U.S. Department of Health and Human Services
Health Resources and Services Administration

REPORT TO CONGRESS

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

2023

AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
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Executive Summary

The Health Resources and Services Administration's (HRSA) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting services for expectant and new parents with children up to kindergarten entry age who live in communities that are at risk for poor maternal and child health outcomes. Families partner with home visiting professionals – such as trained social workers, nurses, early childhood educators, and other health and social service providers – to improve health and well-being. The MIECHV Program builds on decades of research showing that home visits during pregnancy and early childhood improve the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness.[1] By developing strong relationships with families, providing regular home visits, assessing family needs, and delivering tailored services, the MIECHV Program supports the health and well-being of families.

The MIECHV Program is administered by HRSA's Maternal and Child Health Bureau in partnership with the Administration for Children and Families, which administers the Tribal MIECHV Program. The Tribal MIECHV Program develops, implements, and evaluates home visiting programs in American Indian and Alaska Native communities. The MIECHV Program and the Tribal MIECHV Program identify and serve priority populations (defined by statute) that are at risk for poor family outcomes, such as low-income families, people with a history of substance abuse, and families with children who have developmental delays or disabilities.

Awardees implement evidence-based models for home visiting that meet criteria established by the U.S. Department of Health and Human Services for this purpose and that have been vetted through the Home Visiting Evidence of Effectiveness review. In fiscal year (FY) 2022, 20 home visiting models were eligible for implementation with MIECHV Program funds. An awardee may use up to 25 percent of their award to implement and evaluate promising approach models, which are home visiting models that are not yet deemed to be evidence-based. In FY 2022, MIECHV awardees implemented 11 evidence-based models and three awardees implemented and evaluated promising approaches. Currently, only one home visiting model meets U.S. Department of Health and Human Services criteria for evidence of effectiveness in tribal communities, and most Tribal MIECHV grant recipients implement home visiting programs that are considered promising approaches for serving American Indian and Alaska Native populations.

In December 2022, the authorization for the MIECHV Program was extended through section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328), and funds were appropriated for FY 2023 through FY 2027. The reauthorization of the MIECHV Program doubled federal appropriations for evidence-based home visiting by FY 2027, including through a new matching grant option. It also increased the funding set aside for grants to tribal organizations from 3 percent of appropriations in FY 2022 to 6 percent from FYs 2023 through 2027. The reauthorization introduced new program components, including an annual report to Congress, the

[1] U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.) Home visiting evidence of effectiveness: What is home visiting evidence of effectiveness? https://homvee.acf.hhs.gov

creation of a new web-based outcomes dashboard, establishment of new parameters on the use of virtual home visiting, reduction in administrative burden, and an emphasis on providing targeted, intensive home visiting services.

In response to the long-recognized need to support and sustain a qualified home visiting workforce, the reauthorization included a new reservation of appropriations for workforce support, retention, and case management. HRSA used these funds to establish the Institute for Home Visiting Workforce Development, which addresses the challenges of recruiting and retaining a highly qualified home visiting workforce. This institute includes the Jackie Walorski Center for Evidence-Based Case Management.

This report includes information and program data for FY 2022, prior to reauthorization of the MIECHV Program in December 2022. In FY 2022, grants were awarded to all 50 states, the District of Columbia, and five U.S. territories to deliver coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families. Awardees provided 841,694 home visits to 137,802 parents and children in over 1,000 counties, of which approximately 60 percent were rural.

The Tribal MIECHV Program funded 30 grant recipients to plan and deliver home visiting services. A total of 1,798 adults and 1,691 children received home visiting services through the Tribal MIECHV Program in FY 2022.

Despite ongoing challenges posed by the COVID-19 pandemic and a shortage of qualified home visiting professionals throughout the country, MIECHV Program awardees maintained steady progress toward meeting the program goals through FY 2022. Their progress is measured by 19 performance indicators in six statutorily defined benchmark areas:

- Improved maternal and newborn health;
- Reduced child injuries, maltreatment, and emergency department visits;
- Improved school readiness and achievement;
- Reduced crime or domestic violence;
- Improved family economic self-sufficiency; and
- Improved coordination and referrals for community resources.

MIECHV had the following key achievements in FY 2022:

- Seventy-nine percent of children enrolled in MIECHV had a family member who read, told stories, or sang with them on a daily basis, which increases a child's vocabulary and literacy skills. This performance is a significant, sustained improvement since it was first measured in FY 2017 (61 percent).
- Eighty-one percent of caregivers enrolled in MIECHV were screened for depression within 3 months of enrollment or delivery. Early screening for and identification of postpartum depression can benefit the entire family. This performance is consistent with the historically high rate of depression screenings that MIECHV awardees delivered (81 percent 3-year rolling average, FY 2019 to FY 2021).
- Seventy percent of children enrolled in MIECHV received the most recent recommended well-child visit as described in the Bright Futures Periodicity Schedule developed by the American Academy of Pediatrics, which establishes Recommendations for Preventive

Pediatric Health Care. This figure is an increase from a 3-year rolling average of 67 percent (FY 2019 to FY 2021), despite substantial disruptions during the COVID-19 pandemic.[2]

- Seventy percent of mothers enrolled in MIECHV had a postpartum visit within 8 weeks of delivery, which enables new mothers to get information on what to expect and to raise their questions and concerns about physical, social, and emotional changes.[3,4] This performance represents a 4 percent increase from a 3-year rolling average of 66 percent (FY 2019 to FY 2021).

[2] Kujawski, S., Yao, L., Wang, H. E., Carias, C., & Chen, Y-T. (2022). Impact of the COVID-19 pandemic on pediatric and adolescent vaccinations and well child visits in the United States: A database analysis. *Vaccine*. 40(5): 706-713. https://doi.org/10.1016/j.vaccine.2021.12.064

[3] Health Resources and Services Administration. (2022). Women's preventive services guidelines. https://www.hrsa.gov/womens-guidelines

[4] Centers for Disease Control and Prevention. (2022). Pregnant and postpartum women. https://www.cdc.gov/hearher/pregnant-postpartum-women/index.html

Table of Contents

Executive Summary i
I. Legislative Requirement 1
II. Introduction 2
State and Jurisdiction Program Overview 2
FY 2022 Program Funding 4
III. Home Visiting Models 4
Home Visiting Models in Use 5
Fund Expenditure by Model 5
IV. MIECHV Program Reach and Demographics 5
MIECHV Program Reach 5
Demographics of Participating Families 6
V. MIECHV Program Outcomes 9
MIECHV Performance Measures 9
..... 9
Demonstration of Improvement 12
Required Data Elements 13
VI. Tribal MIECHV Program 14
Tribal MIECHV Program Overview 14
Tribal MIECHV Reach and Demographics of Participating Families 15
Tribal MIECHV Performance Outcomes 18
Tribal MIECHV Program Data Elements 21
VII. Technical Assistance 211
MIECHV Technical Assistance Resource Center 21
Home Visiting Collaborative Improvement and Innovation Network 22
Programmatic Assistance for Tribal Home Visiting 22
Tribal Evaluation Institute 22
VIII. Workforce Development and Support 22
IX. MIECHV Program Reauthorization, FY 2023 – 2027 23
Funding Formulas 24
Institute for Home Visiting Workforce Development 25
X. Summary 25
Appendix A: Demographic Information by Maternal, Infant, and Early Childhood Home Visiting Program Awardee 28

Appendix B: Summary of Demonstration of Improvement Results by Awardee from FY 2020* 58
Appendix C: Required Data Elements and Purpose 60

Table of Figures

Figure 1: MIECHV Program Benchmarks..... 3
Figure 2: Households Served by MIECHV, FY 2018 – 2022 6
Figure 3: Overview of MIECHV Program Participants, FY 2022 8
Figure 4: Priority Populations among MIECHV Households, FY 2022 9
Figure 5: MIECHV Performance Measures, FY 2022 11
Figure 6: Overview of Newly Enrolled Tribal MIECHV Program Participants, FY 2022 17
Figure 7: Priority Populations among Newly Enrolled Tribal MIECHV Households, FY 2022.. 18
Figure 8: Tribal MIECHV Performance Measures, Core Measures Only, FY 2022..... 19

Table of Tables

Table 1: Home Visiting Models in Use 5
Table 2: Tribal MIECHV Models and Promising Approaches..... 15
Table 3: Tribal MIECHV Implementation Core Measures, FY 2022 20
Table 4: Appropriations, FY 2023–2027* 24

Abbreviations and Acronyms

ACF	Administration for Children and Families
AI/AN	American Indian and Alaska Native
ARP Act	American Rescue Plan Act of 2021
CQI	continuous quality improvementch
FORHP	Federal Office of Rural Health Policy
FPL	Federal Poverty Level
FY	fiscal year
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
HV CoIIN	Home Visiting Collaborative Improvement and Innovation Network
LIA	Local Implementing Agency
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
PATH	Programmatic Assistance for Tribal Home Visiting
TA	technical assistance
TARC	Technical Assistance Resource Center
TEI	Tribal Evaluation Institute

I. Legislative Requirement

Title V, section 511, of the Social Security Act, as amended by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division FF, section 6101 (December 29, 2022), requires the following report to Congress:

> *" (j) ANNUAL REPORT TO CONGRESS. – By December 31, 2023, and annually thereafter, the Secretary shall submit to the Congress a written report on the grants made under this section for the then preceding fiscal year, which shall include –*
>
> *(1) an eligible entity-by-eligible entity summary of the outcomes measured by the entity with respect to each benchmark described in subsection (e)(5) that apply to the entity;*
>
> *(2) information regarding any technical assistance funded under subparagraph (B) and (C) of subsection (k)(2), including the type of any such assistance provided;*[5]
>
> *(3) information on the demographic makeup of families served by each such entity to the extent possible while respecting participant confidentiality, including race, educational attainment at enrollment, household income, and other demographic markers as determined by the Secretary;*
>
> *(4) the information described in subsection (d)(1)(E);*[6]
>
> *(5) the estimated share of the eligible population served using grants made under this section;*
>
> *(6) a description of each service delivery model funded under this section by the eligible entities in each State; and the share (if any) of the grants expended on each model;*
>
> *(7) a description of non-Federal expenditures by eligible entities to qualify for matching funds under subsection (c)(4);*[7]
>
> *(8) information on the uses of funds reserved under subsection (k)(2)(C);*[8]
>
> *(9) information relating to those eligible entities for which funding is reserved under subsection (k)(2)(A), with modifications as necessary to reflect tribal data sovereignty, data privacy, and participant confidentiality;*[9]
>
> *(10) a list of data elements collected from eligible entities, and the purpose of each data element in measuring performance or enforcing requirements under this section."*

This report includes information and program data on each of these requirements and related program activities and initiatives for fiscal year (FY) 2022, which occurred prior to the reauthorization of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program on December 29, 2022. The report discusses how these activities and initiatives align with the mission of the MIECHV Program statutory authority. Information about FY 2023 activities, including on new reservations and requirements for grant matching funds introduced in FY 2023, will be included in the 2024 report to Congress.

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[5] The subsection describes reservations of appropriations. The subparagraphs describe appropriations reserved for technical assistance, including workforce-related technical assistance.

[6] The subsection addresses demonstration of improvement. It describes the requirements for programs to continuously demonstrate achievement of benchmarks and outlines the procedures for programs that fail to demonstrate improvement.

[7] The subsection addresses grant amounts. It describes the requirements for determining matching grant amounts, including the amount of obligations from non-federal funds.

[8] The subsection describes appropriations reserved for workforce support, retention, and case management.

[9] The subsection describes appropriations reserved for grants to tribal organizations.

II. Introduction

Since 2010, the Health Resources and Services Administration's (HRSA) MIECHV Program has enabled states, jurisdictions, and tribes to provide families with the tools they need to thrive. The MIECHV Program supports voluntary, evidence-based home visiting services for expectant and new parents with children up to kindergarten entry age who live in communities that are at risk for poor maternal and child health outcomes. Families choose to participate in home visiting programs and partner with home visiting professionals – such as trained social workers, nurses, early childhood educators, and other health and social service providers – to set and achieve goals that improve their health and well-being. The MIECHV Program builds on decades of research showing that home visits during pregnancy and early childhood improve the lives of children and families.

Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness.[10] Home visiting can also be cost-effective in the long term, through reduced spending on government programs and increased individual earnings.[11] By developing strong relationships with families, providing regular home visits, assessing family needs, and delivering tailored services, the MIECHV Program supports the health and well-being of families.

State and Jurisdiction Program Overview

The goals of the MIECHV Program are to:

- identify and provide comprehensive home visiting services to improve outcomes for eligible families living in at-risk communities;
- improve coordination of services for at-risk communities; and
- strengthen and improve programs and activities that address preventive and primary care services for pregnant people, infants, and children under Title V of the Social Security Act.

The MIECHV Program, administered by HRSA's Maternal and Child Health Bureau, provides funds to states, jurisdictions, and nonprofit organizations (hereafter referred to as "awardees"). Through a needs assessment, MIECHV awardees identify and prioritize communities at risk for certain adverse family outcomes and target populations they intend to serve. The MIECHV statute identifies the following populations that MIECHV awardees should prioritize for home visiting services:[12]

- Low-income people;[13]

[10] See footnote 1.

[11] Michalopoulos, C., Faucetta, K., Warren, A., & Mitchell, R. (2017). Evidence on the long-term effects of home visiting programs: Laying the groundwork for long-term follow-up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE). OPRE Report 2017-73. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/opre/report/evidence-long-term-effects-home-visiting-programs-laying-groundwork-long-term-follow

[12] Social Security Act, 42 U.S.C. 711 § 511(d)(4), as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328). https://www.ssa.gov/OP_Home/ssact/title05/0511.htm

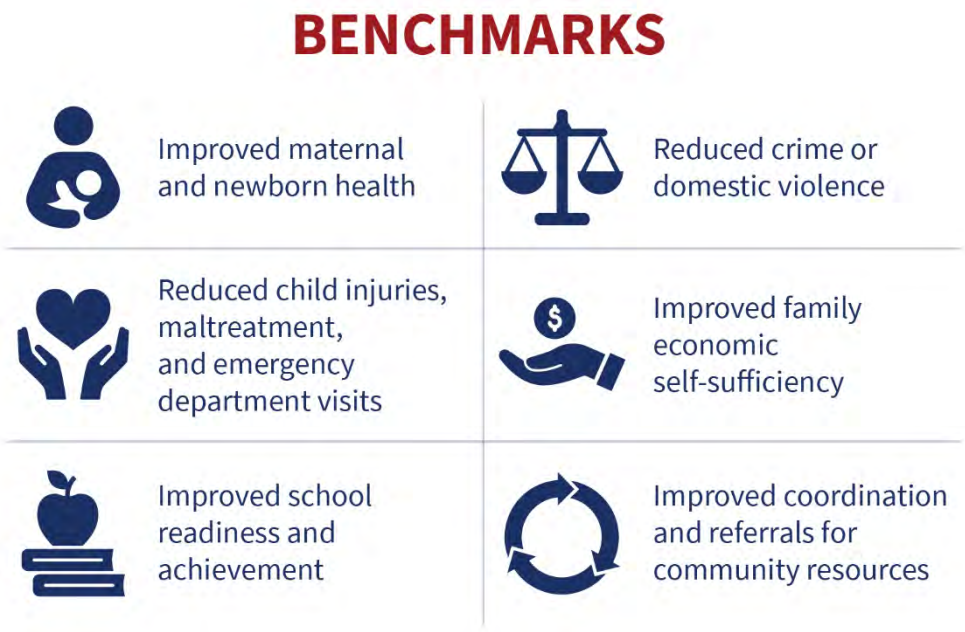
[13] Low income is defined as income at or below 100 percent of the 2022 federal poverty guidelines ($27,750 for a family of four).

- Pregnant women under the age of 21;
- People with a history of child abuse or neglect or who have had interactions with child welfare services;
- People with a history of substance abuse or who need substance abuse treatment;
- People who use tobacco products in the home;
- People who are or have children with low student achievement;
- People with children who have developmental delays or disabilities; and
- People who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

MIECHV awardees have the flexibility to select home visiting service delivery models that best meet specific state and local needs. By law, awardees must spend the majority of their funding to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that will undergo rigorous evaluation.

Awardees deliver high-quality home visiting services to improve target outcomes in six statutory benchmark areas (see Figure 1).

Figure 1: MIECHV Program Benchmarks



The FY 2022 performance measure data demonstrate the continued impact of home visiting programs in several areas. For example, home visiting programs have led to substantial improvements in:

- family behavior that contributes to children's early language and literacy skills,
- uptake of well-child and postpartum care, and
- screening for postpartum depression and receipt of recommended services for those who need them.

(See section V, MIECHV Program Outcomes, for more details.)

FY 2022 Program Funding

The MIECHV Program is authorized under Title V, section 511, of the Social Security Act, as amended by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division FF, section 6101. Public Law 117-328 appropriated funding for the MIECHV Program for FY 2023 through FY 2027. For FY 2022, the MIECHV Program was appropriated $400 million and funded all 50 states, the District of Columbia, and five U.S. territories. Of total appropriations, 3 percent was reserved to support grants to Indian tribes, tribal organizations, or urban Indian organizations (see section VI: Tribal MIECHV Program). Another 3 percent was set aside to support the MIECHV Program's portfolio of research, evaluation, continuous quality improvement (CQI), and performance measurement.

The MIECHV Program also received supplemental appropriations through the American Rescue Plan Act of 2021 (ARP Act) (P.L. 117-2), Section 9101, during the COVID-19 pandemic. The ARP Act appropriated funding for MIECHV services and supports for families affected by the COVID-19 pandemic. HRSA awarded two rounds of ARP Act funding to its 56 MIECHV Program awardees: approximately $40 million in April 2021 and approximately $82 million in December 2021. These funds enabled awardees to address immediate and ongoing needs of parents, children, and families related to the COVID-19 public health emergency, including support for home visiting service delivery and the expansion of services to eligible families.

III. Home Visiting Models

The MIECHV authorizing statute requires eligible entities to spend a majority of grant funding to implement home visiting service delivery models found to be effective according to the U.S. Department of Health and Human Services (HHS) criteria of effectiveness for evidence-based models. Eligible entities can use no more than 25 percent of grant funds to conduct and evaluate programs that use promising approaches, i.e., models that are not yet deemed to be evidence-based, which may also help build the evidence base toward meeting HHS's evidence-of-effectiveness standards. The Home Visiting Evidence of Effectiveness project conducts a thorough and transparent review of potential home visiting models to identify those that qualify as evidence-based. HRSA may make additional determinations about which models meeting HHS criteria for evidence of effectiveness align with MIECHV statutory and program requirements. In FY 2022, 20 home visiting models were eligible for implementation with MIECHV funds.[14]

MIECHV awardees can implement one or more approved models, provided that the selected model(s) (1) meets the needs of the identified at-risk communities or specific target populations identified by the statute, (2) provides the best opportunity to achieve meaningful outcomes in benchmark areas and measures; and (3) is implemented effectively with fidelity based on available resources and support from the national model developer. The selected model(s) should also be well matched to the needs of the awardee's early childhood system.

