NC Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

What is MIECHV?

- The Health Resources and Services Administration (HRSA) MIECHV Program funds states, territories, and tribal entities to develop and implement evidence-based home visiting (EBHV), voluntary programs that best meet the needs of their communities.
    - MIECHV connects pregnant women and families to the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to succeed. MIECHV resources include referrals to services in the community such as WIC, Medicaid, employment and educational resources, housing support, parenting support classes, and smoking cessation support.
    - Through MIECHV programs, families learn skills and concepts related to breastfeeding, safe sleep, nutrition, early literacy, and positive parenting through parent-child interaction.
- Families choose to participate in home visiting programs and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being.
- The program builds upon decades of research showing that home visits during pregnancy and early childhood improve the lives of children and families.
    - Desired outcomes of home visiting include the reduction of maternal and infant mortality, pre-term births, child abuse and neglect, domestic and intimate partner violence, and more.

Continuous Quality Improvement and Data Requirements for MIECHV Awardees:

- Collect and report on program performance data
- For example, Healthy Families America (HFA) and Nurse-Family Partnership (NFP) sites collect the same data through different database systems.
- Measure how program services help families and communities
- Use data to improve performance
- Submit quarterly and annual performance reports
- Create and carry out plans for continuous quality improvement
- Show improvement in performance in at least four of six benchmark areas. Every three years, awardees must show improved outcomes in at least four of six benchmark areas through the Demonstration of Improvement
    - The CQI/Data Manager and State Consultants review data annually with MIECHV site supervisors/program managers and data coordinators. The State team also proposes timeframes to work toward improving performance as required for model fidelity.
- Awardees work with MIECHV sites to develop an annual Continuous Quality Improvement (CQI) Plan
    - As an awardee, NC MIECHV must show benchmark-level improvement every three years. All site data is aggregated for this report. If there are significant issues with individual sites' benchmark data, those become the focus of CQI activities.

NC MIECHV History

2010

- In 2010, NC received MIECHV funding to develop a needs assessment to identify populations at the greatest risk for poor maternal and child health outcomes and support decision-making about home-visiting models that best meet state and local needs.
- The 2010 NC Needs Assessment identified 30 counties deemed most at-risk for poor maternal and child health outcomes that also were eligible to apply for MIECHV funding.

2011

- In 2011, HRSA identified seven EBHV programs that met the eligibility criteria for MIECHV funding. The 2011 Request for Applications (RFA) issued by North Carolina acknowledged that it was impractical to support the seven models successfully, and applicants were to choose one of the following four models for implementation: Early Head Start, HFA, NFP, or Parents as Teachers.
- The EBHV models selected in the 2011 RFA help to reduce gaps in serving at-risk populations because they aim to reach mothers during pregnancy or early childhood. NFP requires the enrollment of first-time mothers by 28 weeks or less of pregnancy. HFA enrolls pregnant mothers and infants up to 3 months of age.
- The counties that submitted the strongest applications proposed HFA and NFP as the home visiting models they wished to implement. Both models collect data on all required indicators for MIECHV and adhere to model fidelity guidelines to guarantee that families receive quality care.

2012

- In 2012, seven sites across the state were selected to receive MIECHV funding and began serving North Carolina families in 12 counties. Since 2012, three additional counties have been added through MIECHV and the American Rescue Plan Act (ARP) funding, amounting to 15 counties.
- The MIECHV sites are housed in non-profit agencies that offer programs to enhance children's well-being and local health departments. One NFP site is Halifax Community College, the only NFP program in the country implemented through a community college.

2020

- In 2020, the 2010 NC MIECHV Needs Assessment was updated, and nine additional counties were identified as eligible for MIECHV funding.

2023

- In 2023, MIECHV was reauthorized for five more years beginning in FFY23-27 (October 1, 2023 – September 30, 2027), nearly doubling the amount of available funding. To receive the additional funding, a 25% match is required. Eligible funding sources for the match include State, local, county, philanthropic, and private funds used to implement EBHV models. The majority of the 25% match will come from existing State allocations provided to the NFP program through the General Assembly. If the 25% match is met, HRSA will match the funds at 75%. The Division of Child and Family Well-Being (DCFW) anticipates meeting the match through FY27.

