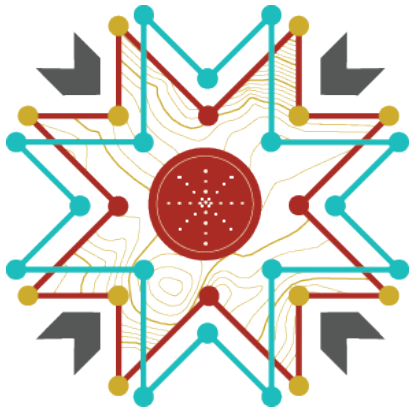




TRIBAL HOME VISITING

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

Community Needs and
Readiness Assessment
Guidance

rga

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide guidance for Tribal Home Visiting Grant recipients when they are developing their Implementation Plans. Public reporting burden for this collection of information is estimated to average 450 hours per grant recipient, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit of Title V of the Social Security Act. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0611 and the expiration date is 06/30/2026. If you have any comments on this collection of information, please contact:

Anne Bergan
Senior Tribal Analyst
Tribal Home Visiting Program
Administration for Children and Families, HHS
Mary E. Switzer Building
330 C Street, SW. Suite 3014F
Washington, DC 20201
anne.bergan@acf.hhs.gov
202-578-0950

ABOUT THE CNRA

A Community Needs and Readiness Assessment (CNRA) is a process used to identify community-wide strengths and opportunities. In the context of home visiting, a CNRA can be used to assess the quality and capacity of existing community services to meet the needs of young children and families. Tribal Home Visiting grant recipients are required to conduct a CNRA to inform the development of their home visiting program and your Tribal Home Visiting Implementation Plan. The goals of the CNRA are to:

- Identify community strengths and opportunities, as it relates to maternal, family, and child health and wellbeing.
- Identify organizational and program strengths and opportunities, as it relates to implementing a home visiting program.
- Assess the quality of capacity of existing community services to support young children and families.
- Help grant recipients decide on an appropriate home visiting model and make decisions about program design.

While it is a required activity under the Tribal Home Visiting Program grant, **the intent of the CNRA is to help *your* team design a home visiting program** that meets the needs of your community members and aligns with the context and culture of your community. To achieve these goals, the Tribal Home Visiting CNRA is divided into five important sections:

Section 1: Organizational Capacity & Readiness Assessment

Section 2: Community Assets Assessment

Section 3: Community Strengths & Opportunities Assessment

Section 4: Prioritization for Program Design

Section 5: Reflection on CNRA Process

The CNRA is an opportunity to reflect the full engagement of your community, using partnerships, collaborations, culturally grounded strategies and strength-based approaches, as well as innovative methodologies, including Indigenous methodologies and ways of knowing, as appropriate for your specific context. ACF acknowledges that Western methods are inherently limited and that Indigenous knowledge is one of many important bodies of knowledge that contribute to collective understanding.. We also recognize that Indigenous knowledge gathering and sharing of information varies by community, and some forms of knowledge and information are to be kept within the community and not to be shared publicly. ACF acknowledges the core values of the indigenous evaluation framework, <https://www.nnlm.gov/sites/default/files/2021-08/indigenous%20eval.pdf>.

The CNRA will also set the stage for strengthened cooperation and coordination and promote linkages among various programs that serve expectant families, young children, and families in the community. Coordination across programs helps ensure that high-quality, evidence-based home visiting programs are part of a comprehensive, aligned strategy for improving child and family well-being in your community.

The CNRA report can be used for multiple purposes, including sharing with leadership, community

members, partners, potential participants, etc. It will be submitted to your Federal Project Officer (FPO) for review and approval, before moving on to the Implementation Plan. As long as the CNRA report addresses each section below, it can be presented and formatted however you prefer.

As a first step to conducting your CNRA, please develop a plan for how you will collect information related to Community Assets (Section 2) and Community Strengths and Opportunities (Section 3). This plan is provided in Appendix I titled, "Plan for Conducting CNRA".

