

**DRAFT: The Fort Mojave Indian Tribe Tribal Council will consider this proposed new strategy on Feb. 23, 2010.**

### **Fort Mojave Indian Tribe Home-Visitation and Family Education**

The La Paz/Mohave Regional Partnership Council is interested in partnering with the Fort Mojave Indian Tribe to support the early learning, health and development of children age birth to five in the region.

The Fort Mojave Indian Reservation is located along the Colorado River in the vicinity of Needles, California. The Reservation covers nearly 42,000 acres in the tri-state area of Arizona, California, and Nevada. The land is divided into three major segments: 23,669 acres in Mojave County Arizona; 12,633 acres adjacent to Needles, California; and 5,582 acres in Clark County, Nevada. The Tribal headquarters are located in Needles, California.

Mojave Indians are Pipa Aha Macav — “The People By The River.” Mojave culture traces the earthly origins of its people to Spirit Mountain, the highest peak in the Newberry Mountains, located northwest of the present reservation inside the Lake Mead National Recreation Area. The members of the Fort Mojave Tribe speak native Mojave, in addition to English.

Because of its location on the Colorado River, the Fort Mohave economy centers largely on water-based recreation, tourism and gaming. The tribal government also serves as a major employer. The Fort Mojave Indian Reservation is owned and operated by the Tribe, and includes three Tribal casinos and full-service hotel, a golf-course, movie theater, convenience store, gas station, and several bars, restaurants, RV parks and campgrounds.

Approximately 99 children age birth through five live on the Mohave County portion of the Fort Mojave Indian Reservation. According to 2000 U.S. Census data, 49% of the population is Caucasian, 47% is Native American, and 26% is Hispanic. Twenty-four percent of families report speaking languages other than English at home. Many families with young children live below the federal poverty line in the region, with 27% of children age five and under living in poverty on the Fort Mojave reservation, compared with 29% of children age five and under living in poverty in Mohave County and 23% of children age five and under living in poverty in the state of Arizona as a whole. Fifty-six percent of grandparents are the primary caretaker responsible for their grandchildren.

Resources that support young children and families in the community include the Fort Mojave Child Care Center, the Education Department, the Fort Mojave Indian Health Center, the Ava Ich Asit Library, Social Services, the Boys and Girls Club, Vocational Rehabilitation, Behavioral Health, the High School, the Mohave Valley Elementary School District, and the WACOG Head Start.

At a strategic planning meeting conducted at the Fort Mojave Child Care Center in September of 2008, the following two priorities were identified by stakeholders: 1) Advocate for timely and adequate services for children identified through early screening; and 2) Expand families' access to high quality, diverse and relevant information and resources. Likewise, an advisory group convened by the Fort Mojave Tribal Representative, Betsy Lewis, in January 2010 identified parent education and in-home family support services to assist families in advocating for the needs of young children as the most pressing unmet need in the community.

This proposed new strategy will build on the existing resources in the community. The Fort Mojave Child Care Center currently serves 50 children age birth to five and has 12 children on a waiting list. The Center serves both Tribal and non-Tribal children and the Center Director reports that some children stay home because their families cannot afford child care. A prenatal home-visitation program provided by the Fort Mojave Indian Health Center supports prenatal families with in-home services until the baby is born; however visits are not able to continue after the baby is born due to a lack of staff. Additionally, the Ava Ich Asit Library has recently acquired a set of New

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Directions Institute Brain Boxes and has requested training and support to utilize the boxes with families. The new strategy will support these programs to work in partnership to provide in-home services to families with children age birth to five and provide community-based parent education and early learning opportunities for families utilizing the New Directions Institute Brain Boxes at the Library. The service priority will be:

- Children age birth to five at risk for developmental delay or disability who are not eligible for early intervention or special education services.
- Children age birth to five not currently enrolled in an early childhood education setting (including the Fort Mojave Child Care Center, Mohave Valley Head Start, Bright Beginnings Academy and the preschool program at Mohave Valley Elementary School.)
- Children age birth to five living with a teen parent or grandparent as the primary care giver.

The program will use an evidence-based model, curriculum and screening tools that have proven outcomes in tribal nations and in rural communities to provide free and voluntary services to families. Positive outcomes (benefits) will include:

- Earlier identification and intervention for developmental delays and disabilities.
- Parents learn how to advocate for their children with special needs.
- Parents learn how to support their child's healthy development and pre-literacy education.
- Children develop language and pre-literacy skills that are essential for school success.
- Parent/child group activities support positive home/school connections early in the child's life.
- Transitions to school activities help parents and children connect to the pre-school and kindergarten.
- Early childhood knowledge and expertise increases throughout the community.

The two components necessary to support families are:

#### Home Visitation

The home visitation component will be family-centered, strengths-based and comprehensive to improve parenting skills, child development and health outcomes. It will allow various levels of intensity designed to meet the needs of the children and families. Each family will receive in-home developmental screening, information and support in each of the core areas: child development, parenting skills, health, resource and referral and service coordination. Specific areas of focus may include enhancing children's language development, ways to create a learning environment in the home, strategies to assist in children's emotional development, and activities to promote physical development.

