



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Health Resources and Services  
Administration**

**Rockville, Maryland 20857**

SEP 16 2013

Dear Tribal Leader:

I am writing to provide an update on current Tribal activities of the U.S. Department of Health and Human Services Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The Affordable Care Act (ACA) authorized the creation of the MIECHV program, which facilitates collaboration and partnership at the federal, state, and community level to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

The MIECHV program includes \$1.5 billion in funding during fiscal years 2010-2014, including a 3 percent set-aside for grants to Tribal entities. Additionally, the MIECHV program includes grants to states. Through the statewide needs assessments and the identified priority populations, many state MIECHV programs have included Tribal populations residing in at-risk communities. Currently, 24 Tribal entities across 11 states receive state MIECHV funding by way of their state needs assessments, in order to reach Tribal populations.

The Tribal MIECHV program, administered by the Administration for Children and Families (ACF), provides grants to Indian Tribes, consortia of Tribes, Tribal Organizations, and Urban Indian Organizations. The Tribal program mirrors the state program. The goal of the program is to support the development of healthy and successful American Indian and Alaska Native children and families through a coordinated home visiting system. To date, the Tribal MIECHV program has awarded 25 grants (cooperative agreements) totaling \$21 million to three "cohorts" of grantees in 14 states. Grants for all three cohorts were awarded competitively for 5 years, contingent on availability of funds.

State and Tribal MIECHV grantees are exploring opportunities to collaborate to better identify, engage, and serve children and families in Indian Country. These include discussions with Tribal elders and community members, meetings with local agencies currently serving Tribal families, joint early childhood and home visiting advisory councils and coalitions, joint home visiting training opportunities, workforce development, data sharing, and collaboration with Tribal Health Boards, to name a few.

While a number of states are using some of their resources to deliver home visiting services to American Indian populations, HRSA is encouraging states to consider doing more to engage Tribal communities and entities to benefit children and families in Indian Country. I encourage you to reach out to existing Tribal MIECHV grantees to learn more about their efforts to develop and implement home visiting programs. In addition, I encourage you to consider working with the state-wide entities to determine whether state-directed funds may be available to support the needs of your communities. Enclosed is information about the current ACF MIECHV Tribal awardees, state MIECHV grantees, and MIECHV grantee contact information.

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Please visit the following websites for further information on the MIECHV:

[www.mchb.hrsa.gov/programs/homevisiting](http://www.mchb.hrsa.gov/programs/homevisiting)  
[www.acf.hhs.gov/programs/occ/initiatives](http://www.acf.hhs.gov/programs/occ/initiatives)

To learn more about the Affordable Care Act, please visit [www.HealthCare.gov](http://www.HealthCare.gov).

Sincerely,

A handwritten signature in cursive script that reads "Mary Wakefield". The signature is written in dark ink and is positioned above the printed name and title.

Mary K. Wakefield, Ph.D., R.N.  
Administrator