TRIBAL
HOME
VISITING

A Journey Toward Strong Programs and Thriving Families:

The Story of Three Tribal Home Visiting Grantees

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Since the start of the Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) program in 2010, Tribal MIECHV grantees have taken significant steps to implement evidence-based home visiting programs. For some, Tribal MIECHV provided an opportunity to enhance existing services for families with infants and toddlers. For others—communities with fewer resources and a less established infrastructure—Tribal MIECHV helped set them on a journey toward building strong new programs to support families.

This brief—based on interviews with three Tribal MIECHV grantees[1]—tells the story of the transformational impact that Tribal MIECHV can have in communities. Whereas other reports focus on the results of the multiyear evaluation and progress on defined benchmarks,[2] *A Journey Toward Strong Programs and Thriving Families* uncovers the aspects of implementation that created an environment for success and change at a systems level. This information is especially important to understand, as it reveals the systems changes that can provide a lasting and sturdy foundation upon which evidence-based home visiting programming can flourish. For each of the communities highlighted, the careful and meticulous planning, the nesting of home visiting within a constellation of services and supports, and the ability to be nimble and responsive to the community provided the necessary beacons of light as they forged their path.

The Eastern Band of Cherokee Indians (EBCI)

Program Title	EBCI Nurse–Family Partnership
Location	Rural reservation in eastern North Carolina
Implementing Agency	EBCI, a federally recognized tribe
Model Implemented	Nurse–Family Partnership (NFP)
Number of Families	122 families served
Primary Risk Factors	High rates of substance abuse, obesity, diabetes, child developmental delay; low graduation rates; high dropout rates; violence; child abuse and neglect; sexual abuse; poverty; and historical trauma
Program Period	Cohort 2 (July 1, 2011–June 30, 2016)

1 Grantees interviewed for this issue brief include: The Eastern Band of Cherokee Indians, Lake County Tribal Health Consortium, Inc., and Native American Professional Parent Resources, Inc.

2 All grantees gathered data related to six benchmarks: (1) maternal and child health; (2) prevention of child injuries, child abuse, neglect, or maltreatment, and emergency department visits; (3) school readiness and achievement; (4) reduction in crime or domestic violence; (5) family economic self-sufficiency; and (6) coordination and referrals for other community resources and supports. See the Tribal Home Visiting Report to Congress, available here: www.acf.hhs.gov/ecd/tribal-home-visiting-report-to-congress

Lake County Tribal Health Consortium, Inc. (LCTHC)

Program Title	Gouk-Gumu Xolpelema Tribal Home Visiting Program
Location	Rural non-reservation consortium of federally recognized tribes in Lake County, California
Implementing Agency	LCTHC, a federal, Title I, tribally sanctioned organization
Model Implemented	P-CAP: Parent–Child Assistance Program
Number of Families	97 families served
Primary Risk Factors	High rates of substance abuse, tobacco use, and fetal alcohol spectrum disorder
Program Period	Cohort 1 (September 30, 2010—September 29, 2016)

Native American Professional Parent Resources, Inc. (NAPPR)

Program Title	NAPPR Tribal Home Visiting Program
Location	Urban non-reservation and rural reservation in New Mexico
Implementing Agency	NAPPR, a community-based nonprofit urban Indian organization
Model Implemented	PAT: Parents as Teachers
Number of Families	224 families served
Primary Risk Factors	Late or no prenatal care, teen parenting, low birthweight, preterm births, mothers with low educational attainment, and a lack of culturally relevant providers and programs
Program Period	Cohort 1 (September 30, 2010—September 29, 2016)

THE JOURNEY BEGINS

For all three communities, the opportunity to participate in the Tribal MIECHV program came at a time when resources were thin, needs were growing, and there was a recognition that a new path was needed to change the course to promote long-term health and well-being for children and families.

"Before Tribal MIECHV, we had some services for families with young children but they were not adequate to meet the need, and they were not part of a larger system," said Sheena Kanott, program director of the EBCI NFP.

