

# Community-Based Organization (CBO) Tribal Partnerships

## A Community-Based, Tribally Led Initiative Supporting Families with Young Children

Performance period 1/2025–10/2025

Professional Strengthening maternal, infant, and early childhood well-being in Maine’s Wabanaki Tribal communities is a critical component of building an equitable early childhood system. Community-based, culturally grounded approaches play an essential role in supporting families with young children, particularly when services are delivered by trusted, tribally led organizations with deep community relationships.

The **Tribal Community-Based Organization (CBO)** initiative was a one-year Preschool Development Grant–Birth through Five (PDG-B5) investment designed to strengthen tribal relationship-based, culturally responsive supports for families with young children in all five Wabanaki Tribal communities. The initiative was implemented through a partnership between the Office of Child and Family Services (OCFS) and Wabanaki Public Health & Wellness (WPHW), a tribally led public health organization serving Wabanaki communities statewide. Rather than introducing a new service model, the initiative built on existing tribal home visiting, maternal-child health, and community outreach infrastructure identified by tribal leadership and WPHW as effective and trusted.

This report presents **findings from outcome-focused assessment activities** conducted in fall 2025 as part of Maine’s Preschool Development Grant–Renewal (PDG-R) program. Drawing on diverse data,<sup>1</sup> the report examines the CBO Tribal initiative with respect to the following PDG-R outcome areas:

- **Impact**, including documented activities and early observations related to family engagement and service delivery.
- **Communication and cross-sector coordination**, including collaboration between state partners and a tribally led organization.
- **System building**, including early capacity-building contributions within tribal communities.
- **Supports and access**, including design features that facilitated participation and implementation within a one-year funding period.

<sup>1</sup>Data sources for this report include administrative and implementation data from the CBO Tribal Spreadsheet and accompanying Notes on the CBO Tribal Spreadsheet; meeting summaries and interview transcripts from conversations with Ana Hicks and Chan Himm; and program documentation prepared by Wabanaki Public Health & Wellness, including the Annual Report of Partnership, Healing, and Hope.

Implementation of the Tribal CBO initiative emphasized culturally grounded, relationship-based engagement with families, drawing on WPHW’s established presence and trusted relationships within Wabanaki communities.

WPHW managed day-to-day implementation, staffing, and service delivery across communities. OCFS provided state-level oversight and coordination, while Ana Hicks, representing the Governor’s Children’s Cabinet, participated in discussions related to cross-agency coordination and alignment. This structure supported implementation within a single PDG funding year while respecting tribally led approaches to service delivery.

Because the initiative was initiated and completed within a one-year funding period, data collection focused on documenting participation and implementation. Data sources included counts of families reached, materials distributed, and training completed, supplemented by interviews and qualitative review. As a result, the findings presented in this report reflect documented activities, reported experiences, and early observations related to implementation, rather than longer-term outcomes or system-level change.

#### CBO TRIBAL FEATURES

**One-year PDG-B5 investment** supporting maternal, infant, and early childhood well-being in all five of Maine’s Wabanaki Tribal communities.

**Partnership between OCFS and Wabanaki Public Health & Wellness (WPHW)**, a tribally led public health organization.

**Built on existing home-visiting and maternal–child health infrastructure.**

**Implementation and service delivery led by WPHW**, drawing on established community relationships

**State-level oversight and coordination by OCFS**, with participation from the Governor’s Children’s Cabinet

**Data collection** focused on participation and implementation.

## What was the impact of the learning series?

The CBO Tribal initiative was designed with clearly articulated intended outcomes related to strengthening maternal, infant, and early childhood supports within Maine’s Wabanaki Tribal communities. As with other PDG-supported initiatives, examining impact requires attention to the initiative’s purpose, design, and time horizon. Interviews with state initiative lead Chan Himm and Governor’s Children’s Cabinet representative Ana Hicks emphasized that the primary goal of the work was to support Wabanaki Public Health & Wellness (WPHW) in building on its existing home-visiting and maternal–child health infrastructure, rather than introducing new programming.

The initiative’s **intended outcomes** focused on early, community-level contributions and included the following.

- **Expanded access** to culturally grounded supports for families with young children across all five Wabanaki Tribal communities.
- **Provided practical resources and services** responsive to family-identified needs.
- **Strengthened relationship-based engagement** between WPHW home visitors and staff to strengthen maternal and child health programming in all five tribal communities.

- **Supported community capacity** through training and workforce development aligned with tribal priorities.

