

Alaska Maternal, Infant, and Early Childhood Home Visiting Program Needs Assessment



Executive Summary Home Visiting 2020

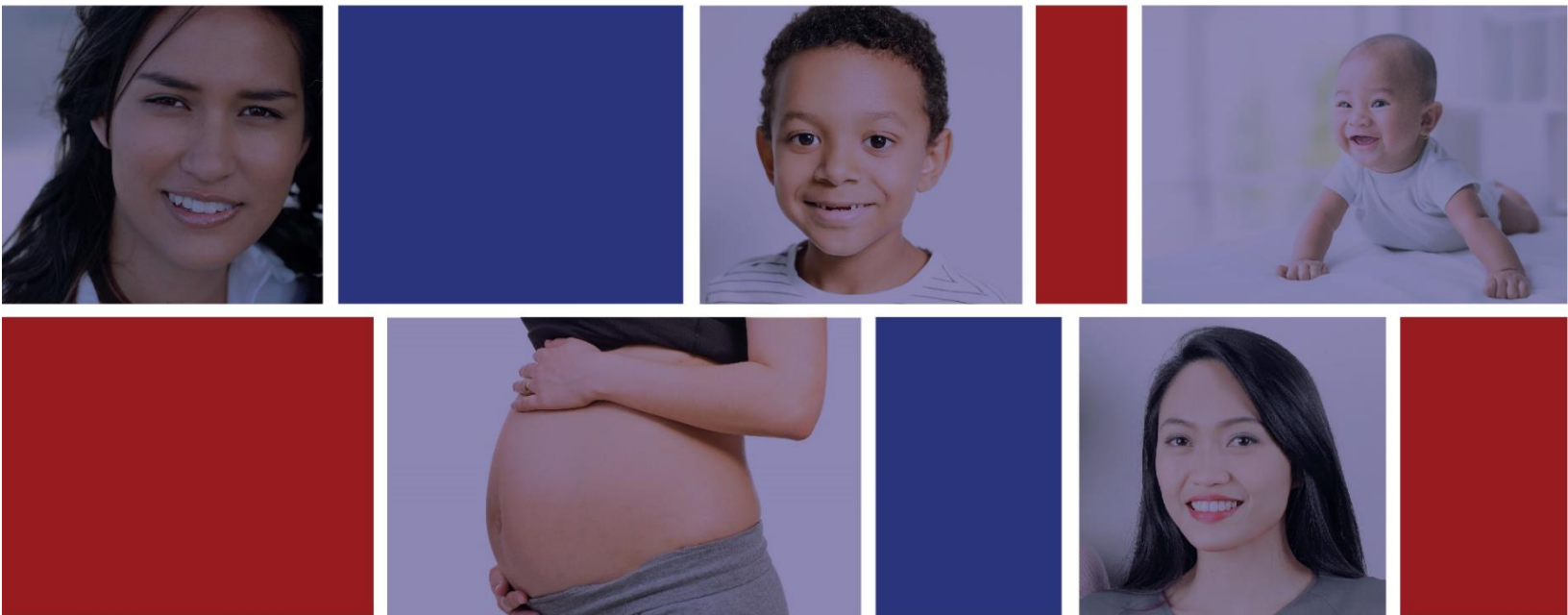


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Introduction

Needs Assessment Purpose

The purpose of this needs assessment is to provide information for the State of Alaska’s Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. In Alaska, the MIECHV program is managed by the State Department of Health and Social Services (DHSS), Division of Public Health (DPH) Section of Women’s, Children’s and Family Health (WCFH). The goals of this statewide needs assessment were to identify at-risk communities, to better understand the needs of families, and to assess services in the early childhood system. This needs assessment reveals population trends, identifies areas of increasing and decreasing risk, and outlines resources aimed at supporting families in need. The results from this needs assessment will inform WCFH’s strategic internal decision-making and will identify opportunities for collaboration to strengthen and expand services for at-risk families.

The goals of the MIECHV program are to help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness through the provision of home visiting. The MIECHV program gives pregnant women and families, particularly those considered at-risk, the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

Communities with Concentrations of Risk

Identifying Communities with Concentrations of Risk

Identifying at-risk communities allows for limited resources to be targeted toward communities most in need and prioritize families in greatest need for home visiting services. This needs assessment followed the methodology required by the Health Resources and Services Administration (HRSA) to identify at-risk Alaskan communities using indicators that fall into the following domains: 1. Adverse Perinatal Outcomes, 2. Child Maltreatment, 3. Crime, 4. Socioeconomic Status, 5. Substance Use Disorder, and 6. Child Health Outcomes. Please see the 2020 MIECHV needs assessment report for complete methodology and Appendix A for a summary of indicators used to determine community risk.

Definition of Community: For the purpose of this needs assessment, HRSA defines the term “community” as county or county-equivalent. In accordance with HRSA’s interpretation, we defined “community” as the state’s 29 census areas/boroughs. This is the smallest geographic region for which data was available. Due to low population numbers and small sample sizes in some of the census areas, the state’s 11 Behavioral Health Systems Regions (BHSR) were used as a proxy when census area estimates were not available. For some indicators, where data was insufficient to report at the 11 BHSR-level, a 10-region BHSR, which combines the Other Southeast Region – Northern and Southern into one Other Southeast Region, was used.

Summary of At-Risk Communities

The Alaskan communities identified as at-risk during this needs assessment are the 1. Bethel Census Area, 2. Kusilvak Census Area, 3. Nome Census Area, 4. North Slope Borough, and 5. Northwest Arctic Borough. Two

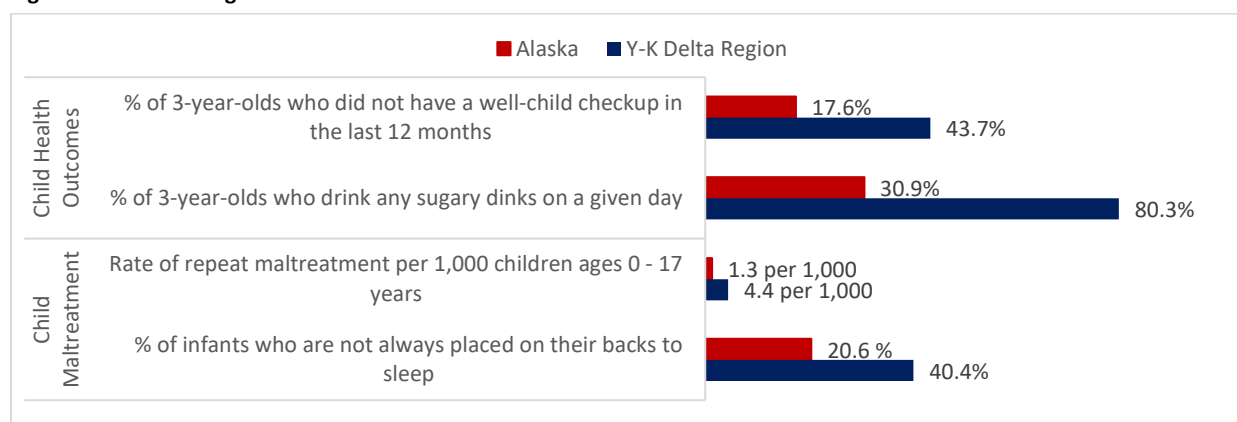
additional at-risk communities were identified 6. Anchorage Municipality and 7. Mat-Su Borough, based on the relative size of the population in each of these communities.

Due to small numbers, we used BHSR for a large proportion of the indicators. Consequently, it was difficult to isolate communities of risk within a BHSR. The Y-K Delta Region is comprised of Bethel and Kusilvak, and the Northwest Region is comprised of Nome, North Slope, and Northwest Arctic. Anchorage and the Mat-Su Borough each comprise their own BHSR. Communities of need are summarized below by BHSR, with borough and census-area highlights.

Y-K Delta Region (Bethel Census Area and Kusilvak Census Area)

Both census areas in the Y-K Delta Region were identified as high-risk in the domains of Child Health Outcomes and Child Maltreatment. This risk was entirely represented by indicators captured at the BHSR level. The indicators in this domain that have the largest percent deviation from state averages are presented in Figure 1.

Figure 1: Y-K Delta Region Indicators of Increased Risk



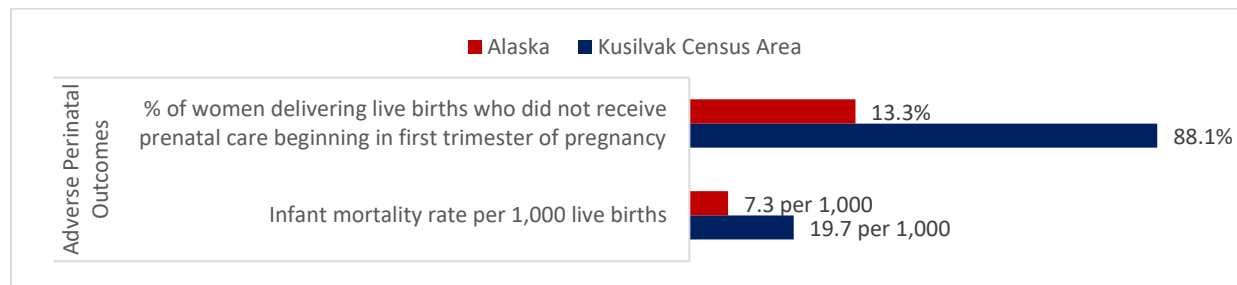
The Y-K Delta region also has several strengths compared to the rest of the state. These include physical activity (85.8% of adolescents met the physical activity guidelines for Americans, compared to 81.9% statewide), adolescent alcohol and drug use (12.0% of adolescents reported using alcohol or drugs in the past 30 days, compared to 25.7% statewide), and drug use during the perinatal period (0.5% of women who recently delivered a live birth reported using illicit drugs, compared to 0.9% statewide, and 1.5% of women who recently delivered a live birth reported using pain killers, compared to 4.9% statewide).

