

TRIBAL
HOME
VISITING

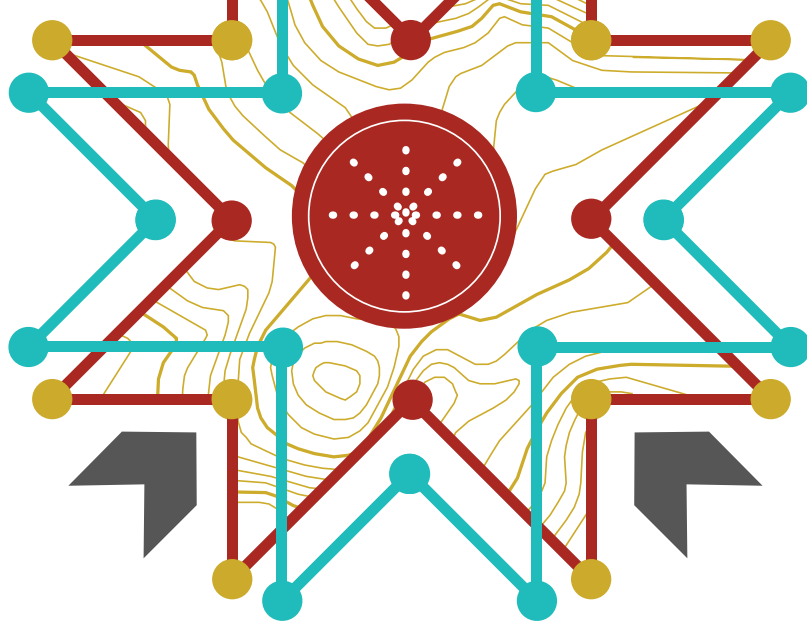


Tribal Home Visiting Programs:

STORIES OF RESILIENCE & HOPE

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INTRODUCTION

The stories in this collection illustrate the positive impact of home visiting programs provided to American Indian and Alaska Native families by tribal entities across the country. The programs are supported by grants from the Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which is administered by the U.S. Department of Health and Human Services, Administration for Children and Families. The stories were collected through interviews with families and staff from 14 Tribal MIECHV programs.

Home visiting programs focus on helping people be the best parents they can be. Home visitors provide information on prenatal and child development. They offer guidance on parenting skills and strategies. They connect families with the resources they need for food, housing, health, and safety. Home visitors often serve as “first responders” in helping parents identify delays in development and other issues that need to be addressed.

Many parents view home visitors as key members of their support system. One of the mothers who shared her story said, “They really helped out a lot. They helped me have more patience being a parent and with all the hospital visits. They gave me information about my daughter’s development and worked with us on things like communication. I liked the playgroups, and the parenting class helped me learn what to look for and how to work through problems with her.”

Home visiting programs are helpful to all families, but they are of particular benefit to families facing serious challenges such as poverty, teen pregnancy, substance abuse, and violence in the home or community. Stressful family experiences can interfere with healthy brain development in young children and affect their later success in school and adult life. Home visiting programs are designed to help families prevent or mitigate the impact of those experiences.

In many ways, the services offered by Tribal MIECHV grantees are an extension of the support that tribal communities have been providing to pregnant women and families with young children for generations. They are intended to complement—not replace—the support provided by extended families, tribal organizations, faith groups, and local health and social service providers.





Each Tribal MIECHV grantee began its work by conducting a comprehensive assessment to identify community needs and resources. This assessment was also a vehicle to inform and engage other stakeholders and lay the groundwork for future collaboration and referrals among programs that serve children and families.

Based on the assessment, an implementation plan was developed that specified which of several evidence-based home visiting models would be used. Grantees worked closely with the model developers and the Administration for Children and Families (ACF) to implement the program and ensure fidelity to the model. Grantees also received extensive technical assistance from other experts in the field. A more detailed description of the Tribal MIECHV process and outcomes can be found in [Culture, Collaboration, and Innovation: How Tribal Home Visiting Programs Are Working to Improve Outcomes for Children, Families, and Communities](#).

Although the programs vary in certain details based on their communities and the models they use, some key features are consistent. All of the Tribal MIECHV grantees strive to provide high-quality, culturally relevant, evidence-based home visiting programs. They hire and support qualified staff who receive in-depth training in their program model. They coordinate their efforts and promote linkages among various programs that serve pregnant women, expectant fathers, young children, and families. They make extra efforts to reach out to those families who are most in need of their services.

THE TRIBAL MIECHV PROGRAM

has provided grants to 28 tribal entities since 2010. The grants are intended to help develop and strengthen tribal capacity to support and promote the health and well-being of American Indian and Alaska Native families; expand the evidence base around home visiting in tribal communities; and support and strengthen cooperation and linkages between programs that serve tribal children and their families. For more information about the Tribal MIECHV Program and grantees, visit: <https://www.acf.hhs.gov/ecd/home-visiting/tribal-home-visiting>.

Another key feature across Tribal MIECHV programs is the fundamental respect that the staff members have for families. “The staff and the leadership have a deep and abiding understanding, belief, and hope for the people that we serve,” said an evaluator for one of the programs. “They realize that not all of us have the same start in life, that multiple chances are sometimes needed, that people can change, and that we change when we have support. The families are the ones doing the work, and we get to support them in the work that they’re doing. It’s a beautiful thing to get to see.”

This collection of stories examines various aspects of Tribal MIECHV programs from the perspectives of parents, home visitors, and other staff. The first section focuses on the experiences of families and how home visiting their lives. The next three sections explore how the programs work with families in terms of incorporating cultural traditions, meeting basic needs, and supporting healthy relationships. The last section examines how programs are working together to create a coordinated system of high-quality services for families with young children.



Photo: Lake County Tribal Health Consortium

LISTENING TO FAMILIES

This collection begins with stories told by families. They are invariably stories of hope—for their children, themselves, and their Tribes. The parents share how they came to be parents and some of the challenges they have faced. They describe how they rely on their home visitors for trustworthy information, social connections with other parents, and resources to help them reach their goals.

It's not uncommon for parents who benefit from home visiting programs to want to "give back" in some way. The last story of this section features a program director who formed a parent advisory council. She describes the positive impact that the council has on both the program and the council members.





Family Shares Lessons in Love / CHOCTAW NATION

Jenna and Matt Pebworth feel blessed to have each other and their two beloved children—Zeke, who is going on 3 years old, and Kaya, who was born a few days after the interview for this story. Like most families, their path hasn't always been an easy one. They credit their faith, family, and community for helping them achieve the life they share today.

Jenna and Matt first met when she was working at a store in Stringtown, Oklahoma, where Matt was a regular customer. "The more I got to know him, the more I realized he was such a good man," said Jenna. "He did everything that he could just to be a solid male in my life, which is huge. He's hard-working and very smart. It was easy falling in love with him."

The admiration was mutual, according to Matt. "Once we started dating, it didn't take long to realize that Jenna was intelligent and fun loving and a very caring and beautiful person. And we did more than just date. She invited me to church. I got saved and baptized at our home church here in Oklahoma. Things just took off from the start and went like wildfire."

