

GENERAL DESCRIPTION OF HOME VISITING

While there is some variation across evidence-based home visiting models (e.g., staff qualifications, the frequency of home visits, parenting curriculum, child and/or parent assessments, etc.), all programs share some common characteristics.

In-home visiting programs*, trained professionals meet regularly with at-risk expectant parents or families with young children in their homes to build positive relationships with families who ask for support. Home visitors evaluate the families' needs and tailor services to:

- Support prenatal health
- Assist mothers on how best to breastfeed and care for their babies
- Provide information and guidance on safe sleep practices, injury prevention, and nutrition
- Promote early learning in the home and early language development
- Teach parenting skills and model effective techniques
- Help parents understand child developmental milestone and behaviors
- Conduct developmental delays screening children and, if necessary, provide referrals
- Conduct postpartum depression, substance abuse, and family violence screenings and, if necessary, provide referrals

The trusting relationship established between the home visitor and the parents empower parents to take responsibility for their child's growth and explore the best options for their child.

HOME VISITING IN NORTH DAKOTA

Today, five home visiting models exist in North Dakota managed by Head Start agencies, tribal entities, public health and a non-profit agency. Various funding streams, Federal and/or local public/private donations, sustain the programs. See chart below.

Prevent Child Abuse of North Dakota manages the Federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program funded by Congress in 2010. All but three of 50 states receive and manage their MIECHV program through state agencies. If at the time MIECHV first became available, states chose not to apply, non-profits within the state became eligible for the grant. Because the State of North Dakota chose not to apply for MIECHV funding, Prevent Child Abuse of ND (PCAND) applied in 2011, received the MIECHV funding and now operates home visiting programs at Spirit Lake Nation and Turtle Mountain Band of Chippewa Indians. A 2010 North Dakota Department of Health Needs Assessment identified Benson, Ramsey and Rolette Counties as areas of highest risk in maternal and child health. The unemployment rate at Turtle Mountain rose above 70%, and 40% of Spirit Lake infants tested positive for substances. Additional risk factors identified included high rates of infant mortality, exposure to poverty, housing insecurity, low education, unemployment, child abuse, and domestic violence. This framed PCAND's decision to collaborate with the Turtle Mountain and Spirit Lake Tribes to deliver MIECHV home visiting services to the reservations and counties in the region.

*In North Dakota, many refer to North Dakota's federally funded Early Intervention and Right Track (IDEA-Part C) as "home visiting." When providing Part C services, infant-toddler disabilities experts conduct in-home developmental screenings, provide child development enrichment activities and parenting information, and serve children with developmental delays. At first blush, it would seem Part C and traditional home visiting programs duplicate services. However, rather than duplicate, they complement and strengthen one another's work when collaborating to bring their individual expertise to families.

HOME VISITING SERVICES CURRENTLY IN PLACE IN ND

HOST AGENCY	PROGRAM MODEL	TARGET AUDIENCE	CATCHMENT AREA	OBJECTIVES AND/OR PROGRAM COMPONENTS
Devils Lake, Dickinson and Fargo Head Start Programs	Early Head Start	Pregnant mothers, families with children ages 6 weeks to 5 years, children with special needs, high risk foster children	Dickinson, Devils Lake, and Fargo	<p>There are four major components to Head Start and Early Head Start:</p> <ul style="list-style-type: none"> Education: Providing learning experiences to help children grow intellectually, socially, emotionally. Health: Providing health services such as immunizations, dental, medical, and mental health, and nutritional services, and early identification of health problems. Parent Involvement: Involving parents in the planning and implementation of activities. Social Services: Provide outreach to families to determine what services they need.
Lutheran Social Services of North Dakota	Healthy Families America Funded by 15 private and public agencies in the Grand Forks and Bismarck	Families must be enrolled within two weeks after their baby's birth to age three, preferably to age five	Grand Forks, Nelson, Burleigh and Morton Counties	<p>Healthy Families seeks to address</p> <ul style="list-style-type: none"> Prevent child abuse and neglect by supporting positive, effective parenting Achieve optimal health, growth, and development in infancy and early childhood; Encourage educational attainment, job, and life skills among parents; Prevent repeat pregnancies during the teen years; and Promote parental health and well-being <p>Strategies include:</p> <ul style="list-style-type: none"> Providing information on pregnancy wellness, infant care and nutrition Promoting parent-child interaction Informing parents of infant and child development Conducting development screenings
Turtle Mountain, Spirit Lake, MHA Tribal Nations, UTTC	The Family And Child Education (FACE) Office of Indian Education funds	At risk, low-income pregnant mothers or mothers of newborns attending school	Dunseith, Fort Totten, Bismarck, New Town, and Belcourt	<p>FACE seeks to provide educational opportunities for American Indians and Alaskan Natives. FACE uses a home-visiting strategy to address geographic isolation. Three components to the FACE program:</p> <ul style="list-style-type: none"> Home-based parent education (<i>PAT Model</i>) Center-based preschool Center-based adult education.
Fargo Cass Public Health	Nurse-Family Partnership (NFP) Funded by Cass County	Vulnerable, first time, low-income mothers from pregnancy through the baby's second birthday.	Cass County and the city of Fargo	<p>NFP works to</p> <ul style="list-style-type: none"> Improve pregnancy outcomes by engaging women in preventive health practices and prenatal care, improving diet and nutrition, reducing the use of cigarettes, alcohol and illegal substances Improve child health and development by helping parents provide responsible and competent care Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.
Prevent Child Abuse North Dakota	Parents as Teachers HRSA funds	Priority is given to high-risk pregnant mothers and families with children up to age three	Rolette and Benson Counties	<p>Targeted participant outcomes include</p> <ul style="list-style-type: none"> Improved maternal and child health; Prevention of child injuries, child maltreatment, and reduction of emergency department visits Improvement in school readiness and achievement Reduction in crime or domestic violence Improvements in family economic self-sufficiency Improvements in the coordination and referrals for other community resources and supports

