HRSA

Health Resources & Services Administration

Title V MCH Block Grant Program

ARKANSAS

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Arkansas

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director
Dr. Hattie Scribner Family Health Branch Chief/MCH State Director hattie.scribner@arkansas.gov (501) 661-2495	Regina Davenport DDS Assistant Director regina.davenport@dhs.arkansas.gov (501) 683-0575

SSDI Project Director	State Family Leader
Tsai Mei Lin SSDI Project Director TsaiMei.Lin@arkansas.gov (501) 661-2514	Danielle Kimbrough DDS Program Coordinator danielle.kimbrough@dhs.arkansas.gov (501) 682-1461

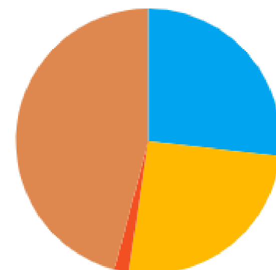
State Youth Leader
No Contact Information Provided

State Hotline: (800) 235-0002

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$7,362,342
State MCH Funds	$7,037,700
Local MCH Funds	$0
Other Funds	$476,703
Program Income	$12,617,024

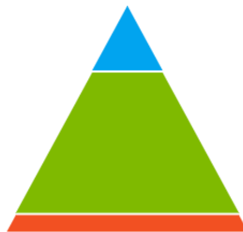
FY 2023 Expenditures



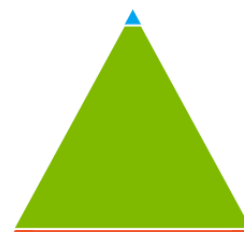
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$2,145,901	$1,333,634
Enabling Services	$4,665,305	$18,321,089
Public Health Services and Systems	$551,136	$476,703

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



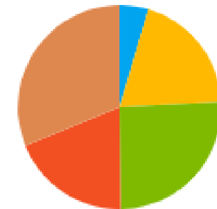
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	89.9%	$1,241,835
Infants < 1 Year	98.2%	$5,313,066
Children 1 through 21 Years	69.5%	$6,954,031
CSHCN (Subset of all infants and children)	69.5%	$5,147,337
Others *	4.1%	$8,444,138

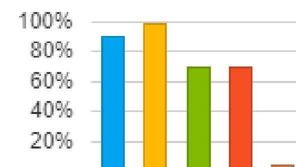
*Others– Women and men, over age 21.

FY 2023 Expenditures

Total: $27,100,407



FY 2023 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

<table>
<tr><th>Priority Needs and Associated Measures</th><th>Reporting Domain(s)</th></tr>
<tr><td>Physical Activity

NPMs
• Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child
   ○ ESM PA-Child.1: Percent of children attending public schools, grades K through 5, who are in the normal or healthy weight zone for Body Mass Index.
   ○ ESM PA-Child.2: Percent of school personnel who participated in Coordinated School Health training with increased knowledge of evidenced-based physical activity practices and curriculum and physical activity services provided by School Health Services
• Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day (Physical Activity - Adolescent, Formerly NPM 8.2) - PA-Adolescent
   ○ ESM PA-Adolescent.1: Percent of school personnel who participated in Coordinated School Health trainings with increased knowledge of evidenced-based physical activity practices and curriculum and physical activity services provided by School Health Services</td><td>Child Health,
Adolescent Health</td></tr>
<tr><td>Access to Care

SPMs
• SPM 1: Percent of newborns with timely follow-up of a failed hearing screening
• SPM 2: Percent of youth, grades 9 through 12, who report using nicotine products
• SPM 4: Percent of Family Health Branch, Arkansas Home Visiting Program, and Title V CSHCN staff who complete an equity training
• SPM 3: Percent of families with children with special health care needs served by Title V CSHCN who report that their child received the health care services they needed</td><td>Perinatal/Infant Health,
Adolescent Health,
Children with Special Health Care Needs,
Cross-Cutting/Systems Building</td></tr>
<tr><td>Oral Health

NPMs
• Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy
   ○ ESM PDV-Pregnancy.1: Number of presentation or education events on the importance of oral health during pregnancy</td><td>Women/Maternal Health</td></tr>
</table>

