Coordination of Tribal TANF and Child Welfare Services: Early Implementation

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Pirkko Ahonen, Kim Keating, Julie Morales, Connie Vu – James Bell Associates, Inc.
Carol Hafford, Athena Diaconis – NORC at the University of Chicago

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Submitted to:
Anne Bergan, Project Officer
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Project Director: Pirkko Ahonen
James Bell Associates, Inc.
3033 Wilson Boulevard Suite 650
Arlington, VA 22201

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OPRE

Coordination of Tribal TANF and Child Welfare Services: Early Implementation

OVERVIEW

This report describes the first year of activities of the 14 tribes and tribal organizations who in 2011 received demonstration grants from the Office of Family Assistance (OFA) for *Coordination of Tribal TANF and Child Welfare Services to Tribal Families at Risk of Child Abuse or Neglect*.

Low-income families such as those who qualify for TANF are generally at greater risk for child maltreatment than other families. Since many families are involved with both the welfare (TANF) and child welfare (CW) systems, TANF and CW agencies are ideal partners to coordinate efforts to provide services that can address family risk factors, as TANF is intended not only to encourage parents to improve their socio-economic status, but also to provide stable homes. The funded projects were expected to focus on one or more of the following services: (1) improved case management for families eligible for assistance from a Tribal TANF program; (2) supportive services and assistance to tribal children in out-of-home placements and the tribal families caring for such children, including adoptive families; and (3) prevention services and assistance to tribal families at risk of child abuse and neglect.

Key Findings

- In keeping with the grant focus on reaching out to families at-risk of child maltreatment and coordinating prevention and intervention strategies, the grantees serve TANF enrolled or eligible families that were identified as at-risk for child abuse or neglect; families who are already involved with Indian Child Welfare; and families with a child in out-of-home placement. The grantees' goals and objectives for service coordination are specific to the needs of the families within their communities. Similarly, the services that the grantees implemented in the first project year are diverse and designed to be responsive to the families served by the tribe.

- The tribally-developed service models are informed by cultural teachings and practices. Practice-based evidence is based on traditional ways and indigenous knowledge. At the project level, the grantees engage in many activities designed to contribute to more effective service delivery to families that require assistance from TANF and child welfare. The most common activities are comprehensive family assessments, intensive/preventive case management, multi-disciplinary team meetings, and providing services through home visits.

- Direct services implemented by the grantees are diverse, reflecting the multiple, interrelated needs of the families. In general, the services provided most frequently to the target population of families address four broad areas of need: child and family, health, economic, and cultural needs. The most common services provided by the grantees were family violence prevention, substance abuse and mental health services, and parenting education (Positive Indian Parenting, Strengthening Families, Powerful Native Families, and the Nurturing Fathers Program). Through these services, the grantees aim to address the core underlying issues most connected to risk of child abuse and/or neglect through interventions and preventive education and skill-building. Grantees also offered supports to families as they work toward self-sufficiency and family well-being goals. These supportive services included early childhood services and child care,

transportation services, and access to family and household resources, such as furniture, food boxes, clothing, diapers, school supplies, and backpacks.

- All grantees work with a range of partners to accomplish their goals. In addition to the primary (TANF-CW) partnership, most of the projects include other social service programs or departments as primary partners. The most common partner type is a family violence prevention program. Across projects, secondary partners provide direct services and activities, but do so as a result of primary partner action, or at the direction of primary partners. Such direction can come from a joint case/service/treatment plan, from referrals, multi-departmental meeting outcomes, or project staffs' direct request. Secondary partners not only receive referrals, but also provide referrals to the project. Overall, secondary partners enhance and expand the level and scope of the projects' services, provide improved and easier access to services, and directly support the projects.

- The grantees, as a group, made substantial progress at implementing system level changes to improve coordination and collaboration over the first grant year. Grantees' system level coordination improvements included: Forming and/or facilitating interagency planning groups in their communities; implementing cross-training of staff across partner programs; and efforts to explore and develop cross-system management information systems to support and facilitate data sharing among partners.

- Many direct services were enabled by the system level coordination efforts with progress most evident in the area of direct service provision that included: Family/participant support and/or educational activities on a variety of topics (e.g., employment and job training, GED completion, life skills and healthy family relationships; trainings for participants on tribal cultural values and traditions which emphasize unique tribal strengths related to parenting and healthy relationships; formal or informal wraparound services; incorporating some form of tribal home visiting[1] into their existing services; providing alcohol, tobacco, and drug treatment and/or relapse prevention services; youth activities to high risk families with middle and high school youth; transportation services to families to facilitate their access to services; fatherhood programming; and providing fundamental family preservation resources to families with the greatest needs (e.g., food, clothing, telephone, and computer access).

- Overall program implementation at the end of the first year of the funded projects appeared to be at the initial implementation phase, in which key program activities are becoming part of the routine practices of their organizations. During this phase, barriers and challenges continue to be addressed as the new way of working becomes integrated into existing programming.

This report is the first of three reports to be undertaken as part of the Study of Coordination of Tribal TANF and Child Welfare Services (TT-CW). The TT-CW study is conducted by James Bell Associates, Inc. in collaboration with its partners (NORC at the University of Chicago and Center for American Indian and Alaska Native Health at the University of Colorado at Denver) under a contract to the Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services.

[1] Home visiting programing for most grantees involved either visits to the home as a part of child welfare case management, or informal home visits to check-in with families who may be in crisis.

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CHAPTER I. INTRODUCTION

A. Overview of Coordination of Tribal TANF and Child Welfare Services Grants and Grantees

1. Background and Context

Temporary Assistance to Needy Families (TANF) was created by the Personal Responsibility and Work Opportunity Act in 1996, when it replaced Aid to Families with Dependent Children. The new TANF program placed more emphasis on facilitating self-sufficiency via job training and employment opportunities, as well as encouraging stable families. Low-income families, such as those who qualify for TANF are generally at greater risk for child maltreatment than other families. For example, children from a low socio-economic status are three times more likely to have been reported as abused, and seven times more likely to have been reported as neglected, than children of higher socio-economic status.

Since many families are involved with both the welfare (TANF) and child welfare (CW) systems, effective coordination of service provision to tribal families to improve outcomes for families and children is important.[1] Therefore, TANF and CW agencies are ideal partners to coordinate efforts to provide services that can address family risk factors, as TANF is intended not only to encourage parents to improve their socio-economic status, but also to provide stable homes. Partnerships between CW agencies and TANF provide opportunities to ensure that children's basic needs are met. While the welfare system is focused primarily on enhancing the economic self-sufficiency of families with children and the child welfare system is focused primarily on ensuring the safety of children, both systems share a common mission of ensuring the well-being of children and families.

An underlying premise of the emphasis on service coordination is that the needs of families, rather than funding streams or organizational structures, should drive the provision of services. Effective interagency collaborations can pool scarce human and material resources, share expertise among staff, expand services, reduce duplications of efforts, and exchange information about families' needs in order to formulate the most responsive approach.[2]

In 2006, under the Deficit Reduction Act of 2005, ACF had for the first time awarded 10 grants to tribes and tribal organizations for demonstration projects of coordination of Tribal TANF and CW services. The funded projects were expected to focus on one or more of the following three services: (1) improved case management for families eligible for assistance from a Tribal TANF program; (2) supportive services and assistance to tribal children in out-of-home placements and the tribal families caring for such children, including adoptive families; and (3) prevention services and assistance to tribal families at risk of child abuse and neglect. Those were 5-year grants that ended in 2011.

The Claims Resolution Act of 2010 authorized additional awards for demonstration projects for coordination of CW and Tribal TANF services provided to tribal families at risk of child abuse or neglect. The purposes of the projects and the authorized uses of project funds remained the same. Authorized by this new legislation, in 2011 the Office of Family Assistance (OFA) awarded discretionary grants to 14

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[1] Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

[2] Dicker, S. (2009). Reversing the odds: Improving outcomes for babies in the Child Welfare system. Baltimore, MD: Paul. H. Brookes Publishing Co; and James Bell Associates (2011). *Evaluating Inter-Organizational Collaborations*. Author: Arlington, VA.

tribes and tribal organizations that administer Tribal TANF programs. These 2011 grants provided the opportunity for additional tribes to implement Tribal TANF-CW Coordination projects (TT-CW), and for most of the 2006 grantees, the opportunity to build on, modify, and/or expand their projects to address and meet these tribes' unique needs. Nine of the grantees are continuing or expanding coordination efforts began under the 2006 OFA discretionary grants and five are new grantees under this funding opportunity. The grantees also agreed to participate in the ACF-sponsored study as a required condition of the grant funding.

2. Tribal TANF/Child Welfare Grantees

The 14 grantees vary in terms of geographic locations (see exhibit I-1) and other characteristics. For example, the service areas of the grantees range from a few square miles to nearly 300,000 square miles and the service area population from a few thousand to tens of thousands. Most are a mix of rural and urban populations and many are remote or have remote regions/villages to serve.

Exhibit I-1: Grantees by Geographic Region

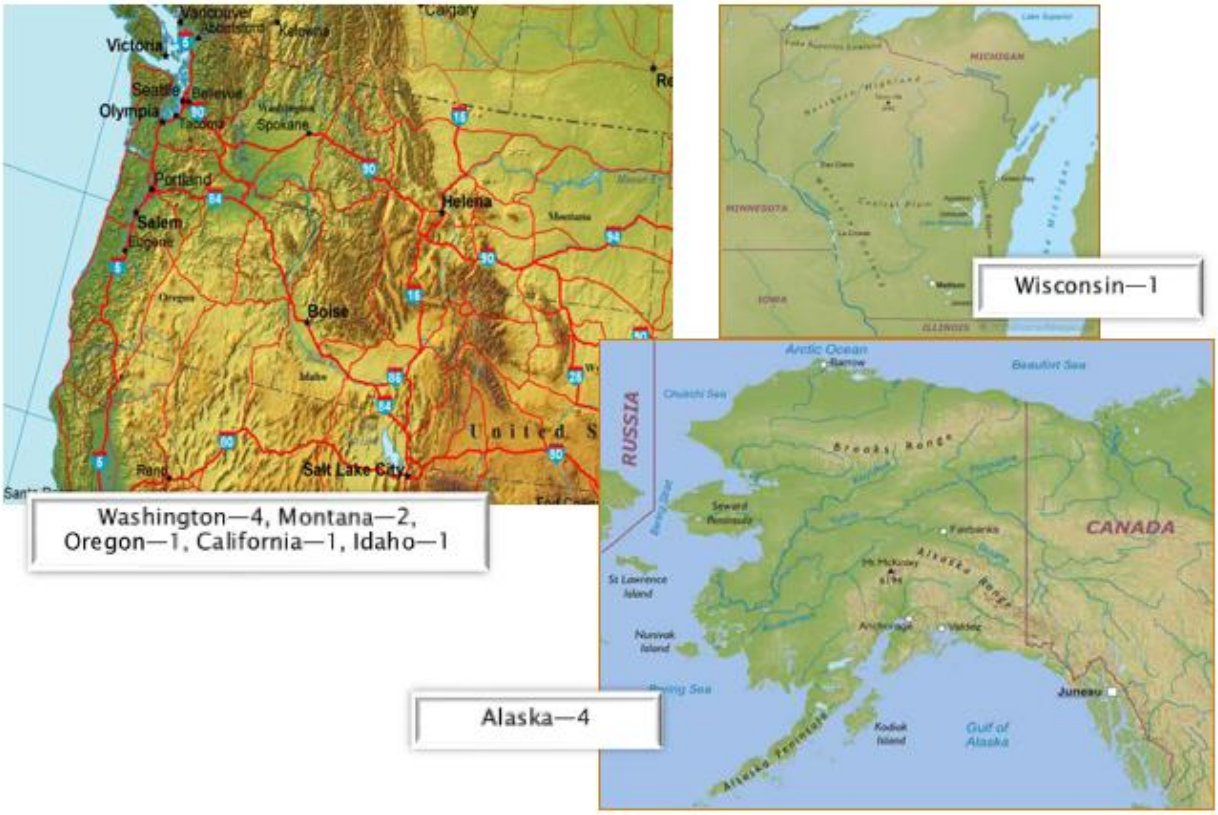

Exhibit I-2 lists the 14 tribes and tribal organizations that received the service coordination grants and provides the location, project name, and target population of each grant-funded project. The Appendix to this report also provides summaries that include additional details regarding the characteristics of the grantee organizations and each grantee's funded project including the cultural elements the grantees incorporated into their program models.

