

Children's Bureau Tribal Consultation Response:

Tribal Consultation for the Title IV-E Prevention Services Program

In compliance with the ACF Tribal Consultation Policy, the Children's Bureau (CB) held Tribal Consultation calls on 8/27/2018 and 8/29/2018 to solicit input from Tribes on the new title IV-E Prevention Services program, authorized by the Family First Prevention Services Program. Notice of the calls was provided through "Dear Tribal Leader" letters emailed or mailed to all federally recognized Tribes. The notice letter was also posted to all relevant Children's Bureau listserves. The letter invited participation in a CB hosted briefing webinar on August 14, 2018 as well as the two consultation calls. The briefing webinar was created for tribes to learn more about the Title IV-E Prevention Services Program and to consider areas in which tribes may require additional flexibility to ensure effective implementation in tribal communities. On September 13, 2018, CB also participated in the ACF in-person tribal consultation. In addition to participating in the tribal consultation conference calls, CB invited tribes to submit comments in writing.

Participants

Consultation calls included Tribal participants from several Federal Regions with federally recognized Tribes. The Children's Bureau was represented by Jerry Milner, Associate Commissioner for the Children's Bureau and Acting Commissioner of the Administration on Children, Youth and Families; Joseph Bock, Deputy Associate Commissioner. A summary of the information provided during the calls and information received from Tribal participants is included below.

Summary of background information on the Title IV-E Prevention Services Program

On February 9, 2018, the President signed into law Public Law 115-123 which included the Family First Prevention Services Act. This law made significant changes to federal child welfare programs authorized in titles IV-B and IV-E of the Social Security Act. One important change is the creation of a new optional program that will allow states and tribes operating the title IV-E program to use federal title IV-E funds to provide time-limited mental health and substance abuse treatment services and in-home parent skill-based programs to certain children, youth and families to prevent children from entering foster care.

For tribal title IV-E agencies, HHS must specify requirements for the provision of the services and programs that are, to the greatest extent practicable, consistent with the requirements applicable to states. The requirements must permit tribes to provide services and programs that are adapted to the culture and context of the tribal communities served. HHS must also establish specific performance measures for each tribal title IV-E agency providing prevention services that allow for consideration of factors unique to the provision of the services by tribes and to the greatest extent practicable, consistent with the measures for states (sections 479B(c)(1)(C)(i)(IV) and (c)(1)(E) of the Act).

Tribal Consultation Questions

Services

Question:

In developing the guidance for the prevention program, we will need to determine whether and/or to what extent to apply the law's evidence based requirements to tribal prevention programs. We are interested to hear from tribes on any challenges you foresee in applying these requirements in developing services that are culturally relevant to tribal communities.

Comments:

Participants noted:

- The types of services mentioned in Families First are often addressed through Tribal Health Services. Further engaging health service agencies would better inform the conversation.
- Flexibility is needed because “well supported” is very prescriptive and will not work for small tribes. Participants suggested looking more at “practice-based evidence” vs “evidence based practice” because statistics do not work for smaller case loads.
- Taking culture into consideration is helpful when selecting and implementing an intervention.

Question:

In determining our guidance on the appropriate evidence requirements for tribal programs, what alternative suggestions do you have for tribal programs to support the selection of a particular practice?

Comments:

- Participants suggested that CB pose the same questions to the correct tribal leaders.
- Participant highlighted the use of “single case design” methods to establish whether a service is working. In addition, one participant suggested that looking at cross site evaluations such as MUSE under tribal home visiting program may be worthwhile.

Question:

Is there anything else you would like HHS to consider when developing requirements for tribal prevention programs to ensure that tribes are able to adapt services to tribal communities?

Comments:

Participants noted:

- Elders should be consulted when developing requirements. The credentials required to meet evidence based standards may exclude elders.
- Tribes value different traditional and community settings for the delivery of services than are included in traditional EBPs.
- Currently, in-home services may be provided in the residence of an elder or in a peer group, this should be allowed under this legislation.

- It may be difficult for some tribes to sort through funding requirements and meet the deliverables, which do not fit the needs of the community.
- Defining outcomes is going to be different for tribal communities, especially if sustainability is being considered.
- Participants expressed that requirements should not be as structured and rigid as a pre-print but rather something like IV-B plan.
- The majority of EBP's have not been normalized to tribal populations.
- There are challenges with developing evidence for culturally competent practices. These challenges include small sample sizes, a lack of appropriate comparison groups, and research protocols that are incompatible with cultural values and traditions.
- Tribes with small populations often cannot adhere to the strict compliance with the EBP standards and "appropriate comparison practice" using "conventional standards of statistical significance".