[14] HRSA has since added three models to the list of evidence-based models eligible for implementation for FY 2023. For more details, see https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees.

Home Visiting Models in Use

In FY 2022, MIECHV awardees implemented 11 evidence-based models and evaluated three promising approaches (see Table 1). Detailed descriptions and evidence of effectiveness for each of the models can be found on the Home Visiting Evidence of Effectiveness website.[15]

Table 1: Home Visiting Models in Use

Evidence-Based Model	Number of Awardees Implementing in FY 2022
Healthy Families America	39
Nurse-Family Partnership	38
Parents as Teachers	36
Early Head Start – Home-Based Option	9
Home Instruction for Parents of Preschool Youngsters	5
SafeCare Augmented	4
Family Spirit	2
Maternal Early Childhood Sustained Home-Visiting	2
Child First	2
Family Check-Up for Children	1
Health Access Nurturing Development Services	1
Promising Approach Implemented in FY 2022	**State**
Following Baby Back Home	Arkansas
Health Start	Arizona
Team for Infants Exposed to Substance Abuse	Kansas

Fund Expenditure by Model

HRSA does not currently collect awardee expenditure data by each model they implement. HRSA will require awardees to submit this information in forthcoming reports, starting with expenditures for FY 2021 awards, covering the period of September 30, 2021, to September 29, 2023.

IV. MIECHV Program Reach and Demographics

MIECHV Program Reach

In FY 2022, the 56 MIECHV awardees provided 841,694 home visits to 137,802 parents and children in 69,571 families. The program served 1,013 counties – a 23 percent increase in the number of counties served since 2015. These counties represent the at-risk communities that state and jurisdiction awardees have identified through their statewide needs assessments and account for 43 percent of all urban counties and 26 percent of all rural counties in the United

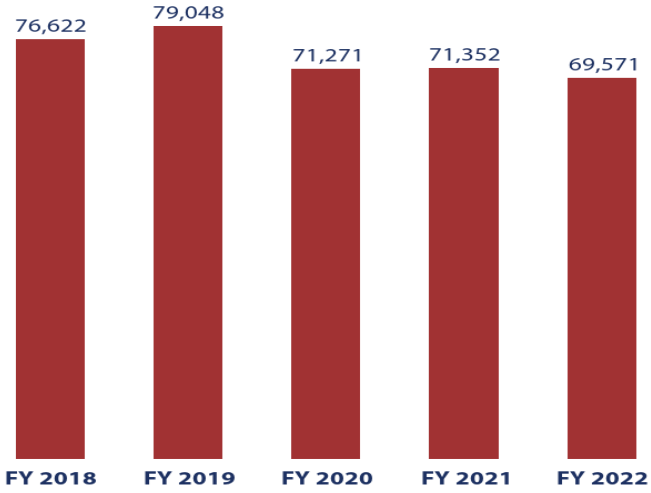
[15] See footnote 1.

States.[16] Supplemental ARP Act funding distributed to MIECHV awardees supported further expansion of service delivery in FY 2022 in 71 counties, 15 of which were not served through MIECHV before receiving ARP Act funds.

The MIECHV Program served more than 69,000 families in FY 2022, which represents an estimated 14 percent of the more than 488,000 families who were likely eligible for MIECHV services.[17]

Figure 2 shows enrollment in the MIECHV Program since FY 2018. Declines in enrollment in FY 2020 through FY 2022 reflect the impact of the COVID-19 pandemic on enrollment and service delivery, as well as significant challenges with workforce recruitment and retention across the field of early childhood care and education.

Figure 2: Households Served by MIECHV, FY 2018 – 2022



Demographics of Participating Families

The following section presents a national snapshot of the characteristics of program participants that the MIECHV Program served in FY 2022 (see Figure 3 for additional details). Appendix A provides additional demographic information by awardee. In FY 2022, 71,048 adults and 66,754 children received home visiting services. About 40 percent of participants were newly enrolled in the MIECHV Program in FY 2022, while the rest were continuing from the prior year.

Of adult participants, 30 percent were pregnant at enrollment, 67 percent were nonpregnant female caregivers, and 3 percent were male caregivers. The majority of adult participants (62 percent) were under 30 years old and most children (81 percent) were under age 3.

[16] Rural and urban county designations follow the HRSA Federal Office of Rural Health Policy (FORHP) definitions. Please note that some urban counties may include rural sub-county areas according to FORHP definitions. For more information on FORHP definitions on rural populations, please visit FORHP's website at https://www.hrsa.gov/rural-health/about-us.

[17] HRSA internal analysis using 2022 U.S. Census Bureau American Community Survey Public Use Microdata Sample data.

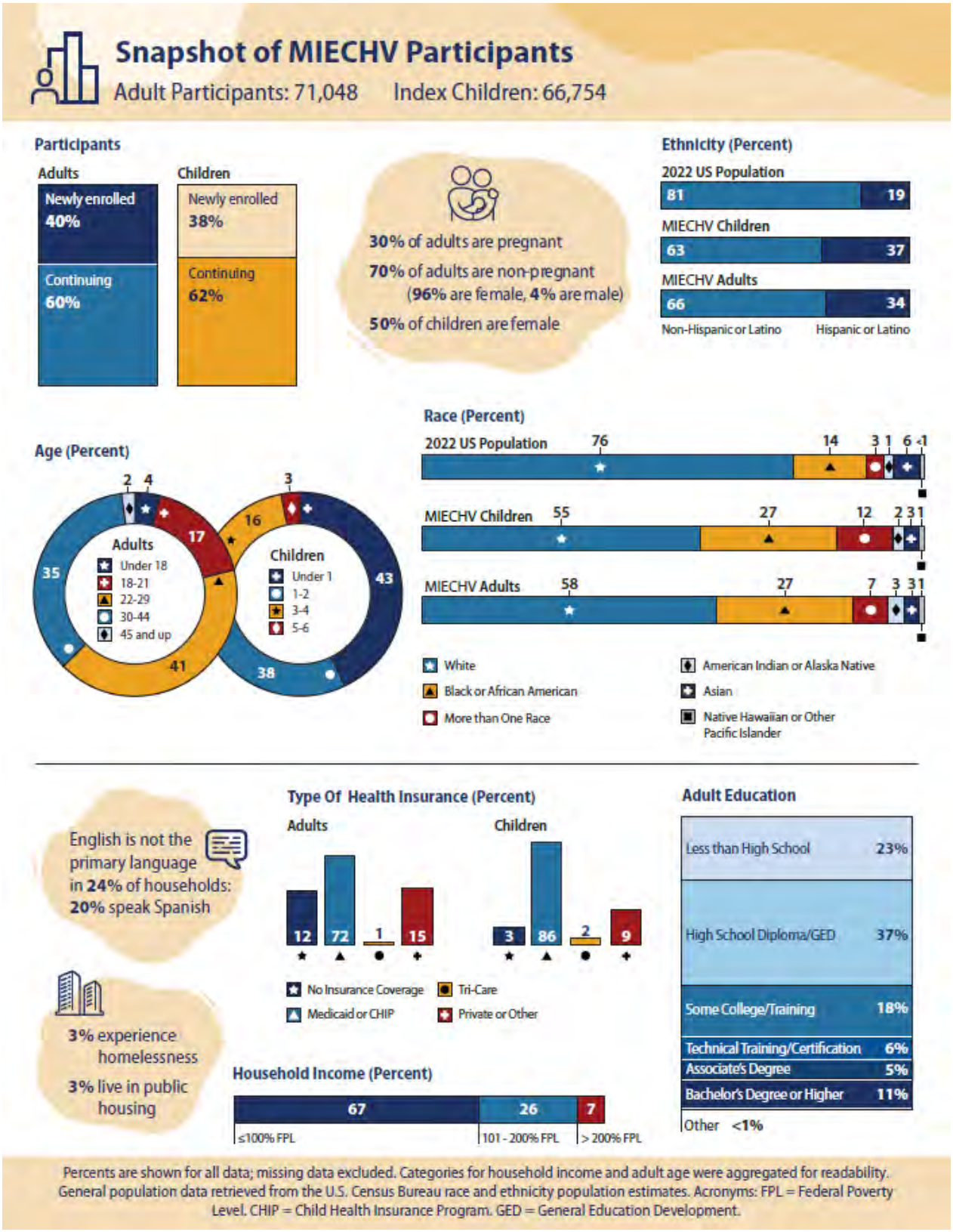
Ninety-three percent of households enrolled in MIECHV had incomes less than 200 percent of the Federal Poverty Level (FPL). In addition, 3 percent of the households experienced homelessness and another 3 percent lived in public housing. More than half of adult participants had a high school diploma or less (60 percent).

Most adult and child participants were white (58 percent were adults and 55 percent were children, respectively, compared with 76 percent of the general population[18]). Black or African American adults and children each made up 27 percent of participants, respectively (compared with 14 percent of the general population). Approximately 35 percent of adults and children were Hispanic or Latino (compared with 19 percent of the general population).

About 24 percent of child participants resided in a household where English is not the primary language. A total of 20 percent of households spoke Spanish as the primary language. Other commonly used primary languages include Tagalog, Arabic, Haitian Creole, Samoan, and Vietnamese. Most adults and children (72 percent and 86 percent, respectively) were insured through Medicaid or the Children's Health Insurance Program. Figure 3 summarizes various demographic factors of MIECHV participants.

[18] General population data retrieved from the 2022 U.S. Census Bureau race and ethnicity population estimates.

Figure 3: Overview of MIECHV Program Participants, FY 2022



Percents are shown for all data; missing data excluded. Categories for household income and adult age were aggregated for readability. General population data retrieved from the U.S. Census Bureau race and ethnicity population estimates. Acronyms: FPL = Federal Poverty Level. CHIP = Child Health Insurance Program. GED = General Education Development.

The MIECHV Program has consistently identified and served priority populations that are at risk for poor family and child outcomes. For example, in FY 2022, of all MIECHV households, 93 percent had incomes at or below the 200 percent of the FPL with 67 percent of households having incomes at or below 100 percent of the FPL, and 19 percent reported a history of child abuse and maltreatment. Figure 4 shows the proportion of MIECHV participants by each statutorily defined priority population.

Figure 4: Priority Populations among MIECHV Households, FY 2022

V. MIECHV Program Outcomes

MIECHV Performance Measures

MIECHV awardees collect and report on performance data to track their program's performance, identify areas for improvement, and ensure that services result in measurable improvement for families and communities. In 2016, HRSA underwent a year-long process that included input from state awardees, federal partners, home visiting model developers, and other interested parties to revise the performance reporting requirements.

The MIECHV performance measurement system used in FY 2022 includes 19 required and two optional measures across the six benchmark areas. The measures are categorized into two types: performance indicators which demonstrate the effects of home visiting alone and systems outcomes which track effects that are less sensitive to change from home visiting alone due to factors that are outside of home visiting's control, such as the environment in which the program operates. For additional details on each performance measure, refer to this summary on HRSA's website.[19]

Figure 5 summarizes the MIECHV national outcomes of the 19 performance measures for FY 2022. The data showed variation in improvement both across and within benchmark areas. MIECHV had the following key achievements in FY 2022:

- Seventy-nine percent of children enrolled in MIECHV had a family member who read, told stories, or sang with them on a daily basis, which increases a child's vocabulary and literacy skills. This performance is a significant, sustained improvement since it was first measured in FY 2017 (61 percent).

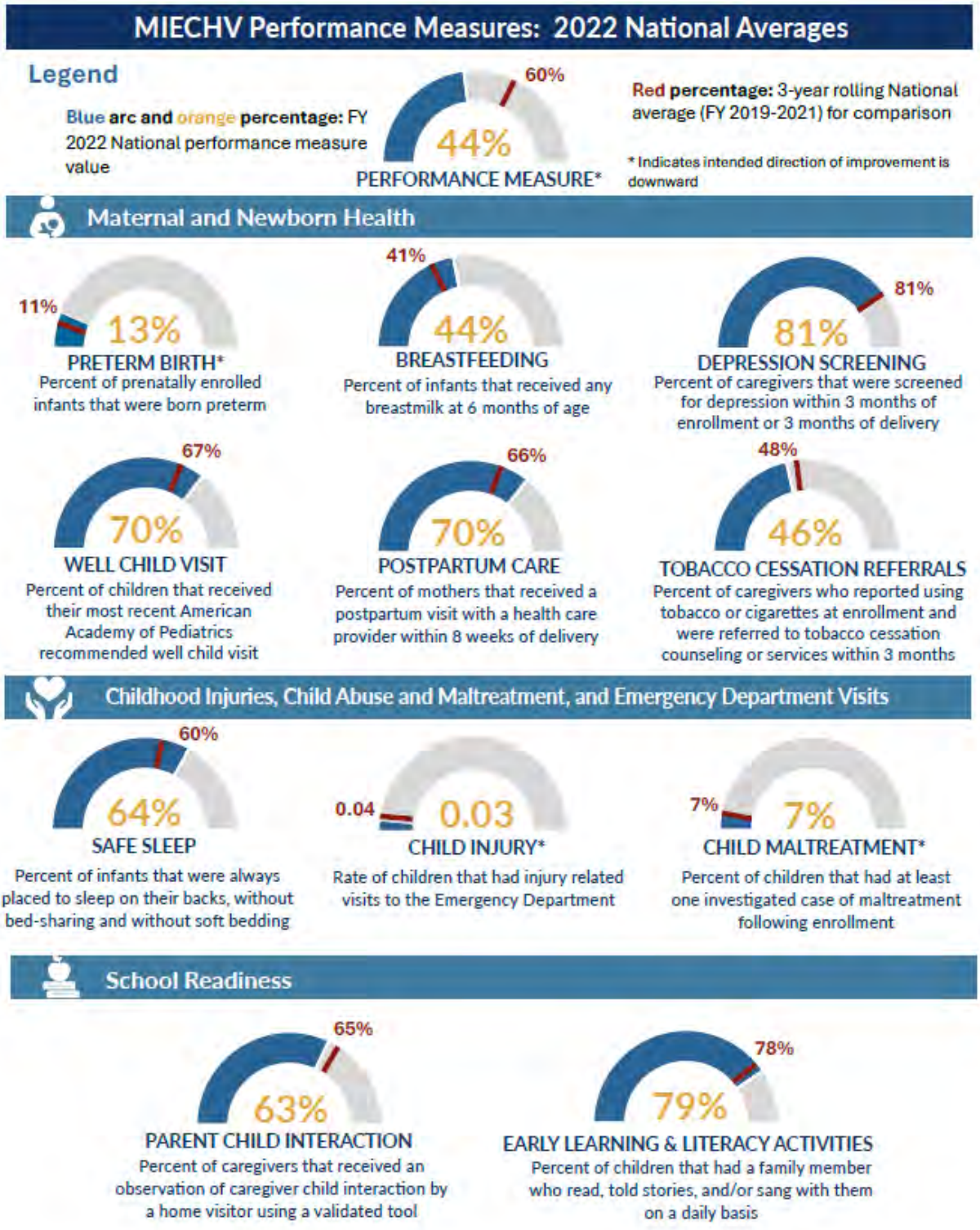
[19] HRSA Maternal & Child Health. (n.d.) Maternal, Infant, and Early Childhood Home Visiting Program. https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/performance-indicators-sys-outcomes-summary.pdf

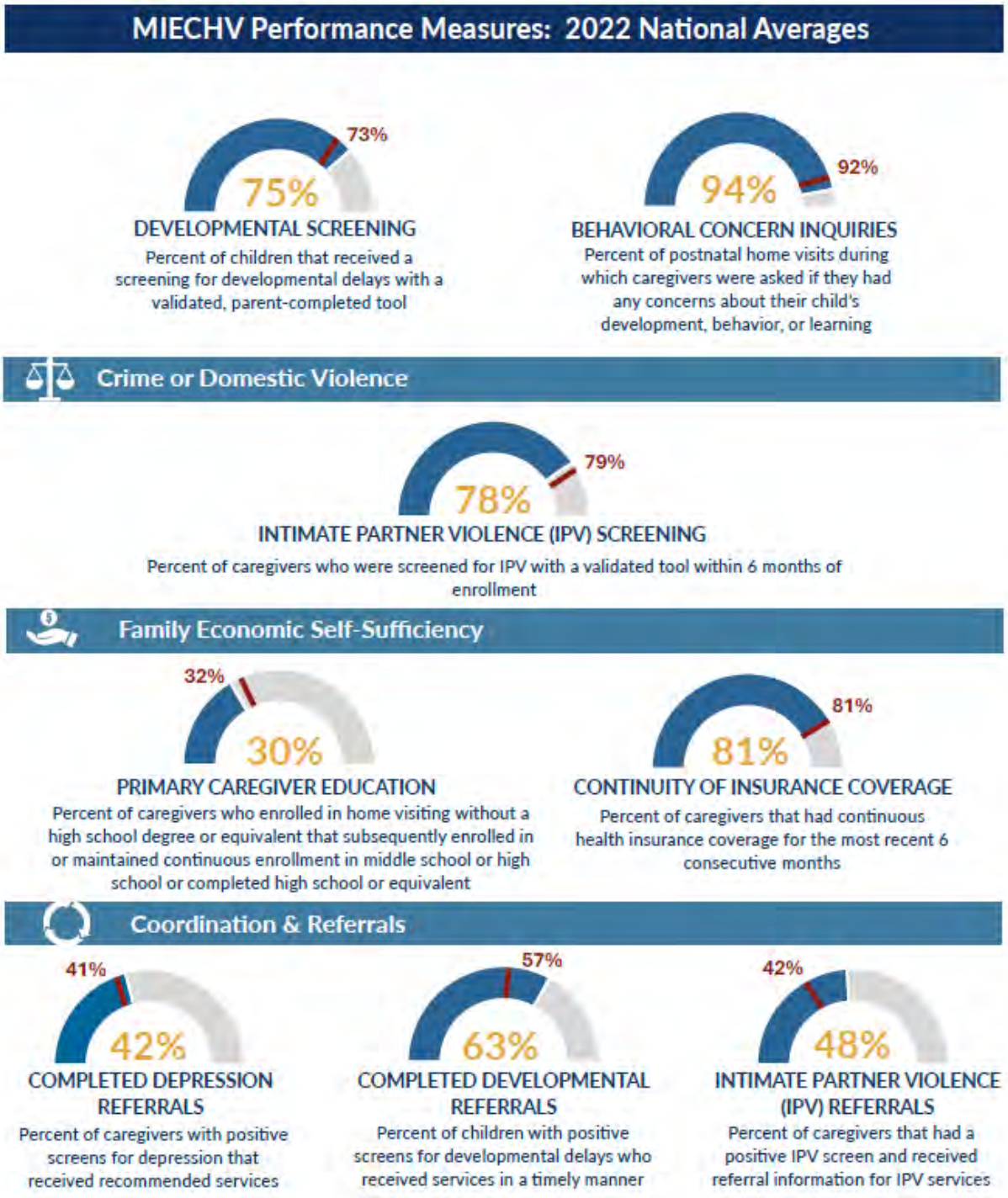
- Eighty-one percent of caregivers enrolled in MIECHV were screened for depression within 3 months of enrollment or delivery. Early screening for and identification of postpartum depression can benefit the entire family. This performance is consistent with the historically high rate of depression screenings that MIECHV awardees delivered (81 percent 3-year rolling average, FY 2019 to FY 2021).
- Seventy percent of children enrolled in MIECHV received the most recent recommended well-child visit as described in the Bright Futures Periodicity Schedule developed by the American Academy of Pediatrics, which establishes Recommendations for Preventive Pediatric Health Care. This figure is an increase from a 3-year rolling average of 67 percent (FY 2019 to FY 2021), despite substantial disruptions during the COVID-19 pandemic.[20]
- Seventy percent of mothers enrolled in MIECHV had a postpartum visit within 8 weeks of delivery, which enables new mothers to get information on what to expect and to raise their questions and concerns about physical, social, and emotional changes.[21,22] This performance represents a 4 percent increase from a 3-year rolling average of 66 percent (FY 2019 to FY 2021).