Exhibit I-2: Coordination of Tribal TANF and Child Welfare Services Grantees' Projects

Grantee Tribe or Tribal Organization	Location	TT-CW Project/Program	Target Population
Association of Village Council President	Bethel, Alaska	TANF Healthy Families Project	TANF families, ICWA families, and Head Start families for assessment
Central Council of the Tlingit and Haida Indian Tribes	Juneau, Alaska	ICW/ TANF Collaborative Case Management Initiative	At-risk families who apply for Tribal TANF services
Chippewa Cree Tribe of the Rocky Boy's Reservation	Box Elder, Montana	TANF and Child Welfare Coordination Initiative	Tribal TANF recipient families on Rocky Boy's Indian Reservation who are at risk of child abuse and/or neglect
Coeur d'Alene Tribe	Plummer, Idaho	ICW/TANF Cooperative Project	Coeur d' Alene Tribe of Idaho and other native families living on the Coeur d' Alene Indian reservation
Confederated Salish and Kootenai Tribes	Pablo, Montana	Families First Project	TANF recipient and TANF-eligible families who are at risk of child abuse and neglect, or currently involved with CPS; tribal children in out-of-home placement and the families caring for them
Confederated Tribes of Siletz Indians	Siletz, Oregon	Healthy Family Healthy Child Program	Siletz Tribal Members and their families living in the 11-county service area who are receiving and/or eligible for TANF and involved with the ICW program or at risk
Cook Inlet Tribal Council	Anchorage, Alaska	Luqu Kenu – Everyone is Family	All Alaska Native (and American Indian) families living in Anchorage, AK
Forest County Potawatomi Community	Crandon, Wisconsin	Family Resource Center	TANF and ICW recipient families who are at risk of child abuse and/or neglect and other at-risk FCPC families
Hoopa Valley Tribe	Hoopa, California	Partnerships for Children and Family Success	TANF eligible or TANF participant families and children
Nooksack Tribe	Deming, Washington	Healthy Families Program	TANF recipient and TANF eligible families who are Nooksack Tribal members and/or enrolled American Indian/Alaska Natives who live in Whatcom and Skagit Counties
Port Gamble S'Klallam Tribe	Kingston, Washington	Advocating for Strong Kids (ASK)	Families with at-risk youth entering 6th grade
Quileute Tribe	La Push, Washington	Youth and Family Intervention Program	TANF recipient Native youth (age 12-19) who are teen parents, teens at-risk for pregnancy, and parents who are concerned that their child is at risk
South Puget Intertribal Planning Agency	Shelton, Washington	TANF and ICW Wrap-around Collaborations Project	TANF recipient families who are at risk of child abuse and/or neglect
Tanana Chiefs Conference	Fairbanks, Alaska	Athabascan Family Support Project	Tribal families involved with both TANF and CW systems whose children are in custody or at-risk of becoming placed in protective custody and tribal children in out-of-home placements

B. Study Goals, Methods, and Implementation

To learn from the approaches and implementation strategies that the tribes and tribal organizations who received these grants are using, ACF's Office of Planning, Research and Evaluation (OPRE) contracted with James Bell Associates (JBA) to conduct a multi-year study of coordination of the provision of Tribal TANF, child welfare, and other services to families at risk of child abuse and neglect.

The overarching goal of this descriptive study is to document the way in which the tribal grantees are creating and adapting culturally relevant and appropriate approaches, systems, and programs to increase coordination and enhance service delivery to address child abuse and neglect. The study is documenting the strategies and approaches utilized by the grantees, the factors that facilitate or impede program implementation and the lessons learned. Overall, the study is describing program-wide implementation of the Tribal TANF-CW coordination efforts.

The study approach borrows from the participatory research approach and includes ongoing communication with the grantees. The study aims for a research partnership with the grantees, and a collaborative construction of knowledge. Grantees have the opportunity to review and offer feedback on all documentation developed by the study team, including grantee profiles that are developed based on a review of grantee documents (grant applications and semiannual progress reports) and regular update calls; site visit summaries that are developed based on the information gathered during on-site discussions with the grantees; and cross-site findings reports.

This initial findings report on early grantee activities is based on document review (grant applications and spring and fall 2012 semiannual reports); regular update calls with the grantees during the first year; and informal on-site discussions during the first site visits to the grantee sites. The initial round of the site visits focused on establishing working relationships with the grantees and clarification of programmatic details. The visits were conducted by two-person site visit teams from September 2012 to January 2013. Subsequent rounds of site visits in 2013 and 2014 will entail more structured data collection for which data collection protocols have been developed.

Exhibit I-3 presents the key research questions that this report aims to address. The exhibit also notes the number of the chapter that most directly addresses each research question. The Interim Findings Report (2014) and the Final Report (2015) will address additional areas of interest including the degree to which project goals and objectives were accomplished.

Exhibit I-3: Research Questions Addressed in the Early Implementation Report

Research Question	Chapter No.
What are key factors that influenced the submission of a grant application to support coordination, development of the approaches and implementation of actions/activities (e.g., organization and political context and history, key persons, rates of abuse/neglect, etc.)?	II.A
What is the nature of the intervention as implemented?	II.B.1
What is the origin of the approach/model being implemented?	II.B.2
Were adaptations required [of the approach/model] to work within tribal programs and communities?	II.B.3
What are the goals and objectives?	II.C
What are the levels and characteristics of service provision and coordination between Tribal TANF and child welfare agencies and any other agencies/parties?	III.B IV
Were there changes made from the original design/plan as included in the grant application? Why?	III.A
What staff is involved, what are their roles?	III.C
Was there successful implementation of specific actions as proposed in the grant application?	V & VI

In addition to report content described in exhibit I-3, Chapter II further describes the funded projects including the strategies and approaches that the grantees chose to implement, specific populations the projects aim to serve, and project goals and objectives; Chapter III discusses the specific activities and services that are provided and the staffing structures involved; and Chapter IV focuses on the service coordination efforts including what types of partner organizations are involved, cross-agency

coordination between Tribal TANF and CW, and coordination with other relevant programs. Chapter V provides a description of the grantees' progress in the first year in carrying out their activities, and the report concludes with Chapter VI which offers a summary of the findings, initial conclusions and lessons learned from the first year of project implementation.

CHAPTER II. TRIBAL TANF/CHILD WELFARE SERVICE COORDINATION PROJECTS

A. Introduction

1. Key factors influencing the submission of grant applications

Ten of the 14 grantees had previous grant-funded projects to enhance service coordination and collaboration; nine had been awarded the *Coordination of Tribal TANF and Child Welfare Services to Tribal Families at Risk of Child Abuse or Neglect* grants by OFA and one had a grant from the Children's Bureau for *Collaboration Between TANF and Child Welfare to Improve Child Welfare Outcomes*. These previous grants had been awarded in 2006. For these ten grantees, the release of the 2011 grant announcement coincided with the conclusion of the previous grants and provided an opportunity to continue the progress that had been made and to enhance and strengthen the grantees' collaborative efforts. Another important issue that influenced the submission of the grant applications was the multiple ongoing needs and the risk factors (e.g., child maltreatment; poverty; educational and employment challenges; and substance abuse, health, and mental health issues) experienced by the families and children in the communities and the accompanying necessity for enhanced and more effective services available to the families. In many cases the grantees also saw the need to build on the infrastructure established under the earlier grants and to expand their services to a wider array of participant families.

A variety of factors also influenced the new grantees' decisions to apply for the service coordination grants. These grantees were also influenced by the substantial needs of families within their target population that compelled the service providers to take a closer look at gaps in services, duplication of services, and inadequate inter-agency communication. These grantees had explored avenues for strengthening their services and infrastructures and determined that coordination and collaboration could help conserve resources and expand the reach of limited resources to serve tribal families more effectively and efficiently.

B. Approaches/Models to Address Coordinated Service Delivery to Tribal Families at Risk of Child Abuse or Neglect

1. Overarching strategies, approaches, models chosen by grantees

The grantees implemented a variety of approaches to serve tribal families at risk of child abuse and neglect. These approaches varied in terms of the point of intervention, intensity, and degree of coordination, and integration into child and family serving systems. The various approaches are grouped in the following categories: Parenting Education; Family Resource Centers; One-on-One Supports to Access and Coordinate Services; Single Point of Entry; Intensive Case Management; Multi-Disciplinary Teams; Wraparound; Blended Model[3]; and Systems of Care (see Exhibit II-1). Although some grantees incorporated multiple approaches, the primary, and most clearly articulated, approach used by each grantees is described below.

[3] This heuristic term is used to describe the multiple components of the approach that are rooted in tribal and child welfare prevention and intervention strategies.

