ASPE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION | OFFICE OF HUMAN SERVICES POLICY

BRIEF
August 31, 2026

From FY16 to FY25, Fewer Head Start Families Received Comprehensive Services and the Percentage of Families Receiving Services Also Declined for Many Categories

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KEY POINTS

- The Head Start Act requires programs to provide a range of comprehensive services that statute notes are intended to enable parents to fulfill their roles as parents, become full partners in the education of their children, and move toward self-sufficiency.
- Comprehensive services can include connecting families to health and developmental services, providing family support and case management, engaging parents in their children's education, and connecting families to services to support their economic mobility.
- Head Start served fewer children in FY25 (771,121) than FY16 (1,067,965), a 28 percent decrease in actual number of children and pregnant women served.
- Across many comprehensive services, fewer funded Head Start slots over time has resulted in comprehensive services provided to fewer families (i.e., lower counts of families receiving services).
    - Both the number of children (volume) and the percent (rate) of all children who were up-to-date on their well-child visit schedule and immunizations decreased from FY16 to FY25.
    - The total number of children with disabilities served decreased by 14,775 (11 percent), with more younger children and fewer older children receiving disability services from FY16 to FY25.
    - The total number of newly enrolled children who received required screenings within 45 days decreased by 38 percent (237,654 children) from FY16 to FY25, outpacing the decrease in total number of newly enrolled children (33 percent).
    - The total number of pregnant women enrolled in Early Head Start declined by 11 percent between FY16 and FY25, though the overall rate of pregnant women enrolled in Early Head Start who received prenatal health care remained around 90 percent over time.
    - Within-year change for most health services is small. Many health service usage rates are high at enrollment and increase marginally by the end of the program year.
- Since FY16, the number of enrollees receiving at least one family service fell by 89,228 families (13.2 percent). The volume and rates increased for some family services (e.g., substance use prevention, emergency/crisis intervention) and decreased for some (e.g., parenting education, health education).
- Of all the services examined in this brief, 67 percent diminished in volume over time while rates decreased across about 46 percent of the services.
- Since FY16, the cost of Head Start slots increased faster than inflation, fewer slots are funded, the number of services provided to families has decreased overall, the percent of families receiving services has also decreased for many services, and staff turnover has increased.

BACKGROUND

Head Start aims to provide comprehensive early learning and development, health, and family well-being services to children birth to five years of age. Head Start Preschool serves children ages three to five and their families, and Early Head Start (EHS) serves children birth to age three and expectant mothers.[1]

Comprehensive services are required by statute. The Head Start Act requires agencies to include an array of services that are designed to involve and serve families and communities. Sec. 642(b) outlines a variety of required family services, including family literacy services, parenting skills training, substance abuse counseling, health services, referrals to other services, and any other activity designed to help parents become full partners in the education of their children.[2] These comprehensive services are intended to support families and caregivers to foster the health and well-being of their children.[3]

For EHS, Sec. 645A further names comprehensive child development and family support services[4] that will enhance the physical, social, emotional, and intellectual development of participating children, including by

- (b)(4) providing services to parents to support their role as parents and services to help the families move toward self-sufficiency (including educational and employment services, as appropriate) and
- (b)(5) coordinating services with services provided by programs in the State and programs in the community to ensure a comprehensive array of services (such as health and mental health and family support services).[5]

Although Head Start programs are required to provide comprehensive services, the Head Start Program Performance Standards provide flexibility to programs and do not specifically outline how these family support services should be provided or coordinated within a particular program.[6] Some comprehensive services can be provided directly by Head Start programs, while others are provided through referral or coordination with community resources. Head Start sites generally work with multiple public agencies, nonprofit social services providers and community action agencies, and faith-based and community organizations to meet families' basic needs and provide family support services.[7]

In 2016, the Head Start Program Performance Standards (HSPPS) underwent their first comprehensive revision since their original publication. This revision described a tradeoff between cost, access, and quality: higher regulatory costs were expected to reduce funded enrollment absent offsetting resources with the goal of improving quality of services.[8] This brief will examine how Head Start's comprehensive service delivery changed between the 2015-2016 (FY16) and 2024-2025 (FY25) program years, focused on volume (total number) and rate (percent) of children and families who received comprehensive services.

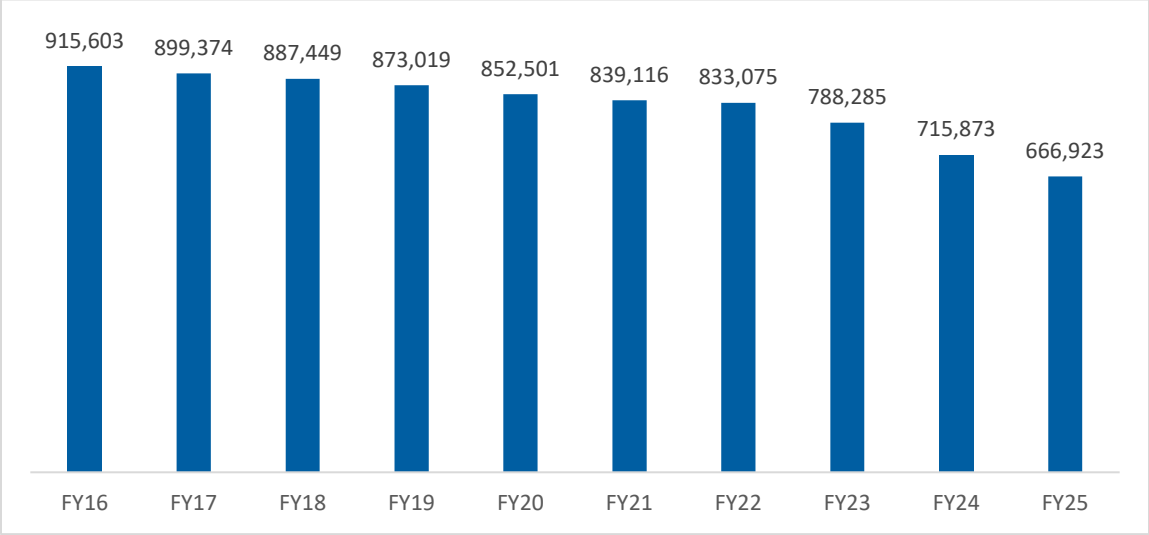
Limited research suggests that Head Start comprehensive services may generate some measurable improvements in social, emotional, cognitive, and language outcomes beyond standard early childhood education services.