2024

- In 2024, the 2020 NC MIECHV Needs Assessment was updated by the NC MIECHV team. The updated Needs Assessment was designed to gain insight into the potential impact of the COVID-19 pandemic and the passage of time on counties since the data for the 2020 Needs Assessment was collected and to expand the dimensions of the review of need. To accomplish this the 2024 Needs Assessment Amendment team identified nine new risk indicators and one repeated risk indicator used in the 2020 Needs Assessment. The 10 indicators are all within the five domains designated for review in the HRSA guidelines for the 2020 Needs Assessment (i.e., socioeconomic status, adverse perinatal outcomes, substance use disorder, crime, and child maltreatment).
- The 2024 NC MIECHV Needs Assessment Amendment identified 25 additional counties eligible for MIECHV funds, for a total of 64 eligible counties.

2026

- In anticipation of additional funding through FY28 (October 2028- September 2029) Request for Applications (RFA) will be issued annually as the funding amount will increase yearly. DCFW anticipates that the RFA will be issued in early 2026 for FFY26-27 (October 1, 2026- September 30, 2027). Existing sites may apply for an expansion of their program and MIECHV-eligible counties will have the opportunity to provide EBHV services in their communities by applying for program startup or expansions of existing HV programs that meet HRSA's HV requirements. The RFA will be posted to the DCFW Grant Opportunities web page.
- The FFY26-27 RFAs will not specify the EBHV models to be implemented. A link to the Home Visiting Evidence of Effectiveness (HOMVEE) listing of home-visiting models eligible for MIECHV funding will be provided in the RFA. Counties may propose the EBHV model from the HOMVEE listing they wish to implement to best meet their community's needs.[2]

[1] Early Head Start- Home-Based Option, Family Check Up, Healthy Families America, Healthy Steps, Home Instruction Program for Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers

[2] On the HOMVEE website, Family Connects is listed as eligible for MIECHV funding, however, the FY 2024 Notice of Funding Opportunity guidance does not include Family Connects as an eligible model. Family Connects is not defined as "targeted, intensive home visiting" which is a MIECHV requirement.

ESTIMATED* Base and Match MIECHV Funding:

*HRSA may reduce all estimates should sequestration or mandatory reserves be applied for future Federal Fiscal Year (FFYs). If the estimates are reduced by HRSA the MIECHV team will notify sites and applicants.

	A	B	C	D	E	F
Federal Fiscal Year	**Estimated NC MIECHV Base Funding** from HRSA**	**Estimated NC MIECHV Maximum Match Funding from HRSA if NC Meets the State Match**	**Estimated Total NC MIECHV Base and Match Funding from HRSA** (Columns A plus B)	**Estimated NC MIECHV State Match Funding Required to Draw Down the Maximum Match Funding from HRSA**	**Sustainability of Funding Based on Previous Grant Award***** (Column B)	**Estimated Total Match Funds Available through RFAs** (Column B minus Column E)
'25-'26* (no RFA) (October 2025-September 2026)	$4,857,274	$725,893	$5,583,167	$241,964	$0	$0
'26-'27 (RFA to be issued) (October 2026-September 2027)	$4,857,274	$1,971,429	$6,828,703	$657,143	$725,893	$1,245,536
'27-'28 (RFA to be issued) (October 2027-September 2028	$4,857,274	$2,956,677	$7,813,951	$985,559	$1,971,42	985,248
'28-'29 (RFA to be issued) (October 2028-September 2029)	$4,857,274	$6,855,684	$11,712,958	$2,285,225	$2,956,677	$3,899,007

*First year of the MIECHV match
**Base funding that NC will receive regardless of matching state funds
***Base funding is earmarked to sustain existing sites and operational costs at the state level, match funds are for existing site expansion and new sites

NOTE: The timeline for when RFAs will be issued changed to early 2026, instead of early 2025. The delay of one year is based on recent guidance from HRSA as to how the match will be implemented.

For questions regarding the MIECHV program, please contact Greer Cook greer.cook@dhhs.nc.gov

For questions regarding the Estimated Base and Match Funding, please contact Mark Ownbey mark.ownbey@dhhs.nc.gov