Exhibit II-1: Primary strategies, approaches or models implemented

Grantee	Parenting Education	Family Resource Centers	Single Point of Intake	One-on-One Supports	Intensive Case Management	Multi-Disciplinary Teams	Wraparound	Blended Model	SOC
AVCP	X								
CCRBR					X				
CCTHITA									X
CDA			X						
CITC				X					
CSKT					X				
CTSI						X			
FCP		X							
Hoopa		X				X			
Nooksack								X	
PGST							X		
Quileute							X		
SPIPA							X		
TCC				X					

Parenting Education

The Association of Village Council Presidents (AVCP) uses its *Healthy Families (ELLUARRLUTENG ILAKUTELLRIIT)* curriculum, a "strength-based, holistic approach" to foster positive childrearing and parenting practices and address dysfunctional behaviors stemming from historical trauma. Many Yup'ik parents were raised in boarding schools and thus did not have the opportunity to learn how to parent. The traditional way emphasizes healthy childrearing practices and it is the goal of the Healthy Families training to impart this knowledge. Families involved in TANF and Indian Child Welfare (ICW) in Bethel and in the native villages are referred to the Healthy Families training, but it is also open to anyone that is interested, such as interested parents, community members, residents at the women's shelter, and native or non-native human service professionals. Training sessions are held over 3 1/2 days in Bethel; there are four trainings held each year. There are also two-hour Monday night sessions which takes 10 weeks to complete. Healthy Families trainings can be held in the native villages at the invitation of the village leadership.

Family Resource Centers

The *Family Resource Center* of Forest County Potawatomi Community (FCP) serves as a focal point for tribal programs that emphasize family togetherness and provides a neutral setting for families to access resources and tools. The FRC provides referrals, direct client services, supportive programming and community events in order to connect tribal families with appropriate resources and support. Activities emphasize parent-child interactions (Play Shoppe, Music Garden), positive couple, parenting, and family relations (Healthy Relationships), responsible fathering (Nurturing Fathers Program), and culturally-competent parenting (Positive Indian Parenting). The ICW, TANF, Child Care, and Child Support programs all actively refer clients to the FRC (ICW, TANF, and Child Care require their clients to attend certain FRC activities).

The Hoopa Valley Tribe's *Partnerships for Children and Family Success* operates the *Hupa Family Resource Center* (HFRC) which serves as a central resource for families engaged with the Hoopa Human

Services system. The HFRC provides assistance and referrals, offers programming to support family well-being and self-sufficiency, and provides concrete resources. The HFRC serves as a liaison between all departments, and provides a physical space for fostering cross-departmental collaboration; the staff facilitate and conduct Multi-Departmental Action Meetings.

Single Point of Intake

The Coeur d'Alene (CDA) Tribe's *ICW/TANF Cooperative Project* is implementing a single point of intake through the TANF department for families at risk for child abuse and/or neglect, along with implementation of a formal system of risk assessment and referral to appropriate services. The intent of the project is to strengthen the relationship and lines of communication between TANF and ICW by developing policies and procedures for serving shared clients and formalizing their agreement with a Memorandum of Understanding. In addition to implementing coordinated referrals and services between Tribal TANF and ICW, the CDA project is putting in place a preventive, proactive approach to identifying and meeting the needs of families.

One-on-One Supports to Access and Coordinate Services

Cook Inlet Tribal Council's (CITC) *Everyone is Family (Luqu Kenu)* intervention addresses increased coordination and interoperability between Tribal TANF and child welfare through joint case planning by having a full-time intensive case manager who serves as a liaison between departments and conducts family assessments, initiates referrals for services, provides follow-up interventions, and conducts home visits and training.

The *Athabascan Family Support Project* of Tanana Chiefs Conference (TCC) employs Parent Navigators and Foster Parent Navigators who focus on assisting parents and relative caregivers in navigating the complexity of the child welfare and TANF systems to increase the families' access to and utilization of supportive services that are focused on TANF, state, or tribal case plan objectives. Navigators work with their assigned families for up to six months, maintain weekly contact, participate in monthly joint meetings, and connect families with staff, services, and resources.

Intensive Case Management

The Confederated Salish and Kootenai Tribes' (CSKT) *Family First Project* uses a strengths-based empowerment model for intensive case management that entails development of individualized case plans. The approach includes coordinated intake/assessment, support services, referral to tribal and community resources, and advocacy on behalf of CSKT families with tribal and community agencies/systems. The case management approach bridges the multiple systems that serve families.

The *TANF and Child Welfare Coordination Initiative* of Chippewa Cree Tribe of the Rocky Boy's Reservation (CCRBR) addresses TANF-eligible families at-risk of child abuse and neglect or who are involved with the child welfare system by providing intensive case management using a wraparound service model. The intensive case manager is embedded within the TANF program and works with up to ten families. The case manager identifies the families' needs and works closely with the adult, develops a comprehensive plan of services to help them meet the TANF objectives, prevent the need for removals, or shorten the time that the family is involved with child welfare.

Multi-Disciplinary Teams

The Confederated Tribes of Siletz Indians (CTSI) *Healthy Family Healthy Child* program institutionalized use of a Multi-Disciplinary Team (MDT) to work with at-risk families. The MDT is coordinated across tribal human service programs and representatives from Tribal TANF, ICW, alcohol

and drug prevention, community health, mental health, and housing, along with the Siletz Valley Charter School. They gather monthly to discuss families that are in crisis, at risk of having the children removed from the home, or at risk of child abuse or neglect.

Hoopa Valley implemented a Multi-Departmental Action Team that consists of Hoopa Tribal and Humboldt County human services programs. The tribal and county staff work together to identify and assess family needs and coordinate service delivery for child welfare-involved families and families at-risk. The meetings are chaired by the *Hupa Family Resource Center*. The HFRC staff provide intensive case management services, as appropriate, to families.

Wraparound

Wraparound model is a team-based approach to service planning and delivery to provide coordinated services to address the needs of at-risk families and children. The South Puget Intertribal Planning Agency (SPIPA) *TANF and ICW Wraparound Collaborations* project is implementing a wraparound service delivery model. SPIPA's approach hinges on three family advocates who are placed at individual tribal sites and supervised by the SPIPA Social Services Program Manager. The wraparound model has been implemented to various degrees at different sites, and includes an individualized needs assessment to identify the strengths and capabilities of referred individuals and families. Family advocates in several tribal sites conduct a needs assessment and work directly with families to develop their Individual Responsibility Plans (IRP) which build upon the families' identified strengths. Advocates use the needs assessment information to identify the array of services needed, to make referrals, and to set IRP goals. In addition, at several sites, advocates and other program staff engage in collaboration and resource sharing to serve the needs of families. They share responsibility for monitoring family progress towards established IRP goals to varying degrees at different sites. Key characteristics of family advocates include knowledge of and respect for tribal community traditions, values and norms, which are incorporated into the wraparound service delivery model.

The approaches used by the grantees serving youth are based in existing youth prevention strategies; both include a wraparound component.

- The Port Gamble S'Klallam Tribe (PGST) *Advocate for Strong Kids (ASK) Project* has both intervention and prevention components. Youth services include an array of prevention activities including: family and mentoring activities, academic tutors, healthy youth events, and employment and transition to adulthood support activities. The intervention component includes the ASK Coordination staffing meetings and the wraparound family meetings. The ASK Coordination meetings are intended to provide case management/staffing for at-risk youth and their families and the wraparound family meetings involve all relevant service providers who may contribute to supporting at-risk families.

- The Quileute Tribe's *Youth and Families Intervention Program* focuses on prevention programming for TANF recipient families who have teens at risk for pregnancy, or teen parents—thus the intervention serves youth from 12 to 19 years of age and their families. Family and youth advocates wrap services around families who are at risk in the community by working closely with their community partners. They also provide opportunities for trips to colleges and vocational schools to promote post-secondary school employment and academic achievement. In addition, healthy living is promoted through community activities for youth and young families, and connections to Quileute culture are incorporated into community activities when possible.

Blended Model

The Nooksack Tribe's *Healthy Families* program has implemented a blended model to encourage healthy lifestyles and revitalize healthy families. The model incorporates tribal teaching and values, standard child welfare approaches, and evidence-based interventions. The tribal components emphasize family cohesion and community belonging, including such strategies as proactive outreach to families, the value of family narrative, cultural competency, the integration of cultural knowledge and practices, truth reconciliation, and participation in community events. The evidence-based components include Family Team Decision-Making and home-visiting, using the Parents as Teachers model. Standard child welfare approaches include wraparound and a "no wrong door" approach so that families can access needed services from any point in the system.

Systems of Care

The Central Council of the Tlingit and Haida Indian Tribes of Alaska (CCTHITA) *ICW/ TANF Collabor*ative Case Management Initiative involves a holistic approach for families at risk and builds upon coordination across systems and agencies serving Alaska Native families. The approach focuses on early identification of families at risk for child maltreatment and provision of early intervention services to these families. The project is leveraging its in-home prevention services to enhance a Systems of Care (SOC) Holistic Model that involves implementing the Structured Decision Making assessment tool and developing standardized forms, policies and procedures; and a joint case review process. Case management services are a key component of the approach.

2. Origins of the approaches/models being implemented

Traditional culture and practice

The tribally-developed service models are informed by cultural teachings and practices. Practice-based evidence is based on traditional ways and indigenous knowledge.[4]

- AVCP's *Healthy Families* curriculum *(ELLUARRLUTENG ILAKUTELLRIIT)* was developed by a group of Yup'ik professionals under the guidance of respected elders and community members. The rationale for developing the curriculum was to address the limitation of existing programs that were developed for other communities and did not fit the Yup'ik culture and the families' needs. Many Yup'ik parents were raised in boarding schools and did not have the opportunity to learn how to parent. The traditional way emphasizes healthy childrearing practices and it is the goal of the Healthy Families training to impart this knowledge.

- FCP's approach to the *Family Resource Center*, and that of the Family Services programs in general, is rooted in the traditional and holistic tribal teachings of the "circle of life" or

[4] Practice-based evidence (PBE) is defined as: "A range of treatment approaches and supports that are derived from, and supportive of, the positive cultural attributes of the local society and traditions. Practice based evidence services are accepted as effective by the local community, through community consensus, and address the therapeutic and healing needs of individuals and families from a culturally-specific framework. Practitioners of practice based evidence models draw upon cultural knowledge and traditions for treatment and are respectfully responsive to the local definitions of wellness and dysfunction." Isaacs, M.R., Huang, L.N., Hernandez, M., Echo-Hawk, H., December 2005. *The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children's Mental Health*. Washington D.C.: National Alliance of Multi-Ethnic Behavioral Health Associations, 2005. Retrieved from The Technical Assistance Partnership for Child and Family Mental Health http://www.tapartnership.org/content/mentalHealth/faq/01evidenceBased.php

"medicine wheel". The project staff described the medicine wheel as epitomizing the four aspects of life in being physically, emotionally, spiritually, and intellectually connected and involving the individual, family, community and the nation.

