



TRIBAL
HOME
VISITING

Sustaining a Light of Hope for Families

How Tribal Home Visiting Programs
Persevere Despite COVID-19 Challenges

Photo: Taos Pueblo



THE COVID-19 PANDEMIC IS CAUSING CHALLENGES FOR COMMUNITIES ACROSS

the world. In the United States, it is having an outsized impact on the American Indian and Alaska Native (AIAN) community. For some, the pandemic may be triggering trauma that AIAN people have endured since colonization. For all, the rapid spread of the virus, especially on reservations, is threatening the lives of too many loved ones.

Even during the darkest moments of the pandemic, *home visiting programs have been able to sustain a light of hope for families*. When other providers paused or ended services, home visitors continued to show up for families. Some have commented that home visitors were “made” for times like this. They have been trained to assess and respond to individual family situations, providing the care and support that helps families to be their best. Their nimbleness and sincere belief that all will be well on the other side of a challenge sparked innovations that allow programs to continue to serve families during the pandemic. Home visiting has truly been an essential service and a lifeline for families. Home visitors are providing virtual visits, delivering books and essential supplies to families’ porches, helping families connect to resources in the community, and offering virtual group sessions to connect families safely with one another and reduce feelings of isolation. All the while, home visiting program leadership is re-doubling their commitment to staff well-being and maximizing connections with other service providers in the community.

“The support home visitors provided served as a buffer for some families experiencing a different level of hardship.” ~ APRIL WINTERS, HOME VISITOR, TAOS PUEBLO

This issue brief—based on interviews with three Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) grantees¹—is about how Tribal MIECHV grantees and their staff are approaching the COVID-19 pandemic with agility, adaptability, and innovation. With connection to their culture and values, Tribal MIECHV program leadership and staff are doing what is needed to care for their children, families, and one another. This brief details the experiences of three Tribal MIECHV grantees during the pandemic, but their stories only hint at the commitment, creativity, and perseverance exhibited by the community of Tribal MIECHV grantees.

¹ Grantees interviewed for this brief include Cook Inlet Tribal Council, Inc., Riverside–San Bernardino County Indian Health, Inc., and Taos Pueblo.

The COVID-19 Pandemic: Unprecedented in Modern American History

The impact of the COVID-19 pandemic is unprecedented in modern American history. What began in early 2020 as a quick spike of cases in the Northwest spread in short order to metropolitan areas and is now devastating rural communities. Unlike a typical natural disaster such as an earthquake or flood, which often happens suddenly before focus turns to cleanup and recovery, COVID-19 is coming in waves, each one seeming more harmful than the last. Across the country, hospitals and clinics have been overwhelmed; schools and child care centers have been shuttered; public gatherings have been limited; and life as usual has been disrupted.

The Centers for Disease Control and Prevention (CDC) notes that the AIAN community has experienced disproportionate rates of infection and mortality during the COVID-19 pandemic. In fact, compared with the infection rates of White non-Hispanic persons, AIAN infection rates are 1.8 times higher, and mortality rates are 2.6 times higher.² Since these data were collected, the spread of COVID-19 has only worsened. Tribal communities implemented lockdowns, stay-at-home orders, curfews, and reservation border closings in an attempt to stop the spread of the virus. Still, the number of positive cases and deaths continues to rise. Especially hard hit, as of December 2020, the Navajo Nation had uncontrolled spread in 77 counties, and nearly 20,000 confirmed cases that resulted in 727 deaths.³

Not surprisingly, the pandemic is taking a heavy toll on Tribal MIECHV families in terms of not only their physical well-being but also their emotional and financial well-being, as well as their connections to needed services.

- **Emotional challenges:** Home visitors report that families are experiencing increased stress, anxiety, and depression. Social isolation is a

concern, and many cultural and community supports that families normally turn to in times of challenge are not available. Grantees have noted a reduction in the success rate of breastfeeding, increases in intimate partner violence, and substance misuse relapse. For pregnant women nearing delivery, there is worry that hospital or clinic policies might not allow labor and delivery birthing support.

- **Financial challenges:** Grantees report significantly more underemployment and unemployment among families. Food insecurity is unprecedented. Some families are having difficulty finding housing because landlords are hesitant to sign new leases, so they are moving in with other family members. Many families lack basic supplies such as diapers.
- **Connections to needed services:** Broadband issues are a challenge for some families, making it either difficult or impossible to participate in virtual home visits or engage in online learning. Many families don't have access to child care or Head Start; if they have access, they worry that it is not safe. Parents are overwhelmed with trying to guide children through remote learning. Some are putting off visits to clinics for routine care such as well-child visits, immunizations, and dental checks.

