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BRIEF
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While often similar in design, home visiting models eligible for MIECHV and Title IV-E Prevention Services reflect the different programmatic goals of child and family wellbeing versus foster care prevention.

Fewer than a quarter (24 percent) of allowable service models are eligible for funding through both programs.

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KEY POINTS

- Several HHS programs, including the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and the Title IV-E Prevention Services Program, fund home visiting models with evidence of effectiveness for improving child safety, child permanency, child well-being, adult well-being, positive parenting practices, or other related outcomes.
- MIECHV and Title IV-E Prevention Services both aim to improve parenting and child outcomes; MIECHV addresses a wide range of child and family outcomes for a broad target population, while Title IV-E Prevention Services focus specifically on preventing foster care entry.
- Out of a combined 29 home visiting models approved across the two programs, only one-quarter (seven models, or 24 percent) are eligible for funding from both programs.
- Across both MIECHV and Title IV-E Prevention Services in FY23, Parents as Teachers was the most common model (37 MIECHV awardees, 31 Title IV-E Prevention Services jurisdictions) implemented by MIECHV awardees or included in a Title IV-E Prevention Services state plan. Other common models in FY23 were Healthy Families America (39 MIECHV awardees, 23 Title IV-E Prevention Services jurisdictions) and Nurse-Family Partnership (37 MIECHV awardees implemented, 16 Title IV-E Prevention Services jurisdictions).
- Federal programs that fund home visiting have distinct statutory requirements. As a result, states and service providers can face administrative challenges in carrying out home visiting programs supported by multiple federal funding sources.

BACKGROUND

Research shows that home visiting can be effective in improving maternal and child health, child development, family wellbeing, and in keeping children safe. [1] This brief compares U.S. Department of Health and Human Services (HHS) programs that fund home visiting models, with a primary focus on the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and the Title IV-E Prevention Services Program. **MIECHV** supports voluntary, evidence-based early childhood 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. **Title IV-E Prevention Services** provides funding for time-limited prevention services to prevent foster care entry, including in-home parent-skills based services such as home visiting models.

This brief analyzes similarities and differences across the MIECHV and Title IV-E Prevention Services programs and the models that they fund. We use the term "model" to refer to home visiting interventions, which have their own intended populations, service components, and evidence base. We define "home visiting models" as interventions that include specific home-based criteria, *and* have a research base specific to expectant parents or families with children under age 18.[i, ii] We use the term "program" to refer to federal programs that provide funding for home visiting models, which have their own statutory purposes and evidence of effectiveness criteria that inform which models they can fund.

The home visiting model analysis below focuses on intervention design, not on actual implementation or estimates of families served or program expenditures. This distinction is important because home visiting models are generally developed independently of federal funding streams. Each federal program applies its own statutory criteria to determine model *eligibility*, but they do not shape the design of the models themselves. As a result, models eligible for MIECHV or Title IV-E Prevention Services do not necessarily reflect each program's intent, statutory requirements, or implementation realities. And even though the programs themselves have key differences, the same models may meet criteria for both.

Multiple federal programs fund home visiting models, based on their distinct programmatic purposes.

Though we focus on MIECHV and Title IV-E Prevention Services, funds from other HHS programs can support home visiting models or home-based services. Although these programs do not always separately identify home visiting in publicly available funding or reporting data, they support complementary services, populations, and delivery approaches. While some federal funding streams (such as ACF's Title IV-E Prevention Services) provide flexibility so that grantees may choose to fund or reimburse evidence-based home visiting

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[i] Some federal programs that fund home visiting focus specifically on early childhood home visiting, which HHS defines as interventions in which trained home visitors meet with expectant parents or families with young children to deliver a specified set of services through a specified set of interactions. Because this brief does not specifically focus on early childhood, however, we use a broader definition. For more details on the HHS definition of early childhood home visiting, see https://homvee.acf.gov/frequently-asked-questions.

[ii] Models were classified as home visiting if they are exclusively or primarily delivered in participants' homes based on model design or studies reviewed. This included models whose recommended setting is the home and whose implementation in the supporting research occurred in the home. Models that may be delivered in the home but are not designed for primary home-based implementation were not classified as home visiting unless the research was conducted primarily in the home. In addition, models without an explicit home visiting designation were included if they incorporate frequent and regular in-home services delivered by a practitioner other than a case worker.

services to meet their specific program goals, MIECHV is the only federal funding source solely dedicated to funding comprehensive home visiting services and supporting the necessary infrastructure and accountability in states and communities to carry out quality evidence-based home visiting programs across the country.

Community-Based Child Abuse Prevention (CBCAP) grants support community-level child abuse and neglect prevention efforts, and many states and local agencies use CBCAP grants to fund or augment home visiting programs as an evidence-based strategy to strengthen families and reduce risk factors for abuse and neglect[2].

The **Early Head Start – Home Based Option** delivers comprehensive early childhood development, health, and family support through regular home visits conducted by trained staff, focusing on developmental activities, parenting support, and school readiness for families with infants and toddlers. Home-based Early Head Start can be funded by MIECHV, though it is a distinct federal model under the Head Start Act that uses structured visits to promote child and family outcomes[3].

Medicaid can finance components of home visiting (e.g., prenatal and postpartum care, care coordination, preventive services delivered in the home) when those services are covered under a state plan or waiver, and states may leverage Medicaid funding in combination with other funds to support evidence-based home visiting models. This reflects CMS guidance on designing home visiting benefit packages that align medically necessary services with home-based care.[4]

The **Social Services Block Grant** (SSBG) provides flexible funding states can use to deliver a wide array of social services to families and individuals, including personal support and in-home assistance that may be structured as home visiting to promote child and family well-being and prevent neglect or exploitation. States have discretion to fund home visiting as part of their SSBG intended use plans.[5]

The **Temporary Assistance for Needy Families** (TANF) program is a broad block grant that states can use flexibly to support services that strengthen families and prevent child welfare involvement, including voluntary home visiting programs aimed at improving parenting and family stability. Because TANF funds can be directed toward community-based family support and prevention services, some states fund evidence-based home visiting through TANF allocations.[6]

Title V Maternal and Child Health Services provide block grant funding that supports state maternal and child health programs and can fund home visiting initiatives that improve maternal and child health outcomes, build community capacity for enabling services (like home visits), and complement Medicaid and other programs. Title V's emphasis on care coordination, outreach, and enabling services positions home visiting as an allowable and strategic tool for improving family health.[7]

Other federal agencies may also fund services that are implemented in the home, although they are not necessarily evidence-based home visiting. These may include programs from the U.S. Department of Agriculture – like the Supplemental Nutrition and Assistance Program's nutrition education component, or its Special Supplemental Nutrition Program for Women, Infants, and Children – and the Department of Education's Early Intervention services under the Individuals with Disabilities Education Act (IDEA Part C). These programs provide resources for education, family support, and early intervention that can be delivered in the home or complement HHS-funded home visiting efforts, even if they are not evidence-based home visiting models described in this brief.

Though MIECHV aims to improve child and family health and wellbeing while Title IV-E Prevention Services aims to prevent foster care entry, both programs fund some of

the same evidence-based home visiting models and may serve similar populations within their statutory requirements.

MIECHV and Title IV-E Prevention Services both fund home visiting models, each following distinct statutory requirements.

MIECHV funding is authorized under section 511 of the Social Security Act, as amended by section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) and has existed since 2010. The Consolidated Appropriations Act, 2023 also extended mandatory funding for MIECHV for Fiscal Year 2023 (FY23) through FY27. MIECHV helps pregnant women and parents of young children improve health and well-being for themselves and their families by partnering trained home visitors with families to improve parenting and child outcomes.[8] By law, MIECHV grantees must demonstrate improvement for participating families in at least four of six statutorily defined benchmark areas (see text box).[9] Key components of MIECHV home visiting models, such as parent skills, safe sleep practices, intimate partner violence screening, and resource referrals, promote strategies also known to be effective for child welfare prevention.

MIECHV awards grants to 50 states, the District of Columbia, and five territories to create state-wide networks that support and carry out approved evidence-based home visiting models, discussed in more detail below. Through a needs assessment, MIECHV awardees identify and prioritize communities that are at risk for certain adverse family outcomes and include populations they intend to serve. The models that awardees allocate funds toward must have evidence showing they can improve outcomes for families. [10]

MIECHV Benchmark Areas

By law, MIECHV grantees must demonstrate improvement for eligible families participating in the program in at least four of the six benchmark areas:

1. Improved maternal and newborn health
2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits
3. Improvement in school readiness and achievement
4. Reduction in crime or domestic violence
5. Improvements in family economic self-sufficiency
6. Improvements in the coordination and referrals for other community resources and supports

Tribal MIECHV has different requirements that allow tribal grantees flexibility to tailor to their unique needs and realities.[11] For this reason, this brief focuses specifically on state and jurisdictional MIECHV.

