The Positive Impact of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) in Arkansas

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.

In FY21:
$7,465,107 was awarded to the Arkansas Department of Health

Within Arkansas, MIECHV provided/served:

2,008 families
28,209 home visits
2,174 children

Arkansas Performance Highlights:
- 95.1% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery.
- 91.4% of caregivers enrolled in home visiting received an observation of caregiver-child interaction by the home visitor using a validated tool.
- Increasing Completed Developmental Referrals:
  Partnered with the state’s Early Intervention Part C Program to develop a pilot project focused on improving the partnership between Part C and home visiting in order to increase completed developmental referrals.

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

In Arkansas:
- 79.9% of households were low income.
- 32.5% of households included a child with developmental delays or disabilities.

Potential Beneficiaries:
In Arkansas, an estimated 178,200 families could benefit from home visiting with sufficient funding.

- 54% of families met one or more priority criteria.
- 23% of families met two or more priority criteria.

222,400 children could benefit from home visiting with sufficient funding.*

Arkansas Families Receiving Home Visiting

Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>White (59%)</td>
<td>36%</td>
</tr>
<tr>
<td>Black (34%)</td>
<td>37%</td>
</tr>
<tr>
<td>Multiple (2%)</td>
<td>27%</td>
</tr>
<tr>
<td>Asian (2%)</td>
<td></td>
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<tr>
<td>American Indian/Alaska Native (2%)</td>
<td>30%</td>
</tr>
</tbody>
</table>

To protect confidentiality, race categories with less than 10 respondents have been omitted. Percentages may not add to 100%.

Ethnicity

13% Hispanic or Latino

Child’s Age

- 36% Infant <1
- 37% Toddler 1-2
- 27% Preschool 3-5

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

- Child <1: 20%
- Single Mother: 25%
- Parent with no high school diploma: 7%
- Pregnant woman or mother <21: 4%
- Low income: 30%

References: National Home Visiting Resource Center (NHVRC) 2021 Yearbook, MIECHV State Data Tables (FY2020) (*); HRSA Home Visiting Program Fact Sheets (**).