

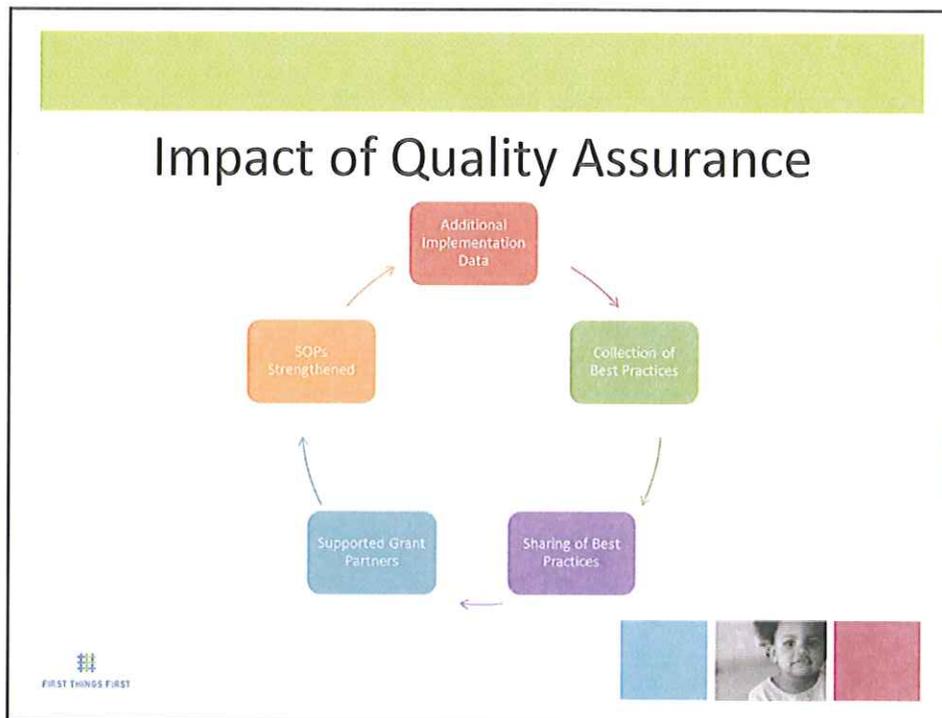
# Hualapai Tribe Home Visitation Site Visit

Hualapai Regional Partnership  
Council Meeting

April 8<sup>th</sup>, 2015



FIRST THINGS FIRST



## Site Visit Assessment Tool

### 7 Content Areas:

- 1: Target Population and Geographic Area
  - 2: Coordination and Collaboration
  - 3: Data Collection and FTF Evaluation
  - 4: Cultural Competency
  - 5: Additional Items
  - 6: Implementation
  - 7: Staff Qualifications
- Overall Impressions  
-Action Plan



## Information Gathered

- Self Evaluation
- Internal Documentation
- External Documentation
- Guided Discussions
- Observation of Service Delivery



## How Can a Council Use Site Visit Information?

- In depth programmatic implementation information
- Inform grant renewals
- Inform new grant awards
- Identify contracts that require monitoring



## General Site Visit Information

Contract #: [GRA-RC025-13-0491-01-Y3](#)

Date Conducted: [February 24<sup>th</sup>, 2015](#)

Site Visit Contact: [Vivian Parker](#)

Strategy: [Home Visitation](#)





Parents as Teachers<sup>SM</sup>

Four Components:

1. Personal Visits
2. Group Connections
3. Screening
4. Resource Network



Parents as Teachers<sup>SM</sup>

Four Goals:

1. Increase parent knowledge of early childhood development
2. Provide early detection of developmental delays and health issues
3. Prevent child abuse and neglect
4. Increase school readiness and school success



## Target Population and Geographic Area

- Supports:
  - “Persistent” outreach
  - Coordination
- Barriers:
  - Consistent contact/enrollment
  - Community understanding



## Coordination and Collaboration

- Supports:
  - Childcare, Head Start, medical providers
  - Addition of Parent Advocate
- Barriers:
  - Communicating outcomes
  - Unsure of additional collaborations



## Data Collection and FTF Evaluation

- Analyze data to reflect on family involvement
- Annual Hualapai Nation Employee Performance Appraisal
- PAT Affiliate Performance Report



## Cultural Competency

- Flexibility of program delivery
  - Personal visits
  - Designated space (table, area rug, books, toys)
- Relationship building