Title IV-E Prevention Services funding is authorized under the Family First Prevention Services Act, 2018, as codified in Title IV-E Prevention Services of the Social Security Act, to enable states to prevent foster care placements.[12,13] This relatively new program funds optional time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth, if the service would enable the child to remain safely in that home.[14]

Unlike MIECHV, Title IV-E Prevention Services are an entitlement fund that jurisdictions can opt into rather than a grant program. Since FY20, any jurisdiction providing eligible prevention services through the Title IV-E program is entitled to receive federal funding equal to at least 50 percent of certain costs, including both prevention services for eligible children and allowable administrative costs. Jurisdictions planning to provide

Title IV-E prevention services must submit a five-year plan describing how the jurisdiction will assess children and their parents or kin caregivers to determine eligibility for prevention services, as well as the HHS-approved prevention services the jurisdiction will provide (see information on eligibility below).[15]

Although Title IV-E Prevention Services Prevention funding is not solely focused on home visiting like MIECHV, 19 jurisdictions (17 states, DC, and one Tribe) planned to use funds for home visiting models in FY23, making it a common type of service funded by Title IV-E Prevention Services.[16]

Figure 1: Comparing MIECHV and Title IV-E Prevention Services programmatic components

Programmatic Components	MIECHV	Title IV-E Prevention Services
Intended outcomes	Improved health and wellbeing[17]	Prevent foster care entry[18]
Program purpose	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**[19]	**Time-limited** prevention services for **mental health, substance abuse, and in-home parent skill-based** programs [20]
Populations served	Communities at risk for adverse maternal and child health outcomes, including statutorily defined priority populations (e.g., families with **low incomes**, people with a **history of substance use disorder**, families with **children who have developmental delays or disabilities**) [21, 22]	1) Any child a state determines is a **candidate[iii] for foster care**, 2) **pregnant or parenting youth in foster care**, and 3) the **parents and kin caregivers of those children** and youth, if the service would **enable the child to remain safely in that home** [ii, 23]
Funding structure	Base and matching grants to **states and jurisdictions to** create state-wide networks that carry out **HHS-approved evidence-based home visiting models**.[24 25]	Reimbursement for **states or eligible tribes providing HHS-approved evidence-based prevention services** through the Title IV-E Prevention Services program. Entitled to federal funding equal to at least **50 percent of costs** for those eligible models. [iii 26]
FY24 program expenditures	MIECHV is not an entitlement and therefore has a set budget. Because MIECHV focuses specifically on home visiting, the entire set $550,000,000[27] budget goes toward home visiting initiatives.	Title IV-E Prevention Services Prevention Services are an entitlement fund. Because Title IV-E Prevention Services Prevention Services reimburse a range of services that jurisdictions can select, only a portion of its FY24 $182,000,000[28] budget went toward home visiting and associated costs.
Duration of services	Services begin prenatally or in early infancy and can continue for multiple years, up to kindergarten entry.[29]	Title IV-E Prevention Services home visiting usually lasts 4-6 months and serves families with children in early childhood and older.

Both MIECHV and Title IV-E Prevention Services provide funds to implement models shown to improve child welfare outcomes. However, given its broader statutory purpose, MIECHV funds models that target a wider range of outcomes and populations.

Both MIECHV and Title IV-E Prevention Services aim to serve children at risk of negative child welfare outcomes. Title IV-E Prevention Services focus on children who are candidates for foster care, pregnant or

[iii] The law defines a candidate for foster care as a child "at imminent risk" of entering foster care. The child can remain safely in their home or kinship placement as long as the Title IV-E Prevention Services necessary to prevent the entry of the child into foster care are provided. States have the flexibility to define and operationalize this within the scope and goals of their plans.

parenting youth in foster care, and the parents and kin caregivers of these children and youth in their service population.[30] While this is the primary intended population for Title IV-E Prevention Services, it comprises only one segment of the broader populations served by MIECHV. With respect to age, Title IV-E Prevention Services can serve older children and youth whereas services under MIECHV can begin prenatally or in early infancy and continue only up to kindergarten entry. As described in Figure 1, MIECHV priority populations include families with a history of child abuse and neglect (18 percent of families served in FY23), families with low incomes (92 percent of families served in FY23), and other populations at risk for adverse child outcomes.[31] Thus, despite the differences in program emphasis, it is possible for MIECHV to serve similar families as Title IV-E Prevention Services.

Of families MIECHV served in FY 2023, **18 percent** had a history of child abuse and neglect. Although MIECHV has a wider intended population as directed by statute, there is clear intersection with the families Title IV-E Prevention Services intends to serve.

The intended outcomes of MIECHV and Title IV-E Prevention Services overlap only in part. Of MIECHV's six benchmark areas (Figure 2), one directly aligns with foster care prevention: "prevention of child injuries, abuse, neglect, and maltreatment, and reduced emergency room visits." The others address related but broader outcomes, such as crime and domestic violence reduction, maternal and newborn health, economic self-sufficiency, and service coordination.[32]

Figure 2: MIECHV performance measurement includes 19 measures across six benchmark areas

MIECHV Performance Measurement
Improvements in maternal and newborn health 1. Preterm birth 2. Breastfeeding 3. Depression screening 4. Well child visit 5. Postpartum care 6. Tobacco cessation referrals Substance use screening (optional measure)
Prevention of child injuries; child abuse, neglect, or maltreatment; and reductions of emergency room visits 7. Safe sleep 8. Child injury 9. Child maltreatment
Improvements in school readiness and achievement 10. Parent-child interaction 11. Early language and literacy activities 12. Developmental screening 13. Behavioral concern inquiries
Reductions in crime or domestic violence 14. Intimate partner violence screening
Improvements in family economic self-sufficiency 15. Primary caregiver education 16. Continuity of insurance coverage
Improvements in coordination and referrals for other community resources and supports 17. Completed depression referrals 18. Completed developmental referrals 19. Intimate partner violence referrals Completed substance use referrals (optional measure)

Both MIECHV and Title IV-E Prevention Services require evidence of effectiveness, while applying distinct criteria and outcomes – based on statutory requirements – to determine allowable home visiting models.

Some home visiting models are eligible for both MIECHV and Title IV-E Prevention, but each program applies different standards specific to their programmatic purposes and statutory requirements. These differences mean that an evidence-based model may qualify under one program but not the other.

MIECHV relies on the Home Visting Evidence of Effectiveness (HomVEE) assessment of the evidence of effectiveness for early childhood home visiting models to determine evidence-based models.

HomVEE reviews existing research about early childhood home visiting models to assess the strength of evidence for model effectiveness. The review determines which models are supported by evidence that meets HHS' criteria for effective early childhood home visiting service delivery, but it does not determine which models are eligible to be implemented using MIECHV funds.[33] To be considered evidence-based by HomVEE, models must be supported by evidence that meet the criteria as described in Figure 3.

MIECHV awardees use most of their funds to implement early childhood home visiting models that meet these criteria, but they can also use up to 25 percent on promising approaches. To be eligible to receive MIECHV funds, models must also meet additional statutory and program requirements. This means that some models meet HHS' evidence criteria but are not eligible for MIECHV.

Figure 3: HomVEE Rating Criteria

	Impact criteria	Additional criteria
Evidence-based models must meet the following:	• **At least one high- or moderate-rated** impact study of the model finds favorable (statistically significant) impacts in two or more of the eight outcome domains (see text box on p. 3);[iv] or • **At least two high- or moderate-rated** impact studies of the model (using non-overlapping analytic study samples) find one or more favorable (statistically significant) impacts in the same domain. In both cases, the impacts must either (1) **be found in the full sample** or (2) if found for subgroups but not for the full sample, **be replicated in the same domain in two or more studies** using non-overlapping analytic study samples.	Following the statute, if the model meets the criteria to the left based on findings from randomized controlled trial(s) only, then two additional requirements apply. First, one or more favorable (statistically significant) impacts must be sustained for at least one year after program enrollment. Second, one or more favorable (statistically significant) impacts must be reported in a peer-reviewed journal. These criteria are consistent with the MIECHV statutory requirements under 42 U.S.C. 711(d)(3)(A)(i)(I). [34]

[iv] Outcomes include 1) child development and school readiness, 2) child health, 3) family economic self-sufficiency, 4) linkages and referrals, 5) maternal health, 6) positive parenting practices, 7) reductions in child maltreatment, or 8) reductions in juvenile delinquency, family violence, and crime. See https://homvee.acf.gov/outcomes.