"There were some home visiting services available through Head Start, but not enough. We saw that families needed connection to resources, and they needed guidance around supporting social and emotional development of their children. There was an important gap to fill," said Maddie Garcia, home visitor with NAPPR.

"The focus had been on crisis intervention, not supporting families in a comprehensive way. Tribal MIECHV aligned with where we wanted to go—it would allow us to provide more services to more families in a more comprehensive way that would get at the root causes challenging the health of our children, families, and community," said Daphne Colacion, program coordinator of Partnership with Parents, LCTHC.

Each of these grantees recognized their challenges and honored their starting points. They understood how substance abuse, violence, and trauma were affecting their communities. They knew that lasting solutions were needed, not crisis interventions or quick, short-term fixes, and they recognized that it was time to move toward evidence-based approaches that were part of larger systems serving families with young children. Above all, they believed that change was possible. They shared a commitment to strong programs and thriving families and saw how Tribal MIECHV could help them achieve these goals.

> *This program may be one of the most strategically important things this tribe does to improve the health of the population. If we don't stop the chronic disease rate and the stress passed on to these babies, we won't be able to buy enough insulin to address diabetes, or provide the procedures to address the high levels of stress that will continue to challenge our community,*

said Casey Cooper, CEO of the Cherokee Indian Hospital Authority.

It was important that Tribal MIECHV gave the communities an opportunity to make meaningful and lasting change.

> *Six or 8 years ago, people were feeling downtrodden, sad. Nothing was around for long, and so people did not want to engage because they worried it would go away. But now they realize that Tribal MIECHV is real. It is tangible, constant, consistent, and professional,*

said Cathy Ferron, evaluator for LCTHC. That change has an important reach beyond the scope of home visiting. Communities have used this program to generate conversations and collaboration that has resulted in more integrated supports and services. According to Kanott, "Now we have a stronger web of services for families and better communication across programs."

Felicia Johnson thinks back to her first contact with the EBCI NFP program. "I was surprised to find out that I was pregnant. I was going to be a first-time mom and was really nervous." Nursing staff at Women's Wellness told her about NFP, and she went downstairs that same day and signed up. She was quickly assigned to a home visitor and had her first home visit even before the doctors confirmed her pregnancy by ultrasound.

Felicia and her nurse home visitor met at least once a month throughout the pregnancy and until her son Breylon Blake—or "BB" for short—celebrated his second birthday. "I loved it because, when she came, there was an agenda that we followed. I knew it was an evidence-based program, so I didn't have to second-guess the information she was giving me." Felicia appreciated that she could ask questions about anything and that her home visitor would always return the next month with answers. From helping her prepare for the baby's arrival—educating Felicia on safe car seats, what was needed for the nursery, the different types of bottles, developmental milestones to look for—to providing space for Felicia to share her emotions, Felicia knew she could trust the nurse, and their relationship flourished. Early on, the family finances were tight, and the nurse helped with diapers, wipes, books, and toys.

"BB's father participated in the home visits at the beginning, but toward the end, I really valued the time and kept it as my outlet. The nurse still brought material for BB's dad, so he didn't feel left out and benefited too.

Now a graduate of NFP, Felicia reflects on the past 3 years and says, "I love that program. I attribute everything I know about child development to the nurse. I don't know what I would have done without it." She has a stack of NFP brochures with her at work in the local hospital emergency room and is always ready to share the program with other expecting parents.

BRIDGES ARE BUILT TO SUPPORT THE JOURNEY

Rarely does a journey proceed along a straight path that is free of obstacles. This held true for the Tribal MIECHV grantees as they set out to bring evidence-based home visiting services to their communities. One grantee initially struggled with engaging community partners; another recognized that the original staffing plan needed to change; and yet another was challenged by the escalation of suicide rates in the community. Despite these and many other challenges, the grantees profiled in this issue brief stayed the course and built bridges to enable their path to continue, and their communities are stronger today as a result.

