

Workshop:
**Tribal Maternal, Infant, and Early
Childhood Home Visiting**

Tribal TANF Leadership Symposium
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Session Overview

- What is Home Visiting?
- Overview of MIECHV Program and Tribal MIECHV
- Home Visiting Models
 - Overview of models
 - Considerations for model selection and implementation
- Opportunities under Tribal TANF
 - Providing home visiting services using TANF funds
 - Partnering with Tribal MIECHV
 - Partnering with State MIECHV
- Discussion

What is Home Visiting?

- Home visits are 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

Home Visiting in AIAN Communities



- “An old practice renewed, an old tradition re-established”
 - Visiting
 - Connecting
 - Taking Care
 - Attending
- Community-based home visitors
 - Familiarity with community members
 - Knowledgeable about family, relationship, location of homes
 - Ability to visit, who to ask about, when to be quiet
- Home visiting “models” have been developed and implemented in Native communities

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program



- Affordable Care Act of 2010; reauthorized by Protecting Access to Medicare Act of 2014
- \$1.9 billion in mandatory funding between FY 2010-2015
 - Grants to States and Jurisdictions
 - 3 percent set-aside for grants to Tribes, Tribal Organizations, and Urban Indian Organizations
 - 3 percent set-aside for research and evaluation including national evaluation using randomized control design
- Requirement for collaborative implementation by HRSA MCHB and ACF

MIECHV Legislative Goals

- To strengthen and improve the programs and activities carried out under Title V of the Social Security Act;
- To improve coordination of services for at-risk communities; and
- To identify and provide comprehensive services to improve outcomes for families who reside 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.

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>
- Allows for implementation of promising strategies
 - Up to 25% of funding can be used to fund “promising and new approaches” that would be rigorously evaluated
- 14 models currently meet “evidence-based criteria” for the State MIECHV program

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

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

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

State MIECHV Program

- In all 50 states, DC, and 5 territories
- Administered by HRSA MCHB in collaboration with ACF
- HRSA and ACF have encouraged State MIECHV grantees to consider tribal populations in their programs
- HRSA has sent a letter to Tribal Leaders about MIECHV and encouraged them to reach out to states
- State MIECHV grantees are currently working with tribal communities to provide home visiting services
 - Communities were identified through statewide needs assessments
 - Tribes or tribal organizations receive MIECHV funds directly from states via subcontracts
 - 24 communities in 11 states: AZ, CA, ME, MT, NC, ND, OR, SD, UT, WA, WI

Tribal MIECHV Program

- 3 percent set-aside from larger MIECHV program
- Tribal grants, *to the extent practicable*, are to be consistent with the grants to states and territories
- Administered by ACF in collaboration with HRSA
- Discretionary grants to Tribes (including consortia of Tribes), Tribal Organizations, and Urban Indian Organizations
 - 25 grantees, 3 cohorts, 14 states
 - Competitively awarded in 2010, 2011, and 2012
 - 102 tribal entities have applied

Map of Tribal MIECHV Grantees



Cohort 1 Grantees (FY 2010)

- 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)

Cohort 2 Grantees (FY 2011)



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

Cohort 3 Grantees (FY 2012)

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

Tribal 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 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
- Conduct rigorous local program evaluations

Evidence-Based Policy and Tribal MIECHV



- ACF conducted a review of home visiting interventions with Native communities (Tribal HomVEE)
 - ➔ **NO** home visiting models previously implemented in Native communities currently meet the “evidence-based” criteria
- Models chosen by Tribal MIECHV grantees are considered promising approaches
- Tribal MIECHV grantees can
 - Implement an evidence-based or promising model designed for the “general population”
 - Use a model developed for tribal communities
 - Develop their own model

Home Visiting 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 Augmented (1)

Other Home Visiting Models

- Child FIRST
- Early Head Start – Home Visiting
- Early Steps to School Success
- Home Instruction for Parents of Preschool Youngsters (HIPPY)

Model Selection Starting Points



- Think about context:
 - Legislative
 - Community & organizational
 - Programmatic
- Include key stakeholders from the very beginning:
 - Tribal Leadership
 - Organizational Leadership
 - Community Members
 - Elders
 - Staff
 - Evaluation Partners

Step 1: Consider Community Needs and Readiness for Home Visiting



Conduct a needs and readiness assessment. The model selected should address the needs of your community.