Developmental, Behavioral and Mental Health of Children
 	
NPMs
• Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS
  ○ ESM DS.1: Percent of WIC-enrolled children ages 2-59 months at Learn the Signs Act Early (LTSAE) sites who received developmental monitoring
  ○ ESM DS.2: Percent of children, ages 2-59 months, in home visiting programs who were referred for therapy due to the results of a developmental screening using a validated parent-completed tool
	Child Health

Child Safety Due to Intentional Injury
 	
NPMs
• Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child
  ○ ESM IH-Child.1: Percent of children served in home visiting programs who have reports of child maltreatment
• Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY
  ○ ESM BLY.1: Number of school personnel, partners, and community members participating in mental health related trainings
	Child Health,
	Adolescent Health

Transition to Adulthood
 	
NPMs
• Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR
  ○ ESM TR.1: Percent of PCP practices of transition age children (12 through 17) receiving Title V CSHCN services that participate in the Six Core Elements of Health Care Transition self-assessment
  ○ ESM TR.2: Percent of key stakeholders and referral sources who participated in the Title V CSHCN Health Care Transition training with increased knowledge of Health Care Transition and Health Care Transition services provided by Title V CSHCN
  ○ ESM TR.3: Percent of transition age CSHCN (ages 12 through 17) served by Title V CSHCN who received transition services and supports in the past 12 months from Title V CSHCN
  ○ ESM TR.4: Number of School District Special Education Teachers, General Education Classroom Teachers, and District Professionals attending professional development training that complete a Title V Health Care Transition Readiness Assessment Survey
  ○ ESM TR.5: Number of School-based Health Center Coordinators that complete a Title V Health Care Transition Readiness Assessment Survey with questions regarding the school district's health center
	Adolescent Health,
	Children with Special Health Care Needs

<table>
<tr><td>
ESM TR.6: Number of CSHCN (ages 12-17) with an annual update to the transition plan developed with the youth and family.
</td><td></td></tr>
<tr><td>
Persistently High Infant Mortality Rate

NPMs

Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC
ESM RAC.1: Percent of Arkansas birthing hospitals that complete the CDC Levels of Care Assessment Tool (CDC LOCATe) annually
A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF
ESM BF.1: Percent of infants enrolled in the WIC program who have ever been breastfed
A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS
ESM SS.1: Percent of women enrolled in the WIC Plus Baby and Me Program who place their infant to sleep on their back

</td><td>Perinatal/Infant Health</td></tr>
<tr><td>
Well Woman Care

NPMs

Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
ESM WWV.1: Number of women, ages 18 through 44, with a past year preventive medical visit in an Arkansas Department of Health local health unit

</td><td>Women/Maternal Health</td></tr>
</table>

Executive Summary

Program Overview

Arkansas Title V Maternal and Child Health Services Block Grant
2023 Report and 2025 Application

III.A. Executive Summary
III.A.1. Program Overview
This annual report represents the fifth submission under the Maternal and Child Health (MCH) federal guidance for the 2021-2025 cycle and includes National Performance Measures (NPM), State Performance Measures (SPM), and Evidenced-based/Evidence-Informed Strategy Measures (ESM).

The Arkansas Department of Health (ADH) is one of 15 state agencies comprising the executive branch under the direction of Governor Sarah Huckabee Sanders' leadership. The Title V Maternal and Child Health Block Grant (MCHBG) supports the ADH's mission and vision by addressing emerging and priority needs, improving gaps in and barriers to access to care, and increasing the capacity of the public health and health care systems and workforce.

The MCH programs are housed in the ADH's Family Health Branch (FHB), which is part of the agency's Division for Health Advancement (DHA). Arkansas's Title V MCHBG Program consists of shared leadership between the ADH Family Health Branch and the Arkansas Department of Human Services' (ADHS) Children's with Special Services (aka Children with Special Health Conditions - CSHCN) within the Division of Developmental Disabilities Services (DDS). The state Title V MCH leadership team makes program and policy decisions and ensures alignment across programs and agencies. Designated state priority leads oversee program and policy work and provide technical assistance and oversight to local Title V grantees.