Evidence quantifying the incremental contribution of comprehensive services to child and family outcomes is limited. Research in 2022 found that at age two, EHS families reported receiving many more services than families in a non-Head Start control group. Receipt of specific comprehensive services also led to specific impacts for both children and families.[9] Education and job training services are associated with increased family self-sufficiency, positive parenting behaviors that support children's learning and development, and positive impacts on children's social, emotional, and cognitive development. Positive parenting services and providing parents with information on child development through case management, group parenting classes, and home visits are associated with positive outcomes. Early intervention services are associated with positive cognitive and language outcomes.

HEAD START SERVED FEWER CHILDREN IN FY25 THAN IN FY16

The number of funded slots decreased year over year, from 915,603 funded slots in FY16 to 666,923 funded slots in FY25, a decrease of 27 percent (Figure 1). Funded enrollment refers to number of children and pregnant women able to be supported by federal Head Start funds in a program at any one time during the program year, not the actual number of children and pregnant women enrolled.

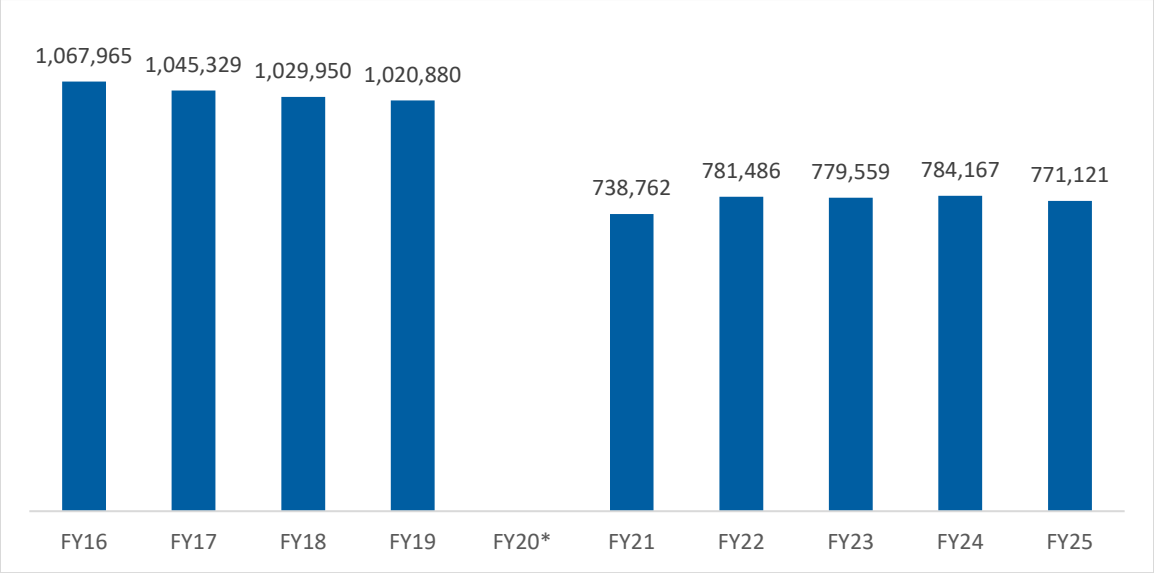
Figure 1. Number of Head Start Funded Slots, FY16 to FY25



Cumulative enrollment reflects the actual number of children and pregnant women that Head Start programs serve throughout the entire program year. Cumulative enrollment decreased from 1,067,965 in FY16 to 771,121 in FY25, about a 28 percent decrease in actual number of children and pregnant women served (Figure 2).[i]

[i] All subsequent data presented in this brief was extracted from PIR in August 2026. PIR data is not available for the FY20 program year due to COVID-19. The Office of Head Start provided additional guidance for programs to complete the FY21 PIR due to ongoing impacts of COVID-19.

Figure 2. Head Start Cumulative Enrollment, FY16 to FY25



**FY20 data were missing due to COVID-19.*

Head Start can prioritize certain populations of children for services. The total number of enrolled children who were in foster care at any point during the program year decreased from 28,502 in FY16 to 22,858 in FY25, a decrease of about 20 percent. Conversely, the total number of children experiencing homelessness that were served during the enrollment year increased from 51,773 in FY16 to 57,912 in FY25, an increase of about 12 percent.

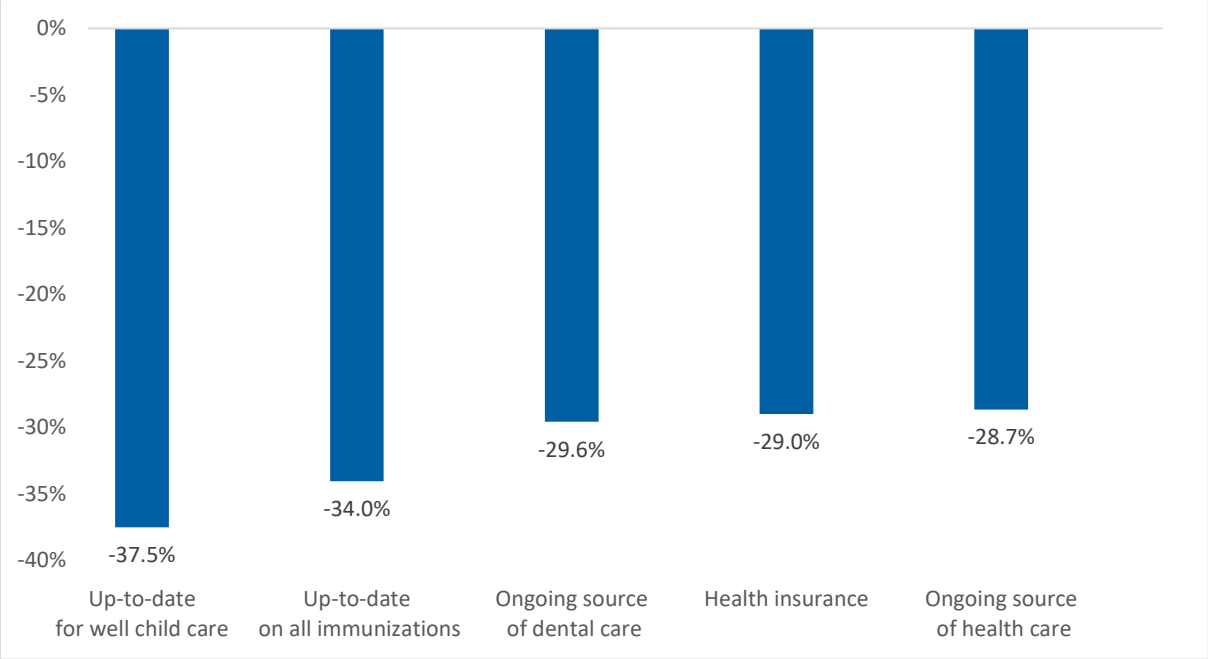
FEWER CHILDREN RECEIVED MEDICAL AND DENTAL SERVICES IN FY25 COMPARED TO FY16

Both the number of children and the percent of all children served who were up-to-date on their well-child visit schedule and immunizations decreased from FY16 to FY25.