- What are your community's primary concerns, priorities, beliefs, and values?
- What major needs have been identified?
- What major strengths have been identified?
- What have you learned about existing availability of qualified staff, including supervisors and home visitors?
- What have you learned about existing buy-in from community members for home visiting?
- What have you learned about your community's or organization's existing infrastructure for home visiting?

Step 2: Conduct a Literature Review



Review the literature for home visiting models that meet your community's needs

- Start with the Home Visiting Evidence of Effectiveness (HomVEE) website <http://homvee.acf.hhs.gov>
- What is the model's intended target population?
- Which outcomes is the model designed to address?
- Is there evidence of effectiveness?
- Has the model been implemented in tribal communities?
- Are the model's assumptions about how behaviors change in line with your community's beliefs?

Step 3: Learn What It Takes to Implement the Model



Reach out to model developers and ask lots of questions

- What are the basic features of the model?
- What does it take to staff?
- What kind of cultural adaptation or enhancement is allowed?
- What are the costs of implementing the model?
- What are the requirements for initial and ongoing training?
- What type of support is there to support implementation fidelity?
- What kind of data collection is required?

Step 4: Talk to Current Implementers

Speak with staff at other organizations (including Tribal MIECHV grantees) who have implemented the model

- How does the model work on a day-to-day basis?
- What challenges are associated with implementation?
- What lessons have they learned?
- What are the questions they wish they had asked model developers before making a selection?
- How supportive and responsive are the model developers?
- What surprises did they encounter?
- What are their experiences with adaptation or enhancement?

Step 5: Consider How to Make the Model Fit Your Community and Context



Should you adapt, enhance, or implement as-is?

- What, if any, changes are necessary to ensure the model fits with your community and context?
- What are the core components of the model which are critical and must not be adapted?
- Has the model been adapted in any way with different populations or different settings?
- How will you identify any need for enhancement or adaptation?
- How will you work with the community and model developers to develop adaptations or enhancements?
- Sometimes adaptations are not necessary.

Step 5: Consider How to Make the Model Fit Your Community and Context



Cultural enhancements and adaptations fall along a continuum

- From changes to peripheral components of the program
- To development of new services building on cultural traditions and community knowledge

Key factors and common approaches to adaptation and enhancement

- Build on cultural strengths and traditions
- Hire culturally competent staff and staff from the community
- Involve tribal leadership and the model developer throughout the program development, adaptation, and enhancement process

Step 6: Select a Model

- Consult stakeholders and leadership or other decision makers in your community
- Secure approval from the model developer to implement the home visiting model as proposed
- Sign a contract
- Schedule training
- Hire staff
- Document operational procedures
- Recruit families and begin services
- Continue ongoing communication with the model developer as you prepare for implementation