Families served by the home visiting program are not the only ones struggling. Home visitors and program leaders themselves reflect on the toll the pandemic is taking:

- "The kids and I tested positive. I was sick for just 4 or 5 days, but the brain foggiess lingered. I also lost my grandpa to COVID. It took him in 24 hours. It's truly one heartache after another, and I am trying to continue moving forward and doing the best I can for everyone."
~ APRIL WINTERS, HOME VISITOR, TAOS PUEBLO

2 <https://www.tfah.org/wp-content/uploads/2020/12/VaccineConveningPolicyBriefFnl.pdf>

3 <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html#footnote03>

- “COVID is a marathon, and it is affecting all of us—staff and families. Fortunately, CITC recognizes that we are not just staff, we are community members and parents trying to homeschool.” ~ DEBORAH NORTHBURG, SENIOR DIRECTOR, CHILD AND FAMILY SERVICES DEPARTMENT, CITC
- “Our staff struggle with not being able to have human contact with the families they serve. They do not want to lose their relationship with their clients.” ~ BILL THOMSEN, CHIEF OPERATIONS OFFICER, RIVERSIDE–SAN BERNARDINO COUNTY INDIAN HEALTH, INC.

Despite the enormity of the challenges presented by COVID-19, Tribal MIECHV programs are persevering. “The leadership saw our home visiting staff as essential workers—they knew we might be the first contact with a family that is experiencing anxiety or depression,” said Jaclyn Gray, Program Director, Riverside–San Bernardino County Indian Health, Inc.

I have three children — 4, 10, and 13. The pandemic has been hard for us. I don't like to be in public places, because I get anxiety. I would like to get a job, but I'm afraid to put the kids in day care. What if they get COVID? I thought about moving closer to my family because my Dad has cancer and they didn't have the virus, but I can't be too far from my son's father, and now the cases there are climbing where my parents live. My youngest misses Gail, our family mentor. He saw her a few weeks back and was so excited. He wants to go ice fishing with her. I'm trying to not stay home too much, because I get anxiety. So I take my youngest on short walks. That helps. My daughter was sick as a baby and spent one whole week in the hospital because of RSV [respiratory syncytial virus]. I worry what will happen if she gets the virus. I pray and ask God to protect us from the virus. I look forward to the day I can go out without a mask, and without anxiety.

~ ANNUNCIATA SETON, PARENT, COOK INLET TRIBAL COUNCIL, INC. (CITC)



Leadership knew that home visiting supports were needed now more than ever before. With that reality, program leadership embraced the pandemic as a period to be nimble and innovate, all in service of the families and communities they cherish.

Experiences from the Field

This brief looks closely at three Tribal MIECHV grantees to understand their experience with COVID-19 and the unique aspects of their programs that contributed to their being able to sustain a light of hope for families. CITC benefited from long-term leadership and a strong multi-service organizational structure, connection to a clear set of values, and the adoption of practices to support staff well-being. Taos Pueblo benefited from a small but mighty home visiting team that valued communication and co-creation no matter the challenge, a nimble approach to delivering services, adapting resources from others, and their connection to nature. The home visiting program at Riverside–San Bernardino County Indian Health Clinic, Inc., benefited from being connected to a large health care company, commitment to supporting staff, and a strong sense of community responsibility.



IMPLEMENTING AGENCY

Taos Pueblo Division of Health and Community Services

Riverside-San Bernardino County Indian Health, Inc.

Cook Inlet Tribal Council

ORGANIZATION TYPE

Tribe

Nonprofit tribally controlled and managed health care organization

Native American Tribally Designated Organization

LOCATION OF COMMUNITY

Rural reservation and non-reservation in Taos County, NM

Rural reservation and urban non-reservation across large areas in CA

Urban, non-reservation area in Anchorage, AK

FIRST FUNDED AS TRIBAL MIECHV

2011

2011

2016

MODEL IMPLEMENTED

Parents as Teachers

Parents as Teachers

Parents as Teachers

MAXIMUM CAPACITY (FAMILIES)

35

125

60

NUMBER OF STAFF

4

10

6



Parental stress, anxiety and depression were through the roof with three moms I serve.

One was always tearful and struggling. Her kids weren't listening to her, and they were climbing the walls. The older one was stirring up the younger ones. It felt to the mom that they were ganging up on her. At one point, she was talking about leaving the family and just disappearing. I was able to connect her to a mental health urgent care center. I called her every day until she connected with a therapist. She is now getting online counseling and support.

Another mom had moved just before the pandemic and didn't have access to family and friends. Her depression was getting worse, and I knew she needed help. It was hard to find someone for her to talk with, because so many places were shut down. I just keep calling and persisted. Now she is seeing a psychiatrist and getting weekly online counseling.

Yet another mom had very high anxiety before the pandemic. When this happened, it took her over the top. She shut herself and her five kids in a three-bedroom apartment and would not let the kids out to play. The older one would stay home and watch the younger kids while the mom would go to the grocery store with her gloves. She would sit outside on the porch and wipe everything down. She asked me often what I knew about COVID, and so I would go to the CDC website and give her updated information. The mom started to calm, and then her sister came for a visit and they all got COVID. The mom and her baby ended up in the hospital. Everyone is better now, but her anxiety has returned. Now she is worried about her kids falling behind in school. She keeps in contact with the teachers and advocates for the fact that she has four in school plus a 2-year-old at home who is running around. She is doing all she can to keep everyone on task. ~ MARILYN DELAOSSA, HOME VISITOR, RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.