How did they stay the course when there were so many obstacles? How did they not get caught up in challenges that all too often result in unfulfilled promises and unmet expectations? How did they use this opportunity to create a program that could feel indigenous and represent the unique cultural contexts of their community? What helped them to build bridges and forge ahead in directions that honored their history, values, and beliefs?

The grantees point to several elements of their work that they found to be effective—**an implementation plan, community engagement,** and **continuous quality improvement (CQI).** Beyond these, success is attributed to the innovative spirit of the program leaders, **structural changes** in the community, and a focus on **professional development.** Throughout it all, grantees recognized the importance of **relationships.**

Relationships

Relationships with parents, elders, the community, and other agencies have been essential for growing support and understanding of the Tribal MIECHV. The grantees recognized that healthy, reciprocal relationships are foundational for building programs that reflect and respond to the community. Families are more likely to embrace services when relationships are strong. The more connection that is made with the community and other service providers, the better aware all are of the value of home visiting, and the more committed they are to making referrals and placing home visiting as a core component of a broader set of services for families with young children.

Relationships at multiple levels emerged as a consistent theme:

> "We are consistently available, and our persistence sends **parents** an important message that we are there for them." *—Enola Dick, home visitor, LCTHC*

> "It's the trust and relationship that we build with the **clients** that is key, because without this, you don't make any change." *—Tricia Carver, NFP nurse supervisor, EBCI*

> "We had to earn the trust of everyone and prove that we had the communities' best interest at heart."
>
> Tricia Carver, EBCI

> "NAPPR staff recognize that they are serving the tribal **community,** and it's a privilege to be doing this. They don't take the relationship for granted. They honor the community and ask permission to go into the homes of families." *—Cathy Riley, tribal home visiting community advisory board member, NAPPR*

> "Early on, a senior advisory council formed with **elders** helped us to understand the resistance and fears of the community toward home visiting related to generational experiences and a worry that children would be taken. Even though we were a known agent, there needed to be lots of dialogue and discussion to reach a level of comfort and trust with the idea. Over time, and by being open

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and discussing worries in forums, meetings, and events, we were able to help the elders and other community members understand that tribal home visiting was about giving families support, which could help to prevent child welfare from intervening. We were able to turn around a lot of critical thinking." *—Merrill Featherstone, human services director, LCTHC*

"Rebecca Riley makes every effort to stay connected to other **agencies and groups,** making a point to show up at their meetings. For example, she wanted to make sure the hospital staff knew about the tribal home visiting program, so she met with the hospital's case management program for high-risk pregnancies." *—Judy Baca de Arones, health promotion specialist, New Mexico Department of Health.*

Implementation Plan

All three communities indicated that the process they went through to assess needs and then develop a thorough implementation plan was essential to their success. The plan served as a beacon of light, guiding early implementation and helping program leadership stay the course as their efforts unfolded.

Implementation science teaches that implementation of effective evidence-based practices is a process that occurs over several stages, beginning with determining readiness and need. Federal staff overseeing the Tribal MIECHV program took this knowledge into consideration when they developed the program policy guidance and required grantees to engage in a needs assessment. As such, federal guidance stated: "In Phase 1 of the cooperative agreement, grantees must (1) conduct a comprehensive community needs assessment and (2) develop a plan and begin to build capacity to respond to identified needs."[1]

LCTHC included nearly 900 people in the needs assessment process. Program staff uncovered that the community most wanted support around fetal alcohol syndrome, domestic violence, and services for men. "The needs assessment really provided the springboard and framework for what we have today. People were meaningfully involved at many levels. The process created a solid foundation upon which the program could be implemented," said Featherstone.

Likewise, NAPPR invested time upfront to undertake a comprehensive needs assessment that shaped the implementation plan.

