



**The Tribal Maternal, Infant, &
Early Childhood Home Visiting Program:
An Overview of the HHS Guidance and NFP Toolkit for States
July 7, 2010**

Tribal Program Overview



Agenda

- HHS Goals and Program Overview
- Key Application Components
- NFP Overview
- NFP Experience with Tribes and Tribal Organizations
- NFP-NSO Toolkit
- Q & A

HHS Goals for Tribal Home Visiting Program

- Improve health and development outcomes for Tribal populations through evidence-based home visiting services with adequate infrastructure and technical assistance to assure high quality services.
- Build upon the existing evidence and knowledge base to develop more refined information about which models are most effective in serving the needs of Tribal populations.
- Lay a strong foundation for building comprehensive, early childhood systems for pregnant women, parents and caregivers, and children from birth to 8 yrs, to improve health and development outcomes in States, Territories, and Tribal Communities.

Program Overview

- **5-year Competitive Grants/Cooperative Agreements**
- **Eligible Applicants** include Indian Tribes (or a consortium of Tribes), Tribal Organizations, or Urban Indian Organizations.
- **Eligible Activities** under this grant program include:
 - Conducting needs assessments;
 - Developing necessary infrastructure to plan, implement, and sustain evidence-based, culturally relevant home visiting models; and
 - Providing high quality, evidence-based home visiting services to pregnant women and families with young children, from birth to kindergarten age.
- **Priority on serving at-risk Tribal populations**
- **Collaborative efforts** with AIAN Head Start, Tribal child welfare or child care organizations, Indian Health Service, and others are encouraged.

Eligible Models and Benchmark Areas

- HRSA & ACF will submit for public comment criteria for determining the effectiveness of home visiting models most likely to improve outcomes for families in Tribal communities.
- Evidence-based home visiting models selected by Tribal Program grantees must be linked to benchmark areas of improvement at the family and community level. These benchmark areas include:
 - Improved maternal and prenatal health; infant health; and child health and development;
 - Reduced child maltreatment or injuries;
 - Improved parenting practices related to child development outcomes;
 - Improved school readiness;
 - Improved family socio-economic status or self-sufficiency;
 - Reduced crime and domestic violence; and
 - Improved coordination of referrals to community resources and supports.

Tribal Home Visiting Program Timeline

- **Optional Letter of Intent Deadline – July 9, 2010**
- **Application Deadline – July 28, 2010**
- **Phase 1: Needs Assessment, Planning, and Capacity Building (Year 1)**
 - Conduct a comprehensive, community needs assessment; and
 - Build capacity and plan to respond to the needs assessment findings.
- **Phase 2: Implementation Phase (Years 2-5)**
 - Build infrastructure to implement evidence-based home visiting programs;
 - Provide high quality, evidence-based home visiting services to families;
 - Measure and report on progress in meeting benchmarks; and
 - Participate in ongoing research and program evaluation activities as part of an effort to build the knowledge base around home visiting services to Tribal populations.
- **Applications for the Tribal Home Visiting Program should describe the approach the applicant will use in Phase 1.**

Tribal Program Overview



Funding and Eligibility Information

- 3% set aside of funds under the Affordable Care Act's Maternal, Infant, and Early Childhood Home Visiting Program for Tribal Program
- Competitive grants awarded to Indian Tribes, Tribal Organizations, or Urban Indian Organizations
- **Funding Allocations**
 - FY 2010 - \$3 million
 - FY 2011 - \$7.5 million
 - FY 2012 – \$10.5 million
 - FY 2013 – \$12 million
 - FY 2014 – \$12 million
- 15 awards anticipated in FY 2010
- No cost share/matching/maintenance of effort requirement
- Initial applications only require a budget for Phase 1 (first 12-month budget period)

Nurse-Family Partnership

- Evidence-based nurse home visitation model serving only first-time mothers living in poverty, beginning in pregnancy, and their families
- Typical clients served by NFP are younger, with few resources
- Frequent home visits beginning early in pregnancy through child age 2
- Maximum caseload of 25 families per full-time nurse
- Improves pregnancy outcomes, maternal/child health and development, and family economic self-sufficiency

