Administration for Children and Families (ACF)
Addressing Toxic Stress and Trauma in Native Communities:
The Promise of Tribal Home Visiting Webinar
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Project 613 Task 3

Ms. Peterson: Welcome everyone, to today's webinar "Addressing Toxic Stress and Trauma in Native Communities: the Promise of Tribal Home Visiting." My name is Sarah Peterson and I'm from Kauffman & Associates. I'll be your moderator for the webinar today. I'd like to start by introducing your webinar interface. You should all see the first slide of the PowerPoint presentation and the question and answer box open on your screen. There is also a row of icons at the bottom of your screen. The webinar screen that you see in your browser belongs to you, and you can customize your interface by opening and closing the icons and the windows. You can move the windows around and resize them as needed. Today's question and answer period will be at the end of our presentation, but you can enter a question for our presenters at any time in that Q&A box. We'll save the questions until the Q&A period and ask our presenters to address them at that time. So please feel free to enter a question into the Q&A box at any time during our presentation today. If you need technical assistance during the webinar, please click on the help icon at the bottom of your screen or you can enter a tech support question into the Q&A box. Our tech support staff will be monitoring these questions throughout the webinar and will work to answer your tech support questions right away. You'll receive an answer in the question and answer box. Finally, please be aware that today's webinar is being recorded. I will now turn it over to Michelle Patterson, Acting Director of the Tribal TANF program for our presentation. Michelle.

Ms. Patterson: Good afternoon, or morning, depending on where you are. Welcome to the Administration for our Children and Families' Webinar on Toxic Stress in the Native

Communities and the Promise of Tribal Home Visiting. My name is Michelle Patterson and I'm the Acting Director of the Division of Tribal TANF Management. All TANF programs are managed by the Office of Family Assistance within ACF and the tribal division is responsible for three specific programs. We have the Tribal TANF program, the Native Employment Works program, and the Tribal TANF Child Welfare Demonstration Grants program. Our division here in DC and the regional offices throughout the country work very closely to ensure the success of tribes administering any of these programs. One of our roles is to give assistance to tribes to help them improve services provided to their members, often by taking advantage of other programs within ACF. The purpose of this webinar is to introduce an idea called "toxic stress" that explains how some of the negative experiences children face can affect them throughout their lives, and to provide information on successful ways that communities can address these adversities. One of the ways is through Tribal Home Visiting programs. This webinar is being recorded and a full transcript and copy of the presentation materials will be posted later on the Welfare Peer TA website. I would now like to introduce the presenters for today's webinar. First is Michelle Sarche. She is an associate professor at the Colorado School of Public Health. She'll be talking to you today from Colorado about toxic stress and the development of children. Moushumi Beltangady is a senior policy advisor here at ACF in DC with expertise on early childhood development and is a Tribal Home Visiting program manager. She'll talk to you about the Tribal Home Visiting program and what it can do for communities. Finally, we have some family advocates with the Lake County Tribal Health Consortium from Lakeport, California. Shea Duncan and Enola Dick will tell you about how the home visiting program works in their community. And now I will turn this over to Michelle Sarche.

Dr. Sarche: Good morning, everyone, and thank you Michelle Patterson. As Michelle said, I'm at the University of Colorado, the Colorado School of Public Health and in the Centers for American Indian and Alaska Native Health and also with the Tribal Early Childhood Research Center. I'm going to be talking to you today briefly, before turning this over to Moushumi and then the Lake County Tribal Health Consortium, about what toxic stress is in early childhood, why it matters, and how understanding toxic stress is relevant for American Indian and Alaska Native children's development, and most importantly what we can do about it. The toxic stress in early childhood refers to situations in which young children are exposed to strong, excessive, or prolonged adversity and that includes things like the experience of abuse or neglect, family or community of violence, chaotic home lives due to adult substance use or mental health problems, or the challenges associated with extreme poverty. When these things happen in the absence of supportive relationships with caring adults who can protect young children from these things there can be negative effects on children's development and health across the lifespan. I'm sure many of you have heard of the Adverse Childhood Experiences Study or ACES. This is a study conducted by the CDC between 1995 and 1997 with 17,000 adults who were asked whether or not they had experienced the following adverse childhood experiences sometime before they had turned 18: things like emotional, physical or sexual abuse; emotional or physical neglect; or any of a number of kinds of household dysfunction. Two-thirds of adults surveyed reported experiencing at least one adverse childhood experience before age 18, and 20% reported experiencing three or more. This study also found that the more adverse childhood experiences that someone reported, the more likely were health consequences across the lifespan and this was true for behavioral health as well as physical health. The study also found that adults who had reported six or more adverse childhood experiences were...experienced a 20 year reduction in

total lifespan compared to adults who had reported no adverse childhood experiences. The science is helping us to understand the link between these kinds of early adverse experiences and health across the lifespan. How is it that these experiences early in life affect development and health? So one of the things that is central to understanding how it is that early adverse experiences affect health is by looking at our stress response system. In particular, what is called the HPA axis? The HPA axis refers to the hypothalamic-pituitary-adrenal axis. In the picture there on the right, it's hard to see, but those are the brain structures. The hypothalamus and the pituitary are in the brain, and they give signals to the adrenal glands which sit on top of the kidneys to release stress hormones like cortisol, epinephrine, and norepinephrine into our bodies. These hormones prepare us for flight-or-fight in the face of some sort of external threat. So when these hormones are in our system, they can increase our heart rate, our blood pressure, our breathing becomes more rapid, and glucose is released into our bloodstream to give us energy. At the same time, other systems like the digestive system are decreased. So these temporary increases in HPA axis activity are necessary for survival. We depend on our bodies responding in that way in response to threat—so that we can react appropriately. But our bodies must also return to a physiological baseline, and if not, this results in wear and tear on our brains and our bodies. So, one way that this wear and tear has an effect is by compromising brain development. And so for young children in the earliest years of life, the brain is most open to environmental influences. This plasticity, as it's called, can be adaptive as it prepares the brain and body for the kind of experiences that brain and body are likely to encounter, but there can be negative effects on the brain, and brain structures. Those negative effects on brain structures can result in problems with memory, decision-making, our ability to control impulses and mood problems, and our ability to manage our feelings. This wear and tear can also affect what are called