Multi-Disciplinary Teams [5]

The Hoopa Valley's Multi-Departmental Action Team (MDAT), is based on the Siletz' CTSI MDT model. The former Project Coordinator at Siletz had introduced Hoopa's Tribal TANF Director to the process and provided the details of the Siletz model as a guide for Hoopa to implement and adapt. The Siletz Project Coordinator continued to support the Hoopa Valley staff during the initial stages of development and implementation. The Hoopa MDAT approach is similar to the Siletz model although it does not include the wraparound client meetings. The MDT model, as implemented by the *Partners with Families and Children* program in Spokane, WA, is recognized by SAMHSA's National Registry of Evidence-based Programs and Practices as an evidenced-based intervention. [6]

Child Welfare Initiatives

CCTHITA replicated Structured Decision Making ® (SDM) as a key component of its SOC. The SDM ® is a comprehensive case management system that assesses family strengths and needs at key decision points in the life of a child protection case (i.e., from intake to reunification) to drive decision making, case planning, and service delivery for families referred to and assessed by Child Protection Service (CPS) agencies. The primary goals of SDM ® are to reduce subsequent maltreatment and to reduce the time to permanency. The origin of the Family Prevention Model of SDM ® being implemented by CCTHITA is a variation of the evidence based SDM® model used in California to help child welfare workers and their supervisors improve their decision-making.[7] [8] Information from SDM ® assessments is used for agency performance measurement and monitoring. According to the *California Evidence-Based Clearinghouse*, SDM ®demonstrates promising research evidence. [9]

TCC replicated a Navigator model that had been successfully used by its TANF program to provide job coaching and mentoring. The one-on-one Navigator model is rooted in personalized approaches that help families engage with services and ensure social support in accessing multiple services across

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[5] In the mid-1980's Child Advocacy Centers implemented MDTs to promote an integrated, multidisciplinary, and child-centric approach to the investigation and treatment of child sexual abuse. MDTs consist of medical, mental health services, child protection, law enforcement, prosecution, and victim advocacy professionals who conduct interviews and make collaborative decisions on cases of suspected abuse.

[6] http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=163

[7] Johnson, W. 2004. *Effectiveness of California's Child Welfare Structured Decision-Making (SDM) Model: A Prospective Study of the Validity of the California Family Risk Assessment*. Oakland, CA: National Council on Crime and Delinquency.

[8] Kim, A. K., Brooks, D., Kim, H., & Nissly, J. (2008). *Structured Decision Making® and child welfare service delivery project.* Berkeley: University of California at Berkeley, California Social Work Education Center.

[9] SDM® has been given a provisional rating of Promising Research Evidence. Briefly, a "promising practice" must meet the following criteria: 1) There is no case data suggesting a risk of harm; 2) There is no legal or empirical basis suggesting that the practice constitutes a risk of harm to those receiving it; 3) The practice is manualized and practice protocols are described; 4) At least one rigorous study has established the practice's benefit over the control; and 5) The study has been reported in published, peer-reviewed literature. http://www.cebc4cw.org/program/structured-decision-making/

organizational boundaries (tribal, county, State). To date, there has been little empirical testing of the effectiveness of the Navigator model.[10]

Wraparound

CDA, SPIPA, and CTSI incorporated wraparound as a key component of their approach. The two grantees serving youth, PGST and Quileute, also incorporated wraparound into their case management strategy. Wraparound is a team-planning process to provide individualized and family-centered care, particularly for children that are involved in multiple service systems. [11] The hallmark of wraparound is its individualized, family driven, culturally competent and community-based services. [12] As a concept and service delivery strategy, wraparound has been in existence for more than four decades as a means to provide individualized, comprehensive, community-based care for children and their families using natural supports. In Indian Country, the wraparound approach builds on the traditional practice of extended family support and is incorporated in social service delivery, thus bridging the old and new ways of serving families. The wraparound approaches implemented by the grantees are inspired by the teachings of the Native American Training Institute, which provided technical assistance to the first cohort of Tribal TANF-Child Welfare Coordination grantees. [13] The wraparound approach has been validated as a promising practice for placement stabilization of children in foster care.[14] Further research is needed to test its effectiveness for child maltreatment prevention.

Youth Prevention

The approaches used by the youth serving programs are based on existing youth prevention strategies and include a wraparound component. PGST's ASK approach draws heavily upon various youth prevention programs, cultural life skills curriculum, and the wraparound model. The Quileute's approach is greatly influenced by teen pregnancy prevention programming and a wraparound intervention approach.

Systems of Care

The SOC approaches rest on existing models of service delivery that have been in use across child-serving systems for more than a decade, particularly in child welfare and children's mental health. The holistic and integrated SOC approach fits well with tribal orientations to working with families, including addressing personal needs and achieving balance, building on close-knit relations among extended family and community members. A SOC approach is well-suited to tribal social service delivery, given the size of the population served and scale of operations.

3. Cultural elements incorporated into the approaches/models for working within tribal programs and communities

The strategies, approaches, and models implemented by the grantees either built upon or were infused with cultural teachings and practices so that they would be culturally relevant and responsive to

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[10] The California Evidence-Based Clearinghouse for Child Welfare http://www.cebc4cw.org/program/kinship-navigator-program/

[11] The California Evidence-Based Clearinghouse for Child Welfare http://www.cebc4cw.org/program/wraparound/

[12] *Ibid.*

[13] http://www.nativeinstitute.org/

[14] The California Evidence Based Clearinghouse for Child Welfare http://www.cebc4cw.org/program/wraparound/

the target populations; these cultural adaptations were incorporated into all 14 grantees' approaches to providing services, but did not require significant modification of key service models. The grantees' approaches to service delivery encompass varied and nuanced values, culture, and traditional practices. Overall, because projects were all targeted toward the Native American population, cultural competence of staff was a key skill that was valued and emphasized across all projects. Among the 14 grantees, three grantees specifically trained staff to provide culturally-based curricula, such as Positive Indian Parenting (PIP). Three projects emphasized the significance of tribal elders in helping to support families. These projects provided opportunities for families to interact with tribal elders for the purposes of receiving counseling, mentoring, and education on the tribe's cultural history, traditions and language. Two grantees involved key staff/partners who had the unique role of providing cultural knowledge and advice; conveying values and principles; and sharing the tribal history and the importance of the indigenous language to families and caseworkers. Planning activities based on cultural traditions was the main approach that two projects (PGST and Quileute) used to engage youth in their services. Their projects focused on empowering youth and teaching them life skills through canoe trips, drum circles, and other cultural activities.

4. Target Populations

All fourteen grantees served TANF enrolled or eligible families in various capacities (see Exhibit II-2). In keeping with the grant focus on reaching out to families at-risk of child maltreatment and coordinating prevention and intervention strategies, nine of these grantees served TANF enrolled or eligible families that were identified through screening protocols as at-risk of child abuse and neglect. Nine grantees served TANF-enrolled families who were already involved with Indian Child Welfare. A subset of these nine grantees also served families with a child in out-of-home placement and the families caring for them. Two grantees provided support for families that were adopting or had adopted a child. In addition, one grantee also provided supports to kinship caregivers.

Exhibit II-2: Target Populations Served by Tribal TANF-Child Welfare Grantees

Grantee	TANF enrolled or eligible families identified w/screening tools as at-risk of child abuse and neglect	TANF-enrolled families already involved with Indian Child Welfare	Families with a child in OHP and families caring for child in OHP	Adoption support	Kinship caregiver support	At-risk youth and their families
AVCP		X				
CCRBR	X					
CCTHITA	X					
CDA	X					
CITC	X	X				
CSKT	X	X	X			
CTSI		X				
FCP		X			X	
Hoopa						
Nooksack	X	X	X			
PGST		X	X			X
Quileute						X
SPIPA	X	X	X	X		
TCC	X	X	XX	X		

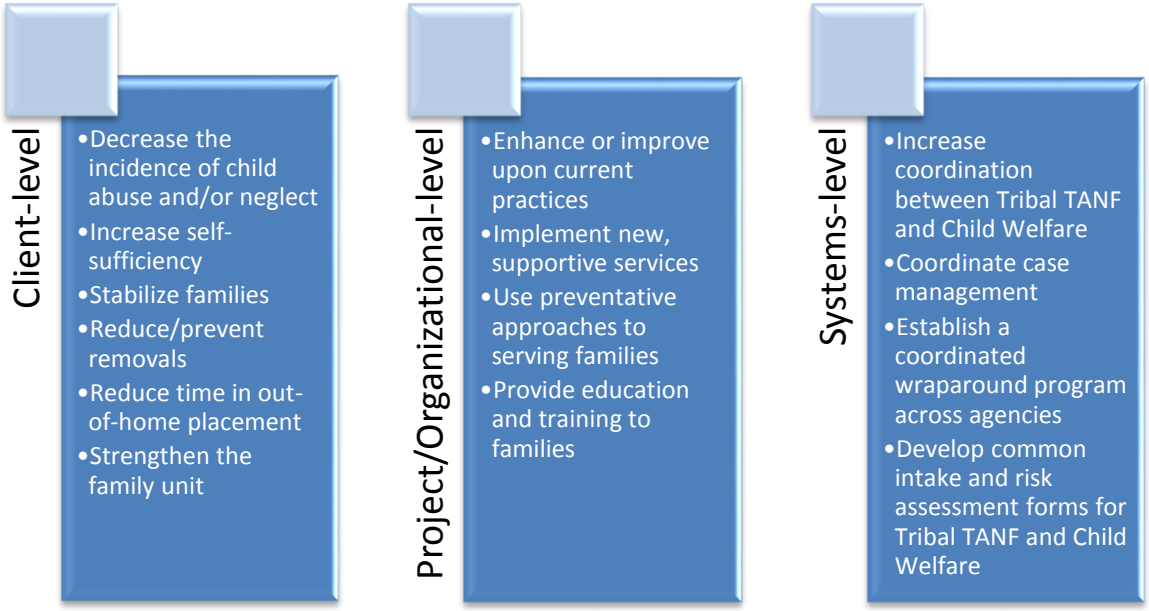
Two programs concentrated their efforts on serving at-risk youth and their families (PGST and Quileute). The PGST project served families with youth entering the 6th grade, families with children in 9th -12th grade who were in out-of-home care, and 6th-12th grade students in need of independent living skills. The Quileute program served native youth who were TANF recipients, teens at risk for pregnancy, and parents who were concerned that their child may be at-risk. Youth served by the Quileute program ranged in age from 12-19 years.

Three grantees also reached out to or served vulnerable families in their communities that were involved in other service areas or in need, thus expanding the reach of the project. AVCP served families with children in Head Start. CCRBR served child-only TANF cases. FCP targeted a wider array of community members including incarcerated parents, grandparents and other family members who care for the children of incarcerated or incapable parents, homeless families, single parents, and families with special needs children.

C. Goals and Objectives

Data on grantees' project goals and objectives were acquired from two sources: Grantee Profiles created by JBA (based on information included in grantees' approved project applications); and JBA's Site Visit Summaries (based on direct discussions with project staff during site visits). The various goals and objectives identified by grantees can be organized into three broad categories: client-level, project or organizational-level, and systems-level goals and objectives. Based on key data sources, a majority of project goals and objectives were heavily focused on improving or enhancing current organizational and systems-level Tribal TANF and child welfare practices. Several projects also articulated goals at the client level, though four projects did not specifically address client-level goals in either their project application or during site visits. Key trends in project goals emerged among these three categories, and are outlined in Exhibit II-3. These trends, as well as descriptive examples of each, will be discussed in the sections below.