These include the Association of Village Council Presidents Early Head Start program, which served 234 children across both communities last year, the Rural Alaska Community Action Program (RurAL CAP) Parents as Teachers YK Strengthening Families program, which served 151 children across both communities last year, and the RurAL CAP Early Head Start program, which served 56 families last year. The combined HRSA estimated need in both communities is 255 families. This indicates that although this region is high-risk, needs are likely being met by existing home visiting programs funded through non-MIECHV programs.

Bethel Census Area: Bethel was not high-risk in any domain that was not identified for the entire region. All of the indicators in the Child Health Outcomes and Child Maltreatment domains were measured at the regional level, with the exception of children with disabilities. Some strengths of the Bethel census area compared to the rest of the state include rent-burdened (9.3% of occupied rental households spend more than 50% of household income on housing, compared to 23.4% statewide), and juvenile arrests (493.7 arrests per 100,000 juveniles ages 0 – 17 compared to 996.0 per 100,000 statewide).

Kusilvak Census Area: In addition to the two domains described above, Kusilvak was identified as high-risk in the Adverse Perinatal Outcomes domain. The indicators in this domain that were measured at the census-area level and have the largest percent deviation from state averages are presented in Figure 2.

Figure 2: Kusilvak Indicators of Increased Risk

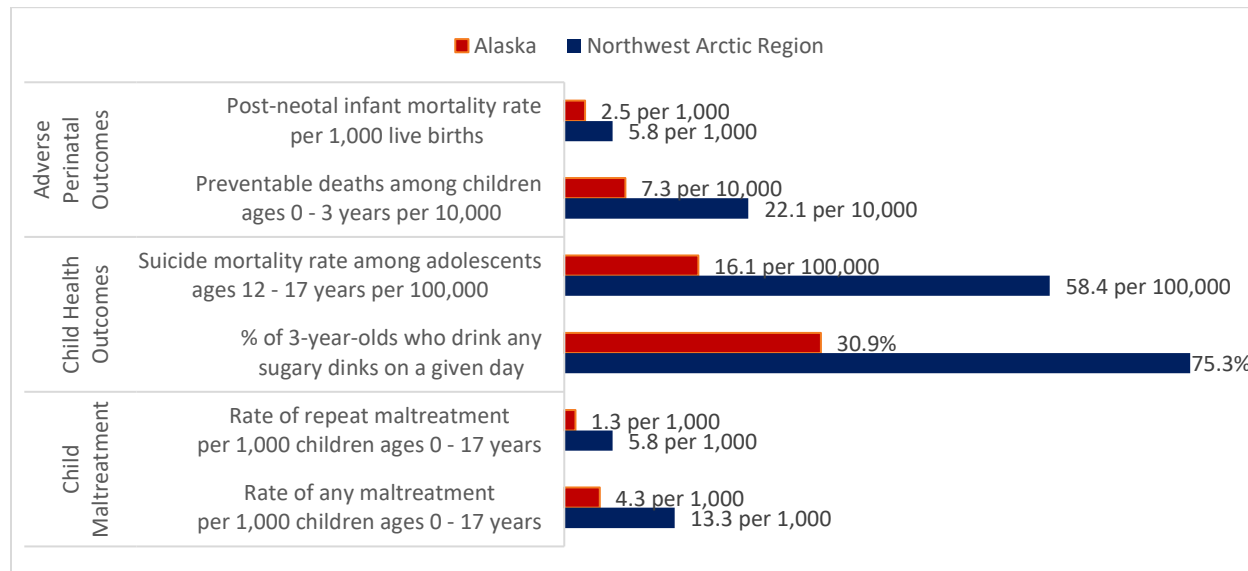


Some strengths of the Kusilvak Census Area compared to the rest of the state are depressive symptoms (13.4% of women who recently delivered a live birth reported postpartum depressive symptoms compared with 14.1% of women statewide), and rent-burdened (2.9% of occupied rental households spend more than 50% of household income on housing, compared to 23.4% statewide).

Northwest Region (Nome Census Area, North Slope Borough, and Northwest Arctic Borough)

All three communities in the Northwest Region were identified as high-risk in the domains of Adverse Perinatal Outcomes, Child Health Outcomes, and Child Maltreatment. This risk was largely represented by indicators captured at the BHSR level. The indicators in this domain that have the largest percent deviation from state averages are presented in Figure 3.

Figure 3: Northwest Arctic Region Indicators of Increased Risk



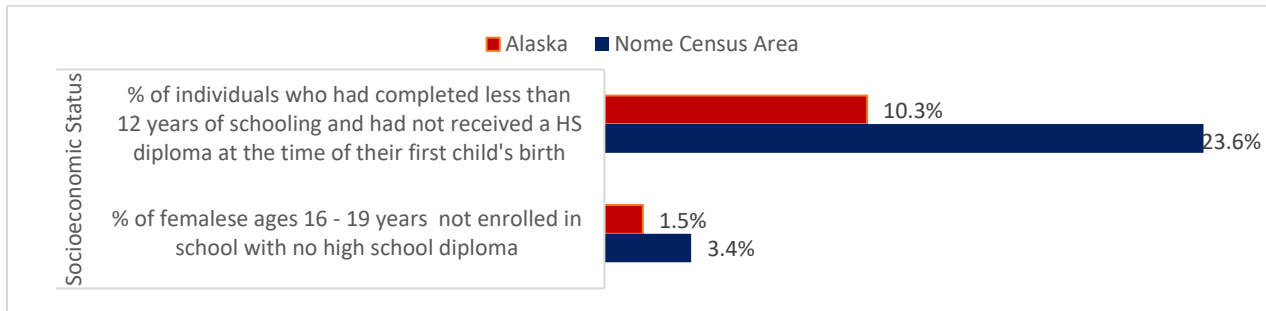
Two strengths of the Northwest Region compared to the rest of the state are student sexual violence (9.4% of students reported experiencing sexual violence in the past year, compared to 10.9% of students statewide) and breastfeeding (3.9% of women who delivered a live birth breastfed or fed pumped milk to their infant for less than eight weeks, compared to 19.4% of women statewide).

There are no home visiting programs that operate in the entire Northwest Region, although there is one home visiting program that operates solely in the Nome Census Area. This program, Kawerak Early Head Start, is not

MIECHV funded and served 30 children last year. The HRSA estimated need in Nome is 97 families, and the estimated need for the entire combined Northwest Region is 267 families. This indicates that all three boroughs/census areas in the Northwest Region are both high-risk and have needs that are not being met through existing home visiting programs.

Nome Census Area: In addition to the three domains described above, the Nome Census Area was identified as high-risk in the Socioeconomic Status domain; estimates for Nome were above the state average for each of the indicators in the domain. The indicators in this domain that have the largest percent deviation from state averages are presented in Figure 4.

Figure 4: Nome Indicators of Increased Risk

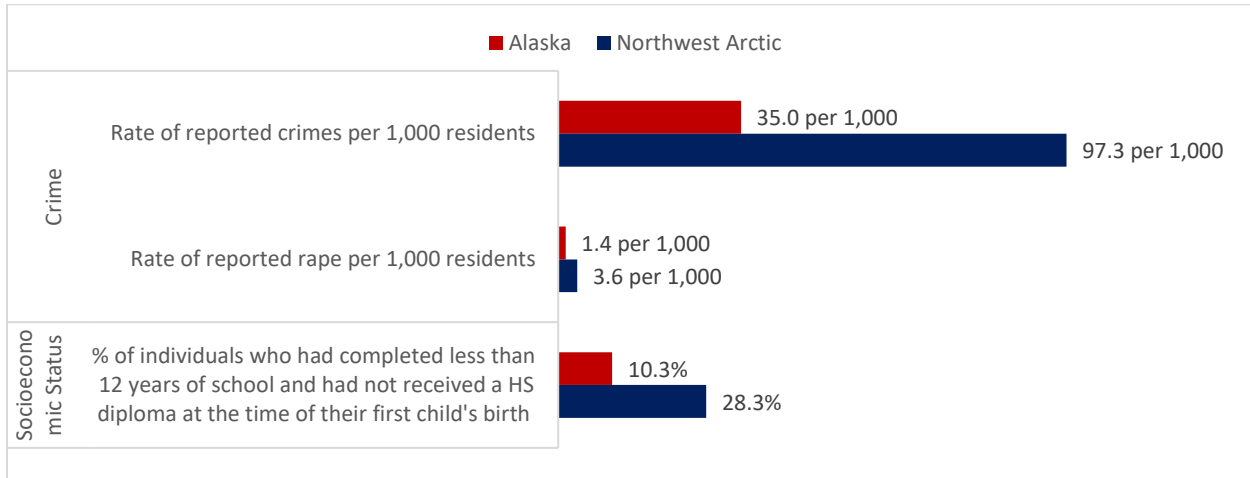


Strengths of the Nome Census Area are crime reports (22.6 per 1,000 compared to 35.0 statewide) and juvenile arrests (87.1 per 100,000 compared to 996.0 statewide).

