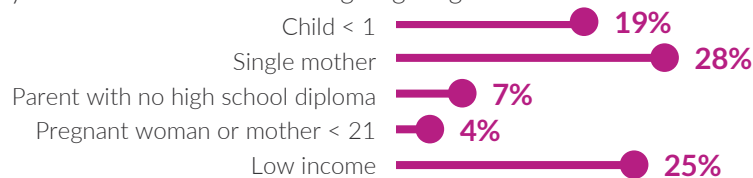
845,300  
children  
could benefit from  
home visiting

Of the 845,300 children who could benefit—

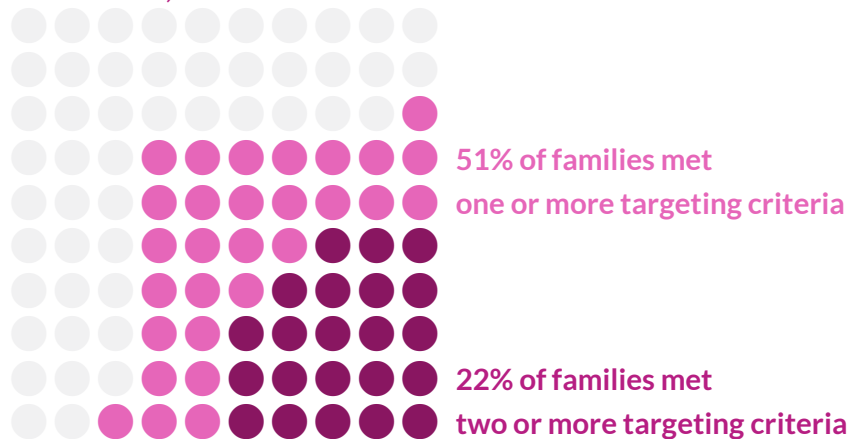
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
136,700 16%	285,800 34%	422,700 50%

662,000  
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 Pennsylvania who met the following targeting criteria:



Of the 662,000 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • FCU reports children served only. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – RHODE ISLAND

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Rhode Island included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 28 local agencies operated at least one of these models.


**21,208**

home visits provided

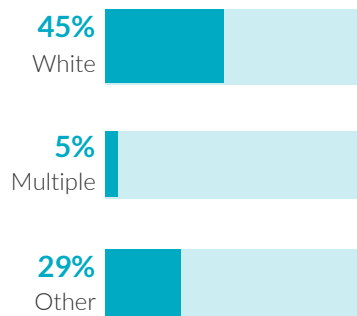
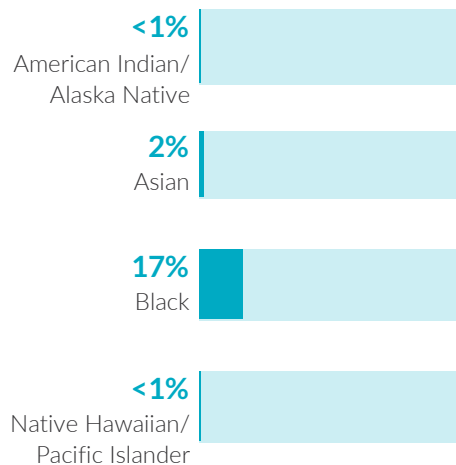

**2,102**

families served

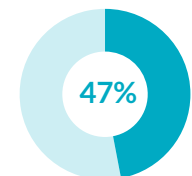

**1,945**

children served

## Race

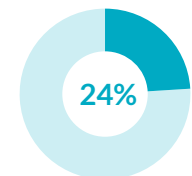


## Ethnicity



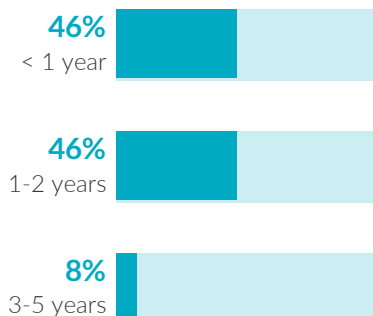
Hispanic or Latino

## Caregiver education

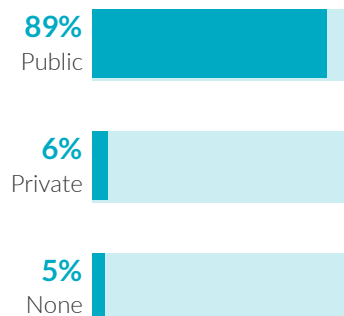


No high school diploma

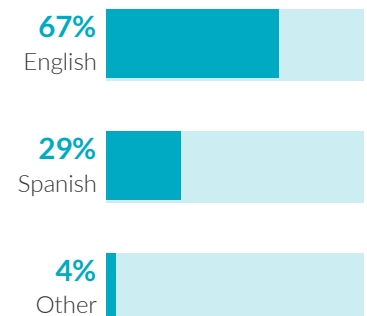
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – RHODE ISLAND

Potential Beneficiaries in 2016

In Rhode Island, there were 55,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 65,700 children.

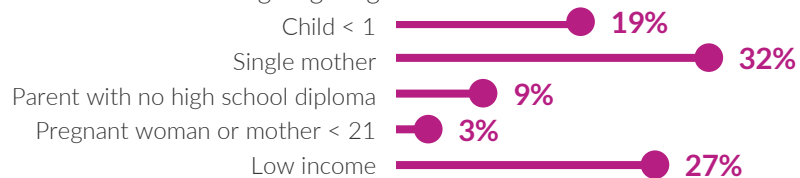
65,700  
children  
could benefit from  
home visiting

Of the 65,700 children who could benefit—

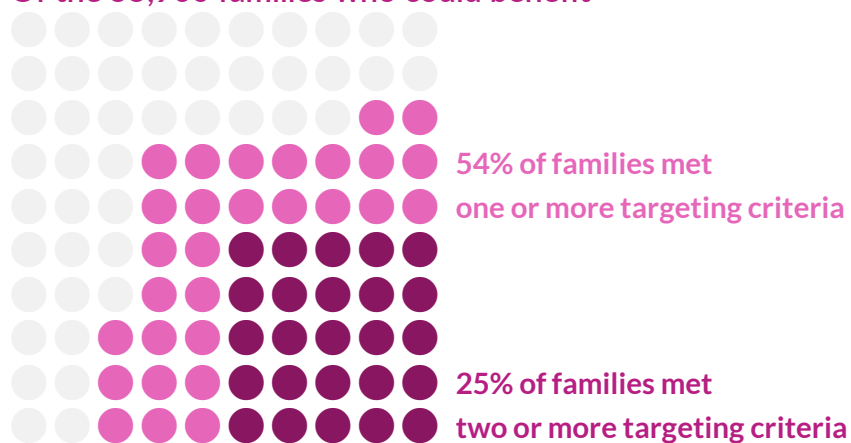
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
10,800 16%	21,800 33%	33,200 51%

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 Rhode Island who met the following targeting criteria:



Of the 55,900 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – SOUTH CAROLINA

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in South Carolina included Early Head Start, Family Check-Up, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 67 local agencies operated at least one of these models.


**77,046**

home visits provided

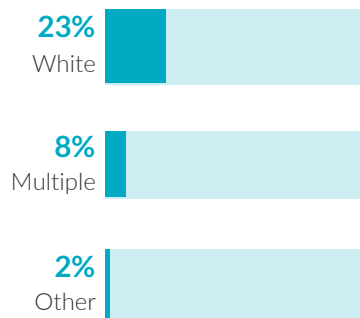
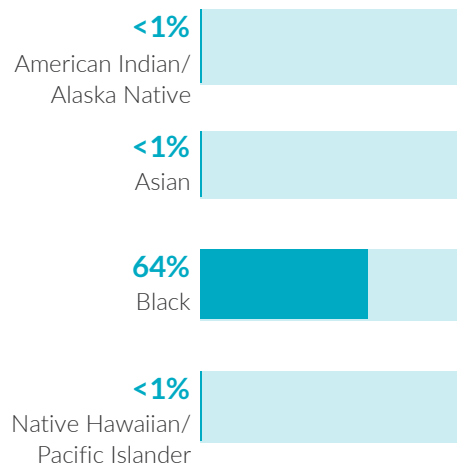

**3,955**

families served

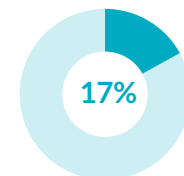

**3,792**

children served

## Race

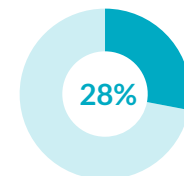


## Ethnicity



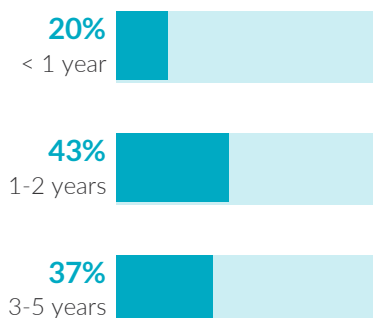
Hispanic or Latino

## Caregiver education

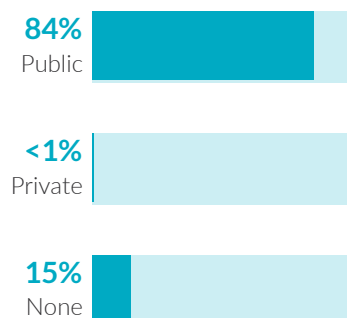


No high school diploma

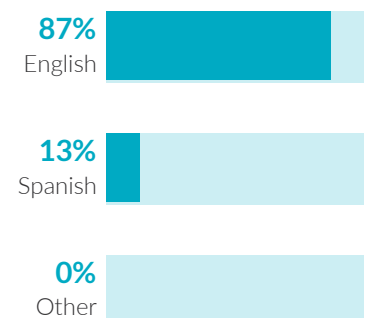
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – SOUTH CAROLINA

Potential Beneficiaries in 2016

In South Carolina, there were 270,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 339,700 children.

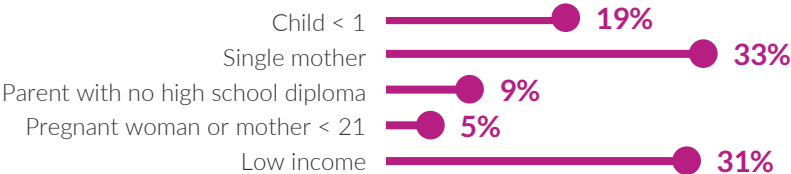
339,700  
children  
could benefit from  
home visiting

Of the 339,700 children who could benefit—

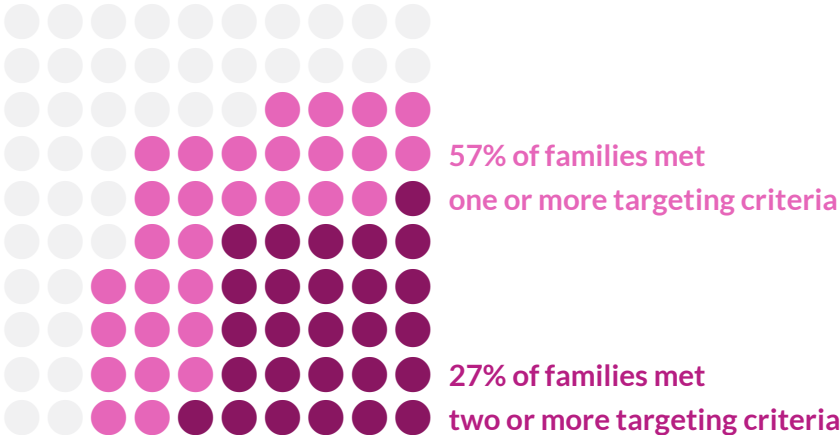
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
53,100 16%	114,100 33%	172,500 51%

270,500  
families  
could benefit from  
home visiting

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



Of the 270,500 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS programs in SC include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • FCU reports children served only. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – SOUTH DAKOTA

## Families Served Through Evidence-Based Home Visiting in 2016

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



**10,506**

home visits provided



**977**

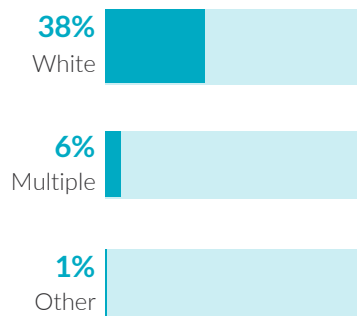
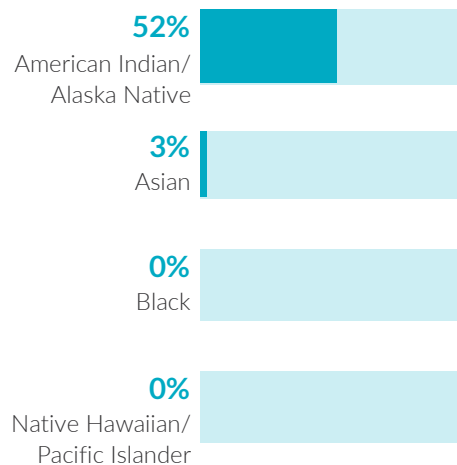
families served



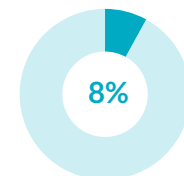
**972**

children served

## Race

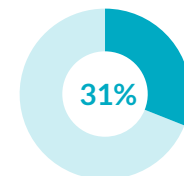


## Ethnicity



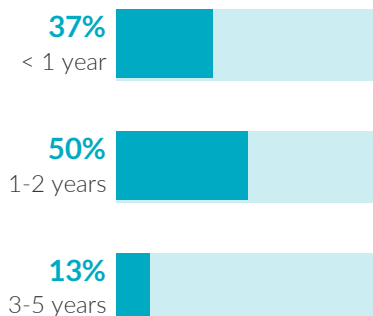
Hispanic or Latino

## Caregiver education

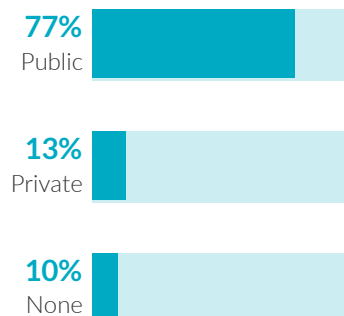


No high school diploma

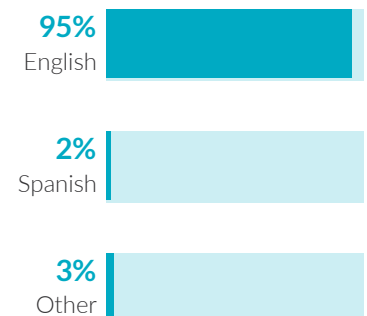
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – SOUTH DAKOTA

Potential Beneficiaries in 2016

In South Dakota, there were 53,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 70,700 children.

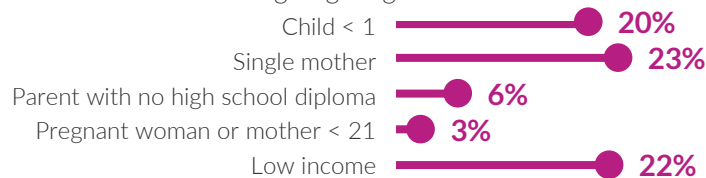
70,700  
children  
could benefit from  
home visiting

Of the 70,700 children who could benefit—

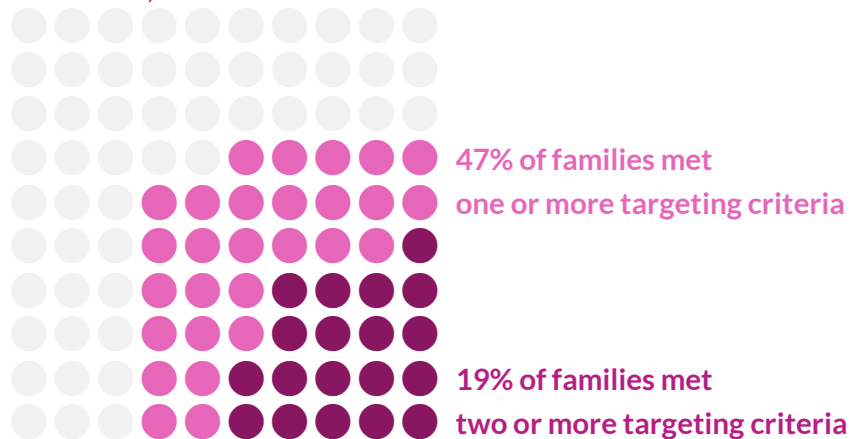
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
11,300 16%	23,800 34%	35,700 50%

53,400  
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 South Dakota who met the following targeting criteria:



Of the 53,400 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – TENNESSEE

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Tennessee included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 26 local agencies operated at least one of these models.


**37,619**

home visits provided

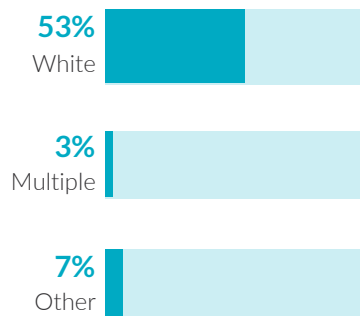
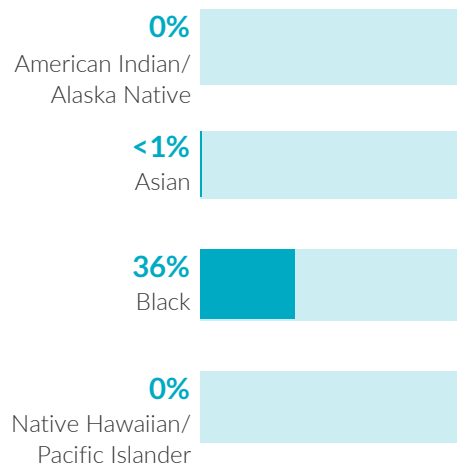

**2,767**

families served

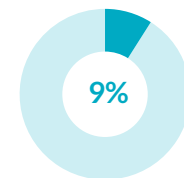

**2,578**

children served

## Race

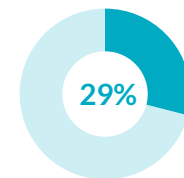


## Ethnicity



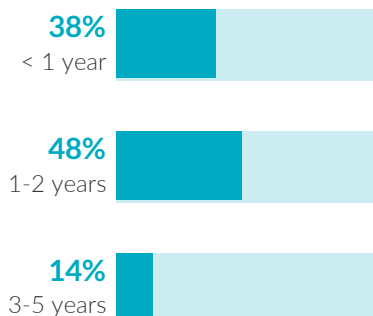
Hispanic or Latino

## Caregiver education

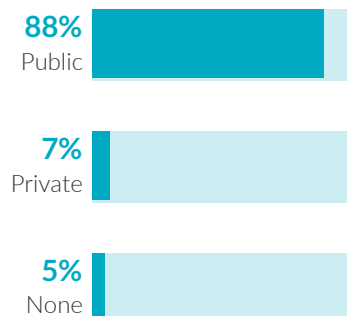


No high school diploma

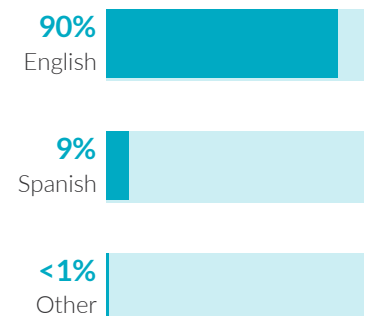
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – TENNESSEE

Potential Beneficiaries in 2016

In Tennessee, there were 376,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 473,900 children.

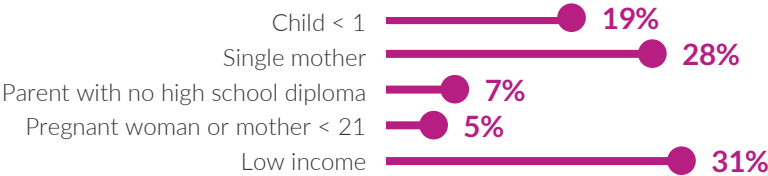
473,900  
children  
could benefit from  
home visiting

Of the 473,900 children who could benefit—

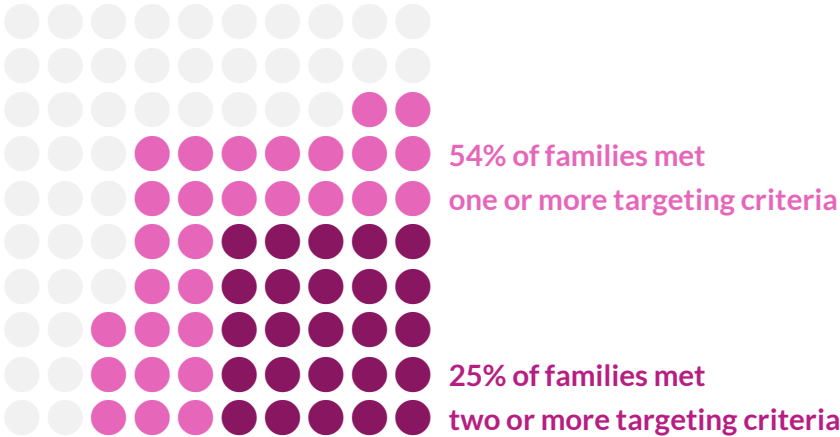
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
75,200 16%	159,200 34%	239,500 50%

376,800  
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 Tennessee who met the following targeting criteria:



Of the 376,800 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – TEXAS

## Families Served Through Evidence-Based Home Visiting in 2016

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, 114 local agencies operated at least one of these models.


**228,843**

home visits provided

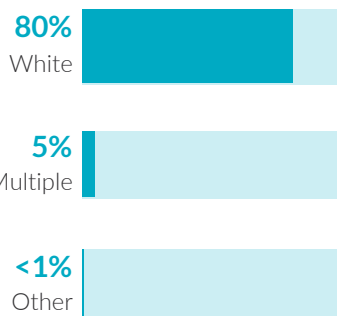
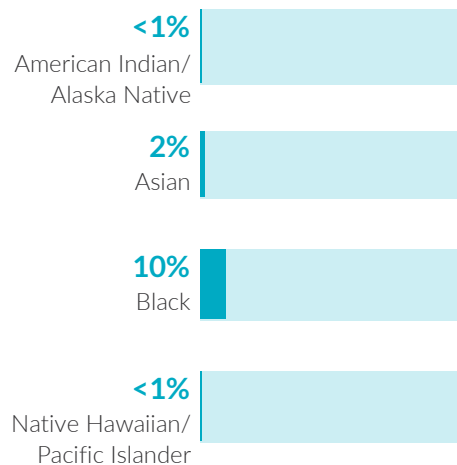

**14,754**

families served

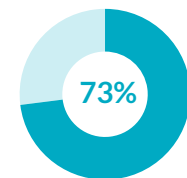

**16,016**

children served

## Race

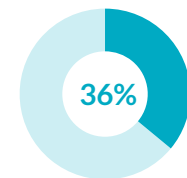


## Ethnicity



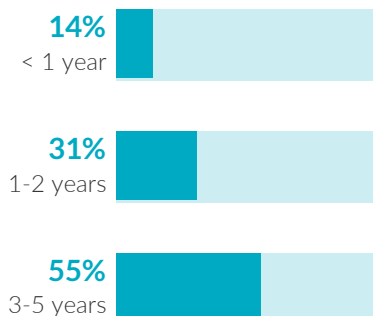
Hispanic or Latino

## Caregiver education

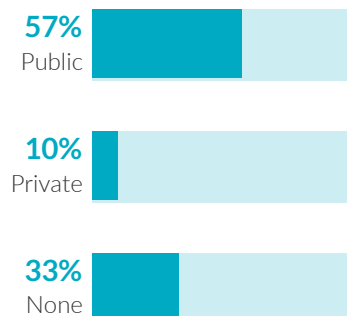


No high school diploma

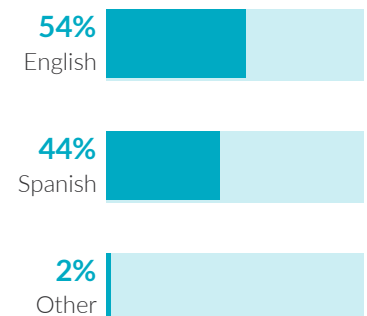
## Child age



## Child insurance status



## Primary language





## STATE PROFILE – TEXAS

## Potential Beneficiaries in 2016

In Texas, there were 1,769,176 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 2,289,300 children.

# 2,289,300 children

could benefit from  
home visiting

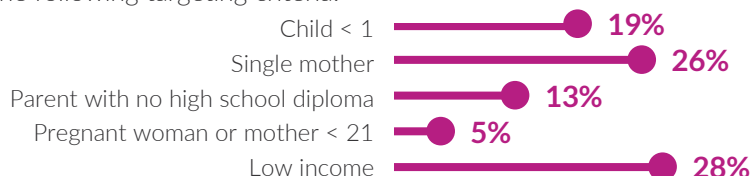
## Of the 2,289,300 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
359,800 16%	774,200 34%	1,155,300 50%

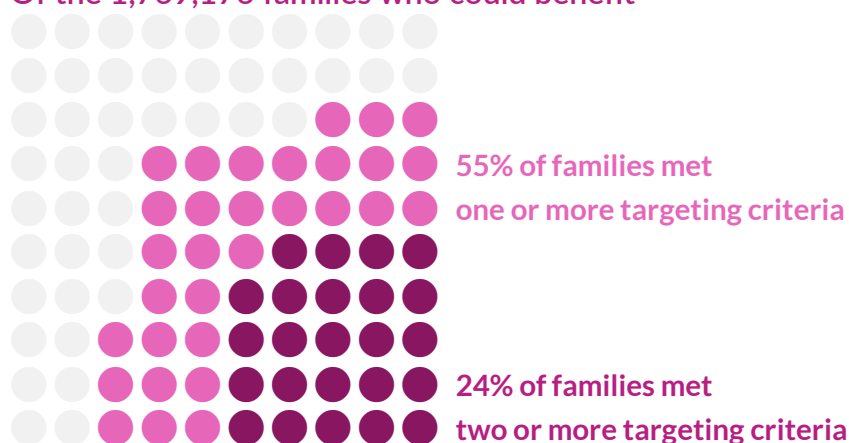
# 1,769,176 families

could benefit from  
home visiting

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



## Of the 1,769,176 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • PALS data are not available for TX. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – UTAH

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Utah 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.