SECTION 1: ORGANIZATIONAL CAPACITY & READINESS ASSESSMENT

A home visiting program requires strong capacity within the organization in which your home visiting program will reside. The first year of the THV grant is centered on assessing and capacity-building within your organization to prepare for the launch and implementation of your home visiting program.

Assess your organization's existing capacity to implement a high-quality, culturally grounded, evidence-based home visiting program. Consider how your organization currently operates within the following areas and how each of these elements relate to the functioning of your home visiting program. For each area provide a brief overview and note if the area is a strength, emerging strength, or opportunity for growth.

- 1) Leadership and Governance
 - a) Guidance and Support from Tribal or organizational leadership
 - b) Program Oversight
 - c) Reporting structure between leadership and your program
- 2) Human Resource Practices
 - a) Organizational hiring processes, including the average length of time it takes to hire a new employee
 - b) Work practices and schedules that will support your workforce who will play a role in the home visiting program
 - c) Availability of qualified staff including supervisors, home visitors, evaluation and data staff within the community
- 3) Technology and Data Systems Infrastructure
 - a) Organizational capacity for data collection, record retention, and management
 - b) Organizational capacity for quality assurance, analysis and continuous quality improvement (CQI)
 - c) Existing data systems to collect and house participant-level data
 - d) Availability and use of technology (e.g., cell phones, computers, laptops, wi-fi)
- 4) Service delivery
 - a) Organizational capacity and experience implementing evidence-based programs or practices and implementing early childhood services
 - b) Organizational capacity and experience to implement and deliver reflective supervision
 - c) Organizational capacity to provide infant and early childhood mental health consultation (IECMHC)
 - d) Availability of vehicles and/or policies for personal vehicle usage
- 5) Other

SECTION 2: COMMUNITY ASSETS ASSESSMENT

This section will help identify the breadth of early childhood, behavioral health, and other community services, resources, and programs (i.e., the system) that currently exist to support prenatal families and families with children up to kindergarten entry.

The community asset mapping (CAM) exercise is a process for assessing and mobilizing existing strengths while simultaneously building (or strengthening) relationships among the various groups or organizations within a community. Participatory community asset mapping is a valuable tool for promoting sustainable development, enhancing community cohesion, and creating strategic, community-driven solutions to support the families served by the home visiting program.

The community asset mapping exercise will help you understand what formal and informal resources exist to support families that you will enroll in your home visiting program. It provides an opportunity to identify how resources are connected to your home visiting program (and families being served) and where gaps may exist. It also illustrates the relationships between organizations that can be used in your project's design and development.

The community asset mapping process:

- Provides a framework for discussing the location of resources,
- Highlights resources of importance,
- Helps analyze current programmatic and family access to resources,
- Raises awareness of existing or gaps in resources, and
- Creates a visual representation of existing and potential resources.

Multiple perspectives and insights are important when creating a community asset map. Consider a participatory mapping exercise and inviting a broad selection of early childhood systems partners, elders, family members, Tribal Council members, and CNRA planning team members to the discussion. The exercise can create a tangible visual display of the people, places, and experiences that make up your tribal community.

Please share a copy of your asset map and a brief description of each resource you include.

Please provide a narrative describing how the programs and resources in your community could relate to, enhance, or support the home visiting program.

SECTION 3: COMMUNITY STRENGTHS & OPPORTUNITIES ASSESSMENT

The goal of this assessment is to gather information about the health and wellbeing of the communities you plan to serve through your Tribal Home Visiting Program. The assessment will help your team identify existing strengths within the community and the areas of need related to maternal,

family, and child health and wellbeing. Your team will use this information in your Implementation Plan to make important decisions about the design and focus of your home visiting program. **Keep in mind that the intent of all components of the CNRA (including this CSO Assessment) is to help your team design a home visiting program** that meets the needs of your community members and aligns with the context and culture of your community.