The Title IV-E Prevention Services Clearinghouse determines model eligibility for Title IV-E Prevention Services.

The Title IV-E Prevention Services Clearinghouse (hereafter, the Clearinghouse) systematically reviews research on programs and services intended to prevent foster care placements.[4] Reviewers assess eligible studies and assign one of four ratings to each program or service: 1) well-supported, 2) supported, 3) promising, or 4) does not currently meet criteria. The relevant criteria for well-supported, supported, or promising ratings are described below in Figure 4, and all three ratings also include a standard that there is no likely risk of harm that exceeds the benefits.[iv] For more information, see the Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures Version 2.0.

Figure 4: Title IV-E Prevention Services Clearinghouse Rating Criteria

Models	Number of Studies with Favorable Effects	Length of Sustain Effects	Usual Care or Practice where Services are Provided
Well-supported	At least 2 eligible RCT or QED studies each with 1 or more favorable effects from contrasts with a design and execution rating of high or moderate.	At least 1 sustained favorable effect occurs 12+ months after the end of treatment.	Required
Supported	At least 1 eligible RCT or QED study has 1 or more favorable effects from contrasts with a design and execution rating of high or moderate.	At least 1 sustained favorable effect occurs 6+ months after the end of treatment.	Required
Promising	At least 1 eligible study, using some form of control, has 1 or more favorable effects from contrasts with a design and execution rating of high or moderate.	N/A	Not required

In-home parent skill-based programs and services – one of four areas eligible for Clearinghouse review – involve direct intervention with a parent or caregiver and target parenting skills or other skills that can be applied wherever the child resides. Service delivery can occur in the home or in other settings that provide skills applicable in the home. Therefore, not all in-home models reviewed by the Clearinghouse meet this brief's definition of home visiting, because they may not have a specific and required home-based element.

Only a quarter (23 percent) of home visiting models are eligible for both MIECHV and Title IV-E Prevention Services. More home visiting models are currently eligible for MIECHV (23 total) than for Title IV-E Prevention Services (13 total).

To select models for analysis, we identified the universe of models meeting criteria for either the HomVEE or the Clearinghouse evidence reviews as of FY23.[v] Applying our inclusion criteria described in Figure 5 narrows our analysis to a total of 29 models, 23 eligible for MIECHV, 13 eligible for Title IV-E Prevention Services, and

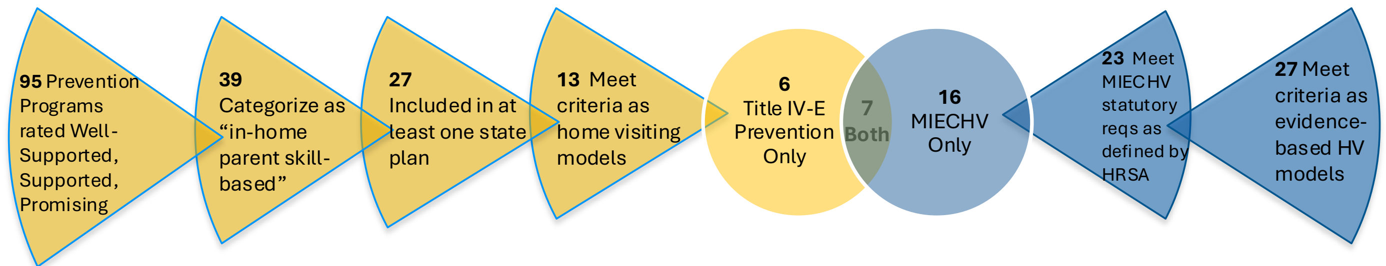
[v] FY23 is the most recent year with MIECHV data on program implementation (described in a Report to Congress) *and* publicly available state plans for Title IV-E Prevention Services.

seven eligible under both programs. Our analysis represents a snapshot in time.[vi] We provide a descriptive analysis not intended to imply causal relationships.

Figure 5: Home visiting models analyzed met the following criteria in FY23

	MIECHV	Title IV-E Prevention Services
Inclusion criteria	• Model meets HomVEE **evidence of effectiveness** criteria (27 models), *and* • Meets all **other statutory eligibility requirements** for MIECHV (23 models).	• Model meets Title IV-E Prevention Services' **evidence of effectiveness** criteria (97 models), • Is included in at least one FY23 Title IV-E Prevention Services **state plan** (27 models), *and* • Fits our **definition of a home visiting** model (13 models). [vii]
Caveats	Analysis likely ***undercounts*** models implemented: It does not reflect promising approaches that awardees can implement.	Analysis likely ***overcounts*** models implemented: It reflects all intended models in state plans, not just those for which states eventually claim reimbursement.

Figure 6: Analysis includes 30 home visiting models across MIECHV and Title IV-E Prevention Services.



Across both MIECHV and Title IV-E Prevention Services in FY23, **Parents as Teachers** was the most common model (37 MIECHV awardees, 31 Title IV-E Prevention Services jurisdictions). Other common models in FY23 were **Healthy Families America** (39 MIECHV awardees, 23 Title IV-E Prevention Services jurisdictions) and **Nurse-Family Partnership** (37 MIECHV awardees implemented, 16 Title IV-E Prevention Services jurisdictions).

[vi] Awardees and jurisdictions may change which models they implement over time and the models used in FY23 may not reflect those currently being implemented. In particular, Title IV-E Prevention Services model implementation may be evolving rapidly. Jurisdictions can claim reimbursement up to two years after providing services, and an increasing number of states are establishing state plans so that they can claim reimbursement for relevant services.

[vii] We define **home visiting models** as interventions which include specific home-based criteria, *and* with a research base specific to expectant parents or families with children under age 18. This is more narrow than the Clearinghouse definition of models that are **in-home parent skills based**, defined as follows: Eligible parent skill-based programs and services include those that are psychological, educational, or behavioral interventions or treatments, broadly defined, that involve direct intervention with a parent or caregiver and target parenting skills or other skills that can be applied to where the child resides, including in the home. Skill-based means that programs or services must include components targeting parenting skills or other skills that contribute to parental protective capacity and children's safety and well-being. Direct intervention contact means that intervention services are provided directly to the parent(s) or caregiver(s). Programs and services may be delivered in the home or in other settings, and contact may be face-to-face, over the telephone or video, or online.

Among models only eligible for Title IV-E Prevention Services, **Home Builders Intensive Family Preservation and Reunification Services** was most frequently included in state plans (20). Among models only eligible for MIECHV, the **Early Head Start – Home Based Option** is most common, implemented by nine awardees in FY23.

Figure 7: Early Childhood Home Visiting Models by Program Eligibility*

Models eligible for MIECHV (and not eligible for or not included in a Title IV-E Prevention Services State Plan)	**Number of awardees/jurisdictions in FY23**
1. Attachment and Biobehavioral Catch-Up (ABC) – Infant	0 MIECHV awardees
2. Early Head Start – Home-Based Option	9 MIECHV awardees
3. Early Intervention Program for Adolescent Mothers	0 MIECHV awardees
4. Early Start (New Zealand)	0 MIECHV awardees
5. Family Connects	0 MIECHV awardees
6. Health Access Nurturing Development Services (HANDS) Program	1 MIECHV awardees
7. Healthy Beginnings	0 MIECHV awardees
8. Home Instruction for Parents of Preschool Youngsters (HIPPY)	5 MIECHV awardees
9. Intervention Nurses Start Infants Growing on Healthy Trajectories (INSIGHT)	0 MIECHV awardees
10. Maternal Early Childhood Sustained Home-Visiting	3 MIECHV awardees
11. Maternal Infant Health Outreach Worker (MIHOW)	0 MIECHV awardees
12. Maternal Infant Health Program	0 MIECHV awardees
13. Play and Learning Strategies (PALS) Infant	0 MIECHV awardees
14. Promoting First Relationships - Home Visiting Intervention Model	1 MIECHV awardees
15. Video Feedback Intervention to Promote Positive Parenting (VIPP)	0 MIECHV awardees
16. Video Feedback Intervention to Promote Positive Parenting – Sensitive Discipline (VIPP-SD)	0 MIECHV awardees
Models only eligible for Title IV-E Prevention Services and included in a state plan (and not eligible for MIECHV)	**Number of awardees/jurisdictions in FY23**
1. Familias Unidas	3 Title IV-E Prevention Services state plans
2. Families First (Utah Youth Village Model)	1 Title IV-E Prevention Services state plan
3. Family Centered Treatment	3 Title IV-E Prevention Services state plans
4. Homebuilders Intensive Family Preservation and Reunification Services	20Title IV-E Prevention Services state plan
5. Intercept	9 Title IV-E Prevention Services plans
6. Sobriety Treatment and Recovery Teams (START)	4 Title IV-E Prevention Services state plans
Models eligible for both MIECHV and Title IV-E Prevention Services	**Number of awardees/jurisdictions in FY23**
1. Child First	2 MIECHV awardees 2 Title IV-E Prevention Services state plans
2. Family Check-Up	1 MIECHV awardee 7 Title IV-E Prevention Services state plans
3. Family Spirit	1 MIECHV awardee