Evidence for Program Effectiveness

- Over 30 years of randomized controlled trial research demonstrates effectiveness with African-American, Latina, and Caucasian populations in urban and semi-rural settings; longitudinal follow-up
- NFP has not been tested among Native American tribes, though some families enrolled identify as Native American
- Outcomes strongest among higher risk families

NFP Success to Date in Diverse Communities

- NFP currently serves over 21,000 families in urban and rural communities across the country
- NFP is administered through local Implementing Agencies that employ nursing teams and through a contractual agreement with the Nurse-Family Partnership National Service Office

Minnesota's Current Project with Three Ojibwe Bands

- Our Partners; Fond du Lac, White Earth, Leech lake and Minnesota Department of Health
- Tribal Nursing Directors took the lead in requesting Replication of NFP on each of the three Reservations.
- Meetings w/NFP since March of 2009 and Nursing Leaders requested adaptations to the NFP model in June – August, 2009
- Discussions of requested adaptations and program relevancy for tribal communities involved NFP, MDH and Dr. David Olds, pioneering founder of NFP.
- The **“Tribal-Nurse Family Partnership Demonstration Pilot”** was proposed and one year planning funds requested and received by the leadership Tribes from a Minnesota Department of Health “Eliminating Health Disparities Initiative” Grant program.
- Project began on July 1, 2010 - funds support work by NFP and Dr. Olds.

Tribal-Nurse Family Partnership Demonstration Pilot

- Our Tribal partners share cultural values and practices but each has their own unique structure and health agency.
- All have a long history of providing nurse home visiting.
- They have worked together on other projects and have the staffing capacity and support of the tribal governments.
- All staff involved in the project have first-hand knowledge of the social determinants impacting their communities' health status.
- Underlying the pilot planning and implementation is an assumption that the Tribes are the experts on what they need to succeed.
- Each Tribe will identify its own way of assuring representation from their communities.
- Extensive information gathering and sharing of current practice and needs analysis has already begun.
- Evaluation of the Pilot will include comparisons of outcomes with Native Americans in traditional NFP programs both urban and rural.

NFP Experience with Tribes & Tribal Organizations

- **Partners in the NC Tribal NFP effort:** Eastern Band of Cherokee, Neighboring County Public Health Department, NC NFP State Coordinator (PCA staff member), NC Division of Public Health, Indian Health Services, NFP-NSO
- **Processes in the NC Tribal NFP effort:**
 - Cherokee health/community leaders decided over three years ago that adding NFP to their health services continuum would benefit Cherokee families
 - Cherokee health/community leaders planned to establish NFP to serve Cherokee families living on and off of the Reservation
 - Over the last three years, Cherokee health leaders have been working with neighbors and State partners to create a NFP implementation plan
 - Cherokee leaders have decided to apply for the federal home visitation funds to establish NFP
 - The Cherokee NFP effort will start with a “NFP small team” (1 NS + 2 NHVs) with the full endorsement of local and state supporters, partners and neighboring NFP team

Resources



NFP website at www.nursefamilypartnership.org

>>Click on Public Policy>> Next click Federal HV Funding Guidance>>

- Information about Nurse-Family Partnership
- Locations of existing NFP programs
- Stories from families who have participated in NFP
- Information about the evidence for effectiveness
- E-toolkit for States may contain resources relevant for Tribes and Tribal Organizations

Resources



Additional Resources

- NFP Implementation Planning Overview
- Introduction to NFP Core Nursing Education
- NFP Home Visitation Guidelines
- Sample NFP Implementing Agency Budget (narrative)
- Sample NFP Implementing Agency Budget (worksheet)
- NFP Implementing Agency Agreement Template
- Comparison Tool: Home Visitation Program Statutory Requirements
- State/City Nurse Consultant Sample Job Description
- State Program Coordinator Sample Job Description
- Letter of Support from the Nurse-Family Partnership National Service Office

Individual Consultation Available Now

- Could NFP meet needs you see in your communities?
- Is NFP a 'fit' within your tribal community and traditions?
- How might NFP be implemented?
- Relevant evaluation

...other issues? Just ask!