**29,079**

home visits provided

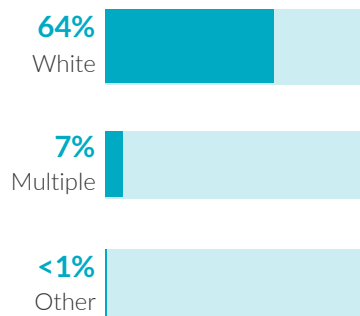
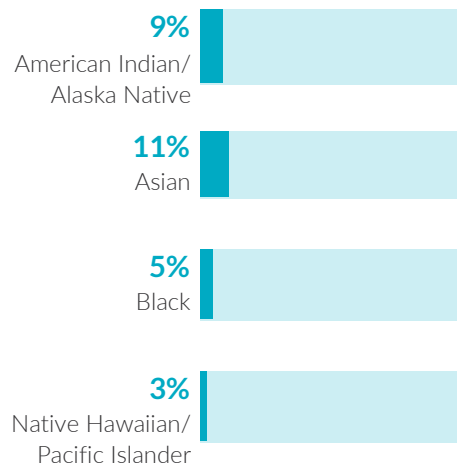

**2,151**

families served

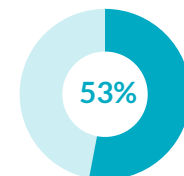

**2,165**

children served

## Race

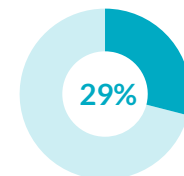


## Ethnicity



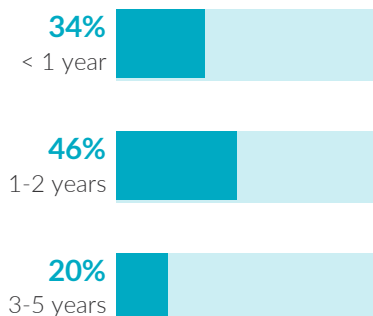
Hispanic or Latino

## Caregiver education

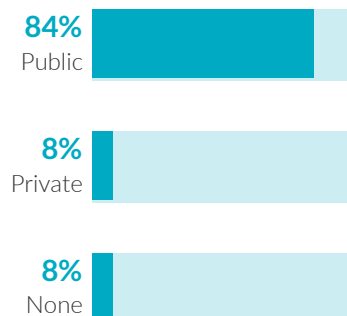


No high school diploma

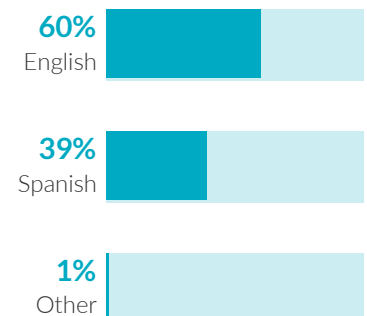
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – UTAH

Potential Beneficiaries in 2016

In Utah, there were 215,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 300,500 children.

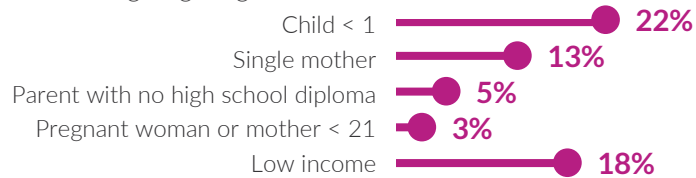
300,500  
children  
could benefit from  
home visiting

Of the 300,500 children who could benefit—

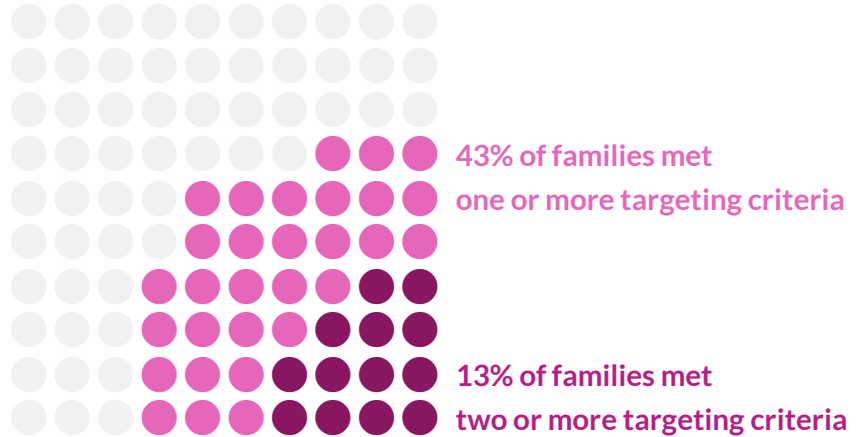
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
48,500 16%	102,600 34%	149,300 50%

215,900  
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 Utah who met the following targeting criteria:



Of the 215,900 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – VERMONT

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Vermont included Early Head Start, Maternal Early Childhood Sustained Home-Visiting, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 24 local agencies operated at least one of these models.



9,591

home visits provided



445

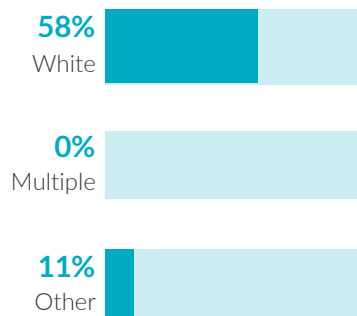
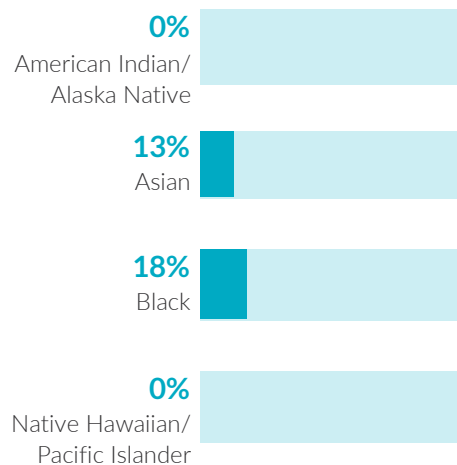
families served



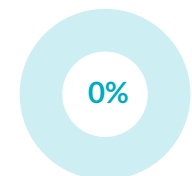
403

children served

## Race

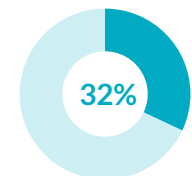


## Ethnicity



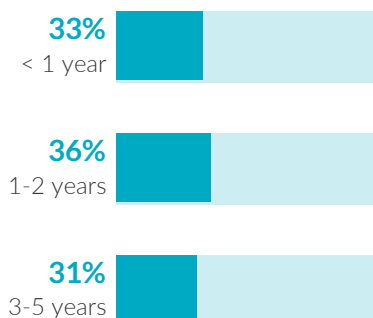
Hispanic or Latino

## Caregiver education

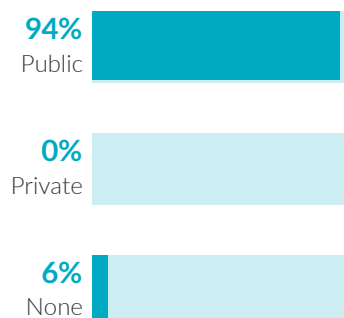


No high school diploma

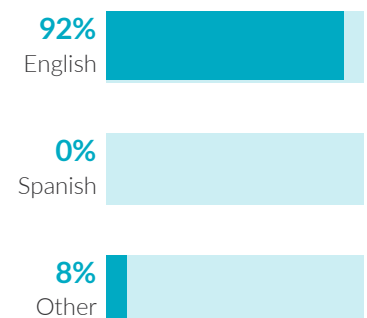
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – VERMONT

Potential Beneficiaries in 2016

In Vermont, there were 28,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 36,100 children.

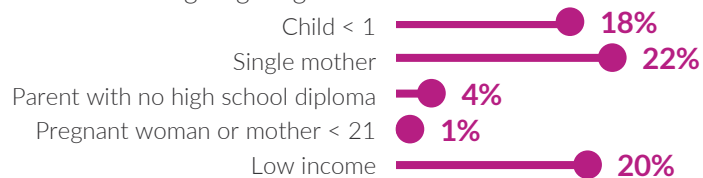
36,100  
children  
could benefit from  
home visiting

Of the 36,100 children who could benefit—

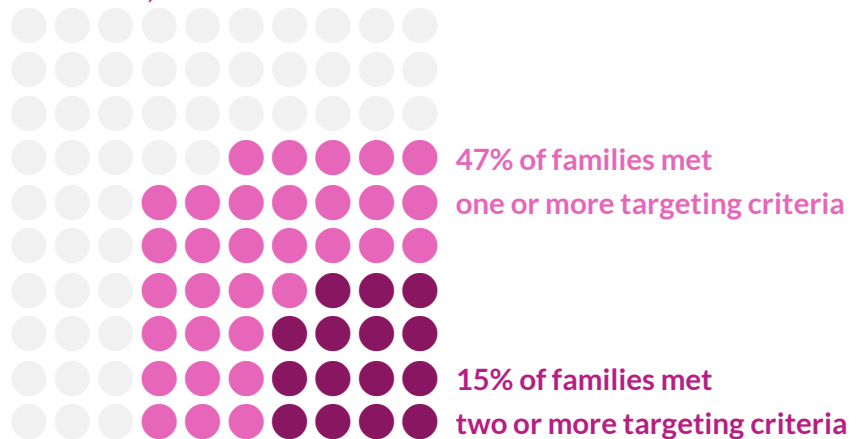
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
5,600 15%	11,800 33%	18,700 52%

28,900  
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 Vermont who met the following targeting criteria:



Of the 28,900 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS programs in VT include a combination of center-based and home-based services. Home-based service data cannot be isolated from statewide data; therefore, EHS data are not reported. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – VIRGINIA

## Families Served Through Evidence-Based Home Visiting in 2016

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, 60 local agencies operated at least one of these models.



77,670

home visits provided



5,521

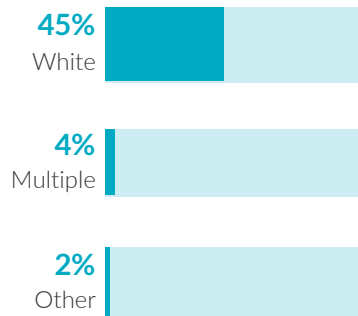
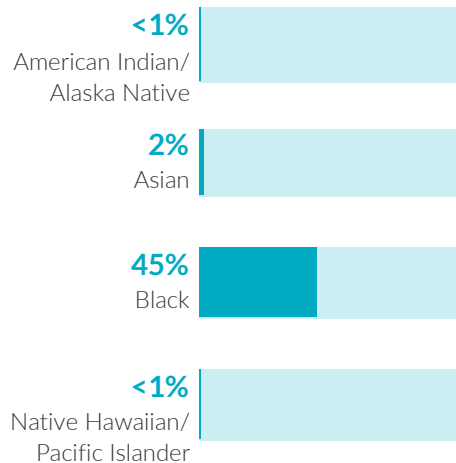
families served



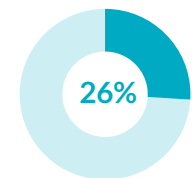
5,781

children served

## Race

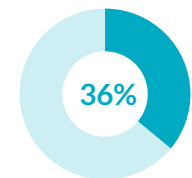


## Ethnicity



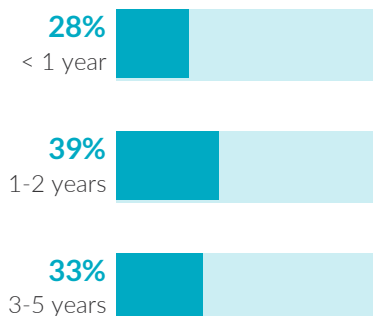
Hispanic or Latino

## Caregiver education

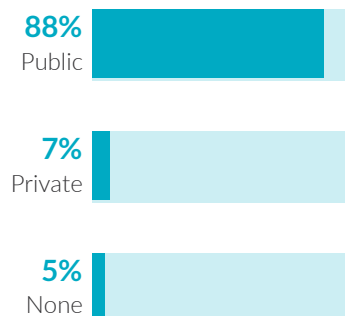


No high school diploma

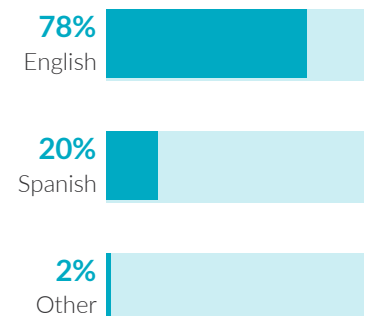
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – VIRGINIA

Potential Beneficiaries in 2016

In Virginia, there were 477,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 601,200 children.

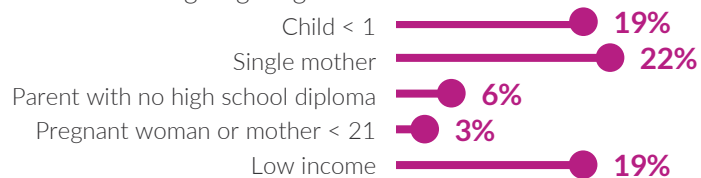
601,200  
children  
could benefit from  
home visiting

Of the 601,200 children who could benefit—

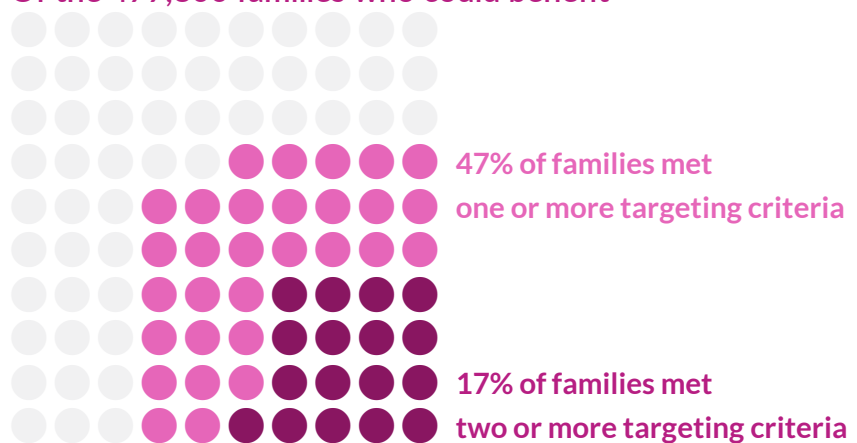
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
98,800 16%	203,000 34%	299,500 50%

477,800  
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 Virginia who met the following targeting criteria:



Of the 477,800 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • HIPPPY public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – WASHINGTON

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Washington included Early Head Start, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 85 local agencies operated at least one of these models.


**77,644**

home visits provided

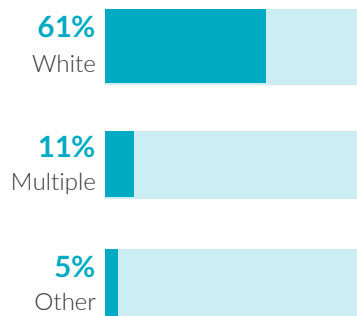
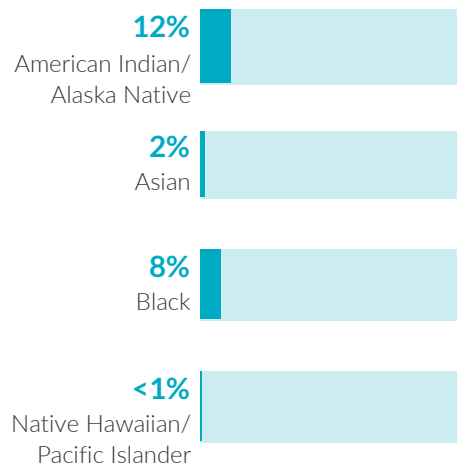

**5,798**

families served

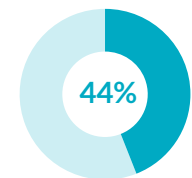

**5,559**

children served

## Race

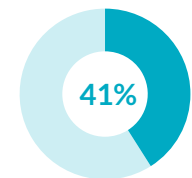


## Ethnicity



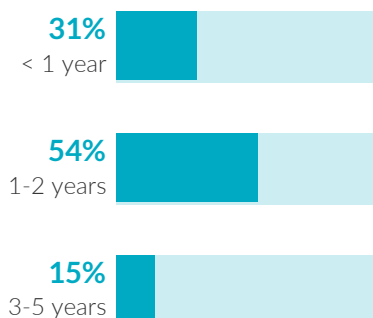
Hispanic or Latino

## Caregiver education

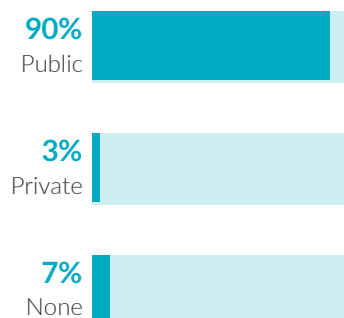


No high school diploma

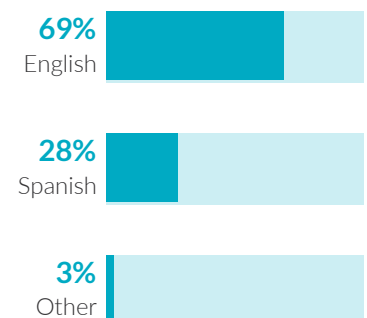
## Child age



## Child insurance status



## Primary language





NHVRC STATE PROFILES

STATE PROFILE – WASHINGTON

Potential Beneficiaries in 2016

In Washington, there were 417,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 522,700 children.

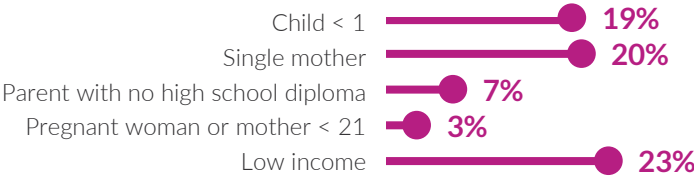
522,700  
children  
could benefit from  
home visiting

Of the 522,700 children who could benefit—

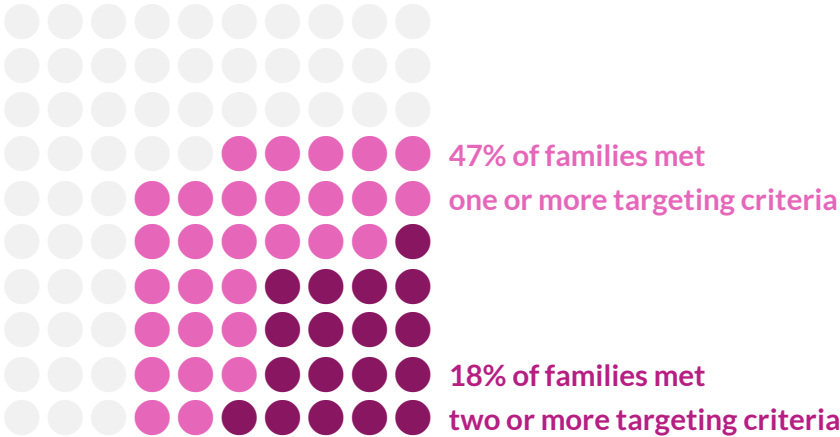
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
82,800 16%	175,900 34%	264,000 50%

417,200  
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 Washington who met the following targeting criteria:



Of the 417,200 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status. • SafeCare reports families served only. The number of families served was included as a proxy for children served. SafeCare does not report home visits, caregiver education, child age, or child insurance status. Caregiver race was not included.

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## STATE PROFILE – WEST VIRGINIA

## Families Served Through Evidence-Based Home Visiting in 2016

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


**19,384**

home visits provided

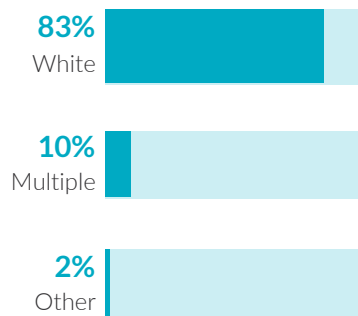
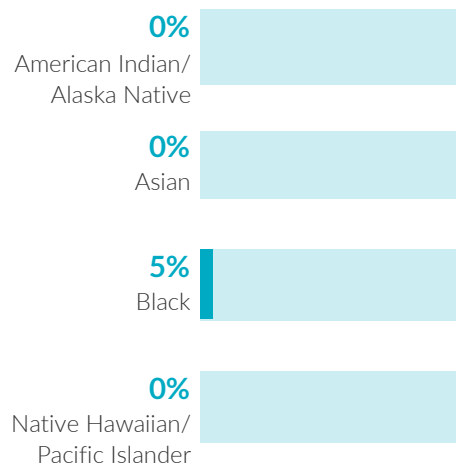

**1,751**

families served

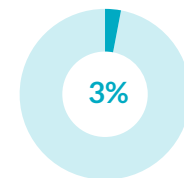

**1,988**

children served

## Race

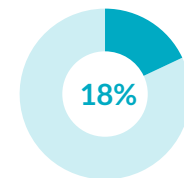


## Ethnicity



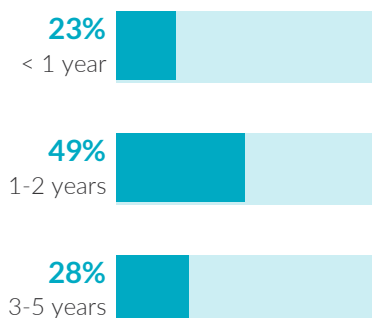
Hispanic or Latino

## Caregiver education

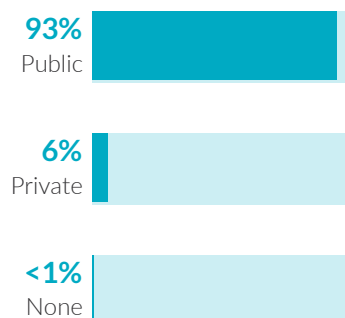


No high school diploma

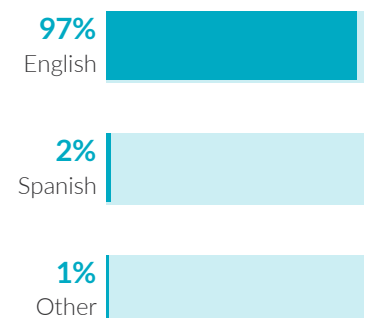
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – WEST VIRGINIA

Potential Beneficiaries in 2016

In West Virginia, there were 94,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 121,900 children.

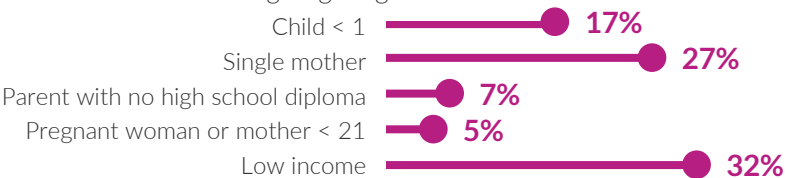
121,900  
children  
could benefit from  
home visiting

Of the 121,900 children who could benefit—

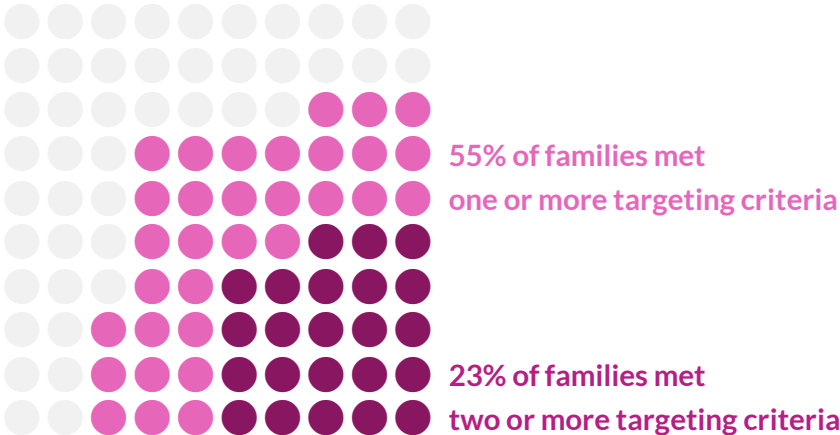
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
18,800 15%	41,400 34%	61,600 51%

94,300  
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 West Virginia who met the following targeting criteria:



Of the 94,300 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • HFA reports primary language of caregivers. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – WISCONSIN

## Families Served Through Evidence-Based Home Visiting in 2016

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, 62 local agencies operated at least one of these models.


**59,946**

home visits provided

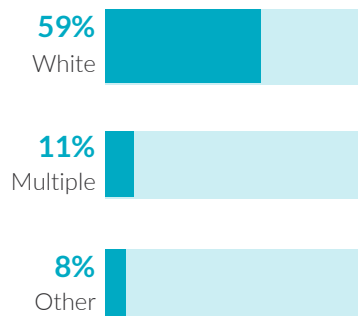
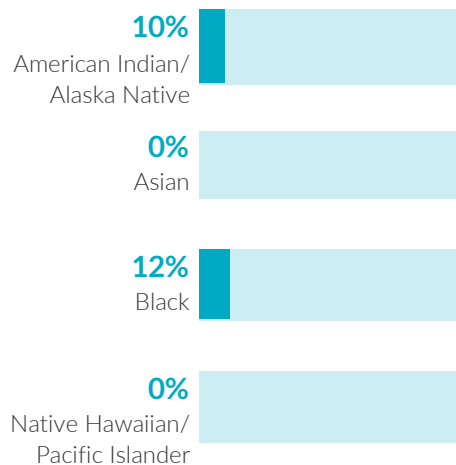

**4,573**

families served

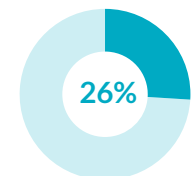

**4,469**

children served

## Race

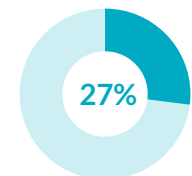


## Ethnicity



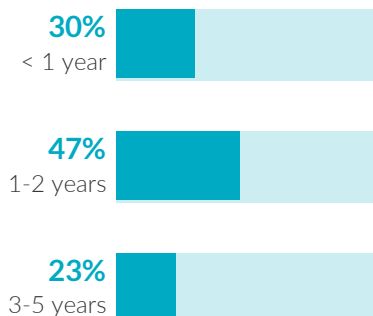
Hispanic or Latino

## Caregiver education

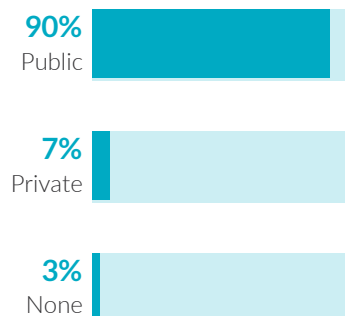


No high school diploma

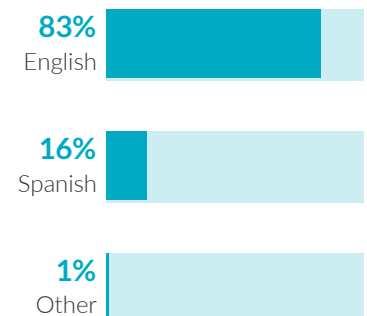
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – WISCONSIN

Potential Beneficiaries in 2016

In Wisconsin, there were 313,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 399,600 children.