## Additional Items

- Parents as Teachers Affiliate
- Exceeding Targeted Service Unit (TSU)
  - “1.75 staff serving a total of 34 families”



## Implementation

- PAT information and materials to families
- Personal visits
- Developmental screening at age-appropriate intervals
- Informational workshops
- Emergency supplies

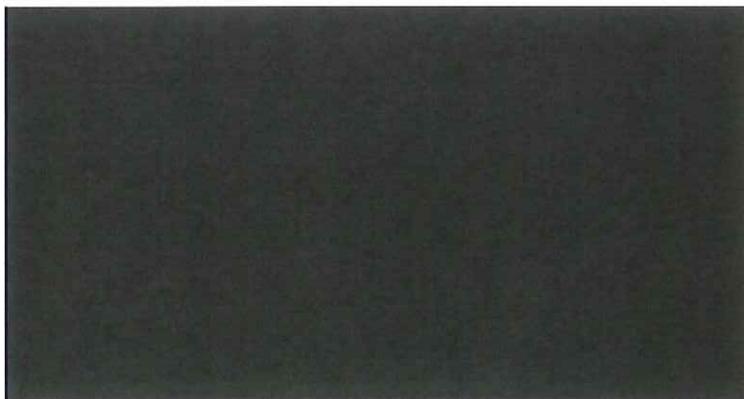


## Staff Qualifications

- Staff do not have related bachelor's degrees
- PAT training requirements met
- Supervisory system
- Completed staff training:
  - PAT Foundational Guidelines
  - Ages and Stages Questionnaire (ASQ)
- Trainings to be completed:
  - Arizona Infant/Toddler Guidelines
  - Mandated reporting



## Home Visiting Testimonial



## Overall Impressions

### ☐ Strengths:

- Delivery of the evidence-based materials
- Focus on culture, needs of individual families
- Strong staff relationships
- Focus on quality improvement

### ☐ Development areas and action planning:

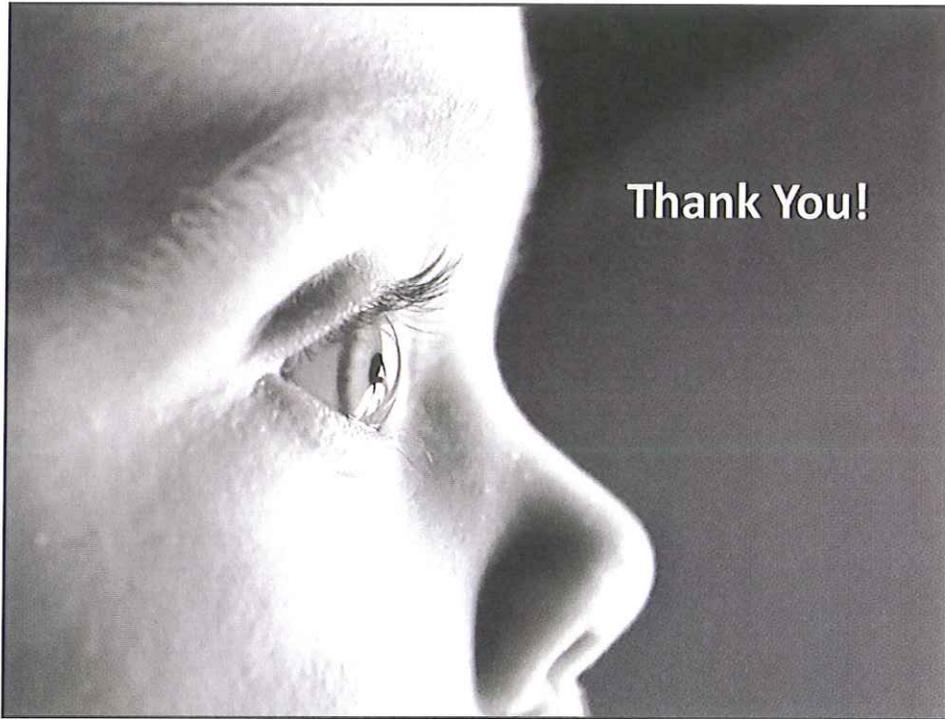
- Program promotion and family retention
- Internal processes utilizing PAT tools and materials
- Family feedback
- Staff development



## Action Plan Follow Up

- ✓ Family assessment
- ✓ Family service plans/goal development
- ✓ Family files/documentation
- ✓ Family feedback collection
- ✓ Staff training