Having children was important to both of them, but it would be 6 years before that happened. "We started trying when we first got married, but it didn't work, and the doctors really didn't see anything wrong with us," said Jenna. "So, we just kind of went along. We both worked hard. I finished college in 2012, then he finished in 2014. And then one day out of the blue, I was teaching public school at Stringtown, and I just kind of had a feeling. I asked Matt to go get a pregnancy test for me, and on my lunch break we found out we were pregnant!"



Even though Jenna had received a lot of education and training in child development, she and Matt felt that their family would benefit from the Chahta Vlla Apela (Helping Choctaw Children) Tribal Home Visiting Program sponsored by the Choctaw Nation. The program is funded by a grant from the Tribal MIECHV program.

"Danielle was great," Jenna said of their home visitor. "She would come twice a month and do a lesson from their curriculum on child development. She would show us the activity for the day and then observe us doing the activity. And then she'd just spend some time loving on my baby. Zeke aged out of the program, so we're not a part of it anymore, but we sure wish we were because my baby boy just loves her."

Matt was there for most of the home visits. "I'll be honest—at first I was thinking, 'Yay, free diapers,'" he said. "But once I got to know Danielle and see the things that the Choctaw Nation was doing with this program, I thought it was great."

The home visiting program also helps families connect with each other through group meetings held throughout their multicounty service area. "We got to hang out with other families who are in the program and have food and do activities," said Jenna. "The activities were fun, and they tried to make them child-led at the same time. My son always got to go home with a new toy or a new book or something else that was appropriate for development."

The Pebworths have few relatives in the area to turn to for support. The exception is Matt's mom, whom they see regularly. "Zeke loves his grandma so much," said Jenna. "We've had a lot of support from friends and family, but she's our number-one support familywise."

"There's lots of wisdom out there, and most all of our friends and church family and community have been more than willing to help," Matt said. "One of our biggest supporters is the Choctaw

Nation. They help their tribal members and families in numerous ways. For instance, they helped us to secure our first home mortgage.”

Jenna and Matt just celebrated their ninth wedding anniversary. As they look to the future, Jenna plans to pursue her master’s degree, enjoy their home out in the country, and do whatever it takes to be there for her family.

“My goals are pretty simple and basic,” Matt said. “I want to do all that I can to provide for my family. As a parent, I want to teach my children to love. I want to teach them all I can about this world, and I want them to become loving, productive, educated citizens. If I can do that, I’ll consider myself a success, and I’ll consider us a success as parents.”

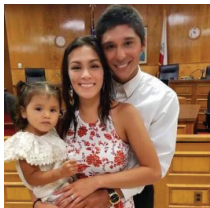
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Motherhood, Marriage, and the Military /

LAKE COUNTY TRIBAL HEALTH

Faith Rodriguez learned about the Gouk-Gumu Xolpelema Tribal Home Visiting Program when she was 19 years old and expecting her daughter.

“When I graduated high school, I wanted to go into the military, but I ended up getting pregnant,” Faith said. “My daughter Ariel had some medical problems when she was born. She had to be hospitalized for about a month, and I spent my whole time taking care of her while she was healing. In the beginning, the hardest thing was being by myself and having to do everything solo without her father. But then he stepped up, and he’s back in her life again, and we’re married now.”



Faith learned about the home visitors from her stepmother, who works at Lake County Tribal Health. The organization works to improve the physical, mental, spiritual, emotional, and social health status of the Native Americans of Lake County, California. It sponsors the home visiting program, which is supported by a grant from the Tribal MIECHV program.

“They really helped out a lot,” said Faith. “They helped me have more patience being a parent and with all the hospital visits. They gave me information about Ariel’s development and worked with us on things like communication. I liked the playgroups, and the parenting class helped me learn what to look for and how to work through problems with her.”

Faith is determined to provide her daughter with a better experience than she had as a young child. “Until second grade, it was just me and my brother growing up, and we bounced around from different homes until our dad could take care of us,” said Faith. “My dad was in kind of a bad lifestyle, and then he had us, switched everything around, and did what he was supposed to and taught us to be who we are today. My dad is probably the best dad out there.”

Family means a lot to Faith. She wants Ariel to have a stable family and live with both her parents. She is glad that Ariel spends time with her grandparents. Faith’s stepmother bakes a lot, and Ariel likes to help her.





In addition to her commitment to motherhood and marriage, Faith is about to launch her dream career in the military. She leaves for boot camp just before Thanksgiving, followed by 4 months of medical training that will eventually lead to a bachelor's degree in nursing. Her husband and daughter will move with her to wherever she gets stationed.

"I'm proud to be joining the U.S. Navy to better Ariel's future," Faith said. "I'll be the first one in my family to join the military. I like the way people in the military carry themselves and all the benefits that come with it for my daughter. Schooling will be funded for her, so I won't have to worry about that. And I also like the traveling."

Faith's home visitor, Trisha Robinson, is impressed by how focused Faith is on ensuring a positive future for her daughter. "A lot of young moms think about the struggle that they're facing day to day and really don't look that far into the future," Trish said. "But even though Ariel is only 2 years old, Faith is already thinking about her future—about getting that financial stability to be able to buy a home and have her daughter's college secure and have medical insurance. That's really tremendous to see."

"I've grown up a lot, that's for sure," Faith said about her experience so far as a parent. "It's good just watching how I can raise somebody else from what I've learned."

Postscript: When Faith was contacted 9 months after this interview, she proudly reported that she had finished boot camp and completed her Medical Corps training.

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The Power of Love and Determination / LAKE COUNTY TRIBAL HEALTH

Shaylyn Mendoza was a freshman in college when she got pregnant with her son, Elius. Her sister told her about the help she got from the Gouk-Gumu Xolpelema Tribal Home Visiting Program, sponsored by Lake County Tribal Health. She took her sister's advice and enrolled in the program.

"Having Elius is the best thing that ever happened to me," Shaylyn said. "He changed me for the better, especially with such a great support system, my husband, his dad. It was kind of hard because he was still going to college, which was leaving me home with the baby. Being a new parent, I was kind of scared. My home visitor, Trisha Robinson, has helped me a lot."

Shaylyn has overcome a lot of obstacles to get to where she is today. She grew up in Lakeport, California, the youngest of four children. Her mother worked two jobs to support the family. She watched her older sisters quit school, run away, and get pregnant, just like their mom had done. No one made her go to school, and she eventually dropped out.

But deep down, Shaylyn wanted more for her life. "Watching my sisters grow up, not finishing school and having so many kids so young—I felt like I didn't really want that," she said. "Then I ended up getting with my boyfriend, who is now my husband, and he was a good role model and said school was important. I got my GED, then started going to college and finished two semesters before my son was born."

Like most families, Shaylyn wanted a home of their own. "In February, where we had lived with his parents got flooded, and we had to evacuate," she said. "We had to move in with other in-laws and I didn't really want to stay in a household full of people, so I went to Trisha for help."

Trisha went house hunting with her, and Shaylyn's family ended up getting their own place a couple of months later. "I love it," Shaylyn said. "I couldn't have done it without Trisha. It was kind of scary, because I'd never had to pay a bill and didn't really know what being in an adult life was like. But I was also excited by the challenge. We've had our own place for 4 months now, and it's something that we can call ours and something that we can say we accomplished. It's amazing to me."