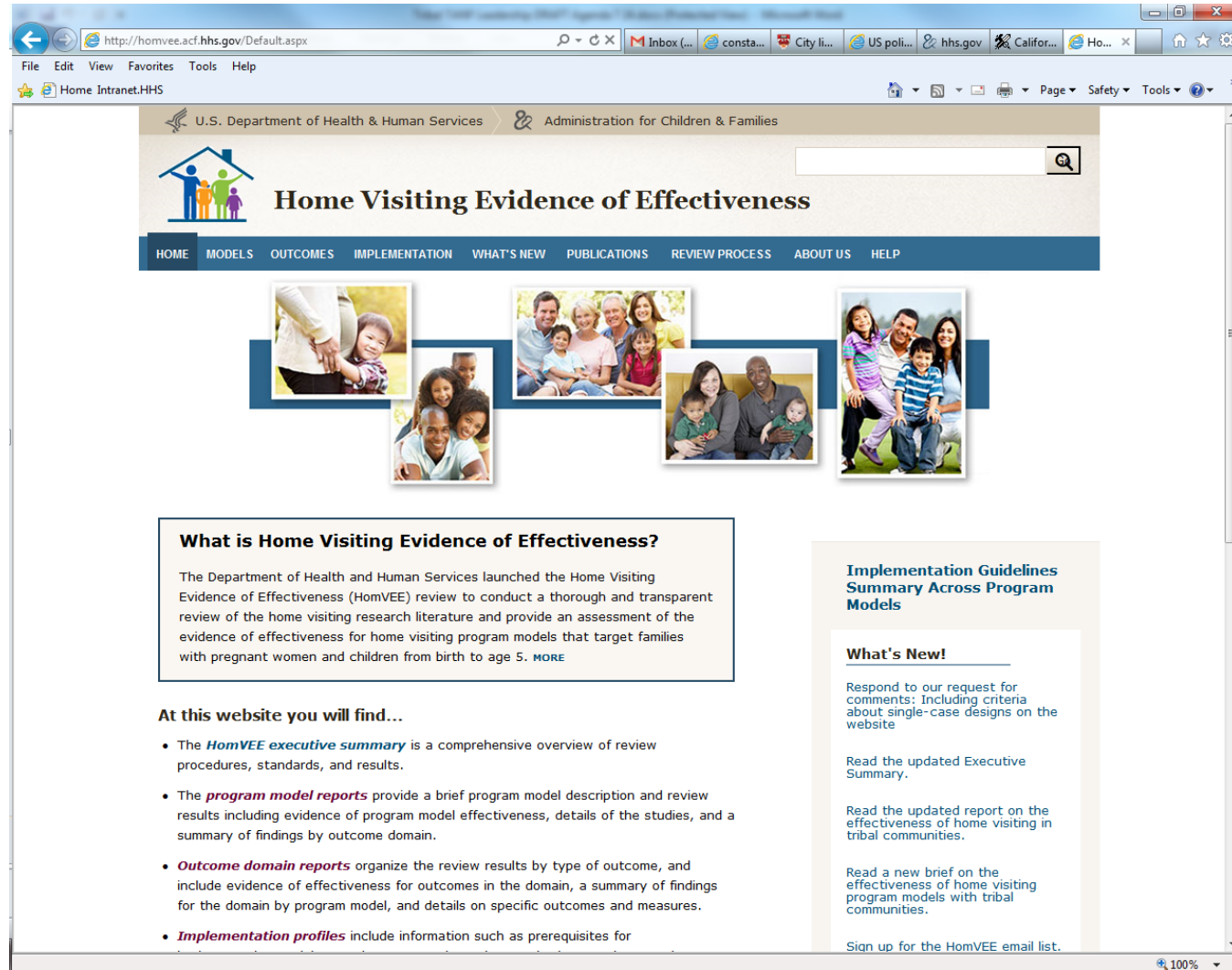
Model Selection Resources

- Zero to Three Home Visiting Community Planning Tool
 - <http://www.zerotothree.org/public-policy/state-community-policy/home-visiting-community-planning-tool-fillable-pdf.pdf>
- The NIRN Hexagon Tool
 - <http://sisep.fpg.unc.edu/resources/the-hexagon-tool>
- Will It Work Here? A Decision Maker's Guide to Adopting Innovations (Agency for Healthcare Quality)
 - <http://www.innovations.ahrq.gov/resources/InnovationAdoptionGuide.pdf>

Home Visiting Evidence of Effectiveness (HomVEE) Website

- Systematic review of evidence of effectiveness of home visiting models conducted by Mathematica Policy Research for ACF
- Resources:
 - “Assessing the Evidence of Effectiveness of Home Visiting Program Models Implemented in Tribal Communities” – Tribal HomVEE
 - Program model reports
 - Outcome domain reports
 - Implementation profiles
 - Description of the program model, prerequisites for implementation, training requirements, materials and forms, estimated costs, implementation experiences, and program model contact information.