> *I was part of the needs assessment community team and appreciated how the process was handled. It was clear that the leaders genuinely wanted to get input from the community. A few folks from the task force were invested in one home visiting model, but they respected the process that ultimately resulted in the selection of another model. It was a really good process with lots of community input and space to work through any concerns,*

said Baca de Arones. NAPPR's current program director, Rebecca Riley, joined the effort when the implementation plan was already defined; therefore, she was not involved in the design, but she now plays a critical role in the execution of the plan. "I constantly refer back to it to make sure we are in alignment with the original goals," said Riley.

1 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. Tribal Maternal, Infant, and Early Childhood Home Visiting Program. *Guidance for Submitting a Needs Assessment and Plan for Responding to Identified Needs* (OMB Control No. 0970-0389).

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> "At NAPPR, we send the message that you are a unique community, you know best what you need, and we are here to help you achieve your goals."
>
> Rebecca Riley, NAPPR

This same story was echoed by EBCI.

> *The needs assessment and implementation plan process made all the difference. We created a stakeholder team of partners and lead agencies that were committed to prevention and working together. Thirty-two members of that initial stakeholder group participated in three meetings to talk about who they served, what the community wants, and the best fit for services,*

said Kanott.

Community Engagement

Grantees recognize the importance of community engagement during planning and implementation of their Tribal MIECHV programs. Early on, the community voice helped to define a clear picture of need. With implementation underway, the community voice continued to have a prominent role in ensuring that efforts were true to the original plan as well as the changing needs of the community. Community advisory boards also created a helpful place for relationship building and information sharing that could spark collaboration across programs serving families with young children, building local systems of care.

From the beginning, the intent was that programs would be community driven. Grantees were encouraged to form community advisory groups to cultivate community involvement. Based on grantee success with ongoing engagement throughout the life of the projects, the local advisory committee requirement was formalized in the new Funding Opportunity Announcements published in 2016.

The original stakeholder committee that supported the development of the needs assessment and implementation plan for the EBCI transitioned into their NFP Community Advisory Board (CAB). The CAB includes clinicians, community members, providers, and many others with an interest in early childhood health and well-being. They meet biannually to review progress and consider new opportunities. Participants suggest that the CAB plays an important role in strengthening communication and accountability.

NAPPR retooled its CAB in Grant Year 4, revising membership, facilitation, and goals so that it had a broader reach in the community and became a more participatory body. It was important that the focus changed from one-way communication, or report-out, to a conversation in which program data and information are shared and discussed, and relationships are built. This increased engagement gave the community a sense of ownership, and they felt their contributions were valued. "Their commitment to the CAB is important. Other CABs meet, eat, and you go. But NAPPR is really taking the role of the CAB seriously. They are sharing data, asking for feedback, and forming meaningful connections with the community," said Baca de Arones.

In addition to the CAB, NAPPR also organized a parent advisory group. Information is regularly shared with this group as well. For example, data highlighting challenges with enrollment were presented, and participating parents reflected on this data and explained that enrollment numbers could be enhanced if the program provided resources that families need (e.g., diapers, soap, shampoo, membership to museums and places where families can take their children). Topics are ongoing and updated on the basis of progress made since the prior discussion.

Rachel and Justin Lorenzo were encouraged by their family to connect with the NAPPR home visiting program. "When my daughter, Adalie, was born, a colleague of mine told me about this awesome program. Then I heard about it from my mom, other friends, and then we realized my husband's aunt worked in early intervention, and she said the program would be good for us too," said Rachel. So, with a circle of family and friends supporting them, they enrolled in the program and are pleased today that they did. "It's one of the best decisions we've made as parents.

Because of work schedules, Rachel is typically not home for the visit. "But when I come in, I can tell that she s been there. I see evidence of projects, and my husband always fills me in on what they did." Rachel said that she and her husband have learned so much—about the importance of language development and how to support this, including teaching them native vocabulary to use with their children; and about activities they can participate in with their children that support develop ment. "When our son, Jude, was a few months old, the home visitor helped us understand how babies like soft things, and we learned the importance of introducing different textures. The activity sheets that the home visitor leaves behind include helpful information. "The little activities are good for the children, and educational for us as parents too.