The 2019/2020 Title V and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) needs assessment findings informed the selection of priority needs, strategies, objectives, and measures in the state's 2021-2025 Title V action plan.

Table 1: Highest Priority Needs by Health Domain, NPM and/or SPM

Priority Need	Health Domain	NPM/SPM
Physical Activity	Child, Adolescent	NPM 8
Access to Care	Adolescent Perinatal/Infant CSHCN	SPM 2 SPM 1 SPM 3, 4
Persistently High Infant Mortality Rate	Perinatal/Infant	NPM 3, 4, 5
Oral Health	Women/Maternal	NPM 13
Child Safety Due to Intentional Injury	Child Adolescent	NPM 7 NPM 9
Developmental, Behavioral, Mental Health	Child	NPM 6
Transition to Adulthood	Adolescent CSHCN	NPM 12
Well Woman Care	Women/Maternal	NPM 1

Arkansas selected 11 NPM (not inclusive of postpartum visits and medical home) that most closely align with the priorities mentioned above. Arkansas also selected four SPM to monitor progress with state priority needs not specifically addressed by an NPM. The state-specific priorities are newborn hearing screening, adolescent nicotine use, the health care system for CSHCN, and implicit bias in public health systems.

The Title V staff conducted an interim needs assessment survey among its domain workgroup stakeholders and partners. Each Title V domain is made up of stakeholders with lived experience, professional expertise, and/or community leadership and engagement skills who serve in an advisory capacity to the Arkansas Title V team. The intent was to gain input and insight on problem areas, gaps in services, and emerging issues. A REDCap survey link to the questionnaire was emailed in March 2024 to a group of 150 MCH domain workgroup stakeholders and partners. A total of 113 participants responded to the survey. Participants were asked to describe the type of organization they served in 2023, county of residence and service, MCH population(s) they served, age, race and ethnicity, and gender. Based on their MCH population selection(s), participants were asked a series of questions regarding last year's greatest public health problems, gaps in public health, what public health is doing well, strengths and weaknesses, and emerging health issues for those MCH populations. Across the board for all five domains, mental health became a consistent theme as a public health problem, gap in public health, weakness of the system, and an emerging health issue.

Women/Maternal Health. Half of respondents said mental health disorders was the most important public health problem in 2023. Other important public health problems that women/maternal health faced were lack of access to early and adequate prenatal care and being overweight/obese. **Gaps:** More than 40% of respondents indicated assistance navigating through health or public health systems as a gap in services. Mental health services (35%) and the availability of maternity care services (20%) were also issues.

Weaknesses: Respondents mentioned limited access and availability of maternal health care providers and lack of mental health, alcohol, and drug rehabilitation resources as weaknesses in the public health system for women. Public transportation to health services and difficulty navigating health and insurance systems were also highlighted. **Strengths:** Respondents cited the Arkansas Department of Health's many programs for women's health such as family planning; Women, Infants and Children (WIC)/Nutrition program; and maternity clinics, as well as locations and extended hours. **Emerging Issues:** Access to maternal health providers and mental health services top the list for what respondents perceived as emerging issues for women's health.

Perinatal/Infant Health. The survey showed that premature delivery, unsafe sleep practices, and non-initiation or early termination of breastfeeding were the greatest concerns for perinatal/infant health. **Gaps:** More than half of respondents felt the greatest gap was assistance in navigating the health or public health system. The availability of transportation services and healthcare providers were also shown to be gaps in the system. **Weaknesses:** Respondents shared that difficulty countering misinformation about vaccinations; lack of education for pregnant and new mothers; and lack of parental knowledge were weaknesses in the public health system. **Strengths:** Several respondents said the WIC/Nutrition program, breastfeeding support, and vaccinations were strengths in the public health system for perinatal/infant health. **Emerging Issues:** When asked what emerging issues they saw for perinatal/infant health, respondents said lack of parental education and maternal opioid use, or neonatal opioid withdrawal syndrome were becoming issues.

