

The Positive Impact of

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



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:

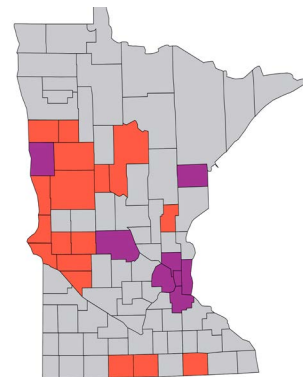
\$8,827,460

was awarded to the Minnesota
Department of Health¹

Within Minnesota, MIECHV provided/
served:*

1,772 families
21,309 home visits
1,521 children

Minnesota MIECHV Program At-a-Glance



- Rural:** Becker, Big Stone, Cass, Chippewa, Faribault, Kanabec, Mahnomon, Martin, Mower, Norman, Otter Tail, Pope, Stevens, Swift, Traverse, Wadena, Wilkin
- Urban:** Anoka, Carlton, Clay, Dakota, Hennepin, Ramsey, St. Louis, Stearns, Washington

Evidence-based models providing MIECHV-supported home visiting services in Minnesota include:[^]



Minnesota Performance Highlights:[^]

- ◆ **92.5%** of caregivers enrolled in home visiting had continuous health insurance coverage for at least 6 consecutive months
- ◆ **79.1%** of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis
- ◆ **Data System Updates:** Minnesota launched a new data system, Information for Home Visiting Evaluation (IHVE) in 2020. IHVE data collection forms are integrated in electronic health record (EHR) systems used by MIECHV local implementing agencies, reducing data entry burden for home visitors. These EHR systems submit data to IHVE continuously, providing state MIECHV staff with near real-time program data. The IHVE system enables Minnesota to build reports to support grant management, performance measurement, and continuous quality improvement with timely data.



Family Needs[^]

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

In Minnesota:

- ◆ **70.3%** of households were low income
- ◆ **15.8%** of households included someone who used tobacco products in the home
- ◆ **10.5%** of households included a pregnant enrollee under 21

Minnesota Families Receiving Home Visiting

Race*

- White (60%)
- Black (25%)
- Asian (9%)
- Multiple (4%)
- American Indian/Alaska Native (2%)



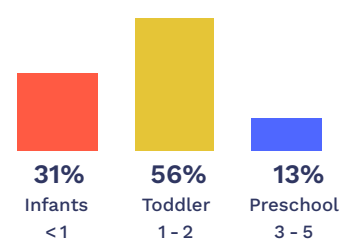
To protect confidentiality, race categories with less than 10 respondents have been omitted. Percentages may not add to 100%

Ethnicity*

22%

Hispanic or Latino

Child's Age*

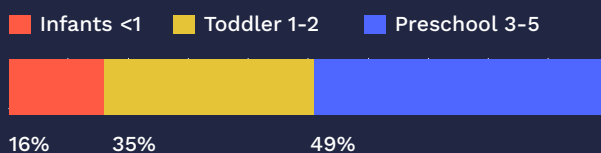


Potential Beneficiaries:

In Minnesota, an estimated 319,800 families could benefit from home visiting with sufficient funding.*

- ◆ **43%** of families met one or more priority criteria.
- ◆ **15%** of families met two or more priority criteria.

412,000 children could benefit from home visiting with sufficient funding.*



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