Our home visitor is a Pueblo woman, and she understands our traditional values and norms. Her native language is similar to ours, and that is helpful too. This cultural context is very important to Rachel and Justin, as they want Adalie (now 4 years old) and Jude (now 1) to be raised in a cultural environment. Rachel credits NAPPR for implementing the program in a way that keeps families centered and held together as Native people.

Rachel and Justin also participate in the NAPPR Parent Advisory Group as often as they can. "The group provides an oppor tunity for us to give feedback and ideas to NAPPR for their programming, and it also is an opportunity for us to connect with other Native families." Making these connections to other indigenous families is important so that they can reach out and be supportive of one another.

For Lake County, not only was community engagement significant during the needs assessment process for the role it played in shaping the implementation plan, but that engagement also continues today on multiple levels. For example, Tribal MIECHV leadership now sits on related community boards and shares resources that can deepen knowledge and increase access to services. Colacion recently attended a training on infant mental health and brought that information back to the community. This sparked interest among many, and now a series of trainings on infant mental health will be offered to providers by experts in the field.

CQI

The grantees have come to own the concept and practice of CQI and are using data to monitor progress, raise questions, and test solutions that strengthen their evidence-based programs.

A requirement of the evidence-based policies initiative in 2010 was that they take a learning agenda approach. For MIECHV, that approach has involved CQI, performance measurement through benchmarks, and evaluation. In 2013, legislation expanded this orientation with the 'Next Steps in the Evidence and Innovation Agenda' that expects the government to continually improve program performance by applying existing evidence about what works, generating new knowledge, and using experimentation and innovation to test new approaches to program delivery. Incorporating CQI into business as usual is one of those innovations. To support grantee capacity in CQI, ACF and the technical assistance providers offered 2-day experiential trainings for grantees in the third year of their grants. Whole grantee teams—project directors, evaluators, and home visiting staff—learned about CQI tools and methods while identifying their first improvement aims and strategies. Grantees shared that the CQI training was a defining moment in terms of the understanding and interest of staff in using data to improve

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program activities. The result has been the evolution of stronger programs that meet the changing needs of families and the community.

NAPPR implemented multiple ways to use data to influence everyday work. They share reports with staff to look at trends and identify areas for improvement. Home visitors are given weekly reports so they can track the progress of families. At the end of the month, program leadership convenes a Learning Circle with staff that is separate from traditional staff and administrative meetings. The Learning Circle provides an opportunity for everyone to come together to look at data collection and evaluation. "We pick apart certain things, and staff make decisions based on the data points. We always look at the data as a group and never make a decision for a change in direction without having studied the data first," said Rebecca Riley. For example, one CQI project looked at the high rate of disenrollment. Conversations with staff illuminated the fact that the information collected was too vague to discern why families were disenrolling. As a result, they made changes to the questions and data collection; then they were able to look a second time, and they found answers. This process provided a structure for the program that allowed staff to look at their work and remedy challenges.

> "There was a willingness to be open to change and ongoing evolution of the model coupled with a constant focus on quality improvement."
>
> Merrill Featherstone, LTCHC

Leadership staff of the LCTHC grantee review data on a weekly basis to uncover issues needing further study. They ask what are they seeing and why might the data look as such, and then they set out a formal process for study. As one example, staff realized that they were not focusing enough on substance use and abuse in the community, and these problems became an area of study for their CQI. Staff talked about their hesitance in asking questions related to substance use and how to overcome this. Together, they developed ways to build relationships with families and ask the questions; they practiced with one another and then tried out approaches with the families. According to Featherstone, "It takes practice. The 'plan, do, study, act' cycles were very helpful." The grantee's evaluator, Ferron, added, "Tribal home visiting caused LCTHC to ratchet up their thinking about data, data collection, and use of data. They had to step up and develop database structures and real protocols for collecting data and evaluating it."