HomVee Website



The screenshot shows a web browser window displaying the HomVee website. The browser's address bar shows the URL <http://homvee.acf.hhs.gov/Default.aspx>. The website header includes the U.S. Department of Health & Human Services and Administration for Children & Families logos, a search bar, and a navigation menu with links for HOME, MODELS, OUTCOMES, IMPLEMENTATION, WHAT'S NEW, PUBLICATIONS, REVIEW PROCESS, ABOUT US, and HELP. Below the navigation menu is a collage of six photographs showing diverse families and individuals. The main content area features a section titled "What is Home Visiting Evidence of Effectiveness?" with a brief description of the review process and a "MORE" link. To the right, there is a section for "Implementation Guidelines Summary Across Program Models" and a "What's New!" section with three entries: "Respond to our request for comments: Including criteria about single-case designs on the website", "Read the updated Executive Summary.", and "Read the updated report on the effectiveness of home visiting in tribal communities." A fourth entry, "Read a new brief on the effectiveness of home visiting program models with tribal communities.", is also present. At the bottom of the "What's New!" section, there is a link to "Sign up for the HomVEE email list." The browser's status bar at the bottom right shows a zoom level of 100%.

What is Home Visiting Evidence of Effectiveness?

The Department of Health and Human Services launched the Home Visiting Evidence of Effectiveness (HomVEE) review to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to age 5. [MORE](#)

At this website you will find...

- The **HomVEE executive summary** is a comprehensive overview of review procedures, standards, and results.
- The **program model reports** provide a brief program model description and review results including evidence of program model effectiveness, details of the studies, and a summary of findings by outcome domain.
- **Outcome domain reports** organize the review results by type of outcome, and include evidence of effectiveness for outcomes in the domain, a summary of findings for the domain by program model, and details on specific outcomes and measures.
- **Implementation profiles** include information such as prerequisites for

Implementation Guidelines Summary Across Program Models

What's New!

Respond to our request for comments: Including criteria about single-case designs on the website

[Read the updated Executive Summary.](#)

[Read the updated report on the effectiveness of home visiting in tribal communities.](#)

[Read a new brief on the effectiveness of home visiting program models with tribal communities.](#)

[Sign up for the HomVEE email list.](#)

HomVEE Website: Tribal Report



The screenshot shows a web browser window with the address bar containing the URL http://homvee.acf.hhs.gov/HomVEE_Tribal_Report_2013.pdf#tribal_report. The browser's address bar also shows several open tabs, including 'Inbox (...)', 'consta...', 'City li...', 'US poli...', 'hhs.gov', 'Califor...', and 'hhs.... x'. The browser's menu bar includes 'File', 'Edit', 'Go to', 'Favorites', and 'Help'. The browser's toolbar includes 'Home Intranet.HHS', 'Page', 'Safety', and 'Tools'. The main content area of the browser displays a report cover page with a central image of several hands cupped together, holding a small pile of white pills. Below the image is the OPRE logo, followed by the text 'OPRE Report #2013-41', 'Assessing the Evidence of Effectiveness of Home Visiting Program Models Implemented in Tribal Communities', 'Final Report', and 'September 2013—Revised June 2014'.

OPRE
OPRE Report #2013-41
**Assessing the Evidence of Effectiveness
of Home Visiting Program Models
Implemented in Tribal Communities
Final Report**
September 2013—Revised June 2014

HomVee Website: Model Reports



U.S. Department of Health & Human Services & Administration for Children & Families

Home Visiting Evidence of Effectiveness

HOME MODELS OUTCOMES IMPLEMENTATION WHAT'S NEW PUBLICATIONS REVIEW PROCESS ABOUT US HELP

Home > Models

Models

HomVEE reviews the evidence of effectiveness for specific home visiting program models. On this page, links to program models lead to a brief program model description and an overview of review results. The results include evidence of program model effectiveness, details of the studies reviewed, and a summary of findings by outcome domain. Rows are highlighted in green if the program model meets the DHHS criteria for an evidence-based program model

Please read [Home Visiting Program Model Effects](#) for a summary across program models.