	1 Title IV-E Prevention Services state plan
4. Healthy Families America	39 MIECHV awardees 23 Title IV-E Prevention Services state plans
5. Nurse-Family Partnership	37 MIECHV awardees 16 Title IV-E Prevention Services state plans
6. Parents as Teachers	37 MIECHV awardees 31 Title IV-E Prevention Services state plans
7. SafeCare[viii]	5 MIECHV awardees 7 Title IV-E Prevention Services state plans

*Note, we exclude models that may be eligible for Title IV-E Prevention Services if they are not currently included in a state plan.

Models eligible for MIECHV and Title IV-E Prevention Services share similar child welfare evidence bases, intended populations, duration of services, and services provided, though each model has its own core components and defined outcomes it aims to achieve. Models differ in terms of visit frequency and type of provider.

This brief compares the 29 identified home visiting models across their child welfare evidence base, intended populations, services provided, visit frequency, duration of services, and service providers. Across these categories, comparisons reflect how the models are *designed*. This does not necessarily reflect how awardees or jurisdictions *implement* the models in practice. For example, a given model may be designed to serve a wide range of populations such as families with low incomes, families where a child has developmental delays or disabilities, and families with a child experiencing mental health and/or behavioral problems. In practice, a given awardee or jurisdiction may primarily use that model to serve only one of those populations.

Comparisons rely primarily on information from the HomVEE and Title IV-E Prevention Services Clearinghouse. When needed to address information gaps, we reviewed other sources such as the model websites, the California Evidence-Based Clearinghouse, and literature evaluating the models.

We gathered information on the following categories[ix]:

- Intended population (e.g., children experiencing or at risk of child abuse or neglect, families with low incomes)
- Intended ages
- Services provided (e.g., services focused on parenting skills; child skills; health education)
- Home visit frequency (e.g., weekly, monthly) and whether it changed over time
- Home visit session length (e.g., 60 minutes, 90 minutes)

[viii] For purposes of this brief, we treat SafeCare and SafeCare Augmented as one model. According to HomVEE, as of 2025 SafeCare satisfies the HHS criteria for an evidence-based home visiting model by relying on findings from an enhanced version of SafeCare called SafeCare Augmented. SafeCare Augmented does not make significant changes to the core components of SafeCare, and we therefore treat both as one model. However, the Title IV-E Prevention Services Prevention Services Clearinghouse treats SafeCare as a supported model, whereas SafeCare Augmented does not meet criteria for eligibility.

[ix] When gathering information, we used existing categories described by the HomVEE or Title IV-E Prevention Services Clearinghouse where possible. In some instances, we refined the categories we collected if they did not necessarily report information in the same way – which is expected, since they each serve different purposes.

- Duration of services (e.g., total number of visits, months/years recommended for the model)
- Outcomes of interest to this brief, including whether the model had evidence that assessed those outcomes, and if so, whether those outcomes were favorable (including child safety and/or permanency, juvenile delinquency, child well-being, and family well-being)
- Provider type, if required or mentioned as an example (e.g., social worker, child protective services worker, nurse, mental health professional)
- Type of agency that implements the model (e.g., child welfare agency, public health agency)

Favorable child welfare outcomes include:

- *Reductions in child maltreatment*
- *Increase in child safety* (e.g., positive findings related to child welfare administrative reports, maltreatment risk assessments, and medical indicators of maltreatment risk)
- *Increase in child permanency* (e.g., positive findings related to out-of-home placements, planned permanent exits, least restrictive placement)

Child welfare evidence base: A greater share of models eligible for Title IV-E Prevention services—regardless of implementation status—have demonstrated evidence of favorable child welfare outcomes (10 of 12 eligible models versus seven of 23), reflecting alignment with program goals.

To determine which models have evidence of favorable child welfare outcomes, we analyzed the reported outcomes in studies reviewed by HomVEE and the Title IV-E Prevention Services Prevention Services Clearinghouse. Outcomes are based on studies of the eligible models themselves, *and do not* reflect programmatic outcomes for MIECHV or Title IV-E Prevention Services or which programs are implemented. Further, not all studies that HomVEE and the Clearinghouse review include measures of child safety outcomes, in part because not all models reviewed were designed specifically for child welfare populations.

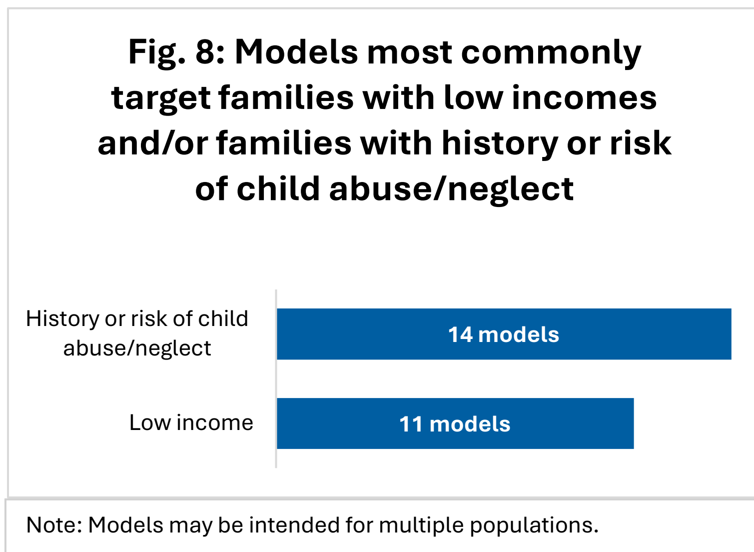
Studies for twelve of the 29 home visiting models measured and reported favorable child safety and/or child permanency outcomes. Of these models, seven are eligible for MIECHV, and ten are eligible for Title IV-E Prevention Services.

All 29 models have evidence supporting favorable outcomes on at least one or more outcome domains, as required for MIECHV or Title IV-E Prevention Services eligibility. Both HomVEE and the Clearinghouse consider a range of potential outcomes, including child and adult wellbeing outcomes like child health, family economic self-sufficiency, and positive parenting behaviors that may intersect with child welfare.

Intended Populations: Both MIECHV and Title IV-E Prevention Services are designed to serve similar populations, including families with low incomes or families with a history or risk of child abuse/neglect. Both programs use models that serve children across a variety of ages, although Title IV-E Prevention Services models routinely serve older children who are not included in MIECHV's early childhood focus.

Home visiting models are typically designed to be appropriate for serving multiple populations, allowing sites to tailor implementation to their intended population. MIECHV and Title IV-E Prevention Services both have distinct statutorily designated populations with some overlap – MIECHV serves a wider population than Title IV-

E Prevention Services. Nonetheless, models they fund may be intended for similar populations. The most commonly intended populations are families experiencing or at risk of child abuse and neglect (13 models) and families with low incomes (11 models) (Figure 8).



Note: Models may be intended for multiple populations.

Models may be designed for a wide variety of populations, such as families with pregnant mothers under 21 (nine models), families experiencing mental and/or behavioral health challenges – excluding substance use, which we captured separately (seven models), and families with a child experiencing developmental delays and/or disabilities (seven models). Other intended populations were less common, but include single parent families, parents experiencing intimate partner violence, and families considered "at risk" by the model.