Cook Inlet Tribal Council, Inc. (CITC)



CITC has been a Tribal MIECHV grantee since 2016 and provides the Parents as Teachers home visiting model to AIAN families with children from birth to kindergarten entry living in Anchorage, Alaska. Ch'anik'en (translated as "little one" or "child") is nested within the CITC multiservice system and can serve up to 60 families.

In mid-March 2020, in anticipation of the COVID-19 pandemic, there was an emergency session of the Board of Directors to develop a solid emergency operations policy, including technology for staff to telework and cell phone allowances. For the home visiting staff, it would be different from their response to a 7.0-magnitude earthquake in 2018. Then, staff offices were relocated, but they were still able to make home visits; with COVID-19, in-person contact with families was contingent on the virus spread. During the summer months when cases were low, family mentors could meet families outdoors, but as cases multiplied in the fall, they had to switch to virtual visits. "We got quickly to work to develop structure around what telework would look like. We created tips and guidelines for staff and managers, got Zoom subscriptions, and trained staff on how to use it. Effective and regular communication was key—from the CEO, across departments, and within the home visiting program," said Northburg.

Three things stand out as important to CITC's ability to navigate the pandemic: (1) the long-term leadership, organizational structure, and multiservice



nature of the company; (2) the connection to a clear set of cultural values; and (3) a deep concern and real support for staff wellness.

LONG-TERM LEADERSHIP, A STRONG ORGANIZATIONAL STRUCTURE, AND MULTISERVICE SUPPORT

CITC benefits from having a visionary leader at the helm. President and CEO Gloria O'Neill has been in this role for more than 20 years. During her time, the organization has expanded to serve more than 12,000 people each year across multiple programs that aim to help individuals thrive. Service areas focus on nurturing families, growing graduates,

finding jobs, and achieving sobriety. In 2006, all of the programs were co-located, which positioned staff from across program areas to work closely together, including engaging in rapid problem solving. O'Neill sets a model for strong communication and collaboration, which is practiced both within the organization and with external partners.

During challenging times such as the current COVID-19 pandemic, CITC's organizational structure supports the bidirectional sharing of experiences from leadership, staff, and participants. This information can then influence the development of policies and procedures that are most meaningful to all involved. The structure includes:

- **CITC Leadership Council.** The Leadership Council is made up of directors and senior directors of the various programs (e.g.,

Child and Family Services, Clare Swan Early Learning Center, Youth Empowerment Services, Employment and Training, Alaska Native Justice Center, Recovery Services, and Alaska's People), plus the directors of planning, accounting, finance, communication, strategic projects, and other support services.

- **President's Council.** The President's Council is made up of the President and CEO; the Executive Vice President and Chief Financial Officer and chiefs of operations, technology, legal, and administration.
- **Board of Directors.** The 17-person Board of Directors includes a representative from each of the eight federally recognized tribes within the Cook-Inlet region, as well as nine representatives from Cook Inlet Region, Inc., a

CITC – “Our Values”

Our People have always understood that no one lives in isolation—individuals depend on each other, as well as themselves. In a world that presents both challenges and opportunities, we must work together and be resilient. Each person has a responsibility to themselves, to their families, and to their community. We need to treat each other with respect. These cultural values are summarized in the organizational values of CITC, which guide us in everything we do:

We are interdependent. We trust one another and work as a team toward our common goals. We recognize that each of us has an equally important role in the community, and that we are stronger together than as individuals.

We are resilient. We look to the future with steadfast optimism, hope and faith in Our People. We adapt to change with persistence and determination. We engage in creative solutions and endure adversity with courage.

We are accountable. We are ultimately responsible for fulfilling our mission and serving Our People. We are reliable, work with integrity and lead by example. We honor our obligations and correct our mistakes.

We are respectful. We treat one another with dignity and kindness. We value and embrace our diversity, respect ourselves and understand boundaries. We approach each experience with gratitude and humility.

We are humorous. Through humor, we laugh, connect, and build relationship; we use humor to share joy and bring relief; humor is honest, liberating, and contagious, allowing us to be human and meet each other where we are on our journey.

Source: Accessed on 12/22/20 from <https://citci.org/about/values/>

land-based Alaska Native regional corporation with more than 9,000 shareholders.

According to Northburg, “The magic of this is that you have different perspectives from the broader systems administration of the President’s Council to the direct impact on staff and participants from the Leadership Council. This ensures we contemplate all of the aspects and consequences of policy changes together.”

LEADING WITH VALUES

Twenty-five years ago, CITC adopted a set of values as part of a sustainability plan that was developed by participants, staff, and community thought leaders. The values provided a “North Star” for the work and were incorporated into many aspects of

the program from service delivery to communication inside and outside the organization, to hiring and staff evaluations. Some suggest that the values, which are reviewed and updated periodically, contribute to their inner strength, their freedom to dream big, and their ability to persevere in times of challenge.