Colacion's comments suggest how CQI has changed the mindset and practices:

> *We've developed the community beyond just providing services. Tribal home visiting has been driven by data and information. We are not just collecting data for data's sake, but we are really looking at the data, getting feedback, and using it to improve our programs.*

Innovation

Strong leaders who embrace a growth mindset guide each of the grantees studied for this brief. Their focus on reflecting, learning, and improving creates an environment where innovation is welcomed. It also creates a space where the pause button is responsibly activated when change is needed. Staff and others in the community appreciate the commitment of these leaders to stay nimble and innovate.

The needs assessment process in Lake County uncovered the need for programming for men. Responding to that need, a male home visitor was hired to work in the community with a focus on building relationships with fathers. He was given latitude to come up with approaches that would best resonate with the fathers, and he is continuously thinking about how to refine

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> "To achieve tribal home visiting goals, you need to be flexible and courageous to say, 'let's try something else.'"
>
> Rebecca Riley, NAPPR

his approach.

> *I go into the community and talk with the men, provide parenting information, and offer mentorship. Sometimes this is one on one, and sometimes it is part of a support group, or a field trip with fathers. I also facilitate a weekly wellness group for men where we gather and do drumming, sing, talk about wellness, and pass the feather and share what is heavy on our heart and happy on our heart. Many of these men don't have their children and want to know how to get them back. I help them with anger management, stress reduction, financial things like budgeting, and I go to court with them and sometimes even drive them to other classes like for alcohol and other drugs,*

said Beni Cromwell, home visitor, LCTHC. Cromwell adds,

> *I appreciate that our program leadership is flexible and willing to look in new directions to serve the dads. They tell me that if I have ideas for the men, to give it a try. My next goal is to bring [knowledge about] ACEs [adverse childhood experiences] to the community.*

The LCTHC example is important, because it demonstrates that the program—while guided by the needs assessment and implementation plan—is still adaptable so that it can find ways to best meet the needs of the families.

NAPPR hit the pause button in Grant Year 4 to reconsider a number of things, including the staffing plan and the Community Advisory Board, as described previously. With respect to staffing, they noticed an unanticipated trend and response from families. At first, the steering committee wanted staff from the community, but in time, it became clear to the program that some families preferred to have home visitors from outside the community so that the family and home visitor did not run the chance of being connected by the family or clan. However, having non-Native staff could pose another concern because tribal customs might be assumed to be understood. In the end, and with the support of the CAB, it was determined that they needed to revamp the hiring process to find people who had the foundational knowledge needed to be effective home visitors and experience addressing the issues that were of concern to the families (e.g., nutrition, health, domestic violence). This shift helped with families enrolling and staying in the program. They also changed the training for home visitors to focus on skill-based and hands-on activities that they could apply directly in their work with families beyond focusing on theory alone.

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Structural Changes

Communities used Tribal MIECHV as an opportunity to undertake structural changes that contributed to the effective implementation of the program and the important beginnings of systems of care. Many saw the value in placing home visiting within a broader system and investing in building stronger linkages between services. EBCI undertook two reorganizations of the health division. All three grantees worked to either co-locate home visiting with other services or strengthen connections. Not only do these changes support the work of the home visitor by being closely tied to other relevant service providers, but they also enhance the effectiveness of the full panoply of programs, which contributes to better outcomes for children and families. Further, these structural changes can benefit the community far into the future.