23 models are intended for **infants** (19 MIECHV models, 10 Title IV-E Prevention Services)

25 models are intended for **toddlers** (21 MIECHV, 11 Title IV-E Prevention Services)

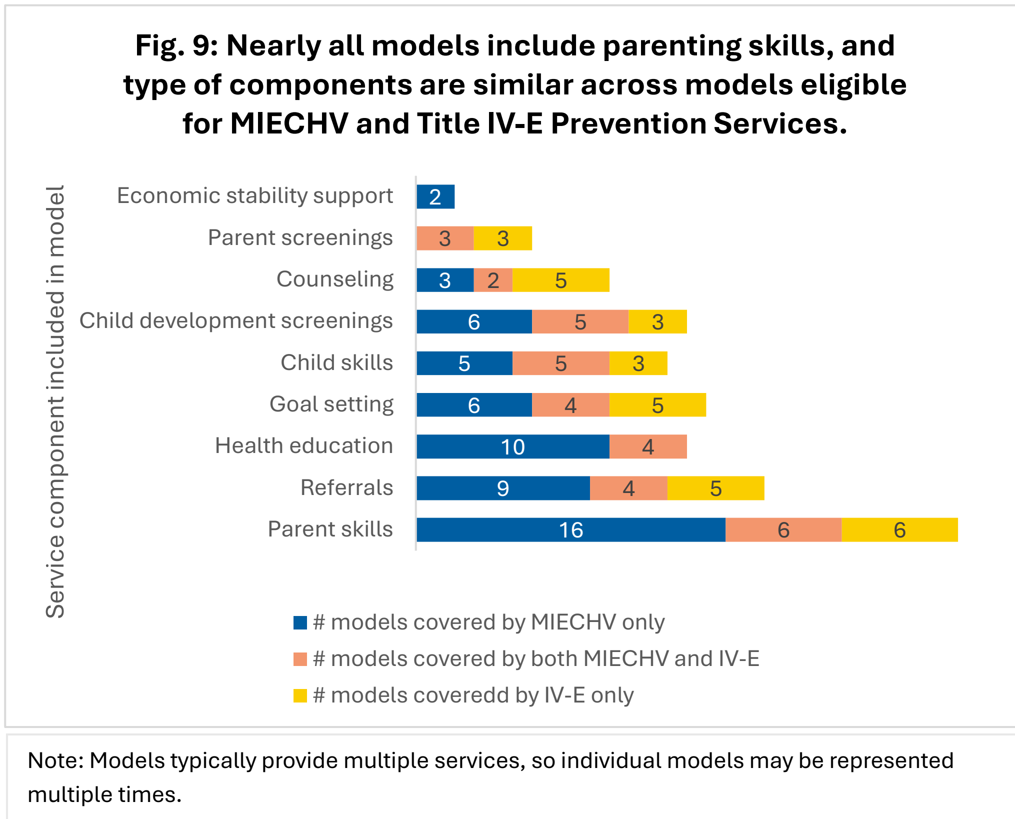
Many models we reviewed are designed to serve children at a range of developmental stages. Infants (23 models), toddlers (25 models), and preschool age (15 models) are the most commonly intended ages. Six models eligible for Title IV-E Prevention Services also serve *adolescents*, reflecting its inclusion of models that may prevent foster care entry, but are not specific to early childhood. Although one model eligible for MIECHV is designed to serve families with children up to age 18, the program only allows awardees to use funds to serve families up to kindergarten entry. The intended service populations of the model are reflected in actual service numbers: 96 percent of children served by MIECHV are prenatal to age four, and the remaining four percent of children served are ages five to six. [35]

Services provided: Nearly all models (28 of 29) across MIECHV and Title IV-E Prevention Services focus on parenting skills.

Most models – 28 of the 29 across both MIECHV and Title IV-E Prevention Services – focus on providing parenting skills coaching and support (Figure 6). Models eligible for both programs also provide a wide array of other services, including

MIECHV and Title IV-E Prevention Services models provide a similar array of service components. Nearly all models include **parenting skills**.

referrals to other programs (18 total models), family goal setting (15 total models), and health education, child development screenings and/or child skills (14 total models).[x]



Note: Models typically provide multiple services, so individual models may be represented multiple times.

Frequency: Models eligible for Title IV-E Prevention Services typically offer home visits at least biweekly, while those eligible for MIECHV vary. Weekly visits are the most common frequency across both programs (12 models).

Weekly visits are the most common starting frequency among the reviewed home visiting models (12 out of 29). However, frequency varies greatly depending on specifics of each model. MIECHV-eligible models range from weekly visits to two or more times per week.[xi] Title IV-E Prevention Services-eligible models tend to provide services more frequently, ranging from biweekly to two or more times per week. Among models with a consistent visit schedule, none

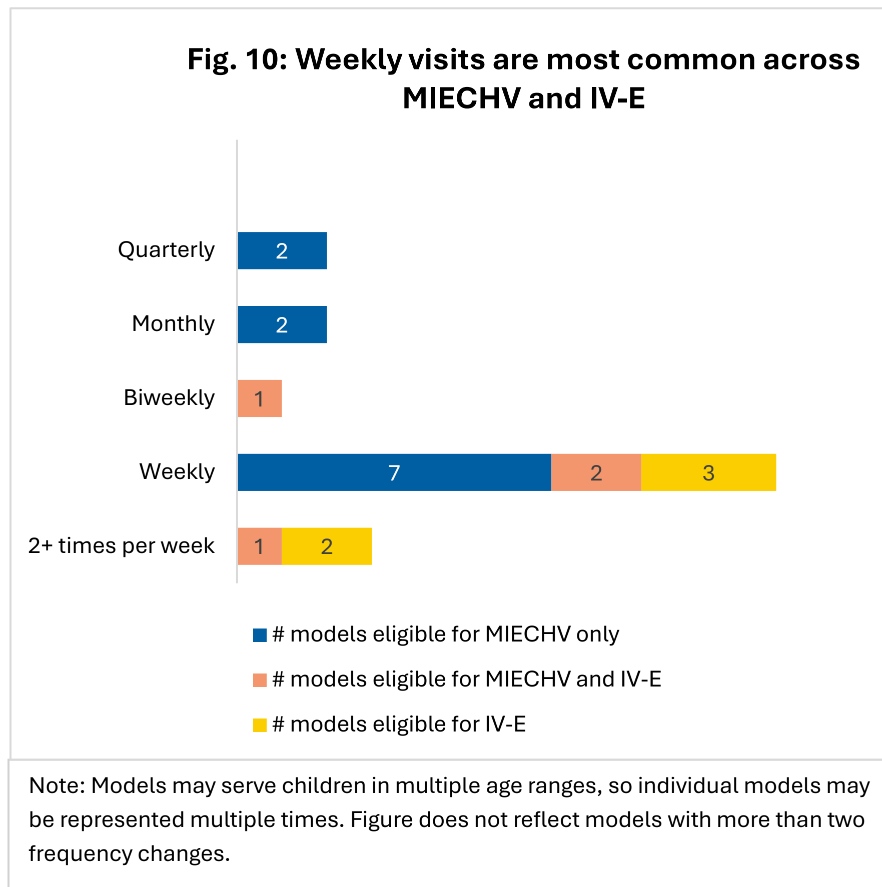
12 models start with weekly visits, which is the most common visit frequency across both MIECHV and Title IV-E Prevention Services models.

[x] These child screenings do not reflect child safety screenings, which are included in some models. Regardless of model design, state laws define who is considered a mandated reporter, and therefore we do not reflect child safety screenings in our analysis.

[xi] Updated statutory requirements for MIECHV under the Consolidated Appropriations Act, 2023 (P.L. 117-328) require models to be targeted and intensive, affecting model eligibility. One model reflected under HomVEE as evidence-based in FY23 technically only required a single visit (with the option for additional visits). Since this model does not meet the standards for “targeted and intensive,” we have excluded it from Figure 10.

eligible for Title IV-E Prevention Services begin less frequently than biweekly.

