



An Introduction to the Tribal Home Visiting Program



Background

The Maternal, Infant, and Early Childhood Home Visiting program (the Home Visiting Program), supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. States, territories, and tribal entities are eligible to receive funding through the Home Visiting Program and have the flexibility to tailor the program to serve the specific needs of their communities.

The Home Visiting Program builds upon decades of scientific research. Home visits by a nurse, social worker, or early childhood educator to a family during pregnancy and in the first years of life improve many child and family outcomes, including promotion of maternal and infant health, prevention of child abuse and neglect, increased positive parenting, and improved child development and school readiness. Research shows that home visiting provides a positive return on investment to society through savings in public expenditures on emergency room visits, public benefits, child protective services, special education, as well as increased tax revenues from parents' earnings.

By law, grantees must spend the majority of their Home Visiting grants on models with evidence of effectiveness, and may also invest in promising and new approaches. The Home Visiting Evidence of Effectiveness systematic review assesses the quality and strength of the available evidence of home visiting models to determine if they meet the Department of Health and Human Services (HHS) criteria for evidence of effectiveness.

The Home Visiting Program is administered by the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF). HRSA administers the State Home Visiting Program and ACF administers the Tribal Home Visiting Program. In addition, ACF is conducting the Mother and Infant Home Visiting Program Evaluation (MIHOPE), a large-scale evaluation of the effectiveness of the Home Visiting Program using a scientifically rigorous design.



The Tribal Home Visiting Program

Recognizing the potential of home visiting programs to support improved child and family outcomes in tribal communities, the Home Visiting Program legislation included a 3 percent set aside to fund grants to Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations.

The Tribal Home Visiting Program is designed to develop and strengthen tribal capacity to support and promote the health and well-being of American Indian and Alaska Native (AIAN) families; expand the evidence base around home visiting in tribal communities; and support and strengthen cooperation and linkages between programs that service AIAN children and their families.

The goals of the Tribal Home Visiting Program include:

- Supporting the development of happy, healthy, and successful AIAN children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs;
- Implementing high-quality, culturally-relevant, evidence-based home visiting programs in AIAN communities;
- Expanding the evidence base around home visiting interventions with Native populations; and
- Supporting and strengthening cooperation and coordination and promoting linkages among various programs that serve pregnant women, expectant fathers, young children, and families, resulting in coordinated, comprehensive early childhood systems in grantee communities.

Through the Office of Early Childhood Development and Office of Child Care, ACF has awarded 25 Tribal Home Visiting Program grants totaling over \$44 million to three “cohorts” of grantees. Each grant was awarded competitively for 5 years and is a cooperative agreement between the grantee and ACF.



Tribal Home Visiting Grantees

Tribal Home Visiting Program grantees serve tribal communities that range from rural reservations, to urban areas, to remote Alaska villages. Grantees represent the rich diversity of AIAN populations, their unique cultural contexts, and varied geographic locations and service areas. For example, Lake County Tribal Health Consortium of Lakeport, CA serves children and families dispersed over 12 small towns, three Rancherias, an Indian Colony, and two incorporated cities. Some Tribal Home Visiting grantees, such as Yerington Paiute Tribe in Yerington, NV serve a small geographic area while others, such as the United Indians of All Tribes Foundation in Seattle, WA, serve sprawling metropolitan areas or large tribal service areas. Similarly, the demographics of families and children served vary from grantee to grantee. The Red Cliff Band of Lake Superior Chippewa of Bayfield, WI primarily provides services to Red Cliff tribal members, while other grantees, such as Southcentral Foundation in Anchorage, AK provide services to children and families that represent hundreds of different tribes and Alaska Native communities. Each grantee community is unique and grantees have developed home visiting programs that are designed to meet their cultures and contexts.



Tribal Home Visiting Grantees by Cohort

Cohort 1 (Awarded in 2010)

- Choctaw Nation of Oklahoma (OK)
- Fairbanks Native Association (AK)
- Kodiak Area Native Association (AK)
- Lake County Tribal Health Consortium (CA)
- Native American Community Health Center, Inc. (AZ)
- Native American Professional Parent Resources, Inc. (NM)
- Northern Arapaho Tribe (WY)
- Port Gamble S'Klallam Tribe (WA)
- Southcentral Foundation (AK)
- White Earth Band of Chippewa Indians (MN)
- Yerington Paiute Tribe (NV)

Cohort 2 (Awarded in 2011)