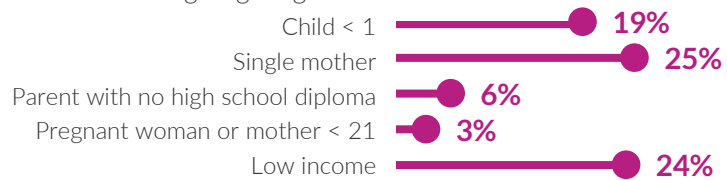
399,600  
children  
could benefit from  
home visiting

Of the 399,600 children who could benefit—

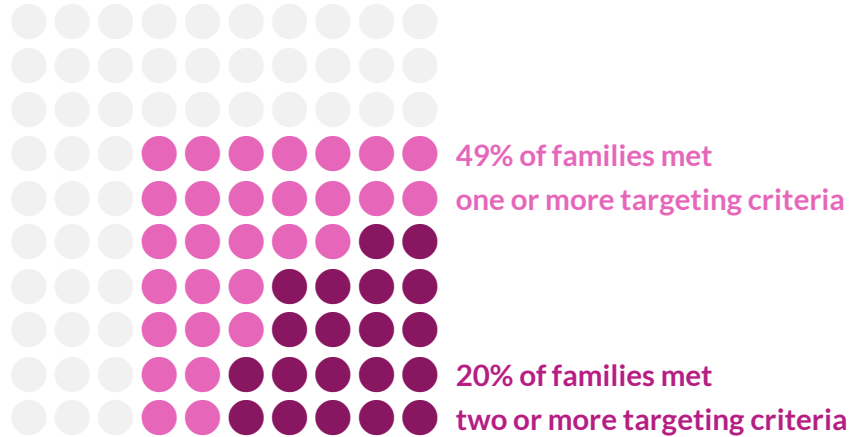
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
63,300 16%	135,000 34%	201,300 50%

313,200  
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 Wisconsin who met the following targeting criteria:



Of the 313,200 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reports children served, families served, and home visits only. • HFA reports primary language of caregivers. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## STATE PROFILE – WYOMING

## Families Served Through Evidence-Based Home Visiting in 2016

Models implemented in Wyoming included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, 8 local agencies operated at least one of these models.



**6,873**

home visits provided



**495**

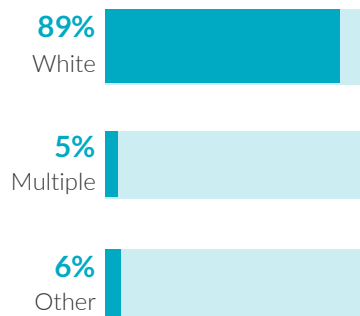
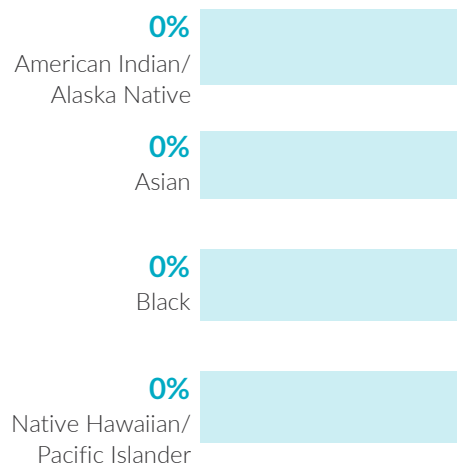
families served



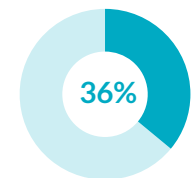
**404**

children served

## Race

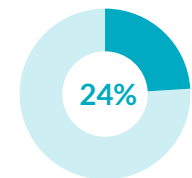


## Ethnicity



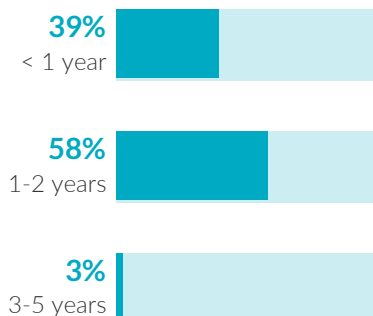
Hispanic or Latino

## Caregiver education

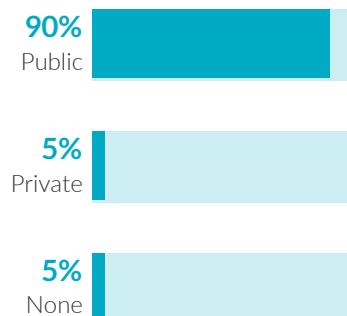


No high school diploma

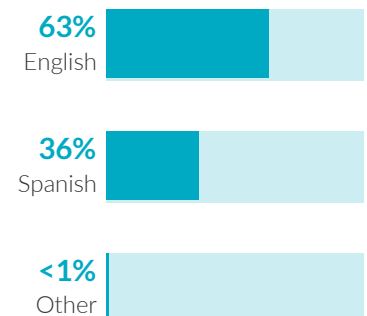
## Child age



## Child insurance status



## Primary language



NHVRC STATE PROFILES

STATE PROFILE – WYOMING

Potential Beneficiaries in 2016

In Wyoming, there were 34,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 45,500 children.

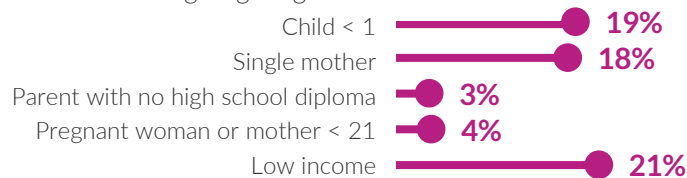
45,500  
children  
could benefit from  
home visiting

Of the 45,500 children who could benefit—

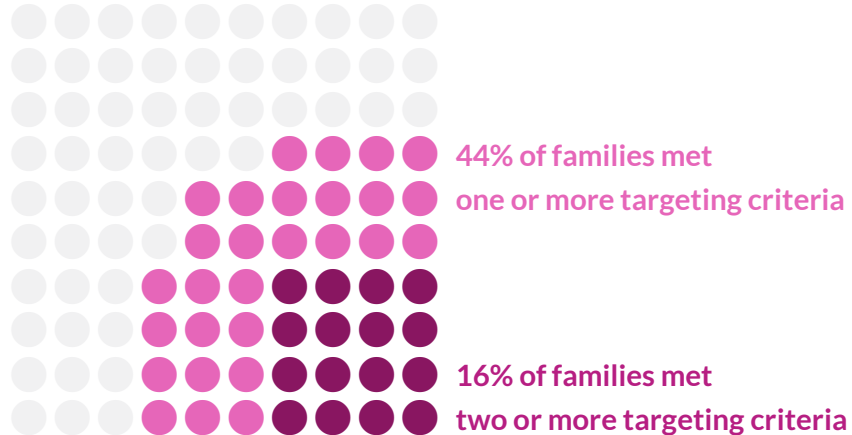
Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
6,900 15%	15,500 34%	23,200 51%

34,800  
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 Wyoming who met the following targeting criteria:



Of the 34,800 families who could benefit—



Notes • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never-married mothers or pregnant women. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • EHS data may be underreported. These data include EHS programs providing home-based services only, but not programs that provide both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • PAT reports race and ethnicity of children. PAT does not report child insurance status.

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## TRIBAL PROFILE

## Families Served Through the Tribal Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The Tribal Home Visiting Program, part of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), provides home visiting services to American Indian or Alaska Native (AIAN) families and children in 24 tribal organizations across the country. Tribal organizations funded through MIECHV are located across the country in reservations, urban areas, and even remote Alaskan villages. This program provides culturally responsive services while strengthening tribal capacity to support the health and well-being of AIAN families.

<p><b>Which models are used?</b></p>	<ul style="list-style-type: none"> <li>✓ Family Spirit</li> <li>✓ Home Instruction for Parents of Preschool Youngsters</li> <li>✓ Nurse-Family Partnership</li> <li>✓ Parent-Child Assistance Program</li> <li>✓ Parents as Teachers</li> <li>✓ SafeCare</li> </ul>
<p><b>Which tribes are implementing the tribal MIECHV program?</b></p>	<ul style="list-style-type: none"> <li>✓ Cherokee Nation</li> <li>✓ Choctaw Nation (Cohort 1)</li> <li>✓ Choctaw Nation (Cohort 3)</li> <li>✓ Confederated Salish and Kootenai Tribes of Montana</li> <li>✓ Confederated Tribes of Siletz Indians</li> <li>✓ Eastern Band of Cherokee Indians</li> <li>✓ Fairbanks Native Association, Inc.</li> <li>✓ Inter-Tribal Council of Michigan, Inc</li> <li>✓ Kodiak Area Native Association</li> <li>✓ Lake County Tribal Health Consortium</li> <li>✓ Native American Health Center, Inc.</li> <li>✓ Native American Community Health Center, Inc.</li> <li>✓ Native American Professional Parent Resources</li> <li>✓ Port Gamble S'Klallam Tribe</li> <li>✓ Pueblo of San Felipe</li> <li>✓ Riverside-San Bernardino County Indian Health, Inc.</li> <li>✓ Red Cliff Band of Lake Superior Chippewa</li> <li>✓ Southcentral Foundation</li> <li>✓ South Puget Intertribal Planning Agency</li> <li>✓ Taos Pueblo</li> <li>✓ United Indians of All Tribes</li> <li>✓ White Earth Band of Chippewa Indians</li> <li>✓ Yellowhawk Tribal Health Center</li> <li>✓ Yerington Paiute Tribe</li> </ul>

For more detail 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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TRIBAL PROFILE

# Families Served Through the Tribal Maternal, Infant, and Early Childhood Home Visiting Program in 2016



19,065

home visits provided



1,650

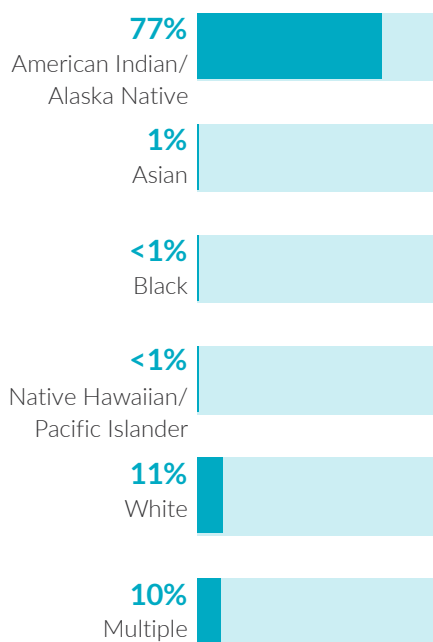
families served



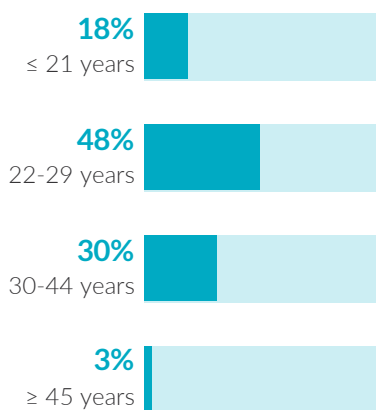
1,729

children served

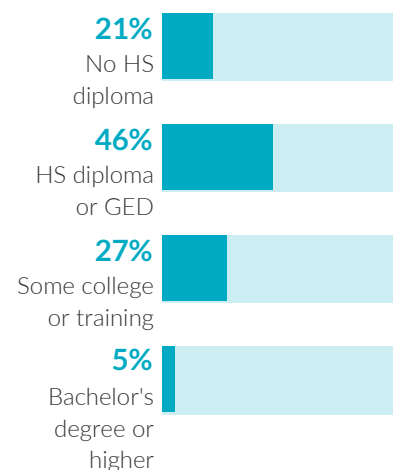
## Race



## Caregiver age



## Caregiver education



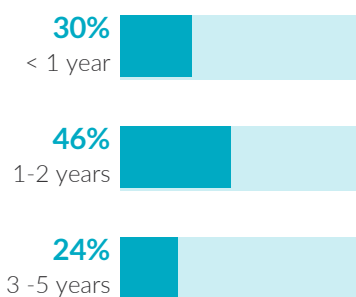
## Ethnicity



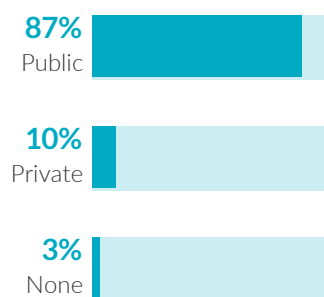
## Household income



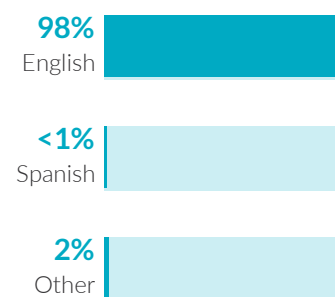
## Child age



## Child insurance status



## Primary language



Note • Percentages may not add up to 100 due to rounding. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines.



# 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. Most models shared program information and 2016 participant data in their responses. When full participant demographic information was not available, we included a brief history of the model.

## NHVRC Model Profiles Contents

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## What to Expect in the NHVRC Model Profiles

The model profiles feature data provided to the NHVRC by the evidence-based models. Most models provided both program information gathered through a survey and 2016 participant data.

The profiles provide model-specific answers to the following questions:

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

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

### Who is implementing the model?

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

### Where is the model implemented?

- Areas served
- Number of local agencies operating

### Who is being served by the model?

- Participant demographics based on model data collection

Learn more about the methods used to create the model profiles in [appendix 1](#).

## MODEL PROFILE

## Child First

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

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

Home visits take place twice per week during a month-long assessment period and a minimum of once per week thereafter, based on a family's level of need. Services are provided prenatally through the age of 5, for a period of approximately 6 to 12 months, extending beyond 1 year of service depending 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
- ✓ Caregivers experiencing domestic violence or trauma
- ✓ Children experiencing abuse, neglect, or other trauma
- ✓ Families with history of substance abuse or in need of treatment
- ✓ Families who are homeless
- ✓ Children with developmental delays or disabilities

### Who is implementing the model?

#### Home Visitors

Child First employed 159 home visitors in 2016. The model requires care coordinators to have a bachelor's degree and mental health clinicians to have a master's degree in a mental health specialty with a license. Home visitors typically maintain a caseload of 12 to 16 families.

#### Supervisors

Child First employed 25 supervisors in 2016. The model requires a master's degree in a mental health specialty with a license for supervisors.

### Where is the model implemented?



Child First operated in 23 local agencies across 3 states in 2016.

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## MODEL PROFILE — CHILD FIRST

## Families Served Through Evidence-Based Home Visiting in 2016

**35,398**

home visits provided

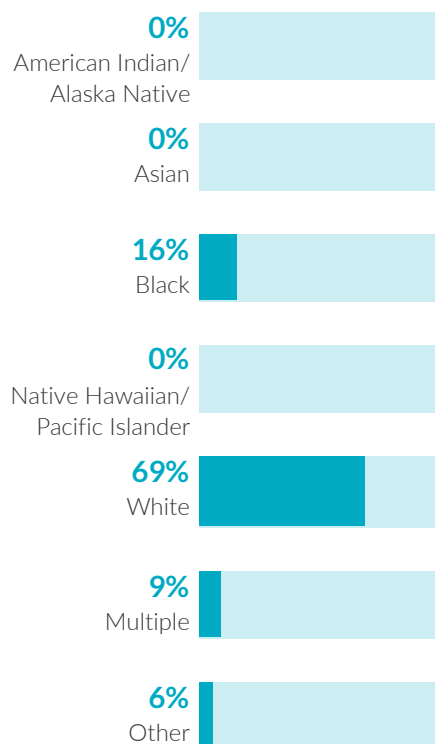
**1,400**

families served

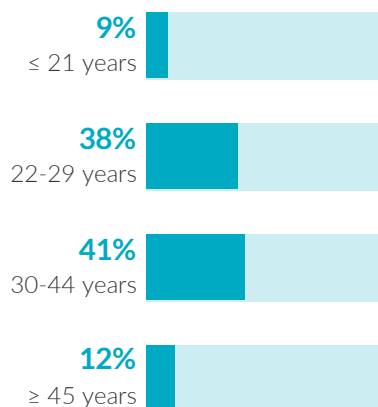
**1,420**

children served

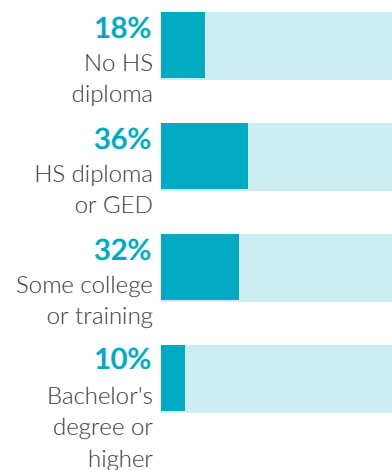
## Race



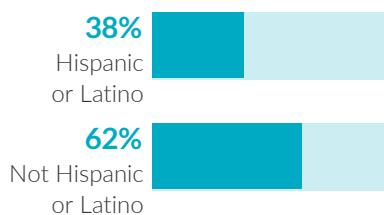
## Caregiver age



## Caregiver education



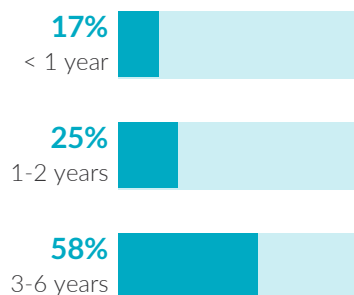
## Ethnicity



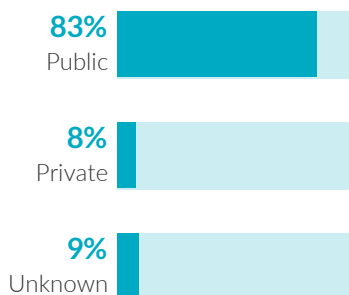
## Household income



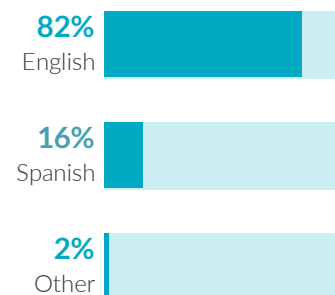
## Child age



## Child insurance status



## Primary language



Notes • Data on caregiver education are based on a subset of families served by MIECHV. The status is unknown for 4 percent of recipients. • Data on low-income status are based on a subset of families served by MIECHV. Low income is defined as families meeting the eligibility requirements for Medicaid, or having a family income at or below 133 percent of the federal poverty guidelines.

## MODEL PROFILE

## Early Head Start – Home-Based Option

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

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

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

EHS' target population includes the following:

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

### Who is implementing the model?

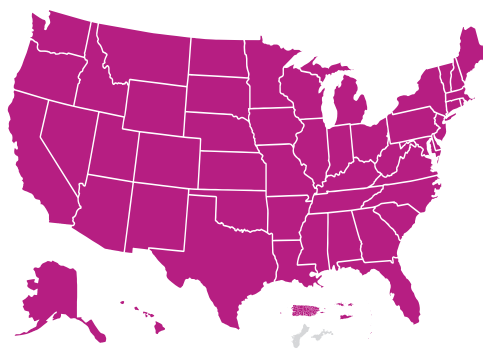
#### Home Visitors

EHS employed 7,458 home visitors in 2016. The home visitor education recommendations and requirements are determined by local agencies. Home visitors are required to maintain a caseload of 10 to 12 families.

#### Supervisors

EHS employed 1,694 supervisors in 2016. The supervisor education recommendations and requirements are determined by local agencies.

### Where is the model implemented?



EHS operated in 799 local agencies across 50 states and the District of Columbia, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands in 2016. EHS also operated outside the United States and its territories in the Federated States of Micronesia, Palau, and the Marshall Islands in 2016.

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MODEL PROFILE — EARLY HEAD START – HOME-BASED OPTION

Families Served Through Evidence-Based Home Visiting in 2016



2,638,440

estimated home visits provided

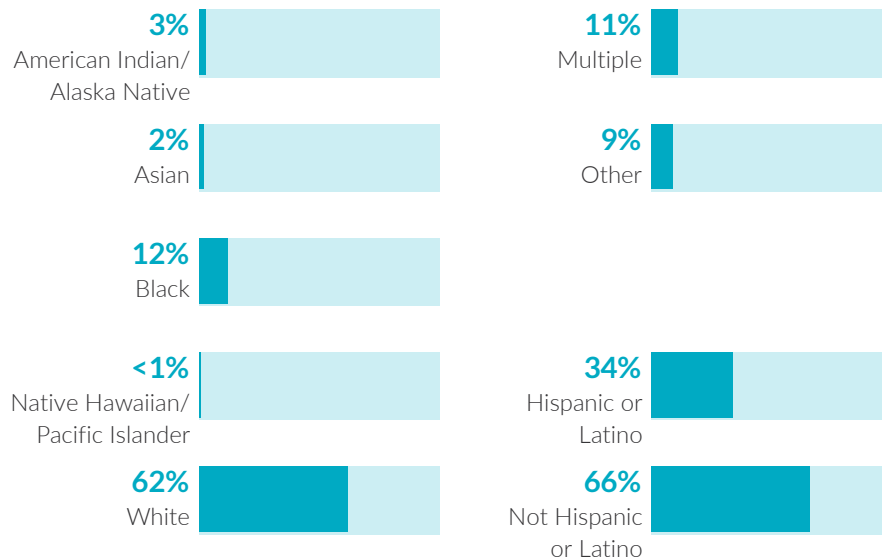


70,350

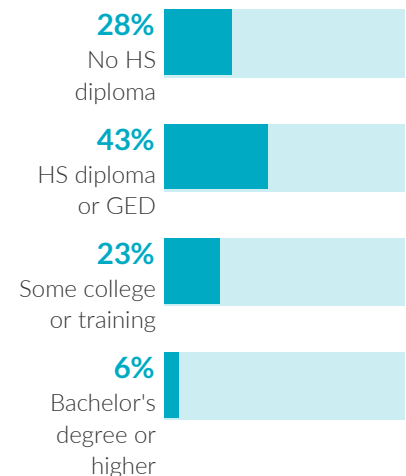
children served

Of the 70,350 children receiving Early Head Start home visiting services, 23,917 children from 197 exclusively home-based centers are represented in the demographics below.

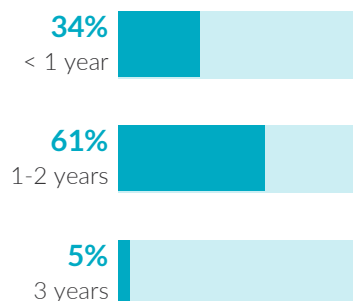
Race and ethnicity



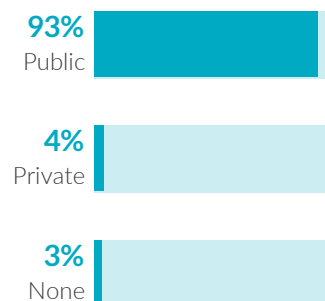
Caregiver education



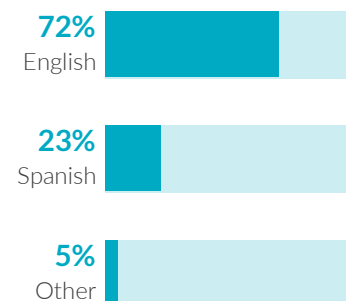
Child age



Child insurance status



Primary language



## 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. See [www.jhsph.edu/research/affiliated-programs/family-spirit](http://www.jhsph.edu/research/affiliated-programs/family-spirit) for details.

### 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 initiate services prenatally, preferably at the 28th week of pregnancy or earlier.

Family Spirit's target population includes the following:

- ✓ Expectant mothers
- ✓ Young mothers under 24
- ✓ Families of American Indian heritage

### Who is implementing the model?

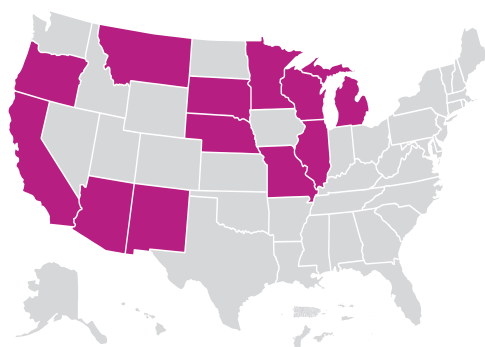
#### Home Visitors

Family Spirit employed 327 home visitors in 2016. The model recommends at least a high school diploma for home visitors. Family Spirit recommends a caseload of 20 to 25 families for each full-time health educator, depending on the stage of enrollment and distance for each participant.

#### Supervisors

Family Spirit employed 57 supervisors in 2016. The model recommends at least a college degree or equivalent work experience for supervisors. Family Spirit recommends 6-10 home visitors per supervisor, depending on program design and scope.

### Where is the model implemented?



Family Spirit operated in 30 local agencies across 12 states in 2016.

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MODEL PROFILE — FAMILY SPIRIT

Families Served Through Evidence-Based Home Visiting in 2016



10,092

home visits provided



1,358

families served



1,094

children served

Mission

Family Spirit envisions a future where every community, regardless of socioeconomic status, will have access to an evidence-based, culturally competent strategy for promoting optimal health and well-being for parents and young children.

History

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



## MODEL PROFILE

## Health Access Nurturing Development Services

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

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

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

HANDS' target population includes the following:

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

### Who is implementing the model?

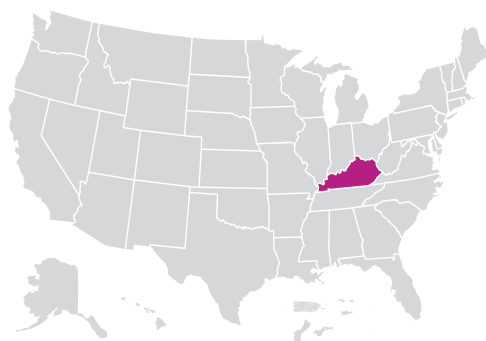
#### Home Visitors

HANDS employed 488 home visitors in 2016. Paraprofessional home visitors must have a high school diploma. Professional home visitors must have a bachelor's or associate's degree in a related field or be a registered nurse or social worker. Home visitor caseloads are weighted based on families' needs; home visitors are expected to maintain an average weighted caseload of 38 to 40.

#### Supervisors

HANDS employed 112 supervisors in 2016. The model requires supervisors to be an advanced registered nurse practitioner, registered nurse, or licensed social worker.

### Where is the model implemented?



HANDS operated in 61 local agencies in 1 state in 2016.