North Slope Borough: North Slope Borough was not high-risk in any domain that was not identified for the entire region. All of the indicators in the Child Health Outcomes and Child Maltreatment domains were measured at the BHRS level. Three indicators in the Adverse Perinatal Outcomes domain were measured at the borough/census area level, North Slope Borough was above the state average for each of these indicators (preterm birth rate, % of births that were low birth weight, and % of women who did not receive prenatal care in the first trimester). Strengths of the North Slope Borough include crime reports (19.6 per 1,000 residents compared to 35.0 statewide) and reports of rape (1.1 per 1,000 residents compared to 1.4 statewide).

Northwest Arctic Borough: In addition to the 3 domains listed above, the Northwest Arctic Borough was identified as high-risk in the Crime and Socioeconomic Status domains. The indicators in these domains that were measured at the borough/census area level and have the largest percent deviation from state averages are presented in Figure 5. Northwest Arctic Borough had estimates that were above the state average for all indicators that were measured at the borough/census-area level, so no borough-level strengths are highlighted.

Figure 5: Northwest Arctic Borough Indicators of Increased Risk



Anchorage Municipality: Approximately 40% of the Alaska population resides in Anchorage. Although Anchorage was not identified as a high-risk community in any of the other domains, there are indicators where Anchorage estimates are notably above the state average. These include juvenile arrest (1,489 arrests per 100,000 juveniles ages 0-17 years compared to 996 statewide), binge drinking (61.4% of women who recently delivered a live birth reported binge drinking compared to 58.6% statewide), rent burden (29.8% of households spend more than 50% of their household income on rent compared to 23.4% statewide), education (36.0% of women did not have a high school diploma at the time of their first birth compared to 10.3% statewide), and homelessness (3.5% of women who recently delivered a live birth experienced homelessness compared to 2.7% statewide).

There are currently five home visiting programs in Anchorage. See Appendix B (Alaska Evidence-Based Home Visiting Program Inventory) for program summary. The combined funded enrollment capacity of these programs is currently 432 children. The HRSA estimated need in Anchorage is 2,776 families. This indicates that there is a large need in this community that is not being met by existing home visiting programs.

Matanuska-Susitna Borough: Mat-Su Borough comprises close to 15% of the Alaska population. It is the fastest-growing borough in the state. Although Mat-Su was not identified as a high-risk community in any of the other domains, there are indicators where Mat-Su estimates are notably above the state average. These include safe sleep practices (22.7% of women who recently delivered a live birth reported always putting their infants on their back to sleep compared to 20.6% statewide), crime reports (44.7 reported crimes per 1,000 residents compared to 35.0 statewide), and adolescent alcohol use (28.7% of adolescents used alcohol or drugs in the last 30 days compared to 25.7% statewide).

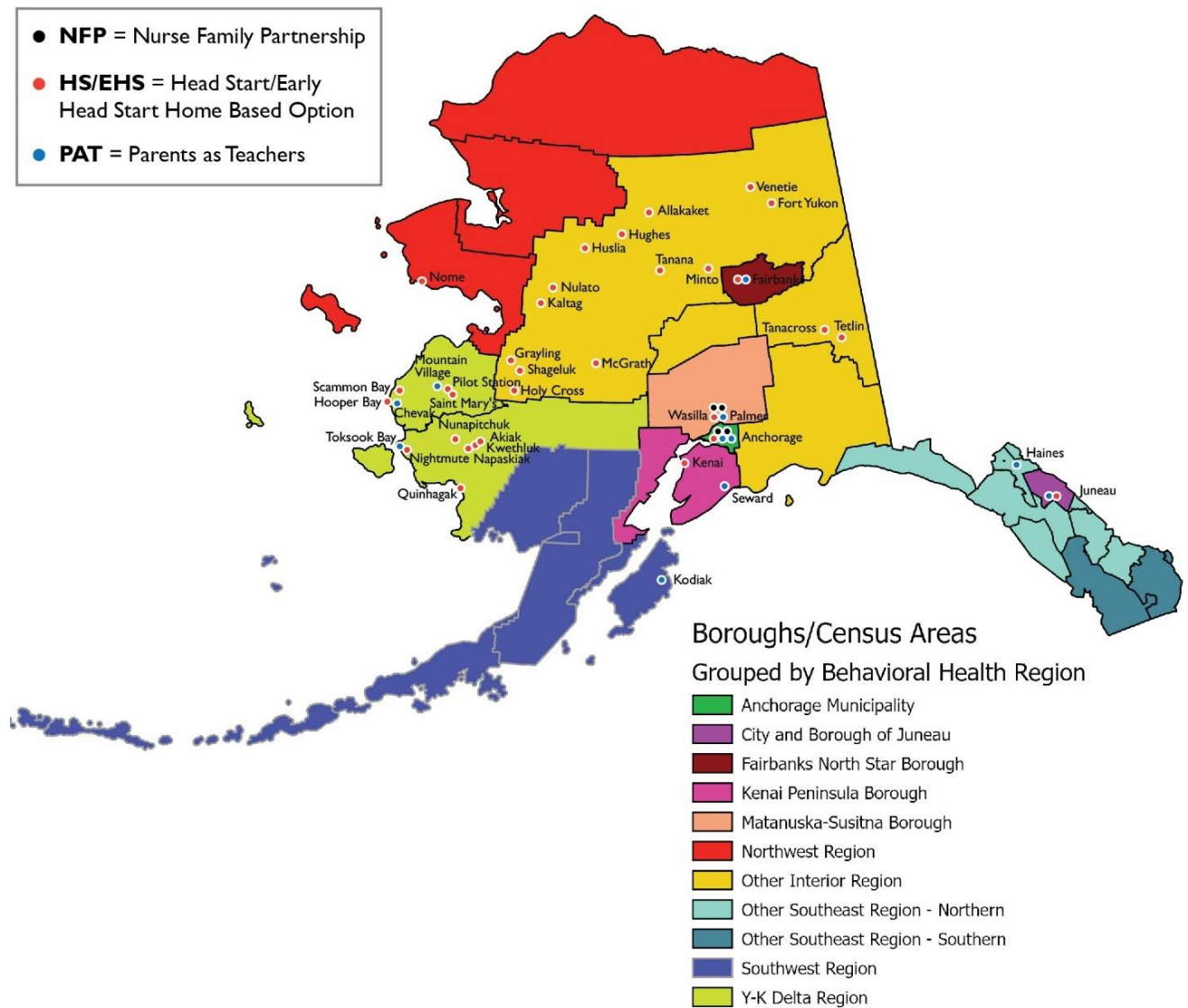
There are currently four home visiting programs in Mat-Su Borough. See Appendix B (Alaska Evidence-Based Home Visiting Program Inventory) for program summary. The combined funded enrollment capacity of the three established programs is currently 114 children. The HRSA estimated need in Mat-Su is 363 families. This indicates that there are needs in this community that are not being met by existing home visiting programs.

Quality & Capacity of Home Visiting Programs

Alaska's Home Visiting Programs

Three evidence-based home visiting models are delivered in Alaska by a range of organizations throughout the state: Head Start/Early Head Start (HS/EHS) – Home Based Option, Nurse-Family Partnership (NFP), and Parents as Teachers (PAT). MIECHV funds one NFP program in the state. The varying models feature different focuses and mechanisms for achieving service plans that meet the specific needs of the client. Please see the complete 2020 MIECHV Needs Assessment Report for more information on each evidence-based home visiting program.

Figure 6: Alaska Evidence Based Home Visiting Programs By Borough/Census Area (August 2020)





Head Start/Early Head Start – Home Based

HS/EHS is the most widespread home visiting program in Alaska. According to Alaska’s Head Start Association, Head Start is the largest early childhood program in Alaska, serving over 3,000 young children from birth to 5-years-old in 100 communities. There are 17¹ agencies across the State offering HS/EHS. Eleven of the programs offer home visiting in numerous communities scattered across ten of Alaska’s 29 boroughs and census areas.



The Federal Government Office of Head Start (OHS) administers grant funding and oversight to Head Start services in States and local communities. Alaska’s programs fall within two regions. Region 10 includes Washington, Oregon, Idaho, and Alaska. Region 11 includes all Alaska Native/American Indian programs throughout the entire United States. The state of Alaska Department of Education and Early Development (DEED) provides grant funding to Head Start programs through a funding formula. The state supplemental grant provided through DEED supports the matching funds that the Federal Government requires of states to receive their HS/EHS funding. A 20% match is required. The FY20 state supplemental grant to Head Start programs covered, on average, 14% of the match. Each site had to come up with the remaining gap.

HS/EHS target low-income families that meet federal poverty guidelines, children in foster care (regardless of the income of the foster parent), homeless children, and children from families receiving public assistance, such as Temporary Assistance for Needy Families or Supplemental Security Income. Head Start may enroll up to 10% of children from families that have incomes above the poverty guidelines, and 10% of a program’s capacity is held for children with disabilities, regardless of income. Tribal programs that are part of Region 11 can allow over income children to participate.

