Supplement 1 Select Home Visiting Models Demonstrating Positive Child or Maternal Health Outcomes*

MODEL	DESCRIPTION	TARGET POPULATION	FREQUENCY/DURATION/ SERVICES	HOME VISITOR QUALIFICATIONS**	OUTCOMES + SPECIFIC MENTAL HEALTH MEASURES APPROVED
Attachment and Biobehavioral Catch-Up (ABC–Infant)	Training and education program for caregivers of infants, including high-risk birth parents and caregivers of young children in foster care, kinship care (such as a grandparent raising a grandchild), and adoptive care.	Caregivers/infants 6-24m, including high-risk birth parents and caregivers of young children in foster care, kinship care (for example, a grandparent raising a grandchild), and adoptive care.	10 60-minute weekly sessions	Parent coaches must complete screening, training and year-long certification under supervision of a clinician	Child Development/School Readiness - attachment to caregivers - disruptive behavior Child Health Positive Parenting Practices
Child First	Works to decrease the incidence of emotional and behavioral disturbance, developmental and learning problems, and abuse and neglect among high-risk young children and families.	Pregnant women and families with children from birth through age 5	First month: 2X weekly, 60 to 90 minutes by the team, then frequency and visitor adjusted based on family input and needs.	Licensed mental health clinician (Masters level) and care coordinator (Bachelors degree)	Child Development/School Readiness - social-emotional/behavioral health Maternal Health - psychiatric symptoms - depression - decreased parent-child systems under stress Linkages and Referrals
Early Head Start Home- Based Option	Provides early, continuous, intensive, and comprehensive child development and family support services.	Low-income pregnant women and families with children younger than age 3, most of whom are at or below the federal poverty level or eligible for Part C services under the Individuals with Disabilities Education Act in their state.	Minimum weekly 90-minute home visits and two group socialization activities per month for parents and their children	Home Visitor Child Development Associate (CDA), a comparable credential, or equivalent coursework as part of an associate's or bachelor's degree.	Child Development/School Readiness - social-emotional functioning - positive approaches to learning - engagement with parent - cognitive functioning - attachment security Linkages and Referrals Family Economic Self- Sufficiency Maternal Health - emotional supportiveness between family members - family cohesion - sense of mastery or control over their life - psychological empowerment Positive Parenting Practices

Supplement 1 Select Home Visiting Models Demonstrating Positive Child or Maternal Health Outcomes* (continued)

MODEL	DESCRIPTION	TARGET POPULATION	FREQUENCY/DURATION/ SERVICES	HOME VISITOR QUALIFICATIONS**	OUTCOMES + SPECIFIC MENTAL HEALTH MEASURES APPROVED
Family Check-Up® For Children	A strength-based, family-centered intervention designed to support parents' efforts to promote children's behavioral and mental health and prevent behavior problems. It can be integrated into a variety of service settings, including home visiting or by telehealth with virtual sessions for parents or a web-based application.	Families with children ages 2-5+ or facing familial adversity including socioeconomic disadvantages and maternal depression.	Phase 1: 3 1-hr sessions (interview, assessment, feedback) no more than one month apart. Phase 2: Optional follow-up services, which may include Everyday Parenting sessions (30 minutes each). As a health promotion and prevention strategy, Phase 2 of Family Check-Up can be limited to 1 to 3 Everyday Parenting sessions. As a treatment approach, Phase 2 can range from 3 to 15 Everyday Parenting sessions. (The average family participates in 3 to 6 sessions.)	Providers must have experience delivering family- based interventions. While not required, it is recommended that Family Check- Up providers have a master's degree in counseling, social work, education, or a related field.	Child Development/School Readiness - behavioral health problems Maternal Health - maternal depression Positive Parenting Practices
Family Connects	Aims to support families' efforts to enhance maternal and child health and well-being and reduce rates of child abuse and neglect.	Available to all families with newborns who live within a defined service area, which could be a region, county, city, neighborhood, or other geographic area. The model is designed for families with newborns ages 2 to 12 weeks but may reach families earlier or later (as long as the child is under six months old) when special needs are present (for instance, if an infant had been admitted for neonatal intensive care).	1 to 3 home visits by a registered nurse 2 to 12 weeks after the child's birth, follow-up telephone contacts with families and community agencies confirm families' successful linkages with community resources. The initial home visit typically lasts 1.5 to 2 hours. Home visitors provide more than one visit to about 30 percent of families based on their needs and continued interest in the program.	Nurses	Child Health Maternal Health - possible anxiety disorder Positive Parenting Practices Linkages and Referrals
Family Spirit®	"Seeks to promote mothers' parenting skills while assisting them in developing coping and problem-solving skills to overcome individual and environmental stressors. Incorporates traditional tribal teachings throughout the curriculum; cultural teachings are protective factors that can improve maternal and child health in American Indian communities."	Pregnant women and families with children younger than age 3. Originally implemented with American Indian families but also used with non-Native populations with high maternal and child behavioral health disparities.	Weekly visits through the child's first 3 months, biweekly from 4 to 6 months, monthly from 7 to 22 months, and bimonthly from 23 to 36 months of age. Visits typically last 45 to 90 minutes.	Paraprofessionals from the community, prefereably familiar with the local or tribal culture, traditions, and language(s). High school education plus two or more years of related work experience minimum.	Child Development/School Readiness - social-emotional/behavioral health Maternal Health - social-emotional/behavioral health - depression symptoms - substance use Positive Parenting Practices