- Confederated Salish and Kootenai Tribes (MT)
- Eastern Band of Cherokee Indians (NC)
- Native American Health Center, Inc. (CA)
- Riverside-San Bernardino County Indian Health, Inc. (CA)
- Taos Pueblo (NM)
- United Indians of All Tribes Foundation (WA)

Cohort 3 (Awarded in 2012)

- Cherokee Nation (OK)
- Choctaw Nation of Oklahoma (OK)
- Confederated Tribes of Siletz Indians (OR)
- Inter-Tribal Council of Michigan (MI)
- Red Cliff Band of Lake Superior Chippewa (WI)
- Yellowhawk Tribal Health Center (OR)



Tribal Home Visiting Grant Activities

Funds under the Tribal Home Visiting Program support:

- Conducting a needs and readiness assessment of the at-risk community;
- Collaborative planning and capacity building efforts to address identified needs;
- Providing high-quality, culturally relevant, evidence-based home visiting services to families in at-risk communities;
- Establishing, measuring, and reporting on progress toward meeting benchmark performance measures for participating children and families; and
- Conducting rigorous local evaluations to answer questions of importance of tribal communities and examine the effectiveness of home visiting programs in tribal communities.

During Phase 1 of their grants, Tribal Home Visiting grantees engage in needs assessment, planning, and capacity building activities. During Phase 2, grantees implement home visiting programs, collect performance measurement data, engage in continuous quality improvement activities, and conduct local evaluations.

Phase 1 Activities

During Phase 1 (Year 1) of the cooperative agreement, grantees conduct a comprehensive community needs and readiness assessment. The purpose of the assessment is to identify the needs of the community and assess the community's capacity to implement a high-quality home visiting program. Findings from the needs and readiness assessment also informed the selection of their home visiting models.

Community Needs and Readiness Assessments

The needs assessment was an in-depth process that helped grantees identify the at-risk communities that had the greatest need for services. Due to the diversity of tribal populations, ACF defined “at-risk” community broadly. For example, a tribe within a discrete geographic location could be considered an at-risk community, as could members of a tribe residing in a non-tribal geographic service area.

When conducting their needs assessments, Tribal Home Visiting grantees collected quantitative and qualitative data on the health and well-being of individuals and families. Grantees used various methods to engage with and understand the needs of their communities, including interviews, focus groups, community meetings, informal conversations, and surveys. Grantees also collected secondary data including information on maternal and child health, child abuse and neglect, poverty, unemployment and under employment, crime, domestic violence, educational outcomes, and substance abuse. Many grantees also explored community challenges such as historical trauma and identified goals and aspirations related to culture and language preservation.

Grantees also identified existing home visiting programs or initiatives that provided similar services and gathered information about the number of families served, the characteristics of those families, the types of services provided, mechanisms for screening and referrals, the availability of qualified staff in the community, and the extent to which programs met the needs of eligible families. This information helped grantees assess their community's capacity to implement a new home visiting program. Grantees also considered the readiness of their community to integrate home



visiting services into an early childhood system. Coordination across programs ensures that home visiting programs are part of a comprehensive, aligned strategy for improving child and family well-being in tribal communities.

Planning and Capacity Building

Based on findings from the community needs and readiness assessment, grantees selected home visiting models to meet identified needs and developed an implementation plan to build capacity to serve families. Grantees also developed a plan to

track and report a set of performance measures and a plan to rigorously evaluate their home visiting program.

Grantees also built administrative and management capacity by hiring key staff and securing office space; collaborated with home visiting model developers to formalize agreements and identify necessary cultural adaptations and enhancements; developed or modified data systems; and secured evaluation partners to help them plan and conduct ongoing evaluation activities.

Tribal Home Visiting Models: Evidence, Selection, and Cultural Adaptation and Enhancement

Due to the limited evidence base on effective home visiting in tribal communities, Tribal Home Visiting grantees may adopt home visiting models that are either evidence-based or considered a promising approach. Model selection is designed to be a collaborative and community-driven process based on the findings of the needs and readiness assessment.

Tribal Home Visiting grantees must select a model that is developed by a national organization or institution of higher education, has been in existence for at least three years, and meets the needs of the community. In addition, the model must include comprehensive program standards that ensure high quality service delivery and continuous quality improvement.

Home visiting models selected by Tribal Home Visiting grantees include: Parents as Teachers, Family Spirit, Nurse Family Partnership, Parent Child Assistance Program, and SafeCare Augmented.