epigenetic changes, and epigenetic changes refer to the fact that our environment and our early experience affect the turning on and off of genes, and these genetic changes can last across the generations. So there's an animal model example. Researchers found that rat pups who were licked—and that's the way that a rat pup mother has of showing her affection for her rat pups of calming them down—so rat pups who were licked more by their mothers in the first weeks of their life were shown to be less stress reactive as adults and the reverse was true. Rats who were licked less by their mothers were more stress reactive as adults. So if you're less stress reactive, that can be adaptive and more stress reactive can be harmful and this was found...These genetic changes that happened in those rat pups who were licked more or less by their mothers, those genetic changes were found in the pups of those pups, so the grandpups of that original rat pup mother…showing that these genetic changes that results from our experiences in the environment, can carry across the generations. Wear and tear can also affect our immune systems and inflammatory processes and those can result or contribute to things like heart disease, cancer, respiratory diseases, autoimmune disorders, and dental problems. So if we think about early adversity, what is its relevance to American Indian and Alaska Native children's health and development? For those of us who work or live in American Indian and Alaska Native communities, we know that our children and families see tremendous challenges such as poverty, violence, substance abuse, traumatic loss, generational disruptions in parenting due to historical trauma. When we think about historical trauma, you know I think of those epigenetic changes and think the ways that genes may have been affected by these historically traumatic events and may still be perpetuating across the generations in tribal communities. And all of these challenges have been in the context, as we all know, of having limited services to address the results or the effects of these challenges on health and development. So what can we do

about early adversity? So first of all, all of us can work to create safe, supportive environments that minimize exposure to these potentially toxically stressful events in the first place. We can also work to support parents and caregivers of young children who are the key to making the potentially toxic tolerable or even positive. And how do they do that? Caregivers build stable and responsive relationships with children that are built on trust, affection, and skill-building so that when children are faced with adversity, these relationships help children. They help them by regulating children's emotional and physiological responses so that they can return to that physiological baseline. They help children build coping skills that will last a lifetime. So when faced with challenges, and if we have the appropriate caregiving experiences around us to help us deal with and make sense of those challenges, we might even become more resilient. But when that caregiving relationship is compromised, early intervention is critical. It's critical to supporting the parent-child relationship, and it's critical to supporting caregivers themselves who may also be dealing with the effects of toxic stress in their own life. So as we think about American Indian and Alaska Native communities, we have our culture that is a tremendous source of strength to children and families. In almost all tribal worldviews, children are viewed as sacred gifts from the Creator. They are embedded in large networks of caregivers so that when one caregiver may be struggling, other caregivers can step in. We have cultural teachings that impart knowledge about parenting. It imparts knowledge about children's development; what we can expect from children at certain ages and what's incumbent upon us as caregivers as adults to teach them; and it imparts wisdom for living a good life in general. And participation in cultural traditions provides children and families with a sense of belonging and purpose. And so, I'm going to turn this over to Moushumi who's going to talk about the Tribal Home Visiting

Initiative in tribal communities as a way of supporting children and families, and mitigating the effects of potentially toxically stressful environments. Thank you.

Ms. Beltangady: Good afternoon, or good morning, everyone. This is Moushumi Beltangady. I'm in the Office of Early Childhood at the Administration for Children and Families and I manage the Tribal Home Visiting program here at ACF. I am very glad to be here with you today. Thank you so much, Michelle, for that really great presentation providing some context for what toxic stress is and why it matters, and how programs like home visiting can potentially support child development so that children grow up healthy, happy, and successful. So in my presentation today, I'm going to talk about what home visiting is and the potential of home visiting to mitigate early adversities such as toxic stress and trauma, and then I'm going to provide an overview of the Tribal Home Visiting program and grantees. After my presentation you'll hear from one of our grantees, Lake County Tribal Health Consortium, and really get a sense of the work that they're doing on the ground to support young children and their families. So first, what is home visiting? So home visiting is a service delivery strategy in which home visits are the primary way that services are delivered to families. So a home visitor who could be a social worker, a nurse, a parent educator, or a family advocate—some other type of trained professional—will regularly visit an expectant mother or father, a parent, or a primary caregiver of a young child and generally they will provide these visits in the home environment, but they can provide them wherever a family prefers. So actually in their home. If the family is homeless, in a shelter program or another family's home, if they're doubling up with another family or some other setting. The services that our home visitor provides can include providing information about parenting, maternal and child health, child development, and school readiness and most home visiting programs have some type of curriculum around these different topics.

Home visitors also link families to community services, resources, and support. So they're both providing content to families, but also helping them meet their immediate needs. And home visitors also provide broader sort of services to empower families and help them feel more confident in their role as parents through social support, advocacy, mentorship, and other types of empowerment. So the evidence for research on home visiting is quite extensive, and to date there's a lot of evidence that it improves a variety of outcomes for children and families. First step: it improves parental capacity and efficacy and helps parents be more confident in their roles; that it strengthens positive parenting behaviors, so nurturing behaviors and reduces negative ones such as harsh discipline; that it improves birth outcomes such as reducing the number of pre-trauma births, increasing birth weight and things like that; that it promotes healthy child development and links children to appropriate services when there are delays; that it reduces maternal depression and parental stress overall; and that it can improve children's school readiness long after the home visiting intervention has been completed. We also believe after having implemented the Tribal Home Visiting program for several years and hearing the experiences of our grantees, that home visiting really resonates with the experiences of Native communities overall, and Dr. Dee BigFoot has talked about home visiting as an old practice renewed, an old tradition reestablished. She talks about the idea that home visiting resonates with values such as connecting with visiting, taking care and attending to the needs of all in the community, and she also talks about the idea that community-based home visitors—so people from the community, from the culture who often end up being the home visitors—can be really familiar with cultural traditions of the community. They are familiar with the different community members. They know who to ask about, when to visit, when to be quiet and what are the relationships between families and the communities that can really enhance their practice.

And home visiting programs have now been implemented and developed in Native communities for decades. There is a limited evidence base, to date, about which home visiting interventions in Native communities actually leads the types of positive outcomes that I talked about in the research. So far there's only one model, a home visiting model that has been shown to meet HHS with criteria for evidence and effectiveness, but there are multiple models that are being used in tribal communities with great success. So building on what Michelle talked about, we believe there's a great potential for home visiting to mitigate the effects of toxic stress and trauma, and other types of early adversity. So as Michelle talked about, toxic stress occurs when there is excessive or prolonged activation of the physiologic stress response system in a young child, in the absence of stable responsive adult relationship. And so the idea is, if you can provide a child with these stable responsive adult relationships and environments, that these relationships can make the stress tolerable and really support children's learning and development. So home visiting programs support what are known as serve-and-return interactions between children and emotionally available and responsive adults. So really, home visitors are working with parents to enhance their parenting skills and their understanding of child development so they can be more responsive to their children's needs, understand what's appropriate developmentally for their child, and how to handle any issues that might come up. Home visitors support that positive parent-child interaction and the development of healthy interaction relationships, and home visitors also help families think about how to make their home environments more stable and safe, even in the face of adversity that many families experience. So even if families are having to move around a lot or there's lot of people living in the home or there may be some less than safe environment for their child, they can think about how to make the experience for their child as safe and stable as possible. And finally, the