Both the volume (total number) and rate (percent) of children with health insurance were high across all time points between FY16 and FY25 (see Appendix Table A.1). At the end of the FY16 program year, 1,019,942 children (97 percent) had health insurance, and at the end of the FY25 program year, 724,131 (96 percent) children had health insurance, a decrease of about 29 percent in the number of children (Figure 3).

Most children also were up to date on their state's schedule for well-child visits and immunizations at any given time point (from 66 to 88 percent), though these proportions did have some small differences over time. In FY16, about 891,374 children (85 percent) were up to date on their state schedule for well-child visits, but in FY25, only about 557,076 children (74 percent) were up to date on their well-child visit schedule, a decrease of about 38 percent in number of children served. Similarly, being up-to-date on immunizations decreased from 928,053 children (88 percent) in FY16 to 612,084 children (81 percent) in FY25, a decrease of about 34 percent in number of children served.

Figure 3. Percent Change in Number of Children Receiving Health Services, FY16 to FY25

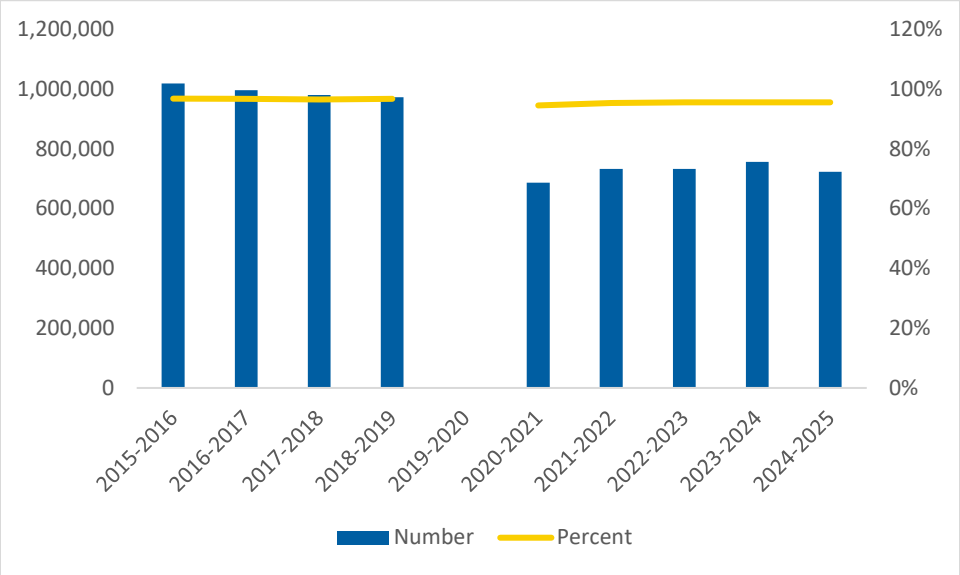


Note: Data were extracted from PIR Sections A and C from FY16 to FY25. Excludes MSHS program and programs that did not provide any PIR data.

For some health services, rates are generally high and remain stable over time. For other services, both volume and rate decreased over time.

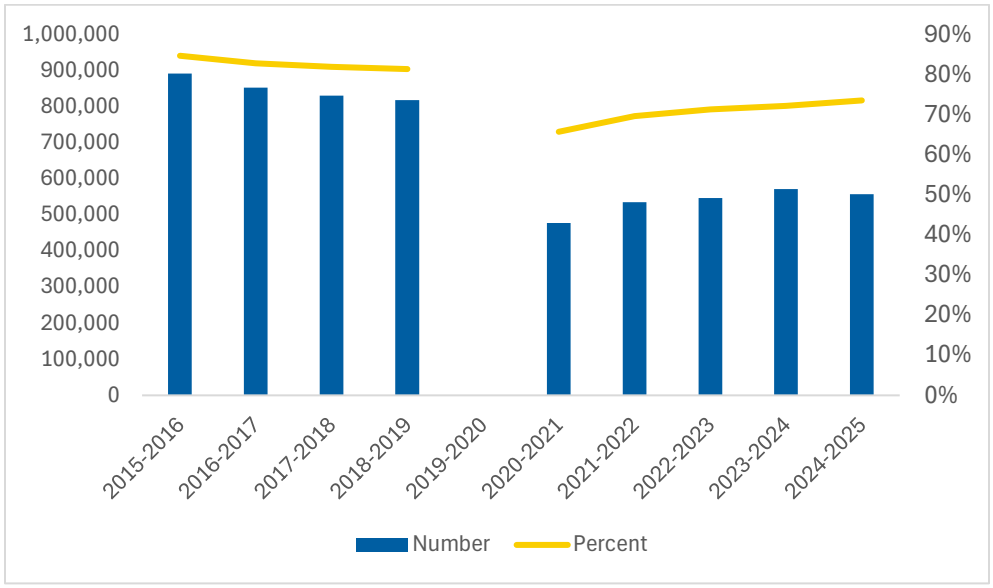
Nearly all children enrolled in Head Start programs had health insurance and ongoing access to a health care provider over time (over 94 percent, at all time points). Between 85 and 90 percent of all children also had consistent access to dental care over time. Although the proportion of children with health insurance, ongoing access to a health care provider, and consistent access to dental care did not change substantially from FY16 to FY25, the number of children with access to those services decreased because fewer children, cumulatively, participated in Head Start during that time period (Figure 4). For children up-to-date on their well-child visit schedule, both the volume and rate decreased over time (Figure 5).

Figure 4. Number and Percent of Children Receiving Health Insurance, FY16 to FY25



Note: Data were extracted from PIR Sections A and C from FY16 to FY25. Excludes MSHS program and programs that did not provide any PIR data.

Figure 5. Number and Percent of Children Up-to-Date on Well-Child Visit Schedule, FY16 to FY25



Note: Data were extracted from PIR Sections A and C from FY16 to FY25. Excludes MSHS program and programs that did not provide any PIR data.

Within-year change for most health services is small. Many health service usage rates are high at enrollment and increase marginally by the end of the program year.

For many of the health services, children enter the program with high rates of usage. For example, in FY16, about 95 percent of children had health insurance at enrollment. By the end of the program year about 97 percent of children had health insurance, representing a two percent change from enrollment to the end of the program year. Across years, the percent change from enrollment to end of the program year ranged from less than one percent to two percent (Table 1).