Supplement 1 Select Home Visiting Models Demonstrating Positive Child or Maternal Health Outcomes* (continued)

MODEL	DESCRIPTION	TARGET POPULATION	FREQUENCY/DURATION/ SERVICES	HOME VISITOR QUALIFICATIONS**	OUTCOMES + SPECIFIC MENTAL HEALTH MEASURES APPROVED
Health Access Nurturing Development Services (HANDS) Program	Designed to prevent child maltreatment, improve family functioning, facilitate positive pregnancy and child health outcomes, and maximize child growth and development	First-time pregnant mothers or parents with children up to 3 months old, who have multiple challenges, such as single parenthood, low income, substance abuse problems, or being victims of abuse or domestic violence.	Families progress as they successfully meet criteria outlined in the level system, which includes six options: Level 1-P (prenatal), Level 1, Level 2, Level 3, Level 4, and Level 0. It is not expected that all families will move through all levels. Home visits average an hour in duration.	Families progress as they successfully meet criteria outlined in the level system, which includes six options: Level 1-P (prenatal), Level 1, Level 2, Level 3, Level 4, and Level 0. It is not expected that all families will move through all levels. Home visits average an hour in duration.	Child Health Family Econonmic Self- Sufficiency Maternal Health Reductions in Child Maltreatment
Healthy Families America (HFA)®	Seeks to reduce child maltreatment, improve parent-child interactions and children's social-emotional well-being, and promote children's school readiness.	Individual HFA sites select the specific characteristics of the target population they plan to serve (such as first-time parents, parents on Medicaid, or parents within a specific geographic region). Families enroll before the child's birth or within three months of the child's birth, with services avaialble at least until age 3 to 5 as site resources and preferences allow.5	At least one home visit per week for the first six months after a child's birth, with less frequent visits after, depending on families' needs and progress over time. Typically, home visits last one hour.	Minimum of a high school diploma and be selected on criteria including experience working with chidlren and families, ability to establish trusting relationships and experience working in communities served.	Child Development/School Readiness - behavioral health and development - special education services in elementary school Child Health Family Economic Self- Sufficiency Linkages and Referrals Maternal Health - anxiety and depressive symptoms - alcohol use Positive Parenting Practices Reductions in child maltreatment Reductions in juvenile delinquency, family violence, and crime
Home Instruction for Parents of Preschool Youngsters (HIPPY)®	Aims to support parents and caregivers as their children's first teacher. Focuses on parent-involved and parent-directed early learning. HIPPY services are offered to parents, who then work with their own 2-through 5-year-old children.	Parents with children ages 2 through 5 years.	Weekly, hour-long home visits for 30 weeks per year and two-hour group meetings at least six times per year. Up to 4 years	Parent peers, trained to deliver curriculum	Child Development/School Readiness Positive Parenting Practices