evidence from the literature suggests that home visiting can really address issues around maternal depression, and this is so important, because a depressed mother is less likely to be interacting with her child in a really responsive and supportive way. And so to the degree that home visiting programs can address these issues and provide support to parents and caregivers, we can ensure that the relationship between the parent and child is that safe, buffering relationship. So now I'm going to speak just a bit about the Tribal Home Visiting program. So this program started in 2010 under the Affordable Care Act as part of the Maternal Infant and Early Childhood Home Visiting program or MIECHV. The Tribal Home Visiting program is funded from a 3% set-aside from the larger MIECHV legislation, and grants under this program go to Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations and we administer this program here at ACF in collaboration with our partners at the Health Resources and Services Administration, Maternal and Child Health Bureau and they administer the state program, which is considerably larger. To date we've awarded about $56 million in Tribal Home Visiting funds to 25 grantees. We have three cohorts of grantees that started in 2010. So the last cohort was awarded in 2012. The grants were awarded competitively and I'll show you a list of our grantees in a minute. The grants are cooperative agreements, which means that there is substantial federal involvement and support for grantees in this program. I should also mention that…the state MIECHV grantees; so state home visiting programs. There are several that are funding tribal communities directly to support their home visiting program. We know that there's a lot of interest in tribal home visiting and we certainly hope that in the future there will be additional opportunities for tribal communities to come into the program. We have really exciting news that we were officially reauthorized for another 2 years last week and so while we don't have any open funding opportunities at this time, there may be opportunities in

the future. This is a map of our grantees and you can see in red, our Cohort 1 grantees. We have 13 of those. In green are Cohort 2, which we have six of, and in blue, Cohort 3, which there are also six of them. You can see that our grantees are mostly located on the western half of the country and northern part of the country, you know, where tribal communities are located and wanted…of the things I think that's really great about our program is that it is open to not just tribes, but also to urban Indian organizations which really provide support to the huge percentage of American Indian and Alaska Natives who live outside of reservation areas or tribal jurisdictional areas. So the goals of the Tribal Home Visiting program are to support the development of healthy, happy, and successful American Indians and Alaska Native children and families; to implement high quality culturally relevant…as evidence-based home visiting programs in Native communities; to expand the evidence base around home visiting interventions for Native populations which, as I already described, are very limited; and to support and strengthen in cooperation and coordination and support early childhood systems in Native communities. So our grantees engage in a lot of different activities as part of their grants. The first year of our grants has been a planning year in which grantees conduct a needs and readiness assessment of their community and engage in activities to build capacities so that they can implement and evaluate a home visiting program. They provide home visiting services to families in their communities and they also establish, mentor, and report on what we call benchmarks—performance measures—and so this is an important component of our program, which I think is unique to our program. There are multiple performance measures on which grantees are collecting data and reporting over time. Our grantees also conduct rigorous local evaluations to answer questions of interest to their communities and to build the evidence base for home visiting in Native communities. So I mentioned home visiting models. So there are a

number of different models out there that grantees have selected from to implement in their communities and these are basically curricula that include certain types of content and also different supports to help grantees implement them...these models with stability. So, about half of our grantees are implementing the "Parents as Teachers" model. Another six are implementing "Family Spirit", which is currently the only model that has evidence of effectiveness according to the HHS standard, and we also have a number that are implementing the "No Standing Partnership" model, and you can see here a few other models that our grantees are implementing. You'll be hearing from Lake County today, which is implementing the Parent-Child Assistance Program. And the HomVEE website, which you see here below, is a great resource for information about home visiting models that have been studied by HHS or that have been studied in the field and that have been evaluated for evidence of effectiveness, and just a lot of great information is on that site. So this is a list of our Cohort 1 grantees. As I mentioned, there are 13 of them and so the ones that are in green are ones that are also Tribal TANF grantees and the ones that are in blue either have, or are, part of a consortium that has Tribal TANF or in a community that has a Tribal TANF grantee. And these are our Cohort 2 grantees. And these are our Cohort 3 grantees. So I wanted to talk a little bit about our grantees' successes. So our program is now about 5 years old. We awarded the first grants in September of 2010, and since the start of the program, our grantees have provided nearly 20,000 home visits. 2012 was the first year in which our grantees were implementing, since they spent the first year of their grants doing needs assessments and building capacity to implement, and in the last reporting period our grantees served about 2,700 parents and children. Our grantees are really meeting the needs of the most vulnerable families. So the families that our grantees are serving have a lot of different needs, including a lot of them are very low income. Some of them

are dealing with substance abuse issues, mental health issues, past experiences with the child welfare system and things like that. I talked about the needs assessment that grantees do in our first year and as you hear a little bit in the Lake County presentation, the needs assessment has been a wonderful vehicle for engaging the community in the program and for building support for the program so that it could be successful. The needs assessments have also helped communities when they look for other funding opportunities to support children and families, because they provided a lot of good data and information that, in some communities, had not been gathered before. Our grantees have also built a lot of capacity for implementation of evidence-based practices such as these home visiting models. They built a lot of capacity for data collection related to the performance measurement system that I talked about, and they've also been able to do some incredible work in building capacity and interest in their communities for reverse evaluation. Grantees have also engaged in a lot of thinking around cultural adaptation and enhancement; that is, what are the changes or additions that they need to make to their home visiting models to fit with their particular culture and context? And there's some great work that has gone on among our grantees. And our grantees have also engaged in increased system thinking and, you know, really collaborating and coordinating across early childhood and health programs in their communities so that these home visiting programs are not operating in silos. And finally, we've heard from a lot of grantees and you'll hear from Lake County today too, that this program has really represented a force of hope for transformation in their communities to overcome sometimes decades or centuries of trauma, and hopefully have a new generation of children and families who are able to succeed. So I wanted to talk briefly about some opportunities under Tribal TANF since we're talking to Tribal TANF grantees today. As you probably already know, home visiting services can be provided using TANF funds and so

there may be an opportunity, especially if you have a Tribal Home Visiting grantee or a State Home Visiting grantee in your area, to partner with them to see if there are opportunities to leverage TANF funds to expand the home visiting services, or even to provide services of part of your own program. And you'll also hear in this presentation about how Lake County has specifically partnered with their Tribal TANF agency to support their home visiting program and to do things that are mutually beneficial to both programs. And with that, I'd like to thank you for letting me share about the Tribal Home Visiting program today and I'll be happy to answer any questions at the end of the presentation. And we do have a new website, an updated website which you see the link to below here, which we hope you'll visit and learn more about our program and our grantees. Thank you.

