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Maternal, Infant, and Early Childhood Home Visiting Orientation Guide



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About This Resource

This *Maternal, Infant, and Early Childhood Home Visiting Orientation Guide* provides an overview of the MIECHV Program, with information that will be useful to state, territory, and local implementing agency (LIA) employees who are new to MIECHV. It is a companion resource to [Best Practices for Onboarding New MIECHV Employees: A Toolkit](#), which outlines the steps for orienting and onboarding new employees.

About MIECHV

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting services for pregnant women and parents with young children up to kindergarten entry. The MIECHV Program builds on decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life improve the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness. States, territories, and tribal communities receive funding through the MIECHV Program and have the flexibility to select the home visiting service delivery models that best meet their needs. The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF).

Legislative Authority for MIECHV

On March 23, 2010, the [Patient Protection and Affordable Care Act of 2010](#) (P.L. 111-148) was signed into law. [Section 511](#) of the legislation included a provision authorizing the creation of the MIECHV Program. The MIECHV Program responds to the diverse needs of children and families in priority communities and provides an opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for children through evidence-based home visiting programs.

The MIECHV Program has three statutory purposes:

- Strengthen and improve the programs and activities carried out under Title V of the Social Security Act
- Improve the coordination of services for priority communities
- Identify and provide comprehensive services to improve outcomes for families who reside in priority communities

The objectives of the program are as follows:

- Implement evidence-based home visiting models or promising approaches that (1) provide voluntary home visiting as the primary service delivery strategy, and (2) serve eligible families residing in the priority communities identified in the most current statewide needs assessment
- Ensure the provision of high-quality home visiting to eligible families living in priority communities, in part by coordinating with comprehensive statewide early childhood systems to support the needs of these families
- Target outcomes specified as legislatively mandated benchmark areas

MIECHV has six statutory benchmark areas:

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

How MIECHV Is Administered and Funded

The MIECHV Program is administered by HRSA in partnership with ACF. When first authorized in 2010, the program was funded for five years at \$1.5 billion; in February 2018, the program was allocated \$400 million per year through fiscal year (FY) 2022. Through a needs assessment, states, territories, and tribal communities identify target populations and select the home visiting service delivery model(s) that best meet their needs. By law, awardees must spend the majority of their MIECHV Program grants to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that will undergo rigorous evaluation.

Formula grants include *need funding*, which is based on the proportion of children under 5 living in poverty as calculated by the Census Bureau's Small Area Income Poverty Estimates; *base funding*, which is based on the most current formula for grant award ceiling amounts; and *guard rails*, which ensure that funding does not fluctuate by more than 7.5 percent from the prior year's award. Innovation grants were first awarded

in November 2016 and were continued with subsequent funding in 2017. HRSA identified four priority areas: (1) retention of a qualified workforce, (2) enrollment and retention of eligible families, (3) coordination of services across systems, and (4) continuous quality improvement (CQI). States, territories, and tribes applied for funding based on their specific plans around creation of a resource, service, network, or approach designed to improve practices in a particular priority area.¹

Program Requirements

Each year, a Notice of Funding Opportunity (NOFO) or a non-competing continuation update (NCC Update) outlines the program requirements for MIECHV awardees and provides instructions for completing applications for the MIECHV Program—Formula Awards.

- **Serving priority populations.** MIECHV programs must prioritize serving the populations identified in the authorizing legislation, including:
 - Low-income families
 - Families in priority communities
 - Pregnant women under age 21
 - Families with a history of child abuse or neglect
 - Families with a history of substance misuse or with members who need substance misuse treatment
 - Families with users of tobacco in the home
 - Families with children who have low student achievement
 - Families with children who have developmental delays or disabilities
 - Families with individuals who are serving or have served in the Armed Forces, including those with multiple deployments

¹ More on the [FY 2017 Home Visiting Innovation Awards](#) can be found on the HRSA website.

- **Selection of an evidence-based home visiting service delivery model.** Awardees must select a model or models that:

- Meet the needs of the state's, territory's, or jurisdiction's targeted priority populations
- Provide the best opportunity to accurately measure and achieve meaningful outcomes in the benchmark areas
- Can be implemented effectively with fidelity to the model, based on available resources and support from the model developer
- Are well-matched to the needs of the awardee's early childhood system

[Home Visiting Evidence of Effectiveness](#) (HomVEE) evaluates potential models and identifies those that qualify as evidence-based, according to the criteria for effectiveness established by the Department of Health and Human Services (HHS). HRSA may make additional determinations about which models meeting HHS-criteria for evidence of effectiveness align with MIECHV statutory and program requirements and are eligible for implementation with MIECHV funds. (See more on this under *Home Visiting Models*, on page 7.)