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MODEL	DESCRIPTION	TARGET POPULATION	FREQUENCY/DURATION/ SERVICES	HOME VISITOR QUALIFICATIONS**	OUTCOMES + SPECIFIC MENTAL HEALTH MEASURES APPROVED
Intervention Nurses Start Infants Growing on Healthy Trajectories (INSIGHT)	Responsive parenting model guiding parent repsonses child's needs across four behavioral states: (1) drowsy, (2) sleeping, (3) fussy, and (4) alert (interactive play and feeding).	First-time mothers and their infants from birth until child's 3rd birthday	Four visits in child's first year + two clinic visits and two telephone contacts between child's 1st and 3rd birthday	Registered nurses	Child Development/School Readiness - self-soothing - recovery from distress
Maternal Early Childhood Sustained Home- Visiting Program (MECSH)	Designed to enhance maternal and child outcomes by providing supplemental prenatal and postpartum services beyond traditional care .	Parents with children younger than age 2 years who are at risk of adverse parental and/or child health and development outcomes	MECSH is designed to provide a minimum of 25 home visits for families who enrolled prenatally and 22 visits for families who enrolled postnatally. These visits continue until the child's second birthday and last from 60 to 90 minutes.	Registered nurses	Child Health Maternal Healt Positive Parenting Practices
Maternal Health Outreach Worker (MIHOW)	Works to improve child and maternal health outcomes, increase use of linkages and referrals to medical and social services, and build positive parenting skills.	Low-income families experiencing stress and isolation. Pregnnat women, children up to 36 months	Monthly 1-hour home visits from pregnancy up to child's third birthday.	Commuity heath workers, called outreach workers must be from the local communuity and have a high school diploma or equivalent, positive parenting history, and similar background to participants.	Child Health Linkages and Referral Maternal Health Positive Parenting Practices
Maternal Infant Health Program (MIHP) - MIchigan	Aims to reduce rates of maternal and infant morbidity and mortality by promoting healthy pregnancies, positive birth outcomes, and healthy growth and development for infants. designed to supplement regular prenatal and infant care by offering tailored education and counseling, care coordination, and referrals.	Pregnant women and infants up to 18 months old who receive Medicaid in Michigan	MIHP maternal services include an assessment visit and up to nine additional monthly visits to implement the plan of care during pregnancy. Mothers are also eligible to receive care as needed up to 60 days postpartum. MIHP infant services also include an assessment and up to nine additional monthly visits in the first year of the child's life.	Registered nurse, licensed social worker	Child Health Maternal Health

Supplement 1 Select Home Visiting Models Demonstrating Positive Child or Maternal Health Outcomes* (continued)

MODEL	DESCRIPTION	TARGET POPULATION	FREQUENCY/DURATION/ SERVICES	HOME VISITOR QUALIFICATIONS**	OUTCOMES + SPECIFIC MENTAL HEALTH MEASURES APPROVED
Minding the Baby® Home Visiting (MTB-HV)	Aims to bridge primary care and mental health services for infants by pairing a nurse with a mental health professional to conduct home visits.	First-time parents living in low-income settings	The intervention lasts about 27 months, beginning in the second or early third trimester of pregnancy and continuing until the child's second birthday. During pregnancy, MTB-HV's goal is to deliver at least 8 to 10 weekly visits, although there are sometimes fewer depending on when a mother enrolls and delivers. Home visits take place weekly during the child's first year and transition to every other week during the second year. Visits vary in length, but average 45 to 90 minutes.	Registered nurse, Masters level mental health professoinal (licensed social workers preferred)	Child Health Maternal Health
Nurse-Family Partnership (NFP)®	Designed to improve (1) prenatal and maternal health and birth outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/ or maternal life course development.	First-time pregnant women and their children, starting no later than the end of the woman's 28th week of pregnancy to age 2.	Visit frequency is flexible and content is adapted to meet the needs of the client based on the client's strengths, risks, and preferences. Home visits typically last 60 to 75 minutes.	Registered nurse	Child Development/School Readiness - behavioral or emotional health - language development/ delays - mental cognitive functioning - emotional regulation - executive functioning - substance use at age 12 Child Health Family Economic Self- Sufficiency Maternal Health - sense of mastery or control over their own life - anxiety, depression, overall mental health Positive Parenting Practices Reductions in child maltreatment Reductions in juvenile delinquency, family violence, and crime

Supplement 1 Select Home Visiting Models Demonstrating Positive Child or Maternal Health Outcomes* (continued)

MODEL	DESCRIPTION	TARGET POPULATION	FREQUENCY/DURATION/ SERVICES	HOME VISITOR QUALIFICATIONS**	OUTCOMES + SPECIFIC MENTAL HEALTH MEASURES APPROVED
Parents as Teachers (PAT)	Provides parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness.	Families with children birth to Kindergarten. Parents as Teachers affiliate programs select the target population they plan to serve and the program duration.	One-on-one home visits, monthly group meetings, developmental screenings, and linkages and connections for families to needed resources. Parent educators conduct the home visits using structured visit plans and guided planning tools. Local sites offer at least 12 hour-long home visits annually with more offered to higherneed families. Parents as Teachers serves families for at least two years between pregnancy and kindergarten.	Parent educators with a minimum of a high school diploma and at two years supervised work experience with young children, parents, or both. Four-year degree in early childhood education or equivalent experience preferred.	Child Development/School Readiness - Gross motor development - language development - mental processing Family Economic Self- Sufficiency Positive Parenting Practices
Play and Learning Strategies (PALS) Infant	Designed to strengthen parent-child bonding and stimulate children's early language, cognitive, and social development.	Families with children 5 to 18 months	10 weekly 90 minute sessions.	Certified parent coaches. Recommended minimum of an associate's degree in early childhood (or a related field) or a high school diploma and two years of work experience in an early childhood setting.	Child Development/School Readiness - cooperation, social engagement with parent or caregiver Positive Parenting Practices
Promoting First Relationships® —Home Visiting Intervention Model	Seeks to promote children's social-emotional development by helping parents read and understand children's cues and the unmet needs behind challenging behaviors, and supporting parents' use of sensitive and responsive caregiving behaviors	Parents of children birth to age 5	weekly hour-long home visits for 10 to 14 weeks. The model can be extended based on a family's needs.	Promotion Model- two- year degree, bachelor's preferred. Intervention Model - master's degree. All home visitors must have prior experience working with children and their parents from birth through age 5 years and should have strong parent-child observation and parent engagement skills.	Child Development/School Readiness - behavioral health - social/emotional health Positive Parenting Practices Reductions in Child Maltreatment