## Overall Impressions

Hualapai Home Visitation Site Visit – February 24<sup>th</sup>, 2015

The Maternal/Child Health (MCH) Program provides personal visits to families within the community. The MCH program consists of two parent educators: a Coordinator (supervisor) and Advocate. The Coordinator oversees the administrative side of the program and both staff carry a caseload of families. The program is an affiliate of Parents as Teachers (PAT), an evidence-based home visitation model utilized for the program delivery. Through the Quality Assurance process, the program has identified steps for quality improvement to work towards alignment with the FTF Standards of Practice (SOP). The intent of the model is to provide personal family visits and monthly group meetings to provide families and children support and information to produce outcomes of improved child health and development and increased school readiness. The program has experienced barriers in delivering visits in the home based on families reporting they are not comfortable with this delivery. Currently, about half of the 34 families served receive in-home visits and the other half come to the office for their visit. Staff also identified they are not utilizing the required PAT documentation to drive and track services with families such as family assessment tools, service plans with specific family goals, and methods to document encounters. Staff also oversee the delivery of emergency supplies (formula, diapers) and have developed a system for families to access the resources on an emergency-only basis. If needed, families can come back every 20 days to receive assistance, however the intent is for temporary, short-term supplies to support a family until other resources can be obtained.

There was one observation of a personal visit, which lasted about 50 minutes. The MCH Coordinator met with a mother and her two year old daughter. The visit occurred in the office, which was the preference of the mother who works at the child care center building. The parent educator was prepared with the information, materials, and activities that they would review during the visit. The Coordinator engaged the mother in conversation, followed up from topics discussed during the last visit, reviewed developmental milestones, supported mom in interacting with and observing her child during activities, and asked what she wanted to discuss at the next visit and scheduled the next meeting.

### Strengths identified on site:

1. The dedication of staff in promoting the program and outreaching to families in the community. The MCH staff talked about their practices of engaging families and the importance of actively being present in the community. Staff reported they do not stop trying to reach a family until they receive information that they no longer live in the community, and will make weekly efforts to re-engage families, including attempts to locate them in person, not just via phone.
2. Knowledge of and concern for individual families. Through conversation, staff talked about families in a way that exhibited understanding and accommodation of their individual challenges in accessing and participating in services. Although PAT standards state the majority of the personal visits should occur in the home, the modification and arrangement of the office space to conduct visits reflects an environment welcoming for children and families. Staff report they continue to offer and suggest visits to occur in the home if initially the family is not comfortable.

## Overall Impressions

Hualapai Home Visitation Site Visit – February 24<sup>th</sup>, 2015

3. Exploration and acceptance of new opportunities for learning and continuous quality improvement, including professional development. Through the visit, there were challenges discussed regarding program implementation and family engagement. The staff were engaged in discussions on how to improve retention and program delivery, balancing building personal relationships with families and delivering the program materials.

4. Recognition of the importance of culture in program implementation and plan for future efforts, once level of competence in delivering the evidence-based model is obtained, to infuse culture into service delivery to make more relevant for Hualapai families.

### Challenges:

1. Staff report they have had difficulty in locating families who are willing to enroll in the program and maintain engagement once enrolled. Staff continue to attempt to promote the program and locate families through individual and community relationships, such as with the Women, Infants, and Children Program (WIC), Indian Health Services (IHS), Head Start, and the local child care center.

2. Delivery of the PAT curriculum, locating quality information for families that is not included in the curriculum, and balancing building personal relationships with families. The program has only been a PAT affiliate for the previous year, and with the addition of the Advocate position, the program is continuing to learn about strategies for program delivery and resources available to them through PAT. The program staff are encouraged to reach out to PAT and the home visiting program in Kingman to continue to build their knowledge of child development, locate resources available to increase staff competency and knowledge, and identify strategies for family engagement. The staff will also complete the Infant/Toddler Developmental Guidelines training delivered by the Arizona Department of Education.

3. Use of program tools for documenting and tracking service delivered to families. Currently, the program does not complete a family assessment of strengths and needs to determine how services can be more individualized for each family. From this assessment, staff plan to identify a process to work with families to develop family goals and service plans. The development of these goals will enable parent educators to track progress and outcomes for each family. The program also plans to implement the use of a contact log to document each encounter/communication with families.

4. Collection and use of family feedback regarding program implementation. The program will identify/develop a tool to collect program and staff feedback from families and use this data regularly to reflect on the program and modify the delivery to ensure responsiveness to community needs.