MIECHV Overview

The Health Resources and Services Administration, in close partnership with the Administration for Children and Families (ACF), funds the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program for state, territory, and tribal entities to develop and implement voluntary home visiting programs, using models that are proven to improve child health while being cost effective. Examples of evidence-based models include Family Spirit, Healthy Families America, Nurse Family Partnership, and Parents as Teachers.

MIECHV provides voluntary, home-based services to low-income, high-risk families with young children. Trained parent educators visit participants in their homes to help families build healthy and productive lives.

Home Visiting:

- Encourages pregnant mothers to get timely health checks and, for parents of young children, encourages them to keep current on well-child checks and immunizations
- Helps parents develop strong bonds with their infants and toddlers while supporting positive and playful learning through parent-child interactions
- Screens parents and children to identify potential risk factors (e.g., child development delays, caregiver depression, domestic violence)
- And, if screenings identify risks, connect parents to necessary community services

The federal MIECHV program’s outcome data demonstrates home visiting as an effective strategy to reduce the need for government intervention and spending. In the long term, research shows the MIECHV program reduces health care and child protection costs, decreases the need for remedial education, and increases family self-sufficiency.

The federal MIECHV program requires that grantees demonstrate improvement among eligible families participating in the program in six national benchmark areas:

- Maternal and newborn health
- Child injuries, child maltreatment, and emergency department visits
- School readiness and achievement
- Crime or domestic violence
- Family economic self-sufficiency
- Coordination and referrals

MIECHV home visitors collect data on these benchmarks to evaluate their programs, which allows them to see how their services impact enrolled families. This process includes incorporating continuous quality improvement methods to utilize their resources effectively.
NORTH DAKOTA MIECHV

The North Dakota MIECHV program is housed with Prevent Child Abuse North Dakota. After conducting a statewide needs assessment, the North Dakota MIECHV program collaborated with the Spirit Lake Nation (Sacred Beginnings) and the Turtle Mountain Band of Chippewa Indians (Turtle Mountain Home Visiting Program) to provide direct services. The sites were chose due to the high needs of American Indians and Alaskan Natives, which in 2014 comprised 5% of the total population in North Dakota making it the state’s largest minority population.

American Indian maternal and child health risk factors in North Dakota as of 2012 (rate per 1,000):

[compiled from North Dakota Compass and the North Dakota Department of Health]

<table>
<thead>
<tr>
<th>Health Risk Factor</th>
<th>American Indian</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Breastfeeding at Discharge</td>
<td>497.2</td>
<td>182.2</td>
</tr>
<tr>
<td>Smoking During Pregnancy</td>
<td>390.5</td>
<td>142.6</td>
</tr>
<tr>
<td>Inadequate Prenatal Care</td>
<td>244.1</td>
<td>29.4</td>
</tr>
<tr>
<td>Teen Birth</td>
<td>185.8</td>
<td>50.9</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>17.6</td>
<td>5.1</td>
</tr>
</tbody>
</table>

Nine home visitors (four at Spirit Lake and five at Turtle Mountain) serve a total of 180 (80 at Spirit Lake and 100 at Turtle Mountain) pregnant women and families with infants or toddlers. Once enrolled in the North Dakota MIECHV program, the families receive two or more visits a month from a home visitor who, during the visits, addresses a variety of topics vital to the health and well-being of the children and their parents. Families volunteer for the program and do not pay for any home visiting services.

Currently, both North Dakota MIECHV sites are using the Parent as Teachers (PAT) model to serve pregnant mothers and children ages zero through three. PAT focuses on developing strengths, skills, and protective factors within the family.

Expansion of the ND MIECHV program from October 1, 2012 through September 30, 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Families Participated</th>
<th>Home Visits Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>12</td>
<td>42</td>
</tr>
<tr>
<td>2014</td>
<td>68</td>
<td>838</td>
</tr>
<tr>
<td>2015</td>
<td>222</td>
<td>1,741</td>
</tr>
<tr>
<td>2016</td>
<td>271</td>
<td>2,562</td>
</tr>
<tr>
<td>2017</td>
<td>228</td>
<td>2,932</td>
</tr>
</tbody>
</table>
Innovation Project Overview

The Prevent Child Abuse North Dakota (PCAND) Maternal, Infant and Early Childhood Home Visitation (MIECHV) Innovation Project provides coordination of home visiting programs with community resources and supports, including high quality, comprehensive statewide and local early childhood systems. This is a competitive grant awarded through the Health Resources and Services Administration MIECHV program.

The primary purpose of the North Dakota MIECHV Innovation project is to empower communities to be self-healing and trauma-informed by strengthening resources and services, which will lead to better outcomes for children, families and communities through the utilization of the ACEs Interface education.

The project utilizes a Self-Healing Community model framework as a base to build culturally competent trauma-informed education within North Dakota. The Self-Healing Community Initiative (SHCI) is an invitation for every person in North Dakota to contribute to healing, recovery and well-being. This initiative uses an evidence-based process that weaves together the wisdom of lived experience and the core gifts of community with the offerings of service providers and policy makers. The SHCI activities support community members and professionals to co-create sustainable solutions, building upon local strengths while honestly considering the difficulties that many people in our community face every day.

Empowering Communities through the Promotion of Trauma-Informed Systems

The North Dakota MIECHV Innovation Project will promote trauma-informed systems through the introduction and incorporation of a knowledge of trauma concepts based in neuroscience, epigenetics, adverse childhood experiences, and resiliency. The landmark Adverse Childhood Experiences (ACE) Study examined the lifelong health and social effects of 10 different childhood stressors and determined that these are powerful determinant of the public’s health. PCAND has begun to disseminate this knowledge by serving as the host for the ACE Interface Master Training in the state.

Prevent Child Abuse North Dakota will promote trauma-informed systems through the following objectives:

- Train expert presenters who deliver ACEs and related scientific findings
- Host dialogue with people throughout North Dakota to support locally tailored action to prevent ACEs and their effects
- Educate MIECHV home visitors to skillfully engage in conversation with parents about how their childhood adversity has affected them
- Develop video training modules about trauma, including the experience and impacts of historical trauma
- Convene leaders to co-create ACE-informed policy and program improvements
- Listen to the voices of people most affected by adversity and trauma, while helping people to employ trauma-informed approaches in our relationships, practices, and policies
ACE Interface Master Training

Prevent Child Abuse North Dakota is serving as the sponsoring organization for the state and currently holds the three-year license for use of the nationally renowned ACE Interface materials. Distribution of these materials will be guided by the North Dakota ACE Interface Master Trainers which includes over thirty people representing twenty-six organizations throughout the state.

PROPOSED IMPACT OF TRAINING

PRIMARY COUNTIES

SECONDARY COUNTIES

Trauma Training Videos

The North Dakota MIECHV Innovation Project will create videos that will serve as a platform to create dialogue surrounding trauma related concepts. The modules will be driven by a development team that includes both tribal and state stakeholders.

- **State System Video**
  - Introduction to Trauma and Trauma Related Concepts
  - Interviews with Key State Stakeholders

- **Turtle Mountain Videos**
  - Focus on Trauma and Healing
  - Interviews with Community Members

- **Spirit Lake Video**
  - Focus on Historical Trauma and Healing
  - Community Driven Incorporating Music and Culture