Exhibit II-3: Key Project Goals and Objectives among TT-CW Projects



1. Client-level Goals and Objectives

Ten grantees' project goals and objectives were aimed at directly impacting the families served through their projects. The most frequently cited goal was related to decreasing or reducing the incidence of child abuse and/or neglect (n=5). Another common goal was increasing self-sufficiency among youth and families (n=4). These goals were specifically aimed at providing skill-building services and opportunities to reduce reliance on TANF and child welfare services. Four projects also had the goal of helping to stabilize families involved in the TANF and child welfare system for various reasons (e.g., to improve family well-being or to help complete their case plan requirements). Three projects aimed to reduce or prevent removals; reduce the number of months a child spends in out-of-home placement; and/or strengthen family relationships and functioning. Additional client-level goals that of a smaller number of projects included increasing safety for families with children who are at risk of abuse and/or neglect; increasing families' knowledge of the supportive services in their community; as well as how to access those services.

2. Project or Organizational-level Goals and Objectives

A majority of grantees (n=13) articulated goals and objectives specifically focused on project implementation. For instance, five projects aimed to enhance or improve upon their current practices to provide better-quality services to families. Examples include using more consistent and valid assessment tools; increasing supervision of staff; improving staff training; and developing the infrastructure to track referrals. Five grantees stated that their goal was to also implement new services that would provide more support to youth and families. These include safe and healthy family activities; mentoring youth; and increasing access to resources. Another five projects planned to take on a more preventative approach to service provision by identifying high-risk families (i.e., families in crisis) early on and providing more intensive support to those families. Another trend was providing educational classes and training curricula for families to build skills in areas such as parenting and safety. Several grantees also stated that their goal was to increase the awareness of their services and resources to the larger community by providing education and outreach materials.

3. Systems-level Goals and Objectives

Overall, projects most strongly concentrated on creating systems-level change within their tribal social service systems, as all 14 grantees identified goals and objectives related to improving the larger child welfare system within their communities. Six projects had the goal of increasing coordination between Tribal TANF and child welfare, as well as other tribal services. The most frequently cited goal among projects was coordinating case management for families and families eligible for assistance from the Tribal TANF and child welfare programs (n=8). Grantees proposed several ways to increase the coordination of case management between the two programs, including: engaging in a joint case review process; using joint case notes; developing a unified case plan system; and coordinating visitation protocols to work with native families. Similar to the goal of coordination of case management, four projects also indicated that they aim to establish a coordinated wraparound program across agencies. Five projects had the goal of developing a common intake and risk assessment for TANF and child welfare (e.g., comprehensive family assessments) to reduce duplication of efforts and to have a standard point of entry and data collection across agencies. Other trends in project goals included strengthening the referral process among agencies; conducting joint Tribal TANF and child welfare meetings; cross-training staff; and developing formal policies and procedures for interagency collaboration.

CHAPTER III. ACTIVITIES AND SERVICES IMPLEMENTED BY THE GRANTEES

In this chapter we describe the core activities and services of the Tribal TANF and Child Welfare Service Coordination Project (TT-CW) grantees during the first year of project implementation. As described in Chapter 2, the TT-CW grantees' goals and objectives for the coordination of Tribal TANF and child welfare services aim to address the needs of the families within their communities. The specific activities and services that the grantees implemented in the first project year are diverse and designed to be responsive to the families served by the tribe.

The information presented in the following pages is drawn from the projects' grant applications, semiannual progress reports completed by grantees during their first year, and summary reports prepared by study team members following introductory site visits to each program in 2012.

A. Modifications to Project Design

The initial plan of activities and services of the 2011 TT-CW grantees was included in each project's grant application. A majority of the grantees (n=11) modified their project plan or design in some form from the original plan proposed in their grant application; however no major changes were made by any of the grantees. Most of the modifications made during the first year were: (1) a change in the scope of the project (e.g., expanding the type of population targeted by the project); (2) adjustments to activities planned due to the reduced grant funding amounts (e.g., reducing the number of tribal sites served; fewer youth events); 3) minor clarifications of services that were inaccurately defined in the grant application, and/or 4) changes made to an aspect of the grantee's data collection activities or choice of instruments. In addition, several projects encountered delays in hiring of staff or turnover in key positions that led to reassignment of responsibilities or less support than anticipated during the initial year of the grant.

Other modifications were programmatic in nature, related to the approaches, models, and/or curricula implemented by the grantees. For example, one grantee changed the timeframe during which they would implement a home visiting component. Coordination with the tribe's new Maternal, Infant, and Early Childhood Home Visiting program was postponed until the start-up activities of the home visiting program are completed.

B. Project Activities and Services

1. Authorized Activity Areas

As stated in the funding announcement for the project, the TT-CW grantee organizations were funded to demonstrate innovative and effective models for coordinating and providing Tribal TANF and child welfare services to TANF recipient families at risk of child abuse or neglect. Tribes applying for the grant were given the option to address one or more of the following authorized activity areas: (1) Case Management – To improve case management for families eligible for assistance from a Tribal TANF program; (2) Out-of-Home (OOH) Placement Assistance – To provide supportive services and assistance to tribal children in out-of-home placements and the tribal families caring for the children, including adoptive families; and (3) Prevention Services – To offer prevention services and assistance to tribal families at risk of child abuse or neglect.

Of the 14 TT-CW grantees, 10 elected to apply their funding to all three activity areas. The four remaining grantees are providing services in two activity areas. All of the projects include prevention

services for at-risk families, and 13 include case management. More variation was found in grantees' choices about implementing out-of-home placement assistance. Eleven programs are using the grant to provide services to children who have already been removed from their homes and to support their placement families. The grantees that did not choose the OOH placement activity area are implementing intervention services focused on prevention of child removals and keeping families intact, including intensive/preventive case management, family violence prevention, and home-based services.

2. Activities and Services Provided

The TT-CW grantees' activities in the first year of the project and the services they provided were responsive to the specific needs of at-risk families in the communities they serve. In addition to addressing needs, the activities and services implemented by most of the grantees also incorporate resources and strengths that are present in their communities, such as engaging the elders in addressing the issues of at-risk families. In at least one program, for example, recommendations of the elders have authority in family court decisions.

Project Level Activities

At the project level, the grantees engage in several activities that contribute to more effective delivery of services to families that require assistance from TANF and child welfare. In general, these staff-level activities are methods for fully determining child and family needs, establishing service priorities, coordinating services across providers, and providing services in the most effective manner. The most common activities engaged in by grantees were comprehensive family assessment (CFA), intensive/preventive case management, multi-disciplinary team meetings, and providing services through home visits.

During the first year of the project, a majority of the grantees (n=10) implemented a comprehensive family assessment (CFA), expanding their existing department-specific intake processes and forms to include assessment of client needs for services provided by other departments or providers. At a minimum, for the purposes of coordinating tribal TANF and child welfare services, the CFAs include a family risk/child safety screen in addition to questions related to TANF eligibility. The extent to which the assessment is shared solely by the tribe's TANF and child welfare areas, or across partnering child and family serving departments varies by grantee.

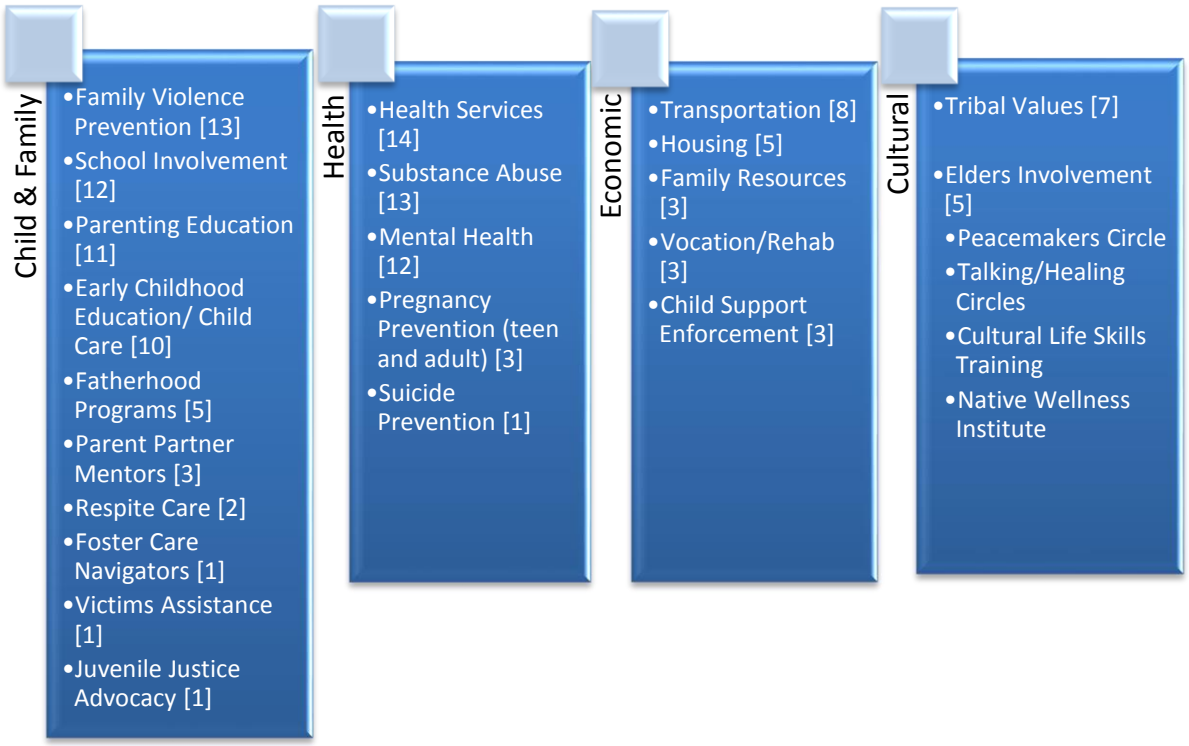
As previously noted, all of the grantees' authorized activity areas included prevention services. Similarly, 11 grantees enlisted an Intensive/Preventive Case Management approach to serving at-risk families, with 9 grantees providing this intensive level of service through home-based service delivery. Ten of the grantees' project team members participate on multi-disciplinary (and child protection) teams for the purposes of joint case planning and coordinating service delivery with other departments serving the participating families.

Direct Services

Collectively, the grantees provided a wide range of supports and services to TANF- enrolled families who also are at risk of child abuse or neglect. Direct services implemented by the grantees are diverse, reflecting the multiple, interrelated needs of these "dual-system" families. In general, the services provided most frequently to the target population of families address four broad areas of need: child and family, health, economic, and cultural needs. Exhibit III-1 outlines the direct services provided in each of these categories and indicates the number of grantees providing the service. The services listed

are provided directly by members of the TT-CW project team, staff within their departments, and/or partnering service providers.

