

# Overview of Tribal MIECHV Program

Tribal Maternal, Infant, and Early Childhood  
Home Visiting Program

Julie R. Morales, Ph.D.

*James Bell Associates*

*Tribal Home Visiting Evaluation Institute*

# Overview



- What is home visiting?
- Tribal MIECHV Program
  - Overview & Goals
  - Legislative Requirements
  - Needs Assessment
  - Benchmarks Overview
  - Evaluation Overview
  - Guidance & Assistance
- Grantees' Current Activities
- Grantees' Successes & Challenges
- Strategies to Enhance Home Visiting
- **TTCW Grantee's Coordination with Home Visiting**

# What is Home Visiting?

- Home visiting is the primary strategy for the delivery of services to families
- A home visitor (social worker, nurse, other professional) regularly visits a expectant mother or father, parent, or primary caregiver of a young child
- Home visits can occur wherever a family prefers (in families' homes, in shelter programs, or in other settings)
- Services can include:
  - Providing information about parenting, maternal and child health, child development, and school readiness
  - Linking families to community services, resources, and supports
  - Social support, advocacy, mentorship, and empowerment

# Home Visiting Works

- Evidence from research shows that home visiting:
  - Improves parental capacity and efficacy
  - Strengthens positive parenting behaviors & reduces negative ones
  - Improves birth outcomes
  - Promotes healthy child development & links children to appropriate services
  - Reduces maternal depression
  - Improves school readiness

# Broader MIECHV Program

- Section 2951 of the Affordable Care Act amends Title V of the Social Security Act
- \$1.5 billion in mandatory funding over 5 years
  - \$100 m FY 2010
  - \$250 m FY 2011
  - \$350 m FY 2012
  - \$400 m FY 2013 and FY 2014
- Proposal for \$15 billion expansion over 10 years starting in FY 2015 as part of President's Early Learning Initiative

# MIECHV Legislative Goals

- To strengthen and improve the programs & activities under Title V
- To improve coordination of services for at-risk communities
- To identify & provide comprehensive services to improve outcomes for families in at-risk communities

# MIECHV Program Goals

Through high-quality, evidence-based home visiting services to pregnant women, expectant fathers, and parents and primary caregivers of children birth to kindergarten entry, promote:

- Improvements in maternal and prenatal health, infant health, and child health and development;
- Increased school readiness;
- Reductions in the incidence of child maltreatment;
- Improved parenting related to child development outcomes;
- Improved family socio-economic status;
- Greater coordination of referrals to community resources and supports; and
- Reductions in crime and domestic violence.

# Priority Populations for MIECHV

- Families in at-risk communities identified through a needs assessment
- Low-income families
- Pregnant women under age 21
- Families with a history of child abuse or neglect
- Families with a history of substance abuse
- Families that have users of tobacco in the home
- Families with children with low student achievement
- Families with children with developmental delays or disabilities
- Families with individuals who are serving or have served in the Armed Forces, including those with multiple deployments

# Evidence-Based Policy Initiative



- Requires State MIECHV grantees to implement evidence-based home visiting models
  - HHS conducted a systematic review of the evidence of effectiveness, known as Home Visiting Evidence of Effectiveness (HomVEE): results at <http://homvee.acf.hhs.gov>
- 14 models currently meet “evidence-based criteria” for the **State** MIECHV program
- **Tribal HomVEE:**
  - Assessing the Evidence of Effectiveness of Home Visiting Program Models Implemented in Tribal Communities: Final Report
  - Available at: [http://homvee.acf.hhs.gov/Tribal\\_Report\\_2012.pdf](http://homvee.acf.hhs.gov/Tribal_Report_2012.pdf)

# Tribal MIECHV Program

- Tribal MIECHV to be consistent with the State MIECHV “to the extent practicable” and include needs assessment and benchmarks
- While State program is administered by HRSA, Maternal and Child Health Bureau, Tribal program is administered by ACF through the Office of the Deputy Assistant Secretary for Early Childhood Development and Office of Child Care
- Discretionary grants to Tribes (including consortia of Tribes), Tribal Organizations, and Urban Indian Organizations
- Grants are cooperative agreements – partnership between grantees and ACF
- 13 cooperative agreements awarded in FY 2010, 6 awarded in FY 2011, 6 awarded in FY 2012