With HS/EHS home visiting, home visitors visit homes from once every other week to once a month and work with parents and their children in core areas of early learning, health, and family well-being. HS/EHS builds on the foundation that parents are the child’s first and primary teachers. Together, the home visitor and parents plan ways to help the child learn using parent-child interactions, daily routines, and household materials. The model also offers small groups of parents, children, and home visitors an opportunity to get together monthly, outside of the home, for group socializations.



Parents as Teachers

The PAT curriculum is used by eight programs in Alaska and serves communities in nine out of 29 borough and census areas. Four of those programs are supported through a collaboration between DEED and the DHSS WCFH program. DEED provides the funding, and the WCFH program administers the program. The State supported PAT programs include: Alaska Family Service, Inc.; Kids’ Corp; RurAL CAP; and Southeast Alaska Association for the Education of Young Children. The State of Alaska has been funding PAT grants since 2009. During the last budget cycle, PAT program funding was under threat and was only restored due to significant advocacy efforts on the part of many organizations.

Two tribal MIECHV grant-funded programs use the PAT curriculum: Fairbanks Native Association and Cook Inlet Tribal Council. RurAL CAP also offers an adapted, culturally relevant PAT curriculum in several rural communities of

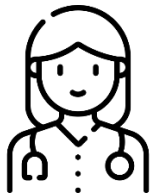
¹ Per conversation with Supanika Ackerman at the Alaska Head Start Collaboration Office, August 2020.

the Y-K Delta (Bethel and Kusilvak Census Areas), funded through a grant from Administration for Native Americans.

The Seward Prevention Coalition supports a PAT home visiting program in the Seward and Moose Pass areas of the Kenai Peninsula Borough. The PAT model seeks to serve families with high-needs characteristics. PAT sites select the specific characteristics and eligibility criteria of the target population they plan to serve. The sites across Alaska implementing PAT have a range of eligibility requirements. Some programs only require that the participant is a pregnant mother or has a child 0-3 years old, regardless of income or demographics, while others target Alaska Native families, and some work with families who have had child protection agency involvement.

The PAT model uses home visiting to help reach specific outcomes, which include: increase parent knowledge of early childhood development and improve parenting practices, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and school success. The PAT model includes one-on-one home visits, monthly group meetings, developmental screenings, and linkages and connections for families to needed resources. Parent educators conduct home visits using structured visit plans and guided planning tools. Higher-needs families are offered additional home visits.

Nurse Family Partnership



The NFP has two sites, both in Alaska's most populated city of Anchorage and serving adjacent communities of the Mat-Su Borough. The Nutaqsiivik Program at Southcentral Foundation is funded by a tribal MIECHV grant and the Providence NFP Program, housed at the State's largest private hospital, Providence Alaska Medical Center, is funded by the State of Alaska's MIECHV program.



The NFP typically targets first-time moms to enroll in the program before 28-weeks of pregnancy and works with the mother, her child, and the family through the baby's second year. Providence targets first-time, low-income moms, while Southcentral Foundation seeks to serve low-income, first-time Alaska Native or American Indian mothers or multiparous mothers experiencing high social risk factors. This target window allows NFP specially trained nurses to meet with moms early in their pregnancy to help them be healthy and have a trusted ally for advice as they prepare for the arrival of their first child. The NFP aims to improve pregnancy outcomes, child health and development, and family economic self-sufficiency.

Alaska's two programs deliver high quality, evidence-based home visiting by registered nurses. Both organizations operate a voluntary home visiting program that works with families, mothers, and infants to provide education and support as a supplement to regular prenatal care and well-child checkups. Together, the nurse and family develop goals and an education plan to help the family prepare to welcome a new member into their home.

Appendix B provides an inventory of the evidence-based programs available in the State. Through data collected and key informant interviews conducted with many of the organizations offering home visiting, it can be estimated that approximately 1,400 children are served by evidence-based home visiting programs in Alaska.

Outside of the evidence-based programs inventoried in Appendix B, numerous programs offer home visiting interventions to support their work. These include programs to help support family reunification and preservation delivered by grantees of the State of Alaska, Office of Children's Services (OCS) – Alaska's child protection agency; new parent support programs at Alaska's military installations; and Alaska's robust infant learning program with 19 grantees throughout the State. Please see the 2020 MIECHV Needs Assessment Report for more information on home visiting programs.

Gaps in Home Visiting

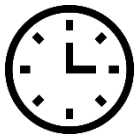
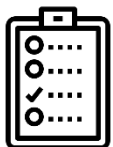


Service Gaps: According to the 2017 American Community Survey (ACS) Public Use Microdata Sample (PUMS) data, there are an estimated 4,952 at-risk families eligible for MIECHV services across Alaska that could benefit from home visiting. It is very challenging to obtain uniform estimates of families and children served from the programs offering home visiting; however, it is safe to say that the number of families being served by home visiting is well under the number that would benefit. Many areas of the state do not benefit from home visiting services in any way or are significantly underserved, given their at-risk population status. Please see Appendix C for a summary of Alaska home visiting programs by borough/census area.

This needs assessment identified seven census areas as high-risk (see Identifying Communities with Concentrations of Risk section). In two of the seven areas (North Slope Borough and Northwest Arctic Borough) the only home visiting being offered is through the State’s Infant Learning Program, which is more narrowly targeted to reach children identified as having developmental delays and special needs. Three high-risk areas (Bethel, Kusilvak, and Nome Census Area) have some home visiting taking place.

The Bethel/Kusilvak Census Areas make up the Y-K Delta Region. Of the 48 communities in the Y-K Delta Region, 13 have home-visiting services. Three communities are served by the Association of Village Council President’s Early Head Start home-based services: Scammon Bay, Quinhagak, and Nightmute; seven are served by Rural Alaska Community Action Program’s (RurAL CAP) Early Head Start home-based: Akiak, Nunapitchuk, Napaskiak, Kwethluk, Hooper Bay, Pilot Station, and St. Mary’s; and three are served by RurAL CAP’s YK Strengthening Families Parents as Teachers program. Program estimates provided by these agencies estimate that in the YK, approximately 297 children have been touched by home visiting in the most recent reported program year. Based on ACS PUMS estimates, a total of 255 eligible at-risk families reside in the YK Region.

A tribal non-profit, Kawerak, runs HS/EHS in the Bering Strait region of Northwest Alaska and provides home visiting services to one community (Nome) of the 20 communities served by the organization. Nome’s Early Head Start Home Based program has the capacity to serve 26 families. OCS services also fund two programs in the Nome Census Area that involve home visits. The Nome Census Area also has an Infant Learning Program office. ACS PUMS estimates that the Nome Census Area includes 97 MIECHV eligible at-risk families.



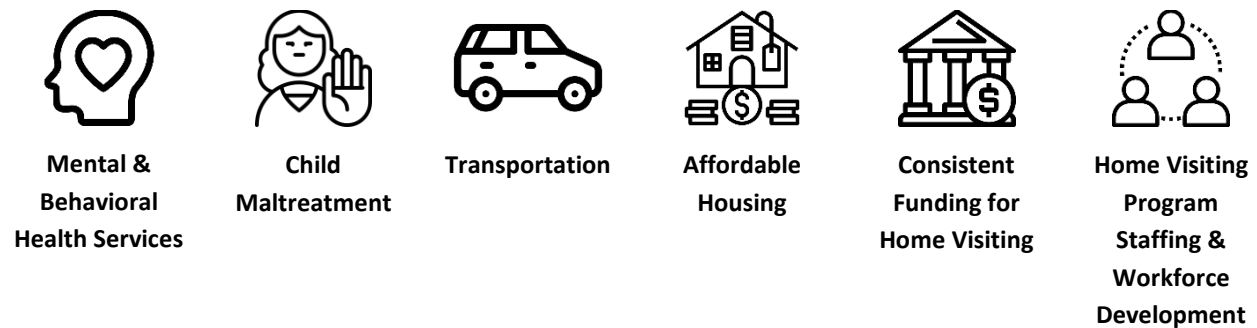
Waitlists: In addition to many areas of the state being underserved by home visiting, several of the existing home visiting programs interviewed are at capacity or have waiting lists. Specifically, Fairbanks Native Association’s HS/EHS home based program, Kids’ Corps, Inc. - Parents as Teachers, Southcentral Foundation - Nutaqsiivik Program, Southeast Alaska Association for the Education of Young Children – Parents as Teachers, and all RurAL CAP programs. The Providence NFP does not currently have a waitlist and has not reached program capacity for serving eligible families. This may be due to the narrower eligibility criteria of the program, first-time mothers before 28 weeks of pregnancy.

Other Target Populations

Key informant interviews conducted as a part of this needs assessment offered suggestions for additional populations who would benefit from home visiting services who may not currently be specifically targeted. Several suggested teen parents, the working poor at 200% of the federal poverty level, families involved in OCS, or have a history of child maltreatment, pregnant women after 28 weeks, and children with a developmental delay not severe enough to qualify for the Infant Learning Program (ILP). Outreach and referral to partner programs that serve or can connect home visitors to these populations may be one method to reach these groups.