Most home visiting models selected by grantees are designed for non-Native populations. Many grantees have enhanced or adapted models to fit culture and context. Adaptations and enhancements include hiring culturally competent staff from the community, incorporating traditional parenting practices, and involving cultural leaders and elders as well as model developers throughout the program development and implementation process.

In 2014, one home visiting model previously implemented in tribal communities, Family Spirit, was found by the Home Visiting Evidence of Effectiveness systematic review to meet HHS criteria for evidence of effectiveness.



Phase 2 Activities

In Phase 2 (Years 2-5) of the cooperative agreement, Tribal Home Visiting grantees provide home visiting services and build the infrastructure necessary to sustain their programs. Grantees also collaborate with partners in the community, strengthen their home visiting workforce, collect and use performance data, and rigorously evaluate their programs.

Serving Families and Building Systems

Tribal Home Visiting grantees have developed a variety of strategies to identify, recruit, and serve families. The most successful recruitment methods include: building relationships with other prenatal, early childhood, education, and human services programs in the community to expand referral networks; creating and distributing marketing materials such as flyers, brochures, informational leaflets throughout the community; and advertising the home visiting program through public service announcements and in local publications such as tribal newsletters and newspapers that reached a wide audience.

Building infrastructure, engaging partners, and developing systems are critical to a home visiting program's ability to ensure fidelity of model implementation and successful delivery of services. Tribal Home Visiting grantees must formalize partnerships throughout their service areas through engaging community stakeholders, cultural leaders, experts, schools, and other service providers. Such partnerships ensure that home visiting programs are part of a broader early childhood system of supports for families.

Benchmark Performance Measurement and Continuous Quality Improvement

Tribal Home Visiting grantees must establish, measure, and report on progress toward meeting 36 performance measures in six legislatively-mandated benchmark areas: improved maternal, newborn, and child health; prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency room visits; improvements in school readiness and child academic achievement; reductions in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and support.

Grantees have built enormous capacity to meet this performance measurement requirement. In order to collect and report data on performance measures, grantees must develop or modify data system and implement effective data collection strategies. Tribal Home Visiting grantees are also supported in using these data to drive continuous quality improvement (CQI) of their programs.

Rigorous Local Program Evaluation

Tribal Home Visiting grantees must conduct rigorous local program evaluations that will result in building the knowledge base around successful strategies for implementing and sustaining high-quality evidence-based home visiting services to AIAN populations. Grantee evaluations are community driven and designed to answer questions of interest to grantees while building tribal capacity to engage in rigorous evaluation.

Tribal Home Visiting grantee evaluations include: examining the effectiveness of programs and/or components of programs; studying adaptations or enhancements of programs; and considering questions regarding implementation or infrastructure necessary to support evidence-based home visiting among AIAN populations. Evaluations must include a comparison (e.g., the receipt of home visiting to not receiving home

visiting; the provision of intensive coaching for implementation compared to implementation without coaching), either through a quasi-experimental design such as a matched comparison, a wait-list control, or multiple-baseline design (e.g., single-case design) or a randomized control design.

Tribal Home Visiting Technical Assistance

Tribal Home Visiting Program grantees receive extensive technical assistance (TA) throughout their cooperative agreements from federal staff and TA providers.

The Tribal Home Visiting Evaluation Institute (TEI), through a contract with James Bell Associates, provides universal and individualized technical assistance to Tribal Home Visiting grantees on the benchmarks; rigorous evaluation; data systems; data collection and analysis; using data to improve quality and outcomes; developing a continuous quality improvement (CQI) process; and dissemination.

Programmatic Assistance for Tribal Home Visiting (PATH), through a contract with Zero to Three, provides programmatic technical assistance to grantees in areas such as needs assessment; implementation of evidence-based and promising home visiting models; adaptation and enhancement of home visiting programs; organizational capacity and leadership; implementation fidelity; culturally-relevant practice; recruitment and retention of families; development of program policies and procedures; program management and oversight; communication and marketing; dissemination; fiscal leveraging; workforce and professional development; implementation of coordinated early childhood systems; and sustainability.

The Tribal Early Childhood Research Center, through a grant to the University of Colorado Denver, provides leadership and support to promote excellence in community-based participatory research and evaluation of Home Visiting, Head Start/Early Head Start, and Child Care and Development Fund initiatives that serve AIAN children and families.

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