# Tribal MIECHV Program Goals



1. Supporting the development of healthy, happy, and successful AIAN children and families
2. Implementing high-quality, culturally-relevant, evidence-based home visiting programs in AIAN communities
3. Expanding the evidence base around home visiting interventions for Native populations
4. Supporting and strengthening cooperation and coordination and promoting linkages among various early childhood programs, resulting in coordinated, comprehensive early childhood systems

# Tribal MIECHV Program Grantees

# FY 2010 Grantees (Cohort 1)

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

# FY 2011 Grantees (Cohort 2)

- [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)

# FY 2012 Grantees (Cohort 3)

- 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)

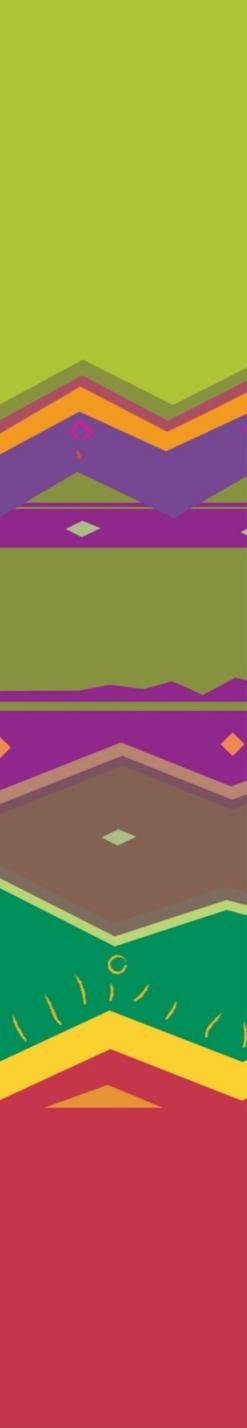
A vertical decorative bar on the left side of the slide features a colorful, geometric pattern. The colors include shades of green, purple, brown, yellow, and red, arranged in a series of overlapping, angular shapes that resemble traditional Native American or tribal art motifs.

# **Tribal MIECHV Program Legislative Requirements**

# Needs Assessment Requirement

The legislation requires that grantees conduct needs assessments that:

- Identifies and characterize at-risk communities
- Identifies the quality and capacity of existing programs or initiatives for early childhood home visiting
- Assess the communities' capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services

A vertical decorative bar on the left side of the slide features a colorful, geometric pattern. The colors include shades of green, purple, brown, yellow, and red, arranged in a series of overlapping, angular shapes that resemble traditional Native American or tribal art.

# **Tribal MIECHV Program Benchmarks Overview**

# Benchmark Requirement

The legislation requires that grantees establish quantifiable, measurable 3- and 5-year benchmarks for demonstrating that the program results in measurable improvements for eligible families participating in the program in each of the following benchmark areas:

1. Improved maternal and newborn health
2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits
3. Improvement in school readiness and achievement
4. Reduction in crime or domestic violence
5. Improvements in family economic self-sufficiency
6. Improvements in the coordination and referrals for other community resources and supports

Legislatively-mandated Report to Congress on grantees' progress on benchmarks due December 31, 2015

# I. Improved Maternal, Newborn, & Child Health

- Prenatal care
- Parental use of alcohol, tobacco, or illicit drugs
- Inter-conception care
- Inter-birth intervals
- Screening for maternal depressive symptoms
- Breastfeeding
- Well-baby visits
- Regular visits to a primary healthcare provider or medical home (this could include traditional medicine) for both mothers and children
- Maternal and child health insurance status

## II. Child Injuries, Child Abuse, Neglect, or Maltreatment, & Reduction of Emergency Department Visits



- Visits for children to the emergency department (ED) from all causes
- Visits of mothers to the emergency department from all causes
- Information provided or training of participants on prevention of child injuries including topics such as safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety (i.e. drowning), and playground safety
- Incidence of child injuries requiring medical treatment
- Reported suspected maltreatment for children in the program (allegations that were screened in but not necessarily substantiated)
- Reported substantiated maltreatment (substantiated/ indicated/ alternative response victim) for children in the program
- First-time victims of maltreatment for children in the program

### III. Improvements in School Readiness & Achievement

- Parent support for children's learning and development (e.g., having appropriate toys available, talking and reading with their child)
- Parent knowledge of child development and of their child's developmental progress
- Parenting behaviors and parent-child relationship (e.g., discipline strategies, play interactions)
- Parent emotional well-being or parenting stress
- Child's communication, language and emergent literacy
- Child's general cognitive skills
- Child's positive approaches to learning including attention
- Child's social behavior, emotion regulation, and emotional well-being
- Child's physical health and development

## IV. Crime or Domestic Violence

- Crime
  - Arrests
  - Convictions
- Domestic Violence
  - Screening for domestic violence
  - Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services (e.g., shelters, food pantries);
  - Of families identified for the presence of domestic violence, number of families for which a safety plan was completed.