Exhibit III-1: Direct Services Provided by TT-CW Projects



As depicted in exhibit III-1, the most common services provided by the grantees were Family Violence Prevention (n=13 programs), Substance Abuse Services (n=13), Mental Health Services (n=12), and Parenting Education (n=11)[15]. Through these services, the grantees addressed the core underlying issues most connected to risk of child abuse and/or neglect through interventions and preventive education and skill-building. The next most frequently offered services were supports to families as they worked toward self-sufficiency and family well-being goals. These supportive services included Early Childhood Services and Child Care (n=10), Transportation Services (n=8), and access to family and household resources, such as furniture, food boxes, clothing, diapers, school supplies, and backpacks.

Several of the grantees included cultural supports in their programs, strengthening families by embedding the tribe's values and priorities into service delivery. For example, one grantee sponsors events in a manner that is both "celebratory and educational." Similarly, other grantees value the contributions the elders can make to at-risk families and include a variety of opportunities for the program's families to hear the stories of tribal elders related to parenting and family relationships, and to learn about their cultural history, traditions and language.

[15] *Positive Indian Parenting* curriculum was used by 8 grantees. Other curricula used included *Strengthening Families*, *Powerful Native Families*, and the *Nurturing Fathers Program*.

C. Project Staffing

The TT-CW grantees utilized the limited funding efficiently to staff their projects, allocating funds to positions that are most relevant to their programs' objectives. Project teams are small, ranging from 2-4 individuals. Most TT-CW teams include the following positions: Project Director, Project Coordinator, and Project Assistant. The Coordinator typically is the only staff member assigned to the project on a full-time basis. Exhibit III-2 outlines the pattern observed in TT-CW project staffing. As indicated in the table, despite differences in their titles, the Project Coordinators are responsible for carrying out the core activities of the grant. Most coordinators are the "face" of the project – acting as the primary contact, interfacing with partner agencies/departments, coordinating services for families, and often providing direct services. The responsibilities of the Project Assistant vary by grantee. For example, grantees located in remote, rural areas may assign the assistant responsibility for transporting clients to and from services. Larger grantees or those with more financial resources may add an additional caseworker to the project on a part or full-time basis.

Other key contributors to the TT-CW projects include the staff (e.g., managers, supervisors, and caseworkers) of other child and family-serving divisions within the tribe as well as non-tribal partner organizations.

Exhibit III-2: TT-CW Project Staffing Pattern

Position	Titles	Responsibilities
Project Lead	Director, Child Welfare Director, Tribal TANF	Project oversight and management Directs collaboration effort Programmatic supervision Manages the project's budget, writes and submits all project reports (internally and externally) Informs tribal leadership of project's progress
Project Coordinator	Caseworker, Tribal TANF Caseworker, Child Welfare Family Preservation Worker Intensive Case Manager Family Support Advocate	Main point of contact for the project and handles day-to-day operations Identifies appropriate families for coordinated services Provides intensive case management, acting as a liaison between service areas Assesses participant families' needs Assists families in navigating the system Provides direct services Conducts home visits Organizes and facilitates parenting education classes Data collection and reporting
Project Assistant/ Other Staff	Administrative Assistant Caseworker Transporter	Provides administrative and recordkeeping assistance to the Project Coordinator Transports families to appointments and services Maintains client logs Assists with event planning Maintains resources

CHAPTER IV. SERVICE PROVISION AND COORDINATION BETWEEN TRIBAL TANF AND CHILD WELFARE AGENCIES AND OTHER PARTNER ENTITIES

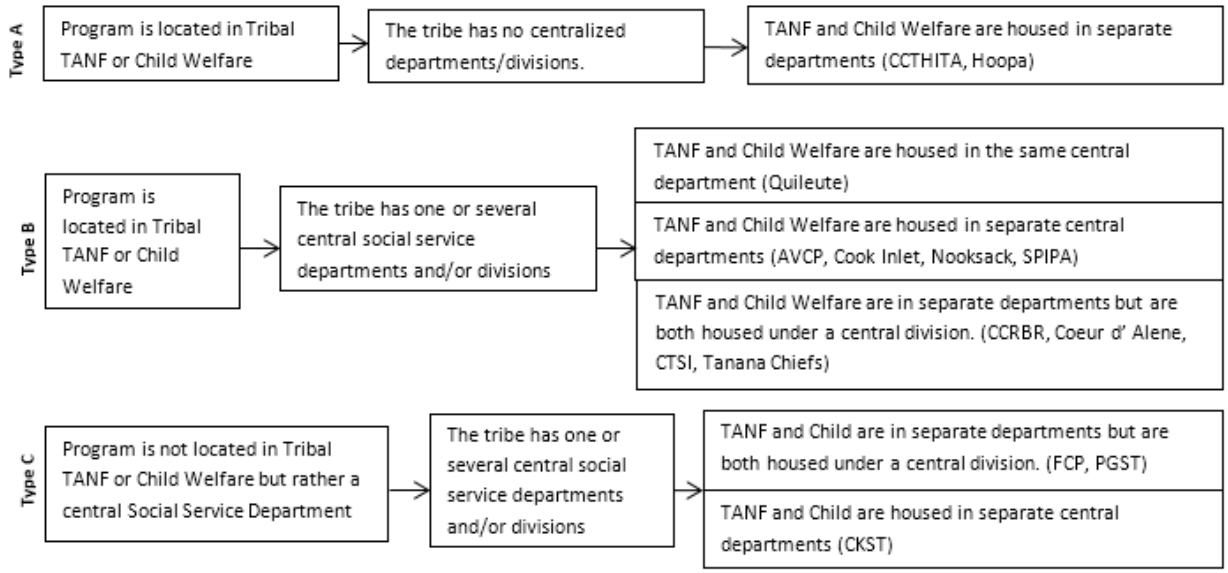
The projects implemented by the grantees vary greatly. There are some similarities in the way in which projects are situated within their tribe's social service organizational structure as well as similarities in the way coordination is structured across TANF and child welfare. All grantees work with a range of primary and secondary partners to accomplish their goals; a small number have unique partnerships in place.

A. Project Partners

Tribal Social Service Organizational Structure. Among the fourteen grantees, three projects reside in Tribal TANF programs (CCRBR, Hoopa, Quileute) and seven projects reside in child welfare (AVCP, CCTHITA, CDA, CITC, Nooksack, SPIPA, TCC). Four projects are situated in the tribe's centralized social/family/child services department (CSKT, CTSI, FCP, PGST).

Though only four projects directly reside in a centralized social/family/child service department, other tribes' social service program structures are composed of centralized departments. As shown in the diagram below, nine of the eleven tribes with projects residing in either TANF or Child Welfare have social service program structures that contain one or more centralized departments or overarching divisions. One tribe's central department houses all programs related to human services, three house Child Welfare and Tribal TANF in separate central/umbrella departments, and four house Tribal TANF and Child Welfare as separate departments, though the separate departments are organized under the same division. As evidenced in exhibit IV-1, the location of each grant project within that structure varies. Exhibit IV-1 shows the three general types of organizational structures found in the fourteen tribes' social service programs and their respective grant programs' locations.

Exhibit IV-1: Project Placement within Tribal Social Service Structure



The organization of a tribe's social services departments can have implications for coordination practices. While each project's coordination and collaboration practices will be discussed in a later section, one tribe's social service program structure provides insight into how program organization can foster coordination and collaboration amongst programs.

As an example, at Forest County Potawatomi, all programs related to social services (except healthcare), are unified under a single division. This division is known as "Family Services," and staff are considered a part of the "Family Services Team." A Tribal bird icon serves as the foundation of the Division's mission. The Family Services philosophy is "that we all work together for one common goal from the Administration level, to programs and referrals, and to direct services that the Resource Center (the grant project) provides." Visually, the Division is organized to mimic the outline of the bird, with the Executive Council at the Head, the Community Impact Council (an advisory council of Tribal members who advise the Family Services Director on ways to address community issues) and the Family Services Director at the neck, and the supervisors of the core departments of the Division of Family Services—Family Services Grant, Domestic Violence, Child Support, ICW, Economic Support, and Child Care—in the wingspan. Finally, in the tail, is the foundation of the grant project, the Family Resource Center (FRC).

As result of this unification, the supervisors of all departments have regular cross-departmental communication through meetings and unified case management through an electronic database (upcoming). According to the supervisors, their bi-weekly supervisors' meetings now function like Multi-Disciplinary Team (MDT) meetings and, can even function as wraparound meetings if necessary. The Resource Center, at the tail, serves as a "focal point" for all family programming, and ICW, TANF, and Child Care, and Child Support all actively refer clients to the FRC. ICW, TANF, and Child Care require their clients to attend certain FRC activities. Ultimately, the overall grant project no longer closely resembles an intervention as it does a coordinated service delivery and referral system.

Primary Project Partners. Across all 14 grantees, Tribal TANF and Child Welfare are the lead entities that implement the project. In addition to the Tribal TANF and Child Welfare primary partnership, 11 grantee projects include other social service programs or departments as primary partners (AVCP, CCTHITA, CITC, CTSI, FCPC, Hoopa, Nooksack, PGST, Quileute, SPIPA, TCC); four of these projects have primary partnerships with three or more additional programs or services (CTSI, FCPC, Hoopa, SPIPA). Only three projects do not include additional primary partners. Exhibit IV-2 below illustrates the type of additional programs that serve as a primary partner in these 11 projects. Looking at the first and last column of the exhibit, the most common partner type is a "Family Violence Prevention" program. Six grantees have family violence prevention programs as a primary partner, and one grantee includes two separate family violence prevention programs as primary partners. Dual partnerships (meaning the grantee plus two primary partners in these areas) occur with Health Services, Child Development programs, and Youth Services.

While all projects partner with at least one local, county, or State entity at a secondary level, three tribes include a county or State program or organization as a primary partner. These State and county level partnerships include a County Child Welfare office, State Office of Child Services and State Family Resource Center, and a State Department of Health office.

Exhibit IV-2: Commonalities and Frequency of Primary and Secondary Partners by Program Focus

	# Projects with Primary Partners only	#Projects with Secondary Partner only	#Projects with Primary and Secondary Partners
Family Violence Prevention Programs	2	8	4
Education	1	8	2
Health Services	1	7	2
Law Enforcement, Courts Legal Services	2	8	1
Employment Related Activities and Services	1	6	2
Community or Local Partners*	1	5	2
Home Visiting	3	3	
Childhood Development Programs	1	5	1
Mental/Behavioral Health Services	1	3	1
Substance Abuse	1	9	
Housing	1	4	
Youth Services	1	3	
Native or Cultural Partner		5	

*Within all categories, some partners are community and/or local partners. Partners in this category were community/local partners that did not fall under any other categories.

The particular role these partners have within the context of each project varies. Responsibility for specific activities, or participation in specific aspects of the project, depends on a number of factors. These include the type of project the tribe is implementing, the department in which the project is housed, the affiliation of the Project Director (i.e. Project Director is also the Director of Tribal TANF or Child Welfare), and what programs serve as primary partners. No specific type of partner fulfilled the same role across projects; however the kinds of roles and responsibilities primary partners fulfilled did trend across projects. The following list shows, from most to least frequent, seven of the most common roles and responsibilities fulfilled by one or more primary partners on a project.