Within-year change was higher for health services that had lower rates at enrollment. For example, in FY16, about 61 percent of children were up-to-date on their well-child visits at enrollment. By the end of the program year, about 85 percent of children were up-to-date on their well-child visits. This represents a 38 percent change from enrollment to the end of the program year. Across years, the percent change from enrollment to the end of the program year ranged from 33 percent to 38 percent (Table 1). For most health services, within-year change decreased or was generally flat from FY16 to FY25.

Table 1. Percent Change in Health Services from Enrollment to End of Program Year, FY16 to FY25

	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Medical and Dental Services										
Health insurance	2.0%	1.8%	1.6%	1.3%		0.6%	0.8%	0.3%	0.7%	0.5%
Ongoing source of health care	3.3%	2.9%	2.5%	2.0%		1.3%	1.5%	1.2%	1.7%	1.6%
Ongoing source of dental care	12.5%	11.2%	10.1%	8.8%		6.6%	7.9%	7.9%	8.0%	8.2%
Up-to-date on all immunizations	6.9%	6.5%	5.4%	6.1%		4.9%	5.2%	5.4%	5.5%	5.5%
Up-to-date for well-child care	37.7%	36.0%	35.9%	36.5%		37.2%	38.3%	36.0%	35.7%	33.1%
Disability Services										
Individualized Education Plan (IEP)	76.9%	74.7%	73.3%	72.3%		59.0%	86.1%	82.9%	79.2%	77.1%
Individualized Family Services Plan (IFSP)	55.6%	58.1%	58.4%	55.8%		59.1%	65.1%	64.3%	62.4%	63.6%
Total disability services (IEP + IFSP sum)	72.6%	71.0%	69.7%	68.1%		59.0%	79.9%	77.5%	74.2%	73.0%

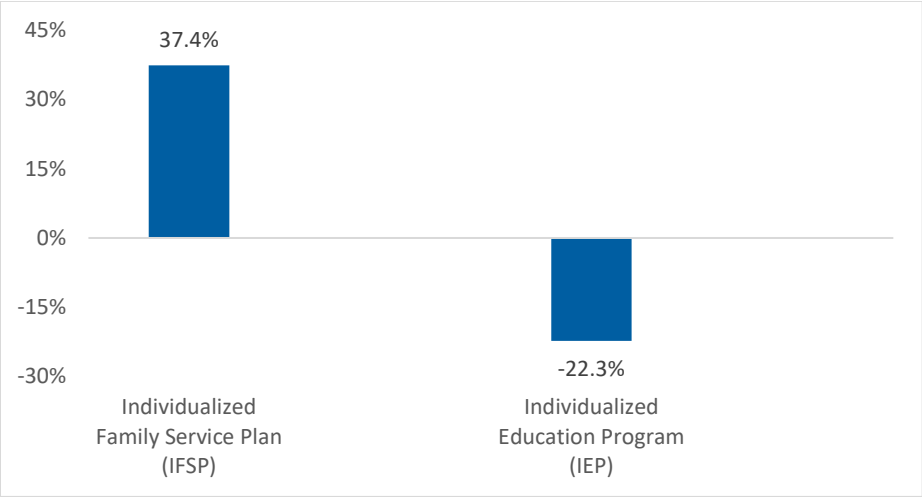
* Data were extracted from PIR Sections A and C from FY16 to FY25. Excludes MSHS program and programs that did not provide any PIR data.

The total number of children with disabilities served decreased by 11 percent from FY16 to FY25. When broken out by age, more younger children received disability services and fewer older children received disability services over time.

The total number of children with disabilities served decreased by 14,775 (11 percent) from FY16 to FY25. Over time, more younger children received disability services; this corresponds with about an 18 percent increase in enrollment among younger children in EHS during that same time period (195,673 in FY16, 231,309 in FY25). In FY16, 24,341 children had an Individualized Family Services Plan (IFSP; children birth to age three) at any point during the program year (12 percent of enrolled children). In FY25, 33,446 children (15 percent) had an IFSP, an increase of about 37 percent.

However, fewer older children received disability services over time. In FY16, 107,211 children had an Individualized Education Plan (IEP; children age three and older) at any point during the program year (13 percent). In FY25, 83,331 children (16 percent) had an IEP, a decrease of about 22 percent (Figure 6) in the total number of children, although a somewhat higher percentage of all children had an IEP in FY25 than in FY16 (16 percent vs. 13 percent).

Figure 6. Percent Change in Total Number of Children Receiving Disability Services, FY16 to FY25



*Data were extracted from PIR Sections C from FY16 to FY25. Excludes MSHS program and programs that did not provide any PIR data.

Substantial within-year growth is observed for disability services from FY16 to FY25 (Table 1). For example, in FY16, about 5.8 percent of children had an IEP and 1.5 percent of children had an IFSP at enrollment. By the end of the program year 10.2 percent of children had an IEP and 2.3 percent of children had an IFSP, representing a 77 percent change in IEPs and a 56 percent change in IFSPs from enrollment to the end of the program year. Across years, the percent change from enrollment to end of the program year ranged from 59 percent to 86 percent for IEPs and 55 percent to 65 percent for IFSPs. Within-year change was generally flat for IEPs and for total disability services from FY16 to FY25, though there was an increase in within-year change over time for IFSPs.

The total number of newly enrolled children who received required screenings within 45 days decreased by 38 percent from FY16 to FY25.

From FY16 to FY25, the total number of newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns decreased by 237,654 (38 percent). In FY16, 618,250 newly enrolled children received a screening (89 percent), and in FY25, 380,596 children received a screening (82 percent). Of note, the total of all newly enrolled children also decreased from FY16 to FY25 (229,007 fewer children, 33 percent decrease). The percentage decrease in children screened outpaced the percentage decrease in newly enrolled children during the same time period.