"We were a little bud and now we are a huge rose," said Colacion, when describing the structural changes that have taken place in the community. In Lake County, Tribal MIECHV is administered as part of LCTHC, which includes human services, medical care, dental care, and other relevant programs. Before Tribal MIECHV, LCTHC had fewer than 40 staffers at the clinic, and now there are more than 120 across all programs. The Human Services division of LCTHC previously had a total of four staffers, and now they have three licensed clinicians, two program managers, four family advocates, a data manager, a director, and two support staff. With the support of Indian Health Services, a new two-story, state-of-the-art medical and dental facility was built in 2011. In 2015, LCTHC added another campus, providing pediatric and women's health services. There is more focus on prenatal services and pediatric care than ever before. Not only are they able to provide services to the Native community, but by providing services to non-Natives, they are also able to bring in additional third-party revenue to help offset the cost and enable continued expansion. "We also recognized that counseling wasn't enough, and we needed to offer job skills programs especially for our fathers," said Colacion. They now offer construction skills courses that teach basic maintenance and repairs. Dads are going through the program and using the skills to work on the Rancheria; some even were hired to help rebuild homes after the Valley Fire.

At the direction of tribal leadership and with approval of the North Carolina state legislature, EBCI undertook two department reorganizations that brought together a host of essential services under one umbrella, contributing to the web of services and support to which Sheena Kanott refers. The first reorganization brought social services (e.g., child and adult protection, foster care, foster homes, and licensing) under the auspices of the tribe. The state legislature needed to approve this change, as it required the redirection of Title IV-E funds. The second reorganization positioned EBCI to act as the primary service provider for all Supplemental Nutrition Assistance Program (SNAP) services, Medicaid services, and non-medical emergency care. With this transfer, EBCI also assumed responsibility for the Low-Income Home Energy Assistance Program, or LIHEAP; tribal foods; the Special Supplemental Food Program for Women, Infants, and Children (WIC); Temporary Assistance for Needy Families (TANF); and child support. Both the past chief and the current chief publically committed to safe, stable, nurturing families, and sustainability, and these structural efforts to reorganize public health and human services are aligned to that commitment. "Now when families come into the Family Safety Unit, we can offer a truly holistic and integrated set of services. Not only is there a case manager and social worker available for the families, but primary care and behavioral health are right there too," said Vickie Bradley, secretary of Public Health and Human Services.

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Further, attention was focused on the location of the EBCI home visiting staff. Now, home visiting is in the same building as the nutrition program for WIC, community health nursing, a dental program, and the women's health clinic. Co-location proves to be helpful in many ways, both to Tribal MIECHV and to the other service providers. "It's good for both of us," said Julie Maney, program manager of WIC. "Tribal home visiting helps us out when we can't connect with a client. If that client comes in to meet with the home visiting staff, they send them down the hall so we can get them their food vouchers." According to Elaine Lakey, EBCI nurse home visitor,

> *When a prospective client comes in, the WIC staff let us know. It's one thing for WIC to refer to NFP, but when we can stick our head in the door and put a face with the name, it helps the clients feel comfortable from the start. It's a big advantage to be in the same building.*

Parents as well as providers recognize the importance of co-location.

> *I found out from a urine test at Women's Wellness that I was pregnant. I was surprised and looking for guidance. They told me about NFP, and I went right downstairs and signed up. I went because it was right there. If I needed to seek them out somewhere else, I probably would not have done it,*

said Felicia Johnson, a graduate of the EBCI NFP program.

Professional Development

A focus on hiring the right staff—especially staff who understand the importance of relationships—and building staff capacity has also contributed to the success of the grantees. Program leadership recognizes that the quality and effectiveness of programs is directly tied to the capacity of staff. Not only do staff need to have the requisite knowledge for implementing the home visiting program with fidelity, but they also need ongoing support and training to continuously strengthen their skills and to know when other help is needed and how to connect families to those services.

As explained earlier, NAPPR restructured hiring to better meet the needs of the community. Although this contributed to a 90% turnover of staff, program leadership felt it was essential, and the result has been positive. Staff now have the foundational knowledge essential for implementing the program, and they are removed from the intimate family or kin network so that parents are able to engage more openly.