INVESTING IN STAFF WELL-BEING

When the earthquake struck in 2018, leaders took action to demonstrate that staff well-being was a priority. This commitment to staff well-being deepened during the current pandemic. In addition to the cultural and organizational values described earlier, a board-approved definition of spiritual wellness further sets the tone for the care and attention directed to staff.

Rallying after a Massive Earthquake

On November 30, 2018, just before 8:30 a.m., a 7.0-magnitude earthquake struck north of Anchorage. Some CITC staff were still arriving for work; others were getting ready to go out on assignment. “I was in the parking lot of the CITC building and getting ready to move a vehicle and thought something was wrong with the car,” said Nicole Hunter, Program Manager. The earthquake significantly damaged the CITC building. A sprinkler system broke and flooded all four floors. The building suffered other structural damage, making it unsafe for occupancy.

Gloria O’Neill, CITC President and CEO, was immediately responsive, reaching out to a partner agency—Southcentral Foundation—and requesting use of their space to bring all 200 CITC staff together for a meeting. “We had emotional support on-site and used talking circles to process with one another, develop coping skills, and provide emotional support,” said Northburg. Vasquez especially appreciated that there was a traditional healer present in addition to the behavioral health consultants.

The CITC Leadership Council met to problem-solve staff and program participants’ issues and then made recommendations to the Board of Directors. The Board got right to work, issuing policies for staff to work remotely. Sister agencies offered up desk space for workstations. The Transportation Center became a triage space for families receiving Tribal Temporary Assistance for Needy Families (TANF). The information technology department made sure that systems were up and running so families would not have a disruption in benefits and staff could access participant data. They also made sure that home visiting staff had laptops and work cell phones so that they could be in touch with their families and carry on with home visits. The Board approved self-care funds for staff.

From the CITC leadership to the staff and clients served, all rallied and found ways to make the best of the situation. Little did they know that their actions would serve as a dry run for the current COVID-19 pandemic. Many of the past modifications—such as provisions for remote work, technology for staff, and stipends for self-care—are front and center in the organization’s current response.

"The CITC leadership as a unit is really genuine. They make all employees feel valued. They care about what is happening at home in our personal lives. The message is clear that we are in this together and it's about one step at a time. That really helps with morale and wellness of everyone." ~ JESSTELLA VASQUEZ, FAMILY MENTOR

"Spiritual Wellness is inner Balance, Belonging, Faith, Grace, Kindness, Love and Peace. It is nurtured through Relationships with self, others, and a power greater than ourself. Spiritual Wellness is discovered through connections to each other, traditions, land and our humanness: mind, body, and spirit."⁴

In a communication to CITC staff during the early days of the pandemic, O'Neill wrote about the importance of wellness: "This is a gift we can give ourselves—the grace of spending time on our own wellness....We cannot be present and supportive for others without first taking care of ourselves." O'Neill and the Board implemented two policies that stand out as exemplars.

- **Stipends for Wellness.** Staff were offered a one-time \$50 wellness stipend at the beginning of the pandemic. Some used the stipend to subscribe to apps such as Calm or Relax Melodies; others purchased audiobooks and journals; still others used it for online exercise classes. More recently, recognizing staff wellness as an ongoing priority, CITC implemented a \$25 monthly stipend for all staff.
- **Time for Personal Wellness and Self-Care.** Staff are allowed 30 minutes per day during work hours for personal wellness or self-care activities. Activities might include taking a walk, meditating, listening to music, journaling, breathing exercises, or other activities that allow staff to center themselves. Home visiting staff are also encouraged to participate in Mindfulness Mondays, virtual mindfulness sessions organized by the Administration for Children and Families (ACF) Tribal Home Visiting Program for Tribal MIECHV grantees.

Family Mentor Jesstella Vasquez chooses to use her 30 minutes at the beginning of each

day to ground herself in the moment and let the distractions from working at home quiet in her mind. Sometimes, she envisions a breathing bubble, breathing in for half a circle and out for half a circle; other times, she focuses on the five senses. She also uses this time to prioritize her day so that she doesn't feel overwhelmed. Family Mentor Gail Fitka worries that she is not able to protect and use the time as intended. She finds it most helpful if she can take 30 minutes in the middle of the day, but with additional families added to her caseload, she often cannot carve out time until the end of the day,



Photo: Pueblo San Felipe

⁴ E-mail communication from Gloria O'Neill to all CITC staff on April 9, 2020.



if at all. Although she may not be taking full advantage of this opportunity for herself, she is very committed to reminding her families to take time for themselves and connect with nature. Fitka believes in the importance of connection to Native culture and nature and regularly encourages her families to be outdoors with their children, whether for a walk, to look for changes in nature, or to engage in traditional activities such as ice fishing.

In addition to the wellness stipend and personal time, a licensed professional conducts group talking circles for staff. One-on-one sessions are available too, if staff need additional support. Recognizing that many of the staff have children at home, CITC has designated a space where the children of staff can gather to work on their school assignments and receive extra help when a parent needs to work at the CITC office.