Your CSO Assessment must include information on the following. Pick at least two indicators (sample ones provided below) for each of these categories: Community Demographics, Maternal, newborn, and child health, School readiness and achievement, Family economic self-sufficiency, and Coordination and referrals to other community services. This list is not exhaustive, and we encourage you including additional information that is important or relevant for your community.

- Community demographics and context
 - o Number of children ages 0-5
 - o Number of community members of childbearing age
 - o Geographic and environmental factors
 - o Historical and cultural context, such as traditional practices related to family and child well-being
- Maternal, newborn and child health
 - o Access to health care
 - o Physical health
 - o Traditional birthing and healing practices
 - o Self-esteem, pride, happiness, hope
 - o Balance
 - o Native identity
 - o Resilience
 - o Early prenatal care
 - o Healthy births
 - o Breastfeeding
 - o Postpartum care
 - o Child care access
 - o Social emotional health indicators
 - o Family attachment
 - o Adequate food/good nutrition
 - o Well child visits
- School readiness and achievement
 - o Educational enrollment/achievement
 - o Native language proficiency/use
 - o Cultural teachings/knowledge
 - o Disabilities or special needs
- Family economic self-sufficiency
 - o Financial security, stability, income
 - o Housing, home ownership
 - o Employment/employability
 - o Subsistence opportunities
- Coordination and referrals to other community services

- o Access to services
- o Perceptions about services
- Other

To collect information on the above, please ensure that the CSO Assessment includes:

- Both quantitative and qualitative data
- Secondary data (existing data that has been collected for another purpose, for example, from community surveys, public health surveillance systems, the US Census, tribal or board meeting notes, other departmental or program data, other community needs assessments, or other sources)
- Primary data (new data that your program gathers directly through surveys, focus groups, or other methods)
- Data from each of the communities you intend to or may potentially serve through your home visiting program (if you propose to or may serve multiple counties or regions in your area, then data from all counties should be included)
- Engagement with community members

SECTION 4: PRIORITIZATION FOR PROGRAM DESIGN

Now that you have engaged in data collection and completed assessments of your organizational capacity and readiness, community assets, and community strengths and opportunities, engage your community (including advisory committee, leadership, and other interested parties) to discuss, help narrow down, and prioritize the data collected. This will help you make decisions about your vision, goals, objectives, home visiting program design, and implementation activities. Once you have engaged your community in reflection, please provide a narrative addressing the following questions:

- What are the most pressing needs of your community, specifically families with children ages 0-5?
- What strengths does your community bring to home visiting program implementation? What are your community's most significant opportunities for success?

- What are internal program and organizational capacities, resources and infrastructure that can help with successful implementation of home visiting?
- Where are there gaps in resources and infrastructure and limitations in the organization that will need to be considered in program design, budgeting, and implementation?
- Where are there strong connections in the community and where are there gaps that must be addressed?
- Are there any other implications from what you learned in the CNRA for developing and implementing your home visiting program?

SECTION 5: REFLECTION ON CNRA PROCESS

Thinking back to your application and the plan you created and how things have gone, please provide some brief reflections on:

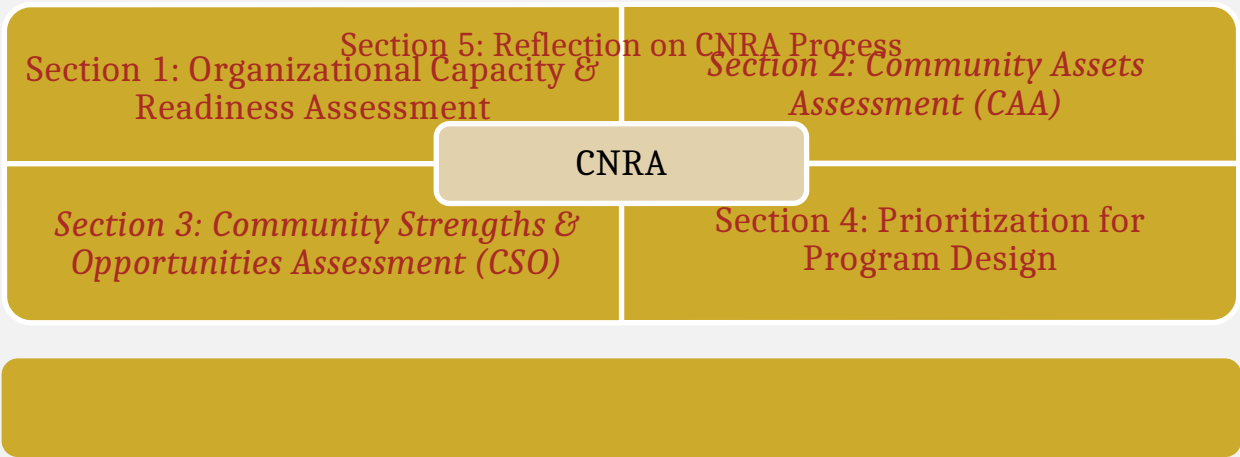
- Successes
- Challenges
- Lessons learned
- Recommendations of things to consider for future cohorts (e.g., changes to CNRA guidance, TA resources, timeline)

APPENDIX I

PLAN FOR CONDUCTING CNRA

As a first step to conducting your Community Needs and Readiness Assessment (CNRA) please draft a plan for conducting the Community Assets Assessment (CAA, CNRA Section 2) and Community Strengths & Opportunities (CSO) Assessment (CNRA Section 3) using the following guidance and submit to your FPO for review.

Keep in mind that all components of the CNRA are intended to help your team gather the information you need to design a home visiting program that meets the needs of your community members and aligns with your community's context and culture.



Your plan for conducting Section 2 and Section 3 of the CNRA can be in any format you prefer but should include the components highlighted below. Grant recipients should submit the plan to their Federal Project Officer (FPO) before beginning activities related to these sections of the CNRA.

If you are interested in tools and resources to guide your planning, please contact your FPO.

PLAN FOR CONDUCTING CNRA: COMPONENTS

While there is no required format for your plan, ACF asks that your plan includes 1) guiding question(s), 2) methodology for the CAA and the CSO, and 3) timeline for the CAA and CSO.

1. GUIDING QUESTIONS

As with any type of inquiry (e.g., research, evaluation), it is important to know what you are trying to understand and why. We have found that when Tribal Home Visiting (THV) grant recipients approach their CSO Assessment with a broad lens, such as “understanding the needs of the community,” they end up gathering data about needs that they are unable to address through their home visiting program. Therefore, it’s important that grant recipients develop thoughtful guiding questions during the planning process that will shape the scope and intent of the assessment.

Guiding questions should—

- Provide you with information that will support your decisions about program design and model selection in the next step of your THV program planning process
- Help you frame the scope of your assessment and data collection
- Align with the purpose and requirements of the THV CNRA
- Inform data collection methods, sources, and instruments
- Be specific

Example guiding questions:

- In what areas could health and wellbeing be improved for pregnant women, caregivers, and young children in our community?
- What do pregnant women and caregivers in our community wish they had to support the health and wellbeing of themselves and their young children?
- In what ways is our community successfully supporting the health and wellbeing of pregnant women, caregivers, and young children in the community?
- What are traditional and cultural practices related to maternal and child health and early relational well-being that are important to our community?
- In what ways are tradition and culture important for the successful upbringing of children in our community?
- How do our language, culture, and traditions support the well-being of pregnant women, caregivers, and young children in the community?

2. METHODOLOGY

a. Data collection methods for:

i. CNRA Section 2 CAA

1. Describe the methods for obtaining information about community resources. The method should be as

participatory as possible, involving a broad selection of community members and partners.

2. There is no requirement regarding types of data included in the CNRA Section 2 CAA.

ii. CNRA Section 3 CSO

1. Primary, secondary, quantitative, and qualitative data

b. Participant type(s) for:

i. CNRA Section 2 CAA

ii. CNRA Section 3 CSO

c. Team roles and responsibilities for collecting the data for both sections.

d. How the community will be engaged in contributing information to both sections.