In their FY 2022 performance reports, awardees described successes resulting from CQI efforts, collaborations with community partners, and improvements in data collection, monitoring, and reporting. They faced challenges around model-specific data issues, continued pandemic-related barriers, and identifying or adapting screening tools and measures that are relevant to diverse populations. The performance measures for each awardee are available on HRSA's website through state fact sheets.[23]

[20] See footnote 2.
[21] See footnote 3.
[22] See footnote 4.
[23] HRSA Maternal & Child Health. (n.d.) Home Visiting Program: State Fact Sheets. https://mchb.hrsa.gov/programs-impact/programs/home-visiting/state-fact-sheets

Figure 5: MIECHV Performance Measures, FY 2022





Demonstration of Improvement

Every 3 years, MIECHV awardees must demonstrate improvements for eligible families participating in the MIECHV Program in at least four of the six benchmark areas, using annual

performance data on the 19 performance measures.[24] Awardees that do not show improvement in at least four of the benchmark areas (as compared with the outcomes of eligible families who do not receive services under an early childhood home visitation program) must develop and implement a plan to improve outcomes with technical assistance (TA) provided by HRSA. If a recipient continues to not demonstrate improvement after the full implementation of an Outcome Improvement Plan and subsequent reassessment, or does not submit a required performance report, HRSA must terminate the grant award.

In the most recent assessment, conducted in FY 2020, all 56 MIECHV awardees successfully met the requirements for demonstration of improvement. Appendix B provides a summary of results by awardee for FY 2020. HRSA will conduct the next assessment following FY 2023 and every 3 years thereafter.

Required Data Elements

MIECHV awardees are required to collect data and report on their program's performance through annual and quarterly performance reporting. Appendix C lists specific data elements required and their purpose. In addition to tracking performance at national and awardee levels and enforcing requirements, HRSA also uses the collected information for the following purposes:

- Direct TA resources to enhance home visiting service delivery and improve performance,
- Target specific topic areas for CQI priorities to improve performance or measurement,
- Communicate with interested parties about the outcomes of the MIECHV Program,
- Identify areas that would benefit from additional research and evidence, and
- Identify and address strengths and opportunities in state early childhood systems.

MIECHV awardees frequently use the data to monitor performance of their local programs and to target program-wide or local CQI and evaluation efforts. Awardees also rely on the data to inform programmatic decisions and communicate their performance and impact to interested parties.

Awardees have additional grants and fiscal reporting requirements that are not specific to the MIECHV Program but are required for grants oversight and management, such as federal financial reports and annual funding applications. HRSA actively engages awardees, home visiting model developers, and other partners to identify opportunities to reduce administrative burden for awardees as outlined in the statute.[25]

[24] Improvement in a benchmark area is defined as meeting the measure-level improvement criteria in at least one-third of the measures under a specified benchmark area (rounded to the closest whole number), with a minimum of improvement in at least one measure for each benchmark area. Improvement for a measure is defined as meeting one or both of the following criteria: (1) any change in the intended direction for that measure as compared to baseline and (2) meeting or exceeding the established threshold for a measure, while simultaneously not decreasing performance from baseline by more than 10 percent.

[25] See footnote 12.

VI. Tribal MIECHV Program

Tribal MIECHV Program Overview

The Tribal MIECHV Program provides grants to Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations to develop, implement, and evaluate home visiting programs in American Indian and Alaska Native (AI/AN) communities. The Office of Early Childhood Development within the Administration for Children and Families (ACF) administers the Tribal MIECHV Program.

The Tribal MIECHV Program works toward the following goals:

- Supporting the development of happy, healthy, and successful AI/AN children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs.
- Implementing high-quality, culturally relevant, evidence-based home visiting programs in AI/AN communities.
- Expanding the evidence base around home visiting interventions with Native populations.
- Supporting and strengthening cooperation and coordination and promoting linkages among various early childhood programs, resulting in coordinated, comprehensive early childhood systems.

In accordance with the MIECHV statute, Tribal MIECHV grants are consistent with funding provided to states and jurisdictions "to the extent practicable." Tribal MIECHV grant recipients must conduct needs assessments and report on benchmarks. Entities that receive Tribal MIECHV funds to operate home visiting programs must develop and implement a high-quality home visiting program that is based on evidence and built to reflect the needs, strengths, and resources of the tribal community that it serves.

In FY 2022, the Tribal MIECHV Program reserved 3 percent of appropriations to support grants to Indian tribes, tribal organizations, or urban Indian organizations. The reauthorization of the program doubles the reservation for FY 2023 through FY 2027 to 6 percent of appropriations.

The program funds 5-year cooperative agreement grants under two types of funding opportunities. The Tribal MIECHV Development and Implementation Grant program funds tribal entities that have never implemented a home visiting program. The Tribal MIECHV Implementation and Expansion Grant program funds tribal entities that are currently implementing home visiting and wish to continue to serve or expand services. In FY 2022, the Tribal MIECHV Program received $12 million and funded 30 tribal entities (seven Development and Implementation Grant recipients and 23 Implementation and Expansion Grant recipients).[26]

Tribal MIECHV grant recipients have the flexibility to adopt home visiting models that are either evidence-based or considered a promising approach. Model selection is designed to be a collaborative and community-driven process based on the needs and readiness assessment

[26] Throughout this report, the provided data is for the 23 Tribal MIECHV grant recipients that were implementing services in FY 2022.

findings. Currently, Family Spirit, which is a culturally tailored home visiting program that uses community-based home educators in Indigenous communities, is the only home visiting model that is considered evidence-based in tribal communities. Most Tribal MIECHV grant recipients implement home visiting models that have yet to demonstrate evidence of effectiveness in AI/AN populations and thus are considered promising approaches. Table 2 outlines the models that Tribal MIECHV grant recipients used in FY 2022.

Table 2: Tribal MIECHV Models and Promising Approaches

Model/Promising Approach	Number of Grant Recipients Implementing in FY 2022*
Parents as Teachers	16
Family Spirit	4
Nurse-Family Partnership	3
Parent-Child Assistance Program	1

Note:
*One Tribal MIECHV grant recipient implemented two models in FY 2022.

Tribal MIECHV Reach and Demographics of Participating Families

In recognition of tribal data sovereignty, participant confidentiality, and grant recipient privacy, ACF engaged the Tribal MIECHV grant recipients regarding how to present data in this report. Based on the feedback, this section provides statistics in aggregate, such as averages and percentages. While informative, these figures may mask the broad variability of the Tribal MIECHV grant recipients and their communities.

In FY 2022, a total of 1,798 adults and 1,691 children received home visiting services through the Tribal MIECHV Program. Tribal MIECHV grant recipients serve remote reservations; urban areas representing families from varied tribes and villages; and other rural, urban, and suburban areas.

Demographic Characteristics

In FY 2022, more than a third of adults and children were newly enrolled in the Tribal MIECHV Program, while the rest were continuing participants. Of all adult participants, approximately 24 percent were pregnant participants, 66 percent were nonpregnant female participants, and 9 percent were male participants.[27]

Most newly enrolled adult participants were over the age of 25 and most newly enrolled children were younger than 2. About half (52 percent) had a high school diploma or less and 5 percent of the participants experienced homelessness.

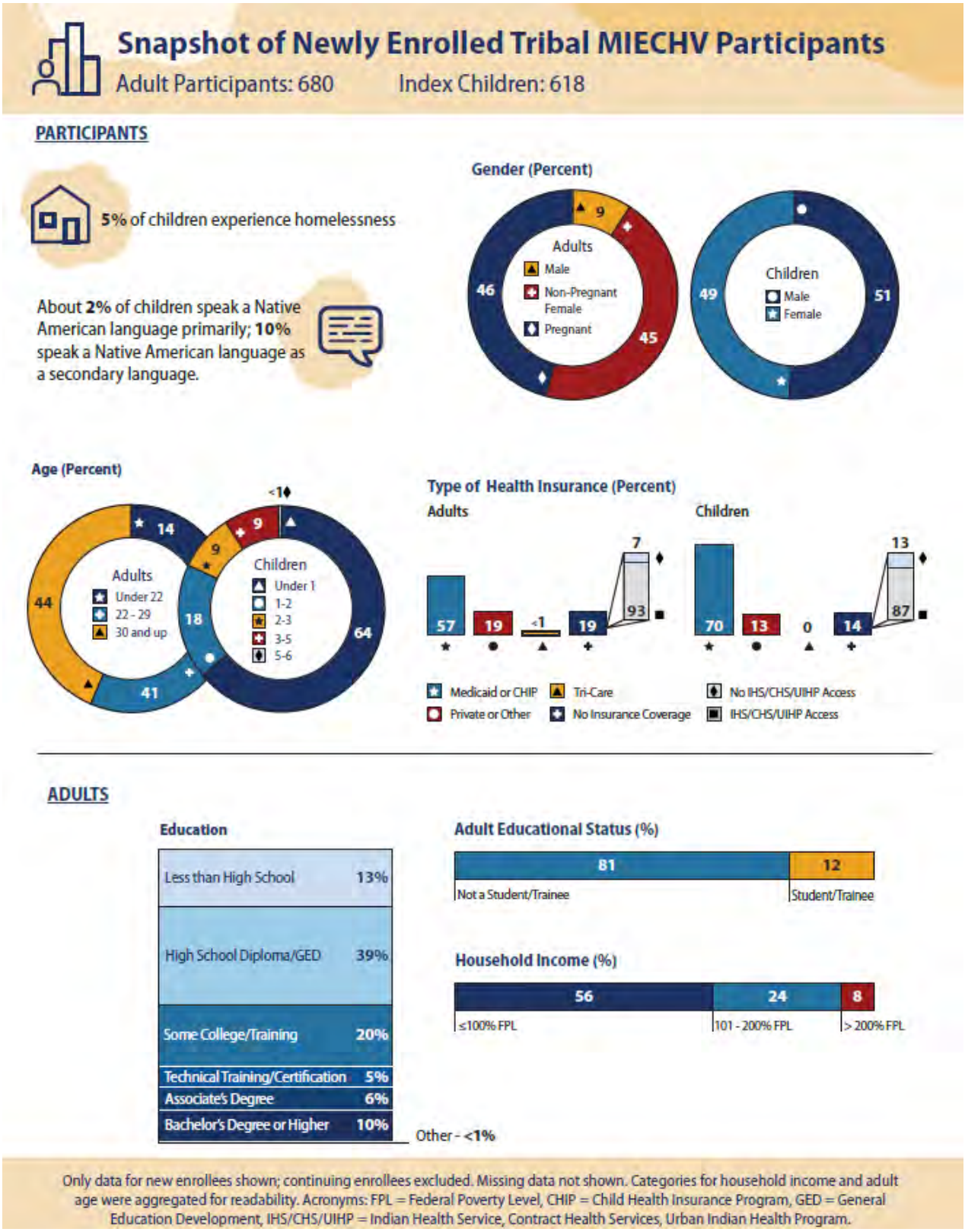
A total of 87 percent of newly enrolled adults and 93 percent of newly enrolled children identified as AI/AN, including those who identified as being more than one race. In all, 8 percent of newly enrolled adults and 13 percent of newly enrolled children were Hispanic or Latino. Most (96 percent) of the newly enrolled children spoke English as a primary home language. Fewer than 2 percent of children spoke a Native American language as their primary

[27] Percentages do not total 100 due to rounding.

language, although 10 percent of children spoke a Native American language as a secondary language.

Most newly enrolled participants (77 percent of adults and 83 percent of children) had health insurance. Overall, 75 percent of insured caregivers and 85 percent of insured children were covered through Medicaid or the Children's Health Insurance Program. Another 18 percent of adults and 12 percent of children were not insured but had access to care through an Indian Health Service, Contract Health Services, or Urban Indian Health Program facility. Figure 6 provides additional demographic information about newly enrolled Tribal MIECHV Program participants.

Figure 6: Overview of Newly Enrolled Tribal MIECHV Program Participants, FY 2022



Priority Populations

Consistent with the authorizing statute for MIECHV, the Tribal MIECHV Program prioritizes serving populations identified in statute, as described earlier in this report. Among newly enrolled Tribal MIECHV participants, 80 percent of the enrollees had household income at or below 200 percent of the FPL, including 56 percent of households having incomes at or below 100 percent of the FPL, and 27 percent used tobacco products in the home. Figure 7 describes the priority populations served in FY 2022.

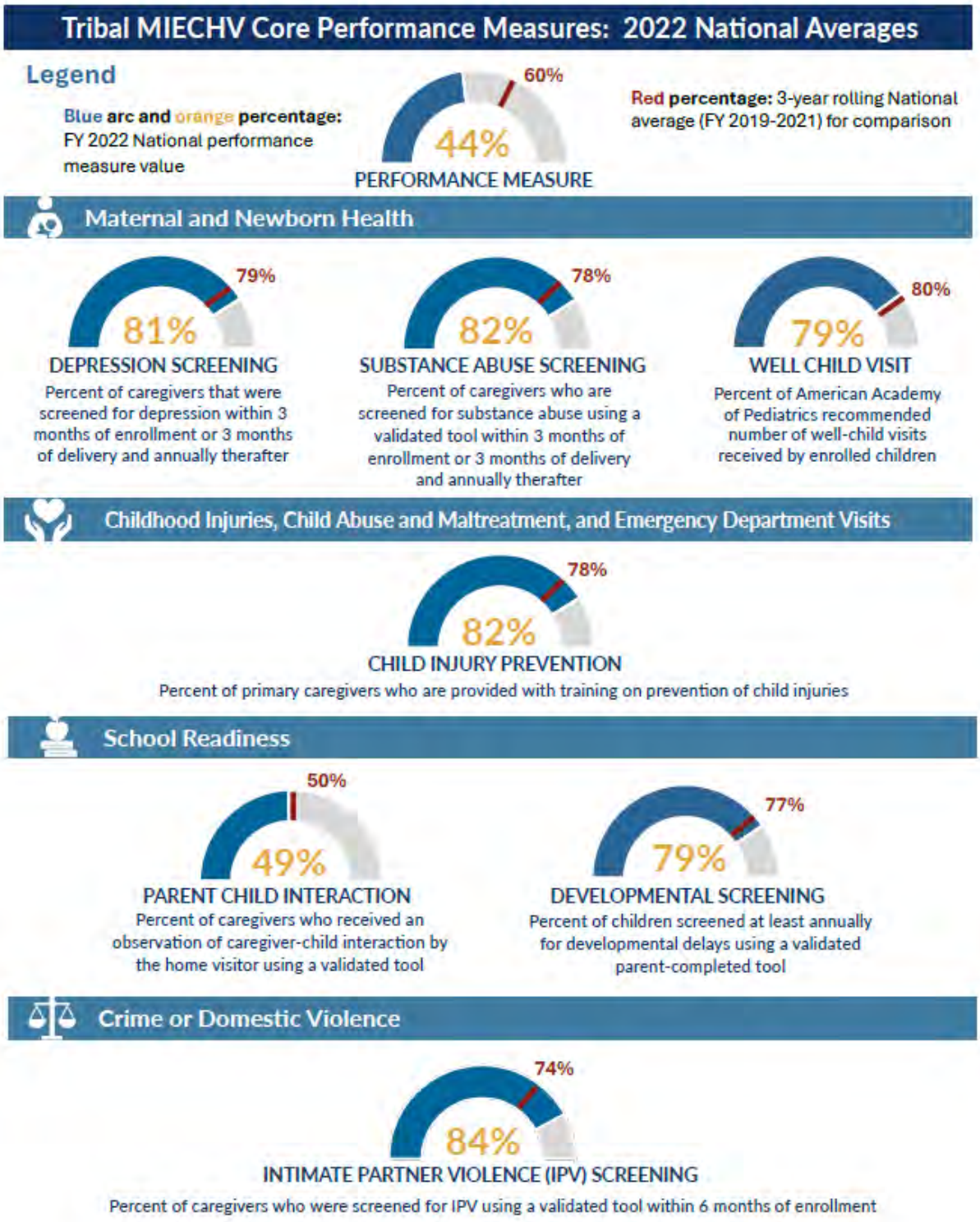
Figure 7: Priority Populations among Newly Enrolled Tribal MIECHV Households, FY 2022

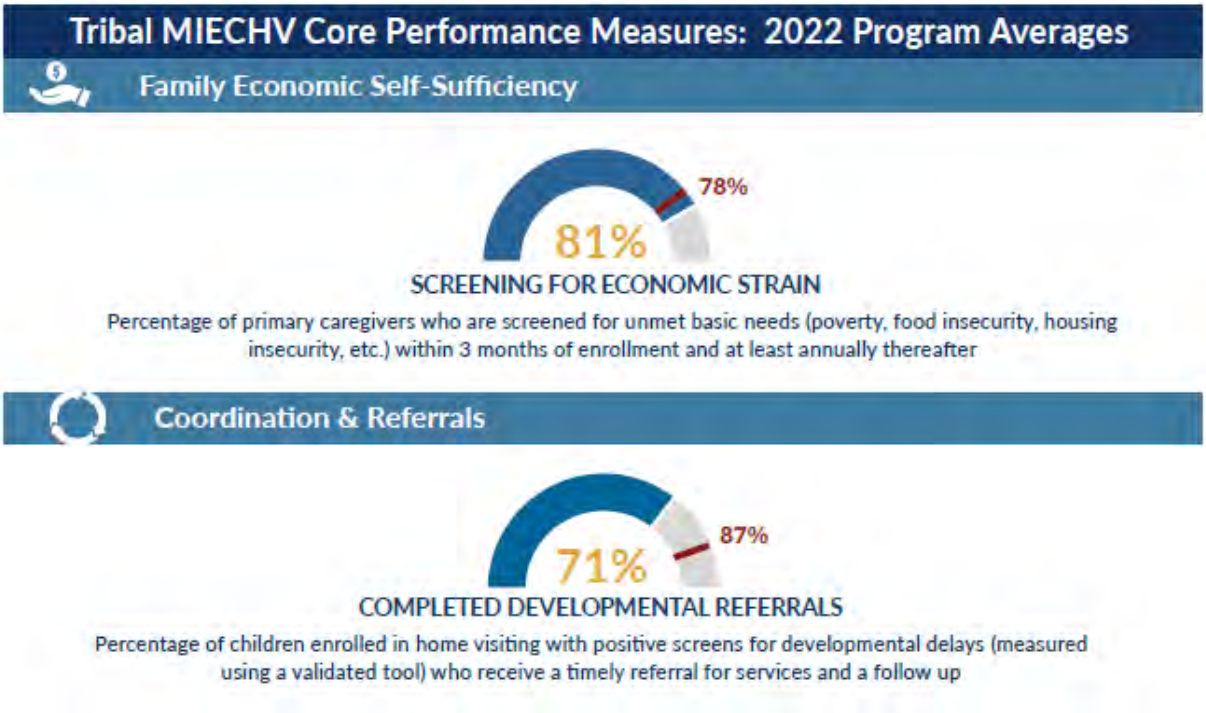
Tribal MIECHV Performance Outcomes

Tribal MIECHV grant recipients provide annual reports of their progress on nine "core" annual benchmark performance measures. Figure 8 shows the data for the 23 Tribal MIECHV recipients delivering services throughout FY 2022. For additional details on each performance measure and demonstration of improvement, refer to this table on ACF's website.[28]

[28] See https://www.acf.hhs.gov/sites/default/files/documents/occ/Tribal%20Core%20and%20Flex%20Measures%20with%20Definitions.pdf.