Taos Pueblo



Taos Pueblo has been a Tribal MIECHV grantee since 2011 and delivers the Parents as Teachers model to AIAN and non-Native families with children prenatal to kindergarten entry living in a remote, rural reservation and non-reservation area in Taos County, New Mexico. The Tiwa Babies Home Visiting program is part of the Taos Pueblo Division of Health and Community Services and can serve up to 35 families.

Staff of the home visiting program started preparing in early March for the COVID-19 pandemic. They expected that the virus would come to Taos Pueblo, but they did not know when. Because of Tribal self-governance⁵ and being a small, tight-knit community, they were able to move forward quickly and with confidence. Also, staff reflects that Tribal sovereignty (or self-control) creates an environment of mutual respect, determination to find solutions, and a commitment to community survival. In short order, they worked with the information technology staff to procure laptops and confirmed that all staff had cell phones to use when contacting families. By the second week of March, it became clear that they needed to start making adjustments to their programming. In-person visits were no longer possible, and events had to be canceled. When the Tribe decided to



send workers home and then to close the Pueblo, all felt safe and prepared.

Four things stand out as important to Taos Pueblo's ability to navigate the pandemic: (1) a small but mighty team that has weathered previous challenges and is committed to co-creating solutions, (2) a nimble approach to working with families, (3) leaning into supports and resources from others, and (4) connection to their vast lands and nature.

"There is this intrinsic strength, fortitude, perseverance....a calmness and belief that we're gonna get through this.." ~ EZRA BAYLES, DIRECTOR OF HEALTH AND COMMUNITY SERVICES, TAOS PUEBLO

⁵ Tribal self-governance refers to the ability of a Tribal community to be governed by its own members or citizens rather than having to conform to laws, practices, or procedures imposed by the state or federal government.

A SMALL BUT MIGHTY TEAM COMMITTED TO CO-CREATING SOLUTIONS

The home visiting program benefits from a team that is close knit, has experience weathering past challenges, enjoys strong communication, and is committed to co-creating solutions. The four-person team enjoys a “can-do” spirit that team members suggest comes from the leadership style of Tiwa Babies Home Visiting Program Coordinator Katherine Chavez. “Katherine’s leadership helps us to navigate these uncertain waters. It feels like a real partnership. Her support allows us to make the best informed decisions for families,” said home visitor April Winters.

Chavez emphasizes the importance of regular communication with her team for advancing the program and taking care of one another, and that has only grown during the pandemic. When staff needed to work remotely, Chavez checked in with each person every morning to try to normalize the situation and keep the focus on what the families need and how the home visitors could best support them from a distance. In addition to the morning calls, the entire team met for an hour and a half each week, providing space for the staff to reflect on their own COVID-19 responses. The program coordinator also provided biweekly reflective supervision to encourage resilience and strength.

In addition to strong communication, the team is experienced with co-creating solutions. “Chavez sets the tone for this,” according to Debra Heath, Program Evaluator. “She has a steady hand and positive outlook, sending the message to staff that we can figure anything out if we work on it together. We may not have all of the answers, but if we remain open and curious, we will uncover the best next steps,” said Heath. Chavez is comfortable with trial and error and the patience that requires. “I guess one thing about our team...we do a lot of planning together and have open and regular communication,” reflected Chavez. Indeed, their communication and planning helped them during the COVID-19 pandemic to create a suite of supportive documents. The suite includes documents that offer guidance on working from home, confidentiality strategies for protecting personal information, an outline of the different phases of lockdown and what home visiting would look like for each phase, and a checklist for how to conduct a safe, socially distanced visit. (Please see links to these documents in the Appendix.)

NIMBLE APPROACH TO WORKING WITH FAMILIES

“The curse of COVID-19 is the inability to meet in person with the families. We are a small tribe and value personal contact. How do we re-create that

“Serving the families is our North Star. The staff is passionate about this. It’s not just a job, it’s their purpose.” ~ KATHERINE CHAVEZ, TIWA BABIES HOME VISITING PROGRAM COORDINATOR

Preparing for and Working Through Challenges

Taos Pueblo worked through some challenges before the COVID-19 pandemic that helped to prepare them for the pandemic.

A large forest fire in 2003 on tribal lands helped to reinforce the need for emergency management that could be internal to the Pueblo. This well-trained firefighting team now travels to other communities that are struggling with forest fires. Also in the early 2000s, an employee spent time at Los Alamos National Laboratory and, upon returning to the Pueblo, created an emergency management plan. That plan was updated in 2016 to serve as a blueprint for dealing with any disaster. At the end of 2017, management put together a tabletop exercise to practice key parts of the plan. Both the experience with the forest fire and the thoroughness of the emergency management plan helped to prepare staff for responding to a future natural disaster.