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MODEL PROFILE — HEALTH ACCESS NURTURING DEVELOPMENT SERVICES

Families Served Through Evidence-Based Home Visiting in 2016



211,780

home visits provided



11,090

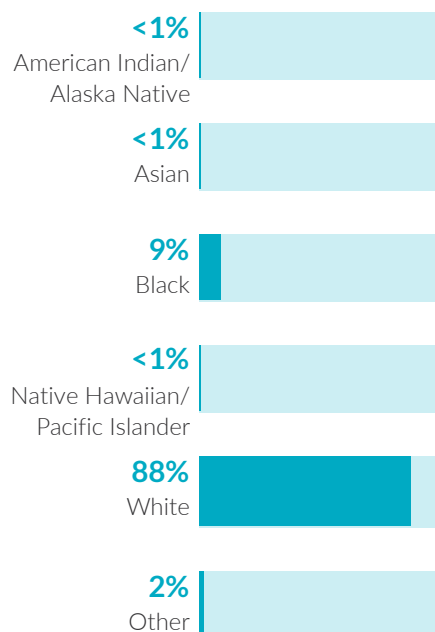
families served



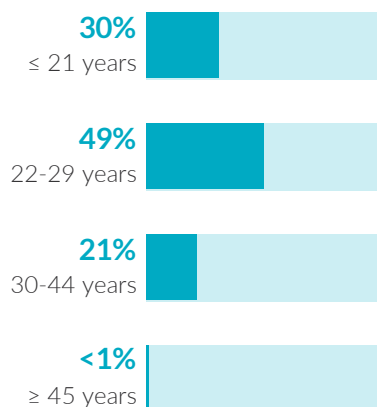
8,675

children served

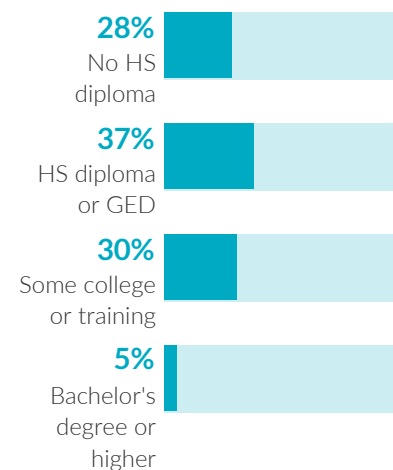
Race



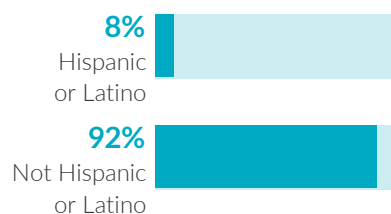
Caregiver age



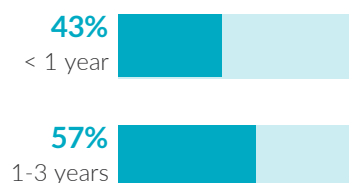
Caregiver education



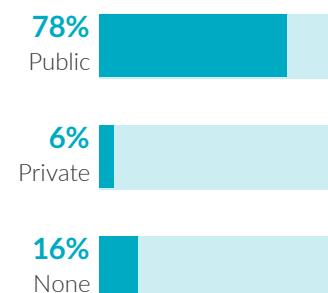
Ethnicity



Child age



Child insurance status



## 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. See [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org) for details.

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

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

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

### Who is implementing the model?

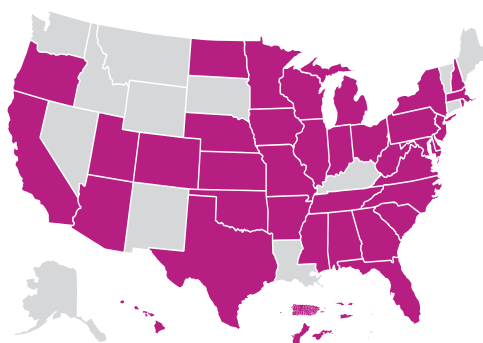
#### Home Visitors

HFA employed 2,930 home visitors in 2016. The model requires a high school diploma or bachelor's degree for home visitors depending on state or agency needs. The maximum caseload requirement for home visitors is 25 families.

#### Supervisors

HFA requires a master's degree or bachelor's degree plus 3 years of experience for supervisors.

### Where is the model implemented?



HFA operated in 577 local agencies across 37 states and the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands in 2016. HFA also operated outside the United States and its territories in Canada in 2016.

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MODEL PROFILE — HEALTHY FAMILIES AMERICA

Families Served Through Evidence-Based Home Visiting in 2016



891,869

home visits provided



65,635

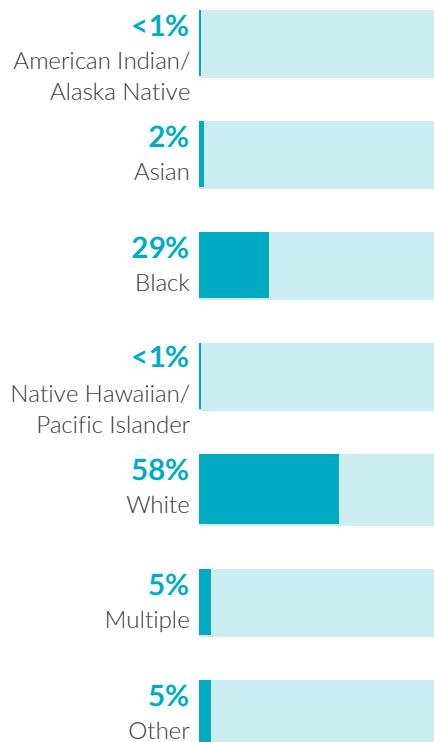
families served



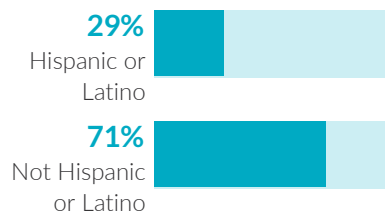
61,563

children served

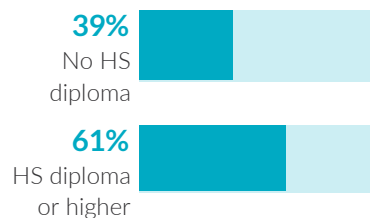
Race



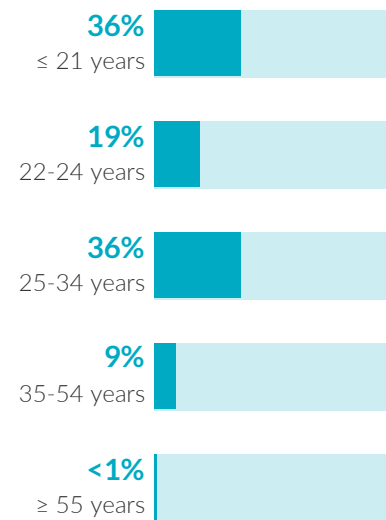
Ethnicity



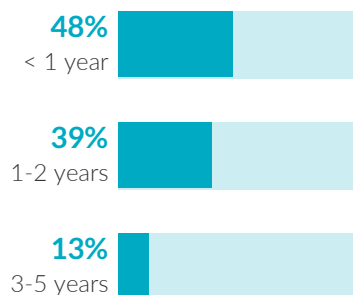
Caregiver education



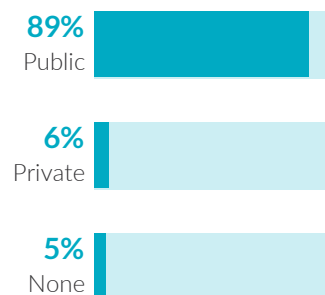
Caregiver age



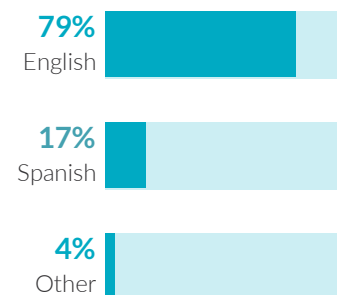
Child age



Child insurance status



Primary language



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

## 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 educations and job skills. The model also seeks to strengthen communities by supporting civic engagement and employing home visitors from the community, many of whom have participated in the program. See [www.hippyusa.org](http://www.hippyusa.org) for details.

<p><b>What is the model's approach to providing home visiting services?</b></p>	<p>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.</p> <p>HIPPY's target population includes the following:</p> <ul style="list-style-type: none"> <li>✔ Low-income families</li> <li>✔ Expectant mothers</li> <li>✔ Parents/caregivers with limited education</li> <li>✔ Families with history of child abuse or neglect/involvement with child welfare system</li> <li>✔ Immigrant families</li> </ul>
<p><b>Who is implementing the model?</b></p>	<p><b>Home Visitors</b></p> <p>HIPPY employed 813 home visitors in 2016. 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.</p> <p><b>Supervisors</b></p> <p>HIPPY employed 176 supervisors in 2016. The model requires a bachelor's degree for supervisors.</p>
<p><b>Where is the model implemented?</b></p>	<div data-bbox="464 1346 940 1688"> </div> <p>HIPPY operated in 130 local agencies across 21 states and the District of Columbia in 2016. HIPPY also operated outside the United States and its territories in Argentina, Australia, Austria, Canada, Denmark, Finland, Germany, Israel, Italy, New Zealand, and Turkey in 2016.</p>

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## MODEL PROFILE — HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS

### Families Served Through Evidence-Based Home Visiting in 2016



**290,895**

home visits provided



**14,487**

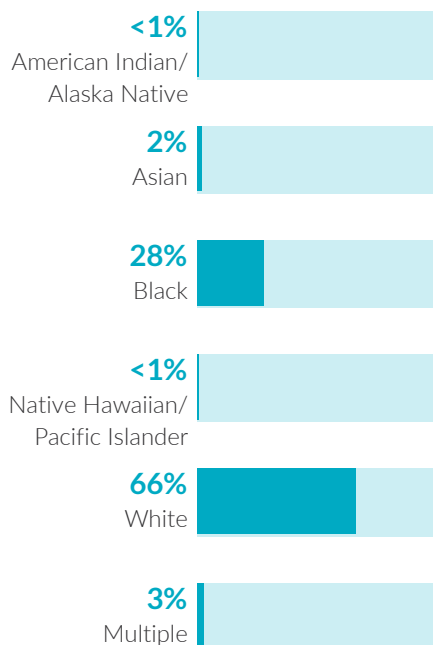
families served



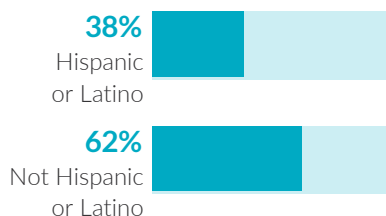
**16,275**

children served

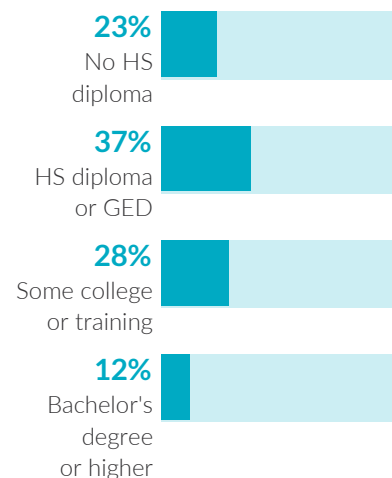
#### Race



#### Ethnicity



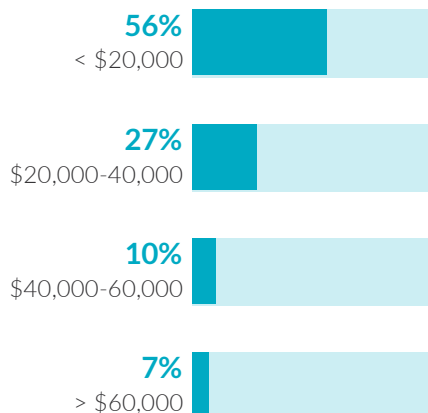
#### Caregiver education



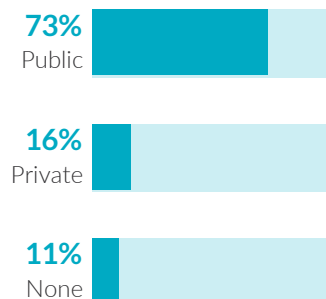
#### Child age



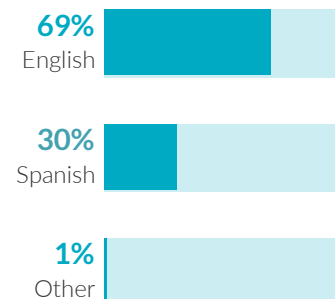
#### Household income



#### Child insurance status



#### Primary language



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

## MODEL PROFILE

## Maternal Early Childhood Sustained Home-Visiting

MECSH aims to improve the health, development, and social well-being of families with new babies in need of additional sustained support. The model supports positive transitions to parenting, positive parenting skills, future-oriented and aspirational thinking, problem solving skills, the ability to mobilize resources, and healthy relationships. See [www.earlychildhoodconnect.edu.au/home-visiting-programs/mecsh-public/about-mecsh](http://www.earlychildhoodconnect.edu.au/home-visiting-programs/mecsh-public/about-mecsh) for details.

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

Home visits take place based on the child's age. Families may receive three prenatal visits. After the child's birth, families receive weekly visits until the child is 6 weeks old, visits every 2 weeks until the child is 12 weeks old, visits every 3 weeks until the child is 6 months old, visits every 6 weeks until the child is 12 months old, and visits every 2 months until the child is 2 years old. MECSH recommends families initiate services prenatally, but allows for families to enroll until the child is 2 months old.

MECSH's target population includes the following:

- ✓ Expectant mothers
- ✓ Low-income families
- ✓ Unmarried mothers or single parents
- ✓ Parents/caregivers with limited education
- ✓ Families with history of substance abuse or in need of treatment
- ✓ Families with history of child abuse or neglect/involvement with child welfare system
- ✓ Families with mental health issues, including maternal depression and anxiety

### Who is implementing the model?

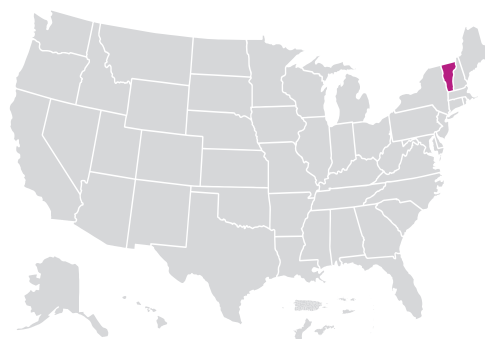
#### Home Visitors

MECSH employed three full-time home visitors in 2016. The model requires a bachelor's degree in nursing for home visitors. Home visitors are required to maintain a caseload of 20 to 30 families.

#### Supervisors

MECSH employed 0.4 full-time supervisors in 2016. The model requires a bachelor's degree in nursing for supervisors.

### Where is the model implemented?



MECSH operated in nine local agencies in one state in 2016. MECSH also operated outside the United States and its territories in Australia.

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## MODEL PROFILE — MATERNAL EARLY CHILDHOOD SUSTAINED HOME-VISITING

### Families Served Through Evidence-Based Home Visiting in 2016

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**371**

home visits provided



**27**

families served



**19**

children served

---

#### Mission

MECSH operates as a salutogenic, or health-creating, and child-focused prevention model that supports families with young children in adapting and self-managing their parenting journey and connects them to resources to help them parent effectively despite challenges they may face in their day-to-day lives.

#### History

MECSH, originally known as the Miller Early Childhood Sustained Home-Visiting Program, was developed in 2002 in the Miller/Green Valley areas of Sydney, Australia. It was developed by a University of New South Wales Australia team of academics and practitioners with expertise in early years nursing, communication development, pediatrics, social work, developmental psychology, maternal mental health, and midwifery. The Australian Research Council, Sydney South West Area Health Service, and New South Wales Departments of Community Services and Health collaborated to fund a randomized control trial to test its effectiveness. After the evaluation, the model was renamed to reflect its expansion beyond Miller/Green Valley. MECSH is currently housed in the Translational Research and Social Innovation group at Western Sydney University.



## 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 and nurse practitioner to support a family's development together. See [www.mtb.yale.edu](http://www.mtb.yale.edu) for details.

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

Home visits take place weekly until the child turns 1 year old, then every other week until the child turns 2 years old. The frequency may vary based on a family's level of need or in times of crisis. Services are provided for 27 months (prenatally until the child is 2 years old). Minding the Baby requires families to initiate services prenatally.

Minding the Baby's target population includes the following:

- ✓ Expectant mothers
- ✓ Low-income families
- ✓ First-time mothers or first-time parents
- ✓ Teenage mothers or teenage parents
- ✓ Families with history of child abuse or neglect/involvement with child welfare system

### Who is implementing the model?

#### Home Visitors

Minding the Baby employed the equivalent of five full-time home visitors in their two U.S. agencies in 2016. The model recommends a master's degree for home visitors. The maximum caseload requirement for home visitors is 25 families.

#### Supervisors

Minding the Baby employed five part-time supervisors in their two U.S. agencies in 2016. The model 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 2016. Minding the Baby also operated outside the U.S. and its territories in Denmark, England, and Scotland in 2016.

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MODEL PROFILE — MINDING THE BABY

Families Served Through Evidence-Based Home Visiting in 2016



901

home visits provided



43

families served



44

children served

Mission

The mission of the Minding the Baby National Office is to strengthen families through an interdisciplinary program aimed at limiting the effects of chronic stress and enhancing both physical and mental health. The office also seeks to train professionals to implement relationship-based reflective parenting programs worldwide.

History

Minding the Baby began in 2002 as a collaboration between the Yale Child Study Center, Yale School of Nursing, Fair Haven Community Health Center, and Cornell Scott-Hill Health Center. Today, national office staff continue to provide direct services in New Haven, CT, and to help agencies address community needs through a unified home visiting approach that emphasizes nursing and mental health. Minding the Baby was initially created for first-time mothers in New Haven, CT, but has since expanded across the United States and internationally.



## 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). See [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org) for details.

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

Home visits take place based on a family's level of need and a child's age. Services are provided until the child's second birthday. NFP requires families to initiate services prenatally by the 28th week of pregnancy.

NFP's target population includes the following:

- ✓ Expectant mothers
- ✓ Low-income or low-resource families
- ✓ First-time mothers

### Who is implementing the model?

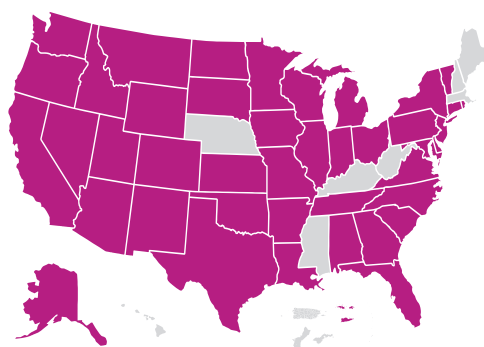
#### Home Visitors

NFP employed 1,859 home visitors in 2016. The model requires a bachelor's degree in nursing for home visitors. The minimum caseload requirement for home visitors is 25 families.

#### Supervisors

NFP employed 319 supervisors in 2016. The model requires a bachelor's degree in nursing for supervisors; a master's degree in nursing is recommended.

### Where is the model implemented?



NFP operated in 266 local agencies across 42 states and the Virgin Islands in 2016.

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MODEL PROFILE — NURSE-FAMILY PARTNERSHIP

Families Served Through Evidence-Based Home Visiting in 2016



1,085,347

home visits provided



49,692

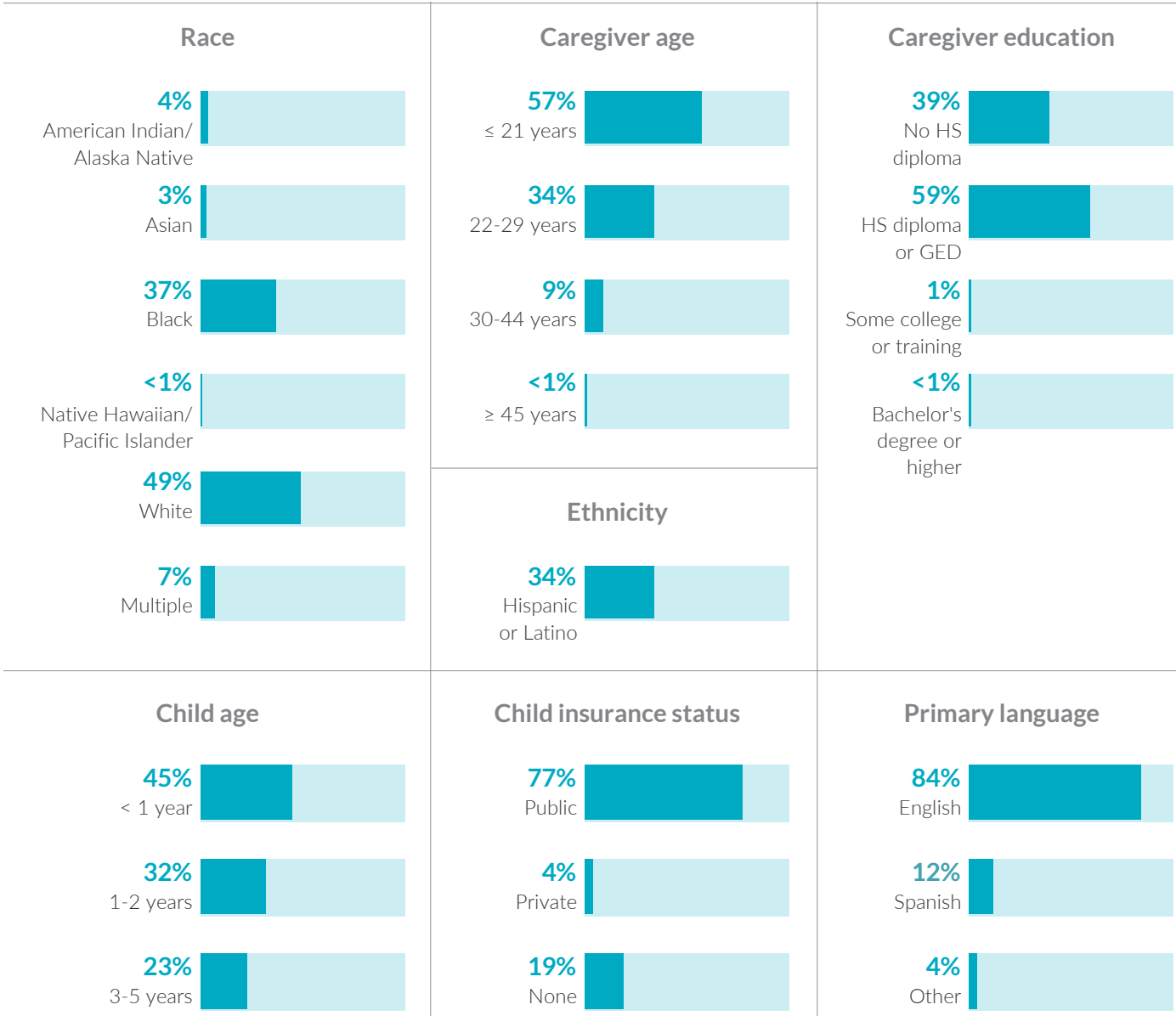
families served



41,605

children served

Of the 49,692 families receiving NFP home visiting services in 2016, 18,068 families served through MIECHV funding are presented in the demographics below.



Notes • Percentages may not add up to 100 due to rounding. • Primary caregivers and children with missing data have been excluded from the calculations. • The number of home visits, families served, and children served include MIECHV and non-MIECHV participants. All other data reflect participants receiving NFP services through MIECHV funding only.

## 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. See [www.parentsasteachers.org](http://www.parentsasteachers.org) for details.

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

Home visits take place based on a family's level of need. Families with one or fewer high-needs characteristics receive at least 12 visits each year. Those with two or more characteristics receive at least 24 visits each year. Services are provided for a duration of 2 to 6 years. Families may enroll at any age through kindergarten, but PAT recommends families initiate services prenatally.

PAT serves all families with young children. Some local programs have specific eligibility requirements.

### Who is implementing the model?

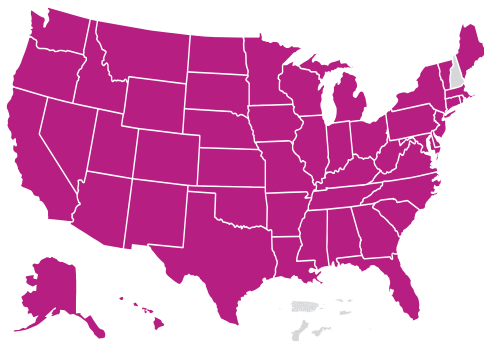
#### Home Visitors

PAT employed 5,302 home visitors in 2016. 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. Most home visitors (72 percent) have a bachelor's degree or higher.

#### Supervisors

PAT employed 1,713 supervisors in 2016. The model recommends a bachelor's or master's degree and 5 years of experience working with young children and families for supervisors.

### Where is the model implemented?



PAT operated in 1,217 local agencies across 49 states and the District of Columbia in 2016. PAT also operated outside the United States and its territories in Australia, Canada, Germany, Singapore, Switzerland, and the United Kingdom in 2016.

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MODEL PROFILE — PARENTS AS TEACHERS

Families Served Through Evidence-Based Home Visiting in 2016



1,250,681

home visits provided



121,919

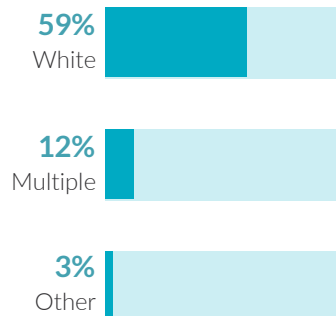
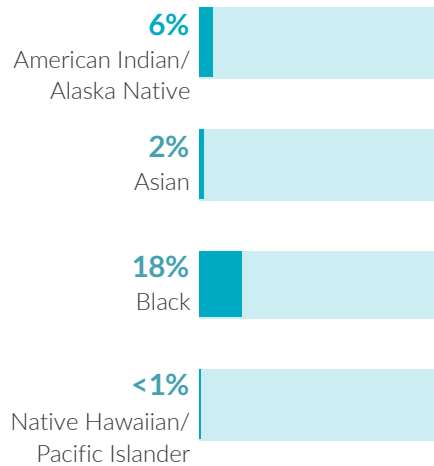
families served



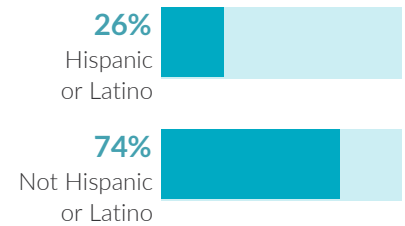
146,868

children served

Race



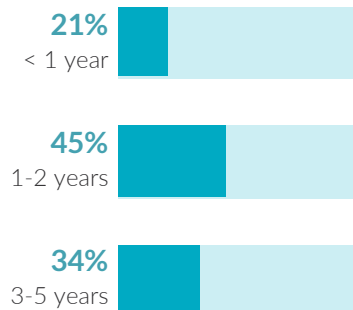
Ethnicity



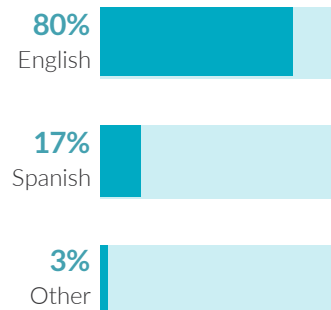
Household income



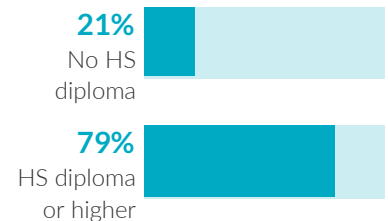
Child age



Primary language



Caregiver education



## 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. See [www.childrenslearninginstitute.org/programs/play-and-learning-strategies-pals](http://www.childrenslearninginstitute.org/programs/play-and-learning-strategies-pals) for details.