## V. Family Economic Self-Sufficiency

- Household income and benefits
- Employment or Education of adult members of the household
- Health insurance status

## VI. Communication & Referrals for Other Community Resources & Supports

- Number of families identified for necessary services
- Number of families that required services and received a referral to available community resources
- MOUs: Number of Memoranda of Understanding or other formal agreements with other health or human service agencies in the community
- Information sharing: Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies
- Number of completed referrals (i.e., the home visiting provider should be able to track individual family referrals and assess their completion, e.g., by obtaining a report of the service provided)

# Note on Benchmarks

- Report to Congress on MIECHV benchmarks required by legislation
- Purpose is to show Congress that programs are improving over time (as opposed to being effective)
- Separate section for Tribal MIECHV program
- Report will be at a high level
- No individual level data will be reported
- Individual grantees will not be identified
- Forthcoming conversations about development of Tribal MIECHV benchmark reporting forms and data reporting system

A vertical decorative bar on the left side of the slide features a colorful, geometric pattern. The colors include shades of green, purple, brown, yellow, and red, arranged in a series of overlapping, angular shapes that resemble traditional Indigenous art.

# **Tribal MIECHV Program Evaluation Requirement**

# Rigorous Evaluation Requirement



- All Tribal MIECHV grantees are required to conduct a rigorous evaluation
- Goal is to inform practice and build the evidence base around effective home visiting interventions with Native populations
- Rigorous evaluation activities include:
  - Examining effectiveness of home visiting models in serving Native populations
  - Examining effectiveness of adaptations of evidence-based home visiting models for Tribal communities
  - Questions regarding implementation or infrastructure necessary to support implementation of home visiting programs in Tribal communities

# Rigorous Evaluation Plan

- Grantees must propose a plan for participating in ongoing program evaluation activities that will result in building the knowledge base.
- Rigorous program evaluation activities could include:
  - Examining effectiveness of promising approaches and/or components of home visiting
  - Examining effectiveness of adaptations or enhancements of evidence-based home visiting models and/or components
  - Questions regarding implementation or infrastructure necessary to support evidence-based home visiting models among AIAN populations
- Evaluations must include a comparison 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
- Note on timeline for rigorous evaluation

# Rigorous Evaluation Plan



Grantees must provide:

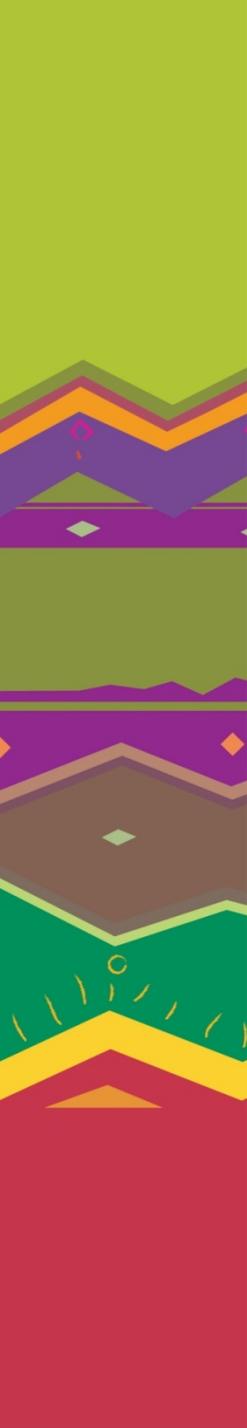
1. Goals of evaluation (linked to logic model), evaluation partners, and plan for community participation
2. Evaluation Design
  - a. Evaluation questions in PICO format
  - b. Hypothesis
  - c. Design and methods
  - d. Planned measures and instruments
  - e. Data sources
  - f. Data collection schedule
  - g. Data collection process
  - h. Analysis plan

# Rigorous Evaluation Plan



Grantees must provide:

3. Tribal Institutional Review Board/oversight plan
4. Data collection and management plan
5. Staffing, timeline, and budget for evaluation
6. Planned dissemination activities
7. Potential challenges and response

A vertical decorative bar on the left side of the slide features a colorful, geometric pattern. The colors include shades of green, purple, brown, yellow, and red, arranged in a series of overlapping, angular shapes that resemble traditional Indigenous art patterns.