Child Health. Four out of five respondents selected developmental and behavioral disorders as the most pressing problem for children's health. Overweight/obese (42%) and physical inactivity (25%) ranked second and third. **Gaps:** Similar to previous MCH populations, the number one gap in the health for children was assistance in navigating through health and public health systems. **Weaknesses:** Half of respondents cited lack of mental and behavioral health services as a weakness for the public health system for children's health. **Strengths:** Strengths included Medicaid access, improved awareness for the importance of mental health, and safety net programs. **Emerging Issues**: Half (50%) of respondents who answered this question said mental health was an emerging issue for children. Bullying and suicide also appeared as emerging issues for this age group.

Adolescent Health. The list of leading public health concerns for adolescents mirrors the list for children's health: mental health disorders (84%) and being overweight/obese (42%). **Gaps:** Mental health services were listed as the main gap in adolescent health in Arkansas (72%). **Weaknesses:** Half (53%) of respondents viewed lack of mental health resources, providers, and inpatient treatment for teens as a weakness. Lack of dental health for teens and tobacco/vaping, drug, and alcohol rehabilitation and education were also listed as weaknesses for the adolescent public health system. **Strengths:** Respondents felt that access to immunizations, reproductive health clinics, and telehealth options were strengths of the public health system for adolescents. **Emerging Issues:** Mental health was a consistent theme across all MCH populations, and adolescents were no different. Access to mental and emotional health services for youth was frequently cited as an emerging issue.

CSHCN. Obtaining personal care services and lack of engagement of evidence-based practices related to transition to adult health care were listed as the most important public health problems affecting CSHCN. Transportation availability and access to case management were also top concerns. **Gaps:** When asked about gaps in health for CSHCN, respondents selected mental health services, education about Medicaid eligibility categories of assistance, and obtaining personal care services/respite care. **Weaknesses:** As with gaps in health care for CSHCN, mental and behavioral health services access for CSHCN was listed as a weakness in the public health system. Other perceived weaknesses of the system were transportation to providers and resources, obtaining information on respite resources, long wait time for waiver programs and services, uneven quality of providers and coordinators, and case manager turnover. **Strengths:** Several respondents said case management and care coordination were strengths of the public health system for CSHCN. Availability of resources, services, and supporting agencies and provider availability and access were also mentioned. **Emerging Issues:** Several respondents listed equal access and equity to mental health services as an emerging health concern for CSHCN. Respite care for families; easier access to treatments, medications, supplies, and equipment; and transportation, particularly in rural areas, were also cited as emerging issues.

The Title V program supports coordinated, family-centered services, including services for children with special needs. Within the quality improvement initiative, the Title V staff analyze efforts, effectiveness, as well as the impact of work to improve public health policies and processes. The Title V Program's nurse care coordinators worked with families to develop family-centered plans, to reach priority goals for children with special needs and their families. Nurse care coordinators also coordinate support and services for eligible families through collaborative partnerships with other programs and related agencies. Partnerships with related agencies around common goals ensure coordinated, comprehensive services to assist families in reaching their goals for their children.

The Arkansas Home Visiting Network (AHVN) works with several agencies including Arkansas Center for Health Improvement (ACHI), ADH, Arkansas Advocates for Children, and the Arkansas Chapter of American Academy of Pediatrics to help identify activities and strategies to help reduce health disparities for Arkansas families. Key strategies to help eliminate health inequalities include 1) connecting families with prenatal care, postnatal care, doulas, and services that help provide transportation to medical appointments; 2) connecting local MIECHV programs with local food banks and statewide nutritional programs that help address food insecurity; and 3) connecting local MIECHV programs with resources designed to assist families in establishing medical and dental homes.

The MIECHV AHVN works closely with Delta Dental and Arkansas Blue Cross Blue Shield through the Natural Wonders Council to address health disparities at a system level, including disseminating medical and dental resources, insurance option information, and public assistance options to MIECHV-served families. The AHVN also works closely with statewide medical systems to include home visiting as an important option for addressing the state's high infant mortality rate. The AHVN assists MIECHV-funded models in reducing racial and ethnic health disparities by providing training and technical assistance designed to improve cultural competency in the delivery of screenings, assessments, case management, family support, and referrals.