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

Home visits take place once per week. Services are provided until the curriculum is completed, which typically takes 12 weeks for infants and 14 weeks for toddlers and preschool-age children. PALS requires families to initiate services following the birth of the child. Families may enroll when the child is between 5 and 59 months old, although the model recommends that families enroll before the child is 4 years old.

PALS' target population includes the following:

- ✓ Teenage mothers or teenage parents
- ✓ Unmarried mothers or single parents
- ✓ Parents/caregivers with limited education
- ✓ Children with developmental delays or disabilities
- ✓ Families with history of child abuse or neglect/involvement with child welfare system

### Who is implementing the model?

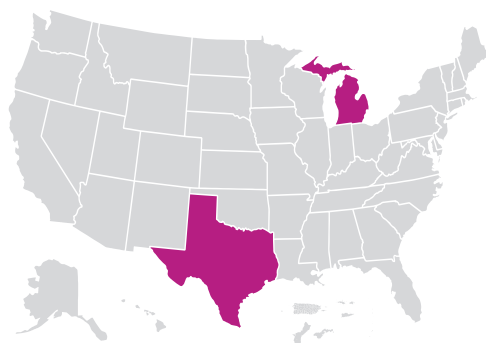
#### Home Visitors

PALS employed 10 home visitors in 2016. 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 employed three supervisors in 2016. The model requires a bachelor's degree for supervisors; a master's degree is recommended.

### Where is the model implemented?



PALS operated in four local agencies across two states in 2016.

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MODEL PROFILE — PLAY AND LEARNING STRATEGIES

Families Served Through Evidence-Based Home Visiting in 2016



4,353

home visits provided



1,503

families served



1,593

children served

History

The Children’s Learning Institute (CLI) at The University of Texas Health Science Center at Houston developed PALS in 1997. The program was rigorously evaluated by CLI via two randomized control trials.



## MODEL PROFILE

## SafeCare

SafeCare is designed to improve parenting skills in three key areas: positive parenting, child health, and home safety. The model also aims to prevent child neglect and physical abuse. See <http://safecare.publichealth.gsu.edu> for details.

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

Home visits take place a minimum of every other week and a maximum of twice per week. Services are provided until the curriculum is completed, which typically takes 18 to 20 home visits. SafeCare recommends families initiate services following the child's birth until the child is 5 years old.

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

### Who is implementing the model?

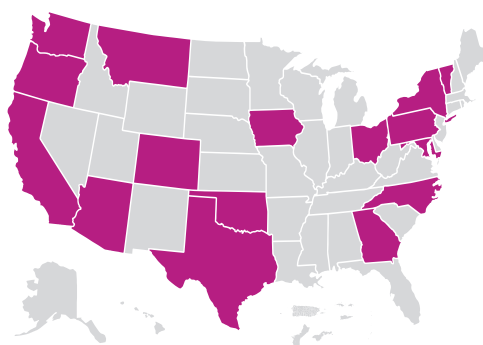
#### Home Visitors

In 2016, there were 482 active SafeCare providers. The model requires a high school diploma and experience in child development for home visitors; a bachelor's degree is recommended. Home visitor caseload limits are determined by local programs.

#### Supervisors

Training is required only for supervisors who will be delivering SafeCare to families. A condensed half-day training is available for supervisors or administrators who will not deliver the program but may need more detailed information about the curriculum.

### Where is the model implemented?



SafeCare operated in 153 local agencies across 16 states in 2016.

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MODEL PROFILE — SAFECARE

Families Served Through Evidence-Based Home Visiting in 2016



122,796

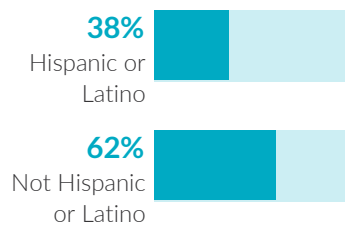
estimated home visits provided



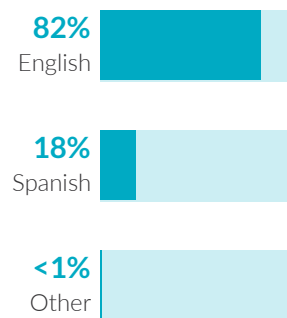
6,822

families served

Ethnicity



Primary language



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

Mission

SafeCare's mission is to conduct research, training, and implementation support for the SafeCare model so that all parents can provide a nurturing, safe, and healthy home environment for children.

History

SafeCare grew out of a study of the Project 12-Ways program funded by the California Wellness Foundation in 1994. This study identified the program's three most successful modules—parent-child interaction, home safety, and health—which became the basis for SafeCare. The National SafeCare Training and Research Center currently supports the national implementation of the SafeCare model. The center was established in 2007 with funding from the Doris Duke Charitable Foundation and is located in the Mark Chaffin Center for Healthy Development at Georgia State University.



## MODEL PROFILE

## Attachment and Biobehavioral Catch-Up

ABC helps caregivers provide nurturing care and engage in positive parent-child interaction. ABC supports caregivers in reading children's cues in order to provide a responsive, predictable environment to enhance children's behavioral and regulatory capabilities. ABC offers two programs: one for infants and one for toddlers. Parent coaches encourage caregivers to follow their children's lead with delight. See [www.infantcaregiverproject.com](http://www.infantcaregiverproject.com) for details.

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

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

ABC's target population includes the following:

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

### Who is implementing the model?

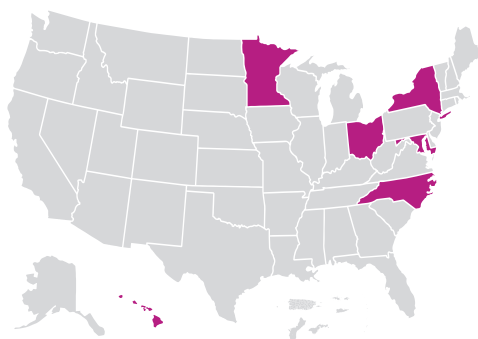
#### Home Visitors

ABC employed 80 home visitors in 2016. The home visitor education recommendations and requirements are determined by local agencies. There are no requirements for home visitor caseload limits.

#### Supervisors

ABC employed five supervisors in 2016. The supervisor education recommendations and requirements are determined by local agencies.

### Where is the model implemented?



ABC operated in 25 local agencies across 6 states in 2016. ABC also operated outside the United States and its territories in Australia in 2016.

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## MODEL PROFILE

## Early Start

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

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

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

Early Start's target population includes the following:

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

### Who is implementing the model?

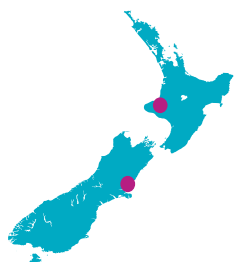
#### Home Visitors

Early Start employed 18 home visitors in 2016. The model requires a bachelor's degree for home visitors. Home visitors are required to maintain a caseload of 10 to 14 families.

#### Supervisors

Early Start employed five supervisors in 2016. The model requires a bachelor's degree for supervisors.

### Where is the model implemented?



Early Start does not currently operate in the United States. Early Start offered services in three local agencies in New Zealand in 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. See <http://reachinstitute.asu.edu/programs/family-check-up> for details.

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

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

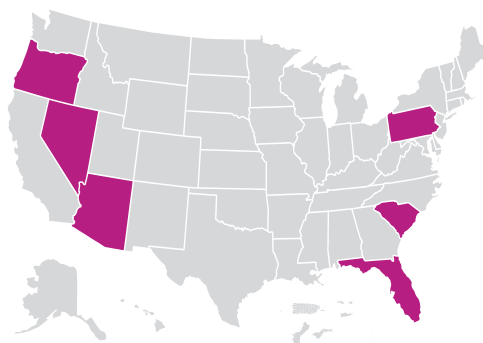
FCU serves all families with young children and does not recommend or require any specific family characteristics for enrollment.

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

FCU employed 30 home visitors in 2016. The model recommends a master's degree for home visitors. There are no requirements for home visitor caseload limits.

**Supervisors**

FCU employed three supervisors in 2016. The model requires a master's degree for supervisors.

**Where is the model implemented?**


FCU operated in 13 local agencies across 6 states in 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. See [www.familyconnects.org](http://www.familyconnects.org) for details.

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

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

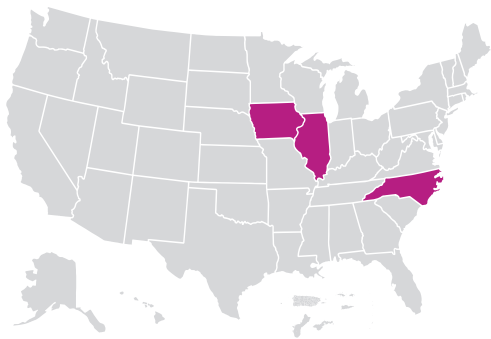
Family Connects serves all families with newborns.

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

## Healthy Beginnings

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

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

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

Healthy Beginnings' target population includes the following:

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

### Who is implementing the model?

#### Home Visitors

Healthy Beginnings has been integrated as a module into four home visiting models. Home visitor education requirements are determined by local programs. Healthy Beginnings recommends a caseload of 25 families for each full-time home visitor, with no more than 4 new families added in a 6-month window.

### Where is the model implemented?



Healthy Beginnings does not currently operate in the United States. Healthy Beginnings offered services in one local agency in Australia in 2016.

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# MIECHV State Data Tables

MIECHV participants represent a portion of the total number of families served by early childhood home visiting. The MIECHV State Data Tables describe the families served with MIECHV funding. These tables include the same data elements as the NHVRC State Profiles but for MIECHV participants only. Data represent the information MIECHV agencies report annually as a requirement of MIECHV funding.

MIECHV funding supports promising approaches and evidence-based models. Promising approaches (indicated in the tables) are models that are not yet deemed evidence based but are being tested with MIECHV funding.

## MIECHV State Data Tables Contents

Alabama	191	Kentucky	208	Ohio	226
Alaska	192	Louisiana	209	Oklahoma	227
American Samoa*		Maine	210	Oregon	228
Arizona	193	Maryland	211	Pennsylvania	229
Arkansas	194	Massachusetts	212	Puerto Rico	230
California	195	Michigan	213	Rhode Island	231
Colorado	196	Minnesota	214	South Carolina	232
Connecticut	197	Mississippi	215	South Dakota	233
Delaware	198	Missouri	216	Tennessee	234
District of Columbia	199	Montana	217	Texas	235
Florida	200	Nebraska	218	Utah	236
Georgia	201	Nevada	219	Vermont	237
Guam*		New Hampshire	220	Virginia	238
Hawaii	202	New Jersey	221	Virgin Islands*	
Idaho	203	New Mexico	222	Washington	239
Illinois	204	New York	223	West Virginia	240
Indiana	205	North Carolina	224	Wisconsin	241
Iowa	206	Northern Mariana Islands*		Wyoming	242
Kansas	207	North Dakota	225		

\* 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 include data shared by state MIECHV agencies. They provide state-specific answers to the following questions:

### How many children and families benefited from home visiting?

- Number of families served
- Number of children served
- Number of home visits completed
- Home visiting models operating in the state through MIECHV funds
- Number of full-time home visitor and supervisor positions funded through MIECHV

### What types of families benefited from home visiting?

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

Learn more about the methods used to create the data tables in [appendix 1](#).

## MIECHV STATE DATA TABLE – ALABAMA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Alabama included Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 87 full-time equivalent (FTE) home visitors and 20 FTE supervisors. FTE can include full-time and part-time staff.

24,192

home visits provided

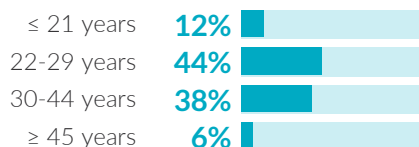
2,241

families served

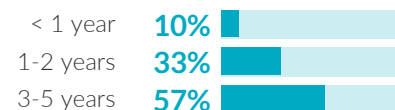
2,847

children served

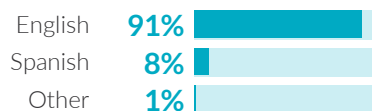
## Caregiver age



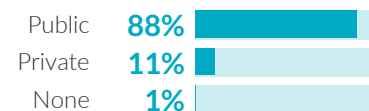
## Child age



## Primary language



## Child insurance status



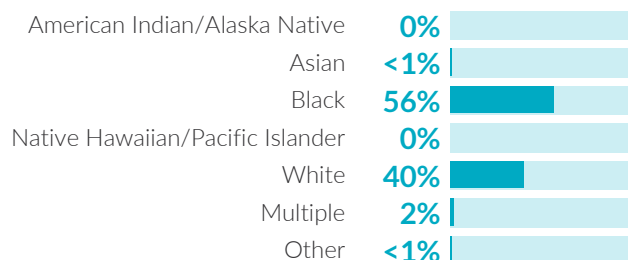
## Caregiver ethnicity



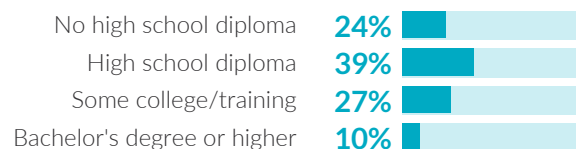
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – ALASKA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in Alaska was Nurse-Family Partnership. Statewide, MIECHV funded eight full-time equivalent (FTE) home visitors and one FTE supervisor. FTE can include full-time and part-time staff.

2,559

home visits provided

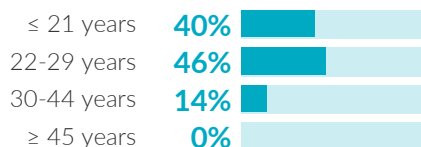
236

families served

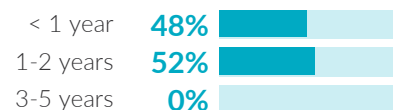
181

children served

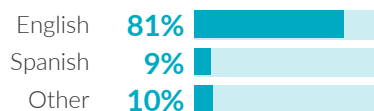
## Caregiver age



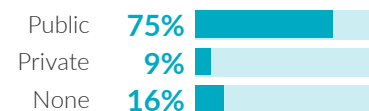
## Child age



## Primary language



## Child insurance status



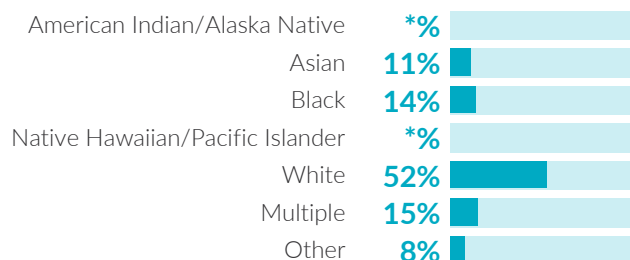
## Caregiver ethnicity



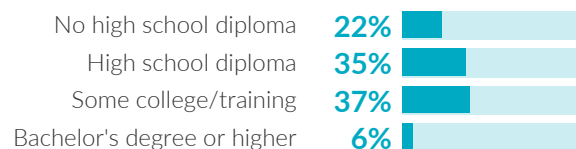
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – ARIZONA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Arizona included Family Spirit, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 79 full-time equivalent (FTE) home visitors and 23 FTE supervisors. FTE can include full-time and part-time staff.

30,068

home visits provided

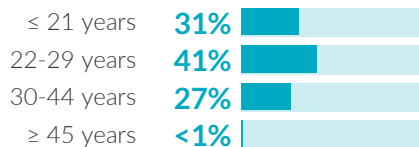
2,286

families served

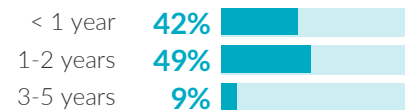
2,093

children served

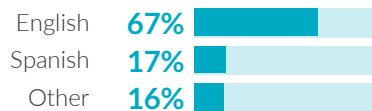
## Caregiver age



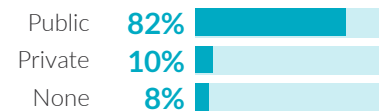
## Child age



## Primary language



## Child insurance status



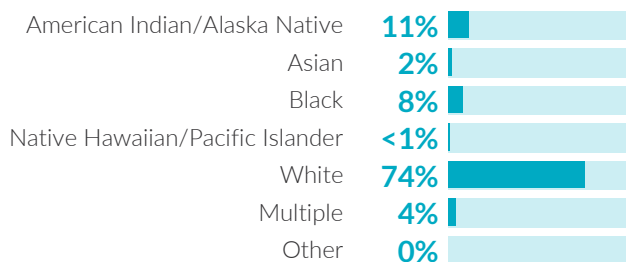
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor 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 2016

Evidence-based models implemented with MIECHV funds in Arkansas included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and Following Baby Back Home. Statewide, MIECHV funded 96 full-time equivalent (FTE) home visitors and 17 FTE supervisors. FTE can include full-time and part-time staff.

30,118

home visits provided

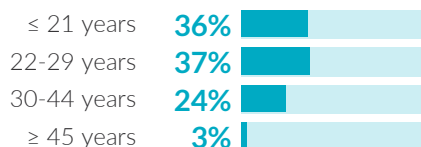
2,409

families served

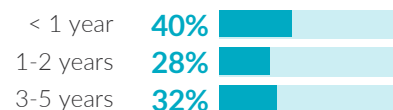
2,151

children served

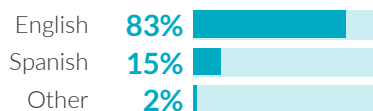
## Caregiver age



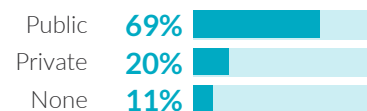
## Child age



## Primary language



## Child insurance status



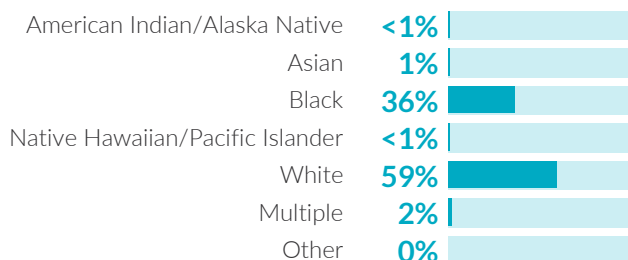
## Caregiver ethnicity



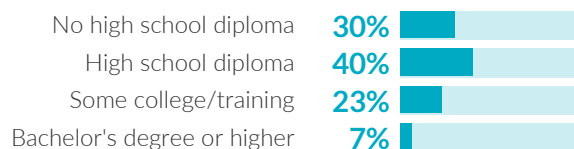
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • HRSA considers Following Baby Back Home a promising approach home visiting model. Its service numbers are included in these data.

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## MIECHV STATE DATA TABLE – CALIFORNIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in California included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 97 full-time equivalent (FTE) home visitors and 23 FTE supervisors. FTE can include full-time and part-time staff.

31,007

home visits provided

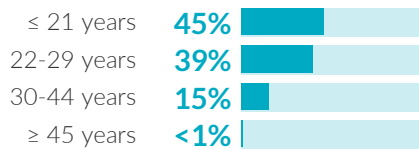
3,561

families served

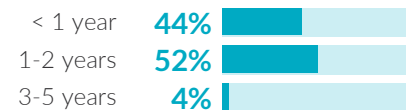
2,564

children served

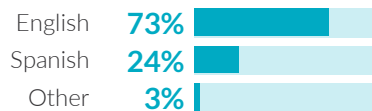
## Caregiver age



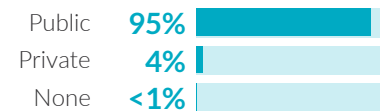
## Child age



## Primary language



## Child insurance status



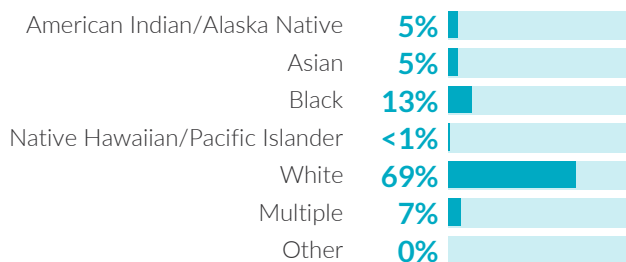
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor 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 2016

Evidence-based models implemented with MIECHV funds in Colorado included Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 86 full-time equivalent (FTE) home visitors and 13 FTE supervisors. FTE can include full-time and part-time staff.

37,704

home visits provided

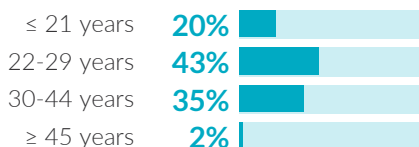
3,553

families served

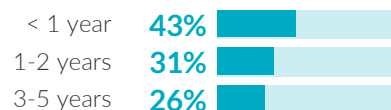
3,666

children served

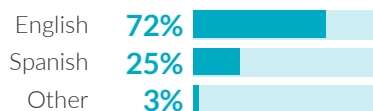
## Caregiver age



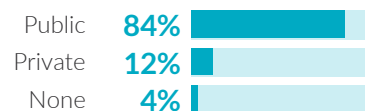
## Child age



## Primary language



## Child insurance status



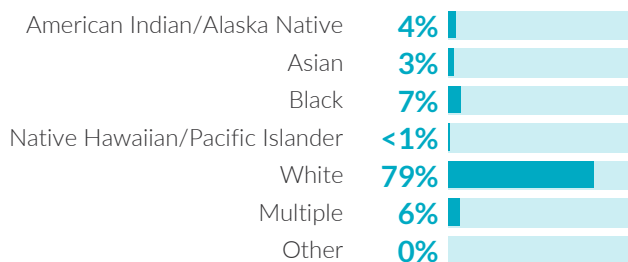
## Caregiver ethnicity



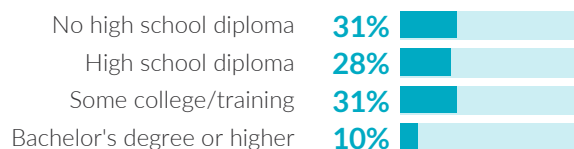
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – CONNECTICUT

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Connecticut included Child First, Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 94 full-time equivalent (FTE) home visitors and 24 FTE supervisors. FTE can include full-time and part-time staff.

27,774

home visits provided

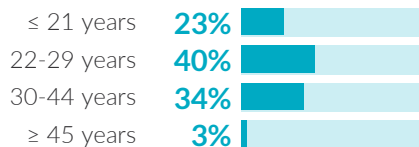
1,334

families served

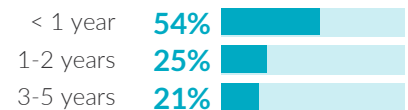
1,233

children served

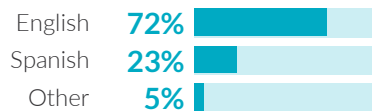
## Caregiver age



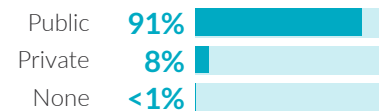
## Child age



## Primary language



## Child insurance status



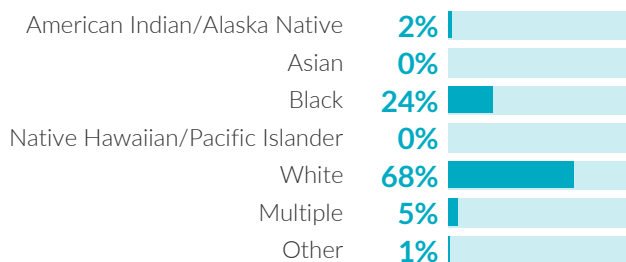
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – DELAWARE

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Delaware included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 21 full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

3,864

home visits provided

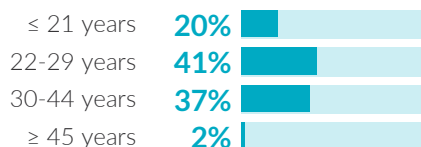
547

families served

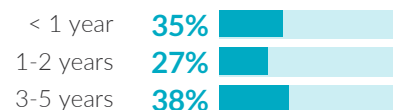
500

children served

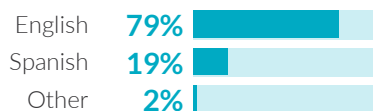
## Caregiver age



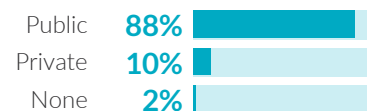
## Child age



## Primary language



## Child insurance status



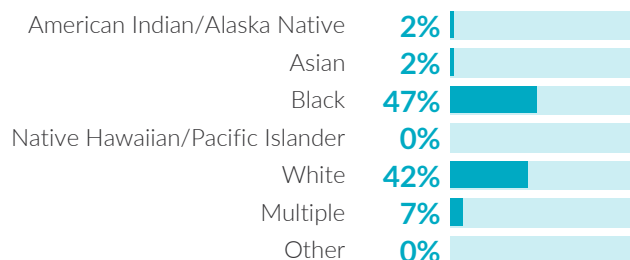
## Caregiver ethnicity



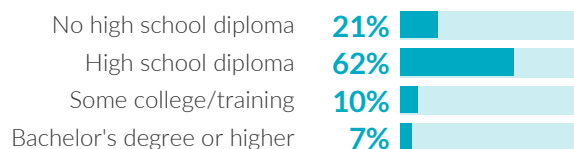
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – DISTRICT OF COLUMBIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

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.

4,665

home visits provided

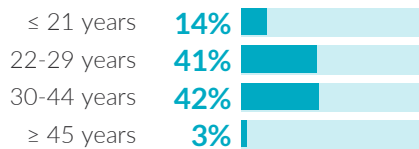
389

families served

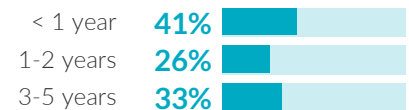
458

children served

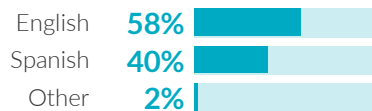
## Caregiver age



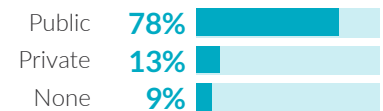
## Child age



## Primary language



## Child insurance status



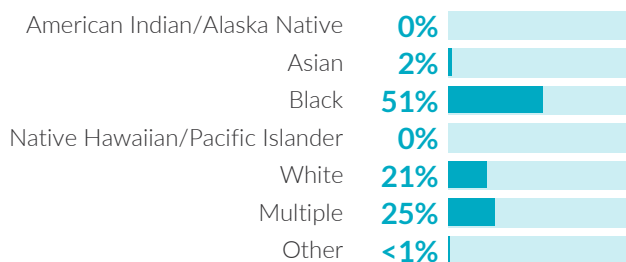
## Caregiver ethnicity



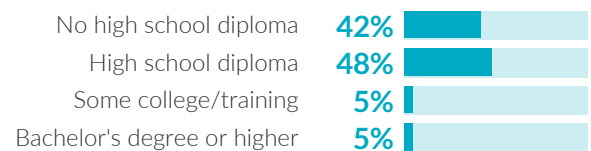
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – FLORIDA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Florida included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 60 full-time equivalent (FTE) home visitors and 12 FTE supervisors. FTE can include full-time and part-time staff.