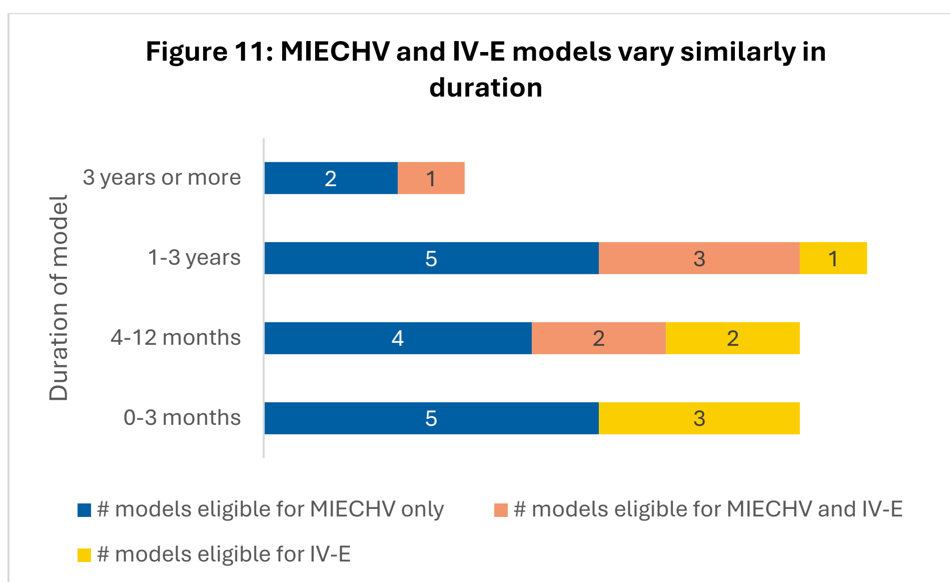
Many models decrease in frequency over time, reflecting model design, family needs, or whether the client/family is meeting model goals. Six of the models have extremely varied frequencies that change over time and are therefore not reflected in Figure 10. For example, one begins with two prenatal visits, followed by postnatal visits at one, four, and six weeks old, then shifts to monthly visits between two and 12 months old.



Note: Models may serve children in multiple age ranges, so individual models may be represented multiple times. Figure does not reflect models with more than two frequency changes.

Duration: Models eligible for MIECHV and Title IV-E Prevention Services both vary in duration.

Models eligible for both programs have widely varied duration. Eight models provide services for up to three months (five eligible for MIECHV, and three for Title IV-E Prevention Services). Eight last between four and 12 months (six eligible for MIECHV, and four for Title IV-E Prevention Services). Nine models last between one and three years (eight eligible for MIECHV, and four for Title IV-E Prevention Services). Only three models are designed to provide services for three years or more (three eligible for MIECHV, and one for Title IV-E Prevention Services).



Service providers: Eligible models under both programs rely on a range of provider types, but health professionals are more common in MIECHV-eligible models.

Many MIECHV models list health professionals as providers.

For example, **10 MIECHV models** explicitly mention **nurses** compared to **one Title IV-E Prevention Services model**.

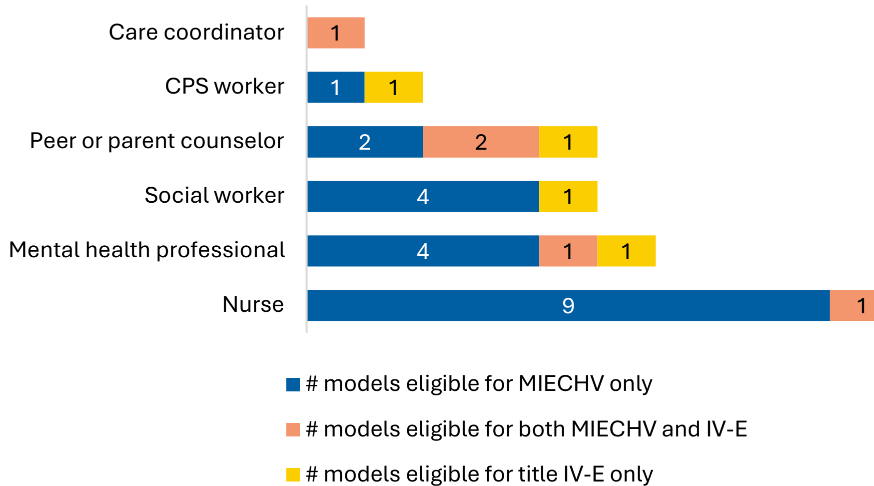
Many of the models reviewed do not require a particular type of service provider, merely listing examples of provider options or specifying training, educational, or years of service requirements. Models eligible for both programs are designed for a wide range of health and human services professionals to deliver. However, nurses, mental health professionals, and social workers are particularly common providers for models only eligible for MIECHV. Figure 12 reflects both examples and required providers.

Social service providers and public health agencies are the most common types of implementing agencies that provide home visiting services. Child welfare agencies are also common, particularly for Title IV-E Prevention Services models. By law, MIECHV funding goes to eligible state entities, and most states then contract with local service providers who implement the model(s).

Models are commonly designed to receive referrals from a wide array of sources, such as health care providers, child welfare agencies, courts, public health agencies, educational providers, and more. Many also allow self-referrals.

Because all models reviewed are home visiting, they provide at least a portion of required services in the home. However, some may have the option for other visit locations as needed (e.g., emergency shelters, clinical settings, or school/childcare settings).

Fig. 12: MIECHV models are frequently staffed by health professionals



Note: Models typically provide multiple services, so individual models may be represented multiple times.

The federal programs that fund home visiting have distinct statutory requirements, which can pose administrative challenges for states and service providers to navigate.

The distinct statutory program requirements for federal programs that support evidence-based home visiting present challenges to states and service providers seeking to braid these funding streams to support home visiting. The Association of State and Tribal Home Visiting Initiatives (ASTHVI) notes that the nature of home visiting services requires a different approach between the payor agency and service provider than what is typical for child welfare services. Home visitors typically tailor a bundle of services they provide to each family, within an evidence-based curriculum. Child welfare providers typically take more of a menu-based approach, with a unit rate for each particular service purchased. [36]

As ASTHVI explains, child welfare services payments function similarly to Medicaid payments for discrete services that children receive in the sense that Medicaid payments are not necessarily expected to cover the entire salary of a doctor, nurse, or entire pediatric practice. However, home visiting payments typically cover both direct and indirect costs of family

ASTHVI highlights the complexity that states face when providing home visiting services:

- “Nebraska initially braided TANF funds with funds from its Division of Children and Family Services (CFS), the child welfare administrative agency. The state also braided Family First funding into MIECHV sub-awards [which] required CFS to create a unit rate for home visiting services, which proved to be **too complicated logistically**, prompting the agencies to move to a contracts-only format.”
- “In Michigan, even with the help of a consulting firm paid for with state general funds, it took **more than a year to develop a solution** that could accommodate the needs of home visiting and child welfare and all the funding streams that would be braided together to extend preventive services to eligible families.”

"slots," or the cost of a home visitors' caseload. This is further complicated when state agencies seek to braid funds from multiple federal programs, which flow between state agencies via sub-awards or contracts.

ASTHVI also finds that states have difficulty standing up Family First-funded home visiting services without support from state general revenue and other federal funding streams such as MIECHV, TANF, and, in a few states, Medicaid. Some states also face challenges negotiating across state agencies because multiple federal funding sources are designated as a payor of last resort.[37] Further, when states stand up home visiting programs intending to use Title IV-E Prevention Services, efforts are not always coordinated or aligned with MIECHV state awardees which can lead to inefficiencies and lack of coordination of services.

CONCLUSION

MIECHV and Title IV-E Prevention Services, along with several other federal programs, fund home visiting models. Across both MIECHV and Title IV-E Prevention Services, many home visiting models aim to strengthen parenting capacity; prevent child maltreatment and neglect; improve child safety, permanency, and well-being; and support family stability through early intervention.

Model eligibility criteria for both MIECHV and Title IV-E Prevention Services are driven by their **distinct statutory authorities and purposes**. Both require evidence of effectiveness, though each provides different types of flexibility – MIECHV allows awardees to use up to 25 percent of funds on promising approaches whereas Title IV-E Prevention Services rate promising approaches as meeting evidence standards. All models eligible for either programs have favorable outcomes on one or more domains required by MIECHV or Title IV-E Prevention Services. Given its statutory purpose, Title IV-E Prevention Services programs are more likely to have evidence specific to child welfare and report more favorable outcomes on those measures.

Despite the distinct purposes of MIEHCV and Title IV-E Prevention Services, **nearly a quarter of home visiting models** (seven of 30) models are currently eligible for both programs. Across both MIECHV and Title IV-E Prevention Services, Healthy Families America, Parents as Teachers, and Nurse-Family Partnership are the most frequently implemented models. MIECHV- and Title IV-E Prevention Services-eligible models share many similarities across their **intended populations**, **array of services** including parenting skills development, and **varied durations**.