The MIECHV AHVN funded programs utilize Family Map Inventories to identify each family's strengths and risks—including social determinants of health—to assist home visiting staff in making appropriate referrals and connecting families with helpful resources. In addition, the AHVN has partnered internally with Arkansas Children's Hospital (ACH) in helping to expand Arkansas Resource Connect (a customized version of the FindHelp website) to better assist home visitors and early childcare workers in connecting families with resources available locally. The AHVN is currently working with Arkansas Resource Connect to ensure that each home visiting program is connected to the system and has the technical assistance needed to use the system to connect families to services.

The Title V MCH programs strive to ensure women and children receive the health benefits they are entitled to; including preventive health services and screening, to promote the importance of coordinated care, and to address issues of health equity. The Title V program works cohesively with the Office of Health Disparities Elimination (OHDE) to effectively address pertinent issues and maximize the impact of efforts. The OHDE collaborated with the Arkansas Breastfeeding Coalition, Arkansas Minority Health Commission, and several community-based organizations (CBOs) to provide safe sleep and lactation education statewide. Most recently, OHDE partnered with ADH Worksite Wellness to create reserved parking spaces for expecting employees at the ADH main office and lab as part of a continuing effort toward creating equitable environments. OHDE also collaborates with the Arkansas Minority Health Commission (AMHC), the ACHI, and the University of Arkansas for Medical Sciences (UAMS) to improve state health data collection, use, and dissemination strategies that represent diverse populations in state health planning, program development and awareness initiatives.

Program evaluation efforts are ongoing to determine the effectiveness of program strategies and improve outcomes. The MCH epidemiologist works with the Arkansas State Systems Development Initiative (SSDI) staff to provide data, measure progress, and inform decision making around program objectives and measures.

Expanding and maintaining long-term partnerships continues to be the driving force of success to address priority needs statewide. Working with diverse stakeholders provides an unconventional venue to capture individuals that are most vulnerable. Other accomplishments include the Arkansas Maternal Mortality Review Committee (AMMRC) co-branding of the Hear Her statewide media campaign launched to educate the public about the Urgent Maternal Warning Signs. Also, during the 2023 legislative session three bills were enacted.

- Act 581 ensures healthcare providers receive reimbursement from Arkansas Medicaid program for offering Long-Acting Reversible Contraceptives (LARC) immediately and during the postpartum period.
- Act 553 amended the law concerning postmortem examinations. The state medical examiner is mandated to conduct a postmortem examination on a pregnant woman or woman who was pregnant 365 days prior to her death and the death is potentially related to the care of or physiology of pregnancy or the maintenance of the pregnancy, unless the death resulted from a medical condition or injury not related to the pregnancy.
- Act 67 amended the law concerning the confidentiality of and the providing of information by the Prescription Drug Monitoring Program. A MOA now exists between PDMP and AMMRC allowing the nurse abstractor access to PDMP records. This creates another path to obtain patient medical records.

The largest ongoing challenge facing MCH is staffing. The State of Arkansas hiring freeze of state funded employees is ongoing as well as the difficulty to hire qualified candidates due to the competitive pay to secure high-quality employees. As of March 2024, the Governor announced an initiative to revise the state's pay plan.

How Federal Title V Funds Complement State-Supported MCH Efforts

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

ADH supports MCH efforts by funding nursing salaries and supplies for MCH services in the agency's local health units. MCH staff participate on various committees and boards to remain abreast of information and trends to develop strategies essential to reducing service gaps statewide. A few examples include 1) Arkansas Maternal/Perinatal Outcomes Quality Review Committee (MPOQRC), which review data on births and develop strategies to improve outcomes; 2) AMMRC works to understand pregnancy-associated deaths and create actionable steps to prevent future deaths; 3) Universal Newborn Hearing Screening, Intervention and Tracking Advisory Board – serves in an advisory capacity to ensure early detection of hearing conditions for all infants; 4) Excel by Eight Initiative – a collaborative advocating to improve health and education outcomes for infants and toddlers; and 5) Arkansas Children's Hospital (ACH) Natural Wonders Partnership Council, First 100 Days Workgroup – a network of child health groups, agencies, and funding sources collaborating to address the evolving health issues of children in their first 100 days of life.