#### Library-Based Family Education Program

The community-based family education program will offer comprehensive parent education programs at least once a month utilizing a family-centered and strengths-based approach. Each family will receive information and support in each of the core areas: child development, parenting skills, health, resource and referral and service coordination. The community-based component will provide social support and networking opportunities through interactive and participatory group sessions that will allow parents and guardians and their children to come together and interact with one another.

The **Early Childhood Advocate** for this program will:

- Have a Bachelor's degree in one of the following areas: Childhood development, early childhood education, nursing with a license as a registered nurse, health education and promotion AND knowledge and experience

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in: Early child care education settings, child health and safety issues, identifying community resources, evaluating program effectiveness and providing consultation to a diverse population of families and health, social service and child care agencies. Must possess a valid driver's license. Bilingual preferred (English/Spanish).

- Have relevant work experience working with pregnant women, infants and toddlers and training in early childhood immunizations and well-child health.
- Fully understand tribal culture and traditions. Apply this knowledge while assessing the physical, emotional, social and environmental needs of young children and families.
- Have experience and connections in the community.
- Offer regular home visits to provide appropriate and timely developmental screening and engage families in activities that promote child health and development.
- Work with families to mobilize formal and informal resources that support family development, and advocate with families for services and systems that are fair, responsive and accountable to families.
- Educate parents on the purpose and benefits of routine preventive health screenings and how to share their concerns with the pediatrician or family health professional.
- Assist parents in scheduling and attending well-child check-ups and immunizations.
- Provide information, education and referrals to connect parents with available resources (i.e. WIC, AzEIP, child care, infant care classes, parenting classes, substance abuse, counseling, faith community groups, and child development training) and provide follow-up for all referrals made.
- Teach parents safe and consistent parenting practices to promote positive parent-child interaction and support the social and emotional needs of young children.
- Work in partnership with early learning settings and departments that serve families (Social Services, Behavioral Health, and Vocational Rehabilitation) to identify and address the needs of the families served.
- Educate parents and caregivers on how to utilize the information and resources in the Arizona Parent Kit they received from the hospital.
- Offer community-based family education opportunities at the Library at least once a month.
- Receive ongoing training on early childhood development, early literacy, assessment and screening, infant/toddler health and mental health, parenting curriculums, home visiting practices, behavioral management and community resources.

Outreach to identify eligible families, inter-departmental coordination, and trust are key factors for success of the program and must be included in the model. With the Fort Mojave Child Care Center, Indian Health Center, the Social Services Department and the Ava Ich Asiit Library working together as a team, the program will empower parents to obtain the support they need to be effective, caring and competent parents.

**Goals** (From the FTF strategic plan roadmap.)

Lead Goal: (#4) Collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Goal: (#7) Advocate for timely and adequate services for children identified through early screening.

Goal: (#11) Coordinate and integrate with existing education, health and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Goal: (#13) Lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of health and social service programs and resources for young children and families.

**Key Measures:** (From the FTF strategic plan roadmap.)

- Total number and percentage of children receiving appropriate and timely well-child visits.
- Ratio of children referred and found eligible for early intervention.

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- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child’s safety, health, and well-being.
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.

**Target Population:**

Children age birth through five of the Fort Mojave Indian Tribe residing in Arizona and in the Mohave Valley area and their families.

Proposed Service Numbers	SFY 2010 March 1, 2010 – June 30, 2010	SFY 2011 July 1, 2010 - June 30, 2011	SFY 2012 July 1, 2011 - June 30, 2012
		5	20

**Performance Measures:**

- Tribal resolution to ensure strengthened partnership between First Things First and Fort Mojave individuals, institutions and organizations.
- Number of families receiving home visiting/proposed service number
- Number of families recruited to participate/families enrolled and participating for at least one month
- Number of children screened for developmental delays/actual service #
- Number of children referred for early intervention/actual service #
- Number of families who successfully meet family service plan outcomes/actual service number
- Number of families reported satisfaction with provided home visitation/actual service number

**SFY 2010 Expenditure Plan for Proposed Strategy**

<b>Allocation for proposed strategy</b>	\$98,625 for 15 months* (April 1, 2010 – June 30, 2011)
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**Budget Justification:**

Model home-visiting programs estimate costs to be \$4,000 per family per year. The target service number is 20 families @ \$4,000 per family = an estimated cost of \$80,000 per year. Expenses include:

Full-time Early Childhood Advocate (annual salary).....	\$50,000
Employee related costs and administrative expenses.....	\$15,000
Ages and Stages Questionnaire (ASQ) Starter Kit (English/Spanish).....	\$500
Ages and Stages Questionnaire (ASQ) Materials Kit.....	\$350
New Directions Institute Brain Box training (full-day).....	\$1,850
Travel reimbursement (4000 miles @ .45) .....	\$1,800
Materials, equipment and supplies (20 children, 12 visits each @ \$10/visit).....	\$2,400
Office copy and printing.....	\$3,000
Desk top computer and software.....	\$2,000
Professional development and training .....	\$2,000

**Total program cost per year: \$78,900\***

Note: Office-space, utilities and phone would be provided in-kind by the Fort Mojave Child Care Center.

\*Need to carry over sufficient funds from SFY 2010 to allow the strategy to continue through 2012.