"If you were to look at the program in the time of COVID, you would not know we were impacted—we are flourishing and prospering." ~ APRIL WINTERS, HOME VISITOR

in a virtual world?" pondered Bayles. The team was concerned with meeting the needs of families and honoring the Parents as Teachers model. Heath notes that the staff were skilled at determining what the families needed in the moment, which sometimes meant setting aside the curriculum and focusing on immediate needs. For many, visits during the first 3 months of the pandemic focused on the most pressing needs, and then by the fourth month, families were increasingly open to talking about ways to support their children's learning. All the while, home visitors were looking for ways to weave in the topics from the Parents as Teachers model. "The awesome thing about [Parents as Teachers] is that you have a shell to work with as long as you hit on the three main elements of the model: parent-child interaction, development-centered parenting, and family well-being. This allowed us to be nimble and make the program fit for families in these unique circumstances," said Winters.

LEAN INTO SUPPORTS AND RESOURCES FROM OTHERS

The home visiting team found that sharing resources—either across agencies in Taos Pueblo, with the Taos Early Learning Committee, with the broader New Mexico early learning community, or with other Tribal home visiting programs across the country—contributed to their success during the COVID-19 pandemic. For example, at meetings

of the Taos Early Learning Committee, programs come together to share resources and information to ensure that families' needs are met. As a result, resource binders are expanded to include additional referral information for families that might need financial support for rent or utilities, behavioral health support, or access to food. The home visiting team also participates in webinars and accesses training materials through a portal set up by the ACF Tribal Home Visiting Program for Tribal MIECHV grantees. They are continually searching for the best of what is available and then adapting it to Taos. "Home visiting has a very sharing culture," said Bayles. "We found examples from others that would work and often turned them into tribal-wide policies."

CONNECTION TO THEIR VAST LANDS AND CULTURE

In times of difficulty, the people of Taos Pueblo seek and receive comfort from their culture and nature. Although the parks may be closed due to COVID, the mountains are always open. Community members enjoy hiking, fishing, and any other activity in nature that connects them with their history and nurtures their inner strength. "Maybe we are not able to do our traditional activities in person, but we have all of that within us. We remind each other that the land, nature, foods, and song give us strength," said home visitor Aspen Mirabal.

Riverside–San Bernardino County Indian Health, Inc.



Riverside–San Bernardino County Indian Health, Inc.—a nonprofit tribally controlled and managed health care organization that began operations in 1968 and incorporated in 1974—has been a Tribal MIECHV grantee since 2011 and delivers the Parents as Teachers model to AIAN families with children prenatal to kindergarten entry. The service area includes both rural reservation lands and urban non-reservation communities in southern California. The Tribal Family Partners Program operates out of eight health clinics and is able to provide home visiting services to up to 125 families.

On March 20, 2020, with the COVID-19 pandemic taking hold, all in-home visits provided through clinic programs were stopped to determine next steps. The company's diabetes program was first to resume services, and then the home visiting program followed suit, with staff identifying ways to operate in a virtual environment. Companywide policies helped to ensure consistent and safe access to services and job security for all staff.

"This is the most challenging thing we have ever faced as a health care organization. It's the first time that we have had to open an emergency command center," said Bill Thomsen, Chief Operations Officer. Other than the occasional power outage, the area has not had significant past challenges from nature. With eight clinics in the company, staff



can easily be shifted from one clinic to another due to any slight disruption. This happened, for example, during the 2020 fires in southern California. "The goal is always to keep clinics open in case elders need care," said Thomsen.

With COVID-19, the company wanted all programs to use their telehealth platform. It took time to train staff and then have them practice with the system to fully understand the functions. Once staff were comfortable, they then needed to introduce the platform to families. Internet connectivity was a challenge for some. Fortunately, free internet or an upgrade was available from the community, but word needed to get out about this opportunity.

"Our sense of community is strong. We take care of our elders and our children. This is at the core of who we are. We create a circle of care. So we fly through disasters like these. We wake up and put our warrior hat on." ~ BRIDGET LAFFERTY, PARENT PARTNER

Three things stand out as important to the ability of the Riverside–San Bernardino home visiting program to navigate the pandemic: (1) connection to the larger health care company and all the benefits that come with that, from policies and procedures that apply to all programs, as well as greater financial stability when the organization is not dependent on just one source of funding; (2) a commitment to supporting the staff so that they can show up for families; and (3) strength from a powerful sense of community, family, and history.

CONNECTION TO A LARGER HEALTH CARE ORGANIZATION

Riverside–San Bernardino County Indian Health, Inc., is funded through the Indian Health Service and governed by a Board of Directors elected members from the nine tribes that make up the managed health care organization. It is a large multiservice company, providing services to 17,000 active patients through more than 100,000 visits each year. The home visiting program benefits from being nested within the company. Policies and procedures are developed by the Board are enforced by the program directors, and they benefit all employees companywide.

For example, COVID-19 policies define health and safety precautions that aim to keep employees and people using the health clinics safe. People are required to wear masks from their cars to the

so that they can be in front of a camera without a mask as they have virtual meetings with families,” said Gray.