Figure 8: Tribal MIECHV Performance Measures, Core Measures Only, FY 2022





In addition, Tribal MIECHV grant recipients report on three core performance measures of implementation, as shown in Table 3.

Table 3: Tribal MIECHV Implementation Core Measures, FY 2022

Performance Measure	FY 2022 Average
Percentage of recommended home visits received by families	97
Percentage of home visits recommended for implementation observation that were observed by a supervisor	101*
Percentage of recommended individual or group reflective supervision sessions received by home visitors	96

Note:
*In FY 2022, Tribal MIECHV grant recipients, on average, provided implementation observation by a supervisor for more than the number of home visits recommended for observation by model developers.

Tribal MIECHV grant recipients must demonstrate improvement in at least four of the six statutorily identified benchmark areas.[29] In FY 2022, most grant recipients showed improvement

[29] Recipients can demonstrate improvement in two ways: (1) show improvements in their performance on the benchmark between a baseline (either their first year of implementation or the prior year, depending on when they began implementation of services) and FY 2022; or (2) meet or exceed a threshold value for that benchmark (the threshold is 80 percent for benchmarks that reflect something desirable and 20 percent for those reflecting behavior or experiences that Tribal MIECHV aims to decrease). For benchmarks with two core measures, grant recipients must demonstrate improvement in at least one measure. For benchmarks with three core measures, recipients must demonstrate improvement in at least two measures. Several of the benchmark areas have core measures and flex measures, and recipients could demonstrate improvement on either core or flex measures in that benchmark area, as long as they met the minimum number of measures outlined by ACF.

in each benchmark and the vast majority (87 percent) met demonstration-of-improvement requirements in four of the six benchmarks.

Tribal MIECHV Program Data Elements

The Tribal MIECHV Program collects similar data elements to the state and jurisdiction MIECHV Program, including an annual performance report on data describing the demographics of Tribal MIECHV enrollees and home visiting staff, information about Tribal MIECHV services, and progress toward Tribal MIECHV benchmarks. Demographic data include age, race and ethnicity, gender, and education of adult and child enrollees and home visiting staff. They also include information on household economic circumstances, housing insecurity, health insurance, primary languages, presence in a priority population, and services received through the program. The performance data include measures related to screenings, referrals, home visits, well-child visits, and other services, like parent training on childhood injuries. Tribal MIECHV grant recipients also submit an annual report to the Secretary, which provides rich contextual information and details about programs and services implemented, including challenges, successes, lessons learned, and TA needs.

In addition, Tribal MIECHV grant recipients submit quarterly data on participant enrollment and caseload, the number of households currently receiving services, households that stopped receiving services, and those that completed the program; the number of households served by grantee-defined geographic service area; and the number of staff and staff vacancies. Finally, grant recipients submit ACF-required semiannual performance progress reports and federal financial reports.

VII. Technical Assistance

The MIECHV Program's TA supports the efforts of the MIECHV awardees and Tribal MIECHV grant recipients to improve family outcomes and strengthen the capacity of state and local early childhood systems by connecting awardees to technical expertise, sharing best practices, engaging experts, using CQI methodologies, and disseminating and translating research findings. The TA providers collaborate to bring their expertise to the provision of TA and collectively provide high-quality, timely, and useful support through a coordinated process to address awardees' needs and requests. Resources that are relevant to all awardees (i.e., universal TA) and support for individual awardees or small groups of awardees (i.e., targeted TA) are available through a diverse set of products to meet awardee needs.

MIECHV Technical Assistance Resource Center

HRSA provides TA to awardees through the MIECHV Technical Assistance Resource Center (TARC). TARC provides individualized TA and develops user-friendly tools and resources that provide practical strategies to strengthen home visiting services. Its ongoing leadership academies build the proficiency of awardees in areas such as leadership development, policy and state systems, and fiscal management. Through the MIECHV Awardee Learning Library (an online platform for information sharing), the TARC develops and disseminates numerous resources including a quarterly e-newsletter, webinars, podcasts, communities of practice, written resources, and QuickLearns (short informational videos). TARC also convenes the

MIECHV Evaluation Coordinating Center to promote the alignment of evaluation designs and measurement strategies across awardees who conduct their own evaluations.

In FY 2022, all state and jurisdiction MIECHV awardees participated in targeted TA as well as at least one TARC offering. Each month, TARC engages almost three-fourths of awardees in targeted TA, and more than 80 percent of awardees are taking action as a result of their TA.

Home Visiting Collaborative Improvement and Innovation Network

The Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) complements TARC by bringing together MIECHV state and jurisdiction awardees and local implementing agencies to build capacity to scale up tested interventions. Now in its third iteration, HV CoIIN 3.0 is operated via a 5-year cooperative agreement to enable skill building in CQI and help disseminate effective strategies to drive improvement. HV CoIIN 3.0 provides TA monthly and on demand through virtual teaching, virtual peer sharing through collaborative networks, individual coaching, and a website of resources and materials.

To build capacity for CQI, HV CoIIN teaches quality improvement skills, reviews awardees' plan-do-study-act cycles, and supports teams with data for improvement. It also assists communities of practice focused on CQI efforts and creating a culture of improvement.

Programmatic Assistance for Tribal Home Visiting

Programmatic Assistance for Tribal Home Visiting (PATH) addresses Tribal MIECHV programmatic and implementation needs through a contract. The PATH team supports Tribal MIECHV grant recipients by increasing their capacity to implement high-quality home visiting programs within tribal communities and develop integrated early childhood systems serving AI/AN families. TA activities include providing virtual and in-person individualized learning, facilitating peer sharing and group learning events, and developing tools and resources to support grantee efforts.

In FY 2022, PATH provided 267 individualized TA sessions, supported 26 thematic or peer activities, and published many grantee-specific tools, including 107 video recordings, learning modules, resource libraries, and newsletters. PATH also published universal resources such as infographics, grantee profiles, success stories, and an issue brief highlighting how tribal home visiting programs support AI/AN families perinatally, during pregnancy, and postpartum.

Tribal Evaluation Institute

Since 2010, the Tribal Evaluation Institute (TEI) has provided Tribal MIECHV data, CQI, data systems, and evaluation support through a contract. TEI builds grantee capacity to use and understand data through an approach that honors community strengths and tailors support to grant recipients' needs, capacity, interests, priorities, and context. TEI provides universal TA on key topics and supports shared learning environments. TA takes place through emails, phone calls, webinars, trainings and presentations (virtual and in-person), written guidance, toolkits, briefs, and reports. A 2021 survey indicated that grant recipients have increased their knowledge level and skill in data collection and analysis, evaluation design, and data system management as a result of TEI's offerings.

VIII. Workforce Development and Support

The MIECHV Program has long recognized that a qualified workforce is crucial for the effective delivery of early childhood home visiting services. MIECHV awardees have also consistently identified workforce recruitment and retention as a top priority for several years. Ongoing challenges with recruiting, training, and retaining a highly skilled home visiting workforce have been exacerbated by the COVID-19 pandemic and related health and social service personnel shortages.

In FY 2022, awardees identified workforce recruitment and retention as their top TA priority. In response, TARC facilitated a community of practice on home visitor recruitment, retention, and well-being and developed two tip sheets and a newsletter as additional resources for awardees. TARC also continued to support a peer network of five MIECHV awardees who are collaborating in their evaluations, which focus on workforce development and understanding the professional well-being of home visitors. These awardees are taking a strengths-based approach to defining, describing, assessing, and evaluating how well-being affects other elements of home visiting programs, such as staff and family retention and satisfaction.

Several MIECHV-funded research and evaluation projects have focused on understanding how to bolster the home visiting workforce and help guide future directions for advancing workforce development, such as the following:

- The Home Visiting Career Trajectories project collected findings on the qualifications and career pathways of home visitors and identified strategies to recruit, train, and retain qualified staff. (For more information, see *Home Visiting Career Trajectories*.)[30]
- The Supporting and Strengthening the Home Visiting Workforce project builds on information gained from the Home Visiting Career Trajectories project and focuses on measuring and improving home visitor professional well-being and understanding best practices for reflective supervision (a technique to support providers who work closely with families with young children in managing the complexity of relationships and powerful emotions that often accompany the work). (For more information, see *Home Visitor Professional Well-Being: What It Is and Why It Matters*.)[31]
- An issue brief, *Purposefully Investing in the Tribal Home Visiting Workforce*, highlighted how tribal home visiting grant recipients have invested in their staff – particularly during the COVID-19 pandemic – and summarized some key techniques that tribal home visiting program managers and supervisors used to support retention. (For more details, see the report.)[32]

IX. MIECHV Program Reauthorization, FY 2023 – 2027

In December 2022, the authorization for the MIECHV Program was extended and funds were appropriated for FY 2023 through FY 2027. The reauthorization of the MIECHV Program

[30] Office of Planning, Research & Evaluation, An Office of the Administration for Children & Families. (2020). Home Visiting Career Trajectories. https://www.acf.hhs.gov/opre/report/home-visiting-career-trajectories
[31] Office of Planning, Research & Evaluation, ACF. (n.d.) "Home Visitor Professional Well-Being: What It Is and Why It Matters." Supporting and Strengthening the Home Visiting Workforce (SAS-HV). https://www.acf.hhs.gov/opre/project/supporting-and-strengthening-home-visiting-workforce-sas-hv
[32] Stark, D.R. (2023) Purposefully Investing in the Tribal Home Visiting Workforce. https://www.acf.hhs.gov/sites/default/files/documents/ecd/Purposefully-Investing-in-the-Tribal-Home-Visiting-Workforce-5-3-23-%283%29.pdf

doubled federal appropriations for evidence-based home visiting by FY 2027, including through a new matching grant option. The reauthorization introduced new program components, including an annual report to Congress, the creation of a new web-based outcomes dashboard, establishment of new parameters on the use of virtual home visiting, reduction in administrative burden, and an emphasis on providing targeted, intensive home visiting services.

Of the funding appropriated for the MIECHV Program each FY from 2023 to 2027, 93 percent is distributed as grants – 87 percent to states and jurisdictions and 6 percent to tribal organizations. This increased the total amount of funds made available for the Tribal MIECHV grants from $12 million in FY 2022 to $30 million in FY 2023. This major expansion of the Tribal MIECHV Program will bring evidence-based home visiting services to more tribal communities. Of the other activities:

- Two percent is set aside for workforce support, retention, and case management. Through a portion of this funding, HRSA established the Institute for Home Visiting Workforce Development and the Jackie Walorski Center for Evidence-Based Case Management in FY 2023.
- Two percent is set aside for TA to assist awardees in developing and maintaining effective, efficient programs that incorporate CQI.
- Three percent is set aside for research and evaluation and federal administration directly or through grants or contracts. This funding sustains the MIECHV Program's research, evaluation, CQI, and performance measurement initiatives and supports effective management of appropriated funding.

The MIECHV Program appropriation for FY 2023 through FY 2027 is shown in Table 4.[33]

Table 4: Appropriations, FY 2022 – 2027*

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Total Appropriations ($ in millions)	400	500	550	600	650	800
Base Grants	400	500	500	500	500	500
Matching Grants	Not applicable	0	50	100	150	300

Note:
* Figures do not account for reservations and sequestration.

Funding Formulas

Under the reauthorization, funding awarded to states and jurisdictions will now consist of two types of grants: base grants (beginning in FY 2023) and matching grants (beginning in FY 2024). The formulas for calculating base and matching grant award ceilings are specified in statute.[34] For base grants, the funding formula considers each awardee's share of U.S. children

[33] Appropriations for the MIECHV Program are classified as non-exempt nondefense mandatory and subject to sequestration. *Sequestration* refers to the cuts to U.S. federal government spending mandated by the Budget Control Act of 2011. The cuts went into effect on March 1, 2013.
[34] See footnote 12.

under age 5, while also ensuring stable funding and a minimum $1 million award.[35] In FY 2023, up to $435 million was available for awards to the 56 eligible entities that received FY 2022 MIECHV formula funding. The base grant amount available will remain consistent for MIECHV awardees through FY 2027, with the exception of reductions required by other applicable law (e.g., sequestration).

For matching grants, the amount appropriated increases each year from FY 2024 to FY 2027. The MIECHV statute defines a minimum matching grant amount for each year, and remaining matching grant funding must be made available to states and jurisdictions based on the percentage of children in those states and jurisdictions whose families live in poverty.[36] To obtain a matching grant, states and jurisdictions are required by the MIECHV statute to contribute $1 in non-federal funds to receive $3 in federal grant award funding (25 percent state/jurisdiction contribution, 75 percent federal contribution). Beginning in FY 2025, any unobligated matching grant funds from previous FYs must be distributed to interested states and jurisdictions that can meet the additional match requirement (contributing $1 in non-federal funds to receive $3 in federal grant award funding). The MIECHV Program will distribute funding according to each state's and jurisdiction's share of children under age 5 living in families in poverty.

Institute for Home Visiting Workforce Development

Through the new set aside for workforce support, retention, and case management, the Institute for Home Visiting Workforce Development was established in September 2023 and seeks to expand, support, and retain a diverse and qualified home visiting workforce by assessing workforce trends, researching effective workforce support practices, and providing TA to home visiting programs across the country.

The institute will serve as a central hub for resources and research across the home visiting field to further address critical workforce needs. The institute's goals are to improve the quality of MIECHV services, support home visitor professional development and well-being, and reduce the costs and disruption associated with frequent staff turnover and retraining. Housed within the institute, the Jackie Walorski Center for Evidence-Based Case Management will identify, evaluate, and disseminate evidence-based case management best practices within the home visiting context to help families access needed services. Future reports to Congress will include updates on the center as it gets underway.

X. Summary

In FY 2022, the MIECHV Program reached all 50 states, the District of Columbia, and five U.S. territories and provided more than 840,000 home visits to more than 130,000 parents and children in just over 69,000 families. The Tribal MIECHV Program supported 30 tribal entities that served more than 1,700 adults and 1,600 children.

MIECHV awardees are meeting or exceeding the benchmarks established by statute to ensure that home visiting programs are providing the services communities need to enhance family

[35] Ibid.
[36] Ibid.

well-being. In the most recent assessment in FY 2020, all 56 state and jurisdiction MIECHV awardees met the requirements for demonstration of improvement, and FY 2022 measures indicated that awardees, by and large, are successfully maintaining or improving their programs compared with previous years. In FY 2022, most Tribal MIECHV grant recipients showed improvement in each benchmark, and the vast majority of recipients that provided services in FY 2022 met the requirements for demonstration of improvement.

In their FY 2022 performance reports, awardees described successes resulting from CQI efforts; collaborations with community partners; and improvements in data collection, monitoring, and reporting. The MIECHV Program's TA system effectively supports MIECHV awardees and Tribal MIECHV grant recipients with high-quality, timely, and useful support through a coordinated process to address awardees' needs and requests.

Data from awardees demonstrate that home visiting programs have led to substantial improvements in a number of areas, including:

- family behavior that contributes to children's early language and literacy skills;
- uptake of well-child and postpartum care; and
- screening for postpartum depression.

The MIECHV Program continues to support the health and well-being of families by developing strong relationships with families, providing regular home visits, assessing family needs, and delivering tailored services.