Shaylyn is grateful to the people who have supported her and her family. "My mother-in-law took me in as her own," she said. "As soon as I found out I was pregnant, she was always there for me. She gave me the best advice. And then she let me stay with her as long as I needed to. And whenever I had any questions I went to her or my sisters. They helped me get through a lot when I felt like I couldn't do it."

Elius is now 2 years old. Trisha helps Shaylyn use the Ages and Stages Questionnaires to monitor and encourage his development. "Where I come from, a lot of people don't take care of their kids," Shaylyn said. "So, I'm very proud of having Elius and raising him on my own and being the mom I am to him. He wakes me up every morning, and he kisses me and says "mama, mama!" and then he jumps on me, and it's another day."

Shaylyn works as a bartender hostess while her husband is finishing his degree in civil engineering. She plans to go back to school someday and become a nurse. "I want my son to see us accomplish our goals and let him know that everything we did was for him," she said.

Trisha has been impressed by Shaylyn's love and determination. "The strength that Shaylyn carries from all the adversity that she's had in her life is just amazing," Trisha said. "I am very proud of her and all that she has accomplished. And she is an amazing mother. Her son is her world, you can tell, and she displays that every day."

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Partnering With Parents to Improve Program Success /
NATIVE AMERICAN PARENT PROFESSIONAL RESOURCES

Native American Parent Professional Resources (NAPPR) has a 30-year history of supporting families, particularly those with young children. Based in Albuquerque, New Mexico, the organization serves families living on or off reservations in a four-county area. In 2010, it began the Tribal Home Visiting Program, with support from the Tribal MIECHV Program.

NAPPR staff recognized that the strength of home visiting hinges on the trust and involvement of the community. They needed multiple partners to help assess community needs, raise awareness of what home visiting was all about, and refer families to the program.

Program Director Rebecca Riley said, "Maria Brock, the first director, saw the value in engaging the community as much as possible and spearheaded the creation of a Community Advisory Board early on. She recruited individuals from the steering committee that conducted the needs assessment who could invest their expertise long term and were involved in other areas that could help the program develop. Some of those individuals are still on our Community Advisory Board today."





Equally important, Brock and others wanted families at the table to help design and guide the program. They created a Parent Advisory Council, where members could roll up their sleeves and take on important tasks to ensure program success.

"We say on the flyer that it's a working group," said Riley. "We ask that members come ready to work, to participate, to provide comments. And we provide a meal at every meeting and assistance to help them get to the meetings, including child care incentives and incentives for their time in the form of gift cards and gas cards. We have some families that travel 50 miles just to come to the meeting, and they come consistently."

The Parent Advisory Council has evolved through experimentation and reflection. At one point, the Council had grown to 30 members; it later settled at 15 as the optimal number for a working group. The Council members receive regular reports from program staff on the implementation of the Council's recommendations. They end each meeting by sharing what they liked about the meeting and ideas for future meetings.

"One parent said, 'It's really nice to see that you listen to us and we actually see results happening,'" said Riley. "What we're seeing now is the parents wanting to take over some of those tasks that are appropriate, such as helping develop parts of the curriculum or providing their own expertise if they have a job skill or went to school for certain topics that could be of assistance to the program."

One example of the Council's positive impact is the increase in prenatal referrals to the program. "We had a lot of council members who had enrolled while they were pregnant and just after they had their baby," said Riley. "So we gathered their feedback about what would have engaged them more. They provided the best feedback ever, including things like supplies that new parents can start out with right away."



Program staff researched various possibilities and brought the idea of "baby boxes" to the next council meeting. First developed in Finland to reduce infant mortality, each sturdy cardboard box is lined with a mattress and is the perfect size for a sleeping infant. The box is then filled with clothes, blankets, and other things parents will need for their newborns.

"We asked the council members if something like this would have engaged them into the program as a prenatal mom, and they were like, 'Yes, this is so cool!'" said Riley. "So we asked them what kind of things we should put in the box that would be useful and would speak to Native American families. They helped with the development, and we were able to launch a mini-pilot project a few months ago. We've enrolled 10 new prenatal families since that time and have five more referrals, which is a huge increase. We credit that to the Council."



Photo: Yellowhawk Tribal Health Center



INCORPORATING CULTURE

The stories in this section examine the importance of culture and how Tribal Home Visiting grantees designed their programs to incorporate traditional customs and practices in the way services are delivered. Tribal MIECHV programs have approached this in various ways. For example, they have hired Native staff and sought support and advice from tribal leaders and elders. They have also incorporated traditional language, customs, and activities in their curricula.





Restoring Cultural Traditions to Strengthen Family and Community / **YERINGTON PAIUTE TRIBE**

The Yerington Paiute Tribe in Nevada strives to give their young children a good start in life and prepare them to be future leaders. One of their key strategies is to revive their cultural traditions as a way to alleviate parental stress and increase the sense of community.

The Tribe's Pudu Momo'o Home Visiting Program has played a leadership role in this effort by adding cultural enhancements to the services they provide families with young children. The program is supported by a grant from the Tribal MIECHV Program.



"Native American tribes in this area have struggled historically," says Holly Ditzler, the Pudu Momo'o program coordinator. "Many of them have lived in generational poverty while being isolated in a rural area. For a lot of these Native people, there was a great extent of cultural trauma, with some of the Elders having been put into boarding schools as children and their language and their culture taken away from them. It's almost an identity crisis, which the cultural enhancements have really addressed, bringing people back into community and gathering people to find one mind."

Parent educator Renee Rogers talks about traditional ways of homemaking and child rearing when she visits families in their homes. "We talk about different foods and the time that they're harvested and some ways that they can be prepared. We talk about the different types of medicine that come from the land and how they can help you feel better. I also let families be aware of different cultural activities on and off our reservation."

Storytelling is another important part of the culture. Rogers teaches families traditional stories that they can share with their children. The Tribe has also made books of traditional stories, such as Cottontail and the Sun, that parents can read with their children and that the children can color.

Rogers' father, who is experienced in many traditions, taught her about smudging with sage as a way to cleanse one's body, mind, and home. "I put the sage in an abalone shell and light it," Rogers describes. "It starts smoking and it's believed that any prayer that you say while you're smudging is carried by the smoke up to the Creator. I give my families the option if they want to pray. To some of them, it's more like a relaxing energy."

Evaluators Bill Evans and Julianna Chomos at the University of Nevada–Reno work with Rogers in designing the enhancements and tracking their implementation and outcomes. Due to the small sample size, the evaluators use a single-case design, in which all of the families are acting as their own baseline and all are receiving the cultural enhancements. Evans and Chomos are excited by the process and hope their experience will benefit future research with small communities.

"From the beginning of this project, we realized that we really could make a difference," says Ditzler. "We're talking about a whole generation of children who are going to grow up, be school ready, and become the next leaders of the Tribe. What do we want them to take with that? I think one of the most important parts is the tribal ownership of all of its culture. We feel very blessed as a Tribe to have incorporated this into many of the teachings, and we feel that this whole cohort of children will be taking on some of these cultural enhancements to pass on to future generations."

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Connecting Cultural Experiences With Early Learning /

INTER-TRIBAL COUNCIL OF MICHIGAN

The Partnership for Anishnaabe Binoojiiyensag Tribal Home Visiting Program is working with other community partners to develop an early childhood system that integrates culture-based strengths and knowledge into its programs. The program is sponsored by the Inter-Tribal Council of Michigan and supported by a grant from the Tribal MIECHV Program.