# **Tribal MIECHV Program Guidance & Assistance**

# Implementation Plan Guidance



## Sections:

- Background
- Section 1: Community Needs Assessment
- Section 2: Home Visiting Program Goals and Objectives
- Section 3: Selection of Proposed Home Visiting Model(s) to Meet Identified Community Needs
- Section 4: Plan for Effective Implementation of Home Visiting Program
- Section 5: Plan for Meeting Legislatively-Mandated Benchmark Requirements
- Section 6: Plan for Rigorous Evaluation of Home Visiting Program
- Section 7: Plan for Administration of Home Visiting Program
- Section 8: Budget and Budget Justification
- Appendices

# Implementation Plan Guidance

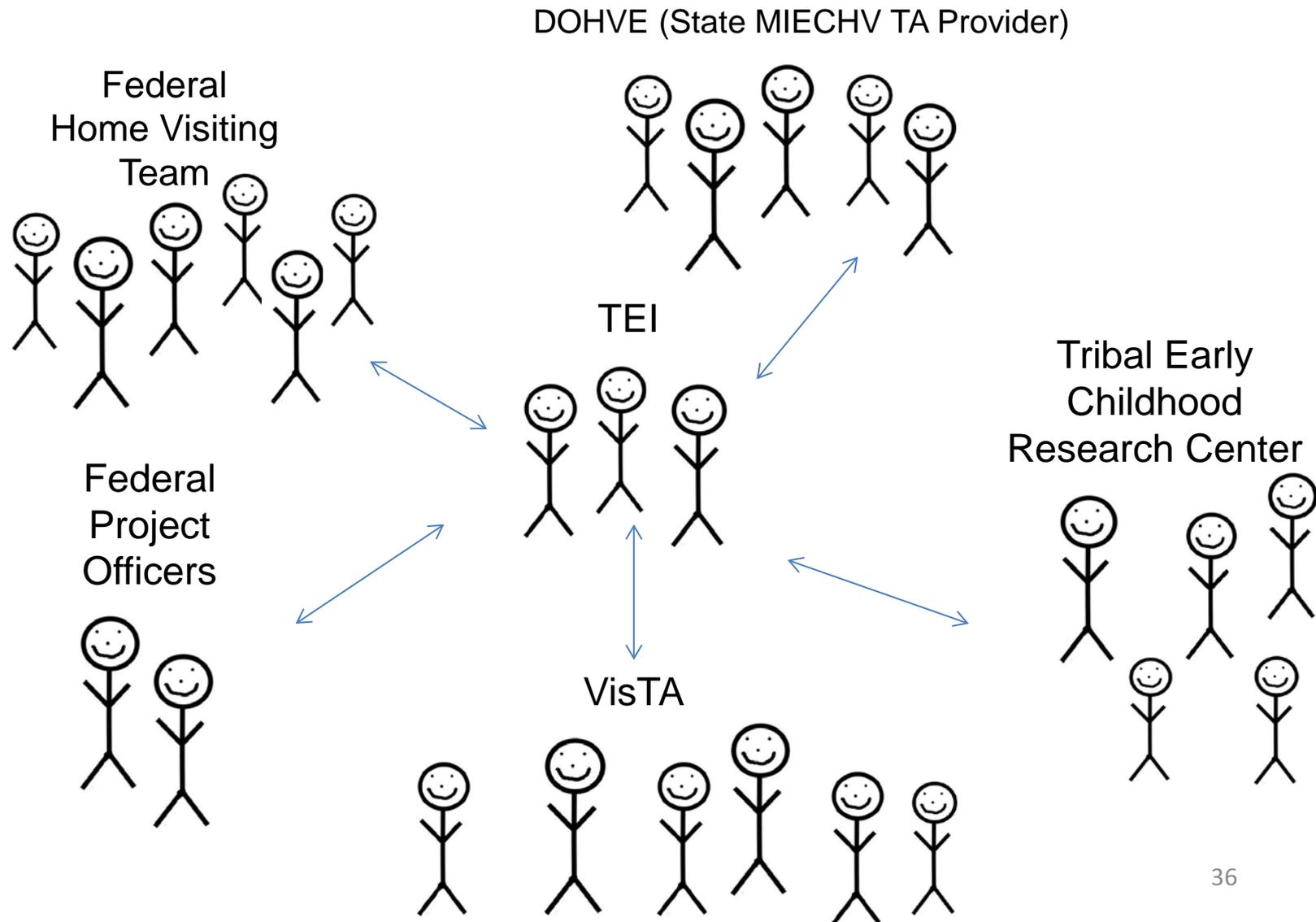


- Includes guidance for submitting the community needs assessment, proposed home visiting model, plan for effective implementation, benchmark plan, evaluation plan, administrative plan, and Year 2 budget
- Developed for Cohorts 1 and 2 and approved by OMB (OMB Control No. 0970-0389, Exp. Date 6/30/14)
- Revised for clarity for Cohort 3 based on experience with Cohorts 1 and 2
- Includes appendices with resources and tools
- Primary policy guidance for Tribal MIECHV

# Technical Assistance Providers

- Tribal Home Visiting Technical Assistance Center (Tribal Home VisTA)
  - Walter R. McDonald and Associates, Arizona State University Office of American Indian Projects, Chapel Hill Training and Outreach Project
- Tribal Home Visiting Evaluation Institute (TEI)
  - James Bell Associates, University of Colorado Denver Centers for AIAN Health, Johns Hopkins University Center for American Indian Health
- Tribal Early Childhood Research Center (TRC)
  - UC Denver Centers for AIAN Health, JHU Center for American Indian Health

# TEI Collaborative Process



A vertical decorative bar on the left side of the slide features a colorful, geometric pattern. The colors include shades of green, purple, brown, yellow, and red, arranged in a series of overlapping, angular shapes that resemble traditional Native American or tribal art.

# **Tribal MIECHV Program Current Activities**

# Tribal MIECHV Grant Activities

## Year 1/Phase 1:

- Conduct a comprehensive community needs and readiness assessment
- Develop a plan and begin to build capacity to respond to identified needs through a home visiting program (including conducting benchmark data collection and rigorous evaluation activities)

## Years 2-5/Phase 2:

- Implementation of high-quality, evidence-based home visiting programs, including provision of services
- Establishing, measuring, and reporting on child and family outcomes in legislatively mandated benchmark areas