Key differences between models eligible for MIECHV compared to Title IV-E Prevention Services are model **frequency** (with Title IV-E Prevention Services models tending toward more frequent visits) and type of **service provider** (with MIECHV models more frequently staffed by health professionals).

The differing rules and payment models that govern MIECHV and Title IV-E Prevention Services contribute to **administrative burden** and **financing challenges** for states seeking to expand or sustain home visiting. Without greater alignment or flexibility across federal funding streams, states often rely on MIECHV funds and additional general revenue to support the true cost structure of home visiting services.

Future research and policy efforts could focus on **greater coordination**, how providers **braid home visiting funds** from multiple programs (including those beyond MIECHV and Title IV-E Prevention Services), and ensuring that **data reporting** enables decisionmakers to understand the impact of services across federal programs and home visiting models. There is an opportunity to proactively reduce barriers to states' adoption to Title IV-E Prevention Services home visiting by issuing model preprint plan amendment language. Additional research could also examine how different home visiting models perform across child welfare and public health

contexts, including which models best serve families with overlapping needs while maintaining fidelity and effectiveness.

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APPENDIX: MODELS REVIEWED

*Denotes programs that were reviewed by HomVEE but deemed not eligible for MIECHV.

Models	Description	Funding Program
	Home Visiting Models	
Attachment and Biobehavioral Catch-Up (ABC) – Infant	Designed to help caregivers of children ages 6–24 months who have experienced early adversity. It promotes responsive caregiving to help infants develop secure, organized attachments and self-regulation capabilities. ABC-I is provided by skilled clinicians, called parent coaches. Coaching sessions include in-the-moment and video feedback to foster the caregiver's abilities to follow the infant's lead, respond to infant's distress in nurturing ways, and recognize and reduce frightening behaviors.	MIECHV
Child First	Home-based intervention that promotes healthy child and family development through psychotherapy and care coordination. It is provided by a clinical team that includes a mental health clinician and a care coordinator. It includes comprehensive assessments in the home, along with other program components.	MIECHV Title IV-E Prevention Services
Early Head Start – Home-Based Option	Serves income-eligible pregnant women and families with children younger than age 3, providing child development and family support services. It includes a minimum of weekly 90-minute home visits and two group socialization activities per month for parents and their children until the child's third birthday. Home-based Early Head Start can be funded by MIECHV, though it is a distinct federal model under the Head Start Act that uses structured visits to promote child and family outcomes[38].	MIECHV
Early Intervention Program for Adolescent Mothers	Designed to help young mothers gain social competence and achieve model objectives by teaching self-management skills, techniques for coping with stress and depression, and skills to communicate effectively with partners, family, peers, and social agencies. Includes home visits from public health nurses from mid-pregnancy through the child's first year of life.	MIECHV
Early Start (New Zealand)	Designed to improve child health, reduce child abuse, improve parenting skills, support parental physical and mental health, encourage family economic well-being, and encourage stable, positive partner relationships. Home visitors deliver services at varying levels of intensity depending on the family's needs.	MIECHV
Familias Unidas	Family-centered intervention that aims to prevent substance use and risky sexual behavior among Hispanic adolescents. aims to empower parents by increasing their support network, teaching them about protective and risk factors, improving parenting skills, enhancing parent-adolescent communication, and facilitating parental involvement and investment in adolescents' lives. Includes family visits in the home.	Title IV-E Prevention Services
Families First (Utah Youth Village Model)	Designed to help families with youth birth to age 17 build on family strengths and improve family functioning. Families First specialists help strengthen parents' confidence in their parenting and communication skills using positive reinforcement, modeling, and role-playing. Delivered in the home.	Title IV-E Prevention Services
Family Centered Treatment	Home-based trauma treatment designed for families at-risk of dissolution or in need of reunification, as well as youth who move between the child welfare, behavioral health, and juvenile justice systems. Practitioners aim to help families identify their core emotional issues, identify functions of behaviors in a family systems context, change the emotional tone and behavioral interaction patterns among family members, and develop secure relationships	Title IV-E Prevention Services

	by strengthening attachment bonds. Includes sessions in the home and access to 24/7 on-call support.	
Family Check-Up	Brief, strengths-based intervention for families with children ages 2 through 17. Aims to improve parenting skills and family management practices, with the goals of improving a range of emotional, behavioral and academic child outcomes. Includes family assessment and follow up services.	MIECHV Title IV-E Prevention Services
Family Connects	Universal nurse home visiting model available to all families with newborns residing within a defined service area. Aims to help families enhance maternal and child health and well-being and reduce rates of child abuse and neglect. Consists of one nurse home visit within three weeks of birth and follow-up contacts to confirm families' successful linkages with community resources.	MIECHV
Family Spirit	Culturally-tailored home visiting program designed for young American Indian mothers (ages 14-24) who enroll during the second trimester of pregnancy. Aims to address intergenerational behavioral health problems and promote positive behavioral and emotional outcomes among mothers and children. Community health paraprofessional home visitors deliver program lessons to participating mothers.	MIECHV Title IV-E Prevention Services
Health Access Nurturing Development Services (HANDS) Program	Designed to improve pregnancy and birth outcomes; maximize children's growth and development; create healthy, safe homes; and promote self-sufficient families. Serves expectant and new parents facing multiple challenges and stressors and who enroll during pregnancy or any time before a child is 90 days old. A trained home visitor conducts prenatal and postnatal home visits focused on strengthening families by building parenting skills, fostering secure parent-child attachment, and facilitating family goal setting.	MIECHV
Healthy Beginnings	Serves first-time mothers of infants from socially and economically disadvantaged areas in Sydney, Australia. Aims to prevent childhood obesity by improving children's and families' eating patterns, reducing sedentary activities such as television viewing, and increasing physical activity. Nurse home visitors address relevant topics and offer referrals as needed.	MIECHV
Healthy Families America	Home visiting program for new and expectant families with children at-risk for maltreatment or adverse childhood experiences. Goals are to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. Most families are offered services for a minimum of three years, and receive weekly home visits at the start.	MIECHV Title IV-E Prevention Services
Home Instruction for Parents of Preschool Youngsters (HIPPY)	Aims to support parents and caregivers as their children's first teacher. Designed for parents who want to gain confidence in their ability to teach their children and prepare them for success. Offers weekly, hour-long home visits for 30 weeks per year and two-hour group meetings at least six times per year.	MIECHV
Homebuilders Intensive Family Preservation and Reunification Services*	Provides intensive, in-home counseling, skill building and support services for families who have children (0-18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services. Practitioners conduct holistic assessments and collaborate with family members and referents in developing intervention goals and corresponding service plans, primarily in the home.	Title IV-E Prevention Services
Intercept (formerly Youth Villages Intercept)	Provides intensive in-home services to children and youth at risk of entry or re-entry into out-of-home placements or who are currently in out-of-home placements (e.g., foster care, residential facilities, or group homes). Designed to reduce foster care utilization by providing prevention services to children and their families of origin. Family Intervention Specialists use an integrated, trauma-informed approach to offer individualized services intended to meet the needs of children and their families of origin.	Title IV-E Prevention Services
Intervention Nurses Start	Demonstration project that aimed to prevent rapid infant weight gain and childhood obesity by encouraging mothers to provide developmentally	MIECHV

