Maternal, Infant, and Early Childhood Home Visiting (MIECHV) in

Montana

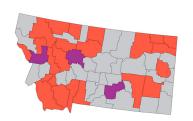


MIECHV provides federal funds to states, territories, and tribal entities for voluntary, evidence-based home visiting services. Home visitors meet with parents one on one from pregnancy through their child's kindergarten entry to help lay the foundation for the health, education, development, and economic self-sufficiency of the entire family. Visits by caring, experienced professionals who provide families support and connections to needed resources and services can help families leverage their strengths so they can thrive.

Since 2013, MIECHV has been level-funded at \$400 million annually and pre-pandemic estimates showed MIECHV reached only 3-5% of eligible families nationwide. As MIECHV is set to expire on September 30, 2022, reauthorization offers Congress the opportunity to provide additional investments that will enable home visiting programs to reach

more families. The National Home Visiting Coalition, of which FFYF is a member, recommends a five-year reauthorization that would increase funding by \$200 million annually (reaching \$1.4 billion in FY2027); doubling the MIECHV tribal set-aside from 3% to 6% to reach more families in American Indian and Alaska Native communities; and continuing to allow virtual home visiting implemented with model fidelity as a service delivery option for families who choose it.

Montana MIECHV Program At-a-Glance



Rural: Beaverhead, Chouteau, Custer, Daniels, Dawson, Deer Lodge, Flathead, Gallatin, Glacier, Hill, Lake, Lewis And Clark, Madison, Mineral, Park, Powell, Roosevelt, Rosebud, Sheridan, Silver Bow, Teton, Toole, Valley

Urban: Cascade, Missoula, Yellowstone

In FY21:

\$4,389,895

was awarded to the Montana

Department of Public Health and Human

Services¹

Within Montana, MIECHV provided/served:*

1,326 families14,342 home visits1,257 children

Evidence-based models providing MIECHV-supported home visiting services in Montana include:









Montana Performance Highlights:

of caregivers were asked if they had any concerns regarding their child's development, behavior, or learning in their postpartum home visit

. 84.1%

of caregivers enrolled in home visiting were screened for intimate partner violence within 6 months of enrollment

Home Visitor Huddle: This monthly, voluntary, one hour, call is facilitated by the state team and driven by the local home visitors. The state team provides a space in a virtual meeting format for home visitors to join and ask each other questions. The huddle serves as a peer sharing opportunity facilitated by the state team and discussion is led by the home visitors who join the call



Family Needs[^]

States tailor their programs to meet community needs, with priority given to certain populations listed in the law.

In Montana:

◆ 49.3% of households were low-income

• 48.4% of households reported a history of child abuse or maltreatment

42.3%

of households included someone who used tobacco products in the home

Montana Families Receiving Home Visiting



Black (1%)

Asian (<1%)

Multiple (4%)

American Indian/Alaska Native (15%)

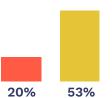


To protect confidentiality, race categories with less than 10 respondents have been omitted.

Ethnicity*

Hispanic or Latino

Child's Age*







3 - 5

Potential Beneficiaries:

In Montana, an estimated 54,600 families could benefit from home visiting with sufficient funding.*

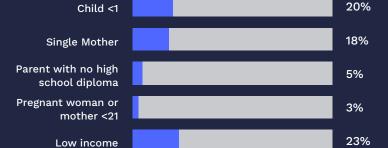
• 46% of families met one or more priority criteria.

• 16% of families met two or more priority criteria more priority criteria.

The estimated percentage of families who could benefit in Montana met the following priority criteria*:

Infants

< 1



71,900 children could benefit from home visiting with sufficient funding.*