Hicks and Himm noted that the initiative was intentionally designed to respond to community input while operating within the constraints of a single PDG funding year. As a result, evidence of impact reflects documented activities and early observations related to access, engagement, and capacity-building, rather than longer-term outcomes for families or system-level change.

## Alignment Between Intended Outcomes and Implementation

Administrative data and interviews with state and community partners indicate **alignment between the CBO Tribal initiative’s intended outcomes and the activities carried out**. Data collected by WPHW focused on participation and service delivery and were supplemented by qualitative documentation and interviews.

**Table 1** captures participation counts and services delivered through September 30, 2025, across all five Wabanaki Tribal communities.

**Table 1. Participation and Service Delivery During the PDG Funding Period**

| Indicator                              | Count (through 9/30/2025) |
|----------------------------------------|---------------------------|
| Households supported                   | 531                       |
| Literacy supplies distributed          | 172                       |
| Safety resource bundles distributed    | 118                       |
| Parenting education classes provided   | 9                         |
| Childbirth education courses provided  | 83                        |
| Indigenous doula training participants | 24                        |

Note. Counts reflect administrative records maintained by Wabanaki Public Health & Wellness and document service delivery during the PDG funding period.

## Illustrative Example From Implementation

Program documentation and interviews describe how relationship-based engagement shaped service delivery in practice. Rather than distributing standardized kits, WPHW home-visiting staff worked with families to identify specific safety and early learning needs and assembled individualized resource bundles accordingly. One-to-one conversations focused on household safety, infant care, and early literacy guided the selection of materials, reflecting family priorities and context. This approach provides an example of how supports documented in Table 1 were delivered through individualized, relationship-based engagement.

Interviews with Hicks and Himm provide additional context for how progress toward these goals was understood. Both emphasized that, given the initiative’s single-year timeframe, the primary indicator of progress was whether WPHW delivered tangible support and services responsive to family-identified needs. Partners described WPHW’s ability to tailor supports to individual families, rather than relying on standardized service packages, as a defining feature of implementation. In addition,

Indigenous doula training was identified by state and tribal partners as a concrete example of workforce capacity developed through the initiative.

Taken together, the available data indicate that the initiative addressed the intended outcomes related to delivery of identified supports, reach across tribal communities, and early capacity-building within the limits of the PDG funding period. Rather than assessing longer-term outcomes for families or systems, the data present evidence of implementation and early progress, not sustained impact.

## What communication and cross-sector coordination were associated with the CBO Tribal initiative?

For community-based initiatives implemented within a mixed-delivery early childhood system, communication and cross-sector coordination are central to effective implementation. Coordination supports shared understanding of roles, alignment of activities across agencies, and timely problem-solving as initiatives are carried out. Examining communication and coordination associated with the CBO Tribal initiative helps clarify how partners worked together during implementation and how information-sharing supported activities within a single PDG funding period.

Regular check-ins with WPHW, OCFS, and the Governor’s Children’s Cabinet, along with ad hoc discussions, supported problem-solving on contracting timelines, scope adjustments, and activity sequencing during implementation.

Two multi-agency convenings provide examples of communication and coordination in practice.

**WPHW documentation describes two multi-agency convenings held during the initiative period to support relationship-building and shared understanding among state and tribal partners.**

- **A Spring Gathering (June 2, 2025)**

Representatives from Wabanaki Public Health & Wellness and multiple state agencies—including Maine CDC, OCFS, DOE, the Office of Population Health Equity, and the Governor’s Office of Policy Innovation and the Future (GOPIF)—participated in a convening focused on strengthening connections, aligning priorities, and supporting communication related to services for tribal families and children.

- **October 2025 Convening**

Additional state offices participated, including the Office for Family Independence, the Department of Administrative Finance, and the Department of Contract Management. Breakout discussions addressed leadership, procurement, maternal and child health, and tribal liaison roles, providing structured opportunities for information-sharing across agencies.

Source: Wabanaki Public Health & Wellness, Annual Report of Partnership, Healing, and Hope.

WPHW documents capture engagement from multiple state agencies during convenings associated with the initiative, including the Maine CDC, OCFS, DOE, and the Governor’s Office of Policy

Innovation and the Future (GOPIF). As with other aspects of the initiative, these activities reflect early coordination processes rather than sustained or formalized cross-sector systems.