17,720

home visits provided

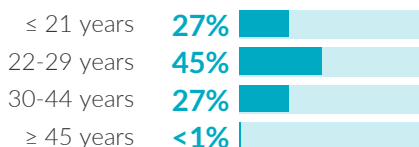
1,799

families served

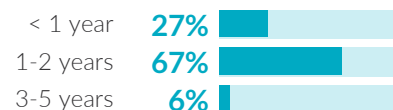
1,460

children served

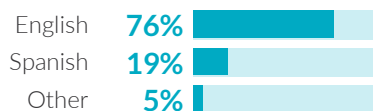
## Caregiver age



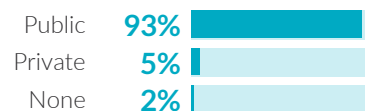
## Child age



## Primary language



## Child insurance status



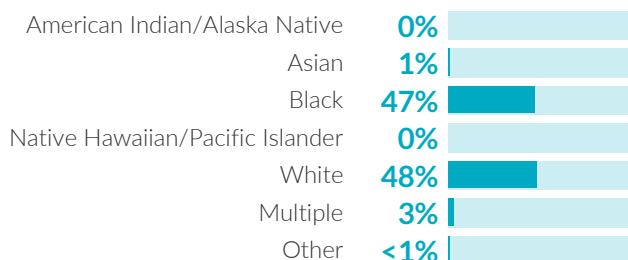
## Caregiver ethnicity



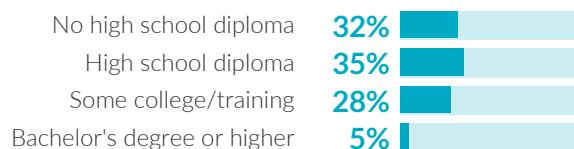
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – GEORGIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Georgia included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 60 full-time equivalent (FTE) home visitors and 19 FTE supervisors. FTE can include full-time and part-time staff.

14,576

home visits provided

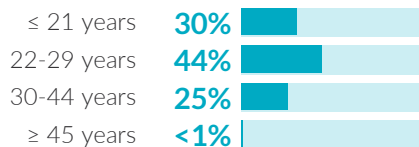
1,368

families served

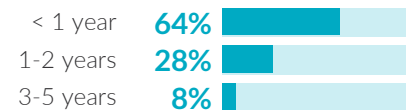
1,238

children served

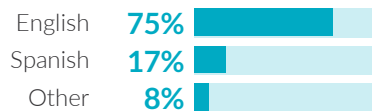
## Caregiver age



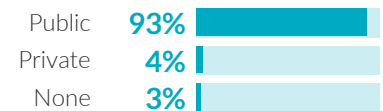
## Child age



## Primary language



## Child insurance status



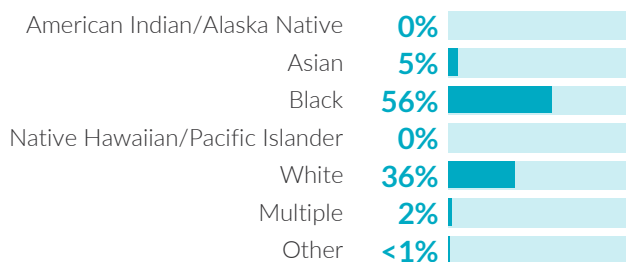
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



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## MIECHV STATE DATA TABLE – HAWAII

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Hawaii included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, MIECHV funded 39 full-time equivalent (FTE) home visitors and 10 FTE supervisors. FTE can include full-time and part-time staff.

4,407

home visits provided

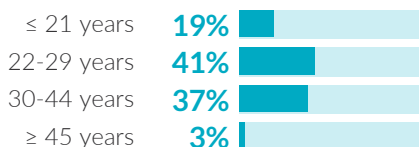
429

families served

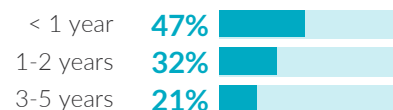
399

children served

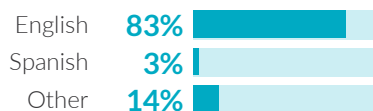
## Caregiver age



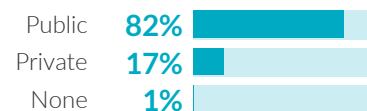
## Child age



## Primary language



## Child insurance status



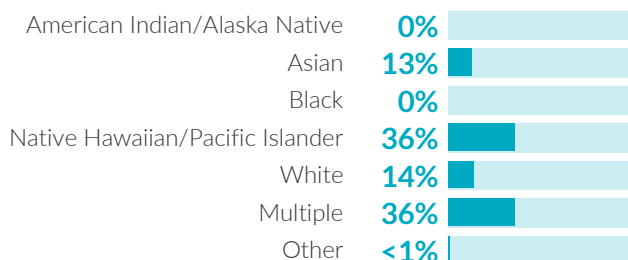
## Caregiver ethnicity



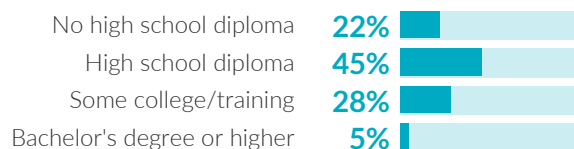
## Household income



## Caregiver race



## Caregiver education



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## MIECHV STATE DATA TABLE – IDAHO

# Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Idaho included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 27 full-time equivalent (FTE) home visitors and six FTE supervisors. FTE can include full-time and part-time staff.

## 6,504

home visits provided

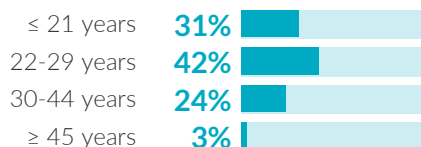
## 639

families served

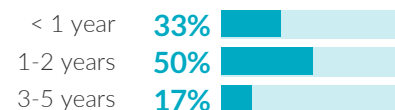
## 649

children served

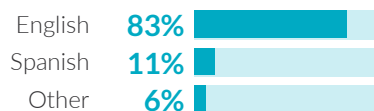
### Caregiver age



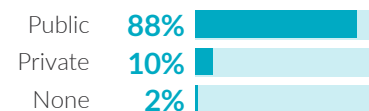
### Child age



### Primary language



### Child insurance status



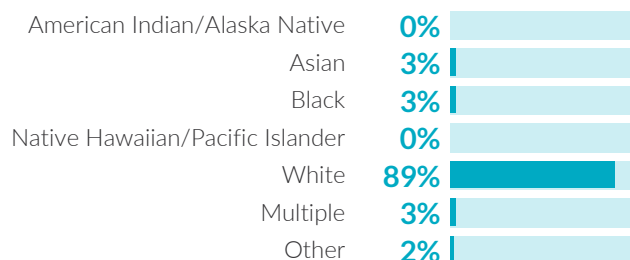
### Caregiver ethnicity



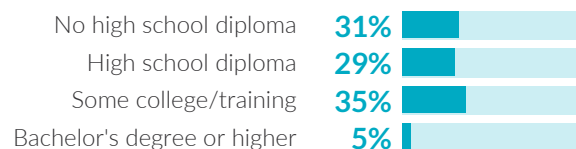
### Household income



### Caregiver race



### Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – ILLINOIS

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Illinois included Early Head Start, Healthy Families America, and Parents as Teachers. Statewide, MIECHV funded 67 full-time equivalent (FTE) home visitors and 17 FTE supervisors. FTE can include full-time and part-time staff.

12,296

home visits provided

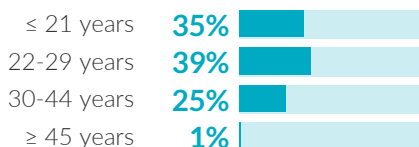
988

families served

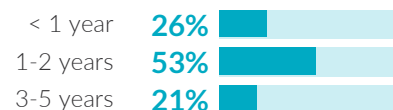
913

children served

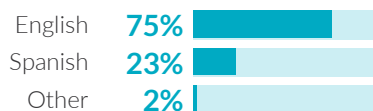
## Caregiver age



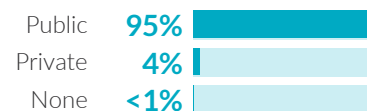
## Child age



## Primary language



## Child insurance status



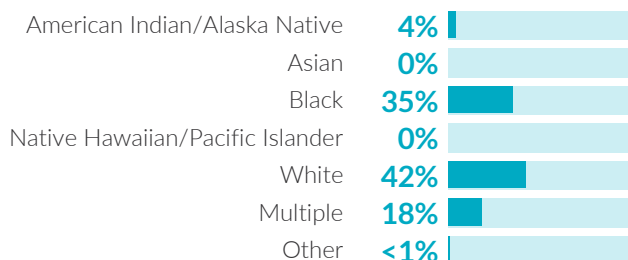
## Caregiver ethnicity



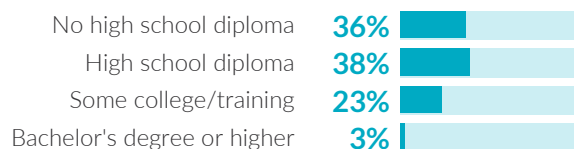
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – INDIANA

# Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Indiana included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 101 full-time equivalent (FTE) home visitors and 21 FTE supervisors. FTE can include full-time and part-time staff.

## 30,285

home visits provided

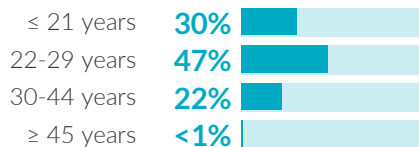
## 2,663

families served

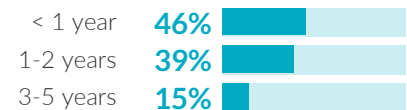
## 2,300

children served

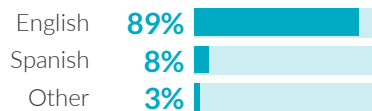
### Caregiver age



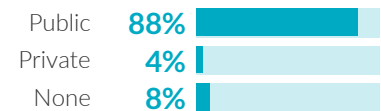
### Child age



### Primary language



### Child insurance status



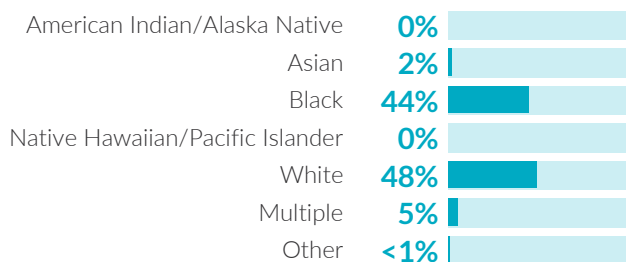
### Caregiver ethnicity



### Household income



### Caregiver race



### Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – IOWA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Iowa included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 41 full-time equivalent (FTE) home visitors and 18 FTE supervisors. FTE can include full-time and part-time staff.

13,810

home visits provided

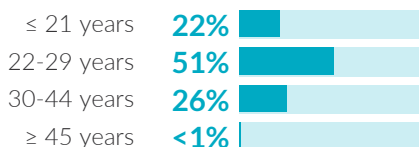
1,075

families served

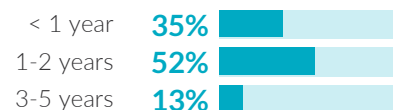
972

children served

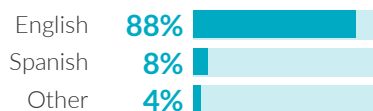
## Caregiver age



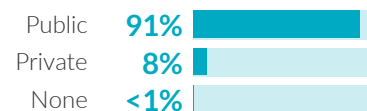
## Child age



## Primary language



## Child insurance status



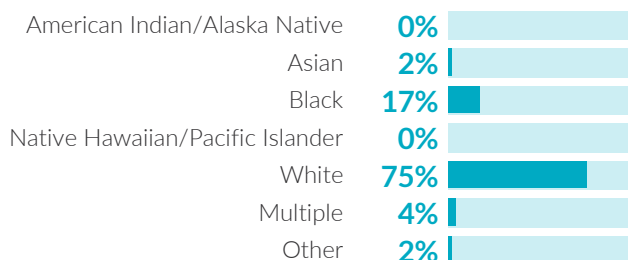
## Caregiver ethnicity



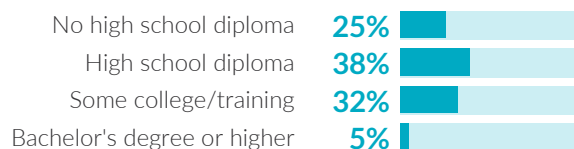
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – KANSAS

# Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Kansas included Early Head Start, Healthy Families America, Parents as Teachers, and Team for Infants Exposed to Substance Abuse. Statewide, MIECHV funded 37 full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

## 9,038

home visits provided

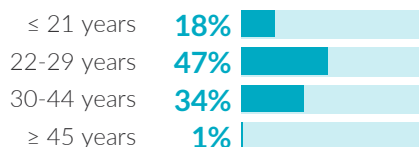
## 661

families served

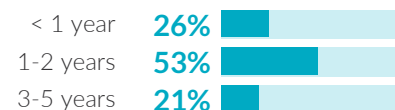
## 654

children served

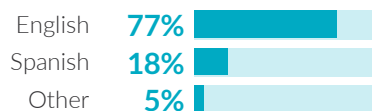
### Caregiver age



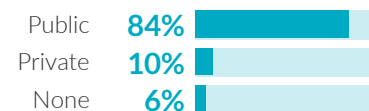
### Child age



### Primary language



### Child insurance status



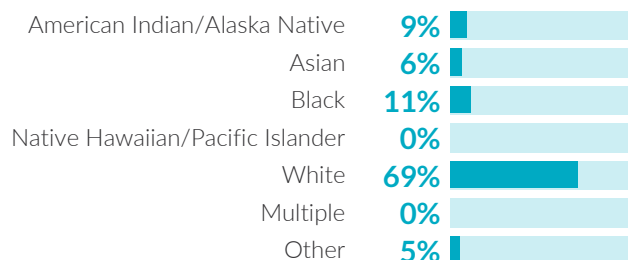
### Caregiver ethnicity



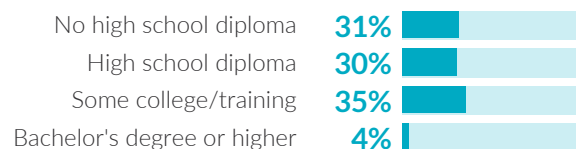
### Household income



### Caregiver race



### Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • HRSA considers Team for Infants Exposed to Substance Abuse a promising approach home visiting model. Its service numbers are included in these data. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – KENTUCKY

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in Kentucky was Health Access Nurturing Development Services. Statewide, MIECHV funded 83 full-time equivalent (FTE) home visitors and 20 FTE supervisors. FTE can include full-time and part-time staff.

58,452

home visits provided

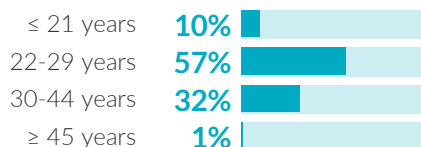
2,381

families served

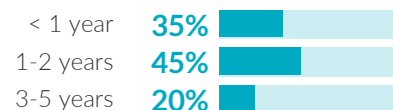
2,429

children served

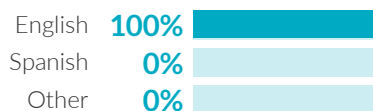
## Caregiver age



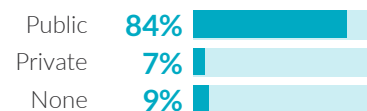
## Child age



## Primary language



## Child insurance status



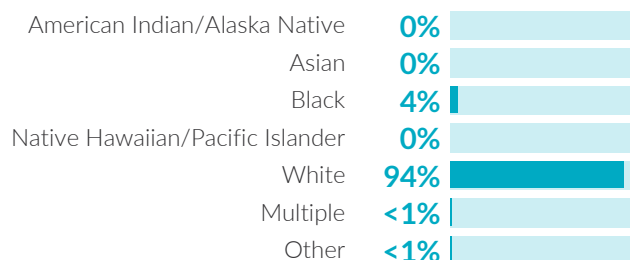
## Caregiver ethnicity



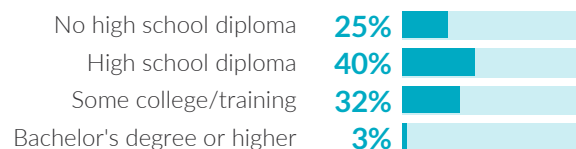
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – LOUISIANA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Louisiana included Nurse-Family Partnership and Parents as Teachers. Statewide, MIECHV funded 69 full-time equivalent (FTE) home visitors and five FTE supervisors. FTE can include full-time and part-time staff.

20,668

home visits provided

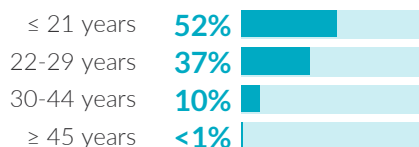
1,927

families served

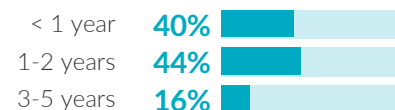
1,629

children served

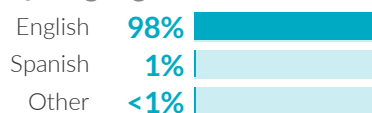
## Caregiver age



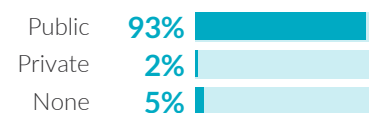
## Child age



## Primary language



## Child insurance status



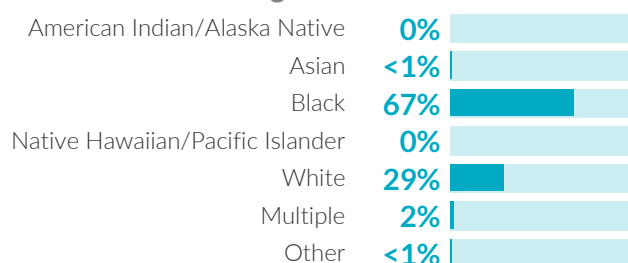
## Caregiver ethnicity



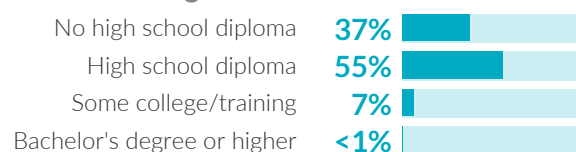
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – MAINE

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in Maine was Parents as Teachers. Statewide, MIECHV funded 81 full-time equivalent (FTE) home visitors and 24 FTE supervisors. FTE can include full-time and part-time staff.

22,029

home visits provided

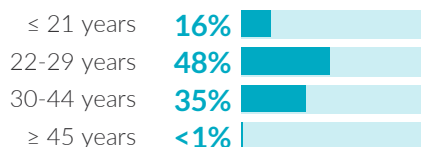
2,281

families served

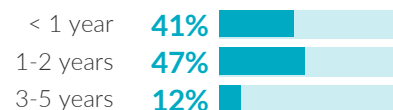
2,265

children served

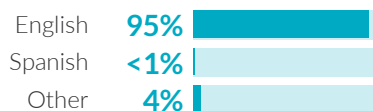
## Caregiver age



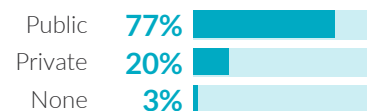
## Child age



## Primary language



## Child insurance status



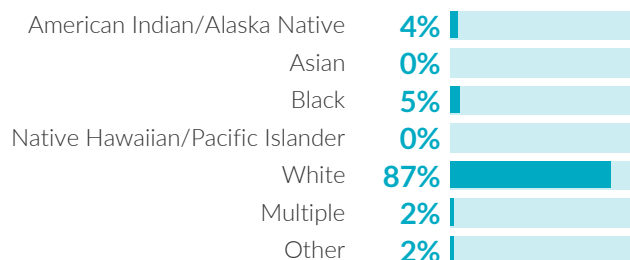
## Caregiver ethnicity



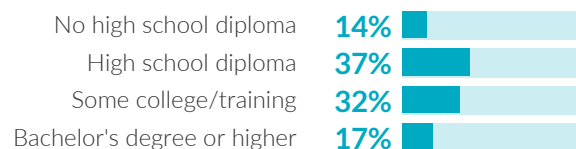
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – MARYLAND

# Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Maryland included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 54 full-time equivalent (FTE) home visitors and 10 FTE supervisors. FTE can include full-time and part-time staff.

## 15,280

home visits provided

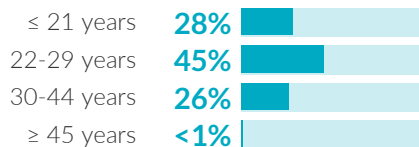
## 1,332

families served

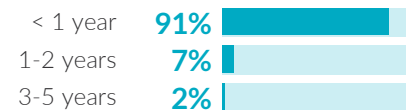
## 1,055

children served

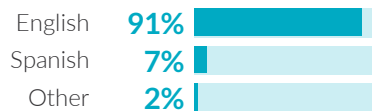
### Caregiver age



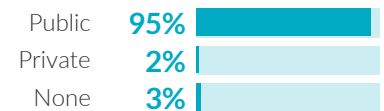
### Child age



### Primary language



### Child insurance status



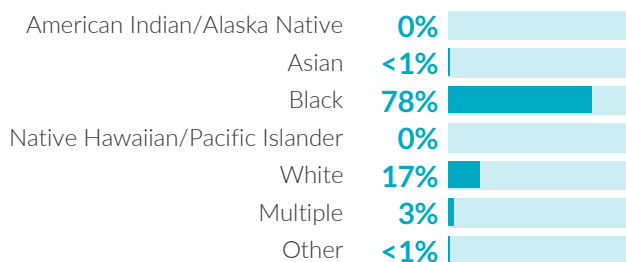
### Caregiver ethnicity



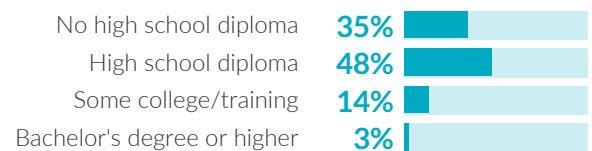
### Household income



### Caregiver race



### Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – MASSACHUSETTS

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Massachusetts included Early Head Start, Healthy Families America, and Parents as Teachers. Statewide, MIECHV funded 97 full-time equivalent (FTE) home visitors and 24 FTE supervisors. FTE can include full-time and part-time staff.

35,985

home visits provided

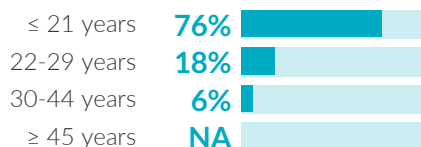
2,682

families served

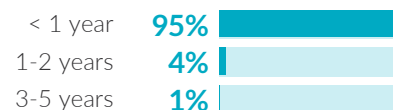
2,334

children served

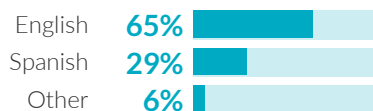
## Caregiver age



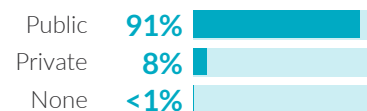
## Child age



## Primary language



## Child insurance status



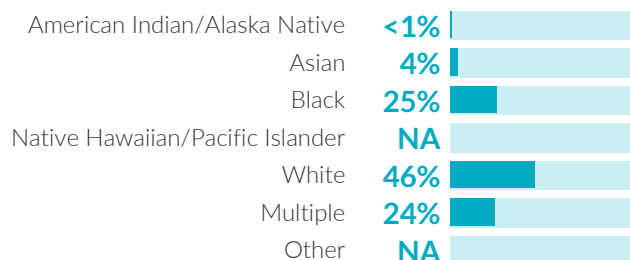
## Caregiver ethnicity



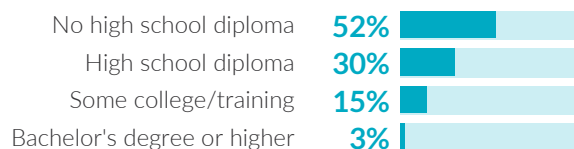
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • MA served 102 male caregivers in 2016.

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## MIECHV STATE DATA TABLE – MICHIGAN

# Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Michigan included Early Head Start, Healthy Families America, and Nurse-Family Partnership. Statewide, MIECHV funded 78 full-time equivalent (FTE) home visitors and 15 FTE supervisors. FTE can include full-time and part-time staff.

## 21,760

home visits provided

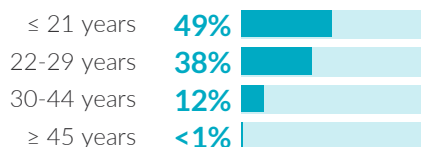
## 1,963

families served

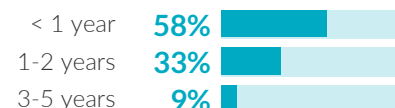
## 1,494

children served

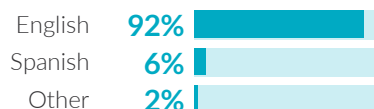
### Caregiver age



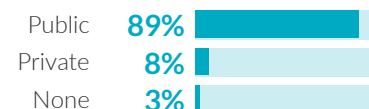
### Child age



### Primary language



### Child insurance status



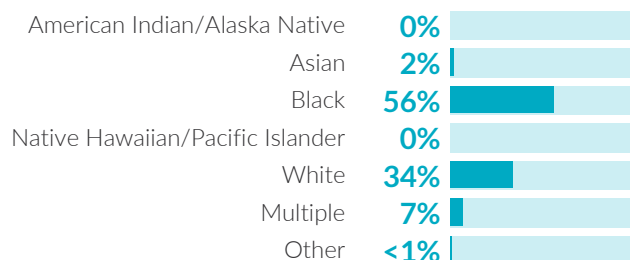
### Caregiver ethnicity



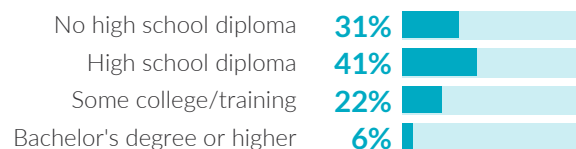
### Household income



### Caregiver race



### Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – MINNESOTA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Minnesota included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 67 full-time equivalent (FTE) home visitors and 14 FTE supervisors. FTE can include full-time and part-time staff.