THE FEDERAL MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING GRANTS

PUBLIC LAW 111–148—March 23, 2010

Subtitle L—Maternal and Child Health Services

Section 2951. Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs

On March 23, 2010, the Affordable Care Act authorized Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) to make home visiting grants available to all fifty states and territories and tribal organizations. HRSA/ACF required applicants to conduct a statewide needs assessment, develop a state plan for home visiting and choose/implement evidence-based home visitation models.

In 2017, Congress, through the Affordable Care Act, reauthorized Maternal, Infant and Early Childhood Home Visiting (MIECHV) for an additional five years. MIECHV will distribute \$400 million per year to states for home visiting through the year 2022.

Federal MIECHV goals include:

- Improve maternal and child health,
- Prevent child abuse and neglect,
- Encourage positive parenting, and
- Promote child development and school readiness.

By Federal law, state and territory MIECHV grantees must implement evidence-based home visiting models. In fiscal year (FY) 2017, 18 models met the criteria for evidence of effectiveness:

- Attachment and Bio behavioral Catch-Up (ABC) Intervention
- Child FIRST
- Healthy Families America
- Durham Connects/Family Connects
- Home Instruction for Parents of Preschool Youngsters
- Early Head Start – Home-Based Option
- Maternal Early Childhood Sustained Home Visiting Program
- Early Intervention Program for Adolescent Mothers
- Minding the Baby
- Early Start (New Zealand)
- Nurse-Family Partnership
- Family Check-Up for Children
- Parents as Teachers
- Family Spirit
- Play and Learning Strategies – Infant
- Health Access Nurturing Development Services (HANDS) Program
- Safe Care Augmented
- Healthy Beginnings

HRSA/ACF requires MIECHV grantees to demonstrate measurable improvement in at least four of the following six benchmark domains:

- Improvement in maternal and newborn health
- Reduction in child injuries, abuse, and neglect
- Improved school readiness and achievement
- Reduction in crime or domestic violence
- Improved family economic self-sufficiency
- Improved coordination and referral for other community resources and supports

IMPACTS OF HOME VISITING

Multiple research studies have demonstrated the positive impact of early childhood development and educational support through home visiting programs. Research recently released in *Child Abuse & Neglect, The International Journal*, found that the Parents as Teachers® evidence-based home visiting model demonstrates a significant decrease in cases of child maltreatment when home visiting services are delivered through a scaled-up, statewide home visiting program.

The research represents one of the largest studies in the U.S. conducted to investigate the impact of home visiting on child maltreatment, including nearly 8,000 families. Researchers found a 22% decreased likelihood of substantiated cases of child maltreatment as reported by Child Protective Services data when comparing two groups of children born to first-time mothers. Children whose mothers received home visiting were compared to children whose mothers were eligible for home visiting but did not receive the services.