Appendix A: Demographic Information by Maternal, Infant, and Early Childhood Home Visiting Program Awardee

FY 2022

Alabama

Department of Early Childhood Education

Model(s) Implemented

- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Total Participants		
Total Adults	1,758	
Pregnant Participants	501	(28%)
Adult Participants	1,257	(72%)
Total Children	2,005	

Adult Age		
21 and Under	178	(10%)
22 – 29	690	(39%)
30 and Above	890	(51%)

Child Age		
1 and Under	238	(12%)
1 – 2	731	(36%)
3 – 6	1,036	(52%)

Adult and Child Race[*]		
White	1,334	(35%)
Black or African American	1,846	(49%)
AI/AN	25	(1%)
Asian	25	(1%)
More than One Race	237	(6%)
NHPI	12	(<1%)

Adult and Child Ethnicity		
Hispanic or Latino	648	(17%)
Not Hispanic or Latino	3,085	(82%)

Adult and Child Insurance[†]		
No Insurance	297	(8%)
Public Insurance	2,696	(72%)
Other Insurance	742	(20%)

Adult Education[**]		
No HS Diploma	319	(18%)
HS Diploma/GED	632	(36%)
Some College/Training or Above	716	(41%)

Household Income[‡,§]		
Under 101% FPL	991	(56%)
101 – 200% FPL	302	(17%)
Above 200% FPL	134	(8%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Alaska

Department of Health and Social Services

Model(s) Implemented

- **Nurse-Family Partnership (NFP)**

Total Participants		
Total Adults	190	
Pregnant Participants	124	(65%)
Adult Participants	66	(35%)
Total Children	132	

Adult Age		
21 and Under	60	(32%)
22 – 29	94	(49%)
30 and Above	36	(19%)

Child Age		
1 and Under	64	(48%)
1 – 2	68	(52%)
3 – 6	--	--

Adult and Child Race[*]		
White	147	(46%)
Black or African American	24	(7%)
AI/AN	--	--
Asian	28	(9%)
More than One Race	64	(20%)
NHPI	12	(4%)

Adult and Child Ethnicity		
Hispanic or Latino	68	(21%)
Not Hispanic or Latino	244	(76%)

Adult and Child Insurance[†]		
No Insurance	34	(11%)
Public Insurance	207	(64%)

Adult Education[**]		
No HS Diploma	23	(12%)
HS Diploma/GED	54	(28%)
Some College/Training or Above	95	(50%)

Household Income[‡,§]		
Under 101% FPL	111	(58%)
101 – 200% FPL	63	(33%)

Other Insurance	62	(19%)

Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

American Samoa

Department of Health

Total Participants

Total Adults	239	
Pregnant Participants	70	(29%)
Adult Participants	169	(71%)
Total Children	217	

Adult Age

21 and Under	43	(18%)
22 – 29	101	(42%)
30 and Above	95	(40%)

Child Age

1 and Under	53	(24%)
1 – 2	109	(50%)
3 – 6	55	(25%)

Adult and Child Race*

White	--	--
Black or African American	--	--
AI/AN	10	(2%)
Asian	--	--
More than One Race	--	--
NHPI	436	(96%)

Adult and Child Ethnicity

Hispanic or Latino	--	--
Not Hispanic or Latino	454	(100%)

Adult and Child Insurance†

No Insurance	73	(16%)
Public Insurance	381	(84%)
Other Insurance	--	--

Model(s) Implemented

- **Healthy Families America (HFA)**

Adult Education**

No HS Diploma	25	(10%)
HS Diploma/GED	199	(83%)
Some College/Training or Above	15	(6%)

Household Income‡,§

Under 101% FPL	232	(97%)
101 – 200% FPL	--	--
Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Arizona

Department of Health Services

Total Participants

Total Adults	1,637	
Pregnant Participants	468	(29%)
Adult Participants	1,169	(71%)
Total Children	1,508	

Adult Age

21 and Under	364	(22%)
22 – 29	721	(44%)
30 and Above	552	(34%)

Child Age

Adult and Child Race*

White	1,951	(62%)
Black or African American	243	(8%)
AI/AN	437	(14%)
Asian	44	(1%)
More than One Race	294	(9%)
NHPI	16	(1%)

Adult and Child Ethnicity

Hispanic or Latino	1,552	(49%)
Not Hispanic or Latino	1,551	(49%)

Model(s) Implemented

- **Family Spirit**
- **Health Start**
- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**
- **SafeCare Augmented**

Adult Education**

No HS Diploma	416	(25%)
HS Diploma/GED	746	(46%)
Some College/Training or Above	446	(27%)

1 and Under	899	(60%)
1 – 2	479	(32%)
3 – 6	130	(9%)

Adult and Child Insurance †		
No Insurance	225	(7%)
Public Insurance	2,287	(73%)
Other Insurance	562	(18%)

Household Income ‡,§		
Under 101% FPL	901	(56%)
101 – 200% FPL	395	(24%)
Above 200% FPL	275	(17%)

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FY 2022

Arkansas

Department of Health

Total Participants		
Total Adults	1,907	
Pregnant Participants	575	(30%)
Adult Participants	1,332	(70%)
Total Children	2,084	

Adult Age		
21 and Under	406	(21%)
22 – 29	783	(41%)
30 and Above	715	(37%)

Child Age		
1 and Under	712	(34%)
1 – 2	821	(39%)
3 – 6	551	(26%)

Adult and Child Race *		
White	2,347	(59%)
Black or African American	1,302	(33%)
AI/AN	22	(1%)
Asian	112	(3%)
More than One Race	179	(4%)
NHPI	26	(1%)

Adult and Child Ethnicity		
Hispanic or Latino	635	(16%)
Not Hispanic or Latino	3,355	(84%)

Adult and Child Insurance †		
No Insurance	235	(6%)
Public Insurance	2,866	(72%)
Other Insurance	797	(20%)

Model(s) Implemented

- **Following Baby Back Home**
- **Healthy Families America (HFA)**
- **HIPPY#**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education **		
No HS Diploma	354	(19%)
HS Diploma/GED	723	(38%)
Some College/Training or Above	819	(43%)

Household Income ‡,§		
Under 101% FPL	1,322	(69%)
101 – 200% FPL	442	(23%)
Above 200% FPL	--	--

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FY 2022

California

Department of Public Health

Total Participants		
Total Adults	2,470	
Pregnant Participants	1,265	(51%)
Adult Participants	1,205	(49%)
Total Children	1,854	

Adult Age		
21 and Under	768	(31%)
22 – 29	1,034	(42%)
30 and Above	668	(27%)

Adult and Child Race *		
White	1,978	(46%)
Black or African American	424	(10%)
AI/AN	128	(3%)
Asian	171	(4%)
More than One Race	461	(11%)
NHPI	32	(1%)

Adult and Child Ethnicity		
Hispanic or Latino	2,545	(59%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**

Adult Education **		
No HS Diploma	544	(22%)
HS Diploma/GED	696	(28%)

Child Age		
1 and Under	775	(42%)
1 – 2	980	(53%)
3 – 6	99	(5%)

Not Hispanic or Latino	1,554	(36%)

Adult and Child Insurance†		
No Insurance	96	(2%)
Public Insurance	3,671	(85%)
Other Insurance	359	(8%)

Some College/Training or Above	1,104	(45%)

Household Income‡,§		
Under 101% FPL	1,272	(51%)
101 – 200% FPL	527	(21%)
Above 200% FPL	93	(4%)

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FY 2022

Colorado

Department of Human Services

Total Participants		
Total Adults	1,655	
Pregnant Participants	246	(15%)
Adult Participants	1,409	(85%)
Total Children	1,706	

Adult Age		
21 and Under	259	(16%)
22 – 29	573	(35%)
30 and Above	815	(49%)

Child Age		
1 and Under	539	(32%)
1 – 2	597	(35%)
3 – 6	569	(33%)

Adult and Child Race*		
White	2,531	(75%)
Black or African American	168	(5%)
AI/AN	43	(1%)
Asian	122	(4%)
More than One Race	296	(9%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	2,331	(69%)
Not Hispanic or Latino	986	(29%)

Adult and Child Insurance†		
No Insurance	339	(10%)
Public Insurance	2,414	(72%)
Other Insurance	525	(16%)

Model(s) Implemented

- **HIPPY#**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**		
No HS Diploma	414	(25%)
HS Diploma/GED	579	(35%)
Some College/Training or Above	636	(38%)

Household Income‡,§		
Under 101% FPL	588	(36%)
101 – 200% FPL	905	(55%)
Above 200% FPL	126	(8%)

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FY 2022

Commonwealth of the Northern Mariana Islands

Commonwealth Healthcare Corporation

Total Participants		
Total Adults	155	
Pregnant Participants	25	(16%)
Adult Participants	130	(84%)
Total Children	153	

Adult Age		
21 and Under	21	(14%)
22 – 29	47	(30%)
30 and Above	87	(56%)

Adult and Child Race*		
White	--	--
Black or African American	--	--
AI/AN	--	--
Asian	112	(36%)
More than One Race	20	(6%)
NHPI	176	(57%)

Adult and Child Ethnicity		
Hispanic or Latino	--	--

Model(s) Implemented

- **Healthy Families America (HFA)**

Adult Education**		
No HS Diploma	48	(31%)
HS Diploma/GED	61	(39%)

Child Age		
1 and Under	27	(18%)
1 – 2	76	(50%)
3 – 6	50	(33%)

Not Hispanic or Latino	308	(100%)

Adult and Child Insurance†		
No Insurance	--	--
Public Insurance	279	(91%)
Other Insurance	10	(3%)

Some College/Training or Above	46	(30%)

Household Income‡,§		
Under 101% FPL	109	(70%)
101 – 200% FPL	--	--
Above 200% FPL	--	--

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FY 2022

Connecticut

Office of Early Childhood

Total Participants		
Total Adults	1,225	
Pregnant Participants	315	(26%)
Adult Participants	910	(74%)
Total Children	1,083	

Adult Age		
21 and Under	190	(16%)
22 – 29	413	(34%)
30 and Above	622	(51%)

Child Age		
1 and Under	401	(37%)
1 – 2	244	(23%)
3 – 6	437	(40%)

*Adult and Child Race**		
White	1,258	(55%)
Black or African American	521	(23%)
AI/AN	94	(4%)
Asian	36	(2%)
More than One Race	158	(7%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	1,103	(48%)
Not Hispanic or Latino	1,194	(52%)

Adult and Child Insurance†		
No Insurance	125	(5%)
Public Insurance	1,769	(77%)
Other Insurance	349	(15%)

Model(s) Implemented

- **Child FIRST**
- **Early Head Start-Home Based Option**
- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

*Adult Education***		
No HS Diploma	233	(19%)
HS Diploma/GED	438	(36%)
Some College/Training or Above	533	(44%)

Household Income‡,§		
Under 101% FPL	678	(57%)
101 – 200% FPL	283	(24%)
Above 200% FPL	179	(15%)

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FY 2022

Delaware

Executive Office of the Governor of Delaware

Total Participants		
Total Adults	704	
Pregnant Participants	84	(12%)
Adult Participants	620	(88%)
Total Children	650	

Adult Age		
21 and Under	104	(15%)

*Adult and Child Race**		
White	475	(35%)
Black or African American	531	(39%)
AI/AN	139	(10%)
Asian	20	(1%)
More than One Race	127	(9%)
NHPI	--	--

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education

22 – 29	273	(39%)
30 and Above	315	(45%)

Child Age

1 and Under	321	(49%)
1 – 2	215	(33%)
3 – 6	106	(16%)

Adult and Child Ethnicity

Hispanic or Latino	312	(23%)
Not Hispanic or Latino	1,013	(75%)

Adult and Child Insurance †

No Insurance	64	(5%)
Public Insurance	1,087	(80%)
Other Insurance	90	(7%)

No HS Diploma	157	(22%)
HS Diploma/GED	237	(34%)
Some College/Training or Above	241	(34%)

Household Income ‡,§

Under 101% FPL	293	(44%)
101 – 200% FPL	97	(14%)
Above 200% FPL	25	(4%)

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FY 2022

District of Columbia

Government of the District of Columbia

Total Participants

Total Adults	150	
Pregnant Participants	23	(15%)
Adult Participants	127	(85%)
Total Children	176	

Adult Age

21 and Under	18	(12%)
22 – 29	48	(32%)
30 and Above	84	(56%)

Child Age

1 and Under	53	(30%)
1 – 2	65	(37%)
3 – 6	58	(33%)

Adult and Child Race *

White	87	(27%)
Black or African American	152	(47%)
AI/AN	--	--
Asian	--	--
More than One Race	77	(24%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	172	(53%)
Not Hispanic or Latino	154	(47%)

Adult and Child Insurance †

No Insurance	13	(4%)
Public Insurance	283	(87%)
Other Insurance	26	(8%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Parents as Teachers (PAT)**

Adult Education **

No HS Diploma	68	(45%)
HS Diploma/GED	49	(33%)
Some College/Training or Above	22	(15%)

Household Income ‡,§

Under 101% FPL	115	(77%)
101 – 200% FPL	27	(18%)
Above 200% FPL	--	--

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FY 2022

Florida

Florida Association of Healthy Start Coalitions, Inc.

Total Participants

Total Adults	2,576	
Pregnant Participants	855	(33%)
Adult Participants	1,721	(67%)
Total Children	2,289	

Adult Age

Adult and Child Race *

White	2,462	(51%)
Black or African American	1,739	(36%)
AI/AN	16	(<1%)
Asian	61	(1%)
More than One Race	480	(10%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

21 and Under	668	(26%)
22 – 29	1,070	(42%)
30 and Above	838	(33%)

Child Age

1 and Under	1,463	(64%)
1 – 2	742	(32%)
3 – 6	84	(4%)

NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	2,015	(41%)
Not Hispanic or Latino	2,838	(58%)

Adult and Child Insurance†

No Insurance	498	(10%)
Public Insurance	3,860	(79%)
Other Insurance	483	(10%)

Adult Education**

No HS Diploma	619	(24%)
HS Diploma/GED	909	(35%)
Some College/Training or Above	1,027	(40%)

Household Income‡,§

Under 101% FPL	1,508	(59%)
101 – 200% FPL	809	(31%)
Above 200% FPL	150	(6%)

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FY 2022

Georgia

Department of Public Health

Total Participants

Total Adults	1,523	
Pregnant Participants	213	(14%)
Adult Participants	1,310	(86%)
Total Children	1,471	

Adult Age

21 and Under	262	(17%)
22 – 29	621	(41%)
30 and Above	640	(42%)

Child Age

1 and Under	686	(47%)
1 – 2	513	(35%)
3 – 6	272	(18%)

Adult and Child Race*

White	1,190	(40%)
Black or African American	1,480	(49%)
AI/AN	--	--
Asian	204	(7%)
More than One Race	102	(3%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	846	(28%)
Not Hispanic or Latino	2,134	(71%)

Adult and Child Insurance†

No Insurance	372	(12%)
Public Insurance	2,169	(72%)
Other Insurance	397	(13%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**

No HS Diploma	479	(31%)
HS Diploma/GED	463	(30%)
Some College/Training or Above	560	(37%)

Household Income‡,§

Under 101% FPL	874	(57%)
101 – 200% FPL	537	(35%)
Above 200% FPL	111	(7%)

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FY 2022

Guam

Government of Guam – Department of Administration

Total Participants

Total Adults	92	
Pregnant Participants	27	(29%)
Adult Participants	65	(71%)
Total Children	86	

Adult Age

21 and Under	21	(23%)
22 – 29	38	(41%)

Adult and Child Race*

White	--	--
Black or African American	--	--
AI/AN	--	--
Asian	--	--
More than One Race	--	--
NHPI	163	(92%)

Adult and Child Ethnicity

Model(s) Implemented

- **Healthy Families America (HFA)**

Adult Education**

No HS Diploma	58	(63%)

30 and Above	33	(36%)

Child Age

1 and Under	30	(35%)
1 – 2	35	(41%)
3 – 6	21	(24%)

Hispanic or Latino	--	--
Not Hispanic or Latino	178	(100%)

Adult and Child Insurance†

No Insurance	81	(46%)
Public Insurance	77	(43%)
Other Insurance	20	(11%)

HS Diploma/GED	28	(30%)
Some College/Training or Above	--	--

Household Income‡,§

Under 101% FPL	87	(95%)
101 – 200% FPL	--	--
Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Hawaii

Department of Health

Total Participants

Total Adults	570	
Pregnant Participants	62	(11%)
Adult Participants	508	(89%)
Total Children	598	

Adult Age

21 and Under	56	(10%)
22 – 29	180	(32%)
30 and Above	334	(59%)

Child Age

1 and Under	184	(31%)
1 – 2	264	(44%)
3 – 6	150	(25%)

Adult and Child Race*

White	158	(14%)
Black or African American	--	--
AI/AN	--	--
Asian	84	(7%)
More than One Race	591	(51%)
NHPI	302	(26%)

Adult and Child Ethnicity

Hispanic or Latino	256	(22%)
Not Hispanic or Latino	912	(78%)

Adult and Child Insurance†

No Insurance	26	(2%)
Public Insurance	902	(77%)
Other Insurance	217	(19%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **HIPPY**#
- **Parents as Teachers (PAT)**

Adult Education**

No HS Diploma	93	(16%)
HS Diploma/GED	216	(38%)
Some College/Training or Above	228	(40%)

Household Income‡,§

Under 101% FPL	306	(54%)
101 – 200% FPL	164	(29%)
Above 200% FPL	49	(9%)

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FY 2022

Idaho

Department of Health and Welfare

Total Participants

Total Adults	555	
Pregnant Participants	93	(17%)
Adult Participants	462	(83%)
Total Children	612	

Adult Age

21 and Under	149	(27%)
22 – 29	225	(41%)
30 and Above	178	(32%)

Adult and Child Race*

White	979	(84%)
Black or African American	23	(2%)
AI/AN	26	(2%)
Asian	14	(1%)
More than One Race	46	(4%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	342	(29%)

Model(s) Implemented

- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**

No HS Diploma	120	(22%)
HS Diploma/GED	184	(33%)

Child Age		
1 and Under	155	(25%)
1 – 2	271	(44%)
3 – 6	186	(30%)

Not Hispanic or Latino	783	(67%)

Adult and Child Insurance†		
No Insurance	48	(4%)
Public Insurance	681	(58%)
Other Insurance	288	(25%)

Some College/Training or Above	221	(40%)

Household Income‡,§		
Under 101% FPL	282	(51%)
101 – 200% FPL	178	(32%)
Above 200% FPL	38	(7%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Illinois

Department of Human Services

Total Participants		
Total Adults	1,176	
Pregnant Participants	173	(15%)
Adult Participants	1,003	(85%)
Total Children	1,323	

Adult Age		
21 and Under	228	(19%)
22 – 29	494	(42%)
30 and Above	453	(39%)

Child Age		
1 and Under	550	(42%)
1 – 2	611	(46%)
3 – 6	162	(12%)

*Adult and Child Race**		
White	1,021	(41%)
Black or African American	934	(37%)
AI/AN	--	--
Asian	26	(1%)
More than One Race	459	(18%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	1,005	(40%)
Not Hispanic or Latino	1,490	(60%)

Adult and Child Insurance†		
No Insurance	116	(5%)
Public Insurance	2,083	(83%)
Other Insurance	242	(10%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Parents as Teachers (PAT)**

*Adult Education***		
No HS Diploma	286	(24%)
HS Diploma/GED	492	(42%)
Some College/Training or Above	374	(32%)

Household Income‡,§		
Under 101% FPL	910	(80%)
101 – 200% FPL	172	(15%)
Above 200% FPL	29	(3%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Indiana

Department of Health

Total Participants		
Total Adults	1,923	
Pregnant Participants	596	(31%)
Adult Participants	1,327	(69%)
Total Children	1,648	

Adult Age		
21 and Under	358	(19%)
22 – 29	904	(47%)

*Adult and Child Race**		
White	1,523	(43%)
Black or African American	1,391	(39%)
AI/AN	--	--
Asian	155	(4%)
More than One Race	324	(9%)
NHPI	--	--

Adult and Child Ethnicity

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**

*Adult Education***		
No HS Diploma	418	(22%)

30 and Above	647	(34%)

Child Age		
1 and Under	765	(46%)
1 – 2	703	(43%)
3 – 6	177	(11%)

Hispanic or Latino	807	(23%)
Not Hispanic or Latino	2,643	(74%)