21,647

home visits provided

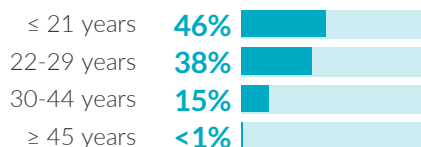
1,945

families served

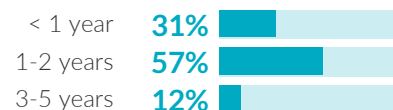
1,686

children served

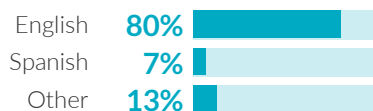
## Caregiver age



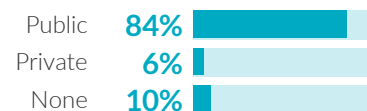
## Child age



## Primary language



## Child insurance status



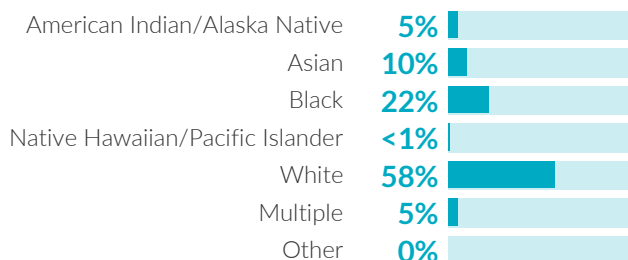
## Caregiver ethnicity



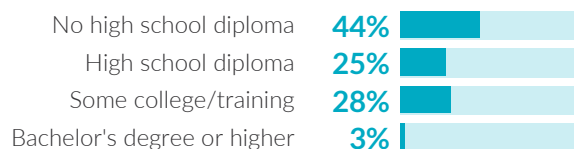
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • Percentages may not add to 100% due to rounding.

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## MIECHV STATE DATA TABLE – MISSISSIPPI

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in Mississippi was Healthy Families America. Statewide, MIECHV funded 36 full-time equivalent (FTE) home visitors and nine FTE supervisors. FTE can include full-time and part-time staff.

12,129

home visits provided

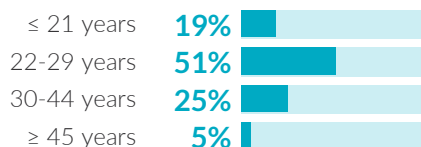
739

families served

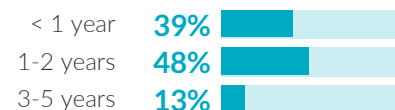
700

children served

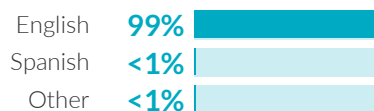
## Caregiver age



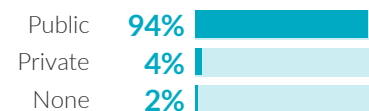
## Child age



## Primary language



## Child insurance status



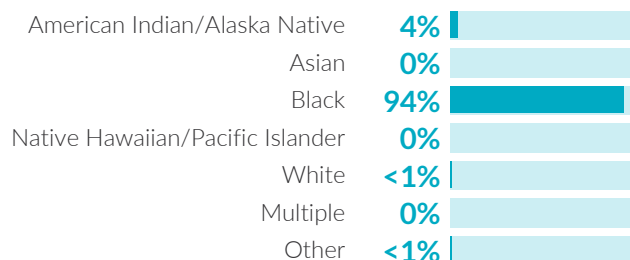
## Caregiver ethnicity



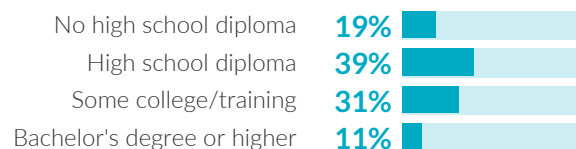
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • Percentages may not add to 100% due to rounding.

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## MIECHV STATE DATA TABLE – MISSOURI

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Missouri included Early Head Start, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 34 full-time equivalent (FTE) home visitors and six FTE supervisors. FTE can include full-time and part-time staff.

9,536

home visits provided

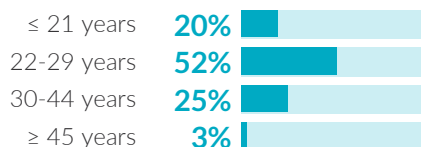
627

families served

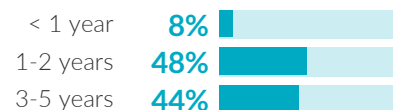
634

children served

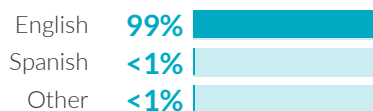
## Caregiver age



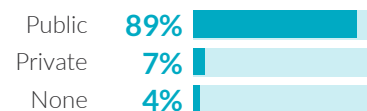
## Child age



## Primary language



## Child insurance status



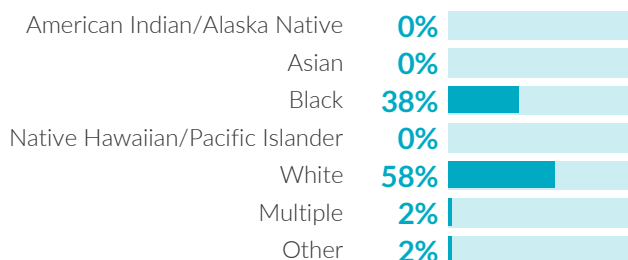
## Caregiver ethnicity



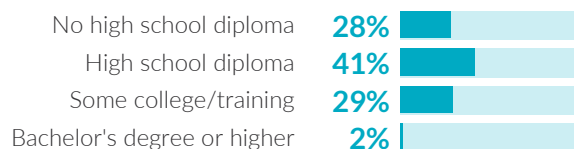
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • Percentages may not add to 100% due to rounding.

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## MIECHV STATE DATA TABLE – MONTANA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Montana included Family Spirit, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, MIECHV funded 43 full-time equivalent (FTE) home visitors and 12 FTE supervisors. FTE can include full-time and part-time staff.

10,153

home visits provided

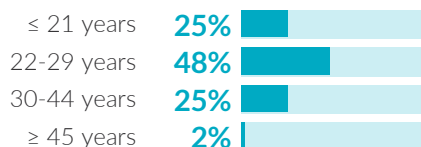
954

families served

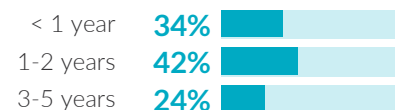
983

children served

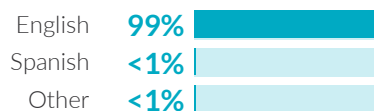
## Caregiver age



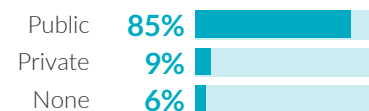
## Child age



## Primary language



## Child insurance status



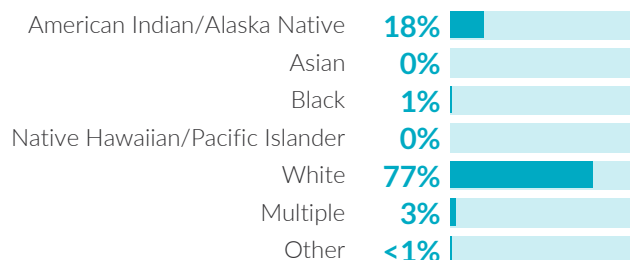
## Caregiver ethnicity



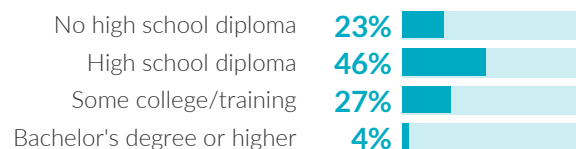
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race." • Percentages may not add to 100% due to rounding.

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## MIECHV STATE DATA TABLE – NEBRASKA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in Nebraska was Healthy Families America. Statewide, MIECHV funded 15 full-time equivalent (FTE) home visitors and five FTE supervisors. FTE can include full-time and part-time staff.

5,432

home visits provided

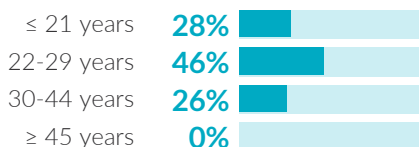
333

families served

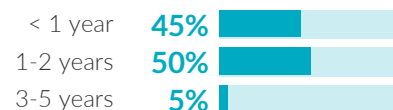
319

children served

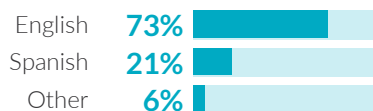
## Caregiver age



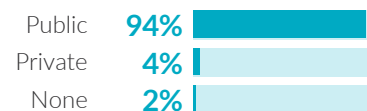
## Child age



## Primary language



## Child insurance status



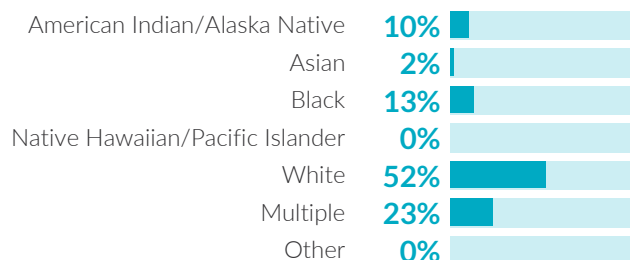
## Caregiver ethnicity



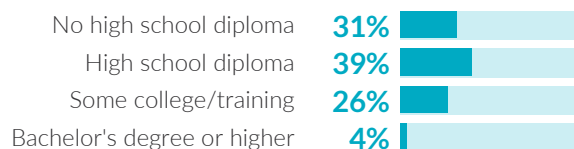
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – NEVADA

# Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

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 25 full-time equivalent (FTE) home visitors and eight FTE supervisors. FTE can include full-time and part-time staff.

## 4,818

home visits provided

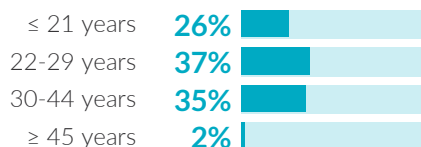
## 384

families served

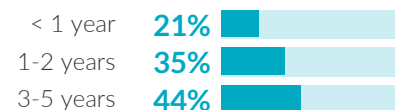
## 401

children served

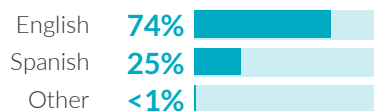
### Caregiver age



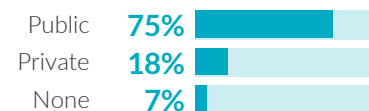
### Child age



### Primary language



### Child insurance status



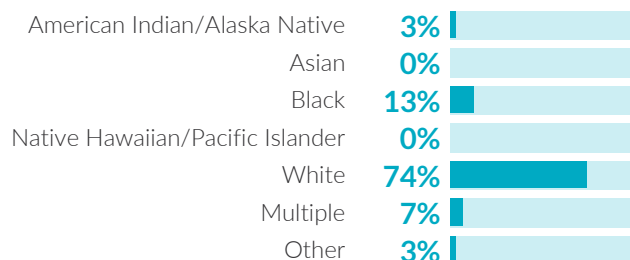
### Caregiver ethnicity



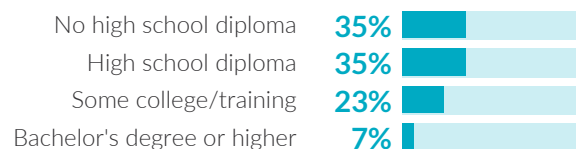
### Household income



### Caregiver race



### Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – NEW HAMPSHIRE

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in New Hampshire was Healthy Families America. Statewide, MIECHV funded 18 full-time equivalent (FTE) home visitors and seven FTE supervisors. FTE can include full-time and part-time staff.

4,639

home visits provided

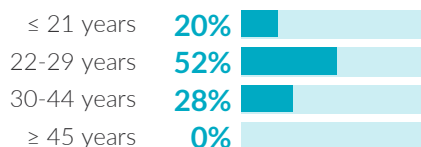
325

families served

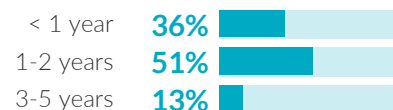
258

children served

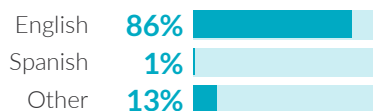
## Caregiver age



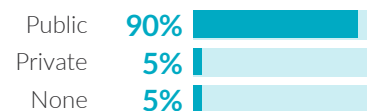
## Child age



## Primary language



## Child insurance status



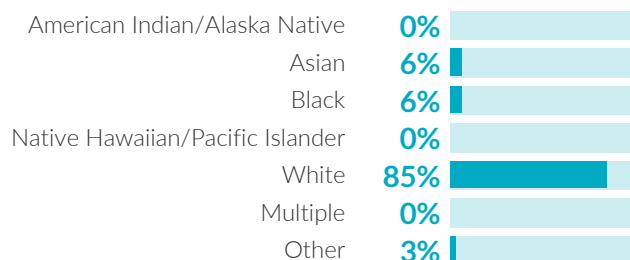
## Caregiver ethnicity



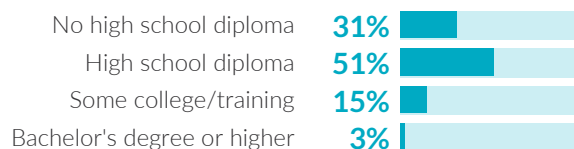
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – NEW JERSEY

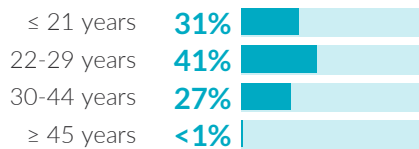
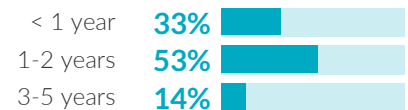
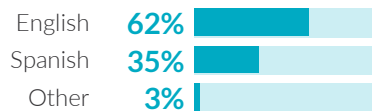
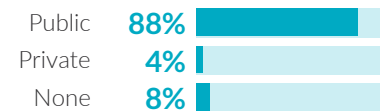
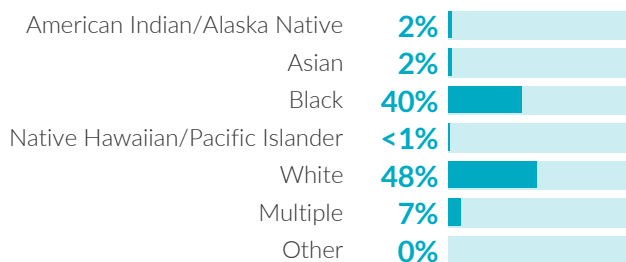
## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

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

**73,677**  
home visits provided

**7,096**  
families served

**5,912**  
children served

**Caregiver age****Child age****Primary language****Child insurance status****Caregiver ethnicity****Household income****Caregiver race****Caregiver education**

Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines.

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## MIECHV STATE DATA TABLE – NEW MEXICO

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in New Mexico included Nurse-Family Partnership and Parents as Teachers. Statewide, MIECHV funded 18 full-time equivalent (FTE) home visitors and four FTE supervisors. FTE can include full-time and part-time staff.

6,019

home visits provided

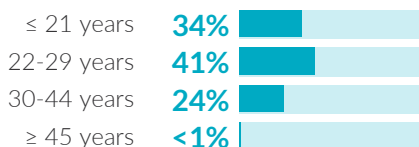
462

families served

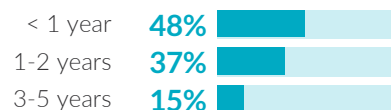
470

children served

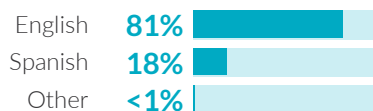
## Caregiver age



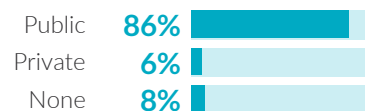
## Child age



## Primary language



## Child insurance status



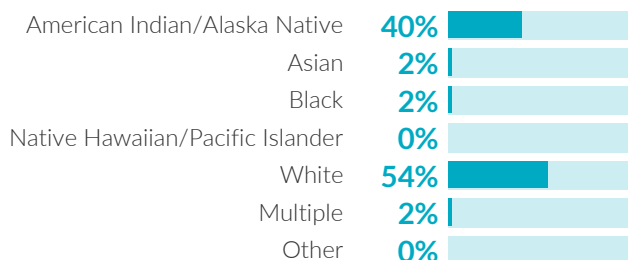
## Caregiver ethnicity



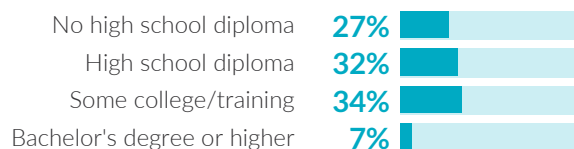
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – NEW YORK

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in New York included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 63 full-time equivalent (FTE) home visitors and 13 FTE supervisors. FTE can include full-time and part-time staff.

38,579

home visits provided

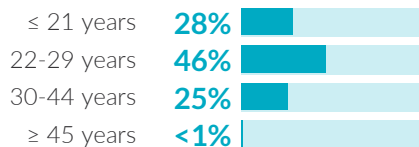
3,454

families served

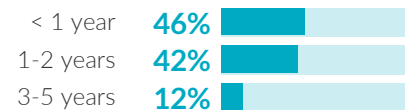
2,702

children served

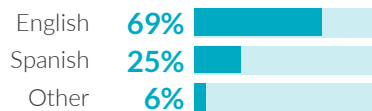
## Caregiver age



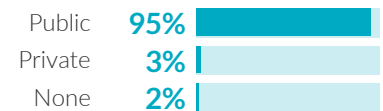
## Child age



## Primary language



## Child insurance status



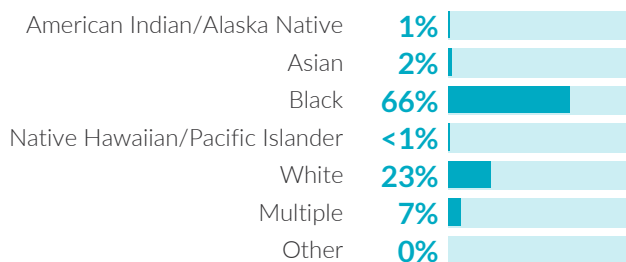
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – NORTH CAROLINA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in North Carolina included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 22 full-time equivalent (FTE) home visitors and five FTE supervisors. FTE can include full-time and part-time staff.

7,155

home visits provided

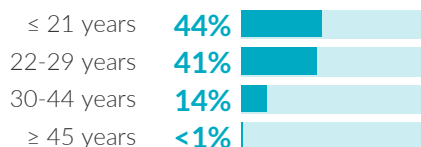
572

families served

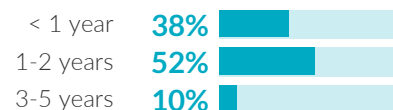
477

children served

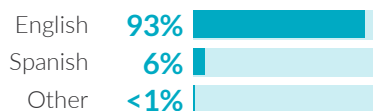
## Caregiver age



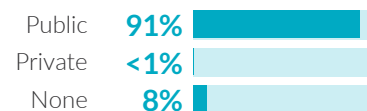
## Child age



## Primary language



## Child insurance status



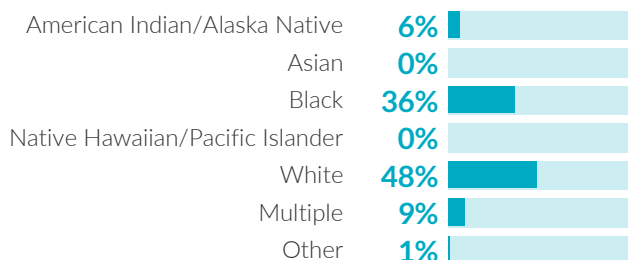
## Caregiver ethnicity



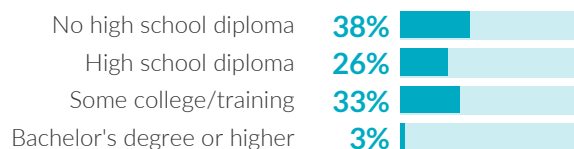
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – NORTH DAKOTA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in North Dakota was Parents as Teachers. Statewide, MIECHV funded nine full-time equivalent (FTE) home visitors and two FTE supervisors. FTE can include full-time and part-time staff.

2,561

home visits provided

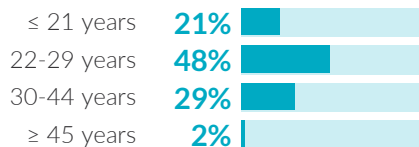
255

families served

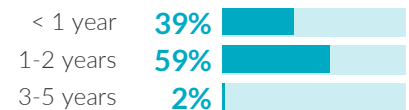
214

children served

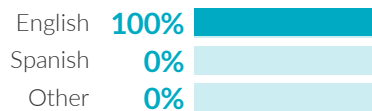
## Caregiver age



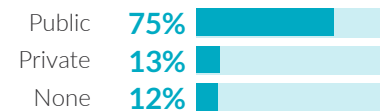
## Child age



## Primary language



## Child insurance status



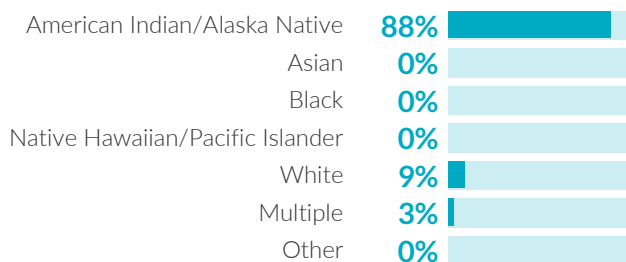
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – OHIO

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Ohio included Healthy Families America and Nurse-Family Partnership. Statewide, MIECHV funded 69 full-time equivalent (FTE) home visitors and 14 FTE supervisors. FTE can include full-time and part-time staff.

18,798

home visits provided

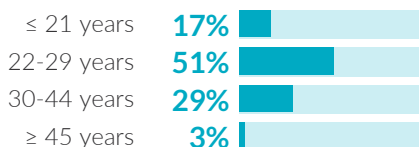
1,830

families served

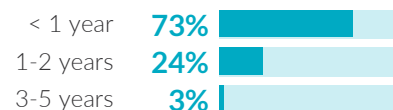
1,861

children served

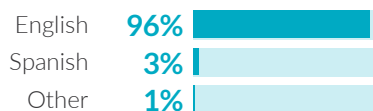
## Caregiver age



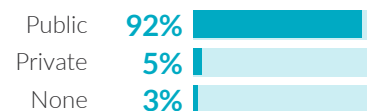
## Child age



## Primary language



## Child insurance status



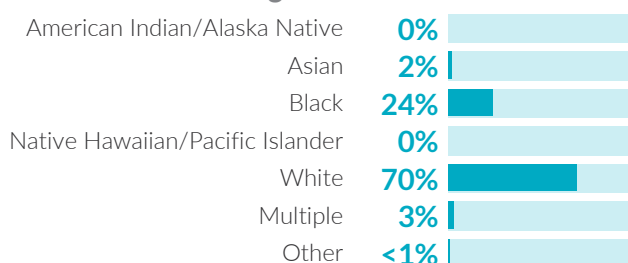
## Caregiver ethnicity



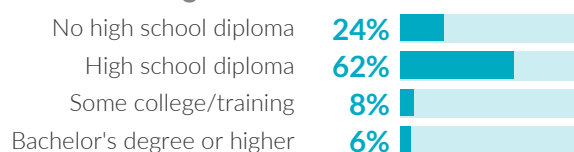
## Household income



## Caregiver race



## Caregiver education



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## MIECHV STATE DATA TABLE – OKLAHOMA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Oklahoma included Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, MIECHV funded 55 full-time equivalent (FTE) home visitors and 15 FTE supervisors. FTE can include full-time and part-time staff.

17,276

home visits provided

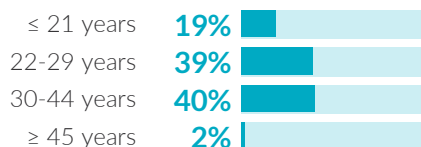
1,430

families served

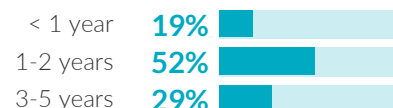
1,325

children served

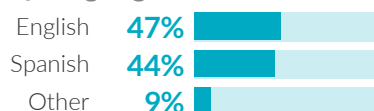
## Caregiver age



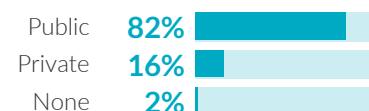
## Child age



## Primary language



## Child insurance status



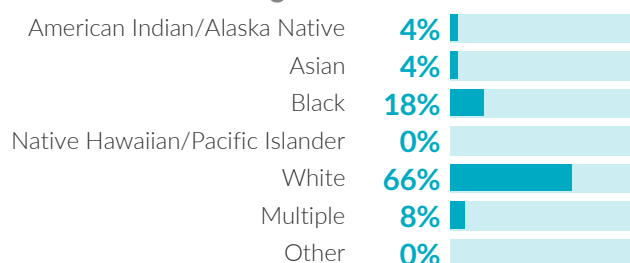
## Caregiver ethnicity



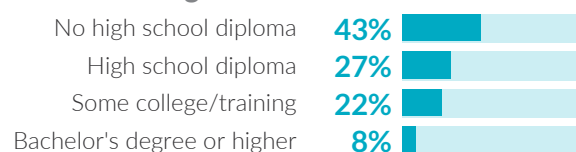
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor 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 2016

Evidence-based models implemented with MIECHV funds in Oregon included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 51 full-time equivalent (FTE) home visitors and 11 FTE supervisors. FTE can include full-time and part-time staff.

## 19,358

home visits provided

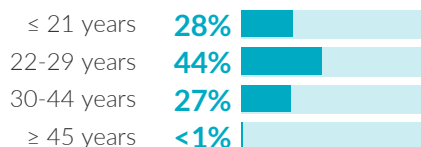
## 1,119

families served

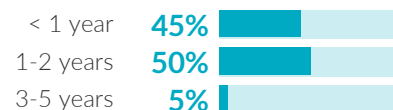
## 964

children served

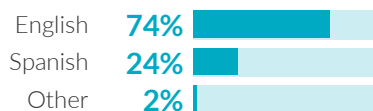
### Caregiver age



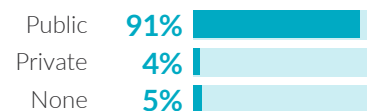
### Child age



### Primary language



### Child insurance status



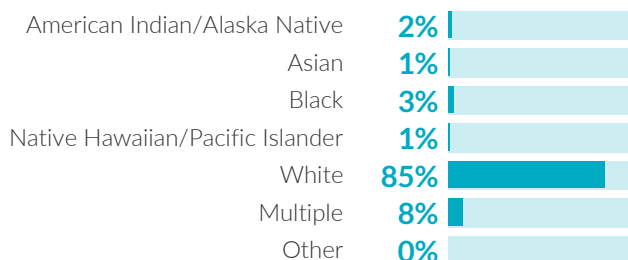
### Caregiver ethnicity



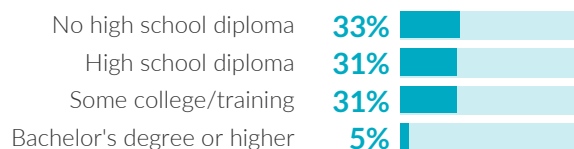
### Household income



### Caregiver race



### Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor 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 2016

Evidence-based models implemented with MIECHV funds in Pennsylvania included Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 115 full-time equivalent (FTE) home visitors and 27 FTE supervisors. FTE can include full-time and part-time staff.