Infants Growing on Healthy Trajectories (INSIGHT)	appropriate, prompt, and contingent responses to their child's needs. Mothers participated in four home visits in the child's first year, and two clinic visits and two telephone contacts between the child's first and third birthdays. Home visitors taught mothers how to read growth charts that display typical patterns of child growth and weight gain.	
Maternal Early Childhood Sustained Home-Visiting	Nurse home visiting program designed for families with children under age 2 who are at risk of poor maternal or child health and development outcomes. Includes a team of nurse home visitors, clinical supervisors, a nurse coordinator, a social worker, and administrative staff. Nurse home visiting includes in-home comprehensive care for families starting during pregnancy (or up to 8 weeks after the newborn's hospital discharge) and continuing until the child turns two.	MIECHV
Maternal Infant Health Outreach Worker (MIHOW)	Serves families with low incomes who are experiencing stress and isolation. Families enroll prenatally, and receive home visits until the child is 36 months old. Designed to improve child and maternal health, increase use of linkages and referrals to medical and social services, and build positive parenting skills. Employs community health workers from the local area as home visitors and role models who provide participants with monthly visits.	MIECHV
Maternal Infant Health Program	Serves pregnant women and infants living in Michigan who are Medicaid beneficiaries. Seeks to reduce rates of maternal and infant morbidity and mortality by promoting healthy pregnancies, positive birth outcomes, and healthy growth and development for infants. Offers home visiting by a team composed of a licensed social worker, a registered nurse, an infant mental health specialist, a lactation consultant, and a registered dietitian. Includes tailored education and counseling, care coordination, and referrals.	MIECHV
Nurse-Family Partnership	Home-visiting program that is typically implemented by trained registered nurses. Serves young, first-time, low-income mothers beginning early in their pregnancy until the child turns two. Aims to improve the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning.	MIECHV Title IV-E Prevention Services
Parents as Teachers	Home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. Aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. Includes personal home visits and other components.	MIECHV Title IV-E Prevention Services
Play and Learning Strategies (PALS)	Designed to strengthen parent–child bonding and stimulate children's early language, cognitive, and social development. PALS serves families with children who are ages 5 months through 4 years. Curricula includes a scripted manual, videos, and age-appropriate toys offered through 90-minute home visits conducted by a parent coach.	MIECHV
Preparing for Life – Home Visiting	Prevention and early intervention program serving families living in disadvantaged communities in Ireland. The model serves families and children from pregnancy to school entry, and it aims to support the creation of a nurturing home environment, improve parenting outcomes such as parental self-efficacy and well-being, and promote children's school-readiness. Multi-component program delivered over four to five years that offers home visiting, prenatal education classes, breastfeeding support, baby massage, and Triple P Positive Parenting Program classes.	MIECHV
Promoting First Relationships	Home visiting prevention program designed for caregivers of children ages 0–5 years. Aims to promote secure and healthy relationships between caregivers and children through strengths-based parenting strategies. Uses reflective processes to help caregivers understand their own feelings and needs and	MIECHV

	those of their children. Delivers weekly sessions to caregivers and their children.	
SafeCare[xii]	SafeCare is an in-home behavioral parenting program that promotes positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. SafeCare is designed for parents and caregivers of children birth through five who are either at-risk for or have a history of child neglect and/or physical abuse. The program aims to reduce child maltreatment. Includes sessions delivered typically in the home.	MIECHV Title IV-E Prevention Services
SafeCare Augmented	SafeCare Augmented is an in-home behavioral parenting program that aims to promote positive parent-child interactions, informed caregiver response to childhood illness and injury, and a safe home environment. It is designed for parents and caregivers of children age 5 and younger who are either at-risk for or who have a history of child neglect or physical abuse. The program aims to reduce child maltreatment and to support clinical care by adding training for SafeCare providers. Includes sessions delivered typically in the home. (Note, HomVEE now recognizes and reports SafeCare Augmented as an enhanced version of SafeCare, following the updated approach to model adaptations and enhancements. However, the Prevention Services Clearinghouse treats the models separately, and SafeCare Augmented is not eligible for Title IV-E Prevention Services.)	MIECHV
Sobriety Treatment and Recovery Teams (START)	Designed to serve families involved in the child welfare system with at least one child age 5 or younger and one parent diagnosed with a substance use disorder (SUD). Designed to recruit, engage, and retain parents in SUD treatment while keeping children safe. Places families at the center of treatment and includes them in the decision-making team during treatment and case planning. Includes weekly home visits from a CPS caseworker and family peer mentor.	Title IV-E Prevention Services
Video Feedback Intervention to Promote Positive Parenting (VIPP)	Aims to promote sensitive responsiveness and sensitive discipline and serves families with children ages 1 through 7 who have an increased risk of behavioral problems. Home visitor video records the interaction between the caregiver and child, The home visitor and caregiver review selected clips from the video taken during the previous visit, and the home visitor provides feedback on the caregiver's discipline practices and sensitivity to the child's cues.	MIECHV
Video Feedback Intervention to Promote Positive Parenting – Sensitive Discipline (VIPP-SD)	Adaptation of VIPP-SD that was developed for families with infants from birth to 12 months and consists of six or seven home visits that focus on fostering a positive attachment between the infant and caregiver.	MIECHV
Other Models Reviewed (Not Deemed Home Visiting)		
Brief Strategic Family Therapy	Uses a structured family systems approach to treat families with children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors including substance abuse, conduct problems, and delinquency.	Title IV-E Prevention Services

[xii] For purposes of this brief, we treat SafeCare and SafeCare Augmented as one model even though they are reflected separately in this Appendix. According to HomVee, as of 2025 SafeCare satisfies the HHS criteria for an evidence-based home visiting model by relying on findings from an enhanced version of SafeCare called SafeCare Augmented. SafeCare Augmented does not make significant changes to the core components of SafeCare, and we therefore treat both as one model. However, the Title IV-E Prevention Services Prevention Services Clearinghouse treats SafeCare as a supported model, whereas SafeCare Augmented does not meet criteria for eligibility.

Child-Parent Psychotherapy	Intensive therapy model that aims to support family strengths and relationships, help families heal and grow after stressful experiences, and respect family and cultural values.	Title IV-E Prevention Services
Fostering Healthy Futures for Preteens	Skills training and mentoring program. Designed for children ages 9–11 with current or prior child welfare involvement due to maltreatment and one or more adverse childhood experiences.	Title IV-E Prevention Services
Functional Family Therapy	Short-term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11- to 18-year-old youth who have been referred for behavioral or emotional problems.	Title IV-E Prevention Services
Incredible Years – School Age Basic Program	Can be offered as a group-based prevention or treatment program designed for parents of children (6 to 12 years). Aims to strengthen parent-child interactions and attachment and reduce harsh discipline. It also aims to foster parents' abilities to promote children's social, emotional, and academic development and reduce behavior problems.	Title IV-E Prevention Services
Incredible Years – Toddler Basic Program (IY - Toddlers)	Group-based program designed for parents with toddlers (1 to 3 years). Typically targets higher risk parents who need support forming secure attachments with their toddlers or addressing their toddlers' behavior problems. Also helps parents create secure and safe environments for children, establish routines, use appropriate discipline, and reduce behavior problems.	Title IV-E Prevention Services
Intensive Care Coordination Using High Fidelity Wraparound (High Fidelity Wraparound)	Uses an individualized, team-based, collaborative process to provide a coordinated set of services and supports. Throughout the process, youth and their families work with a care coordinator who convenes, facilitates, and coordinates efforts of the wraparound team.	Title IV-E Prevention Services
Motivational Interviewing	Method of counseling clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes. Aims to identify ambivalence for change and increase motivation by helping clients progress through five stages of change.	Title IV-E Prevention Services
Multisystemic Therapy	Intensive treatment for troubled youth delivered in multiple settings. Aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12- to 17-year-old youth.	Title IV-E Prevention Services
Parent-Child Interaction Therapy	Parents are coached by a trained therapist in behavior-management and relationship skills. Designed for two- to seven-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship.	Title IV-E Prevention Services
Trauma-Focused Cognitive Behavioral Therapy	Program for children and adolescents who have symptoms associated with trauma exposure. Intended to treat children/adolescents who have post-traumatic stress disorder (PTSD) symptoms, dysfunctional feelings or thoughts, or behavioral problems.	Title IV-E Prevention Services
Triple P – Positive Parenting Program – Group (Level 4)	Group-based parenting intervention for parents who are interested in promoting their child's development or who are concerned about their child's behavior problems. Group sessions typically focus on topics such as positive parenting, helping children develop, managing misbehavior, and planning ahead. Practitioners provide individual feedback on progress using positive parenting strategies and goal setting.	Title IV-E Prevention Services
Triple P – Positive Parenting	Parenting intervention designed to offer parents support for encouraging children's positive behaviors; managing misbehaviors, tantrums, and disobedience; and teaching children new skills. Includes 8 online modules intended to help parents understand the foundations of positive parenting, manage children's behaviors, teach children new skills, deal with disobedience,	Title IV-E Prevention Services

Program – Online (Level 4)	plan ahead to prevent problems, raise confident children, and apply consequences and rewards.	
Triple P – Positive Parenting Program – Standard (Level 4)*	Parenting intervention for families with concerns about their child's moderate to severe behavioral problem. Parents engage in one-on-one sessions with a practitioner. Sessions focus on promoting child development, managing misbehavior, and implementing planned activities and routines to encourage independent child play.	Title IV-E Prevention Services

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