- Rigorous local program evaluations

# Evidence-Based Policy & Tribal MIECHV



- ACF conducted a review of home visiting interventions with Native communities (Tribal HomVEE)
- **NO** home visiting models previously implemented in Native communities met the “evidence-based” criteria for the State MIECHV program
- ➔ Tribal MIECHV grantees may choose a PROMISING APPROACH that is:
  - Grounded in relevant empirical work and have an articulated theory of change
  - Developed by or in partnership with a national organization or university
  - To be evaluated through a well-designed and rigorous process
- Tribal MIECHV grantees can
  - Adapt an evidence-based model designed for the “general population” to tribal setting
  - Use an evidence-based model developed for tribal communities (but still may need adaptation to specific setting)
  - Develop their own model

# Models Selected by Tribal MIECHV Grantees

- Parents as Teachers (12)
- Nurse Family Partnership (4)
- Family Spirit (5)
- Parent Child Assistance Program (1)
- Healthy Steps (1)
- Healthy Families America (1)
- SafeCare (1)

# Tribal MIECHV Program Vision



- ❖ Program planning, implementation, and evaluation will be tribally- and community- driven
- ❖ Improved tribal capacity for implementation of evidence-based practices
- ❖ Improved tribal capacity and empowerment to conduct different types of evaluation (benchmarks, continuous quality improvement, rigorous evaluation)
- ❖ Emphasis on fit between program and community needs, priorities, capacity, culture, and context

# Tribal MIECHV Program Vision



- ❖ Iterative, connected, and circular process for program planning, development, implementation, and evaluation
- ❖ Recognition of need for adaptation or enhancement of evidence-based models to culture and context
- ❖ Importance of working closely with the model developer and supporting fidelity
- ❖ Importance of grounding in “implementation science” and supporting improvement over time (CQI)

# Tribal MIECHV Program Vision



- ❖ Home visiting won't be just another silo
- ❖ Improved collaboration and early childhood systems development at the local and tribal level
- ❖ Grantees will use data to drive programmatic improvement and tell their own stories
- ❖ Evaluations will inform grantees, communities, and the field about what works in implementing home visiting in tribal communities
- ❖ Programs will be sustained

A vertical decorative bar on the left side of the slide, composed of various geometric shapes and colors including green, purple, brown, yellow, and red.