Supplement 1 Select Home Visiting Models Demonstrating Positive Child or Maternal Health Outcomes* (continued)

MODEL	DESCRIPTION	TARGET POPULATION	FREQUENCY/DURATION/ SERVICES	HOME VISITOR QUALIFICATIONS**	OUTCOMES + SPECIFIC MENTAL HEALTH MEASURES APPROVED
SafeCare Augmented	Aims to improve (1) parental health decision making skills, (2) the safety of the home environment, and (3) parenting skills and parent-infant/parent-child interactions. Designed to address behaviors that can lead to child maltreatment. seeks to promote children's social-emotional development by fostering secure and healthy parent-child relationships.	Familes with young childen birth to age 5	Up to 18 weekly or biweekly sessions of 60 minutes	No minimum requirments, all providers must receive training and SafeCare certification	Linkages and Referrals Reductions In Child Maltreatment Reductions in Juvenile Delinquency, Family Violence, and Crime

*Based on HHS Home Visiting Evidence of Effectiveness (HomVEE) (41). HomVEE captures child mental health outcomes within the "Child Develoment and School Readiness" evidence domain, while maternal mental health outcomes are captured under "Maternal Health" - known outcomes are listed as sub-bullets of these domains. Only active, U.S.-implemented models listed based on HOMEVee and National Home Visiting Resource Center's 2022 Home Visiting Yearbook (42).

NOTE: Not all home visiting models or home-based interventions may meet the strict criteria for HomVEE evidence, notably emerging and promising models that may not have funding for the most rigourous research.

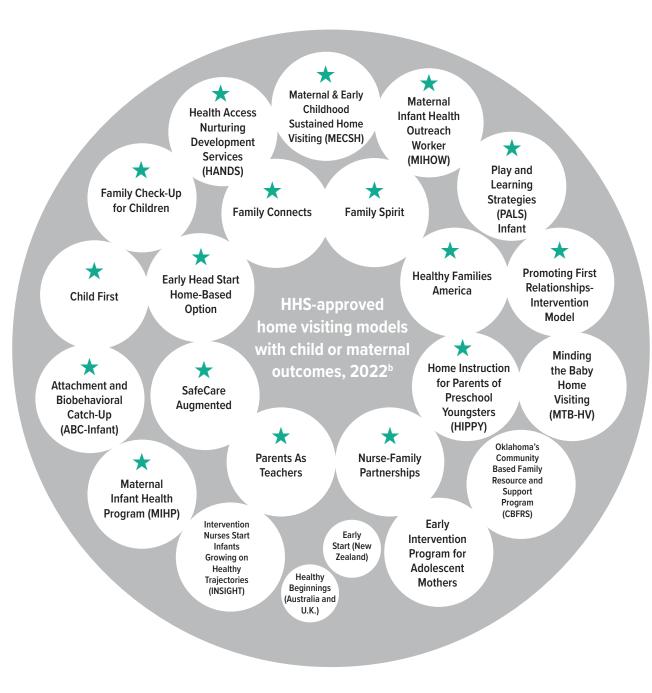
**This column only details home visitor type/qualifications and, not other required staff of each model, including program directors or other supervisory staff with additional qualifications who may supervise home visitors.



Supplement 2

HHS-approved home visiting models with child or maternal outcomes, 2022

★ Model active in at least one U.S. state in 2020 or 2021°



^bHom VEE, November 2022 https://homvee.acf.hhs.gov/sites/defalut/files/2022-11/

°(2022) 2022 Home Visiting Yearbook Arlington, VA: James Sell Associates and Urban Insitute https://nhvrc.org/about-home-visiting/models/