Additional Gaps & Needs

While many areas and communities go without any home visiting services, there are also gaps in staffing, community resources, support and referral networks, and general community capacity that make it challenging to successfully deliver home visiting throughout the state of Alaska. The interviews conducted with home visiting programs and others working to support pregnant mothers and children from birth to 5-years-old highlighted the following gaps and needs:



Please see the complete 2020 MIECHV Needs Assessment Report for more information about each of these identified Alaska home visiting program needs and gaps.

How to Meet Needs of Eligible Families

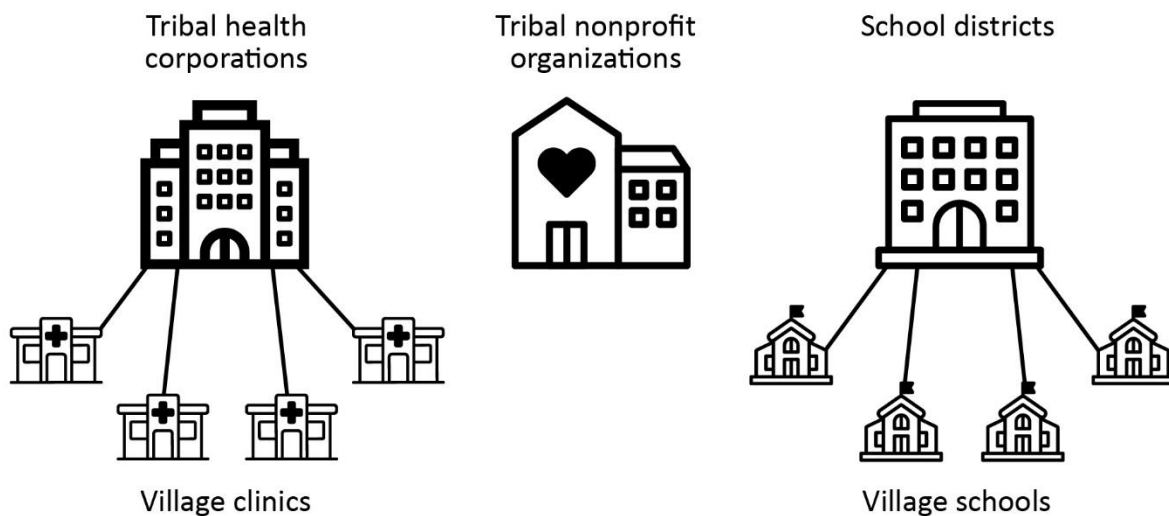
High-quality home visiting programs are delivered throughout Alaska, yet more could be done to meet the needs of eligible families. Participants of the interviews described a strong and high functioning system of home visiting in the state, primarily in isolated pockets and within discreet organizations and regions. To meet the needs of eligible families, home visiting needs to grow across Alaska; however, outside certain circles (such as the fields of public health, substance misuse prevention, and child abuse prevention), home visiting is not a widely known practice or requested service. While the individual home visiting programs may have strong connections with supporting agencies and vice versa, there appear to be knowledge gaps of home visiting within some parts of the state and within some parts of the system that provide care to families and kids. Ideally, home visiting would be a widely requested intervention in all boroughs and census areas of the state and within all systems; for example, the homelessness service system, the early education and K-12 system, and the health system.

A home visiting coalition/learning collaborative would be helpful in building an integrated home visiting network. This network could raise awareness statewide of the importance of home visiting as a primary prevention intervention that sets up Alaskan infants and toddlers for a healthy life.

Community Readiness

In the communities identified as at-risk, there are opportunities for initiating and increasing home visiting. In general, working to embed home visiting within the existing systems of care in the rural areas of Alaska could be an effective approach. Each of the identified at-risk census areas have health, education, and social service systems and providers operating across isolated, remote village communities. Specifically, the regional players include the tribal health corporations supporting small clinics in many of the villages and funded by Indian Health Services dollars as well as receipts from public and private insurance; the tribal non-profit organizations that receive grant funding to administer programming to support social services, tribal governments, and the welfare of indigenous people; and the school districts that run schools in all communities with at least ten students.

Figure 1: Existing Systems of Care in Rural Alaska



In several of the at-risk regions, these entities are already engaged in home visiting. The following table summarizes key organizations that could—and do—play a role in home visiting in the at-risk census areas/boroughs.

Table 1: Areas of Home Visiting Opportunity

At Risk Area	Already Engaged in Home Visiting	Others to Engage
Anchorage Municipality	<ul style="list-style-type: none"> • Cook Inlet Tribal Council • JBER (Joint Base Elmendorf-Richardson) • Kids' Corp • Providence Health & Services Alaska • RurAL CAP • Southcentral Foundation 	<ul style="list-style-type: none"> • Native Village of Eklutna • Anchorage School District • thread • Alaska Regional Hospital • All Alaska Pediatric Partnership (statewide) • Boys & Girls Club • Anchorage Neighborhood Health Center • Catholic Social Services • Alaska C.A.R.E.S. • Denali Family Services • United Way of Anchorage
Bethel	<ul style="list-style-type: none"> • AVCP, Regional Tribal Non-Profit • RurAL CAP, Statewide Non-Profit 	<ul style="list-style-type: none"> • Yukon Kuskokwim Health Corporation • TWC, Women's Shelter, Violence Prevention Org • Lower Kuskokwim School District • Yupiit School District

At Risk Area	Already Engaged in Home Visiting	Others to Engage
Kusilvak	<ul style="list-style-type: none"> • AVCP, Regional Tribal Non-Profit • RurAL CAP, Statewide Non-Profit 	<ul style="list-style-type: none"> • YKHC, Regional Health Corporation • TWC, Women’s Shelter, Violence Prevention Org • St. Mary’s School District • Lower Yukon School District • Kashunamiut School District
Mat-Su Borough	<ul style="list-style-type: none"> • Alaska Family Services • CCS Early Learning • Providence Health & Services Alaska • Southcentral Foundation 	<ul style="list-style-type: none"> • Chickaloon Native Village • Knik Tribal Council • Mat-Su Borough School District • Mat-Su Health Foundation • R.O.C.K. Mat-Su • Denali Family Services • Mat-Su Services for Children & Adults • United Way of Mat-Su
Nome	<ul style="list-style-type: none"> • Kawerak, Regional Tribal Non-Profit 	<ul style="list-style-type: none"> • Norton Sound Health Corp • Bering Strait School District
North Slope	n/a	<ul style="list-style-type: none"> • Arctic Slope Native Association • North Slope Borough • North Slope Borough School District
Northwest Arctic	n/a	<ul style="list-style-type: none"> • Manilaq Association, Health and Social Service Provider • Northwest Arctic Borough • Northwest Arctic Borough School District

There are many models to follow from other regions of the state. For instance, Fairbanks Native Association, a tribal social service provider in the Interior region, and Cook Inlet Tribal Council, the regional tribal non-profit for the Southcentral region, were successful in being awarded tribal MIECHV funding and offer home visiting. Alaska has a strong tribal health system, and regional health corporations could follow the model of the Southcentral Foundation and the successful Nutaqsavik NFP Program. The challenge is that funds are limited, grants are competitive, and regional organizations are doing so many things for the people in the communities they serve, from running Temporary Assistance for Needy Families to workforce development programs, to healthcare provision – pursuing funding, infrastructure, and trained and supported staff for a home visiting program requires leadership, on the ground expertise, and sustained commitment that can be a challenge for any organization, especially in sparsely populated rural regions.

Key Needs Assessment Findings: Home Visiting

Key Alaska MIECHV Needs Assessment Findings:

Alaska's At-Risk Communities: The Alaskan MIECHV 2020 needs assessment identified seven at-risk Alaskan communities, most in need of home visiting services and supports: Anchorage Municipality, Bethel Census Area, Kusilvak Census Area, Mat-Su Borough, Nome Census Area, North Slope Borough, and Northwest Arctic Borough. At-risk communities were identified using the HRSA-specified methodology and guidance.

Home Visiting Program Needs: The number of families being served by home visiting programs is well under the number that would benefit from these programs. An estimated 4,952 at-risk families are eligible for MIECHV services across Alaska. Many areas of the state do not benefit from home visiting services in any way (Denali Borough, Lake and Peninsula Borough, Petersburg Census Area, Skagway Municipality, Wrangell City and Borough and Yakutat City and Borough) or are significantly underserved given their at-risk population status. Within the seven identified high-risk communities, an estimated 3,661 families are in need/eligible for MIECHV home visiting services, and only an estimated 1,327 families (36%) within those areas received services during the most recent program fiscal year.

Home Visiting Expanded Eligibility Needs: Key informant interviews suggested expanding home visiting eligibility criteria to reach additional, high-risk populations who do not currently meet the eligibility criteria such as teen parents, the working poor at 200% of the federal poverty level, families involved in OCS, pregnant women after 28 weeks, and children with a developmental delay not severe enough to qualify for ILP. Outreach and referral to partners that serve or can connect home visitors to these populations may be a method to reach these groups. The WCFH home visiting program is currently working with the National Service Office to expand eligibility criteria beyond first-time moms. This would allow for a strong collaboration between the proposed OCS Family First program and WCFH's program.