Mr. Duncan: Well, first off I want to say hello to my fellow colleagues, providers, and friends. My name is Shea Duncan and I'm a proud father and descendant of both the Pomo and Navajo Nations and it is definitely an honor to be presenting today alongside Enola and also with Michelle and Moushumi.

Ms. Dick: Hello everybody. My name is Enola Dick. My tribal affiliation is Cayuse, Yakima, and Nimi'ipuu and I'm enrolled at the Confederated Tribes of the Umatilla Indian Reservation located in Pendleton, Oregon.

Mr. Duncan: And so, as we offer this presentation today, we have two main objectives. One being that we hope that you walk away today with an understanding of how Tribal Home Visiting programs work with families to reduce the toxic stress they experience; and number two, we hope we can provide some ideas about how TANF programs can collaborate with THV programs for better outcomes for the families we all serve. So we are located in Lake County, California which is in northern California and I'd like to say it's two hours from everywhere,

because it's two hours west of Sacramento, two hours east of the coast, two hours south and you're in the Bay Area, and if you go two hours north, then you're in the heart of the redwoods. So it's a really beautiful place to live, and Lake County has a population of about 64,000 with 4% of its population being of American Indian and Alaska Native descent. And in that 4%, 111 different tribes are represented with the majority of the population coming from the local Pomo tribe. And so there are seven Pomo tribes in the county. In our clinic, which is located on the west side of the lake, is a consortium of six of the tribes offering medical, including a new pediatrics program, dental, PRC, pharmacy, public health, and human services. The clinic is primarily funded by Indian Health Services and serves approximately 3,500 American Indian and Alaska Natives and has recently been opened to all members of the Lake County community. So Tribal MIECHV: so our Human Services Department was the recipient of one of 13 MIECHV grants awarded in September of 2010. So as you recall earlier, Moushumi gave an explanation of the grant requirements, and we completed the first requirement in the spring of 2011, including a comprehensive community needs assessment through community dinners, talking circles, and individual surveys and we also received data from our community partners in education, public health, social services, early intervention, and more about the status of American Indian and Alaska Natives. So for some of these organizations, it was the first time they had broken out data specific to Native Americans. So based on the findings from the needs assessment, it shows an evidence-based home visiting model that we felt best fit the needs of the tribal communities we serve, and developed our benchmark plans to collect data on the six areas required by legislation, which are: maternal infant health, child development, reduction in child abuse and maltreatment, reduction in intimate partner violence, family self-sufficiency, and coordination of community referrals. And we completed our first reporting on our benchmark

measures in December of 2014 and we met all six measures. So our rigorous evaluation was developed as part of the requirement as well. And we began implementing PCAP and Nurturing Parenting beginning 2012, after all of the requirements were met. So now the healing can begin. Oh, so this one is the blessing to the program, given by a tribal elder during the public forum held to share the findings of the needs assessment. It's also the sentiment we all felt as we introduced and adapted this program to help create healthier, happier children and families in our communities. So we began implementing PCAP or the Parent-Child Assistance Program in June of 2012. This evidence-based home visiting model comes out of the University of Washington's Fetal Alcohol Drug Unit and we also began implementing the Nurturing Parenting curriculum which is widely used and accepted in our county, including the courts. We recently added the "Fatherhood is Sacred" and "Motherhood is Sacred" curriculum to provide that cultural relevance to the parents we serve. This curriculum comes from the Native American Fatherhood and Families Association out of Mesa, Arizona. Gouk-Gumu Xolpelema, which translates to "all people coming together," is a voluntary program and we have four family advocate positions and they each carry a caseload of up to 15 families. The key element of PCAP is the relationship the advocate has with the client in moving him or her forward in their goals. We work with moms and dads and the children for up to three years, and there is also a focus on preventing FASD. We are goals focused and use concrete tools to help clients identify the goals they want to work on for their family. But for instance, how we would establish the immediate needs of the clients is through a card game called "the Difference Game." So we have a stack of 31 cards with the standard question of, "It would make a difference in my life if I had..." And each card has something different: like housing; a good job; drug and alcohol treatment; time to sleep; a good partner; and the most important one, someone to lend me money. No, I'm just kidding.

(Chuckle.) But we do actually have a card that says that. So we then asked the client to create a "yes pile" and "no pile" by responding to all 31 cards, and once they do this we then ask them to take the "yes pile" and pick their top five. Once they have this top five, we then ask them to rank them by importance and once they do that we then ask them, "Well, why is this one the most important?" And it's really about the conversation that takes place in these top five cards that we really get to know the client and what's going on in their lives and what's important to them. From this conversation, we establish the goals and we explain to the clients that parenting is always a goal as this is a big part of our program. We also use motivational interviewing to assess readiness to change and work with clients to identify and own the changes they need to make. And also we receive regularly reflective supervision with licensed clinicians with the goal of twice a month, and weekly supervision with the program coordinator. We use Nurturing Parenting curriculum in the home with our families and also offer weekly Nurturing Parenting playgroups at our Legacy site and monthly Nurturing Parenting playgroups at two tribal office locations and both Enola and I facilitate a "Motherhood and Fatherhood is Sacred" group once per week. And what's unique and special about this program as well is that we also serve dads, which I will kind of talk about in a later slide. So the Gouk-Gumu Xolpelema program goals: Native families are empowered to strengthen their emotional, mental, physical, social, and spiritual wellness and increase connection to their culture and communities so that parents and children are safer, healthier, happier, and more self-sufficient; reduce Native children's exposure to tobacco, alcohol, and drugs with their family and the community; increase Native parents' knowledge of child development and parenting and improve parent-child interaction; strengthen connections for Native families to community resources information and services and connections to community and tribal activities. And with that I'll hand it over to Enola.