Question:

If you are you aware of in-home parenting, mental health or substance abuse interventions that are adapted to tribal culture and communities that might meet the evidence standards in the law, please let us know. The Clearinghouse will be evaluating programs submitted to them soon.

Comment:

- Participant noted that Positive Indian Parenting has been used in tribal communities for past 30 years. The participant noted that the Children's Bureau should further examine studies on Positive Indian Parenting., as well as The State of Oregon's list of evidenced based practices used in tribal communities and Washington State's Tribal Kinship Navigator Program evaluations to include the tribal community.

Prevention Services Measures

Question:

In developing guidance on the tribal prevention services measures, please advise on the factors unique to the provision of the services by tribes, organizations, or consortia that we should consider.

Comments:

- Participants anticipated there would be barriers in reporting data to determine maintenance of effort (MOE).
- Participants also noted the manpower required to report the requested data may be an issue for some tribes.

Question:

Please advise on any challenges you foresee in collecting the following information states are asked to report:

- Per child expenditures for a 12 month service period for in-home parenting, mental health and substance abuse prevention services
- Duration of services per child

- Information on “Candidates for foster care”: the child’s placement status at the beginning and at the end of the 12 month period, and whether the child entered foster care two years later.

Comments:

Participants noted:

- They may experience challenges reporting on the required data fields because either a) they do not collect the required data field or b) the data cannot be easily extracted.
- Specifically, reporting spending per child might be difficult.
- The proposed target outcomes do not capture the broader, holistic, goals the culturally specific interventions are seeking to address.
- It is important to discuss with tribes what the data collected will be used for, as it would result in better data collection.
- It may make sense for tribes to report data annually like states.

Question:

If you foresee challenges, do you have recommendations on other prevention services information tribal programs will be readily able to provide to inform us on the outcomes of the services?

Comments:

- More than one tribe noted, that tribes are all different, so tribes should be able to tailor the measures to their own program/tribal circumstances.
- Tribes prefer to use a qualitative approach vs. a quantitative approach through survey or personal narratives that hold more substantial information on impact.

Evaluation of Prevention Services by title IV-E Agencies

Questions:

In developing the guidance for the tribal prevention program, we will need to determine to what extent we should apply the well-designed/rigorous evaluation component to tribes operating prevention programs. What should we take into consideration in developing guidance on this requirement to evaluate programs?

Comments:

- Participants noted that it would be helpful to know to what extent the tribe can “piggyback” on evaluations already in place for existing services, and still claim Title IV-E.

Question:

Do you foresee challenges for tribes in undertaking rigorous evaluations of tribal prevention services?

Comment:

Participants noted:

- Studies conducted by smaller tribes may not possess enough statistical power to undergo rigorous statistical analyses.

- It can be difficult for some tribes to conduct a rigorous study for both cultural and logistical reasons.

Question:

If so, what assistance would be useful to tribes as they evaluate their tribal prevention services?

Comments:

Participants noted:

- Site visits and on-going training would be helpful.
- The opportunity to work with and access universities for evaluation services would be helpful for tribes.

Question:

What other parts of the program as applied to tribes should ACF be aware of?

Comments:

- A participant suggested that CB clarify for tribal programs what is Title- IVE claimable.
- A participant asked if there is flexibility on the licensing of tribally operated and owned facility/services as far as reimbursement is concerned.
- One participant noted that Title IV-E tribes will need to look through the pre-print carefully as it will be a very important component in deciding whether to operate a prevention services program.

Written Comments:

ACF also received a number of written comments as part of the Tribal consultation. The vast majority of written comments expressed concerns very similar to those offered on the consultation calls regarding the need for maximum flexibility in defining culturally appropriate interventions, the barriers related to adhering to the proposed evidence based intervention requirement, and mandatory outcome data collection and reporting.

Closing:

Jerry Milner thanked all participants for sharing their thoughts and comments and stated that the feedback given would be reflected in the program instruction.

The Children's Bureau subsequently issued guidance on the title IV-E Prevention Services Program on November 30, 2019. The Program Instruction for tribes directly operating the title IV-E program is [ACFY-CB-PI-18-10](#).