Home Visiting Capacity/Waitlist Challenges: Providence NFP is currently under capacity; serving approximately 55 fewer families than their funded enrollment capacity allows (145 families received services in the most recent program year, and funded enrollment capacity is 200). This under-capacity issue may be linked to limited eligibility criteria and could be resolved by expanding eligibility criteria or selecting an alternative home visiting evidence-based program with broader eligibility criteria. However, many evidenced-based home visiting programs in Alaska are serving at or over capacity.

Home Visiting Mental Health Challenges: Key informants cited limited mental health counselors who accept Medicaid and long waitlists, communities with no one to provide infant mental health services, nowhere to refer clients with postpartum issues such as depression and anxiety, some communities have partners who offer free mental health services, but appointments are very limited, or parents are unable to bring their children, clients dealing with secondary and intergenerational trauma in need of appropriate help, and clients where the stigma around seeking help for mental health remains very strong. Home visitors also reported that the COVID-19 pandemic is exacerbating these issues during a time when they can only do virtual home visiting.

Home Visiting Staffing & Workforce Development Challenge: Most home visiting programs that hire paraprofessionals reported that home visiting staff tend to stay in the job for many years and that once staff "settle in, they stay a long time." However, it can be challenging to find the right staff when there is a vacancy. This impacts program capacity. The NFP program staff reported having more challenges with staffing than other program staff interviewed, due to the level of education required (bachelor's level nursing degree). Nurses with experience and years in nursing tend to do better with home visiting, and nurses with behavioral health experience or background are ideal. Once recruited and trained, there are minimal challenges with retention.

Home Visiting Lack of Affordable Housing Challenge: In many of the communities that home visiting staff are working, affordable housing is in short supply. Interviewees mention that a lack of housing impacts the outcomes of their home visiting clients.

Home Visiting Transportation Challenges: In urban settings of Anchorage, Fairbanks, and Juneau, home visiting key informants reported that transportation is a huge barrier for clients accessing needed services and supports. It is time-consuming and challenging to travel with children via Alaska's public transportation options.

Appendices

Appendix A: Domains & Indicators of Community Risk

The following are a summary of the domains and indicators used to determine community risk.

Adverse Perinatal Outcomes

Indicator*	Statewide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator				
Preterm Births	8.7%	Kusilvak (14.1%)	Nome (11.8%)	Aleutians East (11.7%)	Bethel (10.8%)	Wrangell (10.3%)
Low Birth Weight	5.9%	Bristol Bay (7.8%)	Northwest Arctic (6.9%)	Aleutians West (6.6%)	Wrangell (6.6%)	Kusilvak (6.5%)
Lack of Prenatal Care During First Trimester	21.2%	Kusilvak (37.9%)	Aleutians West (35.8%)	North Slope Borough (35.2%)	Southeast Fairbanks (34.9%)	Yukon-Koyukuk (31.8%)
Infant Mortality (BHSR)	5.4 per 1,000 live births	Y-K Delta (10.7 per 1,000): Bethel and Kusilvak Census Areas		Northwest (9.7 per 1,000): Nome, North Slope, and Northwest Arctic Boroughs		
Post-Neonatal Mortality	2.7 per 1,000 live births	Y-K Delta (6.3 per 1,000): Bethel and Kusilvak Census Areas		Northwest (5.8 per 1,000): Nome, North Slope, and Northwest Arctic Boroughs		
Adult Suicide	31.3 per 100,000 **	Y-K Delta (88.1 per 100,000): Bethel and Kusilvak Census Areas		Northwest (68.3 per 100,000): Nome, North Slope, and Northwest Arctic Boroughs		
Breastfeeding (% of mothers who continued to breastfeed for eight or more weeks)	80.6%	Y-K Delta (22.1%): Bethel and Kusilvak Census Areas		Southwest (21.4%): Aleutians East, Aleutians West, Bristol Bay, Dillingham, Kodiak, and Lake and Peninsula Boroughs		
Postpartum Checkup (% of women who delivered live births who did not have a postpartum checkup)	12.4%	Y-K Delta (32.8%): Bethel and Kusilvak Census Areas		Southeast (19.6%): Haines, Hoonah-Angoon Petersburg, Sitka, Skagway, Wrangell, Yakutat, Ketchikan, Prince of Wales-Hyder		
Depressive Symptoms	14.1%	Juneau (24.6%)		Northwest (20.9%): Nome, North Slope, and Northwest Arctic Boroughs		
Preventable Infant Death	7.33 per 10,000	Northwest (22.14 per 10,000): Nome, North Slope, and Northwest Arctic Boroughs		Y-K Delta (19.65 per 10,000): Bethel and Kusilvak Census Areas		

* See the complete 2020 MIECHV Needs Assessment Report for complete indicator definitions and sources.

** This is nearly twice the national average of 16.9 per 100,000 people.

Child Maltreatment

Indicator*	Statewide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator	
Child Maltreatment	4.25 per 1,000	Northwest (13.27 per 1,000): Nome, North Slope, and Northwest Arctic Boroughs	Y-K Delta (7.45 per 1,000): Bethel and Kusilvak Census Areas
Repeat Maltreatment	1.3 per 1,000	Northwest (5.79 per 1,000): Nome, North Slope, and Northwest Arctic Boroughs	Y-K Delta (4.45 per 1,000): Bethel and Kusilvak Census Areas
Infant Sleeping Position (% of women who do not exclusively place baby on their back to sleep)	20.5%	Y-K Delta (40.4%): Bethel and Kusilvak Census Areas	Northwest (23.0%): Nome, North Slope, and Northwest Arctic Boroughs
Approved Sleeping Surface (% of women who reported that their baby does not always sleep alone on separate approved surfaces)	77.5%	Y-K Delta (85.7%): Bethel and Kusilvak Census Areas	Northwest (81.3%): Nome, North Slope, and Northwest Arctic Boroughs
Approved Bedding Materials (% of women who reported putting their baby to sleep with unapproved bedding materials)	66.0%	Y-K Delta (85.0%): Bethel and Kusilvak Census Areas	Northwest (76.1%): Nome, North Slope, and Northwest Arctic Boroughs

* See the complete 2020 MIECHV Needs Assessment Report for complete indicator definitions and sources.

Crime

Indicator*	Statewide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator				
Crime Reports	35.0 crime reports per 1,000 people	Northwest Arctic Borough (97.3)	Anchorage (61.8)	Juneau (57.1)	Bethel (55.4)	Kodiak (52.4)
Prenatal Incarceration (women who went to jail or had a husband/partner who went to jail during the 12 months before baby was born)	4.3%	Juneau (10.1%)		Y-K Delta (7.5%): Bethel and Kusilvak Census Areas		
Domestic Violence (before or during their most recent pregnancy)	4.9%	Juneau (8.8%)		Y-K Delta (8.7%): Bethel and Kusilvak Census Areas		

Indicator*	Statewide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator				
Parental Incarceration (women who went to jail or had a husband/partner who went to jail since their 3-year old child was born)	5.0%	Northwest (14.6%): Nome, North Slope, and Northwest Arctic Boroughs			Y-K Delta (12.5%): Bethel and Kusilvak Census Areas	
Female Incarceration Rate (number of females in prison by county of residence per 1,000 population)	6.78 per 1,000	Fairbanks North Star Borough (18.5 per 1,000)			Y-K Delta (11.1 per 1,000): Bethel and Kusilvak Census Areas	
Juvenile Arrests (crime arrests ages 0-17 per 100,000)	996 per 100,000	North Slope Borough (4,192)	Dillingham (2,224)	Northwest Arctic Borough (2,137)	Sitka (1,846)	Ketchikan (1,823)
Rape (number of reported rapes per 1,000 population)	1.44 per 1,000	Northwest Arctic (3.63)	Dillingham (2.86)	Bethel (2.04)	Anchorage (1.86)	Juneau (1.13)

* See the complete 2020 MIECHV Needs Assessment Report for complete indicator definitions and sources.

Socioeconomic Status

Indicator*	State-wide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator				
Rent Burdened (percentage of households that spend more than 50% of total household income on housing)	23.4%	Sitka (34.5%)	Ketchikan (33.4%)	Anchorage (29.8%)	Fairbanks (29.7%)	Kodiak (28.9%)
Preventative Visit (percentage of women 18-44 who have not had a preventative medical visit in the past year)	57.8%	Juneau (70.6%)		Southern Southeast (70.4%): Ketchikan and Prince of Wales-Hyder Census Areas		
Maternal Education at Time of Any Children's Birth (% of women who had completed less than 12 years of schooling and had not received a high school diploma/GED)	10.0%	Bethel (29.0%)	Kusilvak (28.9%)	Northwest Arctic (28.9%)	Nome (20.6%)	North Slope (19.4%)
Maternal Education at Time of First Child's Birth (% of women who had completed less than 12 years of schooling and had not received a high school diploma/GED)	10.0%	Bethel (36.0%)	Kusilvak (32.4%)	Northwest Arctic (28.3%)	Nome (23.6%)	North Slope (23.4%)
Poverty (% of population living below 100% of the Federal Poverty Level)	11.1%	Kusilvak (35.1%)	Bethel (32.7%)	Yukon-Koyukuk (23.7%)	Nome (22.0%)	Dillingham (22%)

Indicator*	State-wide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator				
Unemployment	6.2%	Kusilvak (20.5%)	Yukon-Koyukuk (15.8%)	Denali (15.6%)	Bethel (13.6%)	Northwest Arctic (14.4%)
Female High School Dropout Rate (% of females ages 16-19 without a high school diploma/GED who are not enrolled in school)	1.5%	Dillingham (5.52%)	Juneau (4.13%)	Northwest Arctic (4.04%)	Yukon-Koyukuk (3.9%)	Nome (3.4%)
Income Inequality (Gini Index Coefficient for each community)	0.423	Yukon-Koyukuk (0.466)	Bethel (0.444)	Petersburg (0.438)	Northwest Arctic (0.437)	Kenai Peninsula (0.432)
Health Insurance (% of the population over the age of 18 without a healthcare plan; % uninsured population)	12.2%	Y-K Delta (17.9%): Bethel and Kusilvak Census Areas		Northwest (17.9%): Nome, North Slope, and Northwest Arctic Boroughs		
Homelessness (% of women who reported being homeless, sleeping outside, in a car, or in a shelter during the 12 months before their baby was born)	2.68%	Juneau (4.16%)		Anchorage (3.46%)		

* See the complete 2020 MIECHV Needs Assessment Report for complete indicator definitions and sources.