As of April 2024, the Federal-State Partnerships expenditure totaled $27,493,769. In FY24, the state spent 54.16% of the Title V funds on preventive and primary care for children, including school health programming, adolescent health, and programs focusing on safe sleep, breastfeeding, and reducing child maltreatment. CSHCN supported 31.40% of care coordination, specialty outreach clinics, respite care, support for family involvement, and home modifications. Nine percent were spent on providing maternity services for pregnant women. The Family Planning Program receives funding via Title X, as well as commercial and Medicaid reimbursement.

Title V funding also builds public health infrastructure for the children with special health care needs (CSHCN) population. Program funding is used by Arkansas's Children's Special Services - CSS to build health care infrastructure and build community capacity to support CSS parents. Listed below are a few examples of contracts and subgrants, which support CSHCN services.

- The Community-Based Autism Liaison and Treatment Program trains in screening and diagnosing developmental delays and disabilities.
- Arkansas Disability Coalition's Family 2 Family Health Information Center provides peer-to-peer mentoring and training for CSHCN families.
- Project DOCC (Delivery of Chronic Care) trains CSHCN parents as teachers and provides medical residents insight in working with CSHCN and their families.
- The Arkansas Parent Advisory Council (PAC) provides leadership opportunities to CSHCN parents and supports parent engagement.
- The Leadership Education in Neurodevelopmental Disabilities (LEND) explores, develops, and evaluates ways to address medically, socially, and economically interrelated health/developmental needs of CSHCN and their families. LEND lectures are attended by Title V staff to increase their knowledge and skills in supporting CSHCN and their families.

MCH Success Story

III.A.3. MCH CSHCN Success Story

This year's success stories represent how the Arkansas MCH programs assist mothers and children access quality MCH services with family-centered, community-based, coordinated care for children including those with special health care needs (CSHCN).

Story #1: A mother participating in the Following Baby Back Home (FBBH) model under the MIECHV home visiting program was unable to afford a wagon and stroller for her special needs infant. The goal of FBBH is to provide care for families with low-birthweight, preterm babies after discharge from a Neonatal Intensive Care Unit (NICU). The program purchased the items for her special needs infant. The mother shared this message with the home visitor.

> *"I just can't stop smiling! I have been praying for this wagon for so long! There's just no way I could ever say thank you enough to show my gratitude. This is such a blessing for my baby."*

Story #2: In 2023, a newborn failed their newborn hearing screening. The hospital informed the Infant Hearing Program (IHP) of the results. The IHP staff mailed educational materials to the parents and contacted the primary care physician (PCP) to facilitate the referral to a pediatric audiologist for evaluation. The infant received screening at 34 days of age and a diagnostic evaluation confirming a hearing condition before turning two months of age. The IHP connected the family to the Arkansas Hands & Voices' Guide by Your Side program, which is a family-to-family support service for families with deaf/hard of hearing children. The child was enrolled in an early intervention service to identify a plan for language acquisition by four months of age.

Story #3: A non-verbal, immobile ten-year-old child was unable to make her needs known to others. The child was not attending school nor the medical appointments, which prompted a welfare check by law enforcement. Unfortunately, the parents were not pleased when law enforcement knocked on the door. The Title V Case Manager spoke with the parent and explained that the authorities were there to assist them both (parent/child). The parents did not realize how important it was for the child to visit their PCP and specialist appointments regularly to obtain home supplies.

The parent also needed a car seat to transport the child to appointments. The Case Manager worked with the child's PCP and the Durable Medical Equipment provider to obtain a car seat. The school district screened the child and recommended a home school plan. The child began to receive the health care needed.

Currently, the child attends school one day per week for therapy and the parent gets a break from full-time caregiving. The parent also returns phone calls from the Title V Nurse routinely. This family is experiencing a better quality of life because the parent's perception of services was addressed in a non-threatened manner.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Arkansas

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.