Adult and Child Insurance†		
No Insurance	96	(3%)
Public Insurance	3,024	(85%)
Other Insurance	237	(7%)

HS Diploma/GED	766	(40%)
Some College/Training or Above	708	(37%)

Household Income‡,§		
Under 101% FPL	1,324	(71%)
101 – 200% FPL	396	(21%)
Above 200% FPL	102	(5%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Iowa

Department of Public Health

Total Participants		
Total Adults	793	
Pregnant Participants	315	(40%)
Adult Participants	478	(60%)
Total Children	696	

Adult Age		
21 and Under	196	(25%)
22 – 29	355	(45%)
30 and Above	242	(31%)

Child Age		
1 and Under	357	(51%)
1 – 2	238	(34%)
3 – 6	101	(15%)

Adult and Child Race*		
White	1,116	(75%)
Black or African American	207	(14%)
AI/AN	19	(1%)
Asian	14	(1%)
More than One Race	89	(6%)
NHPI	21	(1%)

Adult and Child Ethnicity		
Hispanic or Latino	358	(24%)
Not Hispanic or Latino	1,111	(75%)

Adult and Child Insurance†		
No Insurance	77	(5%)
Public Insurance	1,239	(83%)
Other Insurance	163	(11%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**		
No HS Diploma	187	(24%)
HS Diploma/GED	386	(49%)
Some College/Training or Above	217	(27%)

Household Income‡,§		
Under 101% FPL	411	(52%)
101 – 200% FPL	299	(38%)
Above 200% FPL	65	(8%)

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FY 2022

Kansas

Department of Health and Environment

Total Participants		
Total Adults	562	
Pregnant Participants	124	(22%)
Adult Participants	438	(78%)
Total Children	626	

Adult Age		
21 and Under	76	(14%)

Adult and Child Race*		
White	817	(69%)
Black or African American	105	(9%)
AI/AN	35	(3%)
Asian	82	(7%)
More than One Race	122	(10%)
NHPI	27	(2%)

Model(s) Implemented

- **Early Head Start-Home Based Option**
- **Healthy Families America (HFA)**
- **Parents as Teachers (PAT)**
- **Teams for Infants Endangered by Substance Abuse (TIES)**

Adult Education**

22 – 29	230	(41%)
30 and Above	255	(45%)

Child Age

1 and Under	172	(27%)
1 – 2	259	(41%)
3 – 6	195	(31%)

Adult and Child Ethnicity

Hispanic or Latino	412	(35%)
Not Hispanic or Latino	776	(65%)

***Adult and Child Insurance*†**

No Insurance	190	(16%)
Public Insurance	824	(69%)
Other Insurance	169	(14%)

No HS Diploma	181	(32%)
HS Diploma/GED	188	(33%)
Some College/Training or Above	193	(34%)

***Household Income*‡,§**

Under 101% FPL	398	(71%)
101 – 200% FPL	141	(25%)
Above 200% FPL	23	(4%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Kentucky

Cabinet for Health and Family Services

Total Participants

Total Adults	1,043	
Pregnant Participants	553	(53%)
Adult Participants	490	(47%)
Total Children	907	

Adult Age

21 and Under	167	(16%)
22 – 29	517	(50%)
30 and Above	359	(34%)

Child Age

1 and Under	393	(43%)
1 – 2	473	(52%)
3 – 6	41	(5%)

Adult and Child Race*

White	1,310	(67%)
Black or African American	117	(6%)
AI/AN	--	--
Asian	10	(1%)
More than One Race	18	(1%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	68	(3%)
Not Hispanic or Latino	1,759	(90%)

***Adult and Child Insurance*†**

No Insurance	323	(17%)
Public Insurance	1,091	(56%)
Other Insurance	536	(27%)

Model(s) Implemented

- **Health Access Nurturing Development Services (HANDS) Program**

Adult Education**

No HS Diploma	244	(23%)
HS Diploma/GED	368	(35%)
Some College/Training or Above	429	(41%)

***Household Income*‡,§**

Under 101% FPL	568	(54%)
101 – 200% FPL	264	(25%)
Above 200% FPL	209	(20%)

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FY 2022

Louisiana

Department for Health

Total Participants

Total Adults	2,100	
Pregnant Participants	910	(43%)
Adult Participants	1,190	(57%)
Total Children	1,908	

Adult Age

21 and Under	666	(32%)

Adult and Child Race*

White	1,299	(32%)
Black or African American	2,380	(59%)
AI/AN	14	(<1%)
Asian	19	(<1%)
More than One Race	165	(4%)
NHPI	--	--

Model(s) Implemented

- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**

22 – 29	1,064	(51%)
30 and Above	369	(18%)

Child Age		
1 and Under	1,168	(61%)
1 – 2	637	(33%)
3 – 6	94	(5%)

Adult and Child Ethnicity		
Hispanic or Latino	254	(6%)
Not Hispanic or Latino	3,663	(91%)

Adult and Child Insurance†		
No Insurance	58	(1%)
Public Insurance	3,564	(89%)
Other Insurance	239	(6%)

No HS Diploma	366	(17%)
HS Diploma/GED	815	(39%)
Some College/Training or Above	873	(42%)

Household Income‡,§		
Under 101% FPL	1,603	(76%)
101 – 200% FPL	318	(15%)
Above 200% FPL	53	(3%)

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FY 2022

Maine

Department for Health and Human Services

Model(s) Implemented

- **Parents as Teachers (PAT)**

Total Participants		
Total Adults	1,929	
Pregnant Participants	416	(22%)
Adult Participants	1,513	(78%)
Total Children	1,725	

Adult Age		
21 and Under	185	(10%)
22 – 29	692	(36%)
30 and Above	1,018	(53%)

Child Age		
1 and Under	1,109	(64%)
1 – 2	566	(33%)
3 – 6	50	(3%)

Adult and Child Race[*]		
White	2,908	(80%)
Black or African American	407	(11%)
AI/AN	29	(1%)
Asian	59	(2%)
More than One Race	169	(5%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	174	(5%)
Not Hispanic or Latino	3,429	(94%)

Adult and Child Insurance[†]		
No Insurance	100	(3%)
Public Insurance	2,171	(59%)
Other Insurance	1,082	(30%)

Adult Education[**]		
No HS Diploma	186	(10%)
HS Diploma/GED	613	(32%)
Some College/Training or Above	1,076	(56%)

Household Income[‡,§]		
Under 101% FPL	675	(41%)
101 – 200% FPL	390	(24%)
Above 200% FPL	524	(32%)

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FY 2022

Maryland

Department for Health

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**

Total Participants		
Total Adults	843	
Pregnant Participants	457	(54%)
Adult Participants	386	(46%)
Total Children	779	

Adult Age		
21 and Under	132	(16%)
22 – 29	334	(40%)
30 and Above	377	(45%)

Child Age		
1 and Under	225	(29%)
1 – 2	227	(29%)
3 – 6	327	(42%)

Adult and Child Race[*]		
White	327	(20%)
Black or African American	1,026	(63%)
AI/AN	--	--
Asian	--	--
More than One Race	201	(12%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	335	(21%)
Not Hispanic or Latino	1,260	(78%)

Adult and Child Insurance[†]		
No Insurance	108	(7%)
Public Insurance	1,238	(76%)
Other Insurance	229	(14%)

Adult Education[**]		
No HS Diploma	243	(29%)
HS Diploma/GED	442	(52%)
Some College/Training or Above	158	(19%)

Household Income[‡,§]		
Under 101% FPL	157	(19%)
101 – 200% FPL	26	(3%)
Above 200% FPL	13	(2%)

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FY 2022

Total Participants		
Total Adults	1,741	

Adult and Child Race[*]		
White	1,263	(38%)

Pregnant Participants	304	(17%)
Adult Participants	1,437	(83%)
Total Children	1,594	

Adult Age

21 and Under	903	(52%)
22 – 29	575	(33%)
30 and Above	257	(15%)

Child Age

1 and Under	602	(38%)
1 – 2	718	(45%)
3 – 6	274	(17%)

Black or African American	546	(16%)
AI/AN	17	(1%)
Asian	48	(1%)
More than One Race	881	(26%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	1,885	(57%)
Not Hispanic or Latino	1,285	(39%)

Adult and Child Insurance†

No Insurance	11	(<1%)
Public Insurance	2,937	(88%)
Other Insurance	162	(5%)

Massachusetts

Department of Public Health

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Parents as Teachers (PAT)**

Adult Education**

No HS Diploma	573	(33%)
HS Diploma/GED	838	(48%)
Some College/Training or Above	173	(10%)

Household Income‡,§

Under 101% FPL	1,094	(64%)
101 – 200% FPL	159	(9%)
Above 200% FPL	32	(2%)

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FY 2022

Total Participants

Total Adults	1,598	
Pregnant Participants	592	(37%)
Adult Participants	1,006	(63%)
Total Children	1,227	

Adult Age

21 and Under	459	(29%)
22 – 29	741	(46%)
30 and Above	397	(25%)

Child Age

1 and Under	546	(44%)
1 – 2	583	(48%)
3 – 6	98	(8%)

Adult and Child Race*

White	880	(31%)
Black or African American	1,435	(51%)
AI/AN	13	(<1%)
Asian	151	(5%)
More than One Race	241	(9%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	356	(13%)
Not Hispanic or Latino	2,426	(86%)

Adult and Child Insurance†

No Insurance	85	(3%)
Public Insurance	2,162	(77%)
Other Insurance	323	(11%)

Michigan

Department of Health and Human Services

Model(s) Implemented

- **Early Head Start-Home Based Option**
- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**

Adult Education**

No HS Diploma	329	(21%)
HS Diploma/GED	526	(33%)
Some College/Training or Above	664	(42%)

Household Income‡,§

Under 101% FPL	971	(62%)
101 – 200% FPL	248	(16%)
Above 200% FPL	118	(8%)

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FY 2022

Total Participants

Total Adults	1,716	

Adult and Child Race*

White	1435	(46%)

Minnesota

Department of Health

Pregnant Participants	674	(39%)
Adult Participants	1,042	(61%)
Total Children	1,422	

Adult Age

21 and Under	395	(23%)
22 – 29	781	(46%)
30 and Above	540	(31%)

Child Age

1 and Under	683	(48%)
1 – 2	581	(41%)
3 – 6	158	(11%)

Adult and Child Race*

Black or African American	694	(22%)
AI/AN	60	(2%)
Asian	290	(9%)
More than One Race	202	(6%)
NHPI	21	(1%)

Adult and Child Ethnicity

Hispanic or Latino	913	(29%)
Not Hispanic or Latino	2,129	(68%)

Adult and Child Insurance†

No Insurance	354	(11%)
Public Insurance	2,325	(74%)
Other Insurance	245	(8%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Maternal Early Childhood Sustained Home-Visiting Program (MECSH)**
- **Nurse-Family Partnership (NFP)**

Adult Education**

No HS Diploma	371	(22%)
HS Diploma/GED	564	(33%)
Some College/Training or Above	597	(35%)

Household Income‡,§

Under 101% FPL	771	(45%)
101 – 200% FPL	305	(18%)
Above 200% FPL	80	(5%)

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FY 2022

Mississippi

Department of Health

Total Participants

Total Adults	747	
Pregnant Participants	227	(30%)
Adult Participants	520	(70%)
Total Children	686	

Adult Age

21 and Under	133	(18%)
22 – 29	352	(47%)
30 and Above	262	(35%)

Child Age

1 and Under	262	(38%)
1 – 2	398	(58%)
3 – 6	26	(4%)

Adult and Child Race*

White	46	(3%)
Black or African American	1,327	(93%)
AI/AN	30	(2%)
Asian	--	--
More than One Race	27	(2%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	13	(1%)
Not Hispanic or Latino	1,420	(99%)

Adult and Child Insurance†

No Insurance	61	(4%)
Public Insurance	1,246	(87%)
Other Insurance	126	(9%)

Model(s) Implemented

- **Healthy Families America (HFA)**

Adult Education**

No HS Diploma	108	(14%)
HS Diploma/GED	290	(39%)
Some College/Training or Above	349	(47%)

Household Income‡,§

Under 101% FPL	662	(92%)
101 – 200% FPL	57	(8%)
Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

Total Participants

Adult and Child Race*

FY 2022

Missouri

Department of Elementary and Secondary Education

Model(s) Implemented

- **Early Head Start-Home Based Option**
- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Total Participants		
Total Adults	658	
Pregnant Participants	289	(44%)
Adult Participants	369	(56%)
Total Children	562	

Adult Age		
21 and Under	170	(26%)
22 – 29	312	(47%)
30 and Above	176	(27%)

Child Age		
1 and Under	134	(24%)
1 – 2	266	(47%)
3 – 6	161	(29%)

Adult and Child Race*		
White	702	(58%)
Black or African American	415	(34%)
AI/AN	--	--
Asian	--	--
More than One Race	90	(7%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	144	(12%)
Not Hispanic or Latino	1,074	(88%)

Adult and Child Insurance†		
No Insurance	69	(6%)
Public Insurance	989	(81%)
Other Insurance	68	(6%)

Adult Education*		
No HS Diploma	165	(25%)
HS Diploma/GED	296	(45%)
Some College/Training or Above	174	(26%)

Household Income‡,§		
Under 101% FPL	512	(78%)
101 – 200% FPL	109	(17%)
Above 200% FPL	17	(3%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Montana

Department of Public Health and Human Services

Model(s) Implemented

- **Family Spirit**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**
- **SafeCare Augmented**

Total Participants		
Total Adults	931	
Pregnant Participants	148	(16%)
Adult Participants	783	(84%)
Total Children	906	

Adult Age		
21 and Under	127	(14%)
22 – 29	416	(45%)
30 and Above	388	(42%)

Child Age		
1 and Under	206	(23%)
1 – 2	390	(43%)
3 – 6	310	(34%)

Adult and Child Race*		
White	1,291	(70%)
Black or African American	17	(1%)
AI/AN	240	(13%)
Asian	12	(1%)
More than One Race	159	(9%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	241	(13%)
Not Hispanic or Latino	1,577	(86%)

Adult and Child Insurance†		
No Insurance	143	(8%)
Public Insurance	1,389	(76%)
Other Insurance	269	(15%)

Adult Education*		
No HS Diploma	203	(22%)
HS Diploma/GED	386	(41%)
Some College/Training or Above	339	(36%)

Household Income‡,§		
Under 101% FPL	469	(50%)
101 – 200% FPL	318	(34%)
Above 200% FPL	136	(15%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Nebraska

Department of Health and Human Services

Model(s) Implemented

- **Healthy Families America (HFA)**

Total Participants		
Total Adults	542	
Pregnant Participants	224	(41%)
Adult Participants	318	(59%)
Total Children	501	

Adult Age		
21 and Under	79	(15%)
22 – 29	238	(44%)
30 and Above	221	(41%)

Child Age		
1 and Under	306	(61%)
1 – 2	145	(29%)
3 – 6	44	(9%)

Adult and Child Race*		
White	698	(67%)
Black or African American	106	(10%)
AI/AN	36	(3%)
Asian	35	(3%)
More than One Race	85	(8%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	396	(38%)
Not Hispanic or Latino	628	(60%)

Adult and Child Insurance†		
No Insurance	107	(10%)
Public Insurance	798	(77%)
Other Insurance	96	(9%)

Adult Education*		
No HS Diploma	142	(26%)
HS Diploma/GED	181	(33%)
Some College/Training or Above	188	(35%)

Household Income‡,§		
Under 101% FPL	393	(73%)
101 – 200% FPL	91	(17%)
Above 200% FPL	22	(4%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Nevada

Department of Health and Human Services

Model(s) Implemented

- **Early Head Start-Home Based Option**
- **HIPPY#**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Total Participants		
Total Adults	423	
Pregnant Participants	76	(18%)
Adult Participants	347	(82%)
Total Children	391	

Adult Age		
21 and Under	66	(16%)
22 – 29	115	(27%)
30 and Above	209	(49%)

Child Age		
1 and Under	110	(28%)
1 – 2	125	(32%)
3 – 6	156	(40%)

Adult and Child Race*		
White	587	(72%)
Black or African American	56	(7%)
AI/AN	49	(6%)
Asian	15	(2%)
More than One Race	79	(10%)
NHPI	11	(1%)

Adult and Child Ethnicity		
Hispanic or Latino	367	(45%)
Not Hispanic or Latino	439	(54%)

Adult and Child Insurance†		
No Insurance	78	(10%)
Public Insurance	439	(54%)
Other Insurance	192	(24%)

Adult Education*		
No HS Diploma	74	(17%)
HS Diploma/GED	139	(33%)
Some College/Training or Above	158	(37%)

Household Income‡,§		
Under 101% FPL	147	(40%)
101 – 200% FPL	106	(29%)
Above 200% FPL	32	(9%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. #HIPPY = Home Instruction for Parents of Preschool Youngsters. §Income is collected by household, not participant.