1. Joint case planning (13 projects)
2. Joint case staffing (10 projects)
3. Shared case management (10 projects)
4. Attending or facilitating joint meetings (8 projects)
5. Project oversight (6 projects)
6. Participating in a Multi-Disciplinary style team (6 projects)
7. Providing direct client services, programming, activities and events (6 projects)

Secondary Project Partners. Across projects, secondary partners serve in an ancillary role, and function based upon the actions of each project's primary partners. Secondary partners provide direct services and activities, but do so as a result of primary partner action, or at the direction of primary partners. Such direction can come from a joint case/service/treatment plan, from referrals, Multi-Departmental meeting outcomes, or project staffs' direct request. Secondary partners not only receive referrals, but also provide referrals to the project. In four projects (CCRBR, CCTHITA, Nooksack, PGST), secondary partners provide input and guidance into the development or implementation of project practices and tools. Overall, secondary partners enhance and expand the level and scope of services that projects provide, provide improved and easier access to services, and directly support the projects. The first and last columns of exhibit IV-2 provide an insight into the kinds of secondary partners included in the grant projects.

Unique Partners. Beyond their primary and secondary partnerships, four projects (CCRBR, CCTHITA, Hoopa, Nooksack) and one Tribe directly (PGST) have developed unique partnerships. Four of these partnerships are with non-tribal organizations (CCTHITA, Hoopa, Nooksack, PGST). These unique partnerships function to provide expert guidance on project development and implementation, provide opportunities to develop and improve relationships with local entities, or to restructure the overall structure of the tribe's human service delivery system. For example, CCRBR has formed two unique partnerships internally. This particular project has established an active relationship with the Tribe's "Peacemakers Circle", which is a group of elders who can be called on to intervene with families using Tribal Human Services. The elders provide cultural knowledge, advice and direct mediation in families, and make recommendations regarding individual families that are accepted by the Tribal Court. CCRBR has also aligned itself with their Tribal Planning Division and provides guidance and recommendations to this entity as the Tribe revitalizes their strategic plan. As a result of this partnership the Tribe will now mandate inter-program collaboration as well as home visiting services. The four non-tribal partnerships include the Children's Research Center (CCTHITA), California Partners for Permanency Initiative (Hoopa), the Brigid Collins Family Support Center (Nooksack), and the University of Washington's Alcohol and Drug Abuse Institute (directly with PGST).

Recognizing the powerful role that traditional values have in helping their community's most at-risk families, the Chippewa Cree Tribe (CCRBR) maintains a unique partnership with a selected group of Tribal elders known as the "Peacemakers Circle." The Peacemakers/Advocates are key partners with the TT-CW project team and are directly involved in the project team's delivery of wraparound services. Members of the Peacemakers Circle embed Tribal values in their interactions with client families, participating in client interventions and mediations, counseling parents about "the meaning of the child as believed in the Chippewa Cree customs and values." The elders' discussions with parents are typically conducted in a Traditional Circle, which the TT-CW staff describe as "a powerful setting [in which] the most heartfelt use of words for the family" can motivate parents to help themselves and their children. The contributions of the Peacemakers to the CCRBR's hard-to-reach families is recognized by Tribal leadership, with the elders' recommendations considered in Tribal Court and the outcomes achieved in the Traditional Circle documented in formal agreements accepted by the Court.

B. Service Coordination between Tribal TANF and Child Welfare

The degree of coordination between the tribes' Tribal TANF and Child Welfare programs, as well as their capacity for and implementation of coordination practices, can be examined in the context of each projects' maturity (as measured by whether or not the project is funded by a new or continuation grant) and type of service provision.

Of the four new grantees (AVCP, CCRBR, CSKT, Nooksack), two (CCRBR, Nooksack) are still in the implementation planning stage. The remaining two had reached full or almost full functionality by the time of the site visit. The fully implemented project (AVCP) focuses on the implementation of a parenting curriculum administered in multiple weekly sessions or intensive retreats; and TANF, ICW, and the State's child welfare agency collaborate to identify families who should participate. The second project (Nooksack) which had begun to implement collaborative services at the time of the site visit, centers on a multi-departmental team model, wherein CW and TANF as well as several other social service departments meet to review cases and provide coordinated case management and staffing. This project also partnered with an external consultant, who provided assistance in implementing an electronic database for cross-departmental use.

The projects which received continuation grants have further honed the coordination practices implemented during the first grant period. These practices mimic the roles and responsibilities described in the section discussing program partners. Since Tribal TANF and Child Welfare serve as primary partners in all of the projects, such overlap is expected. For example, activities like joint case planning, staffing, and management, are coordination activities in which all primary partners participate. One type of collaboration practice not observed in the primary partners discussion, but utilized in varying degrees across projects is streamlined data collection and common intake procedures. In addition to the new project's database described in the previous paragraph, four projects use a shared database and data collection procedures, and three use a common intake and assessment form. Two other grantees are interested in implementing a shared database, but have not done so due to insufficient funding.

In five projects, TANF and Child Welfare coordinate to act as "one stop" entry points for clients into TANF, CW, and other social service programs. Other promising coordination practices include integration of clients' project service plan with TANF work requirements, co-location of TANF and/or Child Welfare with project personnel, MOUs between social service programs, reciprocal referral policies, and relationship building activities that include multiple programs and service systems. One project has implemented a distinct information sharing practice, wherein TANF shares a list of active TANF clients with CW, and CW in return provides TANF with the child protection status of each person's family, or alert of a child taken back into custody for child-only cases. Not only do TANF and CW share this list, but CW can also request that TANF expedite services for certain families.

Service Provision Description. Exhibit IV-3 provides a brief description of the projects' service provision, organized by tribes who have received new grants and tribes who have receiving continuation grants.

Exhibit IV-3: Project Service Provision Description

New Grant Projects

Tribe	Service Provision Description
AVCP	The Healthy Families is a parenting curriculum administered in either 3.5 day retreat-style sessions or 10-week long two-hour Monday night sessions. The curriculum was developed by a group of Yup'ik professionals and is based on traditional Yup'ik parents and child-rearing practices.
CCRBR	An Intensive Case Manager (ICM) is embedded within the TANF program to provide intensive case management to TANF families using a wraparound service model. The ICM serves as a liaison connecting family members to service providers on and off the reservation. The ICM meets with the MDCPT (multi-disciplinary child protection team) to update the team about the families and modify the intervention as needed or recommended.
CSKT	Services are provided in a wrap-around system approach. Direct service staff act as a "bridge between systems and where possible provide one service plan that covers multiple system requirements"; provide joint case management and case review during multi-disciplinary Child Protective Team meetings. A pilot test is currently being conducted of family group decision making (FGDM) model.
Nooksack Indian Tribe	The Nooksack Healthy Families Program provides a wraparound service approach to at risk-families who are TANF recipients, TANF-eligible, or families with children in out-of-home placement. The program plans to implement Family Team Decision-Making sessions, and staff partake in the Child Protection Team (multi-disciplinary team) monthly meetings. PAT (Parents as Teachers) home visiting services and parenting training will be provided in the future.

Continuing Grant Projects

Tribe	Service Provision Description
CCTHITA	The Preserving Native Families (PNF) implemented a prevention focused Structured Decision Making® (SDM) tool to identify families at risk for child abuse and neglect. The SDM® consists of three assessments implemented at specific times, by specific staff: Initial Screening (TANF case manager), Family Strength and Needs Assessment (PNF Caseworker), 90-day Reassessment (TANF case manager and PNF Family Caseworker). Staff also provide intensive early intervention services.

Coeur d'Alene Tribe	The intervention's intent is to develop and implement strategies to coordinate service provision for TANF-eligible families that require the services of more than one agency, implement a single point of intake through the TANF department, and a formal system of risk assessment and referral to appropriate services.
Cook Inlet Tribal Council, Inc.	The intervention implemented includes providing OCS-supported family support, intensive family preservation, time-limited family reunification, and differential response services.
CTSI	Service provision has 3 elements: 1) Multi-Disciplinary Team of social service department staff. At meetings, cases are evaluated and services added or changed. 2) Client wraparound meetings where representatives from all pertinent social services, and the client's family (optional) attend. Client's needs and strengths, options to address needs and reduce barriers are discussed. 3) Trainings hosted by HFHC staff on topics such as healthy parenting.
FCPC	The project centers around a coordinated service delivery and referral system based in the Family Resource Center and the Division of Family Services supervisory and case worker staff. The Family Resource Center is a neutral setting for families to gain access to a wide variety of resources and tools, and facilitated by FRC staff who provide supportive programming and direct families towards appropriate resources and support.
Hoopa Valley Tribe	The Hupa Resource Center provides TANF, ICW, other social service clients, and community members with a physical space for use of computers, faxes, clothing, etc., as well as a variety of wellness and educational programs. Resource Center staff facilitate the Multi-Departmental Action Team (MDAT) meetings, and conduct supervised visitations for ICW.
Port Gamble S'Kallam Tribe	The Advocating for Strong Kids (ASK) program consists of an intervention and prevention component. The program coordinates with other programs to provide prevention activities including family and mentoring activities, academic tutors, healthy youth events, and employment and transition to adulthood support. The Family Coordinated Care (FCC) staffing meetings provide case management/staffing for at-risk youth and their families, and wraparound family meetings which involve all relevant service providers.
Quileute Indian Tribe	The main service provided is prevention programming for TANF recipient families who have teens at risk for pregnancy, or teen parents. These activities include youth groups, family fun nights, Mom's Lunches, Youth Trips, Pregnancy Prevention Committee, and Parent Advisory Committee.
SPIPA	SPIPA is developing and implementing a wraparound service delivery model in each of the three participating Tribe's social services departments. The wraparound approach consists of an individualized needs assessment and developing an Individual Responsibility Plan. The program formed an inter-tribal, multi-agency, multi-program Leadership Team which works to build the wraparound model components, infrastructure, and staff capacity.
Tanana Chiefs Conference	In the one-on-one Navigator model, Athabascan Family Support Project recruit and train Parent Navigators to provide support and assistance to families in obtaining services that support their TANF, State, or Tribal case plan goals. Foster Parent Navigators provide mentoring and support to relative caregivers in pursuit of foster care licensure. Navigators work with assigned families for six months maintaining weekly contact and participating in monthly joint meetings.

CHAPTER V. GRANTEES' PROGRESS IN THE FIRST YEAR

Research on implementing new programs has shown the importance of setting up a foundation of supports towards sustaining more effective long-term programming. Some of these critical supports may include developing policies and procedures that support practitioners while introducing new programming or while making changes to existing programming to add new coordination processes. Effective system coordination efforts also sometimes require changes in agency functions in order to set a context that promotes collaboration among staff at both the administrative and practice levels. These fundamental structural and functional changes have been found to promote sustainable program implementation.