"We heard from all of the communities we work with that there's a strong desire for programs that serve families and children to uphold traditional teachings and values," said Elizabeth Kushman, project director.

There were already elements of these teachings in various programs, and the project partners decided to develop a supplementary curriculum for home visitors that would pull them all together. Central to this effort was a collaboration with the Inter-Tribal Council's Head Start program. The development team used a tool called "*Making It Work!*" created by the National Head Start Center for Cultural and Linguistic Responsiveness.

"The *Making It Work!* planning tool helped us stay rooted in the traditional and cultural lifeways that support children in gaining emergent literacy and early numeracy skills," said Kushman. "We started with the medicine wheel as a cultural lifeway. Then we identified ways in which learning about the medicine wheel aligns with learning domains from the Head Start early learning framework. Based on our needs assessment data, we focused on language, literacy, and early math. So, with their parent, the child is learning about and using the medicine wheel and, along the way, also developing emergent literacy and numeracy skills."



"Making it Work! gave us good guidelines to gather the information that we wanted so we could develop the curriculum to best serve the home visiting program and the parents," said Susie Carrick from Early Head Start. "The focus was on the things that we do that parents could do daily, once they had some guidance."

The new curriculum features 13 "lessons" supported by tip sheets for parents, games, hands-on materials, books, and community connections. It has received enthusiastic responses from both staff and parents. "Staff were really open and excited about implementation of this tool, which increases the probability that it's going to be successful within the home," said program evaluator Lisa Abramson. "The feedback that we've gotten from the families is that they are excited about the content and what they're learning and receiving from those home visits."

While improving school readiness is an immediate goal of the project, the potential outcomes are far-reaching. "I like to start with seeing children who are prepared for school and then having parents who will continue to encourage and support them through their entire education," said Amanda Leonard, home visiting program coordinator.

The project also benefits the larger tribal community. "One piece I like about the curriculum is that we're using the medicine wheel," said Michelle Schulte, who works with the Inter-Tribal Council's early childhood programs. "Even though we have 12 separate federally recognized tribes, which have some differences in dialect and cultural and spiritual practices, the medicine wheel is one piece that ties us all together as one nation and allows us to be able to speak across tribes and makes us comfortable in putting the culture right out there as a priority."





"It's almost like the answers are right within the people, within our culture, within our hearts," Abramson added. "It's within everything that we carry forward to now from our ancestors, and the answers to the questions about early literacy or overall health and well-being are right there. It's just a matter of bringing it forth in a way that's meaningful to that community."

MEETING BASIC NEEDS

Before parents can focus on learning more about child development and parenting skills, they need assurance that their family's needs for shelter, food, health, and safety are being addressed. This section focuses on how home visitors help families meet these basic needs.

What distinguishes home visitors from many other helping professionals is the time they invest in helping families identify and obtain what they need. Beyond providing information, the home visitors follow up to make sure families received the support they were seeking. They assist parents with applications and accompany them to appointments when needed. They follow up over time to make sure concerns have been addressed.

Empowering Families Through Homes of Their Own / **CONFEDERATED TRIBES OF SILETZ INDIANS**

The Confederated Tribes of Siletz Indians in Oregon sponsors a home visiting program called Family Spirit, a model developed by Johns Hopkins University and supported by funding from the Tribal MIECHV Program. The home visitors provide information and support to families about child rearing and help parents set and meet goals for their families. A major issue for many young families is having their own homes.

"Eight out of 10 families that I have served have some sort of homelessness," says Jessica Phillips, Home Visiting Program Coordinator. "They may be living with a relative or somewhere else where they don't have their own space."

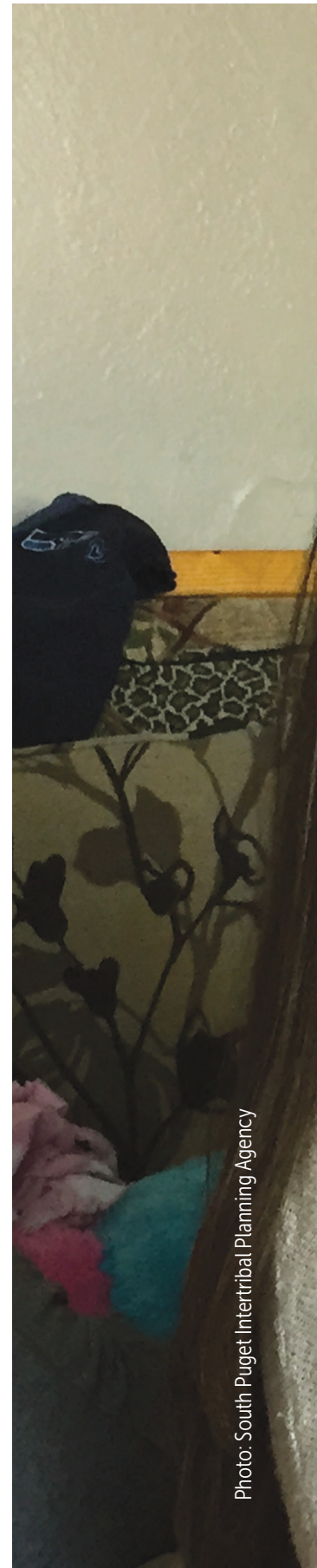


Photo: South Puget Intertribal Planning Agency





A lot of them say they can't be the parents they want to be when they're living under someone else's roof. They just want a little help to be able to be independent and live on their own."

The home visitors work to connect families with the resources they need, which can be a long and involved process when it comes to housing. The options include tribal housing programs for families living on the reservation, as well as rental assistance and first-time homebuyer programs available in neighboring communities.

"I recently had a client whose roommate left the house, and the family was at risk of being evicted," says home visitor Danelle Smith. "I was able to work with a couple of programs to provide emergency assistance, and my client was able to keep her apartment."

Phillips has forged strong relationships with housing providers by serving on the board of Advocacy and Outreach Workers of Lane County. People from a wide variety of agencies attend monthly meetings to keep each other informed about housing and other resources available to families in the area.



Phillips sees housing as the launch pad for further growth. "Housing is a key thing that people need in order to move forward," she says. "They become more independent. They feel more self-worth. One mother I worked with had applied for multiple jobs but was not getting any callbacks. Right after she got her own place, she got her first job. It could be a coincidence, but I think when you don't have all of the stress and you have your own place, everything else kind of falls into place."

As families move forward, they often need less help. One family had been unable to find a landlord who would rent to them, because they had no credit and the father worked at a part-time, minimum-wage job. When the family made it to the top of the waiting list for rent assistance, they still could not afford the required security deposit and first and last month's rent. Their home visitor was able to help them secure one-time funding from the tribe to cover the expense. When the father's employer gave him a full-time job, the rental assistance was reduced accordingly. The father told the home visitor that, although he was sorry to see their rent go up, it made him feel good to be able to pay the bills and provide for his family.

"Home visiting is more than just visiting the family," says Phillips. "It is a very big support system and a way to collaborate with the community to give them wraparound services for anything they may be needing and a person that they can feel comfortable to come to with any concerns they may be having."