Ms. Dick: Okay, so since the beginning of the program we've implemented and have served 67 moms and dads and 119 children ages 0 to 5. Of the moms enrolled, 40% were pregnant at intake—21% were first-time moms. We have an attrition rate of about 30% with the majority of families leaving the program because of an out-of-county move. So you can see at intake, we had 97% live below federal poverty guidelines; 50% were unemployed; 78% never married; 47% did not receive a high school diploma; 44% experienced abuse as children; 48% reported depression; 18% reported IAPV or domestic violence; and 25% reported substance use problems—41% of our participants…as tobacco smokers. This quote is from our Director Merrill Featherstone who says that she's seen people engaged that she's never seen before and this she has...you know, she's worked with a lot of these clients for many years. So it's really telling, how well the program's working. So this shows our program services. We have intensive case management, weekly home visits, family driven goal setting, Nurturing Parenting education in the home. This slide shows you the listing of services we offer to our families as I'll talk about in the next slide. We make home visits with the goal of seeing each family two times per month. Shea shared with you about how we help families set goals. We bring in Nurturing Parenting lessons to the families and create play areas in their home. We provide advocacy and transportation to Native services. We distribute a quarterly newsletter to our families in the community that shares the successes the families have experienced, such as getting a driver's license, enrolling a child in preschool, and practicing Nurturing Parenting skills. The newsletter also offers FASD education, plus a reminder to the families about abstaining from alcohol during pregnancy, as well as positive parenting ideas. We also hold two THV family dinners a year to honor our families. During these gatherings, many of our families show up: mom, dad, and the children. And we consult with our diabetes prevention program to

provide a healthy dinner for our families and offer an activity that parents and children can work on together, and at our last dinner, families created a shield which displayed their family values. So in working with families: I'm just going to give you some examples of actually going into the homes. So, in one of our families, we've seen the need to make sure the basic needs are met before we could bring in parenting curriculum into the home. Our models approach is to address the needs first, which help build our relationship with the client and their family. One client I worked with left her home with her two children from a domestic violence situation. They left with just the clothes on their back. I was able to connect her with two different resources rather quickly, and with a phone interview she was evaluated. She and her children were very much in need and she was given a $500 voucher to purchase clothing and shoes for herself and her children. From this point on, we're able to start to concentrate on other family goals to provide stability such as a permanent housing and getting medical and dental care for the children and working on parenting skills. Also, going into the homes, we work with parents on bonding and attachment. So recently, I gave a presentation on infant bonding and attachment to our Four P's mom-to-be group. This discussion included the importance of infant brain development and connection to the emotional, physical, and psychological development of the child. One of the pregnant women who had heard my presentation became my client shortly after the presentation. While using "the Difference Game" to set her goals and prioritize them, she changed her number one goal—which had been housing—to now, a new number one goal: to make nurturing parenting her priority. She had really heard my presentation and realized the importance of connecting with her baby. She asked me about activities and information that would help her strengthen her bond with her daughter. And I had to say that this is not the norm. Many of the moms I work with have chaotic life situations—housing issues, substance abuse, depression—

that needs to be worked on first before they can see the importance of bonding in a fashion with their child. It is my job to help connect them to the services, so they'll be able to be present with their children and to bond and attach with them. Another important part of my work is to complete assessments with parents about how their children are doing developmentally. We use the Ages and Stages Questionnaire which is a parent friendly assessment that helps build the parent's knowledge about their child's development in five areas that cover growth and fine motor skills, communication, social, emotional, and problem solving skills. When a child scores well in any area of the development, we speak with Easter Seals, our local early intervention agency, to obtain activities that the parent can do with the child to improve in the areas of development. It's all about play and exposing their children to activities that build their skills. We re-screen our children and if we don't see improvement, we discuss this with the parent and make a formal referral to Easter Seals so early work can begin with the child before they enter school. As Shea and I, both being family advocates, we share clients and so we have a shared couple with a toddler and one on the way, and we had both observed that they were constantly fighting. We tried speaking with them about the effects of domestic violence and verbal abuse and how this negatively affects their children. The fighting continued, and so we planned an intervention. We sat them down in the office and showed them the "First Impression" video. This video discussed the negative effects that their fighting causes, and can have on their children, including their unborn child. After watching the video, we asked them both what stood out for them and they both stated, "Stop it before you add to it,"—a line that resonated with them. We also refer them to individual and family...I mean, marriage counseling, within our department which we're still working on. As in the slide, you can see that's one of the play areas that we set up in the home and so we set up play areas for our clients with age-appropriate toys.

We work with our job skills relapse prevention program, which some of our THV dads participate in, to build wooden benches that went into the home and set up toys that build school readiness, along with pictures of each of these toys that is attached by a Velcro to the bench. The play area builds early reading, math, and organizational skills. In one of these setups, the mom and child I work with were very excited to have a play area set up in a central location in their home. This engaged mom with her child, and she regularly asked me to bring in new toys, books, and other learning tools. So I supply her with reading books, coloring books, and toys that they can learn and grow with. Unfortunately, not all our clients have room to accommodate a play area. In these instances we provide a bag with age-appropriate toys for the parent and child to play with. During a visit, it is rewarding to see a family with a play area that is neat and tidy and everything in its place, as they say. We have seen the play area serve as a place that the parent/child can have control over, when so many other areas in their lives may be in a state of chaos. One of the other important things that we do as family advocates is to serve as role models for the families we work with, and in the communities we serve. During our visits we role model patience for children and our clients. We show parents how to redirect their child in a gentle way rather than in a frustrated, angry way. So the parents can see other ways to get the results they want, without anger or losing control verbally or physically. Without spanking. Everyone's emotions settle down and mom and family become much calmer. Because of our program, we're able to show parents a different way of dealing with their children that they were never exposed to. Every month we feature a Nurturing Parenting competency with all our parents. This includes a pack of information we go over with our parent that engages them with different parenting skills. In honor of Child Abuse Prevention Awareness Month, our featured Nurturing Parenting competency is appropriate discipline. In working with families we're

combating the toxic stress that Michelle talked about, approaching our work with families and with the knowledge of historical trauma in building families' knowledge of child development and parenting skills to bring in healthier, more connected generations of families and future leaders.

Mr. Duncan: Thank you, Enola. So, working with dads: so for the past four years I've been working in the fatherhood field, working and providing services to only men. And during that time I have observed and learned some valuable and interesting things; the most important being that the father is the greatest untapped resource in the family structure. He is not the problem, but rather he is the solution. I think that we have become very comfortable with blaming the men when things go wrong, and men have accepted the blame without question. And believe me, I know that I'm painting with a very broad brush right now, because every situation is special. Every situation is different and every situation needs to be handled with respect to its particular circumstances. But we must not—and I repeat—we must not carry the ideal that the fathers are the problem. We must look at the fathers like they are the solution, and only with them will this family succeed. Like I said, I've been working and advocating for men for the past four years and I noticed things that I didn't before. There have been countless times where I have heard fathers blamed without even getting his side of the story. I don't think as a society we value fatherhood the same way we value motherhood, even though the father is half of the equation. And the fathers know that they aren't valued as much as the mother; if they were, our services would be equally catered to the men as much as the women. I've heard more than once that there are no services for the men. All the services are for the women. Or if they have something for the men, it's something that is designed for women but has been adapted to allow men—and believe me, the men can tell when the service is not specifically for them. It is