Awardees may also conduct and evaluate a service delivery model that qualifies as a *promising approach*, which is defined as a model that “conforms to a promising and new approach to achieving the benchmark areas . . . [and] has been developed or identified by a national organization or institution of higher education, and will be evaluated through [a] well-designed and rigorous process.”² However, awardees may spend no more than 25 percent of the grant award for this purpose.

- **Fidelity to a home visiting service delivery model.** Whether implementing an evidence-based home visiting service delivery model or a promising approach, fidelity requirements include all aspects of initiating and implementing a home visiting model, including but not limited to the following:

- Recruiting and retaining program participants
- Providing initial and ongoing training, supervision, and professional development for staff
- Establishing a management information system to track data related to fidelity and services
- Developing an integrated resource and referral network to support participant needs

- **Model enhancements.** Awardees may be interested in enhancing an evidence-based model to better meet the needs of a community. Because of the importance of model fidelity, awardees who wish to adopt an enhancement to a model must receive prior approval from both HRSA and the model developer. Enhancements do not need to have been rigorously tested; however, they cannot alter the core components of the model with respect to program impact.

- **Enrollment.** As home visiting programs develop and implement policies and procedures related to recruitment, enrollment, disengagement, and reenrollment of program participants, they should strive to balance continuity of services to eligible families and availability of slots to unserved families. They should also avoid dual enrollment (enrolling a family in more than one home visiting model).

2 Social Security Act; Maternal, Infant, and Early Childhood Home Visiting Programs; title V, section 511 (d)(3)(A)(ii).

- **High-quality supervision.** Title V of the Social Security Act requires awardees to maintain high-quality supervision of home visitors. Awardees and LIAs should develop and implement policies and procedures that ensure the effective provision of reflective supervision program-wide with model fidelity. Reflective supervision is characterized by three key elements:³
 - **Reflection** — “stepping back” to consider the work from multiple perspectives, including how the work emotionally affects the home visitor
 - **Collaboration** — respectful, mutual exchange that allows for creating solutions together
 - **Regularity** — a mutually determined and set schedule for supervision
- **State-led evaluations.** Awardees must conduct state-level evaluations if they are implementing a promising approach. They are encouraged to conduct or continue to conduct other state-led evaluations that can help them answer questions that are important to their state, particularly if they are implementing an approved model enhancement.
- **CQI and Performance Measurement Plans.** Awardees are required to implement an approved CQI plan and to continue to implement an approved Performance Measurement Plan.
- **Collaboration with early childhood partners, and coordination with early childhood systems.** Awardees must ensure the provision of high-quality home visiting services by developing and implementing the following:
 - Appropriate linkages and referral networks, including statewide early childhood systems
 - A continuum of home visiting services for families and children prenatally through kindergarten entry
 - Policies and procedures that ensure coordination and collaboration with other home visiting and early childhood partners to ensure a smooth and seamless transition and sustained services for eligible families and children through kindergarten entry
 - Memorandums of Understanding with agencies named in the NOFO to ensure their involvement in MIECHV project planning, implementation, and/or evaluation
- **Fiscal considerations.** Awardees should be aware of how grant funds may and may not be used, including:
 - Limitations on the use of funds to support direct medical, dental, mental health, and legal services
 - Restriction of funds spent on recipient-level infrastructure to 25 percent of award amount, unless preapproved by HRSA. Recipients may not spend more than 25 percent of the award amount on infrastructure expenditures without HRSA’s prior approval. Recipient-level infrastructure expenditures may include a combination of administrative expenditures that are subject to a 10 percent administrative cap and recipient-level infrastructure expenditures necessary to enable recipients to deliver MIECHV services.
 - The need to allocate and track funds received from different funding sources separately (sometimes known as braiding funds), rather than merge or blend them

³ Heller, S. S., & Gilkerson, L. (2009). *A practical guide to reflective supervision*. Washington, DC: Zero to Three.