There is no requirement for types of data included in the CNRA Section 2 CAA. See Appendix for additional guidance and tools for community asset mapping methodology.

ACF asks that grant recipients include both primary and secondary data, and qualitative and quantitative data in CNRA Section 3 CSO.

- **Primary data** is data that is collected firsthand specifically for this assessment. Examples of primary data include interviews with parents in the community and surveys of local providers.
- **Secondary data** is data that has already been collected for a different purpose and will be re-analyzed for your assessment. Examples of secondary data include national datasets (e.g., US Census data, IHS regional data) and local datasets (e.g., Tribal Epidemiology Center data, language assessment, cultural or traditional stories or histories related to maternal/child health practices).
- **Qualitative data** is non-numerical information that captures descriptions of ideas or opinions, experiences, or personal insights, such as the answers to open ended survey questions, or quotes from focus groups.
- **Quantitative data** is numerical information that can be measured, counted, and analyzed statistically, such as results from numerical scales rating the importance of various topics, or the number of people interested in particular services.

Different types of data can build off each other. For example, your primary data can focus on filling gaps in existing/secondary data or adding a more nuanced understanding of the secondary data you collect. It is important not to duplicate efforts and to ensure that both types of data are fulfilling unique purposes linked back to the guiding questions.

Remember to choose your data sources and methods based on what you are trying to understand. Let your guiding questions help you stay focused on gaining a clear understanding of what you want to know through your needs assessment.

3. TIMELINE

Please keep in mind the due dates for submitting the sections to ACF. Sample approaches with timelines are included in the Appendix for both the CNRA Section 2 CAA and the CNRA Section 3 CSO.

APPENDIX II

CNRA Section 2 CAA Additional Information

In this appendix you will find guidance and tools to help you create your Plan for Conducting the CNRA. Please reach out to your FPO and TA Specialists if you would like to further discuss the Plan and for any additional technical assistance.

One approach to gathering community assets is to engage in community asset mapping (CAM). The goal of a CAM is to identify, catalog, and map the early childhood, behavioral health, and other community services, resources, and programs that currently exist to support prenatal families and families with children up to kindergarten entry.

Participatory Asset Mapping is a process where community members collectively create an asset map(s) by identifying and providing information about their own organizational assets on a map. It is also a process for assessing and mobilizing existing strengths while simultaneously building (or strengthening) relationships among the various groups or organizations within a community.

The community asset mapping exercise will help you understand what formal and informal resources exist to support families you will enroll in your home visiting program. It also provides an opportunity to identify how resources are connected to your home visiting program, the strength of the relationships with these resources or assets, and where relationship gaps may exist.

A CAM prioritizes the active involvement of the community to ensure that the mapping reflects their unique insights, experiences, and perspectives. Multiple perspectives and insights are important when creating a community asset map. The engagement and participation of diverse community members to gather comprehensive insights promotes a sense of ownership over the mapping process.

Your team will use the information learned through mapping to help with program design decisions.

A CAM should include the following:

- A participatory mapping exercise with a broad selection of early childhood systems partners, elders, family members, Tribal Council members, and CNRA planning team members.
- The identification of a wide range of assets that support families prenatally through Kindergarten entry, including:
 - o Individual talents and skills of relevant community members, such as Elders.

- o Community and tribal organizations such as schools, culture departments, early childhood services, behavioral health, substance abuse, domestic violence, health services, higher education institutions, basic needs (food and shelter) and local businesses.
- o Physical resources like parks, buildings, and community infrastructure.
- o Cultural and historical assets that reflect the tribal community's heritage.
- A visual representation(s) such as a map(s), chart(s), or digital platform(s) to display the identified assets, people, places, and experiences of the tribal community.
- The identification of the strength of the relationship between your organization and these resources/assets.
- A brief summary of each partner that is included on the map.