Search For Program Model Review Reports

Go List All

Filter search results by...

DHHS criteria
Select options

Target population
Select options

Research shows favorable outcomes in:
Select options

Model Reports

(Count = 35)

Program Models	Meets DHHS Criteria?	Target Population	Favorable results in studies with high or moderate rating	Number of studies rated high or moderate
Attachment and Biobehavioral Catch-Up (ABC) Intervention	No	Birth-11 months, 12-23 months	Not applicable	0
Child FIRST	Yes	Birth-11 months, 12-23 months, 24-35 months, 36-47 months, 48+ months	Maternal health, Child development and school readiness, Reductions in	1

HomVee Website: Outcomes Reports



The screenshot shows a web browser window displaying the 'Home Visiting Evidence of Effectiveness' page. The browser's address bar shows the URL 'http://homvee.acf.hhs.gov/outcomes.aspx'. The page header includes the U.S. Department of Health & Human Services and Administration for Children & Families logos, a search bar, and a navigation menu with options: HOME, MODELS, OUTCOMES, IMPLEMENTATION, WHAT'S NEW, PUBLICATIONS, REVIEW PROCESS, ABOUT US, and HELP. The 'OUTCOMES' tab is selected. Below the navigation menu, the text reads: 'Home > Outcomes'. A central text box contains the following information:

Outcomes

HomVEE reviews studies for results in eight outcome domains. On this page, links to each outcome domain lead to a brief description of the domain, measurement considerations for the domain, and a summary of findings by model. Also available are detailed findings by program model and descriptions of the outcome measures used in the research.

Below this text box, there are six outcome domains, each with a representative image and a title:

- Child Development and School Readiness**: Image of hands holding soil with a small green plant growing.
- Child Health**: Image of a doctor examining a young child.
- Family Economic Self-Sufficiency**: Image of a woman counting coins into a glass jar.
- Linkages and Referrals**: Image of two women looking at a document together.
- Maternal Health**: Image of a smiling woman.
- Positive Parenting Practices**: Image of a woman kissing a young child on the cheek.

The browser's status bar at the bottom right indicates a zoom level of 100%.

HomVee Website: Implementation Reports



U.S. Department of Health & Human Services Administration for Children & Families

Home Visiting Evidence of Effectiveness

HOME MODELS OUTCOMES IMPLEMENTATION WHAT'S NEW PUBLICATIONS REVIEW PROCESS ABOUT US HELP

Home > Implementation



Implementation

HomVEE provides implementation profiles for all program models included in this review. They include information such as program components, requirements for implementation, and implementation experiences. Please read [Overview of Implementation Guidelines](#) for a summary across all models. To contact developers for the most current implementation information, please see the More Information About the Model section of each profile.

Rows in the table below are highlighted in green if the program model meets the DHHS criteria for an evidence-based program model.

Model Implementation Reports

(Count = 35)

Program Models	Meets DHHS Criteria?	Target Population	Minimum requirements for frequency of visits	Minimum education requirements for home visiting staff
Attachment and Biobehavioral Catch-Up (ABC) Intervention	No	Birth-11 months, 12-23 months	Yes	Yes
Child FIRST	Yes	Birth-11 months, 12-23 months	Yes	Yes

Search For Model Implementation Reports

Go List All

Filter search results by...