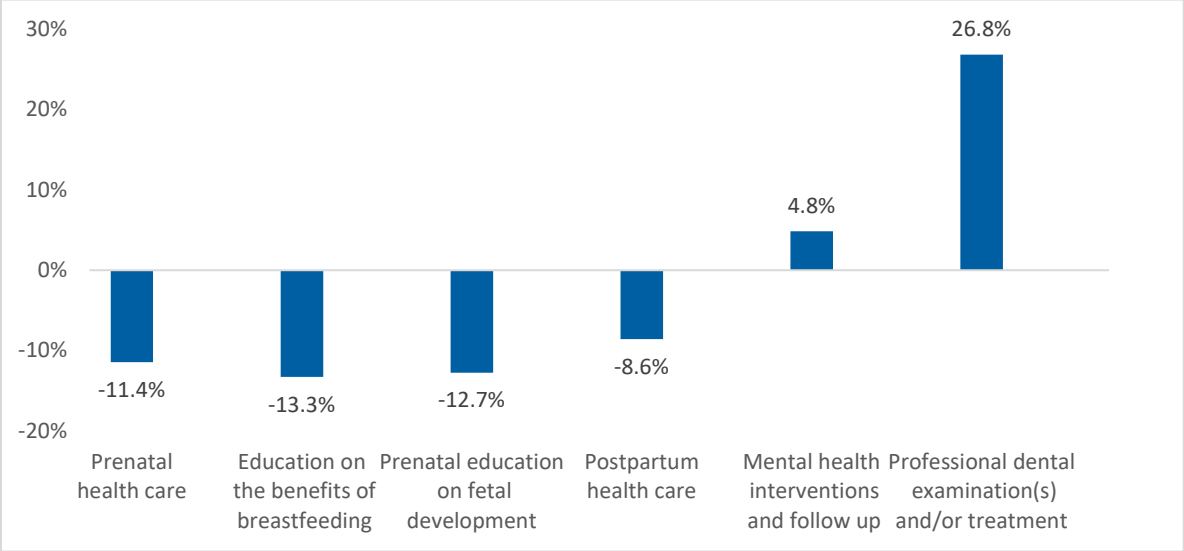
Although the proportion of pregnant women enrolled in Early Head Start who received prenatal health care remained high over time, fewer total women were served by the program between FY16 and FY25.

The total number of pregnant women enrolled in Early Head Start decreased by 11 percent between FY16 (15,094 women) and FY25 (13,494 women).

Nearly all pregnant women enrolled in Early Head Start received prenatal health care, at around 90 percent at any given time point (FY16: 14,015 women, 93 percent; FY25: 12,415 women, 92 percent). Similar rates of pregnant women received education on breastfeeding (FY16: 13,365 women, 90 percent; FY25: 11,593 women, 86 percent) and fetal development (FY16: 13,409 women, 89 percent; FY25: 11,701 women, 87 percent). Most pregnant women also received postpartum health care, hovering around 70 percent in a given program year (FY16: 10,846 women, 72 percent; FY25: 9,916 women, 73 percent). Percent change across health services for pregnant women can be found in Figure 7.

More pregnant women used mental health services and dental services over time. About 5 percent more pregnant women used mental health services in FY25 (4,676 women, 35 percent) as compared to FY16 (4,460 women, 30 percent. About 27 percent more pregnant women received prenatal dental care over time, 6,835 women in FY25 (51 percent) compared to 5,390 women in FY16 (36 percent).

Figure 7. Percent Change in Total Number of Pregnant Women Receiving Health Services, FY16 to FY25

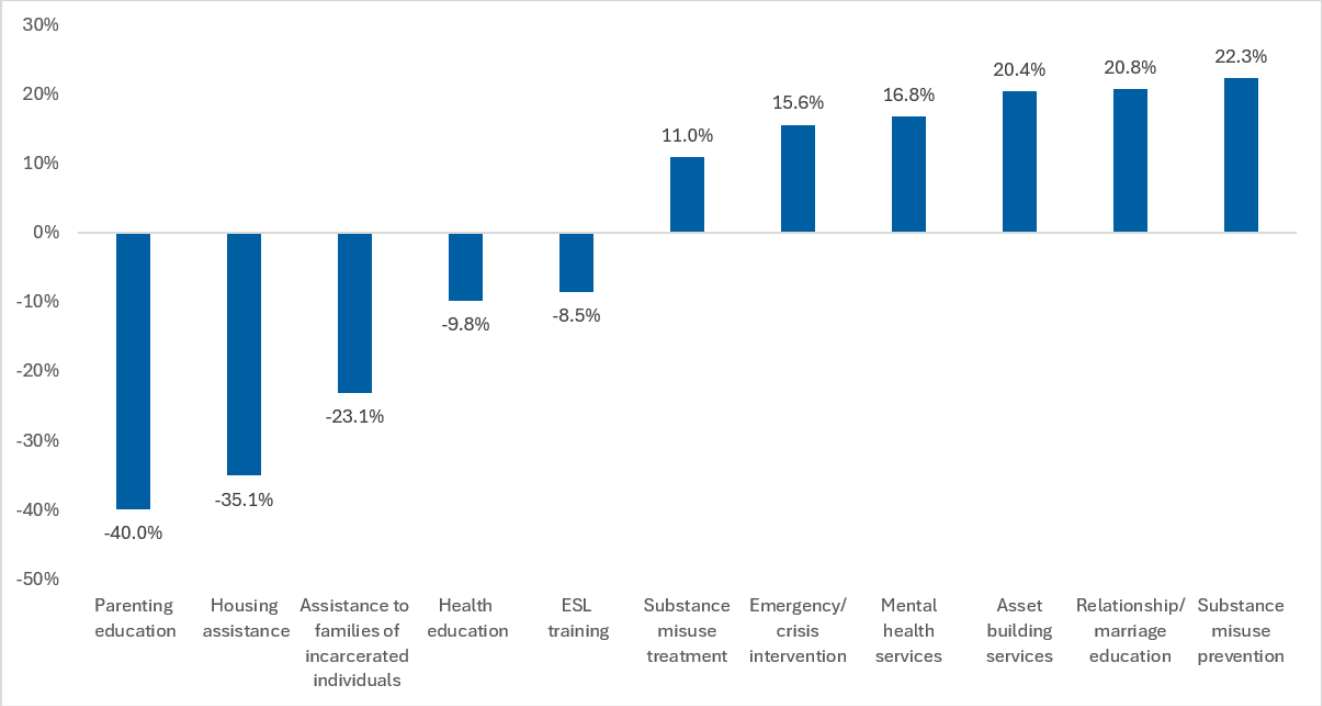


*Data were extracted from PIR Sections A and C from FY16 to FY25. Excludes MSHS program and programs that did not provide any PIR data.

SINCE FY16, THE VOLUME AND RATES INCREASED FOR SOME FAMILY SERVICES AND DECREASED FOR OTHERS

Of the family services that programs reported in all years from FY16 to FY25 (see Appendix Table A.2), some services saw decreases in number of families receiving the service from FY16 to FY25, while others saw increases (Figure 8). Overall, the number of families who received at least one family service decreased from 677,075 (69 percent) in FY16 to 587,847 (84 percent) in FY25, a decrease of 13 percent in the total number of families (volume) but an increase in the percent of families (rate) getting at least one service out of all families served. Family services that were only reported in a subset of years can be found in Appendix Table A.3.