APPROACH FOR CNRA SECTION 2 CAA

The steps outlined in this table can assist your program in planning your CAA using community asset mapping (CAM). Exact adherence to these steps is not a requirement, and you are encouraged to adapt this approach as needed to best serve your unique program goals.

Step	Example	Considerations
Guiding Questions		
Step 1: Develop guiding question(s)	• What early childhood education programs are available in the community, and how accessible are these to families?	• Do the questions align with the purpose of the THV Program? • Do the questions help you identify the entire scope of
	• What partnerships exist between early childhood programs and community organizations to support families? • How is your organization connected to key resources that support pregnant families and families with young children?	- services or resources for prenatal families and families with young children? • Are the questions feasible to be answered through a CAM? • Do the questions help you identify the community partners who can engage in the CAM?
Information Collection Methods		
Step 2: Determine and	• Focus group • Community meeting (or	• Is collecting community asset information through

describe the <i>method</i> for obtaining information about community resources and their relationships with your organization.	multiple meetings) • Facilitated discussion with as Indigenous facilitator who has knowledge of your tribal community • Breakout groups • Community walks (can include interviews of community members along the walk) followed by a community group discussion • Photovoice followed by a community group discussion • Interviews followed by a community group discussion to analyze the collected information • What partnerships exist between early childhood programs and community organizations to support families? • How is your organization connected to key resources that support pregnant families and families with young children?	that method feasible within the timeframe allotted? • Will the method help you answer the guiding question (i.e., does it provide a rich understanding of how the community supports families)? • Does the method align with cultural protocols and your community's values and beliefs? • Are there ways to tie culture into the method? • Does your community have a particular history or view of information gathering that should be considered? • If time is a concern, consider gathering secondary data about community assets and then gather a community group to add to finalize the information. • Will the method ensure sufficient participant engagement – does the services or resources for prenatal families and families with young children? • Are the questions feasible to be answered through a CAM? • Do the questions help you identify the community partners who can engage in the CAM?
Participatory Asset Mapping		

Step 3: List who will be invited to the asset mapping process	• A broad selection of early childhood systems partners, for example, elders, family members, Tribal Council members, and CNRA planning team members	• Consider inviting those who can make decisions within their organization. • Involve others in compiling the invitation list to create a comprehensive, diverse list. • Consider selecting those who have detailed knowledge about the community. • If you plan more than one meeting, will the same person be able to attend both?
Visualization Tool		
Step 4: Select a tool to visually present the community assets.	• Charts • Maps • Digital platforms/apps • Matrixes	• Consider the size of your community and the anticipated amount of information you will gather in the tool selection. • Ensure you can depict the characteristics of your organization's relationships with relevant resources.
Team Roles & Responsibilities		
Step 5: Determine team roles and responsibilities.	• The program coordinator will oversee Tribal Council approval of the CAM. • The program coordinator will schedule the community meeting(s) • A trained Indigenous facilitator will engage the community partners in the process. • The program assistant will take notes during the discussion. • The program coordinator will analyze the information and categorize the results. • The evaluator will create the	• Does your team have internal capacity and time for each activity, or do you need external support? • Do you have the financial resources to engage an external facilitator? If you use an internal facilitator, does this person need facilitation training? • Will it be helpful to develop a facilitation guide for the process?

	CAM visual. The program coordinator will submit the visual draft to participants for review and feedback.	
Timeline		
Step 6: Establish a timeline for facilitating the information gathering process, analyzing the information, and creating the visual map(s)	• Determine methodology by [] • Secure facilitator by [] • Facilitate discussion meeting(s) by [] • Draft the visual tool by [] • Submit draft to participants for review and feedback by [] • Submit visual to leadership for approval by []	• Is the timing for each step feasible for your team? • Do you need to revisit your methods and approach to fit the timeline? • Have you built in a cushion in case steps take longer than anticipated? • Have you built in time for someone to review the visual and provide feedback? • Will seasonal events or other gatherings impact attendance and dates?