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Promoting Food Security / **NATIVE HEALTH**

Native Health in Phoenix, Arizona, understands the importance of food security for the families they serve. In 2016, the clinic distributed over 30,000 meals through its Summer Food Service Program and USDA (U.S. Department of Agriculture) Dinner Program. Their efforts have not gone unnoticed. The National Association of Community Health Centers named Native Health as one of three community health centers in the United States recognized for innovation and best practices in reducing food insecurity in their community. This acclaim demonstrates that their program is replicable and sustainable and that the interventions impact health outcomes. The home visiting program of Native Health is supported by a grant from the Tribal MIECHV Program.

Food insecurity is a serious problem that affects children and families. Food insecurity is defined as not having reliable access to enough affordable, nutritious food. Being concerned about access to enough food has detrimental outcomes to family well-being. Ember Tahy, Project Coordinator for the Native Health home visiting program, states, "We are wanting to do an activity, but we want to take care of this [basic need] before we get to the activity. A lot of our home visits focus on family well-being."

Initially, St. Mary's Food Bank approached Native Health to participate in the Summer Food Service Program. Through the program, children (under 18 years old) have access to healthy food. Although this program was successful, it was clear that families were hungry year-round, not just during the summer.

"It became apparent that food insecurity is a huge issue. We knew we had food insecurity issues all year round," said Susan Levy, Communications and Community Relations Director.

In 2015, Native Health approached St. Mary's to begin a Dinner Food Service pilot program. The program received USDA funding to provide food to children throughout the year. Native Health realized that, even with the program expansion, there was still a need for food and a need for adults to have access to food. The team continued collaborating with St. Mary's Food Bank and the USDA. Together, they explored ways to provide food year-round for everyone (children and adults).

In January 2017, the Backpack Program began. The Backpack Program provides food once a week for families. Each family receives a Backpack(s) (a clear bag filled with approximately 10lbs of nonperishable food), which is enough to feed a family of four for three meals. Native Health is set to expand their service area from one to three sites this summer.



In their 2017 home visiting needs assessment survey, the program continued to see food security as a major issue, as 38% of the respondents were concerned about buying or running out of food. Samantha Highsmith, Maternal and Child Health Programs Manager stated, "We knew it was there, but didn't realize it would show up as strongly."

Highsmith said it is hard for the home visitors to go into a home and discuss school readiness when the families are worried about running out of food. The home visitors provide referrals to the food banks and often bring the backpack of food to the family. This can help keep a family engaged and keep their home visiting appointments. "Our visits are going up. They are engaging with us. They are not worried about what they are going to cook or about what they are going to eat over the week-end because (I'm) coming by on Friday," said Tahy.

The Monthly Group Connections is another opportunity to focus on healthy eating and safe tips on how to prepare food. Additionally, families can attend the monthly Read It and Eat class. This is a family class, where participants prepare a healthy recipe like watermelon sundaes or cantaloupe salsa. At the end of class, each family is provided with a bag of fresh produce to take home. This class is in partnership with the Phoenix Public Library, which begins the class with a food-themed book, with funding from Health Net Access. Highsmith states that these programs help build the relationships with the families and "help us do the job we are there to do; home visits that center around education, resource referral, health screenings, and activities that foster development and the parent-child interaction."

In addition to these programs, Native Health has built a continuum of food support for their families. Native Health partners with local retailers, other food banks, and community members to provide a community/traditional garden. Native Health also works with Native Seed Search to provide





indigenous drought-tolerant plants to the garden. “This is an important explorative piece in building cultural responsiveness in an urban community setting,” says Highsmith.

Native Health knows their job is not done yet. They will continue to look for ways to evolve, expand, and sustain their efforts to provide food to their families. Highsmith concludes by saying, “Our eye is always to providing and procuring, but in a way that is sustainable, relevant and most helpful for our families. It is a growing and changing process with a lot of partners.”

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Improving Health Equity / **SOUTHCENTRAL FOUNDATION**

Alaska Native children have disproportionately high rates of poverty, infant mortality, and other conditions that can undermine healthy development. The Nutaqsiivik Nurse–Family Partnership, a home visiting program sponsored by the Southcentral Foundation, is working to improve those conditions and ensure that children have a good start in life.

The program received the first annual Health Equity Award, presented by the Alaska Public Health Association, for its efforts. “The award was presented at the Association’s annual summit banquet in 2016, and it was really exciting,” said Vanessa Hiratsuka, a senior researcher at the Southcentral Foundation. “Our organization supported the staff by purchasing tables for the Nutaqsiivik staff to attend and receive the award as a program.”



The Southcentral Foundation is an Alaska Native-owned, nonprofit health care organization based in Anchorage. The Nutaqsiivik program is supported in part by a grant from the Tribal MIECHV Program.

For more than 20 years, the Nutaqsiivik program has provided education and support to Alaska Native families as a supplement to regular prenatal care and well-child checkups. The staff include registered nurses with maternal child health training. They are an extension of the family’s primary care team and can help address a variety of issues that affect child and family well-being.

“We address all of the psycho-social-spiritual needs of individuals and not just the physical aspect of things,” said Tina Anliker, one of the program’s clinical coordinators. “We help them figure out how to go back to school if that’s their goal, or how to get to their prenatal appointments when they don’t have reliable transportation or safe child care if they have other children. We’re looking at those other resources to help them be successful.”

“We work with one mother who always wanted to be a flight attendant; that was her kind of pie-in-the-sky dream,” said Kelly Murphy, another clinical coordinator. “Her nurse was like, ‘Well, okay, I don’t know anything about that, but I’ll help you find out that information.’ And now her toddler is 2, and she is a flight attendant. They both learned on that journey.”

Other important features of the program include being voluntary and flexible. “The families get to choose us,” said Murphy. “We give them options when they are asking for information, letting them know there are different ways to do things. And if they decide to opt out of the program once

they're enrolled, we let them know they can come back any time before their child is 2 years old. We move with them in and out of their decisions."

"It really goes back to that relationship building, which is embedded in the organization," said Anliker. "Every staff member who is hired here goes through orientation and in-depth training, which really ingrain that it's part of the fabric and the culture here that relationship is key in order to work with people and support them in their journey in health and wellness."

"What I see with this program is that the staff and the leadership have a deep and abiding understanding, belief, and hope for the people that we serve," said Hiratsuka. "They realize that not all of us have the same start in life, that multiple chances are sometimes needed, that people can change, and that we change when we have support. The families are the ones doing the work, and we get to support them in the work that they're doing. It's a beautiful thing to get to see."

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Preventing Infant Deaths Through Safe Sleep / NORTHERN ARAPAHO TRIBE

Wyoming's Wind River Indian Reservation has one of the highest infant mortality rates in the state, a fact that greatly concerns Dr. Vonda Wells, Administrator of the Northern Arapaho Tribe. In addition to raising four children of her own, Dr. Wells has championed the well-being of the tribe's youngest children in her previous positions with Head Start; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and an early childhood home visiting program.

"The Wind River Indian Reservation used to have a project called Cribs for Kids to discourage cohabitating sleeping," said Dr. Wells. "A family could come into the WIC office and ask for one of these beds for free, and the worker would fill out a small application and do a mini-training on cohabitating sleeping and give them the crib."