Because of the financial strength of the company, staff of all programs were able to enjoy job security even when the future of their work was uncertain. When the decision was made to operate with a three-days-on, two-days-off rotating schedule in April and May, employees were guaranteed full pay. If they became sick or otherwise could not work due to COVID-19, they could use administrative leave rather than sick or vacation time. “They want us to take the time to make sure we are well before we come back,” said Parent Partner Teresa Castro. Despite the challenges of COVID-19, the company was able to provide employees a cost-of-living increase and holiday bonuses, and those eligible also received merit increases.

COMMITMENT TO SUPPORTING STAFF

In addition to the health and job security measures that were implemented companywide, the home visiting program put in place programmatic practices to support staff and help them to feel empowered. A consultant was hired to provide one-to-one reflective supervision for each home visitor two times a month. In addition, the consultant facilitated group sessions that were designed to provide a safe circle for staff to say whatever

“We do have elders who are still visiting the clinics and so we need to take extra measures to show they are safe. With all the protocols, I’m not batting an eye. I feel safe coming into work, knowing that I will not catch COVID.” ~ BRIDGET LAFFERTY, PARENT PARTNER

entrance, where all have temperature checks before entering the clinic. Signs on the floor remind all about the importance of at least six feet for social distancing. The clinic provides ample supplies of hand sanitizer and Clorox wipes. Staff have access to personal protective equipment. Information from the CDC is shared with staff so they can stay healthy and educate families about safety measures. Because of all of these measures, “staff felt safe coming back to work. It helps too that all home visiting staff have their own office

they needed, such as what was working well, and what struggles they might be having. “This created an avenue to relieve some of the stress affecting the home visitors and helped to shift their mood to ensure a good mindset before connecting with families,” said Gray.

The program also created a buddy system for home visitors so that they can rest assured that the families in their caseload will continue to receive services, even if the assigned home visitor is unavailable.

A Healing Garden Creates a Space for Reflection and Connection to Mother Earth

Valerie Dobesh, a Community Health Worker at Riverside–San Bernardino County Indian Health, Inc., as well as a master gardener and herbalist, proposed creating a community garden at the Grand Terrace clinic. The CEO and Board liked the concept so much that they set a goal to have gardens at all clinics.

The concept, 5 years in the making, is intended to teach the community about health and mental wellness as well as sustainability. “When we put effort into growing and harvesting our food, we are more likely to eat healthy. Tending a garden also helps to release stress. There is a microbe in the soil that we touch, and it releases serotonin in our brain to give us calm. And gardening connects us to our heritage when we learn about and grow plants that are our native foods,” said Dobesh. She contends that gardening is good for the body, mind, and soul. “I have never seen a person come to the garden and stay grumpy!” In fact, Parent Partner Marissa Padilla remarked, “I love taking my 15-minute breaks in the healing garden. I get fresh air, soak in the sun rays, and look at the plant life. I like to smell the herbs and talk with them about how beautifully they are growing.”

Ultimately, the goal is to have a healing garden at each clinic. For now, there are two. The garden where Dobesh works has an oak tree welcoming people into the space. There are eight raised beds, each with a theme. For example, a salsa bed includes tomatoes, oregano, peppers, cilantro, onions, and garlic. There are benches, an arbor, bird feeders and a bird bath, potting tables, and a compost bin. Space adjacent to the garden can be used for a talking circle.

More and more people are visiting the garden. A department head is often seen meeting with his staff there, and some staff sit on a bench and eat their lunch in the garden. Others take pride in helping pull weeds. Dobesh encourages staff and clinic patients to pick herbs and vegetables, and when the bounty is plentiful, she sometimes harvests and walks from department to department handing out food. “The clinic staff now own the garden. It’s part of who they are. They go there for quiet, and to connect to Mother Earth,” said Dobesh.





"I enjoy working for the Tribal community because of that sense of care. It feels like I have an umbrella over me. And because I have that umbrella, I can be the umbrella for my clients." ~ BRIDGET LAFFERTY, PARENT PARTNER

Mindfulness sessions, facilitated by a psychologist, are also offered during the lunch hour for any employee who wants to participate. The diabetes program provides fitness sessions that all staff can join. A healing garden provides a place for staff to take a break, find solitude, and garden if they choose.

CONNECTION TO COMMUNITY, FAMILY AND HISTORY

During these stressful COVID-19 times, a deep connection and unwavering commitment to community, family, and history keeps the home visiting staff focused on the reasons why they do their work. It shapes how they do their work as well. For example, clinic staff are mindful that elders still must come for appointments, and they take all precautions not to put the elders at risk. "We focus on our elders a lot because we are an oral tradition, and keeping our elders healthy and being there so we can learn from them is a priority," said Parent Partner Marilyn DelaOssa.

Celebrating milestones is important, so this past summer, home visitors conducted socially distant drive-by graduation celebrations for children and families. It was an emotional time for all.