Substance Use Disorder

Indicator*	Statewide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator	
Use of Tobacco During Pregnancy	16.6%	Y-K Delta (62.4%): Bethel and Kusilvak Census Areas	Northwest (46.5%): Nome, North Slope, and Northwest Arctic Boroughs
Use of Alcohol During Pregnancy	5.4%	Mat-Su Borough (7.6%)	Kenai Peninsula (7.0%)
Binge Drinking Prior to Pregnancy	58.6%	Juneau (70.4%)	Other Southeast (67.0%): Ketchikan, Prince of Wales-Hyder, Haines, Hoonah-Angoon, Petersburg, Sitka, Skagway, Wrangell, and Yakutat
Marijuana Use During Pregnancy	8.3%	Northwest (18.1%): Nome, North Slope, and Northwest Arctic Boroughs	Juneau (16.2%)
Illicit Drug Use During Pregnancy	0.93%	Southwest (2.5%): Aleutians East, Aleutians West, Bristol Bay, Dillingham, Kodiak, and Lake and Peninsula Boroughs	Fairbanks North Star Borough (1.8%)
Pain Medication Use During Pregnancy	4.9%	Other Southeast (9.9%): Ketchikan, Prince of Wales-Hyder, Haines, Hoonah-Angoon, Petersburg, Sitka, Skagway, Wrangell, and Yakutat	Juneau (8.2%)

Indicator*	Statewide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator	
Drug Treatments During Pregnancy (% of women who reported using medications as part of a drug treatment plan during pregnancy)	0.8%	Southwest (2.1%): Aleutians East, Aleutians West, Bristol Bay, Dillingham, Kodiak, and Lake and Peninsula Boroughs	Juneau (1.5%)

* See the complete 2020 MIECHV Needs Assessment Report for complete indicator definitions and sources.

Child Health Outcomes

Indicator*	Statewide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator				
Adolescent Suicide (age 12 - 17 years per 100,000)	16.1 per 100,000**	Y-K Delta (86.3 per 100,000): Bethel and Kusilvak Census Areas		Northwest (58.4 per 100,000): Nome, North Slope, and Northwest Arctic Boroughs***		
Children with Disabilities (% of the population under age 18 having serious difficulty with hearing, vision, cognition, and/or ambulation; may exclude children with developmental, behavioral, or attention disabilities)****	5.7%	Bristol Bay (12.4%)	Kodiak (12.0%)	Kenai Peninsula (9.2%)	Hoonah-Angoon (9.0%)	Ketchikan Gateway (8.2%)
Developmental Screening (% of women who reported not completing a developmental screening for their child)	17.6%	Y-K Delta (43.7%): Bethel and Kusilvak Census Areas		Northwest (38.8%): Nome, North Slope, and Northwest Arctic Boroughs		
Well-Child Visits (% of 3-year-olds who did not have a well-child checkup in the last 12 months)	10.8%	Northwest at 23.7% (Nome, North Slope, and Northwest Arctic Boroughs)		Y-K Delta at 23.6% (Bethel and Kusilvak Census Areas)		
Oral Health (% of 3-year-olds who drink sugary drinks on a given day)	30.9%	Y-K Delta (80.3%): Bethel and Kusilvak Census Areas		Northwest (75.3%): Nome, North Slope, and Northwest Arctic Boroughs		
Physical Activity (% of adolescents who meet the Physical Activity Guidelines for Americans)	18.1%	Y-K Delta (14.2%): Bethel and Kusilvak Census Areas		Juneau (15.5%)		
Adolescent Tobacco Use	25.9%	Y-K Delta (55.1%): Bethel and Kusilvak Census Areas		Northwest (35.3%): Nome, North Slope, and Northwest Arctic Boroughs		
Adolescent Alcohol Use	25.7%	Northern Southeast (35.6%): (Haines, Hoonah-Angoon, Petersburg, Sitka, Skagway, Wrangell, and Yakutat)		Kenai Peninsula (29.9%)		

Indicator*	Statewide	Census Area/Boroughs or Behavioral Health Systems Regions with Highest Levels of Risk Per Indicator	
Adolescent Dating Violence	8.2%	Southern Southeast (13.1%): Ketchikan and Prince of Wales-Hyder Census Areas	Y-K Delta (12.7%): Bethel and Kusilvak Census Areas
Student Sexual Violence	10.9%	Fairbanks North Star Borough (14.4%)	Y-K Delta (12.3%): Bethel and Kusilvak Census Areas

* See the complete 2020 MIECHV Needs Assessment Report for complete indicator definitions and sources.

** This is over three times the national average of 5.2 per 100,000.

*** The adolescent suicide rate in the Y-K Delta is over five times the state average.

**** The National Center for Education Statistics estimates that 13.7% of public school aged children in Alaska (ages 3-18) have Individualized Education Plans.

Appendix B: Alaska Evidence-Based Home Visiting Inventory

Program	Description	Funding Source	Funded Enrollment Capacity	# of Children that Received Services**	Area Served
Alaska Family Services / Parents as Teachers	Alaska Family Services (AFS) was established in 1979 to respond to the needs of women and children in crisis in the Mat-Su Borough. AFS offers many services for women, children, and families in need, from substance about counseling to parenting workshops. AFS is the newest grantee of the state's Parents as Teacher collaboration between DHSS & DEED, and thus, does not have past year enrollment data.	State of Alaska DEED, Administered by State DHSS	New grantee projected to serve 11-20 families.	New grantee, no enrollment data to date	Matanuska-Susitna Borough
Association of Village Council Presidents - Early Head Start	The Association of Village Council Presidents (AVCP) is a tribal non-profit organization serving the 48 communities of the Yukon Kuskokwim region, an area comparable in size to the State of New York. AVCP's Early Head Start provides home-visiting services in three of the 48 communities they serve: Scammon Bay (Kusilvak) and Quinhagak and Nightmute (Bethel Census Area).	Federal & State Supplemental Grant	85	90	Bethel & Kusilvak Census Areas
CCS Early Learning - Early Head Start	For almost 50 years, CCS Early Learning has held firmly to the belief that our primary job is to partner together with the child's first and most important teachers—the family. CCS offers home visiting as part of their Early Head Start programming.	Federal & State Supplemental Grant	44	98	Matanuska-Susitna Borough

Program	Description	Funding Source	Funded Enrollment Capacity	# of Children that Received Services**	Area Served
Central Council of Tlingit & Haida - Early Head Start	Central Council of Tlingit & Haida is a tribal government headquartered in the SE Alaska community of Juneau. The Head Start program is a free federal program for preschool children from low-income families. Head Start offers center-based classrooms in most SE communities and a home-based program for children aged three in Juneau.	Federal & State Supplemental Grant	Unable to reach	Unable to reach	Juneau City and Borough
Cook Inlet Tribal Council - Ch'anik'en Parents as Teachers	CITC is a tribal non-profit organization that serves primarily Alaska Native people residing in the Cook Inlet region of Southcentral Alaska. Ch'anik'en ("little ones") is CITC's Maternal, Infant, Early Childhood Home Visiting program that provides services to Alaska Native and American Indian families with children from birth to five years living in the home.	Tribal MIECHV	60	37	Anchorage Municipality
Council of Athabaskan Tribal Governments / Early Head Start	CATG is a tribal government that provides services to ten communities in the Yukon Flats region. CATG EHS is a home-based program serving two of the ten communities in the region, Fort Yukon and Venetie.	Federal, no state supplemental funding.	Unable to reach	Unable to reach	Yukon-Koyukuk Census Area
Fairbanks Native Association - Head Start Home & Center Based (3-5 years)	FNA is a tribal non-profit organization serving residents of the Fairbanks North Star Borough. FNA Head Start promotes the cultural identity of Alaska Native and American Indian families while giving children educational, physical, social skills, and tools to have a great head start towards school readiness. This service is a Home Base/Classroom experience combination. A home visitor schedules Classroom experience two times a week combined with one home visit a month between September – May, with weekly home visits during the summer months.	Federal & State Supplemental grant	39	51	Fairbanks North Star Borough