"Cohabitating sleeping" refers to infants and children sleeping in their parents' beds, which increases the risk of injury and suffocation. "The last year we gave out the Cribs for Kids was 2014, and that year there was no infant mortality," said Dr. Wells. "When that money ran out, I started looking for other options for our babies."

"I looked online and found an article by the BBC called 'Why Finnish Babies Sleep in Cardboard Boxes,'" says Dr. Wells. "In Finland in the 1930s, they had a high infant mortality rate. They started giving low-income mothers cardboard boxes filled with baby items, with the box to be used as a bed. Later, the government of Finland decided that every baby, regardless of income, deserved a box and what they said was a head start in life. And I thought, wow, that would be so awesome for us to do here."

She found a company in California that produced "baby boxes," similar to the ones that the Finnish government continues to provide to families today. She purchased some of the boxes with part of the tribe's grant from the Tribal MIECHV Program, and their Tribal Home Visiting Program hosted a kick-off event for new and expecting parents in December 2015.

"The parents were excited, and I think they were apprehensive, too," says Dr. Wells. "Most were young, and a couple were first-time parents. We talked to them about babies having their own place to sleep and how important that is for their development and also for their safety."





Each box is made of sturdy cardboard and decorated with owls or teddy bears. There is a lid on which to set the box and a firm, thin mattress that the baby can lie on.

"When the parents looked inside the boxes, it was like Christmas for them," says Dr. Wells. "The box we selected has all-natural materials, and they like the baby shampoo, the little hygiene bag with a comb and fingernail clip, the t-shirts, hat, and mittens. The box also has a muslin receiving blanket they can use to swaddle their babies. It has everything that you would need initially when you have a baby."

The gift is accompanied by mini-trainings from program staff on timely topics for new parents, such as emotional attachment, injury prevention, and health care for both babies and mothers.

The baby boxes also send a message of welcome. "I would like for us to find funding to purchase these boxes for every baby that's born to the tribe," says Dr. Wells. "That would show how important our babies are for us as a tribe and for our future and that they deserve the best start that they can have."

SUPPORTING HEALTHY RELATIONSHIPS

At every level, Tribal MIECHV programs support caring and constructive relationships—within families, between families and home visitors, among program staff, and with partnering organizations. The stories in this section illustrate the strengths-based approach that is a hallmark of Tribal MIECHV. They show how even in the most challenging situations, every effort is made to identify people's strengths and build on them. This approach helps families establish the trust needed to sustain healthy relationships over time.

These same qualities are important in relationships among the staff who serve the families. Because they do much of their work on their own, regular contact with co-workers and supervisors is important for reflection, problem-solving, and support.



Photo: Riverside-Ssan Bernadino Indian Health



Supporting Families Who Have Children With Developmental Delays /

CONFEDERATED SALISH AND KOOTENAI TRIBES

The Confederated Salish and Kootenai Tribes (CSKT) of the Flathead Reservation in Montana manages a home visiting program for pregnant women, expecting fathers, and families of children up to 5 years old. The program offers support on a wide range of parenting issues and is often the first responder when it comes to helping families recognize and address developmental delays. CSKT home visitors credit the trusting relationships they have with families, where parents feel comfortable sharing concerns and asking for help.



Home visitor Juanita Swaney recalled a family whose toddler had an apparent speech delay. "I put it in the parents' hands first and asked, 'How do you think his speech is going?'" said Swaney. "They paused to think about it. I asked if they would like a screening to be done to see where their child was at. And the mother said yes, she had been kind of worried but didn't want to say anything. So I made a referral and got her connected with a speech therapist. That interaction with the family and building that trust is really key."

The CSKT home visiting program is supported by grants from the Tribal MIECHV Program and the Tribal Early Learning Initiative (TELI), which are administered by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF). The home visiting model that CSKT has chosen to follow is Parents as Teachers, which uses a developmental screening tool called Ages and Stages.

The home visitors bring valuable information to families, and, equally important, they bring patience. "Personally, I like to be a fixer," said home visitor Veronica Matt. "With certain families, you have to have a lot of patience because things aren't going to happen the next day. It takes time and commitment."

Matt described a family whose two young children had obvious dental problems. Over the course of several home visits, she shared information about the importance of dental care and dispelled the common myth that baby teeth don't matter.

"They felt a little intimidated about making the phone call for an appointment," said Matt, "so I offered to make the call together. One of the children completed his surgery last month, and I sat with the mom until he came back to the room. He ate three bowls of spaghetti that night after she brought him home. She was very pleased because he had been losing weight."

Home visitor Luanne Kickingwoman remembers visiting a mother and her new baby. "After four or five home visits, I was comfortable also asking her about her 3-year-old son, who wasn't talking," said Kickingwoman. "I had noticed how frustrated he was due to mom not understanding what his needs were. He would grunt and point at objects like the kitchen or the box of toys. I was able to get the family connected with the local hearing specialist, and then the Child Development Center agreed to work with the family. Both children's needs were being met, and the family stress level started to show signs of improvement."

Respect is at the heart of relationships between home visitors and the families they serve. “Every single one of my families is different,” said Ashley Parisian, the Lead Parent Educator, “so it’s about getting to know them and being aware of what their beliefs are. Some are more traditional than others, but all are still members of this tribe, and there’s still a certain amount of respect you have to show. It’s important to know each family before trying to work on an issue with them.”

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Creating a Strong Team to Support Tribal Families / **RIVERSIDE–SAN BERNARDINO COUNTY INDIAN HEALTH**

In a typical week, Parent Partners travel hundreds of miles to meet with families served by the home visiting program of Riverside–San Bernardino County Indian Health, Inc. (RSBCIHI). They check in with pregnant women about their prenatal care, help parents assess their children’s development, give new parents reassuring advice about child rearing, and do anything else that helps families raise happy and healthy children.

Although he spends most of the day away from his office, Parent Partner Dario Martinez never feels like he’s working alone. “I feel every time I step out in the field that I’m not just going by myself,” says Martinez. “The Parent Partners and our director text each other on a daily basis for encouragement or to share a little success or a new resource. I have my team literally in the palm of my hand.”



RSBCIHI is a consortium of 10 tribes in Riverside and San Bernardino Counties in California, with a service area of more than 27,000 square miles. The RSBCIHI Home Visiting Program is supported by a grant from the Tribal MIECHV Program.

The home visiting program uses the Parents as Teachers model, which requires parent educators to have at least 2 years of experience working with children in a professional setting. “Our Parent Partners come from very different backgrounds,” says Priscila Jensen, Project Director. “We have some who have worked with the school districts, child care centers and WIC, and they all bring their own expertise to the workplace. It’s been really great to see everyone build off of each other.”

Each Parent Partner is based in an RSBCIHI primary care clinic. Two or three times a month, they meet as a group and can turn to Jensen and each other whenever they need help. Parent Partner Jaclyn Gray found out just how important this support was during her first month on the job. She was working with a family whose baby had serious delays, and no one could pinpoint the reason.

“Being brand new, I had to lean on my team,” says Gray. “Like, what do you think? Where should I refer her? What could I say to her?”

Bolstered by the team’s advice, Gray and the family completed a new Ages and Stages Questionnaire on developmental progress to take with them to a specialist at a children’s hospital. With encouragement from Gray and others, the family pressed for further evaluation, which revealed that their daughter had a rare genetic disorder.