- **Subrecipient monitoring.** Awardees must monitor the performance of subrecipients for compliance with federal requirements, program expectations, fiscal requirements, and effective management of MIECHV funding. They must execute contracts with all subrecipients and must have a subrecipient monitoring plan in place that describes how awardees will ensure proper expenditure of funds and implementation of home visiting models with fidelity. See the [Subrecipient Monitoring Manual for Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Award Recipients](#) for more information.
- **Needs assessment.** [The Bipartisan Budget Act of 2018](#) required awardees to review and update a statewide needs assessment by October 1, 2020 in order to identify priority communities and populations and determine the capacity and quality of other programs related to home visiting in the jurisdiction, the number and types of individuals and families who receive services through these other initiatives, gaps in services, and the extent to which other programs are meeting the needs of eligible families. The needs assessment findings inform states and territories strategic decision-making, and help identify opportunities for collaboration to strengthen and expand services for priority families.



HRSA-Approved Home Visiting Models

The MIECHV authorizing legislation requires 75 percent of grant funding to be spent on program models that [HomVEE](#) has found to be effective, according to the HHS criteria for evidence-based models. (The remaining 25 percent of federal funds can be used to support implementation of and research on promising approaches or models that are not yet deemed to be evidence-based.) [Home Visiting Programs: Reviewing Evidence of Effectiveness](#) summarizes the process that HomVEE uses to review the effectiveness of potential models and the results of the reviews. This work is ongoing, and new models are regularly identified through HomVEE's review process. A list of the [currently approved service delivery models](#) is available on HRSA's website.

Models vary in several ways—for example, in their target populations, their staff qualifications, the intensity and duration of services, and they type of services offered. States and territories can select one or more approved models to implement, provided that the selected model(s) do the following:

- Meet the needs of the identified priority communities and/or any specific target populations that are in the statute
- Provide the best opportunity to achieve meaningful outcomes in benchmark areas and performance measures
- Can be implemented with fidelity, based on available resources
- Are well matched to the needs of the state or territory's early childhood system

Performance Measures

HRSA requires MIECHV Program awardees to [report annually on their program's performance](#) related to the statutorily defined benchmark areas. The MIECHV performance measurement system includes a total of 19 measures across the 6 benchmark areas.

Figure 1: Benchmark Areas and Associated Performance Measures

<p>Maternal and Child Health</p> <ul style="list-style-type: none"> • Preterm Birth • Breastfeeding • Depression Screening • Well-Child Visits • Postpartum Care • Tobacco Use 	<p>Childhood Injuries, Child Abuse and Maltreatment, and Reduction of Emergency Department Visits</p> <ul style="list-style-type: none"> • Safe Sleep • Child Injury • Child Maltreatment 	<p>School Readiness and Achievement</p> <ul style="list-style-type: none"> • Parent-Child Interaction • Early Language and Literacy Activities • Developmental Screening • Behavioral Concern Inquiries
<p>Crime and Domestic Violence</p> <ul style="list-style-type: none"> • Intimate Partner Violence Screening 	<p>Family Economic Self-Sufficiency</p> <ul style="list-style-type: none"> • Primary Caregiver Education • Continuity of Health Insurance 	<p>Coordination and Referrals</p> <ul style="list-style-type: none"> • Completed Depression Referrals • Completed Developmental Referrals • Intimate Partner Violence Referrals

Reporting Requirements

MIECHV programs are required to report regularly to HRSA on their program's performance through annual and quarterly performance reporting, using the [Home Visiting Information System](#):

- [Form 1—Demographic Performance Measures](#) collects annual data on demographic, service use, and select clinical indicators.
- [Form 2—Benchmark Performance Measures](#) enables awardees to report annually on their progress on performance indicators and systems outcomes.
- [Form 4—Quarterly Data Collection](#) tracks data on enrollment, place-based services, family engagement, and staff recruitment and retention. Awardees that are on an Outcome Improvement Plan related to a formal assessment of improvement may also use this form to submit data for target measures within the benchmark areas where they did not demonstrate improvement.

Program Oversight

HRSA Federal Project Officers are responsible for overseeing federal grants and cooperative agreements under the MIECHV Program and for monitoring the post-award performance of projects and programs. This includes reviewing progress and performance reports, conducting regular monitoring calls, making operational site visits, and working in partnership with the Grants Management Specialist to determine the following:

- If recipient progress is consistent with drawdown and expenditure of funds
- If unobligated balances are being accumulated, and how or whether they will be spent
- Actual or potential organizational compliance issues, or project-specific issues of a performance or compliance nature that could affect the funded project

Project Officers are the first point of contact for awardees in managing their federal funds and should be contacted regarding any questions about the technical requirements of a grant. Project Officers can also provide TA. They work collaboratively with technical assistance providers to ensure program integrity, data quality, and integration of *early childhood comprehensive systems* (ECCS) and MIECHV grants and cooperative agreements.