39,307

home visits provided

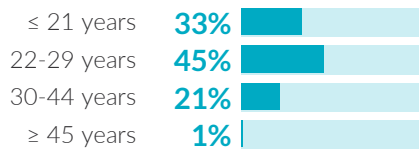
3,282

families served

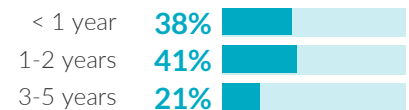
3,292

children served

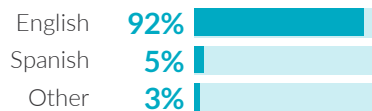
## Caregiver age



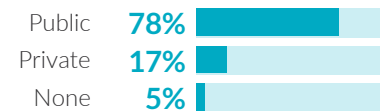
## Child age



## Primary language



## Child insurance status



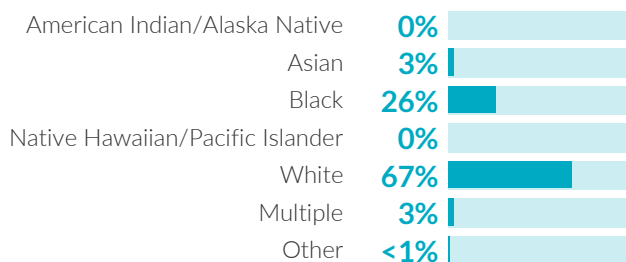
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



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## MIECHV STATE DATA TABLE – PUERTO RICO

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in Puerto Rico was Healthy Families America. Across the territory, MIECHV funded nine full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

2,956

home visits provided

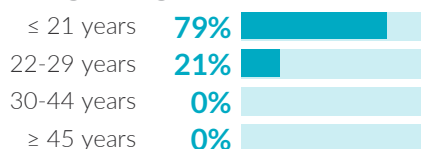
157

families served

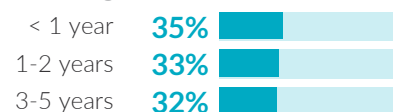
133

children served

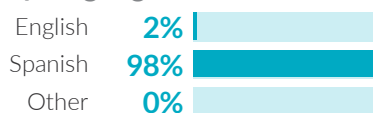
## Caregiver age



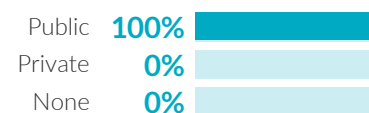
## Child age



## Primary language



## Child insurance status



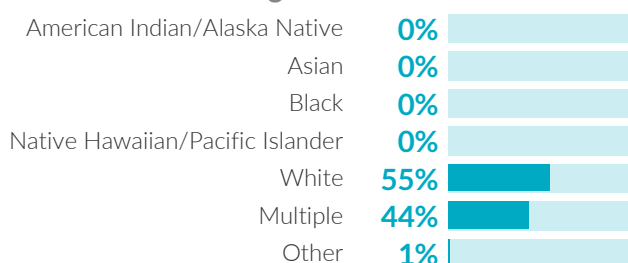
## Caregiver ethnicity



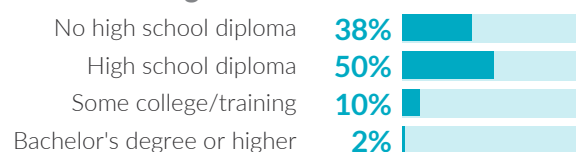
## Household income



## Caregiver race



## Caregiver education



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## MIECHV STATE DATA TABLE – RHODE ISLAND

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Rhode Island included Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 71 full-time equivalent (FTE) home visitors and 18 FTE supervisors. FTE can include full-time and part-time staff.

15,715

home visits provided

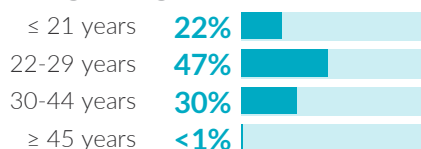
1,543

families served

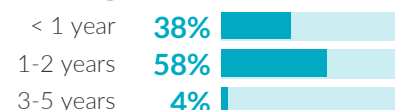
1,454

children served

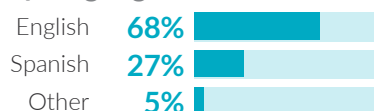
## Caregiver age



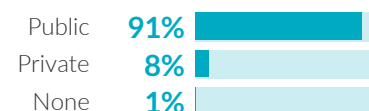
## Child age



## Primary language



## Child insurance status



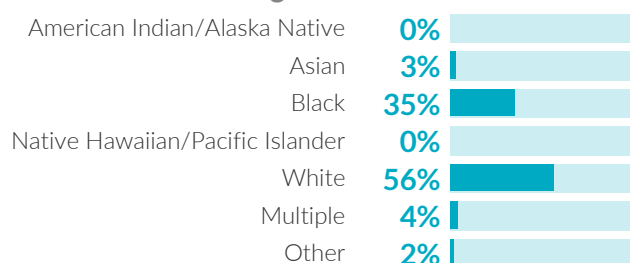
## Caregiver ethnicity



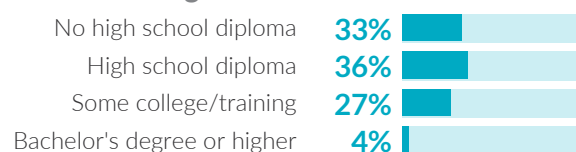
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – SOUTH CAROLINA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in South Carolina included Family Check-Up, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, MIECHV funded 49 full-time equivalent (FTE) home visitors and eight FTE supervisors. FTE can include full-time and part-time staff.

17,549

home visits provided

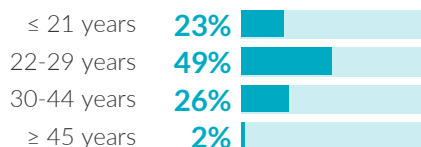
2,705

families served

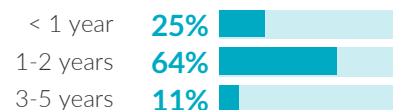
2,575

children served

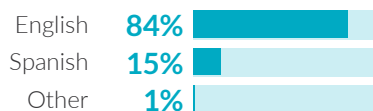
## Caregiver age



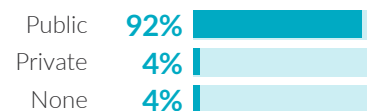
## Child age



## Primary language



## Child insurance status



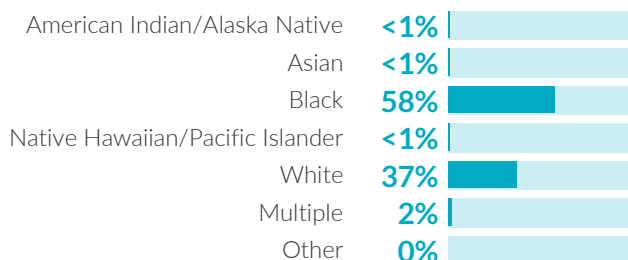
## Caregiver ethnicity



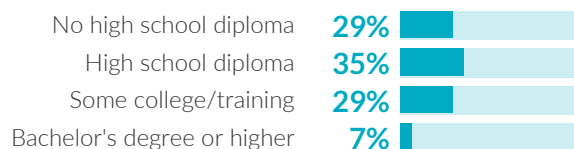
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – SOUTH DAKOTA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in South Dakota was Nurse-Family Partnership. Statewide, MIECHV funded six full-time equivalent (FTE) home visitors and two FTE supervisors. FTE can include full-time and part-time staff.

2,029

home visits provided

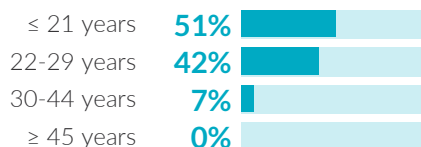
196

families served

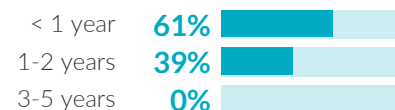
92

children served

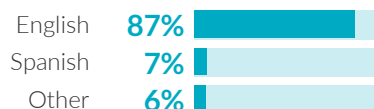
## Caregiver age



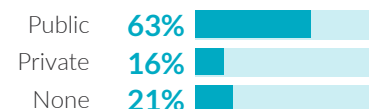
## Child age



## Primary language



## Child insurance status



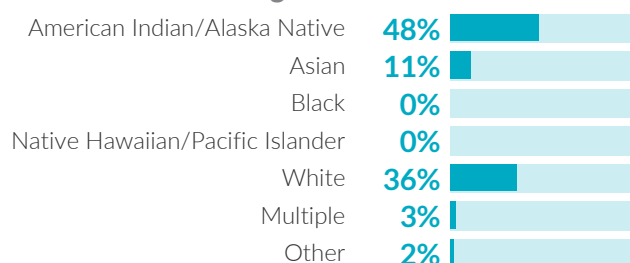
## Caregiver ethnicity



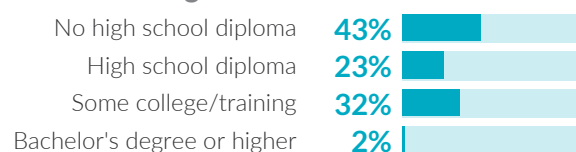
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – TENNESSEE

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Tennessee included Healthy Families America, Nurse-Family Partnership, Parents as Teachers, Maternal Infant Health Outreach Worker Program, and Nurses for Newborns. Statewide, MIECHV funded 66 full-time equivalent (FTE) home visitors and 24 FTE supervisors. FTE can include full-time and part-time staff.

19,961

home visits provided

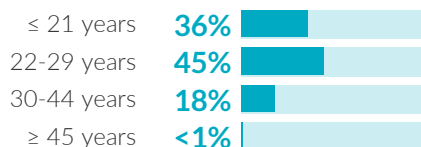
1,656

families served

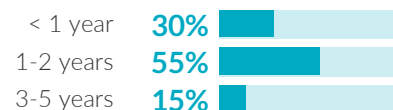
1,579

children served

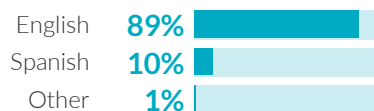
## Caregiver age



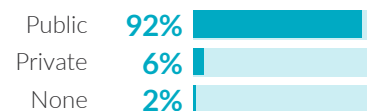
## Child age



## Primary language



## Child insurance status



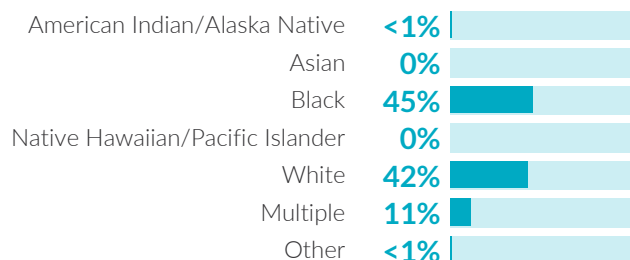
## Caregiver ethnicity



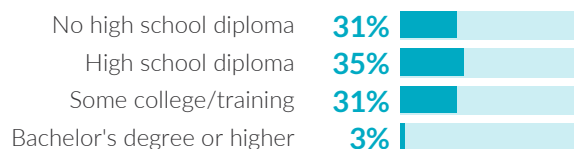
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • HRSA considers Maternal Infant Health Outreach Worker Program and Nurses for Newborns promising approach home visiting models. Their service numbers are included in these data. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – TEXAS

# Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

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

## 52,612

home visits provided

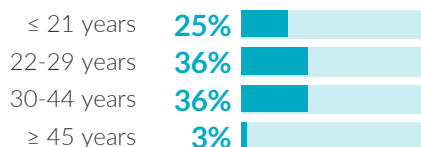
## 3,817

families served

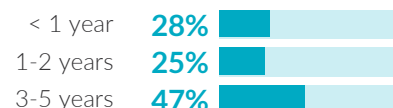
## 4,269

children served

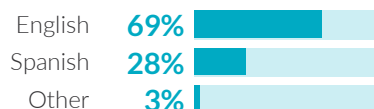
### Caregiver age



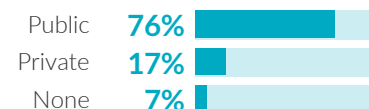
### Child age



### Primary language



### Child insurance status



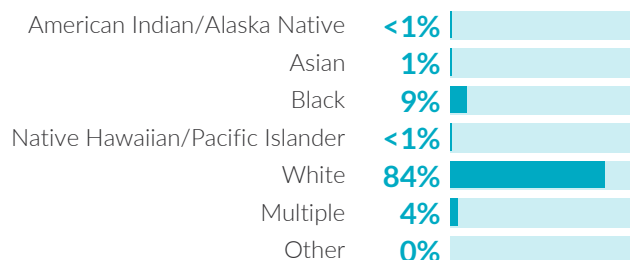
### Caregiver ethnicity



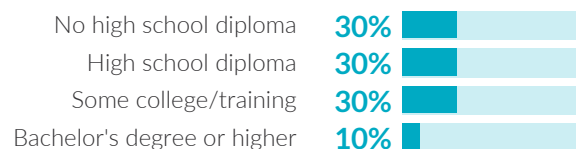
### Household income



### Caregiver race



### Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of 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 2016

Evidence-based models implemented with MIECHV funds in Utah included Nurse-Family Partnership and Parents as Teachers. Statewide, MIECHV funded 42 full-time equivalent (FTE) home visitors and nine FTE supervisors. FTE can include full-time and part-time staff.

11,937

home visits provided

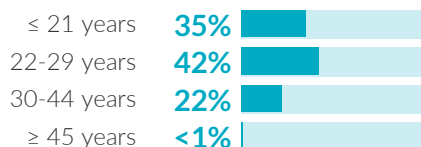
1,184

families served

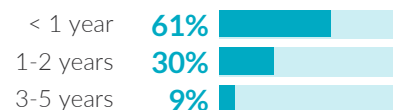
821

children served

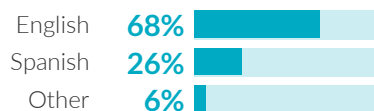
## Caregiver age



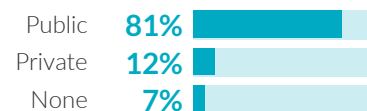
## Child age



## Primary language



## Child insurance status



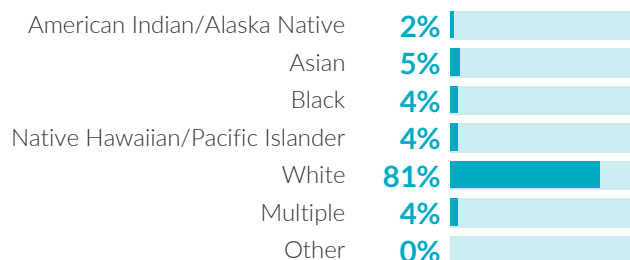
## Caregiver ethnicity



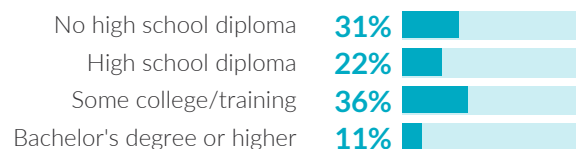
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – VERMONT

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in Vermont was Nurse-Family Partnership. Statewide, MIECHV funded 12 full-time equivalent (FTE) home visitors and three FTE supervisors. FTE can include full-time and part-time staff.

4,561

home visits provided

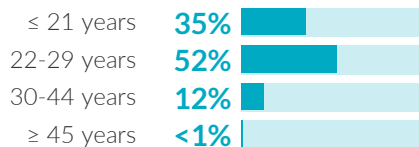
350

families served

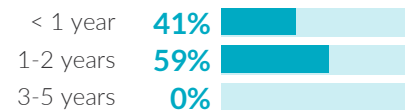
255

children served

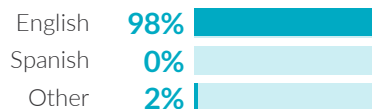
## Caregiver age



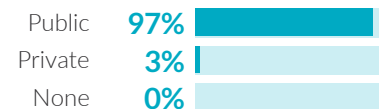
## Child age



## Primary language



## Child insurance status



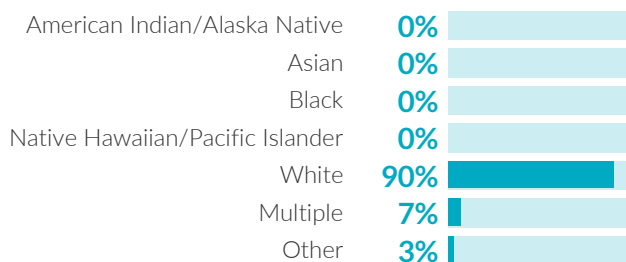
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – VIRGINIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

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 52 full-time equivalent (FTE) home visitors and 15 FTE supervisors. FTE can include full-time and part-time staff.

16,550

home visits provided

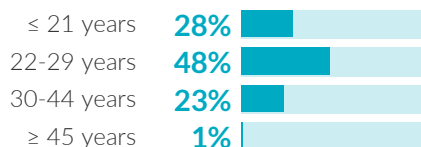
1,503

families served

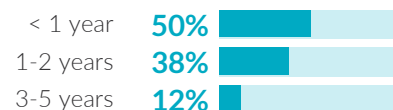
753

children served

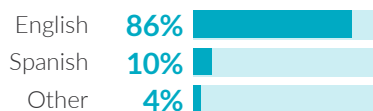
## Caregiver age



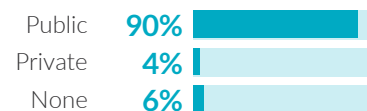
## Child age



## Primary language



## Child insurance status



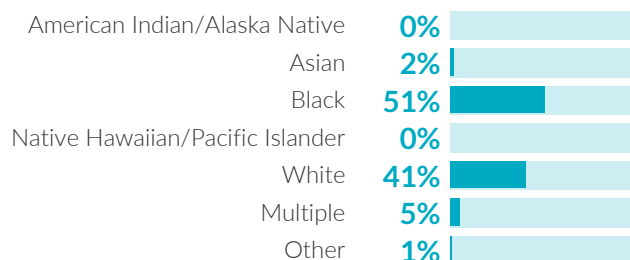
## Caregiver ethnicity



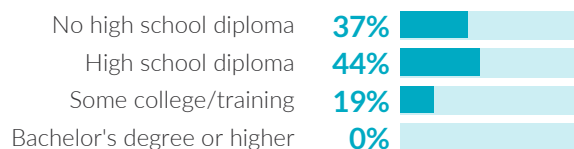
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • HRSA considers Resource Mothers a promising approach home visiting model. Its service numbers are included in these data. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – WASHINGTON

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in Washington included Nurse-Family Partnership and Parents as Teachers. Statewide, MIECHV funded 60 full-time equivalent (FTE) home visitors and 12 FTE supervisors. FTE can include full-time and part-time staff.

18,278

home visits provided

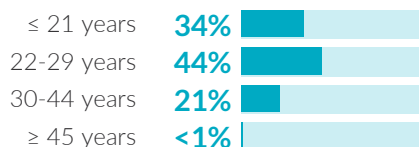
1,663

families served

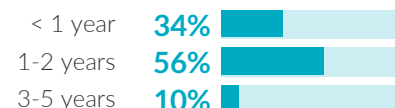
1,390

children served

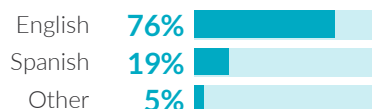
## Caregiver age



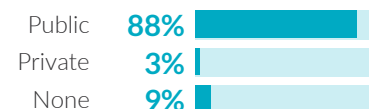
## Child age



## Primary language



## Child insurance status



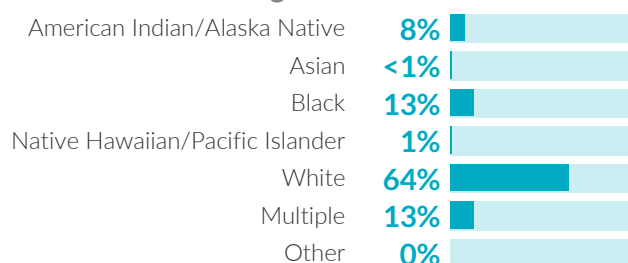
## Caregiver ethnicity



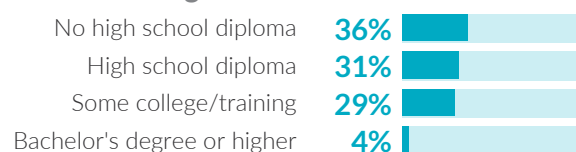
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state.

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## MIECHV STATE DATA TABLE – WEST VIRGINIA

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

Evidence-based models implemented with MIECHV funds in West Virginia included Early Head Start, Healthy Families America, Parents as Teachers, and Maternal Infant Health Outreach Worker Program. Statewide, MIECHV funded 105 full-time equivalent (FTE) home visitors and 27 FTE supervisors. FTE can include full-time and part-time staff.

17,470

home visits provided

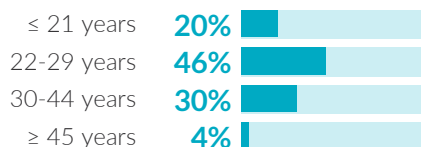
1,870

families served

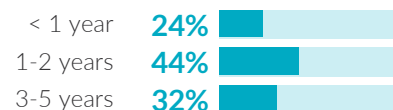
1,985

children served

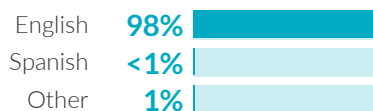
## Caregiver age



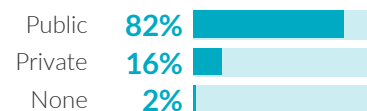
## Child age



## Primary language



## Child insurance status



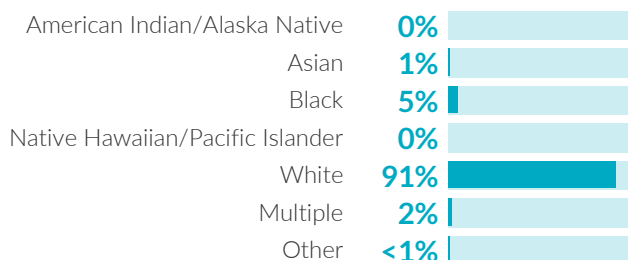
## Caregiver ethnicity



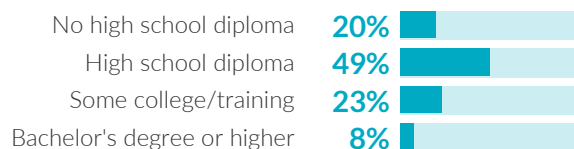
## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • HRSA considers Maternal Infant Health Outreach Worker Program a promising approach home visiting model. Its service numbers are included in these data. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – WISCONSIN

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

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 105 full-time equivalent (FTE) home visitors and 29 FTE supervisors. FTE can include full-time and part-time staff.

23,662

home visits provided

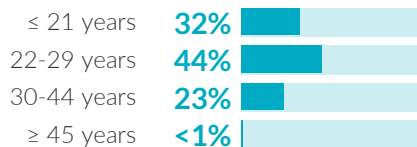
1,565

families served

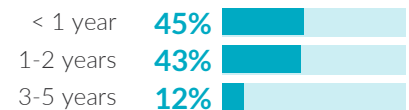
1,365

children served

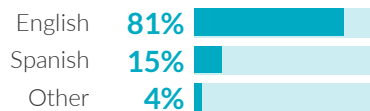
## Caregiver age



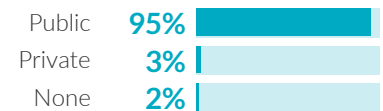
## Child age



## Primary language



## Child insurance status



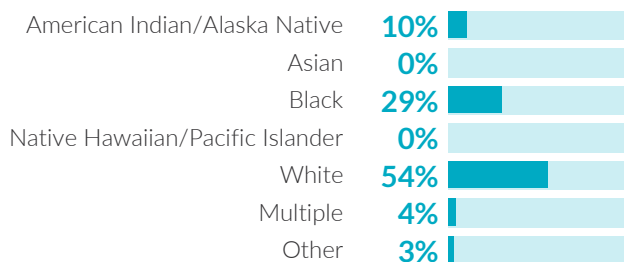
## Caregiver ethnicity



## Household income



## Caregiver race



## Caregiver education



Notes • States provided these data from their 2016 MIECHV federal report. These data represent families served through MIECHV-funded programs in fiscal year 2016. The NHVRC State Profiles present data provided by evidence-based models, which may include non-MIECHV data; therefore, MIECHV State Data Tables and NHVRC State Profiles may be different. • Primary caregivers and children with missing data have been excluded from the calculations. • Public insurance includes Medicaid, CHIP, and Tri-Care. • Caregivers include pregnant women and female caregivers. • Low income is defined as having family income at or below 100 percent of the federal poverty guidelines. • Counts of FTE home visitor and supervisor positions were rounded to the nearest whole number; part-time home visitor and supervisor positions may also be available in the state. • To protect confidentiality, race categories with fewer than five participants were combined with "Other race."

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## MIECHV STATE DATA TABLE – WYOMING

## Families Served Through the Maternal, Infant, and Early Childhood Home Visiting Program in 2016

The evidence-based model implemented with MIECHV funds in Wyoming was Parents as Teachers. Statewide, MIECHV funded three full-time equivalent (FTE) home visitors and one FTE supervisor. FTE can include full-time and part-time staff.

1,076

home visits provided

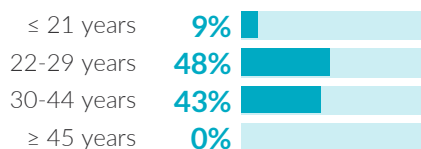
88

families served

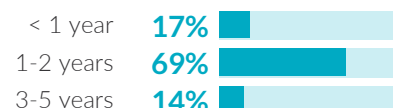
84

children served

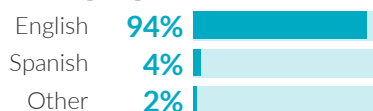
## Caregiver age



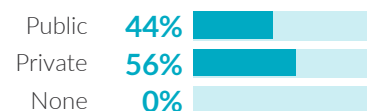
## Child age



## Primary language



## Child insurance status



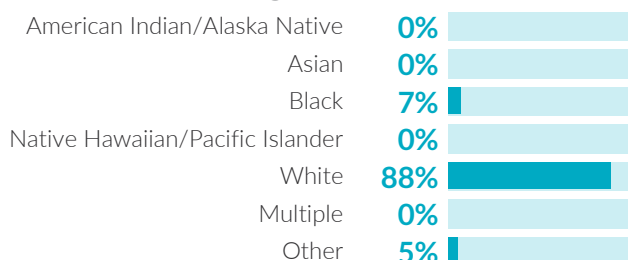
## Caregiver ethnicity



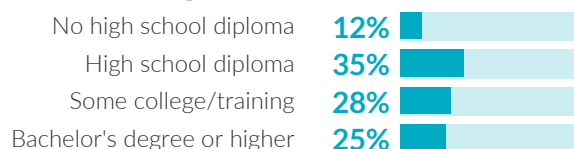
## Household income



## Caregiver race



## Caregiver education



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