"I helped her feel comfortable to speak out and ask questions," says Gray. "And now she's taking it upon herself to share with other parents about how she's learned to talk with doctors. There's no cure for her child, but she feels like her baby is doing well. A lot of that is because she got so involved and felt empowered to educate herself more."

Many of the Parent Partners are tribal members, and all have children of their own. "I am a single father," says Martinez. "I feel that my personal life really enhances my work and lets me bring those skills to the table. My team lets everybody know there's a male in the program if they want a male visitor. I know they have my back 100%, and it makes me feel like I could go even further, like the sky's the limit with everything now."

"I go home with a real sense of pride that there is a program like this out there," says Gray. "I wish that I'd had a program like this when my kids were young."



IMPROVING EARLY CHILDHOOD SYSTEMS



Tribal home visiting programs are part of a mosaic of services on which families rely. To be effective, home visiting staff must collaborate with other agencies serving young children and their families. These include federally funded programs, such as Head Start and Early Head Start; the Child Care and Development Fund; and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Eight of the Tribal MIECHV grantees also received grants from the Administration for Children and Families (ACF) under the Tribal Early Learning Initiative (TELI). The grantees partnered with Head Start and Child Care programs in their communities to break down barriers to collaboration, improve the quality of services, and create and support seamless early childhood systems. This section includes stories from three of those grantees. The fourth story describes a successful partnership between Oklahoma's State and Tribal MIECHV programs.





Making Young Children a Priority / CHOCTAW NATION

The Choctaw Nation of Oklahoma stands firm in its belief that children are the future and continues to work to provide quality programs and facilities to help their children grow into strong, healthy, and self-sufficient individuals for a strong Nation of Choctaw People.

To help further its goal of empowering youth, ACF partnered with Choctaw Nation as one of six tribes to participate in TELI. TELI participants work to improve the coordination of early learning and development programs.

"We first began our meetings as directors of our programs to know each other better. We learned what each other's programs are doing," said Angela Dancer, Home Visitation Senior Director. "That process was eye opening and beneficial on a director level. So, we decided to roll this out to our staff, which is 200 to 300 people."

TELI programs include the Chahta Inchukka Tribal MIECHV Program, Chahta Vlla Apela Tribal MIECHV Program, Child Care Assistance, Child Care Development Program, Early Head Start, Head Start, and Support for Expectant and Parenting Teens.

The idea of an annual Choctaw Day of the Young Child emerged as a way to bring staff together and to raise community awareness about child development and resources available to families. The first event, held on April 8, 2014, included an official declaration by Chief Gregory Pyle.



"The biggest moment of the day for me was watching the Chief sign the declaration. It was a public notice that our early childhood system was a priority for his administration," said Dancer. "The Chief and our Tribal Council members sat on the floor and read stories to the Head Start children. The media were taking pictures as our Council truly engaged with our children and all the educators of the Choctaw Nation who provide these services."

On the second Day of the Young Child in April 2015, the tribe's early childhood programs signed a Memorandum of Understanding (MOU). This MOU described how programs would collaborate to reach more families and serve them better. Examples include developing one brochure that describes all of the programs and a unified application for services.

The event also kicked off a year of autism awareness activities, including training on autism for program staff and local events for families at Head Start and child care centers. Two nationally known speakers—Temple Grandin, a Colorado State University professor who has autism, and her mother, Eustacia Cutler—made presentations later that year.

Local events offered both learning and fun. "It was like a carnival, with activities for children and also booths where people offered information about their services," said Katy Pruitt, Director of Head Start. "We had a lot of participation from the families as well as community members. In fact, they asked us if we were going to have that again this year. And there was food, also. Did I say hot dogs? That was a big deal, too."

Joint staff trainings across programs also have been well-received. "One thing that I like about bringing staff together is that we have a face we can put with the name. We are more comfortable reaching out to that person," said Brandi Smallwood, Chahta Inchukka Program Director. "We know who to call to refer families and can work hand in hand with them."

"I feel like we're talking the same language, and our staff is also," said B. J. Robinson-Ellison, Director of Early Head Start. "We're coming together as one early childhood system, so our team can see the unity of these programs and that we're going to support one another."

"It is our responsibility as not only employees but also members of the Choctaw Nation to work to ensure the children we serve are allowed the opportunities they deserve to have a future of hope and sustainment," Dancer said. "By improving coordination between these early education programs, we will be prepared to help future generations of our Choctaw children to be healthy, successful, and self-sufficient individuals that will continue to embrace the strengths of not only their selves, but their Choctaw heritage as well."

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Coordinating and Streamlining Programs / **WHITE EARTH NATION**

Several years ago, White Earth Nation issued a tribal mandate that programs across the reservation work together for the benefit of the people in a more collaborative spirit to break down the silos of individual programs. Tribal agencies have enthusiastically responded and created WE-CARE (White Earth Coordination, Assessment, Resources, Education). Their efforts were supported by TELI and Tribal MIECHV Program grants.

WE-CARE is a family-centered approach to providing coordinated and meaningful services for families working with White Earth Nation agencies. The goals of WE-CARE are to:

- Create a functional model of case management;
- Increase services, referrals, and resources;
- Decrease duplication; and
- Increase communication and coordination.



The WE-CARE team (made up of representatives from several tribal program including Home Health/Tribal MIECHV, Child Care, Head Start, Indian Child Welfare, Mental Health, Housing, and Human Resources) has been working to develop policies and procedures for the case management model. Universal intake and confidentiality statement forms have already been developed.

White Earth Nation has also invested in Rite Track, a software system that will be used to manage and share information among White Earth programs. Rite Track includes modules customized to the needs of each program and will allow staff to work more efficiently by streamlining operations.

"Our key goal is to streamline our data system across Home Health, Child Care, and Head Start," said Cyndi Anderson, a consultant to White Earth Nation, which oversees a community of 20,000 in northwestern Minnesota. "By streamlining the data, we can eliminate any duplicate efforts while ensuring there are no gaps in service to our families. The goal of all the collaborative programming elements will be to enhance value to families and to create a more family-friendly, culturally relevant service continuum."

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Connecting Families and Programs Through Child Passports / **PUEBLO OF SAN FELIPE**

Project Katishtya Eh-wahs Valued Always (KEVA) Tribal Home Visiting Program provides parenting education and support to San Felipe Pueblo's pregnant women and first-time parents. The KEVA approach is culturally based and specific to family needs.

"Our families, especially our younger families, have many things to consider when raising their child," said Jenae Sanchez, KEVA Program Coordinator. "There has been a big influx of western characteristics into the community. Families may have to go to the nearby cities of Albuquerque or Santa Fe for jobs. This presents new challenges in language and cultural maintenance that our ancestors were not faced with."

Sanchez said families are protective of their traditional heritage and want to preserve their language by teaching it to their children. "Project KEVA supports parents through their struggles with parenting," she said. "The program also provides families with cultural lessons that address many of their challenges."

Project KEVA works with other tribal early childhood programs, especially Head Start and child care. It is supported by grants from TELI and the Tribal MIECHV Program.

"We have many programs and resources within the tribal organization available to families. In order for us to help families, we needed to make sure that programs were aware of one another and the services that each one offers," Sanchez said. "The more that we learned about each other, the higher our willingness became to work together and with other programs in the community. We realized that we're coming from the same place and we wanted the same end for our families."