important that we always include the dads whenever possible, and we must do it from the beginning. Otherwise we might possibly lose them. So as we talk about toxic stress and ways to alleviate toxic stress, sometimes we overlook or we take for granted one of the greatest untapped resources for the family: the father. Fathers are learning how to love. So we grow up in a society that raises its children very differently when it comes to expressing emotions and feelings. Our daughters are nurtured when they get hurt and encouraged to express how they are feeling, but our sons are expected to swallow their hurt—ignore their pain—from a very early age. "Don't cry." "Man up." And some even threaten to hurt them even more if they don't stop crying. "You want a reason to cry?" But what is the message we are sending? "Stop feeling. Stop hurting." As if their natural response to hurt and pain is wrong. As these sons eventually grow into men—and across the board we have a lot of men who are uncomfortable with dealing with their emotions; and I've talked to a lot of men, young and old, teenagers, who admit that they just keep their emotions inside—the only emotion they know how to express is anger. And so I was talking to a client one time about this exact topic and asked them if he grew up hearing the words, "I love you." Now, he grew up in a single-parent home and he didn't grow up hearing those words from his mother. So when he got older he recalled a time when she finally said it and so he said it back. So then I asked him, "Well, how did that feel?" He said that it was awkward and uncomfortable. And that's the reality for many of our clients. It's awkward and uncomfortable to show, express, or receive love while the norm is the direct opposite. But many of our fathers are learning how to love and this particular client is now giving the greatest gift you can give to a child, the security of knowing that they are loved. And I shared with him that it's not going to be awkward and uncomfortable for his daughter to show, express, or receive love, and in the matter of a couple of generations you have changed the norm in your family. So

with that TANF and THV program ideas for collaboration: so as you saw in the previous slide, 97% of our clients were rated below the federal poverty guideline and so we share many of the same families with the TANF programs in our community. Whereas our program is voluntary, TANF has the leverage of providing and withholding cash aid to their participants and this leverage has been helpful to us in engaging families in our services. And we've worked with individual TANF case managers and shared the goals our clients have identified in our program to inform and align with their TANF case plan with the clients' express permission. Permission isn't hard to get when it translates into monthly MER hours for working with us. So we also maintain a release of information with our TANF partners so that we can talk to their TANF caseworkers to better coordinate our services. And we've shared trainings and motivational interviewing with our TANF partners and also our program protocols for home visitor safety. So communication: communication is very important and there's also one area that that could improve and so...so build a chain. One program in our community, "The Nest", provides limited term housing and life skills programs for pregnant and parenting transitional age youth and they hold regular family team meetings with their participants and they invite us in for their case planning sessions where problems, barriers, and possible solutions are discussed. It keeps everyone on track; participants and service providers…to help families make positive changes for better outcomes. Presently this is not something we have formally established within our local tribal program, but we are beginning that process. We all have a vested interest in the health of our children, which is closely linked to the health of their parents, families, and communities. Support: so we are in this together and sometimes all anyone needs is support. Someone should be there with them; hold their hand if you will, to encourage them, to tell them they're doing a good job and everything is going to be okay. "You can do it. I'm proud of you."

And at the end of the day I think we are all in this for the same reason, because we want to make a difference. We might have different approaches or different opinions on how to get there, but we all have an interest in improving the lives of families. So with that, I leave you with this quote, "THV has helped me understand the importance of affection…plays in patience with my son." Now I want to emphasize the word help, because it doesn't say that we did it for them or doesn't say that we forced them to think in a certain way. It says, "THV has helped me understand." Now how powerful is that? And that's what we are doing with home visiting. We are helping people to understand—understand that things can be better, understand that their roles as parents are sacred, understand that alcohol and drugs does not lead to healthy, happy, safe families. It is then understanding, that things begin to change. It has definitely been a pleasure to be a part of this presentation today and if you have any further questions regarding the Lake County Tribal THV Program, feel free to contact our program coordinator, Daphne Colacion. And with that I'll turn it back over to Michelle.

Ms. Patterson: Thank you very much, Lake County, and all of our other presenters. I appreciate the thoughtful things that you have provided for us and you've certainly generated a lot of questions. Our first one is going to be answered by Michelle Sarche. So the person wants to know, "If what she's hearing in the fight-or-flight mode…the digestive system is decreased. Does that mean that feeding issues with children can be a part of toxic stress?"

Dr. Sarche: Um, thanks for the question. Yes, absolutely. Sleeping and eating and basic regulation of children's physiology can definitely be disrupted because of the stress that they're experiencing in their environment or perhaps in the relationship with their parents, but it's also important to say that problems in feeding of course should not automatically be attributed to stress, and other reasons for feeding problems should be ruled out as part of the process for

understanding what might be going on with a young child. But yes, that is a very common way for young children to express their experience in relation to stress, is through eating and/or sleeping problems. Thank you.

Ms. Patterson: The next question is for our Lake County team, Enola and Shea. "When dealing with families who have been in a cycle of poverty or abuse for two or more generations, how does a home visitor start the process of breaking that cycle?"

Mr. Duncan: You know, that's a really good question and we're strategizing right now; so me, primarily I work with men and it's not just in the home visits that I do my work. Because I also have a men's group every week on Tuesdays, and as much as possible I try to incorporate traditional activities, you know, because I'm a big supporter of our culture and I believe that in our culture we have a lot of answers for our problems. And so for instance, like for our group tonight when we're…locally we have ceremonies every May and October. In our men's group we're actually going to go out and help to gather wood for the ceremony that's coming up on the May…for the Round House ceremony that's coming up. So I always invite my men in Tribal Home Visiting to come and participate in these positive activities to know where we can have these conversations I was talking about—you know, about feelings and emotions; the sexual violence, the domestic violence; and a lot of these conversations are uncomfortable and a lot of the people I work with, they've never had these conversations. But you'll see them respond in a positive way. So hopefully that kind of answers the question. I can't say that I can give you one direct answer, that this is what you'll do to address that, because every client is different in terms of they're at different stages of assimilation, they're at different levels of whether they're in addiction or they grew up in a violent home. So I'd say you'd kind of have to get to know the

client really well and their background and where they came from to kind of get an idea of where to go with them.

Ms. Beltangady: Shea, this is Moushumi. I was also thinking that in some cases it might be just acknowledging that trauma and that experience in the family might lead to having some success with those families; because a lot of times those experiences haven't been acknowledged.