Project Officers also work with HRSA's Division of Financial Integrity to review and address the impact of audit findings and in-depth financial assessments of awardees. In this case, the Project Officers' duties include regularly interacting with diverse stakeholders including internal audiences (e.g., federal staff at the HRSA and HHS levels) and external audiences (e.g., grant recipients, contractors, professional associations, and other constituency groups).

Technical Assistance (TA)

Section 511 of the Affordable Care Act (MIECHV) also provides for TA to awardees administering programs or activities conducted in whole or in part with MIECHV funds. MIECHV's TA providers support state and territory awardees in successfully planning, implementing, evaluating, and improving home visiting services. The TA providers have a HRSA-aligned goal to provide high-quality, timely, and useful support through a coordinated process to address awardees' needs and requests. All TA providers collaborate to bring their areas of expertise to the provision of TA so that awardees' needs are met effectively. TA is available to MIECHV awardees through the organizations and centers described below.

Home Visiting—Improvement Action Center (HV-ImpACT)

HV-ImpACT provides programmatic TA to state and territory MIECHV awardees in implementing MIECHV-funded evidence-based home visiting programs. Education Development Center, Inc. (EDC), is the lead organization for HV-ImpACT, partnering with Georgetown University Center for Child and Human Development and Change Matrix, LLC. HV-ImpACT provides two types of TA: universal TA, which includes newsletters, webinars, information briefs, and communities of practice, and targeted TA, which is customized for each awardee based on identified TA needs. HV-ImpACT creates, leads, analyzes, and uses results from an annual Priority Scan, during which MIECHV awardees have the opportunity to weigh in on their progress and goals and their most pressing needs around supporting program implementation and improvement.

Home Visiting Collaboration, Innovation, and Improvement Network (HV ColIN 2.0)

HV ColIN 2.0's mission is to achieve breakthrough improvements in select process and outcome measures, including benchmark areas legislatively mandated for the MIECHV Program, while reducing or maintaining program costs. HV ColIN 2.0 plans, manages, and executes the scaling up of interventions that HV ColIN 1.0 tested and found to be effective in alleviating maternal depression and promoting early child development. In addition, the collaborative develops, evaluates, and tests new sets of evidence-informed change strategies related to additional benchmark areas, using the Institute for Healthcare Improvement's Breakthrough Series Model. This model assists awardees and LIAs in using CQI methodologies to build their capacity to sustain and scale effective practices and to implement CQI as a tool for ongoing program monitoring and improvement.

Design Options for Maternal, Infant, and Early Childhood Home Visiting Evaluation (DOHVE)

DOHVE provides support for awardees in building their capacity to expand the evidence base on home visiting, strengthen programs, and share knowledge. DOHVE collaborates with awardees to develop meaningful evaluation plans, facilitate evaluation implementation, and identify opportunities to disseminate findings through journals, briefs, webinars, and other channels. DOHVE also supports state-tribal coordination to provide home visiting services, collect data, and meet federal performance measurement requirements. Other work includes building awardees' capacity to plan and conduct return-on-investment analyses, and promoting links between home visiting and other early childhood data systems.

Home Visiting—Performance Measurement and Continuous Quality Improvement (HV-PM/CQI)

EDC was awarded a two-year, \$2.4M contract on May 21, 2018, to operate the MIECHV HV-PM/CQI TA Center. HV-PM/CQI works in close collaboration with HV-ImpACT, HV ColIN, and DOHVE. The center's team of TA specialists provides guidance to the 56 state and territory MIECHV awardees on the development of performance measurement and CQI plans; proper aggregation, reporting, and analysis of performance data; and best practices in building subrecipients' capacity in these areas. HV-PM/CQI provides both universal and targeted TA.

Programmatic Assistance for Tribal Home Visiting (PATH)

PATH provides universal, targeted, and intensive programmatic TA to tribal MIECHV award recipients to build their capacity to implement high-quality home visiting programs within tribal communities and to develop integrated early childhood systems serving American Indian and Alaska Native families. Funded through ACF, PATH partners with the Arizona State University Office of American Indian Programs to deliver contracted tasks.