"As home visiting programs go to scale, states should consider replicating this study using their administrative data and appropriate statistical methods to create a robust comparison group capable of generating rigorous findings regarding the effects of early intervention efforts on child maltreatment rates," said Dr. Deborah Daro, Senior Research Fellow at Chapin Hall at the University of Chicago. See attachment for the full article.

PROGRAMS FITTING WELL IN ND

PCAND assembled information on four evidence-based home visiting programs currently operating in ND; Early Head Start, Healthy Families America, Nurse-Family Partnership and Parents as Teachers. See attachment. Each program, chosen by their respective communities, fit well within their catchment area, a testament to giving home visiting implementing agencies the latitude to determine the home visiting program which best fits their local needs. E.g., a very rural home visiting program might struggle to recruit staff if they chose the Nurse-Family Partnership (NFP) Program. However, NFP continues to grow in size and funding in Fargo under the leadership of a public health unit. In addition to the four programs already providing services in ND, the overview includes Family Spirit, a tribal evidence-based curriculum that would work well in ND tribal communities. The information comes from ACF/HHS HOMVEE. <http://homvee.acf.hhs.gov>.

As ND establishes and expands home visiting services, the need for state-level infrastructure to support program development becomes essential. Such system work includes developing state-supported and coordinated efforts in the areas of professional development, cross-model standards, data collection and evaluation, continuous quality improvement, and processes to deliver high-quality technical assistance. Home visiting initiatives at the state level should seek to coordinate across all home visiting programs being implemented within the state (whether federally funded or not), while also embedding home visiting within a broader state early childhood system. Federal regulations for related programs create opportunities for collaborative state and community planning. For example, home visits are included with family training and counseling as part of the definition of early intervention services under Part C and, according to the most recent data reports, approximately 87% of all Part C services for infants and toddlers with developmental delays or disabilities are provided in home settings.

FOR YOUR CONSIDERATION

As you deliberate the implementation of home-visiting programming in North Dakota, PCAND would like to offer the following comments for your consideration.

1. Adopt the Maternal, Infant and Early Childhood (MIECHV) framework and link grants to MIECHV efforts. To be eligible to receive home visiting funds, agencies must
 - Select an evidence-based home visiting curriculum as identified by MIECHV
 - Measure their success in achieving MIECHV's six benchmark domains:
 - i. Improvement in maternal and newborn health
 - ii. Reduction in child injuries, abuse, and neglect
 - iii. Improved school readiness and achievement
 - iv. Reduction in crime or domestic violence
 - v. Improved family economic self-sufficiency
 - vi. Improved coordination and referral for other community resources and supports
2. Establish a state home visiting network managing entity that
 - Promotes adherence to MIECHV program standards
 - Provides technical assistance and training to ensure high-quality services
 - Monitors contract compliance
 - Collects, analyzes, and monitors data about home visiting to track progress on benchmarks related to outcomes for young children and their families. Data can be used to inform planning and policy decisions
3. Capitalize on existing early childhood professional development programs funded by DHS, Children and Family Services, to enhance and support the home visiting workforce.
 - Encourage Child Care Aware of ND to market existing on-line early childhood training to home visiting professionals
 - Encourage Growing Futures, ND's Early Childhood Workforce Registry, to market their services to home visiting professionals

CURRENT HOME VISITING WORK COMPLETED BY PCAND

1. Work with ACF to implement ND's MIECHV home visiting grant funds
 - Submit a funding proposal for the ND MIECHV grant
 - Serve as the pass-through agency to fund LIAs (local implementing agencies)
 - Communicate monthly with the federal project officer to review grant progress
 - Work with Federal technical assistance advisors to maintain quality grant implementation and oversight
2. Manage sub-recipients grants to Turtle Mountain Band of Chippewa Indians and Spirit Lake Nation
 - Prepare sub-award contracts for local implementing agencies (LIAs—Turtle Mountain Band of Chippewa Indians and Spirit Lake Nation)
 - Write and implement policies and procedures to assist LIAs in programming, staff/family ratios, community engagement, maintaining peak enrollment, managing grant finances and reporting programmatic data
 - Provide training and technical assistance
 - Manage monthly program reimbursement payments to the LIAs
 - Conduct monthly, quarterly and annual programmatic and financial LIA monitoring visits to ensure maximum enrollment, curriculum model fidelity, appropriate fiscal management, CQI implementation, and timely/quality data collection and submission
3. Manage grant reporting system
 - Provide training and technical assistance regarding data collection and submittal
 - Contract with NDSU to prepare benchmark reports
 - Submit quarterly and annual reports to the ACF

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