Mr. Duncan: Yes. You know what I also do as well is, we talk about, like, historical trauma and boarding schools and stuff like that, because a lot of our issues—whether it's alcoholism, whether it's domestic violence, sexual violence—a lot of these things didn't just pop up overnight. You know these...Some of the things were taught to our community and boarding schools was a big traumatic time in our history where a lot of these things happened where our kids were removed from their homes, and moms and dads had their kids removed. So it affected not just the children, but the parents as well, and if you look back in the history, you can see that those children when they came home, you know they parented how they would talk to parents. So you've seen some of the first introductions of a parenting with violence and things like that or alcoholism and things like that. So as a part of the process, we educate or I educate, like in my men's group, and we talk about these things about where did these things happen and we talk about, "Well, what do you think the intent for...what was our ancestors' intention? What did they want for us?" And you'll get answers like, "Well, I think they wanted us to live a good life. I think they wanted us to be respectful, to be honest and things like that." You know, and it's important that you kind of remind them of where they come from and the greatness that they come from. You know that they come from a culture of respect, honesty, and all these things and that it's important to return to that. So in terms of the things I share, it's very important for me to educate them on the things that I learned in helping with my life as well.

Ms. Patterson: Thank you, Shea. Lake County, stay on the line. We've got some more questions for you. One person says, "Congratulations on such a vital and effective service for your families. Can you talk about your work with parents on identifying personal education and career goals? Do you see a need for this focus once the family environment is stable and secure?"

Ms. Dick: Yes, we do work on that and that's one of the areas that we address in the goals and a lot of our work is with mothers. A lot of them do want...You know, some haven't graduated from high school and so their goal is to get their GED and I have several clients also who would like to attend the community college and just start out taking a few classes to begin with. So we encourage continuing education, and like I said in the goals, those are areas that we get to see what clients have in mind for their future, for them and their family.

Ms. Patterson: Thank you very much. One other very specific question for Enola, "Where can I obtain the video or DVD material described by you? Anything on the subject of healthy living?" This person has very old material including VHS recorders and wants to know where in the world you're supposed to find a VHS recorder now.

Ms. Dick: *(Chuckle.)* Yes, the "First Impressions" is part of a DVD that Daphne has here. We're actually just trying to look for it. *(Chuckle.)* Yeah, if you just wait, we can probably send a text out. He's looking for the DVD right now, but for our program Daphne gets a lot of the...some of the material from PCAP and then others is just some material that we get here at the clinic.

Ms. Patterson: Yes, this is Michelle Patterson. We will definitely have the contact information as part of the slide posted on our Peer TA website as soon as possible, and the presenters have all graciously agreed to answer any questions that are followed-up after this. So to the extent that

Lake County is able to, they are more than happy to help steer you in the right direction for materials. There are also several websites that were listed in the slides that I think people will find useful as well. Sort of following up on that, a question for Moushumi. The person said, "I'm often asked to provide parenting classes, but don't have material that is relevant to my community. Where can I obtain meaningful parenting material to provide to our tribal members?"

Ms. Beltangady: Thank you for the question. So a lot of our grantees have incorporated the Positive Indian Parenting curriculum from the National Indian Child Welfare Association and I think that's a great place to start as a freely available product, and a lot of our grantees have incorporated that curriculum into their home visiting program. As I mentioned earlier, the Home Visiting Evidence of Effectiveness website, the homvee.acf.hhs.gov website that I shared earlier, is a great resource for learning about home visiting programs specifically, and there's also some information about home visiting programs that have been implemented in tribal communities. And finally, the CDC, the Centers for Disease Control, has a lot of great resources on parenting on their website. Most of these have not been specifically adapted for Native communities, but they still have a lot of great resources that might be of use, and then of course our grantees, the Tribal Home Visiting grantees, are certainly a great resource for asking about the work they've done to adapt or enhance different types of interventions for their population, based on the culture and context that they're working in. So hopefully that answers your question and gives you some ideas.

Ms. Patterson: So I will throw this one open to any of our presenters who want to answer this question, because I know that motivational interviewing is a much bigger topic than just the home visiting program, and we have several experts on the line with social services backgrounds.

But the question is, "Could you please describe further what you mean by motivational interviewing?"

Dr. Sarche: This is Michelle Sarche and...

Ms. Patterson: Hello.

Dr. Sarche: Oh, go ahead.

Ms. Patterson: No, I was just...This is Michelle Patterson. I was just prodding Enola or Shea if they wanted to give more specifics, but I'm sure you have information as well.

Dr. Sarche: Yeah, I would just say that motivational interviewing is an approach that's used in lots of different behavioral interventions and it's certainly an element of the Parent-Child Assistance Program or PCAP that Lake County Tribal Health is using. So a couple of things that are key to motivational interviewing are assessing a client's readiness to change and where they're at. Are they...Things may be falling apart, but they're not ready to do anything about it. And then the other end: you know they realize things are falling apart, and they're just ready to jump in and start making some changes. And so, kind of helping clients identify where they are at in their own words on that spectrum and then working to either perhaps move them a little further along the line in being more ready to change, because as we know we can't change anybody against their will. People have to be ready and willing to change and want to change and do the work that it takes. And so motivational interviewing just kind of brings to people's consciousness where they may be at with respect to things in their life that may need to change. And then also involved is goal setting, and so Lake County can probably comment the use of the cards and whatever the prod is, "My life would be better if..." and then use the cards to identify your priorities for the things that you want to tackle first. So those are...It's not unique to PCAP. It's an approach and a way of engaging clients in lots of different interventions.

Ms. Dick: This is Enola. Well, I was going to say, for our program, really it's when we sit down with the goal setting is really just accepting the client where they are and again, it is trying to see in their own words what it is they...what they know they need to do. So a lot of it is really just listening to the client and relaying back to them so they can hear themselves, what those change words, you know, change talk.

Ms. Patterson: Thank you. We have a question for Shea. "In the father group, what are some of the topics of the groups?"

Mr. Duncan: Um, are you talking specifically the "Fatherhood is Sacred" or the men's group? Either/or?

Ms. Patterson: Well, it wasn't clarified. So you just let us know what it is that you like to talk about with your groups.

Mr. Duncan: Okay. So I'll kind of break them both down. So the "Fatherhood is Sacred" is actually a curriculum that we use, which is, like, by the Native American Fatherhood and Families Association, which is 12 sessions, two hours each. But we have a jobs skills program here that we incorporated into, which is a nine month program. We actually meet one hour a week. So we had to make it into 24 sessions for this particular program. Now the men's group is more open, and so for instance, like recently with the clinic, we've been doing a lot of digital storytelling. And so for instance, there's this one video that one of the community members did having to do with sexual violence, and he actually showed that video to kind of break the ice to have that conversation. And it was a really good video and so when it was done, you know, we talked about this issue of sexual violence and it was kind of...It's a hard topic to talk about or just to bring it up out of nowhere. Like "Today, we're going to talk about sexual violence", and we know it's more like, "Okay, I want to share this video and understanding the gist of what it's