Figure 8. Percent Change in Total Number of Enrollees Receiving "Family Services," FY16 to FY25

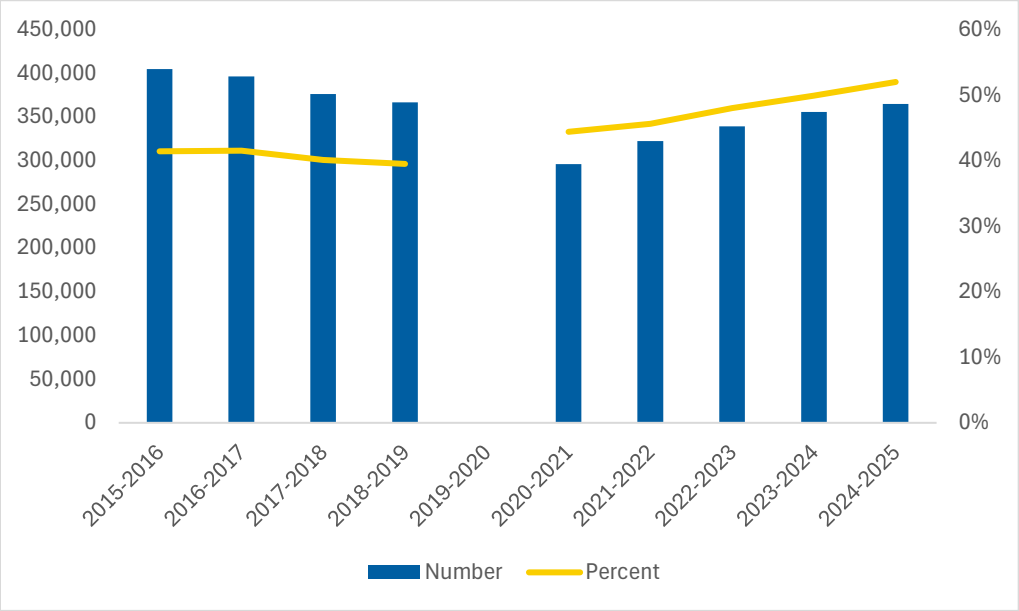


Note: Data were extracted from PIR Section C for FY16 to FY25. Excludes MSHS program and programs that did not provide any PIR data.

Two of the most commonly received family services – parenting education and health education – were received by fewer families over time. In FY16, 478,963 families (49 percent) received parenting education, while only 287,521 families (41 percent) did so in FY25, a decrease of 40 percent. Similarly, 404,636 families (41 percent) received health education in FY16, while only 364,909 families (52 percent) did so in FY25, a decrease of 10 percent. For health education, the volume decreased over time while the rate increased over time (Figure 9).

Although less commonly utilized, fewer families also received housing assistance over time. In FY16, 78,167 families (8 percent) received housing assistance, while only 50,732 families (7 percent) received housing assistance in FY25, a decrease of 35 percent.

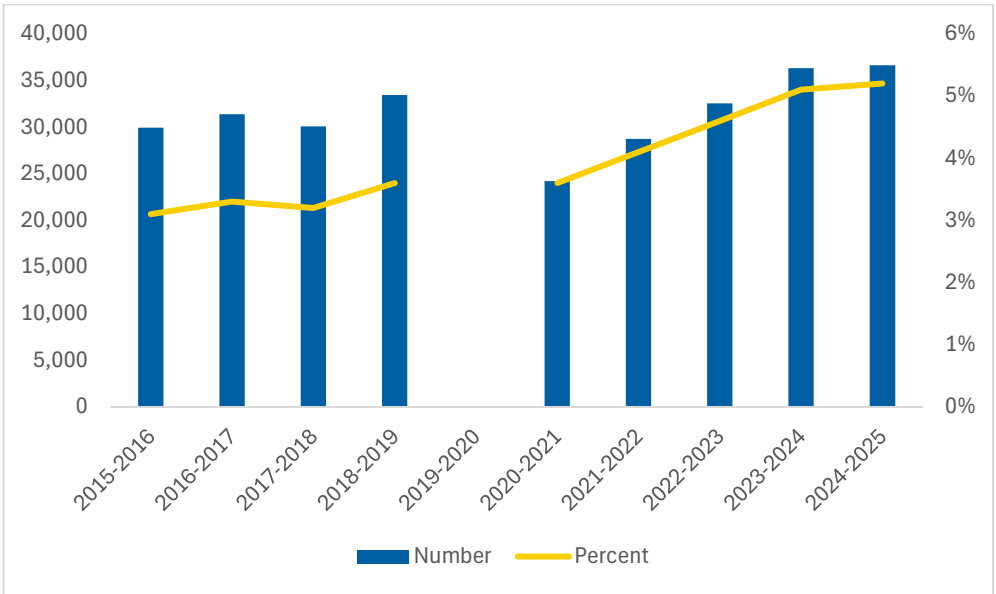
Figure 9. Number and Percent of Enrollees Receiving Health Education, FY16 to FY25



Note: Data were extracted from PIR Section C for FY16 to FY25. Excludes MSHS program and programs that did not provide any PIR data.

Conversely, other family services were received by more families over time (Figure 8), including some services that were commonly utilized and some that were less commonly utilized. For example, in FY16, 166,613 families (17 percent) received emergency/crisis intervention, and in FY25, 192,585 families (28 percent) did so, an increase of 16 percent. A less-common service, substance misuse prevention, was received by 29,927 families (3 percent) in FY16, and 36,609 families (5 percent) in FY25, an increase of 22 percent. For substance misuse prevention, both volume and rate increased over time (Figure 10).

Figure 10. Number and Percent of Enrollees Receiving Substance Misuse Prevention, FY16 to FY25



Note: Data were extracted from PIR Section C for FY16 to FY25. Excludes MSHS program and programs that did not provide any PIR data.

THE NUMBER OF FAMILY SERVICES STAFF DECLINED AND STAFF TURNOVER INCREASED FROM FY16 TO FY25

Head Start programs have also seen a reduction in staff during this same time period. The total number of family services staff (including community partnerships staff) – staff whose primary role is to engage with families and help them meet their goals – was 20,668 in FY16 and 15,911 in FY25. This represents a 23 percent reduction in family services staff, slightly below the percentage reduction in funded and cumulative enrollment. There was also a 12 percent increase in overall staff turnover from FY16 to FY25. In FY16, 32,792 staff left the program (a 13 percent turnover rate), while 36,844 staff left the program in FY25 (a 15 percent turnover rate).