Tribal Home Visiting Evaluation Institute (TEI)

TEI provides TA, leadership, and support to promote excellence in community-based research and evaluation of MIECHV initiatives that serve American Indian and Alaska Native (AIAN) children and families through the Tribal MIECHV Program. TEI provides TA on evaluation, culturally appropriate data collection tools and measures, benchmarks, data systems, CQI, data protection and privacy, and ethical dissemination and translation of evaluation findings derived from research on AIAN home visiting programs to external audiences.

Evaluation and Research

The legislation for MIECHV emphasizes the importance of using research and evaluation funds to support well-designed, rigorous research that contributes to the field of home visiting. Specifically, the legislation calls for “a continuous program of research and evaluation activities in order to increase knowledge about the implementation and effectiveness of home visiting programs, using random assignment designs to the maximum extent feasible.”⁴ The following initiatives support MIECHV in these kinds of research and evaluation efforts.

Home Visiting Evidence of Effectiveness (HomVEE)

HomVEE was launched in the fall of 2009 to conduct a thorough and transparent review of the home visiting literature and identify evidence-based models that meet MIECHV criteria. HomVEE assesses the evidence of effectiveness for home visiting program models that serve families with pregnant women and children from birth to kindergarten entry. The HomVEE review is conducted by Mathematica Policy Research. Awardees can use this information during their needs assessment or at other times to assess how well a model meets the needs of their community.

Mother and Infant Home Visiting Program Evaluation (MIHOPE)

MIHOPE was a legislatively mandated, large-scale random assignment evaluation of the effectiveness of the home visiting programs funded by MIECHV. It systematically estimated the effects of MIECHV programs on a wide range of outcomes and studied the variations in how programs are implemented. The study included 88 program sites in 12 states nationwide. MIHOPE included four evidence-based home visiting models: Early Head Start–Home-Based Option, Healthy

Families America, Nurse-Family Partnership, and Parents as Teachers. MIHOPE reports include [Implementation of Evidence-Based Early Childhood Home Visiting](#), [Impacts on Family Outcomes of Evidence-Based Early Childhood Home Visiting](#), and [A Summary of Results from the MIHOPE and MIHOPE-Strong Start Studies of Evidence-Based Home Visiting](#).

Mother and Infant Home Visiting Program Evaluation—Strong Start (MIHOPE-Strong Start)

MIHOPE-Strong Start was a partnership between the Centers for Medicare and Medicaid Services (CMS) and ACF. MI-HOPE-Strong Start evaluated the effectiveness of two evidence-based home visiting models—Healthy Families America and Nurse-Family Partnership—to improve birth and health outcomes for expectant families enrolled in Medicaid or the Children’s Health Insurance Program. The evaluation was part of the CMS Innovation’s Strong Start for Mothers and Newborns initiative. See [A Summary of Results from the MIHOPE and MIHOPE-Strong Start Studies of Evidence-Based Home Visiting](#).

Home Visiting Applied Research Collaborative (HARC)

HARC was established in 2012 with core support from a cooperative agreement with HRSA’s Maternal and Child Health Bureau (MCHB) as part of MIECHV. HARC is a voluntary, practice-based network for conducting collaborative, field-initiated studies with local home visiting programs, regardless of the particular model used. Through its second five-year cooperative agreement with MCHB, HARC is building on its prior work by promoting innovative methods to establish the evidence base for precision home visiting.

⁴ U.S. Code § 711. Maternal, infant, and early childhood home visiting programs (h)(3)(A).

Other Partners and Stakeholders

[Association of State and Tribal Home Visiting Initiatives \(ASTHVI\)](#)

ASTHVI is dedicated to supporting members in the effective implementation and improvement of home visiting programs at the state, territory, and tribal levels. ASTHVI and its members pursue opportunities to inform and educate federal officials, policymakers, stakeholders, and the media about their work in states and communities. Through ASTHVI, administrators of home visiting initiatives have a forum to share challenges, strategies, and successes in implementing home visiting initiatives.

[Center of Excellence \(CoE\) for Infant and Early Childhood Mental Health Consultation \(IECMHC\)](#)

The CoE for IECMHC helps communities support the success of the next generation by increasing access to evidence-based IECMHC. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the center helps states, tribes, and communities use IECMHC as a tool to promote mental health and school readiness.

[Operational Site Visits](#)

Operational site visits for MIECHV awardees are conducted by DSFederal. The visits document awardee progress; assess awardees' statutory, administrative, program, and fiscal compliance with the grant award; identify awardee challenges and TA needs, as applicable; identify awardee best practices to share and highlight; and develop site visit reports based on site reviews.



[Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network \(ECCS CoIIN\)](#)

The [ECCS CoIIN](#)—an initiative supported by HRSA's MCHB and led by the [National Institute for Children's Health Quality](#)—seeks to enhance early childhood comprehensive systems to ensure that families have the resources they need to raise children who are physically, socially, and emotionally healthy and ready to learn.

[Rural Health Integration Models for Parents and Children to Thrive \(IMPACT\)](#)

The Rural Health IMPACT program provides training, TA, and implementation support to rural communities to implement evidence-based, two-generational strategies that promote the health and well-being of young rural children and create economic opportunities for their families. Currently led by West Virginia University Research Corporation, the initiative focuses on improving early childhood systems to meet the needs of infants diagnosed with Neonatal Abstinence Syndrome or other prenatal substance exposure and their families, with demonstration sites in northern West Virginia. The program also provides universal TA to MIECHV communities experiencing similar needs.

Infant-Toddler Court Program (ITCP)

The ITCP aims to improve the health, safety, well-being, and development of infants, toddlers, and families in the child welfare system through the implementation and quality improvement of infant-toddler court teams. Infant-toddler court teams provide case management and family support to infants and toddlers in the child welfare system and work to strengthen and align the child welfare, health, and early childhood and community systems in order to foster the health and well-being of infants and toddlers and their families. ZERO TO THREE currently leads training, TA, implementation support, and evaluation research for sites using the [court-team approach](#).

Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)

Project LAUNCH, operated under the auspices of the SAMHSA Center for Mental Health Services, promotes the health and well-being of children from birth to age 8.

National Child Traumatic Stress Network (NCTSN)

NCTSN was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and create access to services for children and families who experience or witness traumatic events. NCTSN is funded by HRSA and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress.

National Home Visiting Resource Center (NHVRC)

NHVRC provides comprehensive information about early childhood home visiting. The center's website houses an annual home visiting yearbook, state-level data, information about home visiting research and evaluation, briefs on cutting-edge topics, and news and stories about home visiting.



Frequently Used MIECHV Terms and Abbreviations

Term	Abbreviation
Administration for Children and Families	ACF
American Academy of Pediatrics	AAP
American Indian and Alaska Native	AIAN
Assistant Contracting Officer's Representative	ACOR
Association of State and Tribal Home Visiting Initiatives	ASTHVI
Center for Law and Social Policy	CLASP
Center for Medicare and Medicaid Innovation	CMMI
Center for the Study of Social Policy	CSSP
Center of Excellence for Infant and Early Childhood Mental Health Consultation	CoE IECMHC
Centers for Disease Control and Prevention	CDC
Centers for Medicare and Medicaid Services	CMS
Child Abuse Prevention and Treatment Act	CAPTA
Child Care and Development Fund	CCDF
Children's Health Insurance Program	CHIP
Child Protective Services	CPS
Code of Federal Regulations	CFR
Collaborative Innovation and Improvement Network	CoIIN
continuous quality improvement	CQI
Contracting Officer's Representative	COR
Department of Health and Human Services	HHS
Design Options for Home Visiting Evaluation	DOHVE
early childhood education	ECE
Early Childhood Learning and Knowledge Center	ECLKC
Early Intervention	EI
Family First Prevention Services Act	FFPSA
Federal Project Officer	FPO

Term	Abbreviation
Health Resources and Services Administration	HRSA
Home Visiting Applied Research Collaborative	HARC
Home Visiting Collaborative Improvement and Implementation Network	HV CoIIN
Home Visiting Evidence of Effectiveness	HomVEE
Home Visiting—Performance Measurement and Continuous Quality Improvement	HV-PM/CQI
Individuals with Disabilities Education Act	IDEA
Infant and Early Childhood Mental Health Consultation	IECMHC
intimate partner violence	IPV
local implementing agency	LIA
Maternal and Child Health Bureau	MCHB
Maternal, Infant, and Early Childhood Home Visiting Program	MIECHV Program
Memorandum of Agreement	MOA
Memorandum of Understanding	MOU
Mother and Infant Home Visiting Program Evaluation	MIHOPE
National Home Visiting Resource Center	NHVRC
National Institutes of Health	NIH
Notice of Funding Opportunity	NOFO
Office of Child Care	OCC
Office of Head Start	OHS
Office of Planning, Research, and Evaluation	OPRE
Programmatic Assistance for Tribal Home Visiting	PATH
Substance Abuse and Mental Health Services Administration	SAMHSA
Temporary Assistance to Needy Families	TANF