Program	Description	Funding Source	Funded Enrollment Capacity	# of Children that Received Services**	Area Served
Fairbanks Native Association - Early Head Start Home Based (prenatal -5 years)	FNA Head Start promotes the cultural identity of Alaska Native and American Indian families while giving children educational, physical, social skills, and tools to have a great head start towards school readiness. This option offers weekly educational home visits as well as twice-monthly socializations. These services are offered year-round.	Federal & State Supplemental Grant	72	96	Fairbanks North Star Borough
Fairbanks Native Association - Tribal Home Visiting, PAT Curriculum	FNA Tribal Home Visiting program uses traditional values to support parents as they raise healthy and Alaska Native/American Indian children, prenatal to age five, including those who were adopted, and teen parents regardless of ethnicity.	Tribal MIECHV	35	N/A. No numbers to report yet as just completing 1 st full year	Fairbanks North Star Borough
Kawerak / Early Head Start	Kawerak is a tribal non-profit organization serving 20 communities in the Bering Strait region of Northwest Alaska. Kawerak provides home visiting services in one (Nome) of the 20 communities served by the organization.	Federal & State Supplemental Grant	26	30	Nome Census Area
Kenaitze Indian Tribe - Head Start	Kenaitze tribe delivers programs to serve Alaska Native residents in the Kenai Peninsula. The Early Head Start program serves pregnant women and children from birth to three years of age in a home-based setting. The home-based option provides services through an Early Head Start Educator with weekly visits that are one and a half hours in length. The Early Head Start home based program uses the research-based Creative Curriculum for Infant, Toddlers, and Two's, covering these five components – cognitive, language, gross & fine motor, social, and self-mastery skills.	Federal & State Supplemental Grant	48	67	Kenai Peninsula Borough
Kids' Corps, Inc. / Early Head Start	Kids' Corp is a non-profit organization in Anchorage, providing Head Start and Early Head Start services. The early head start program offers prenatal to three-year-old weekly home visits with trained parent educators, group socialization activities for parents and children twice per month.	Federal & State Supplemental Grant	10	14	Anchorage Municipality

Program	Description	Funding Source	Funded Enrollment Capacity	# of Children that Received Services**	Area Served
Kids' Corps, Inc. / Parents as Teachers	Kids' Corp's PAT program is designed to provide parents with information and assistance to embrace their role as their child's first teacher to enhance their child's intellectual, language, social-emotional and physical development from birth to age five.	State of Alaska DEED, Administered by State DHSS	32	37	Anchorage Municipality
Providence Health & Services Alaska / Providence Nurse-Family Partnership	The Providence Nurse-Family Partnership is a program for women who are having their first baby. A registered nurse visits the family in their home to discuss health, baby's growth and development, labor and delivery, infant care, and many other topics.	MIECHV	200	145	Anchorage Municipality & Matanuska-Susitna Borough
Rural Alaska Community Action Program (RurAL CAP) - Early Head Start	RurAL CAP's is a statewide non-profit that works throughout Alaska to improve the quality of life for low-income Alaskans. RurAL CAP offers home visiting as part of early head start in seven sites in the YK delta: Akiak, Nunapitchuk, Napaskiak, Kwethluk (Bethel Census Area), and Hooper Bay, Pilot Station, St. Mary's (Kusilvak Census Area.)	Federal & State Supplemental Grant	144	151	Bethel & Kusilvak Census Areas
Rural Alaska Community Action Program (RurAL CAP) - Parents as Teachers YK Strengthening Families	RurAL Cap offers an adapted Parents as Teacher program designed to be responsive to the unique cultures of the YK region. The Strengthening Families PAT program is built around protective factors, mitigating ACES, and helping families thrive. Three communities in the YK region are served: Chevak, Mountain Village (Kusilvak Census Area), and Tooksook Bay (Bethel Census Area)	ANA. Year 2 of 5 years	60	56	Bethel & Kusilvak Census Areas
Rural Alaska Community Action Program (RurAL CAP) – Parents as Teachers affiliate	RurAL CAP delivers Parents as Teachers home visiting in Kodiak and Haines with fidelity to the national model. These programs follow all essential requirements of the national center to be considered affiliate programs.	State of Alaska DEED, Administered by State DHSS	40	26	Haines & Kodiak Island Borough

Program	Description	Funding Source	Funded Enrollment Capacity	# of Children that Received Services**	Area Served
Southcentral Foundation / Nutaqsiivik Program	Southcentral Foundation is a tribal Health Corporation that serves Alaska Native and American Indian people living in Anchorage, the Matanuska-Susitna Borough, and nearby villages. The Nutaqsiivik Nurse-Family Partnership program is a voluntary, home visiting program that works with families, mothers, and infants to provide education and support as a supplement to regular prenatal care and well-child checkups.	Tribal MIECHV	200	249	Anchorage Municipality & Matanuska-Susitna Borough
Southeast Alaska Association for the Education of Young Children – Parents as Teachers	Southeast Alaska AEYC promotes high-quality learning for all children in communities through SE Alaska, including Haines, Juneau, Sitka, Petersburg, Wrangell, and Ketchikan. The PAT program serves Juneau families with home visiting for any pregnant family or family with a child up to age 3.	State of Alaska DEED, Administered by State DHSS	50	94	Juneau City and Borough
Tanana Chiefs Conference / Head Start & Early Head Start	Tanana Chiefs Conference is a tribal non-profit organization that serves 42 communities of Interior Alaska, an area just smaller than the state of Texas. TCC provides home visiting in 13 communities through its Head Start/Early Head Start program. Each has unique program options to provide quality services to families. Prenatal to five in the following communities: Allakaket, Holy Cross, Hughes, Kaltag, Minto, Nulato, Shageluk, Tanana (Yukon Koyukuk Census Area), Tanacross, and Tetlin (SE Fairbanks Census Area). Prenatal to three in: Grayling, Husila, and McGrath (Yukon-Koyukuk Census Area)	Federal & State Supplemental Grant	139	155	SE Fairbanks Census Area & Yukon Koyukuk Census Area

** For most recently completed program year. The year may vary by program. For instance, due to COVID-19, Head Start/Early Head Start programs did not have to report on 2018-2019. The most recent reported year is 2017-2018 (per conversation with Supanika Ackerman, Head Start Collaboration Specialist, State of AK. Also, due to funding delays, State of Alaska PAT grantees did not receive FY 20 funding until February 2020, which impacted staffing and enrollment.

Appendix C: Alaska Home Visiting Programs By Borough/Census Area

Borough or Census Area <i>(* Indicates area identified as high-risk. Shaded indicates no home visiting.)</i>	Eligible At-Risk Families <i>(Source: 2017 ACS PUMS)</i>	Estimated # of families served <i>(during past program year)</i>	HS/ EHS	PAT	NFP	Other	Total HV Programs
Aleutians East Borough	32					1	1
Aleutians West Borough	55					1	1
Anchorage Municipality*	2,776	508 <i>(includes Mat-su #'s)</i>	1	2	2 <i>(Served by Prov & SCF)</i>	5	10
Bethel Census Area*	176 (255 when combined with Kusilvak)	297 served combined in Bethel & Kusilvak	2 <i>(Served by AVCP & RurALCAP)</i>	1		1	4
Bristol Bay Borough	9					1	1
Denali Borough	6						0
Dillingham Census Area	48					1	1
Fairbanks North Star Borough	303	182	1	1		6	8
Haines Borough	8	26 <i>(includes Kodiak #s)</i>		1			1
Hoonah-Angoon Census Area	21					1	1
Juneau City and Borough	98	94	1	1		2	4
Kenai Peninsula Borough	204	67	1	1		2	4
Ketchikan Gateway Borough	42					3	3
Kodiak Island Borough	134	26 <i>(includes Haines #s)</i>		1		1	2
Kusilvak Census Area*	79 (255 when combined with Bethel)	297 served combined in Bethel & Kusilvak	2 <i>(Served by AVCP & RurALCAP)</i>	1		1	4
Lake and Peninsula Borough	15						0

Borough or Census Area (* Indicates area identified as high-risk. Shaded indicates no home visiting.)	Eligible At-Risk Families (Source: 2017 ACS PUMS)	Estimated # of families served (during past program year)	HS/ EHS	PAT	NFP	Other	Total HV Programs
Matanuska-Susitna Borough*	363	492 (includes Anchorage # for SCF & Prov)	1	1	2 (Served by Prov & SCF)	4	8
Nome Census Area *	97	30	1			3	4
North Slope Borough *	95					1	1
Northwest Arctic Borough *	75					1	1
Petersburg Census Area	31						0
Prince of Wales-Hyder Census Area	63					1	1
Sitka City and Borough	87					1	1
Skagway Municipality	3						0
Valdez-Cordova Census Area	28					1	1
Wrangell City and Borough	23						0
Yakutat City and Borough	6						0
Southeast Fairbanks Census Area	21 (75 combined with Yukon-Koyukuk)	155 (across two census areas)	1				1
Yukon-Koyukuk Census Area	54 (75 combined with Yukon-Koyukuk)	155 (across two census areas)	2 (Served by both CATG & TCC)			1	3

Alaska Maternal, Infant, and Early Childhood Home Visiting
Program Needs Assessment
2020

State of Alaska Department of Health and Social Services

Division of Public Health