CONCLUSION

Across most comprehensive services, fewer funded Head Start slots over time has resulted in reduced volume of comprehensive services (i.e., lower counts of families receiving services), with about two-thirds of the services examined in this brief seeing a reduction in volume over time. For some comprehensive services, *rates* of service provision (i.e., the percent getting services out of all families served by Head Start) have also declined, occurring among nearly half of the services examined in this brief, even with fewer children enrolled.

Further, staff turnover has increased and there are fewer family services staff who can engage with families and help them meet their goals. One tradeoff acknowledged in the 2016 regulation was that fewer funded slots would be available but there would be a corresponding increase in the quality of services and the value provided to the individual children and families enrolled. However, the evidence from volume and rates of comprehensive services use does not demonstrate that the goal of the 2016 regulation has been achieved. The rule did, however, meet its forecasted increase in costs and reduction in slots.

REFERENCES

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[2] 42 USC 9837

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[5] 42 USC 9840A

[6] Strassberger, Marissa, Carol Hafford, and Kate Stepleton. 2023. *Coordinating Services to Support Families: Findings from the Head Start Connects Case Studies*. OPRE Report 2022-252. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://acf.gov/opre/report/coordinating-services-findings-head-start-connects-case-studies

[7] Ibid.

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APPENDIX

Table A.1. Number and Proportion of Enrollees that Receive Health and Developmental Services, Among Services Reported, FY16 to FY25

		FY16	FY17	FY18	FY19	FY 20	FY21	FY22	FY23	FY24	FY25	Net change	% change
Medical and Dental Services													
Health insurance	#	1,019,942	997,364	980,320	973,050		687,812	733,321	733,565	757,440	724,131	-295,811	-29.0%
	%	**96.9%**	**96.8%**	**96.6%**	**96.8%**		**94.6%**	**95.4%**	**95.7%**	**95.7%**	**95.6%**	**-1.3**	**-1.3%**
Ongoing source of health care	#	1,016,062	993,297	977,242	971,188		683,079	725,291	726,583	753,023	724,931	-291,131	-28.7%
	%	**96.5%**	**96.4%**	**96.3%**	**96.6%**		**93.9%**	**94.3%**	**94.7%**	**95.1%**	**95.7%**	**-0.8**	**-0.8%**
Ongoing source of dental care	#	941,977	920,559	904,085	901,628		613,096	653,944	659,761	686,703	663,340	-278,637	-29.6%
	%	**89.5%**	**89.4%**	**89.1%**	**89.7%**		**84.3%**	**85.1%**	**86.0%**	**86.7%**	**87.6%**	**-1.9**	**-2.1%**
Up-to-date on all immunizations	#	928,053	894,917	875,222	861,418		585,734	625,459	618,184	640,926	612,084	-315,969	-34.0%
	%	**88.1%**	**86.9%**	**86.3%**	**85.7%**		**80.6%**	**81.4%**	**80.6%**	**81.0%**	**80.8%**	**-7.4**	**-8.3%**
Up-to-date for well child care	#	891,374	852,532	830,650	817,503		477,808	535,133	546,620	571,385	557,076	-334,298	-37.5%
	%	**84.7%**	**82.8%**	**81.9%**	**81.3%**		**65.7%**	**69.6%**	**71.3%**	**72.2%**	**73.5%**	**-11.1**	**-13.1%**
Disability Services													
Individualized Education Plan (IEP)	#	107,211	103,721	101,189	102,563		69,015	73,461	79,745	83,049	83,331	-23,880	-22.3%
	%	**12.5%**	**12.6%**	**12.8%**	**13.2%**		**13.3%**	**13.2%**	**14.4%**	**15.2%**	**15.8%**	**3.3**	**26.5%**
Individualized Family Services Plan (IFSP)	#	24,341	26,926	29,401	31,691		23,995	27,285	29,680	31,941	33,446	9,105	37.4%
	%	**12.4%**	**12.8%**	**13.1%**	**13.8%**		**11.5%**	**12.7%**	**13.9%**	**14.3%**	**14.5%**	**2.0**	**16.2%**
Mental Health													
Newly enrolled children who completed behavioral screening	#	618,250	584,151	555,147	546,128		270,181	381,739	381,823	385,581	380,596	-237,654	-38.4%
	%	**88.8%**	**87.9%**	**85.7%**	**85.6%**		**67.1%**	**74.9%**	**78.8%**	**79.1%**	**81.5%**	**-0.1**	-8.2%

Pregnant Women												
Prenatal health care	#	14,015	13,851	13,981	14,167		10,653	11,638	11,661	12,413	12,415	-1,600	-11.4%
	%	**92.9%**	**92.0%**	**91.7%**	**91.8%**		**92.0%**	**91.9%**	**92.1%**	**92.0%**	**92.0%**	**-0.8**	**-0.9%**
Fetal development education	#	13,409	13,127	13,328	13,391		9,944	10,856	10,878	11,665	11,701	-1,708	-12.7%
	%	**88.8%**	**87.2%**	**87.4%**	**86.7%**		**85.8%**	**85.7%**	**85.9%**	**86.4%**	**86.7%**	**-2.1**	**-2.4%**
Breastfeeding education	#	13,365	13,035	13,264	13,396		9,936	10,822	10,851	11,587	11,593	-1,772	-13.3%
	%	**88.6%**	**86.6%**	**87.0%**	**86.8%**		**85.8%**	**85.5%**	**85.7%**	**85.8%**	**85.9%**	**-2.6**	**-3.0%**
Postpartum health care	#	10,846	10,433	10,481	10,511		8,137	8,990	9,009	9,725	9,916	-930	-8.6%
	%	**71.9%**	**69.3%**	**68.7%**	**68.1%**		**70.2%**	**71.0%**	**71.1%**	**72.0%**	**73.5%**	**1.6**	**2.3%**
Dental health care	#	5,390	4,855	4,971	4,893		4,577	5,943	6,396	6,579	6,835	1,445	26.8%
	%	**35.7%**	**32.2%**	**32.6%**	**31.7%**		**39.5%**	**46.9%**	**50.5%**	**48.7%**	**50.7%**	**14.9**	**41.8%**
Mental health care	#	4,460	4,581	4,399	4,653		3,427	4,031	4,291	4,518	4,676	216	4.8%
	%	**29.6%**	**30.4%**	**28.8%**	**30.1%**		**29.6%**	**31.8%**	**33.9%**	**33.5%**	**34.7%**	**5.1**	**17.3%**
Newly enrolled children	#	695,917	664,328	647,940	637,732		402,710	509,620	484,847	487,500	466,910	-229,007	-32.9%
Children cumulative enrollment	#	1,052,871	1,030,268	1,014,695	1,005,439		727,176	768,821	766,891	791,728	757,627	-295,244	-28.0%
Pregnant women cumulative enrollment	#	15,094	15,061	15,255	15,441		11,586	12,665	12,668	13,500	13,494	-1,600	-10.6%