Virtual gatherings on Zoom help families to minimize feelings of isolation and reinforce culture and tradition. The theme of a recent virtual gathering was "Sharing Stories." According to Parent Partner Teresa Castro, it started with a prayer that even the children could join. "Prayer helps us spiritually. You can't just be physically well. To be 100 percent, no matter what you believe in, you have to be spiritually well too. One of our staff sang a traditional song, and then we shared the story *Raven: A Trickster Tale* from the Pacific Northwest. We did a scavenger hunt for the children—find something warm, something yellow, a favorite book—and then we invited families to share their own story, prayer, or song."

Lessons Learned and Innovations for the Future of Home Visiting

When the COVID-19 pandemic first began, no one predicted its extent and the programmatic and policy changes that would emerge. A year later, much has been learned as a result of the continuous observation, assessment, and adaptation by steadfast home visiting program leaders in the programs highlighted in this brief and across the Tribal MIECHV grantee community. Those leaders suggest:

ADMINISTERING THE PROGRAM

- Be pragmatic and playful. When faced with a challenge, it is best to stop, think, and figure out how to navigate the issue. Baby steps that move you forward are just fine.
- Give your emergency plans a dry run to test them and work out any kinks before they are needed. Make sure you think through the role and capacity of technology.
- Remember that the home visiting program provides essential services during times of crisis and keeping the program operating offers a necessary lifeline to families.

SUPPORTING STAFF

- When hiring, it is the intrinsic stuff—the commitment to service and family—that matters most. No amount of reflective supervision or policies can replace that.
- Invest in the health and well-being of the home visiting staff and provide concrete supports that can help them approach their work with a clear head and an open heart.
- Give each other grace. It is important to recognize and respond to staff needs, arrange talking circles, and encourage staff to take care of themselves and each other.

WORKING WITH FAMILIES

- Be sure to build upon cultural strengths. Activities that connect families with their culture can be a real asset during times of challenge.
- Find ways to continue to deliver home visiting content while responding to the individual needs of families. Virtual group connections help to reduce family isolation.
- Maintain communication with families at all times, and especially during unusual circumstances. Let them know what is going on, any changes to the program, and when and how you will follow up. Always keep promises you make with families.

COLLABORATING WITH COMMUNITY PARTNERS

- Develop functional and collaborative relationships with community partners and agencies that you can lean on for help with problem solving, sharing advice, and strategies.
- Leverage resources such as emergency financial support for rent and utilities, food, behavioral health services, and other supports that families may need during a challenging time.

Looking ahead, these same leaders acknowledge that some programmatic innovations that emerged during the pandemic are likely to stay after the COVID-19 pandemic ends. For example, it might be best for families to have the option to participate in some aspects of the program virtually, either for one-on-one sessions with their home visitor or for parent group connections. Some families simply found it easier to keep commitments and

participate when meetings and gatherings were virtual. For a program such as Riverside–San Bernardino County Indian Health, Inc., where the service area covers two large counties, the ability to have virtual staff meetings was a blessing and may continue. Collaborating with community partners through social media and virtual meeting platforms will likely continue as well. Taos Pueblo recognizes that working with a more diverse array

of community partners will help them grow and navigate a new era in home visiting. The pandemic accelerated CITC’s long-desired plans for an electronic portal that can be used by participants to enroll in programs and access their own information and by staff to connect with families, collaborate across programs to ensure that resources are coordinated, and monitor and track family progress toward their goals.



Closing

Each of the Tribal MIECHV grantees interviewed for this paper weathered the uncertainty of the COVID-19 pandemic in admirable ways. It helped that they started from a strong position. They already had solid relationships with families, referral partners, and community leaders. They were able to leverage those relationships to immediately pivot to meeting the needs of families, offering a lifeline of support and friendship. While COVID-19 isolated families in their homes, home visitors dropped off needed supplies; provided education and support around parenting in these unusual circumstances; organized innovative group activities to keep families connected to one another (and often, to their culture); conducted critical screenings

and assessments to identify and respond to family needs; and ensured that families had access to phones, the internet, and technology so they could participate in remote visits. Home visitors also held and supported each other to get through these challenging times. They found ways to connect virtually as teams and made sure that all felt acknowledged and supported. Self-care, compassion, generosity, and gratitude prevailed. Overall, Tribal MIECHV program leaders and home visitors remained hopeful and determined to adapt so that they could continue to show up for families and one another—*providing a light of hope* as only they know how.

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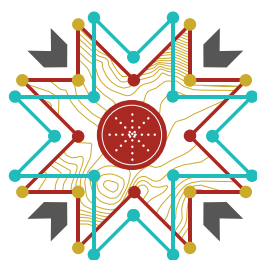
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Author: Deborah Roderick Stark

Resources and tools developed by Tribal MIECHV grantees to support operations during COVID-19:

- Lock Down Phases and Home Visiting (Taos Pueblo)
- Checklist for Safe, Socially Distanced Visits (Taos Pueblo)
- Telephonic and Home Visit Guidelines (Cook Inlet Tribal Council, Inc.)
- Screening Procedures (Riverside–San Bernardino County Indian Health, Inc.)
- Guidance on Working from Home, Including Strategies for Protecting Documents and Confidentiality (Taos Pueblo)



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