FY 2022

New Hampshire

Department of Health and Human Services

Total Participants		
Total Adults	522	
Pregnant Participants	98	(19%)
Adult Participants	424	(81%)
Total Children	306	

Adult Age		
21 and Under	61	(12%)
22 – 29	152	(29%)
30 and Above	124	(24%)

Child Age		
1 and Under	131	(43%)
1 – 2	138	(45%)
3 – 6	37	(12%)

*Adult and Child Race**		
White	526	(64%)
Black or African American	46	(6%)
AI/AN	--	--
Asian	13	(2%)
More than One Race	25	(3%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	68	(8%)
Not Hispanic or Latino	558	(67%)

Adult and Child Insurance†		
No Insurance	14	(2%)
Public Insurance	498	(60%)
Other Insurance	54	(7%)

Model(s) Implemented

- **Healthy Families America (HFA)**

*Adult Education***		
No HS Diploma	69	(13%)
HS Diploma/GED	141	(27%)
Some College/Training or Above	101	(19%)

Household Income‡,§		
Under 101% FPL	141	(41%)
101 – 200% FPL	91	(26%)
Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

New Jersey

Department of Health

Total Participants		
Total Adults	4,967	
Pregnant Participants	1,664	(34%)
Adult Participants	3,303	(66%)
Total Children	4,200	

Adult Age		
21 and Under	1,075	(22%)
22 – 29	2,012	(41%)
30 and Above	1,875	(38%)

Child Age		
1 and Under	1,509	(36%)
1 – 2	2,095	(50%)
3 – 6	596	(14%)

*Adult and Child Race**		
White	3,892	(42%)
Black or African American	2,209	(24%)
AI/AN	117	(1%)
Asian	155	(2%)
More than One Race	1,060	(12%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	5,504	(60%)
Not Hispanic or Latino	3,473	(38%)

Adult and Child Insurance†		
No Insurance	1,611	(18%)
Public Insurance	6,439	(70%)
Other Insurance	728	(8%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

*Adult Education***		
No HS Diploma	1,176	(24%)
HS Diploma/GED	1,617	(33%)
Some College/Training or Above	1,985	(40%)

Household Income‡,§		
Under 101% FPL	2,586	(52%)
101 – 200% FPL	1,165	(23%)
Above 200% FPL	157	(3%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

New Mexico

Early Childhood Education and Care Department – Home Visiting

Model(s) Implemented

- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Total Participants		
Total Adults	1,110	
Pregnant Participants	263	(24%)
Adult Participants	847	(76%)
Total Children	1,144	

Adult Age		
21 and Under	122	(11%)
22 – 29	412	(37%)
30 and Above	574	(52%)

Child Age		
1 and Under	226	(20%)
1 – 2	470	(41%)
3 – 6	448	(39%)

Adult and Child Race*		
White	1,754	(78%)
Black or African American	53	(2%)
AI/AN	245	(11%)
Asian	40	(2%)
More than One Race	93	(4%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	1,526	(68%)
Not Hispanic or Latino	663	(29%)

Adult and Child Insurance†		
No Insurance	109	(5%)
Public Insurance	1,531	(68%)
Other Insurance	519	(23%)

Adult Education*		
No HS Diploma	234	(21%)
HS Diploma/GED	303	(27%)
Some College/Training or Above	534	(48%)

Household Income‡,§		
Under 101% FPL	562	(55%)
101 – 200% FPL	235	(23%)
Above 200% FPL	126	(12%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

New York

Department of Health

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**

Total Participants		
Total Adults	3,884	
Pregnant Participants	1,432	(37%)
Adult Participants	2,452	(63%)
Total Children	3,402	

Adult Age		
21 and Under	712	(18%)
22 – 29	1,741	(45%)
30 and Above	1,431	(37%)

Child Age		
1 and Under	1,364	(40%)
1 – 2	1,640	(48%)
3 – 6	398	(12%)

Adult and Child Race*		
White	863	(12%)
Black or African American	2,694	(37%)
AI/AN	92	(1%)
Asian	216	(3%)
More than One Race	1,644	(23%)
NHPI	11	(<1%)

Adult and Child Ethnicity		
Hispanic or Latino	3,345	(46%)
Not Hispanic or Latino	3,784	(52%)

Adult and Child Insurance†		
No Insurance	133	(2%)
Public Insurance	6,370	(87%)
Other Insurance	432	(6%)

Adult Education*		
No HS Diploma	718	(18%)
HS Diploma/GED	1,228	(32%)
Some College/Training or Above	1,907	(49%)

Household Income‡,§		
Under 101% FPL	1,738	(45%)
101 – 200% FPL	695	(18%)
Above 200% FPL	49	(1%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

North Carolina

Department of Health and Human Services

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**

Total Participants		
Total Adults	502	
Pregnant Participants	207	(41%)
Adult Participants	295	(59%)
Total Children	394	

Adult Age		
21 and Under	140	(28%)
22 – 29	272	(54%)
30 and Above	88	(18%)

Child Age		
1 and Under	137	(35%)
1 – 2	234	(59%)
3 – 6	23	(6%)

Adult and Child Race*		
White	315	(35%)
Black or African American	350	(39%)
AI/AN	83	(9%)
Asian	--	--
More than One Race	98	(11%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	129	(14%)
Not Hispanic or Latino	752	(84%)

Adult and Child Insurance†		
No Insurance	45	(5%)
Public Insurance	777	(87%)
Other Insurance	38	(4%)

Adult Education*		
No HS Diploma	69	(14%)
HS Diploma/GED	187	(37%)
Some College/Training or Above	215	(43%)

Household Income‡,§		
Under 101% FPL	390	(79%)
101 – 200% FPL	47	(9%)
Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

North Dakota

Prevent Child Abuse North Dakota

Model(s) Implemented

- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Total Participants		
Total Adults	168	
Pregnant Participants	47	(28%)
Adult Participants	121	(72%)
Total Children	184	

Adult Age		
21 and Under	39	(23%)
22 – 29	73	(43%)
30 and Above	56	(33%)

Child Age		
1 and Under	76	(41%)
1 – 2	62	(34%)
3 – 6	46	(25%)

Adult and Child Race*		
White	90	(26%)
Black or African American	14	(4%)
AI/AN	226	(64%)
Asian	--	--
More than One Race	15	(4%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	21	(6%)
Not Hispanic or Latino	329	(93%)

Adult and Child Insurance†		
No Insurance	46	(13%)
Public Insurance	203	(58%)

Adult Education*		
No HS Diploma	23	(14%)
HS Diploma/GED	36	(21%)
Some College/Training or Above	108	(64%)

Household Income‡,§		
Under 101% FPL	93	(55%)
101 – 200% FPL	60	(36%)

Other Insurance	90	(26%)	Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Ohio

Department of Health

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Total Participants		
Total Adults	1,904	
Pregnant Participants	632	(33%)
Adult Participants	1,272	(67%)
Total Children	1,695	

Adult Age		
21 and Under	404	(21%)
22 – 29	848	(45%)
30 and Above	652	(34%)

Child Age		
1 and Under	543	(32%)
1 – 2	868	(51%)
3 – 6	284	(17%)

Adult and Child Race*		
White	1,960	(54%)
Black or African American	1,210	(34%)
AI/AN	24	(1%)
Asian	66	(2%)
More than One Race	223	(6%)
NHPI	11	(<1%)

Adult and Child Ethnicity		
Hispanic or Latino	430	(12%)
Not Hispanic or Latino	3,137	(87%)

Adult and Child Insurance†		
No Insurance	479	(13%)
Public Insurance	2,748	(76%)
Other Insurance	180	(5%)

Adult Education*		
No HS Diploma	405	(21%)
HS Diploma/GED	931	(49%)
Some College/Training or Above	553	(29%)

Household Income‡,§		
Under 101% FPL	1,637	(86%)
101 – 200% FPL	237	(12%)
Above 200% FPL	--	--

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FY 2022

Oklahoma

Department of Health

Model(s) Implemented

- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**
- **SafeCare Augmented**

Total Participants		
Total Adults	960	
Pregnant Participants	288	(30%)
Adult Participants	672	(70%)
Total Children	955	

Adult Age		
21 and Under	115	(12%)
22 – 29	312	(33%)
30 and Above	522	(54%)

Child Age		
1 and Under	244	(26%)
1 – 2	353	(37%)
3 – 6	345	(36%)

Adult and Child Race*		
White	1,257	(66%)
Black or African American	266	(14%)
AI/AN	32	(2%)
Asian	131	(7%)
More than One Race	87	(5%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	1,135	(59%)
Not Hispanic or Latino	735	(38%)

Adult and Child Insurance†		
No Insurance	272	(14%)
Public Insurance	1,264	(66%)
Other Insurance	322	(17%)

Adult Education*		
No HS Diploma	311	(32%)
HS Diploma/GED	124	(13%)
Some College/Training or Above	387	(40%)

Household Income‡,§		
Under 101% FPL	480	(50%)
101 – 200% FPL	156	(16%)
Above 200% FPL	45	(5%)

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FY 2022

Oregon

Department of Human Services

Total Participants		
Total Adults	901	
Pregnant Participants	295	(33%)
Adult Participants	606	(67%)
Total Children	787	

Adult Age		
21 and Under	134	(15%)
22 – 29	270	(30%)
30 and Above	304	(34%)

Child Age		
1 and Under	350	(44%)
1 – 2	344	(44%)
3 – 6	93	(12%)

*Adult and Child Race**		
White	1,180	(70%)
Black or African American	44	(3%)
AI/AN	36	(2%)
Asian	29	(2%)
More than One Race	131	(8%)
NHPI	21	(1%)

Adult and Child Ethnicity		
Hispanic or Latino	729	(43%)
Not Hispanic or Latino	916	(54%)

Adult and Child Insurance†		
No Insurance	44	(3%)
Public Insurance	1,416	(84%)
Other Insurance	148	(9%)

Model(s) Implemented

- **Early Head Start-Home Based Option**
- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**

*Adult Education***		
No HS Diploma	233	(26%)
HS Diploma/GED	316	(35%)
Some College/Training or Above	344	(38%)

Household Income‡,§		
Under 101% FPL	315	(34%)
101 – 200% FPL	114	(12%)
Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Pennsylvania

Department of Human Services

Total Participants		
Total Adults	2,616	
Pregnant Participants	414	(16%)
Adult Participants	2,202	(84%)
Total Children	2,881	

Adult Age		
21 and Under	578	(22%)
22 – 29	1,086	(42%)
30 and Above	922	(35%)

Child Age		
1 and Under	1,160	(40%)

*Adult and Child Race**		
White	3,586	(65%)
Black or African American	1,164	(21%)
AI/AN	11	(<1%)
Asian	129	(2%)
More than One Race	337	(6%)
NHPI	17	(<1%)

Adult and Child Ethnicity		
Hispanic or Latino	989	(18%)
Not Hispanic or Latino	4,453	(81%)

Adult and Child Insurance†

Model(s) Implemented

- **Child FIRST**
- **Early Head Start-Home Based Option**
- **Family Check-Up for Children**
- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**
- **SafeCare Augmented**

*Adult Education***		
No HS Diploma	404	(15%)
HS Diploma/GED	1,127	(43%)
Some College/Training or Above	1,081	(41%)

Household Income‡,§

1 – 2	1,046	(36%)
3 – 6	667	(23%)

No Insurance	157	(3%)
Public Insurance	4,418	(80%)
Other Insurance	919	(17%)

Under 101% FPL	1,592	(61%)
101 – 200% FPL	769	(29%)
Above 200% FPL	36	(1%)

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FY 2022

Puerto Rico

Department of Health

Total Participants

Total Adults	105	
Pregnant Participants	35	(33%)
Adult Participants	70	(67%)
Total Children	89	

Adult Age

21 and Under	27	(26%)
22 – 29	57	(54%)
30 and Above	20	(19%)

Child Age

1 and Under	26	(29%)
1 – 2	25	(28%)
3 – 6	38	(43%)

Adult and Child Race*

White	42	(22%)
Black or African American	--	--
AI/AN	--	--
Asian	--	--
More than One Race	143	(74%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	194	(100%)
Not Hispanic or Latino	--	--

Adult and Child Insurance†

No Insurance	--	--
Public Insurance	186	(96%)
Other Insurance	--	--

Model(s) Implemented

- **Healthy Families America (HFA)**

Adult Education**

No HS Diploma	--	--
HS Diploma/GED	40	(38%)
Some College/Training or Above	57	(54%)

Household Income‡,§

Under 101% FPL	75	(71%)
101 – 200% FPL	10	(10%)
Above 200% FPL	--	--

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FY 2022

Rhode Island

Department of Health

Total Participants

Total Adults	1,498	
Pregnant Participants	321	(21%)
Adult Participants	1,177	(79%)
Total Children	1,457	

Adult Age

21 and Under	256	(17%)
22 – 29	553	(37%)
30 and Above	687	(46%)

Child Age

1 and Under	827	(57%)
1 – 2	492	(34%)

Adult and Child Race*

White	1,172	(40%)
Black or African American	615	(21%)
AI/AN	40	(1%)
Asian	44	(1%)
More than One Race	143	(5%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	1,522	(52%)
Not Hispanic or Latino	1,372	(46%)

Adult and Child Insurance†

No Insurance	78	(3%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**

No HS Diploma	392	(26%)
HS Diploma/GED	525	(35%)
Some College/Training or Above	536	(36%)

Household Income‡,§

Under 101% FPL	648	(43%)

3 – 6	138	(9%)

Public Insurance	2,542	(86%)
Other Insurance	284	(10%)

101 – 200% FPL	170	(11%)
Above 200% FPL	55	(4%)

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FY 2022

South Carolina

The Children's Trust Fund of South Carolina

Total Participants

Total Adults	1,420	
Pregnant Participants	558	(39%)
Adult Participants	862	(61%)
Total Children	1,194	

Adult Age

21 and Under	483	(34%)
22 – 29	655	(46%)
30 and Above	282	(20%)

Child Age

1 and Under	773	(65%)
1 – 2	382	(32%)
3 – 6	39	(3%)

Adult and Child Race*

White	920	(35%)
Black or African American	1,313	(50%)
AI/AN	--	--
Asian	18	(1%)
More than One Race	226	(9%)
NHPI	14	(1%)

Adult and Child Ethnicity

Hispanic or Latino	527	(20%)
Not Hispanic or Latino	2,063	(79%)

Adult and Child Insurance†

No Insurance	170	(7%)
Public Insurance	2,204	(84%)
Other Insurance	232	(9%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**

No HS Diploma	271	(19%)
HS Diploma/GED	443	(31%)
Some College/Training or Above	699	(49%)

Household Income‡,§

Under 101% FPL	1,364	(96%)
101 – 200% FPL	55	(4%)
Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

South Dakota

Department of Health

Total Participants

Total Adults	149	
Pregnant Participants	53	(36%)
Adult Participants	96	(64%)
Total Children	130	

Adult Age

21 and Under	74	(50%)
22 – 29	57	(38%)
30 and Above	18	(12%)

Child Age

1 and Under	56	(43%)
1 – 2	74	(57%)
3 – 6	--	--

Adult and Child Race*

White	130	(47%)
Black or African American	--	--
AI/AN	117	(42%)
Asian	23	(8%)
More than One Race	--	--
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	74	(27%)
Not Hispanic or Latino	205	(73%)

Adult and Child Insurance†

No Insurance	28	(10%)
Public Insurance	228	(82%)

Model(s) Implemented

- **Nurse-Family Partnership (NFP)**

Adult Education**

No HS Diploma	63	(42%)
HS Diploma/GED	44	(30%)
Some College/Training or Above	38	(26%)

Household Income‡,§

Under 101% FPL	102	(68%)
101 – 200% FPL	44	(30%)

Other Insurance	13	(5%)	Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Tennessee

Department of Health

Total Participants

Total Adults	1,499	
Pregnant Participants	506	(34%)
Adult Participants	993	(66%)
Total Children	1,528	

Adult Age

21 and Under	277	(18%)
22 – 29	698	(47%)
30 and Above	516	(34%)

Child Age

1 and Under	539	(35%)
1 – 2	574	(38%)
3 – 6	415	(27%)

Adult and Child Race*

White	1,442	(48%)
Black or African American	1,181	(39%)
AI/AN	47	(2%)
Asian	21	(1%)
More than One Race	195	(6%)
NHPI	--	--

Adult and Child Ethnicity

Hispanic or Latino	406	(13%)
Not Hispanic or Latino	2,555	(84%)

Adult and Child Insurance†

No Insurance	56	(2%)
Public Insurance	2,168	(72%)
Other Insurance	233	(8%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**

No HS Diploma	319	(21%)
HS Diploma/GED	591	(39%)
Some College/Training or Above	554	(37%)

Household Income‡,§

Under 101% FPL	849	(57%)
101 – 200% FPL	391	(26%)
Above 200% FPL	212	(14%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Texas

Department of Family and Protective Services

Total Participants

Total Adults	4,454	
Pregnant Participants	1,426	(32%)
Adult Participants	3,028	(68%)
Total Children	4,634	

Adult Age

21 and Under	867	(19%)
22 – 29	1,613	(36%)
30 and Above	1,974	(44%)

Child Age

Adult and Child Race*

White	7,466	(82%)
Black or African American	876	(10%)
AI/AN	55	(1%)
Asian	125	(1%)
More than One Race	189	(2%)
NHPI	15	(<1%)

Adult and Child Ethnicity

Hispanic or Latino	6,534	(72%)
Not Hispanic or Latino	2,399	(26%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **HIPPY#**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**

No HS Diploma	877	(20%)
HS Diploma/GED	1,267	(28%)
Some College/Training or Above	2,021	(45%)

1 and Under	3,235	(70%)
1 – 2	469	(10%)
3 – 6	930	(20%)

Adult and Child Insurance†		
No Insurance	1,771	(19%)
Public Insurance	4,805	(53%)
Other Insurance	1,830	(20%)

Household Income‡,§		
Under 101% FPL	2,024	(48%)
101 – 200% FPL	1,240	(29%)
Above 200% FPL	490	(12%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. #HIPPY = Home Instruction for Parents of Preschool Youngsters. §Income is collected by household, not participant.