about." And the video was what really kind of broke the ice. And then we continued to have a conversation regarding sexual violence and how, like men or as warriors, that we haven't exactly done our job in protecting our families, protecting the women in the communities, and we need to try to do better and for some men...some men are comfortable with talking about it and some are there just to listen, which is fine either way. But we're just starting to have these conversations and to address these issues. It's more about sparking a thought in each of these men, making them think about these things. Because I remember I was doing one *** *(unclear - 1:17:05)* one time and I was just talking how I normally talk, and it was actually a very...it was a good group of men and women. There was a woman in there that said...you know, she's like, "No one talks to us like this." And I was just like, "Wow." It made me think that no one really gets down to the real issues of the community and really brings it out and talks about it and addresses it. You'll find that they want to talk about these things. For men it's really hard for them to address these issues of alcohol or for men to talk about their feelings. That's one of the hardest things for men to do, is to talk about their feelings. But you'll find when it's another man doing it, and we're all there for the same reasons, you know that it comes out a little bit easier. You know we're there for support. We're there to encourage and sometimes we'll have, like, ten plus members. Sometimes only one or two will show up, but me and...Because I facilitate it with our substance abuse counselor. His name is Tony, and the biggest thing for us is just being consistent week after week. Making sure we have the group, because you never know when a man is going to come in and just want to talk. We actually had that experience where one man, he came one time. We didn't see him for two months and he came back in two months later because he had something he wanted to talk about, that he wanted to share, and we were able to give him some feedback and some thoughts and encourage him and support him. He left

and we haven't seen him since. So it varies by the week. As much as possible we also try to do cultural activities. Like I was saying, like tonight we're going to go gather wood for the ceremony that's coming up and we're actually making these stick…game sticks out of willow and we're beating them, because we have the Tribal Olympics coming up in June and we're making like eight sets of these stick game sets and we're going to have them played at the Tribal Olympics with the kids. And so it's very much we try to incorporate and we all gather, whether it's medicine or what not, week in and week out and I talked to the guys about, "You know, where do you guys want to see this group go and what would you guys like to do?" As much as possible we try to do things for the community, make things for the women, there are women groups. You know, make things for the kids and things like that.

Ms. Patterson: Thank you. This next question is for Moushumi. "What adaptations or changes, if any, need to be made to support the Native American culture and traditions when implementing home visiting program curricula such as PCAP?"

Ms. Beltangady: Thanks, Michelle. So I'm kind of speaking a little bit broadly here and certainly Lake County or Michelle if you guys want to add to this, but we've seen grantees doing a wide number of things to adapt or to help their programs meet the culture and context of their community. So they may be making specific cultural adaptations like adding information about traditional parenting practices for activities like Shea was just talking about. You know, different games, songs, other things that are appropriate for their community into their home visiting lessons or into group activities that they might engage with…with families. They may also be making contextual adaptations. So say they have a very diverse community of American Indian and Alaska Native people that they're working with—like say they're in an urban area where they're working with potentially hundreds of different groups—they might be thinking

about how to provide things that are a little less specific to one community and think about what are things that are going to be received by a wide diversity of groups? They might also be thinking about adaptations to their model or curriculum based on the types of families that they're working with. So say that the community has a very large percentage of elder caregivers or grandparents that are raising children, they might want to think about how to make their curriculum relevant to that population so that they can meet the needs of them. Many of the home visiting or a couple of the home visiting models that are out there really emphasize working with first-time parents, but in many Native communities we've heard from our grantees that this really isn't something that they're interested in doing. They feel that anybody who needs and wants support in the community should be able to access the support. So many grantees have received permission from the model developer to provide services to not just first-time parents, but all parents in the community who are interested in the services. So those are just some examples of the types of adaptations or enhancements that grantees have engaged in to make their programs more relevant to the community that they're working with. I'm sure Lake County has some other examples in addition to ones that you already shared, Shea and Enola.

Mr. Duncan: I guess I'll just...Yeah, I kind of shared some of the stuff we do or I do with the men's group, but you know we're housed in a clinic. So when you look at the medicine wheel and you look at the physical, emotional, the mental, and the spiritual and in terms of the clinic we're able to help with the physical, with the public health and the medical and the dental and we can help with the emotional and the mental and with our behavioral health department and things like that, but it's the spiritual part that…where we need some assistance and a lot of times that has to come from the community themselves, you know, where we need assistance into determining what's going to help them spiritually become a better person. We actually had an

advocate before that was a part of our team, and we were talking about culture and going to dances and things like that, and she had mentioned that when she goes to dances that she feels good and that she feels whole. There's something about it that makes her feel whole and it made me think that, you know, that the reason for that is because it's nurturing that spiritual side and culturally a lot of our dances and the things that we do, it does help you physically, because like when you're a dancer, you're dancing and you're sweating and you're sacrificing and things like that, you're taking care of the physical and culturally when you're doing that you're supposed to be thinking in a good way, because you're praying for people. So, it helps you with your emotional and mental and then you're actively doing something spiritual as part of the ceremony and the dance. So our culture and our dance actually nurtures all four aspects of that medicine wheel. So it's really important that we don't just...that we don't take that for granted and how important that is to our wellness in our community and our future.

Ms. Patterson: Thank you. This will be the last question of the afternoon and again, this is for Lake County. "Have any of the folks who have gone through your program come back to mentor other families who are struggling?"

Ms. Dick: Yes, we do. We have a mother who was part of this program. She graduated and she also had attended some of the Nurturing Parenting classes that we have throughout the county and she is right now—although with her *** *(unclear - 1:25:50)* –she does a Nurturing Parenting class all on her own.

Mr. Duncan: Yeah, and she actually works too with the county Public Health and last time I had talked to her she was going to be...I forgot exactly what she said, but she was going to be working with CWF, the local CWF, in being like a model parent or something like that. Yeah, or a mentor. And then she was actually a part of the Hero Project locally.

Ms. Patterson: That is fantastic information. Thank you so much for sharing, and thank you to Michelle Sarche and Moushumi as well for their information that they provided. As mentioned before, these slides will be put on our Peer TA website along with the transcript of this webinar for everybody to see, and again, our presenters have been very gracious with providing their contact information, along with several websites that have good information for you for any follow-up or further questions. Thank you again for tuning in. We appreciate your time and we hope to have good information for you again in the future. Thanks.

Dr. Sarche: Thank you.

Mr. Duncan: Thank you.

Ms. Dick: Thank you.

Ms. Patterson: Bye-bye.

Ms. Peterson: For the audience members, as the webinar is ending you'll see an evaluation appearing on your screen as the webinar closes. Please take a few moments to complete it so that the Office of Family Assistance can continue to provide responsive technical assistance to its stakeholders. Thanks everyone, and have a great rest of your day. This concludes today's session.

(End of webinar - 1:27:35.)