Table A.2. Number and Proportion of Enrollees who Receive "Family Services," Among Services Reported, FY16 to FY25

		FY16	FY17	FY18	FY19	FY 20	FY21	FY22	FY23	FY24	FY25	Net change	% change
Parenting education	#	478,963	463,395	440,299	440,466		232,702	247,634	265,053	280,158	287,521	-191,442	-40.0%
	%	**48.9%**	**48.6%**	**47.0%**	**47.5%**		**34.9%**	**35.1%**	**37.5%**	**39.3%**	**41.0%**	**-7.95**	**-16.2%**
Health education	#	404,636	396,491	376,032	366,629		296,191	322,273	339,313	355,877	364,909	-39,727	-9.8%
	%	**41.4%**	**41.5%**	**40.1%**	**39.5%**		**44.4%**	**45.6%**	**48.0%**	**49.9%**	**52.0%**	**10.68**	**25.8%**
Emergency/ crisis intervention	#	166,613	159,481	177,471	170,315		231,472	198,521	193,825	191,135	192,585	25,972	15.6%
	%	**17.0%**	**16.7%**	**18.9%**	**18.4%**		**34.7%**	**28.1%**	**27.4%**	**26.8%**	**27.5%**	**10.44**	**61.3%**
Mental health services	#	86,210	82,348	81,520	81,241		79,075	90,232	93,446	100,647	100,727	14,517	16.8%
	%	**8.8%**	**8.6%**	**8.7%**	**8.8%**		**11.9%**	**12.8%**	**13.2%**	**14.1%**	**14.4%**	**5.55**	**63.0%**
Housing assistance	#	78,167	70,061	71,809	67,694		57,853	53,460	50,643	52,699	50,732	-27,435	-35.1%
	%	**8.0%**	**7.3%**	**7.7%**	**7.3%**		**8.7%**	**7.6%**	**7.2%**	**7.4%**	**7.2%**	**-0.76**	**-9.5%**
Asset building services	#	68,107	75,935	79,002	81,624		62,104	70,656	75,384	82,358	81,988	13,881	20.4%
	%	**7.0%**	**8.0%**	**8.4%**	**8.8%**		**9.3%**	**10.0%**	**10.7%**	**11.5%**	**11.7%**	**4.73**	**68.0%**
ESL training	#	43,239	42,832	40,474	38,913		28,714	32,260	33,261	38,243	39,548	-3,691	-8.5%
	%	**4.4%**	**4.5%**	**4.3%**	**4.2%**		**4.3%**	**4.6%**	**4.7%**	**5.4%**	**5.6%**	**1.22**	**27.6%**
Relationship/ marriage education	#	30,639	25,845	25,575	24,064		26,734	32,808	34,054	34,539	37,006	6,367	20.8%
	%	**3.1%**	**2.7%**	**2.7%**	**2.6%**		**4.0%**	**4.6%**	**4.8%**	**4.8%**	**5.3%**	**2.15**	**68.7%**
Substance misuse prevention	#	29,927	31,369	30,076	33,431		24,215	28,716	32,538	36,324	36,609	6,682	22.3%
	%	**3.1%**	**3.3%**	**3.2%**	**3.6%**		**3.6%**	**4.1%**	**4.6%**	**5.1%**	**5.2%**	**2.16**	**70.6%**
Assistance to families of incarcerated individuals	#	10,487	9,209	10,838	10,547		6,327	6,848	8,235	7,746	8,064	-2,423	-23.1%
	%	**1.1%**	**1.0%**	**1.2%**	**1.1%**		**1.0%**	**1.0%**	**1.2%**	**1.1%**	**1.2%**	**0.08**	**7.5%**
Substance misuse treatment	#	8,624	9,782	9,471	9,166		6,952	7,756	8,320	9,347	9,570	946	11.0%
	%	**0.9%**	**1.0%**	**1.0%**	**1.0%**		**1.0%**	**1.1%**	**1.2%**	**1.3%**	**1.4%**	**0.48**	**54.5%**
Total families at enrollment	#	978,669	954,544	937,392	927,300		667,473	706,572	707,241	713,686	701,394	-277,275	-28.3%

Table A.3. Number and Proportion of Enrollees who Receive "Family Services," Among Services Reported in Some Years and Not Others

		FY16	FY17	FY18	FY19	FY 20	FY21	FY22	FY23	FY24	FY25	Net change	% change
At least one family service	#	677,075	647,851	625,105	615,088		537,391	564,163	578,805	588,256	587,847	-89,228	-13.2%
	%	**69.2%**	**67.9%**	**66.7%**	**66.3%**		**80.5%**	**79.9%**	**81.8%**	**82.4%**	**83.8%**	**14.63**	**21.1%**
Adult education	#	105,504	93,359	90,255	86,032								
	%	**10.8%**	**9.8%**	**9.6%**	**9.3%**								
Child abuse and neglect services	#	72,957	67,487	65,221	59,418								
	%	**7.5%**	**7.1%**	**7.0%**	**6.4%**								
Job training	#	70,624	66,387	62,574	62,935								
	%	**7.2%**	**7.0%**	**6.7%**	**6.8%**								
Domestic violence services	#	24,404	23,673	25,706	23,631								
	%	**2.5%**	**2.5%**	**2.7%**	**2.6%**								
Child support assistance	#	22,467	21,385	19,540	18,435								
	%	**2.3%**	**2.2%**	**2.1%**	**2.0%**								
Assistance discussing child's screening and assessment results	#						370,423	413,455	447,514	466,017	478,684		
	%						**55.5%**	**58.5%**	**63.3%**	**65.3%**	**68.3%**		
Education on nutrition	#						274,302	300,051	318,334	336,041	340,523		
	%						**41.1%**	**42.5%**	**45.0%**	**47.1%**	**48.6%**		
Supporting transitions between programs	#						266,478	277,806	299,864	309,893	312,867		
	%						**39.9%**	**39.3%**	**42.4%**	**43.4%**	**44.6%**		
Education on tobacco product use	#						94,366	101,644	106,563	109,204	108,252		
	%						**14.1%**	**14.4%**	**15.1%**	**15.3%**	**15.4%**		
Assistance enrolling into education or job training program	#						74,551	78,504	79,157	82,190	78,996		
	%						**11.2%**	**11.1%**	**11.2%**	**11.5%**	**11.3%**		
Education on postpartum care	#						27,580	31,333	32,074	34,892	35,860		
	%						**4.1%**	**4.4%**	**4.5%**	**4.9%**	**5.1%**		

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