# **Tribal MIECHV Program Current Grantees Successes & Challenges**

# Cohorts 1 and 2 Successes



- ✓ Needs assessment process as a community engagement strategy
- ✓ Capacity building for implementation of evidence-based practices, data collection, and evaluation
- ✓ Innovative approaches to cultural adaptation and enhancement
- ✓ Willingness to share thinking and resources
- ✓ Creative thinking about rigorous evaluation
- ✓ Increased systems thinking and greater cross-early childhood program collaboration
- ✓ Hope and transformation – “now the healing can begin”

# Cohorts 1 and 2 Challenges



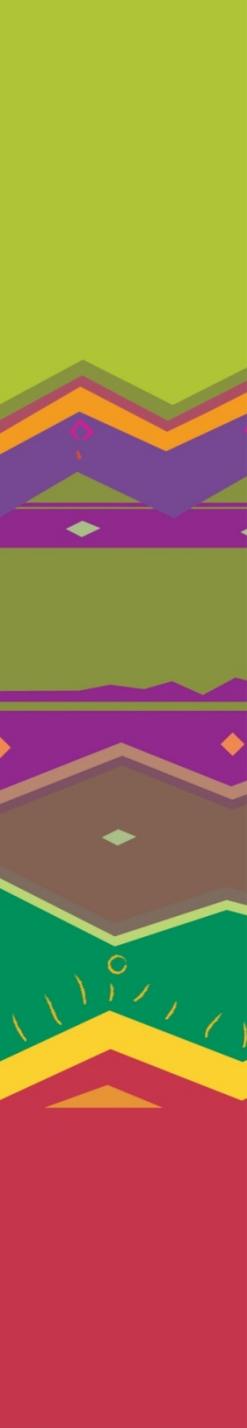
- ✓ Readiness to implement evidence based programs with fidelity to models
- ✓ Model selection and adaptation difficulties
- ✓ Consultative processes take time
- ✓ Benchmark and evaluation plan development process
- ✓ Data systems: selecting, modifying, maintaining
- ✓ Data collection: home visitors, families, community
- ✓ Recruiting and retaining qualified staff and evaluators
- ✓ Staff turnover at all levels
- ✓ Rigorous evaluation – small samples, community attitudes, limited resources
- ✓ Sustainability with no guarantee of continued funding

# Current Tribal MIECHV Program

## Activities and Priorities



- ✓ Learn from Cohorts 1 and 2 to support Cohort 3
- ✓ Standardize federal support to grantees
- ✓ Build up and sustain full technical assistance system
- ✓ Benchmarks reporting forms and system
- ✓ Data systems, data collection, and continuous quality improvement
- ✓ Manualization of policies and procedures
- ✓ Dissemination
- ✓ Sustainability
- ✓ Tribal Early Learning Initiative and collaboration

A vertical decorative bar on the left side of the slide, composed of various geometric shapes and colors including green, purple, brown, yellow, and red.

# **Tribal MIECHV Program Strategies to Enhance Home Visiting**

# Strategies to Enhance Tribal Home Visiting

- ✓ Enhancements to model curriculum
- ✓ Positive Indian Parenting
- ✓ Home visitor teams
- ✓ Additional group activities
- ✓ Feedback and consultation with Elders
- ✓ Community Based Participatory Research
- ✓ Measure adaptation
- ✓ Culturally relevant instruments

A vertical decorative bar on the left side of the slide, featuring a colorful geometric pattern with shades of green, purple, brown, and red, and various shapes like triangles and diamonds.

**Port Gamble S'Klallam Tribe**  
Advocate for Strong Kids  
Coordination with Home Visiting

Stephanie Carpenter  
Stacy Mills



**South Puget Intertribal Planning Agency**  
**TANF/ICW Wraparound Collaboration**  
**Project**  
**Coordination with Home Visiting**

**Gwen Gua**  
**Lorraine Van Brunt**

# Questions & Comments