DHHS criteria
Select options

Target population
Select options

Implementation requirements
Select options

HomVee Website: Model Profiles



The screenshot shows a web browser window displaying the HomVee website. The address bar shows the URL: <http://homvee.acf.hhs.gov/document.aspx?rid=3&sid=16>. The page header includes the U.S. Department of Health & Human Services and Administration for Children & Families logos. The main heading is "Home Visiting Evidence of Effectiveness". A navigation menu includes: HOME, MODELS, OUTCOMES, IMPLEMENTATION, WHAT'S NEW, PUBLICATIONS, REVIEW PROCESS, ABOUT US, HELP. The breadcrumb trail is: Home > Implementation > Parents as Teachers (PAT) > Program Model Overview. The main content area is titled "Implementing Parents as Teachers (PAT) ✓" and "Program Model Overview". A left sidebar contains a table of contents with links to: Prerequisites, Training, Materials and Forms, Estimated Costs, More Information About the Model, Implementation Experiences, Studies for Implementation Experiences, and Effectiveness Research. The main text includes sections for "Implementation Support", "Theoretical Model", "Target Population", "Targeted Outcomes", and "Program Model Components".

Program Model Overview	Implementing Parents as Teachers (PAT) ✓
Prerequisites	Program Model Overview
Training	Implementation Support
Materials and Forms	The national office for Parents as Teachers (PAT) provides guidance, training, technical assistance, and professional development opportunities for PAT affiliate programs. The PAT national office also advocates at the state and national levels.
Estimated Costs	Thirty-three states and six countries have PAT offices. PAT state and country offices offer affiliate programs guidance, technical assistance, and support. In addition, these offices provide oversight of the PAT affiliate programs in their state or country.
More Information About the Model	Theoretical Model Top
Implementation Experiences	PAT is designed to ensure that young children are healthy, safe, and ready to learn.
Studies for Implementation Experiences	Target Population Top
Effectiveness Research	PAT affiliate programs select the specific characteristics and eligibility criteria of the target population they plan to serve. Such eligibility criteria might include children with special needs, families at risk for child abuse, income-based criteria, teen parents, first-time parents, immigrant families, low literate families, or parents with mental health or substance abuse issues.
	The PAT model is designed to serve families throughout pregnancy through kindergarten entry.
	Targeted Outcomes Top
	The PAT model aims to (1) increase parent knowledge of early childhood development and improve parenting practices, (2) provide early detection of developmental delays and health issues, (3) prevent child abuse and neglect, and (4) increase children's school readiness and school success.
	Program Model Components Top
	The PAT model has four components that all affiliate programs are required to provide: (1) one

HomVee Website: Model Contact Information



The screenshot shows a web browser window displaying the HomVee website. The browser's address bar shows the URL: <http://homvee.acf.hhs.gov/document.aspx?nid=3&sid=14&mid=7>. The website header includes the U.S. Department of Health & Human Services and Administration for Children & Families logos, along with a search bar. The main navigation menu includes: HOME, MODELS, OUTCOMES, IMPLEMENTATION, WHAT'S NEW, PUBLICATIONS, REVIEW PROCESS, ABOUT US, and HELP. The breadcrumb trail reads: Home > Implementation > Nurse Family Partnership (NFP) > More Information About the Model. A left-hand sidebar contains a table of contents with links to: Program Model Overview, Prerequisites, Training, Materials and Forms, Estimated Costs, More Information About the Model (selected), Implementation Experiences, Studies for Implementation Experiences, and Effectiveness Research. The main content area is titled "Implementing Nurse Family Partnership (NFP)" with a green checkmark icon. Below this, there is a section for "More Information About the Model" and "Where to Find Out More". The contact information for the Nurse-Family Partnership National Service Office is provided: 1900 Grant Street, Suite 400, Denver, CO 80203. Contact details include: Phone: (866) 864-5226, Fax: (303) 327-4260, E-mail: info@nursefamilypartnership.org, and Website: <http://www.nursefamilypartnership.org>. A "Recommended Further Reading" section follows, listing several references with retrieval dates and URLs. The browser's status bar at the bottom indicates a zoom level of 100%.

Opportunities under Tribal TANF



- Providing home visiting services using TANF funds
- Partnering with Tribal MIECHV grantees
- Partnering with State MIECHV grantees

Thank you!

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<http://www.acf.hhs.gov/programs/ecd/programs/home-visiting>

<http://mchb.hrsa.gov/programs/homevisiting>