FY 2022

U.S. Virgin Islands

Department of Health Group

Total Participants		
Total Adults	63	
Pregnant Participants	--	--
Adult Participants	--	--
Total Children	54	

Adult Age		
21 and Under	18	(29%)
22 – 29	28	(44%)
30 and Above	17	(27%)

Child Age		
1 and Under	10	(19%)
1 – 2	30	(56%)
3 – 6	14	(26%)

*Adult and Child Race**		
White	--	--
Black or African American	105	(90%)
AI/AN	--	--
Asian	--	--
More than One Race	--	--
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	22	(19%)
Not Hispanic or Latino	94	(80%)

Adult and Child Insurance†		
No Insurance	15	(13%)
Public Insurance	83	(71%)
Other Insurance	19	(16%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**

*Adult Education***		
No HS Diploma	--	--
HS Diploma/GED	22	(35%)
Some College/Training or Above	32	(51%)

Household Income‡,§		
Under 101% FPL	51	(81%)
101 – 200% FPL	11	(17%)
Above 200% FPL	--	--

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Utah

Department of Health

Total Participants		
Total Adults	619	
Pregnant Participants	36	(6%)
Adult Participants	583	(94%)
Total Children	681	

Adult Age		
21 and Under	93	(15%)
22 – 29	246	(40%)
30 and Above	280	(45%)

*Adult and Child Race**		
White	1,004	(77%)
Black or African American	67	(5%)
AI/AN	17	(1%)
Asian	42	(3%)
More than One Race	73	(6%)
NHPI	10	(1%)

Adult and Child Ethnicity		
Hispanic or Latino	563	(43%)

Model(s) Implemented

- **Parents as Teachers (PAT)**

*Adult Education***		
No HS Diploma	137	(22%)
HS Diploma/GED	241	(39%)

Child Age		
1 and Under	253	(37%)
1 – 2	288	(42%)
3 – 6	138	(20%)

Not Hispanic or Latino	706	(54%)

Adult and Child Insurance†		
No Insurance	153	(12%)
Public Insurance	728	(56%)
Other Insurance	364	(28%)

Some College/Training or Above	227	(37%)

Household Income‡,§		
Under 101% FPL	314	(54%)
101 – 200% FPL	210	(36%)
Above 200% FPL	19	(3%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Vermont

Agency of Human Services

Total Participants		
Total Adults	421	
Pregnant Participants	153	(36%)
Adult Participants	268	(64%)
Total Children	393	

Adult Age		
21 and Under	96	(23%)
22 – 29	176	(42%)
30 and Above	149	(35%)

Child Age		
1 and Under	175	(45%)
1 – 2	218	(55%)
3 – 6	--	--

Adult and Child Race*		
White	694	(85%)
Black or African American	38	(5%)
AI/AN	12	(1%)
Asian	11	(1%)
More than One Race	51	(6%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	30	(4%)
Not Hispanic or Latino	773	(95%)

Adult and Child Insurance†		
No Insurance	10	(1%)
Public Insurance	736	(90%)
Other Insurance	62	(8%)

Model(s) Implemented

- **Maternal Early Childhood Sustained Home-Visiting Program (MECSH)**

Adult Education**		
No HS Diploma	73	(17%)
HS Diploma/GED	149	(35%)
Some College/Training or Above	191	(45%)

Household Income‡,§		
Under 101% FPL	306	(73%)
101 – 200% FPL	85	(20%)
Above 200% FPL	13	(3%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Virginia

Department of Health

Total Participants		
Total Adults	1,306	
Pregnant Participants	221	(17%)
Adult Participants	1,085	(83%)
Total Children	1,425	

Adult Age		
21 and Under	189	(14%)
22 – 29	454	(35%)
30 and Above	513	(39%)

Child Age

Adult and Child Race*		
White	1,342	(49%)
Black or African American	1,039	(38%)
AI/AN	30	(1%)
Asian	57	(2%)
More than One Race	200	(7%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	752	(28%)
Not Hispanic or Latino	1,954	(72%)

Model(s) Implemented

- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

Adult Education**		
No HS Diploma	335	(26%)
HS Diploma/GED	512	(39%)
Some College/Training or Above	429	(33%)

1 and Under	353	(25%)
1 – 2	523	(37%)
3 – 6	538	(38%)

Adult and Child Insurance†		
No Insurance	256	(9%)
Public Insurance	2,137	(78%)
Other Insurance	249	(9%)

Household Income‡,§		
Under 101% FPL	1,125	(85%)
101 – 200% FPL	63	(5%)
Above 200% FPL	14	(1%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Washington

Department of Children, Youth and Families

Total Participants		
Total Adults	1,522	
Pregnant Participants	512	(34%)
Adult Participants	1,010	(66%)
Total Children	1,343	

Adult Age		
21 and Under	415	(27%)
22 – 29	576	(38%)
30 and Above	472	(31%)

Child Age		
1 and Under	675	(50%)
1 – 2	525	(39%)
3 – 6	143	(11%)

*Adult and Child Race**		
White	1,749	(61%)
Black or African American	250	(9%)
AI/AN	233	(8%)
Asian	49	(2%)
More than One Race	350	(12%)
NHPI	42	(1%)

Adult and Child Ethnicity		
Hispanic or Latino	1,517	(53%)
Not Hispanic or Latino	1,249	(44%)

Adult and Child Insurance†		
No Insurance	202	(7%)
Public Insurance	2,253	(79%)
Other Insurance	179	(6%)

Model(s) Implemented

- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

*Adult Education***		
No HS Diploma	437	(29%)
HS Diploma/GED	470	(31%)
Some College/Training or Above	492	(32%)

Household Income‡,§		
Under 101% FPL	358	(25%)
101 – 200% FPL	221	(15%)
Above 200% FPL	39	(3%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

West Virginia

Department of Health and Human Resources

Total Participants		
Total Adults	1,602	
Pregnant Participants	182	(11%)
Adult Participants	1,420	(89%)
Total Children	1,885	

Adult Age		
21 and Under	224	(14%)
22 – 29	702	(44%)
30 and Above	676	(42%)

*Adult and Child Race**		
White	3,238	(93%)
Black or African American	84	(2%)
AI/AN	--	--
Asian	16	(<1%)
More than One Race	145	(4%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	54	(2%)

Model(s) Implemented

- **Early Head Start-Home Based Option**
- **Healthy Families America (HFA)**
- **Parents as Teachers (PAT)**

*Adult Education***		
No HS Diploma	208	(13%)
HS Diploma/GED	682	(43%)

Child Age		
1 and Under	592	(31%)
1 – 2	744	(39%)
3 – 6	549	(29%)

Not Hispanic or Latino	3,433	(98%)

Adult and Child Insurance†		
No Insurance	52	(1%)
Public Insurance	2,531	(73%)
Other Insurance	904	(26%)

Some College/Training or Above	709	(44%)

Household Income‡,§		
Under 101% FPL	824	(54%)
101 – 200% FPL	434	(29%)
Above 200% FPL	179	(12%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Wisconsin

Department of Children and Families

Total Participants		
Total Adults	2,428	
Pregnant Participants	789	(32%)
Adult Participants	1,639	(68%)
Total Children	2,122	

Adult Age		
21 and Under	579	(24%)
22 – 29	1,030	(42%)
30 and Above	819	(34%)

Child Age		
1 and Under	1,224	(58%)
1 – 2	728	(34%)
3 – 6	170	(8%)

*Adult and Child Race**		
White	2,624	(58%)
Black or African American	815	(18%)
AI/AN	236	(5%)
Asian	251	(6%)
More than One Race	302	(7%)
NHPI	--	--

Adult and Child Ethnicity		
Hispanic or Latino	1,129	(25%)
Not Hispanic or Latino	3,421	(75%)

Adult and Child Insurance†		
No Insurance	206	(5%)
Public Insurance	3,801	(84%)
Other Insurance	383	(8%)

Model(s) Implemented

- **Early Head Start-Home Based Option**
- **Healthy Families America (HFA)**
- **Nurse-Family Partnership (NFP)**
- **Parents as Teachers (PAT)**

*Adult Education***		
No HS Diploma	599	(25%)
HS Diploma/GED	955	(39%)
Some College/Training or Above	810	(33%)

Household Income‡,§		
Under 101% FPL	1,236	(54%)
101 – 200% FPL	609	(26%)
Above 200% FPL	249	(11%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

FY 2022

Wyoming

Department of Family Services

Total Participants		
Total Adults	297	
Pregnant Participants	31	(10%)
Adult Participants	266	(90%)
Total Children	346	

Adult Age		
21 and Under	37	(12%)
22 – 29	106	(36%)

*Adult and Child Race**		
White	525	(82%)
Black or African American	26	(4%)
AI/AN	21	(3%)
Asian	--	--
More than One Race	47	(7%)
NHPI	--	--

Adult and Child Ethnicity

Model(s) Implemented

- **Parents as Teachers (PAT)**

*Adult Education***		
No HS Diploma	59	(20%)

30 and Above	151	(51%)
Child Age		
1 and Under	114	(33%)
1 – 2	158	(46%)
3 – 6	74	(21%)
Hispanic or Latino	119	(19%)
Not Hispanic or Latino	516	(80%)
Adult and Child Insurance†		
No Insurance	88	(14%)
Public Insurance	341	(53%)
Other Insurance	195	(30%)
HS Diploma/GED	97	(33%)
Some College/Training or Above	139	(47%)
Household Income‡,§		
Under 101% FPL	143	(55%)
101 – 200% FPL	75	(29%)
Above 200% FPL	29	(11%)

Unknown/Did Not Report/Missing data is not shown; percentages may not add to 100 percent. Categories with n<10 are suppressed. *AI/AN = American Indian or Alaska Native; NHPI = Native Hawaiian or Other Pacific Islander. **Some College/Training or Above = any college/training, degree/certification, or other education; HS = High school. †Public Insurance includes Medicaid/Children's Health Insurance Program; Other Insurance includes TRICARE, private, or other insurance. ‡FPL = Federal Poverty Level. §Income is collected by household, not participant.

Appendix B: Summary of Demonstration of Improvement Results by Awardee from FY 2020*

State/ Jurisdiction	Overall DOI Require-ments	Benchmark Level Demonstration of Improvement Requirements					
		I: Mater-nal and Newborn Health	II: Child Injuries, Maltreat-ment, and Reduction of ED Visits	III: School Readiness and Achieve-ment	IV: Crime or Domestic Violence	V: Family Economic Self-Suffi-ciency	VI: Coordina-tion and Referrals
Alabama	Met	Met	Met	Met	Met	Met	Met
Alaska	Met	Met	Met	Met	Not Met	Met	Met
American Samoa	Met	Met	Met	Met	Met	Met	Met
Arkansas	Met	Met	Met	Met	Not Met	Met	Met
Arizona	Met	Met	Met	Met	Met	Met	Met
California	Met	Met	Met	Met	Not Met	Met	Met
Colorado	Met	Met	Met	Met	Met	Met	Met
Connecticut	Met	Met	Met	Met	Met	Met	Met
Delaware	Met	Met	Met	Met	Met	Not Met	Met
District of Columbia	Met	Met	Met	Met	Not Met	Met	Met
Florida	Met	Met	Met	Met	Met	Met	Met
Georgia	Met	Met	Met	Met	Met	Not Met	Met
Guam	Met	Met	Met	Met	Not Met	Met	Met
Hawaii	Met	Met	Met	Met	Met	Met	Met
Idaho	Met	Met	Met	Met	Met	Met	Met
Illinois	Met	Met	Met	Met	Met	Met	Met
Indiana	Met	Met	Met	Met	Not Met	Met	Met
Iowa	Met	Met	Met	Met	Met	Met	Not Met
Kansas	Met	Met	Met	Met	Met	Met	Met
Kentucky	Met	Met	Met	Met	Met	Met	Met
Louisiana	Met	Met	Met	Met	Met	Met	Met
Maine	Met	Met	Met	Met	Not Met	Met	Met
Mariana Islands	Met	Met	Met	Met	Met	Not Met	Met
Maryland	Met	Met	Met	Met	Met	Met	Met
Massachusetts	Met	Met	Met	Met	Met	Met	Met
Michigan	Met	Met	Met	Met	Met	Met	Met
Minnesota	Met	Not Met	Met	Met	Not Met	Met	Met
Mississippi	Met	Met	Met	Met	Met	Met	Met
Missouri	Met	Met	Met	Met	Met	Met	Met
Montana	Met	Met	Met	Met	Met	Not Met	Met
Nebraska	Met	Met	Met	Met	Not Met	Met	Not Met
Nevada	Met	Met	Met	Met	Not Met	Met	Not Met
New Hampshire	Met	Met	Met	Met	Not Met	Met	Met

State/ Jurisdiction	Overall DOI Require-ments	Benchmark Level Demonstration of Improvement Requirements					
		I: Maternal and Newborn Health	II: Child Injuries, Maltreatment, and Reduction of ED Visits	III: School Readiness and Achievement	IV: Crime or Domestic Violence	V: Family Economic Self-Sufficiency	VI: Coordination and Referrals
New Jersey	Met	Met	Met	Met	Met	Not Met	Met
New Mexico	Met	Met	Met	Met	Met	Met	Met
New York	Met	Met	Met	Met	Met	Met	Met
North Carolina	Met	Met	Met	Met	Met	Met	Met
North Dakota	Met	Met	Met	Met	Met	Met	Not Met
Ohio	Met	Met	Met	Met	Met	Met	Met
Oklahoma	Met	Met	Met	Met	Not Met	Met	Met
Oregon	Met	Not Met	Met	Met	Not Met	Met	Met
Pennsylvania	Met	Met	Met	Met	Not Met	Met	Met
Puerto Rico	Met	Met	Met	Met	Met	Met	Met
Rhode Island	Met	Met	Met	Met	Met	Met	Met
South Carolina	Met	Met	Met	Met	Met	Met	Met
South Dakota	Met	Met	Met	Met	Met	Met	Met
Tennessee	Met	Met	Met	Met	Met	Met	Met
Texas	Met	Met	Met	Met	Not Met	Met	Met
Utah	Met	Met	Met	Met	Met	Met	Met
Vermont	Met	Met	Met	Met	Met	Not Met	Not Met
Virgin Islands	Met	Not Met	Met	Met	Met	Not Met	Met
Virginia	Met	Met	Met	Met	Not Met	Met	Met
Washington	Met	Met	Met	Met	Not Met	Met	Not Met
West Virginia	Met	Met	Met	Met	Met	Met	Met
Wisconsin	Met	Met	Met	Met	Met	Met	Met
Wyoming	Met	Met	Met	Met	Met	Not Met	Met

Notes:
* DOI = demonstration of improvement; ED = emergency department

Appendix C: Required Data Elements and Purpose

Required Data Element	Purpose of Data Collection	
	Measures Performance	**Statutory Requirements***
Form 1 (annually)		
Number of newly enrolled and continuing participants • Adult caregiver/pregnant participants by: o Age o Gender o Race o Ethnicity o Marital status o Educational attainment o Employment status o Housing status o Type of health insurance coverage • Index children by: o Age o Gender o Race o Ethnicity o Primary language spoken at home o Type of usual source of medical care o Type of usual source of dental care	Program reach; participant demographics	(d)(5) and (j)(3)
Number of households by: • Newly enrolled/continuing • Income • Each priority population characteristic • Status (currently receiving services, completed program, stopped services, enrolled but not receiving services, unknown/did not report)	Program reach; participant demographics; service utilization	(d)(5)
Unduplicated number of participants and households served by state home visiting programs (non-Maternal, Infant, and Early Childhood Home Visiting (MIECHV))	Program reach of non-MIECHV funds†	
Number of home visits by service modality	Service utilization	(e)(8)(A)
Number of newly enrolled and continuing households for each home visiting model/promising approach	Service utilization	(d)(3)(A)
Form 2 (annually)		
Preterm birth - percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	Systems outcome‡	(d)(1) and (d)(2)
Breastfeeding - percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	Systems outcome	(d)(1) and (d)(2)
Depression screening - percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of	Program outcome§	(d)(1) and (d)(2)

Required Data Element	Purpose of Data Collection	
	Measures Performance	Statutory Requirements*
enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)		
Well-child visit - percent of children enrolled in home visiting who received the last recommended visit as described in the Bright Futures Periodicity Schedule developed by the American Academy of Pediatrics	Program outcome	(d)(1) and (d)(2)
Postpartum care - percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Program outcome	(d)(1) and (d)(2)
Tobacco cessation referrals - Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment	Program outcome	(d)(1) and (d)(2)
Safe sleep - percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding	Program outcome	(d)(1) and (d)(2)
Child injury - rate of injury-related visits to the Emergency Department during the reporting period among children enrolled in home visiting	Systems outcome	(d)(1) and (d)(2)
Child maltreatment - percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period	Systems outcome	(d)(1) and (d)(2)
Parent-child interaction - percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	Program outcome	(d)(1) and (d)(2)
Early language and literacy activities - percent of children enrolled in home visiting with a family member who reported that during a typical week they read, told stories, and/or sang songs with their child daily	Program outcome	(d)(1) and (d)(2)
Developmental screening - percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	Program outcome	(d)(1) and (d)(2)
Behavioral concern inquiries - percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Program outcome	(d)(1) and (d)(2)
Intimate partner violence screening - percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	Program outcome	(d)(1) and (d)(2)
Primary caregiver education - percent of primary caregivers who enrolled in home visiting without a high	Systems outcome	(d)(1) and (d)(2)

Required Data Element	Purpose of Data Collection	
	Measures Performance	**Statutory Requirements***
school diploma or equivalent who subsequently enrolled in, or maintained continuous enrollment in, middle school or high school, or completed high school or equivalent during their participation in home visiting		
Continuity of insurance coverage - percent of primary caregivers enrolled in home visiting for at least 6 months who had continuous health insurance coverage for the most recent 6 consecutive months	Systems outcome	(d)(1) and (d)(2)
Completed depression referrals - percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	Systems outcome	(d)(1) and (d)(2)
Completed developmental referrals - Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	Systems outcome	(d)(1) and (d)(2)
Intimate partner violence referrals - percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information for IPV resources	Program outcome	(d)(1) and (d)(2)
Form 4 (Quarterly)		
Number of households by: • Newly enrolled/continuing • Status (currently receiving services, completed program, stopped services before completion, other)	Program capacity; service utilization	(d)(3)(C)
Maximum service capacity	Program capacity	(d)(3)(C)
Local implementing agency (LIA) names/addresses	Program capacity	(d)(3)(C)
Counties/zip codes served by each LIA	Program reach	(d)(5)(A)
Home visiting model/promising approach implemented by each LIA	Program capacity	(d)(3)(A)
Number of full-time MIECHV staff (home visitors, supervisors, other staff)	Program capacity	(d)(3)(C)

Notes:

* Collected data allow the Health Resources and Services Administration (HRSA) to monitor and enforce requirements under the specified sections of the Social Security Act, Title V, section 511.

† HRSA's intent for collecting participant information for non-MIECHV evidence-based and promising approach home visiting programs is to better document the reach of the MIECHV Program. MIECHV Program awardees use federal awards to leverage additional funding to expand their evidence-based home visiting services. Documenting the scope of those services will allow HRSA to better understand the breadth of evidence-based home visiting services available in states and jurisdictions.

‡ Measures program performance in outcomes that are more distal to the home visiting intervention or are less sensitive to change due to home visiting alone because of many factors, including confounding influences or differences in available system infrastructure at the state or community level.

§ Measures program performance in outcomes that are relatively proximal to the home visiting intervention or shown to be sensitive to home visiting alone.

DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

September 09, 2024

The Honorable Ron Wyden
Chair
Committee on Finance
United States Senate
Washington, DC 20510

Dear Chair Wyden:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Title V, section 511, of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

This report includes information and program data on each of the requirements designated in section 6101 and related program activities and initiatives from fiscal year 2022, prior to reauthorization of the program in 2023. The report discusses how these activities and initiatives align with the mission of the Maternal, Infant, and Early Childhood Home Visiting Program. In the 2024 report to Congress, the Health Resources and Services Administration will include information on new funding reservations and funds appropriated for matching grants introduced in fiscal year 2023.

I hope you find this information helpful.

Sincerely,

/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

September 09, 2024

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Dear Senator Crapo:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Title V, section 511, of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

This report includes information and program data on each of the requirements designated in section 6101 and related program activities and initiatives from fiscal year 2022, prior to reauthorization of the program in 2023. The report discusses how these activities and initiatives align with the mission of the Maternal, Infant, and Early Childhood Home Visiting Program. In the 2024 report to Congress, the Health Resources and Services Administration will include information on new funding reservations and funds appropriated for matching grants introduced in fiscal year 2023.

I hope you find this information helpful.

Sincerely,

/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

September 09, 2024

The Honorable Jason Smith
Chair
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Chair Smith:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Title V, section 511, of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

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DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

September 09, 2024

The Honorable Richard E. Neal
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Representative Neal:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Title V, section 511, of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

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Sincerely,

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Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

September 09, 2024

The Honorable Kamala D. Harris
Vice President of the United States
President of the Senate
Washington, DC 20510

Dear Madam Vice President:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Title V, section 511, of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

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/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

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DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

September 09, 2024

The Honorable Mike Johnson
Speaker of the House of Representatives
Washington, DC 20515

Dear Mr. Speaker:

I am pleased to provide you with this report on the Maternal, Infant, and Early Childhood Home Visiting Program. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Title V, section 511, of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328).

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