EBCI is fortunate to have the same staff since the beginning of their program. "It means a lot to have a consistent team," said Kanott. EBCI benefited from a close relationship with the North Carolina NFP consultant. The consultant made it possible for EBCI to shadow existing NFP sites to see how others implement the program. Learning from peers was especially helpful early on, and now the staff continues to benefit by participating in an annual NFP meeting in the state that offers continuing education and an opportunity to share challenges and lessons learned. Jon Miles, the EBCI evaluator, also found this relationship to be helpful. He saw how it benefited the program staff both in terms of their practice and also their participation in data collection. "It was valuable to have someone [steeped] in NFP to be there for the team when building and maintaining the program," said Miles.

LCTHC invests in professional development with the understanding that it will build capacity of their tribal home visiting staff and that it will, in turn, have a positive impact on the community. "Daphne is always looking at what additional training can be added with the understanding

that it will have a ripple effect on the rest of the community, contributing to long-term stability and growth," said Ferron. They found that the training often inspires staff to return to college. Program leadership view staff development as a gift that keeps giving when staff receive training and are then able to work in other community programs, bringing that skillset with them and lifting up quality in sister programs.

AS THE JOURNEY CONTINUES... LOOKING AHEAD

The three grantees profiled in this report had different starting points, but the strategies they turned to along their journeys shared common elements. They were committed to building relationships with the community, from the families they served to the tribal elders and other service providers. They honored the findings of the needs assessment and stayed true to the implementation plan. They engaged the community to ensure that their work was understood and welcomed. They looked for ways to continuously improve and innovate, and they found ways to position home visiting within a system of care.

Evidenced by their official reporting on the federally required benchmark data, their efforts have paid off. As outlined in the Tribal MIECHV Report to Congress, 10 of 13 grantees showed improvements in at least four of the six legislatively mandated benchmark areas after 3 years of implementation. In FY 2015, grantees provided nearly 18,000 home visits to 1,800 adult enrollees and more than 1,700 index children.

Success is also evident beyond the benchmark and service data. For example, Ferron points out,

> *There is a sense of control or stability, and more tribal members are stepping up to do more for the community. A diabetes action council has been created, and it includes community members who are trying to build awareness and healthy behaviors. To get a committee together like this would not have happened in the past, and now they are able to engage in this way.*

Ferron added, "The community is at a different level of readiness to work on positive things that will contribute to better health and well-being of children and families."

Throughout the course of their work, these three grantees worked tirelessly to build quality programs and, in the process, bring about change in their communities. Coupled with the data and anecdotal reports, it is clear that the tribal home visiting program is an intervention that can make communities stronger and healthier.

For each of these grantees, though their labor has borne the intended fruit and then some, their commitment to expanding home visiting services continues.

> "I hope we continue to grow to serve as many families as we can. It is so exciting to see parents have more confidence in themselves as a result of the home visits. We very much want to see this be the case for even more families." *—Sheena Kanott, EBCI*

> "I hope that we can make sure that more women are aware of family planning methods, and build a substance abuse recovery and support program." *—Daphne Colacion, LCTHC*

> "I hope that NAPPR can become a valued resource for Native American families in more communities in the southwest and that tribal home visiting can continue to be part of the continuum of services offered." *—Rebecca Riley, NAPPR*

Bradley takes the long view of the EBCI Tribal MIECHV journey, looking miles down the path.

"We want to continue to put resources upstream to create healthy parents in order to have healthy children. It will take many generations for us to accomplish this." Staying the course even when obstacles arise, responding to the community and redirecting the work as needed, and seating home visiting within a constellation of services and supports to families will continue to contribute to even stronger programs and thriving families.

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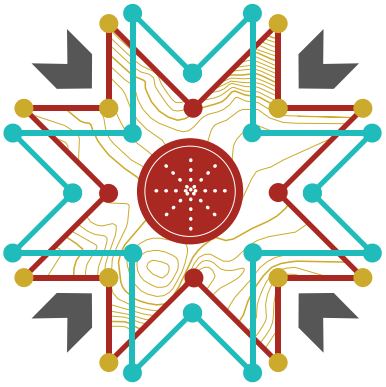

TRIBAL HOME VISITING

ADMINISTRATION FOR CHILDREN & FAMILIES

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