## What system-building contributions were associated with the Tribal Community-Based Initiative?

State and community partners described system-building contributions primarily in terms of relationship development, early workforce capacity, and increased alignment between state agencies and a tribally led implementation partner. Based on interviews with Ana Hicks and Chan Himm, PDG funding created space for sustained engagement with Wabanaki Public Health & Wellness (WPHW), supporting shared understanding of roles, expectations, and priorities within Maine's mixed-delivery early childhood system.

**In this context, system-building contributions are best understood as early, relationship-based conditions that supported alignment, shared understanding, and visibility between state agencies and a tribally led implementation partner, rather than as formal or sustained system changes achieved within the PDG funding period.**

Rather than producing formal system changes, system-building contributions were reflected in how partners worked together during implementation.

Hicks and Himm described these contributions as intentionally relational and responsive, shaped by both the single-year funding context and the importance of trust in state-tribal partnerships. Communication focused on maintaining alignment, addressing challenges as they emerged, and supporting WPHW's role within the broader early childhood landscape, rather than on establishing new structures or prescriptive processes.

## What support was made available through the Tribal Community-Based Initiative, and how was access approached?

Supports and access in community-based initiatives focus on the conditions that enable families to engage with services in ways that are responsive to their needs and contexts. For the CBO Tribal initiative, access was shaped by the use of existing home-visiting and community-based delivery structures, relationship-based engagement, and flexibility to tailor supports to families rather than relying on standardized enrollment or referral processes.

The initiative supported families with young children through a range of services and resources delivered by WPHW. Supports were made available across all five Wabanaki Tribal communities and were delivered through existing home-visiting and community-based structures.

Supports included literacy supplies, safety resource bundles, parenting education classes, childbirth education courses, and access to Indigenous doula training. Administrative records document the delivery of these supports across tribal communities (see Table 1).

### Family Spirit Program Curriculum

As part of home-visiting and parenting education activities, Wabanaki Public Health & Wellness staff incorporated elements of the Family Spirit Program curriculum. Family Spirit is a **provider-facing, structured curriculum developed for and with indigenous communities** and used by home visitors to guide one-to-one conversations and activities with families during home visits and parenting education sessions.

Access to supports relied on individualized, relationship-based engagement. WPHW staff identified needs through direct interaction with families and tailored resources accordingly, consistent with existing practices and community context.

## What professional learning activities were associated with the Tribal Community-Based Initiative?

Professional learning within community-based initiatives focuses on building workforce knowledge and skills in ways that align with service delivery models and community priorities. For the CBO Tribal initiative, professional learning **was embedded within implementation activities** and reflected **targeted, community-identified capacity-building needs** rather than a standalone or formalized professional learning system.

The primary professional learning activity was **Indigenous doula training**. This training, delivered in partnership with Zaagi'diwin, was completed by 24 community members and Wabanaki Public Health & Wellness (WPHW) staff. The training emphasized culturally grounded approaches to perinatal support and was aligned with priorities identified by WPHW and tribal partners, supporting workforce capacity within existing service delivery contexts.

In addition to doula training, knowledge sharing and skill building occurred through parenting education classes and childbirth education courses.

Professional learning was intentionally limited in scope and tailored to a single-year funding context. Based on interviews with Hicks and Himm, professional development activities are best understood as targeted capacity-building efforts rather than as part of a broader, sustained professional learning framework.

## Lessons Learned

- **Building on existing infrastructure accelerated implementation within a short funding window.** Because the initiative was delivered through WPHW's established home-visiting and community-based structures rather than creating new programming, services reached all five Tribal communities within a single year.
- **Individualized, relationship-based service delivery shaped how supports reached families.** Staff identified needs through direct interaction and assembled resources accordingly, rather than distributing standardized kits.

- **Workforce capacity-building can be embedded within service delivery.** The Indigenous doula training prepared 24 community members while simultaneously strengthening the service infrastructure available to families—a dual function that maximized the impact within a limited funding period.
- **A one-year funding period supported tangible service delivery but limited the development of sustained system-level change.** Evidence reflects documented activities and early progress. Longer timeframes are needed to assess whether relationship-based alignment between state agencies and a tribally led partner translates into durable coordination structures.

## Summary

The Tribal CBO initiative supported maternal, infant, and early childhood well-being across all five Wabanaki Tribal communities through a one-year PDG-B5 partnership between OCFS and Wabanaki Public Health & Wellness (WPHW). During the funding period, WPHW reached 531 households, distributed literacy supplies and safety resource bundles, delivered parenting and childbirth education, and supported 24 community members through doula training. Communication and coordination between WPHW, OCFS, and state agency partners supported implementation through regular check-ins and two multi-agency convenings.