These interagency conversations led to the development of a "child passport." The passport is a tangible, family-focused approach to collaboration. For families, the passport provides a guide to child development and resources. It includes contact information for the various programs. The passport also serves as a family's "central file" for keeping track of child health visits, immunizations, height, weight, and other health-related issues. The passport makes it easier for families to share complete and up-to-date information across the various agencies they work with. This, in turn, helps agencies better coordinate their services for each family.

The home visiting program staff created the passport from a template they purchased. The template came from a source specializing in early childhood resources. The staff customized the cover page and added local graphics. This work finalized the program directory.

"We rolled out the passports a few months ago, and we've gotten a lot of feedback from our families about how it's impacted them," Sanchez said. "They like that the passport has everything in one handy booklet. In addition to being a resource directory and health record, there are a lot of teaching points as far as what to expect when your child is 12 months, 18 months, and so on. We don't just give them the passport, but our family health educators also talk about how to use it."

Project KEVA staff are grateful and hopeful when they reflect on their efforts. "We've worked hard to develop and deliver a program that is culturally relevant, strengths-based, and empowering, making sure that we're meeting families where they need to be met," said Sanchez. "Each family is special,

and they all have their own story, so we try to harness the strengths of each family and use that to guide our work. Having staff that are caring, nonjudgmental, and want to see the best outcomes for our children is also a special value to our program. We've come so far in developing a solid program, and it has the potential to continue to grow and develop into a treasure for the community."

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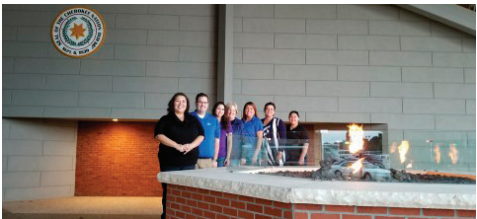
Building Resilience and Hope Among Cherokee Parents / **CHEROKEE NATION**

Turning lemons into lemonade is something many families learn to do as they transform challenges into opportunities. Cherokee families in Oklahoma are being supported in that effort by a new program called Lemonade for Life. The program involves training home visitors to help families understand the impact of adverse childhood experiences (ACEs) on child development, relationships, and health outcomes. The goal is to prevent the harmful effects of ACEs on children's success in school and adult life.

The first step is for home visitors to use a questionnaire to determine their own ACE scores. "If you're a home visitor and you have a high ACE score of your own, some of the things these families are going through can trigger something in you and could affect the way you're helping this family," said Amy Thilges, Program Coordinator of the Cherokee Parents Tribal Home Visiting Program.

The questionnaire scores are used not to judge, but to enlighten. "If you have a high ACE score, that doesn't mean that you can't still prevail," said Thilges. "It just helps you understand what you've been through, how far you've come and how you can still help your child. There's a lot of good materials to share with families, including videos about the how trauma impacts young children. The whole concept is to raise your child to have a lower ACE score than you have and know how to handle adversity."

Lemonade for Life is one of many collaborations between Oklahoma's tribal and state MIECHV programs. The Cherokee Parents Tribal Home Visiting Program implements an evidence-based home visiting model called Safe Care Augmented, which is also one of the three state-sponsored, evidence-based home visiting models used in Oklahoma.



Thilges, who has extensive experience in early childhood, has been with Cherokee Parents since its inception 5 years ago. She credits the state MIECHV program staff for reaching out and including Cherokee Parents in their activities. "They invited us to be part of their quarterly meetings and give input from where things stand at a tribal level," Thilges said.

This tribal-state collaboration has bridged a significant gap in home visiting. "Because in Oklahoma we have few reservations, often just tribal jurisdictional service delivery areas, Cherokee families are integrated with the general population," said Thilges. "So, they could still receive services that the state was providing if they met qualifications, but I don't know that those state programs were really targeting the families the way we're able to do."

Photo: Cherokee Nation of Oklahoma





Another example of state–tribal collaboration is with SafeCare. “When we needed to have our parent educators trained, we brought someone in from the National Training Center located in Georgia, as well as Steve Ross, who provides training for the state-sponsored Safe Care program,” said Thilges. This led to Steve providing Safe Care training for staff when we have had turnover. The collaboration has helped us be able to get our staff trained quicker. After I got certified as a coach in Safe Care, he invited me to start coming to their monthly coach meetings. We also have been invited to attend their monthly staff trainings.”

Thilges is pleased with the progress that Cherokee Parents has made in engaging and strengthening families. In addition to weekly home visits, the program hosts a popular monthly gathering for the families they serve. One of these featured a presentation on Cherokee heirloom seeds.

“The speaker brought seeds with her, and we brought soil and cups, so the families could plant the seeds to take home with them,” said Thilges. “So, when our home visitors go out to the homes, they’re seeing families taking care of these seeds and growing things. One mother’s whole backyard has been taken over by the gourds she planted. The parents took that from this little event we had, and now it’s part of what they’re doing at home.”

CONCLUSION



The stories in this collection highlight the many ways in which Tribal MIECHV programs engage and empower families to reach their goals and achieve their dreams. The trusting relationships that form between families and home visitors are the foundation for this work, whether it is enhancing parenting skills, incorporating cultural teachings and traditions, furthering one's education, landing a better job, making more social connections, or addressing health or mental health issues.

Home visitors understand that all people in parenting roles face challenges and all can benefit from support in meeting those challenges. For example, Amy Thilges, Program Coordinator of Cherokee Parents, talked about helping parents reflect on their own upbringing and recognize ACEs that may affect how they parent their own children. The goal is to help parents raise their children in ways that prevent adverse experiences.

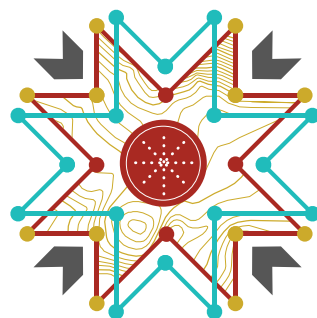
Home visitors view families not as islands but in the context of their tribes and communities, believing that the health and well-being of the children is essential to the future prosperity of the tribe. They recognize that creating a better future requires understanding lessons of the past.

Holly Ditzler of the Yerington Paiute Tribe reflected on cultural trauma, where some of the Elders remember being removed from their tribes to boarding schools as children, where their language and culture was taken away from them. "It's almost an identity crisis," she said, "which the cultural enhancements [in home visiting] have really addressed, bringing people back into community and gathering people to find one mind."

Finally, in communities where poverty often runs high, home visiting programs work to maximize resources and create a coordinated system for families with young children. "I feel like we're talking the same language, and our staff is also," said B. J. Robinson-Ellison of the Choctaw Nation. "We're coming together as one early childhood system, so our team can see the unity of these programs and that we're going to support one another."

These stories and other information about the Tribal MIECHV program are available online at <https://www.acf.hhs.gov/ecd/home-visiting/tribal-home-visiting>.

Author: Julie Pratt



TRIBAL HOME VISITING

ADMINISTRATION FOR
CHILDREN & FAMILIES

This publication was produced by Programmatic Assistance for Tribal Home Visiting (PATH) for the Administration for Children and Families under contract #HHSP2333009565TWC-HHSP233387004T.

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