APPROACH FOR COMMUNITY STRENGTHS AND OPPORTUNITIES ASSESSMENT

The steps outlined in this table can assist your program in planning your CNRA Section 3 CSO. Exact adherence to these steps is not a requirement, and you are encouraged to adapt this approach as needed to best serve your unique program goals.

Step	Example	Considerations
Guiding Questions		

Step 1: Develop guiding question(s)	• In what ways is our community successfully supporting the health and wellbeing of pregnant women, caregivers, and young children in the community? • What are traditional and cultural practices related to maternal and child health that are important to our community?	• Do the questions align with the purpose and goals of the THV Program? • Do the questions help to scope your needs assessment to only focus on areas related to maternal and child health? • Are the questions feasible to be answered through primary and secondary data collection in the time allotted for this grant activity?
Step 2: Identify the <i>type</i> of data (e.g., quantitative and qualitative) you will collect to answer each guiding question.	• Qualitative data to better understand pregnant women and caregiver needs and cultural practices. • Quantitative data on prenatal care.	• Will you use primary or secondary data to answer the question? • Is it feasible to gather that type of data within the timeframe allotted for the CSO Assessment?
Data Collection Methods		
Step 3: Determine the most appropriate <i>method</i> (e.g., focus group, interview, survey, existing data) for obtaining that type of data	• Focus groups to obtain the qualitative data. • Secondary data from a local county health department dataset on prenatal care.	• Is it feasible to collect data through that method within the timeframe allotted for the CSO Assessment? • Will the method help you answer the guiding question (e.g., does it provide a rich understanding on a topic or a view of community-wide need)? • Does the method align with cultural protocols and your community's values and beliefs? • Are there ways to tie culture into the method?

		• Does your community have a particular history or view of data and information gathering that should be considered? • Quality over quantity!
Step 4: For primary data collection, determine the most appropriate <i>participant type</i> (e.g., caregivers, service providers) to answer the guiding question.	• Focus groups with pregnant women and caregivers to better understand their needs and cultural practices.	• Is it feasible to gather information from that type of participant at each community you are intending to serve? • What do you need to provide to support that type of participant in engaging in data collection (e.g., childcare, transportation, virtual option)?
Team Roles & Responsibilities		
Step 5: Determine team roles and responsibilities.	• Program coordinator will lead participant recruitment and oversee Tribal Council approval of the assessment. • External evaluator will lead instrument design, pilot testing, data collection, and analysis. • External evaluator will lead collection of existing/secondary data and analyze.	• Does your team have internal capacity and time for each data collection activity or do you need external support? • How much time can each staff member devote to the assessment activities? • Do you need to establish data sharing agreements with external partners? • Have you considered roles and responsibilities for each step of the data collection and analysis process?
Step 6: Plan for approvals and engagement.	• Community advisory group will provide input on the instruments and will support the	• Does your community have local data review and approval processes that need to be completed before data can be

	interpretation of the findings. Meetings will be held virtually. • Tribal Council needs to review the assessment methodology, instruments, and any public facing findings.	collected from community members (e.g., Research Review Board approval)? • How are you going to get community input throughout the assessment process?
Timeline		
Step 7: Establish a timeline for all data collection and analysis activities.	• Focus group guide will be developed and reviewed by the community advisory group in October. • Focus group guide will be pilot tested, finalized, and approved from November-January. • Three focus groups will be conducted in January. • Focus group data will be analyzed in February. • Findings will be shared with the community advisory group in March and they will support interpretation.	• Is the timing for each step feasible for your team? • Do you need to revisit your methods and approach to fit the timeline? • Did you build in time for pilot testing and refining your data collection instruments (e.g., surveys, focus group guides)? • What is the sample size for each method? Is that feasible in this timeframe? • Have you built in cushion in case steps take longer than anticipated? • Have you built in time for community engagement and necessary local reviews? • Have you built in time for training staff and building your team (e.g., hiring contractors)?