To understand how programs move from start-up to being fully established, implementation researchers have developed a set of stages through which many agencies progress when starting new programs. These stages are summarized in the following table (exhibit V-1).

Exhibit V-1: Implementation Stages

Stage	Implementation Stages & Activities[16]
I.	Exploration: agencies are assessing their needs and exploring new programs which could potentially address current needs; in this stage the decision to launch a new program is made.
II.	Installation: agencies are looking at their current resources and creating supports for launching their new programs; in this stage agency policies and procedures are being changed and staff are preparing for the upcoming changes.
III.	Initial Implementation: agencies are launching their new programs and services; in this stage leaders and staff monitor how the new program is working and make adjustments if needed; also in this stage agencies use their data systems to support decisions about their new programs.
IV.	Full Implementation: agencies have fully established their new programs; in this stage the new practices and services have become standard for staff; and some innovative changes may be made to streamline the programs; also in this stage agencies are using outcome data routinely to monitor their program progress.

In the following section, a description of Coordination of Tribal TANF and Child Welfare Services (TT-CW) grantees' approaches and strategies to implementing coordination efforts is provided. In addition, grantees' successes and challenges in launching these efforts during early project implementation are discussed. In the last section of this chapter, we provide an estimate of grantees' stages of

[16] Fixsen, D., Naoom, S.F., Blasé, K.A., Friedman, R.M., & Wallace, F. (2005). Implementation Research: A synthesis of the literature (FMHI Publication No. 231. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network.

implementation based on a review of each grantee's system coordination and direct services activities in their first year.

A. System Coordination Efforts

1. Progress and Successes

The TT-CW grantees, as a group, made substantial progress at implementing system level changes to improve coordination and collaboration over the first grant year. Grantees' system level coordination improvements included:

- Forming and/or facilitating interagency planning groups in their communities (9 grantees).
- Implementing cross-training of staff in TANF and Child Welfare (CW) in addition to other agency partners (9 grantees; and another 2 grantees were making preparations for cross-training).
- Several grantees mentioned the hiring of staff as a significant accomplishment that occurred over the first year to support system coordination (5 grantees).
- Several grantees made efforts to explore and develop cross-system management information systems (MIS) to support and facilitate data sharing among partners (3 grantees).

Additional processes implemented by some grantees across systems to facilitate and streamline services coordination included:

- Utilizing participant or family needs assessments in a systematic way to coordinate service provision and case planning (10 grantees; with 5 using cross-system assessments).
- Some form of joint case staffing (13 grantees).
- Implementing procedures for referrals between TANF and child welfare (3 grantees).

2. Challenges

Despite the many grantee accomplishments during their first grant year, many grantees cited challenges to system coordination efforts that limited their ability to implement all of the project activities that were proposed. The most commonly cited challenges related to staffing, with half of the grantees noting extended delays in hiring of key staff due to a lack of qualified applicants, and almost half of grantees stated that they had experienced staff turnover in their first year.

Another common challenge mentioned by most grantees was the lack of understanding of processes and procedures of their partner systems (i.e., TANF and CW). This challenge was cited as a barrier to establishing consistent communication across systems and to creating buy-in for their cross-system collaboration efforts.

Some of the activities delayed as a result of these challenges were those proposed by grantees as part of their overall coordination strategies, including:

- Full implementation of family or participant assessment tools including common screening procedures (11 grantees).
- Policy and procedure development to support collaborative processes including cross-system referral procedures (11 grantees).
- Full implementation of joint case planning and case management across systems including developing unified or joint case plans (8 grantees).

- Instituting formal agreements or mechanisms for information/data sharing across systems (3 grantees).
- Identifying and implementing cross-system trainings as needed (3 grantees).
- Implementation of family group/team decision making in their first year as planned (2 grantees).

B. Direct Service Provision Efforts

1. Progress and Successes

Despite system coordination challenges, many direct services were enabled by the system level coordination efforts and successes noted above. As a grantee cluster, progress for TT-CW grantees over the first grant year was most evident in the area of direct service provision. Grantees reported implementing a substantial number of direct services including:

- Family/participant support and/or educational activities on a variety of topics including: employment and job training, GED completion, life skills and healthy family relationships (9 grantees).
- Incorporating trainings for participants focused specifically on tribal cultural values and traditions which emphasize unique tribal strengths related to parenting and healthy relationships (7 grantees).
- Providing formal or informal wraparound services (5 grantees).
- Incorporating some form of tribal home visiting[17] into their existing services (2 grantees' programs are fully implemented, 2 are partnering with an existing HV program, and 5 grantees will be launching home visits as part of their projects or with a partner in their 2nd grant year).
- Providing alcohol, tobacco, and drug treatment and/or relapse prevention services (4 grantees).
- Directly providing youth activities to high risk families with middle and high school youth (3 grantees).
- Providing essential transportation services to families to facilitate their access to services (3 grantees).
- Providing direct services focused on fatherhood programming (2 grantees).
- Providing fundamental family preservation resources to families with the greatest needs (e.g., food, clothing, telephone, and computer access; 2 grantees).

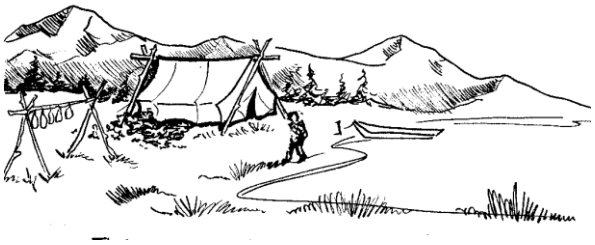
Additional strategies used by some grantees to promote participant engagement in services included outreach efforts to raise community awareness on selected topics, such as:

- Child abuse and neglect prevention.
- Availability of TANF/CW resources and services.
- Tribal cultural values and traditions and their connection to developing healthy relationships.

[17] Home visiting programing for most grantees involved either visits to the home as a part of child welfare case management, or informal home visits to check-in with families who may be in crisis.

An example of one grantee's unique training focused on tribal cultural values and traditions comes from the Healthy Families Program from AVCP.
Healthy Families: The Yup'ik Way of Life (excerpt from the curriculum is shown on the right) is a parenting curriculum consisting of 10 sessions. The curriculum was created by elders, native providers, and community members in the AVCP/Yukon Kuskokwim region. The lessons are based on Yup'ik teachings on the cycle of life and fundamental values, knowledge and skills thought to be essential to becoming a healthy adult, community member, parent, spouse and teacher. In the introduction to the training, the authors acknowledge that many tribal members currently parenting in their communities learned their parenting skills in institutions (i.e., boarding schools) or other dysfunctional contexts. Thus, they emphasize the importance of re-learning from elders in their community about the healthy Yup'ik cultural practices around parenting and family life. The lessons are conducted in a learning circle format and are facilitated by Yup'ik members and elders, and place a heavy focus on the family as the center of learning how to become a healthy human being. Other primary values include that all adults are teachers to children in their community, and that children learn from listening and observing. This curriculum provides a good example of a strength based cultural approach to training tailored specifically for a unique tribal culture that is intended to promote healing and address the needs of tribal members served by the TT-CW grant program.

Kassuutellaq, Irniuryaraq
Marriage and Family at Home with Parents



When you become married, the first few years of your married life may be spent in the home with your parents or your spouse's parents. This time is to ensure that the new parents are capable of raising a healthy family. This time was also to learn to be a married couple.

Main Points:
- *Men and women process things differently. Men tend to focus on one thing at a time. Women tend to be able to do many things at once.*
- *Marriage is working together. It is hard work. It is not "Happily Ever After."*
- *A husband and a wife, together make a whole.*
- *The wife, and all she does, makes the house a home.*
- *The husband is at peace when he is outdoors providing for his family.*

2. Challenges

Most grantees successfully launched the majority of the direct services proposed in their applications. However, a few grantees were unable to implement key services for participants, primarily because of lack of resources or delays in hiring staff. Direct services that have been delayed for some grantees include:

- Grandparents groups, respite care, and parent retreat services.
- Coordinating planned youth services and youth college trips.
- Parenting skills workshops and healthy relationships training.
- Emergency or crisis intervention services.
- Fully implemented wraparound services.
- Fully coordinated home visiting services (through program or with a partner agency).

C. System Coordination: Implementation Stage Status

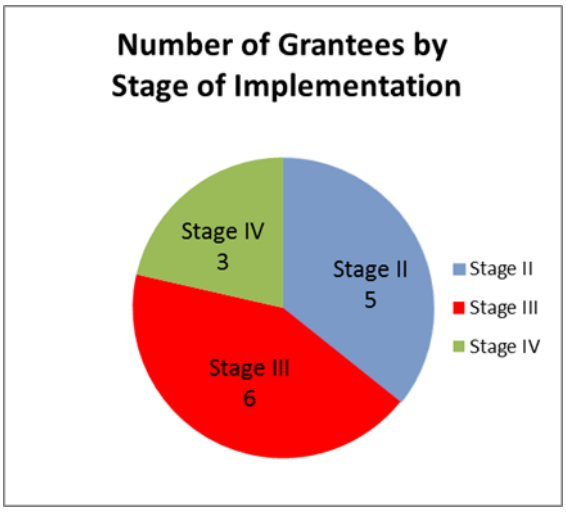
Based on a review of grantees' activities we estimate that there are several groupings of grantees at different stages of implementation. When considering system coordination efforts, half of the TT-CW grantees are at a stage where they are providing collaborative services (stage III). Four grantees are at a stage where their system coordination is completely functional (stage IV), and three grantees are in the initial planning and information sharing stages (stage I and stage II respectively).

At least half of the grantees indicated that launching some system collaboration efforts took longer than anticipated. Grantees who reported extended efforts in setting up system collaboration noted delays in implementing coordinated screening and referrals and formal intake and assessment procedures. In addition, some grantees reported that policy development, communication across systems and the use of unified case plans were delayed.

D. Overall Implementation Stage Status

With regard to overall program implementation at the end of the first year of the funded projects, the majority of grantees were in stage III, the initial implementation stage, in which key program activities are becoming part of the routine practices of their organizations. During this stage, barriers and challenges continue to be addressed as the new way of working becomes integrated into existing programming. Most grantees at this stage reported that many services and activities proposed have been implemented but that some challenges have limited the expansion of direct services, have limited their ability to keep projects fully staffed, and have hindered their efforts to engage families.

Three grantees were in stage IV, which means that they are in full implementation, and each of these grantees had the experience of an earlier coordination project. At this stage, grantees have substantially more experience with fully integrated program infrastructure that helps to stabilize and support their proposed collaboration and services activities. These grantees reported being fully staffed, conducting team building and cross-system trainings, providing a full array of direct services, and facilitating systematic multi-departmental case staffing or planning meetings; and for some making cross system referrals and sharing data through established MIS linkages.



A third group of five grantees were in stage II, the installation stage of implementation. Three of these five grantees were new coordination project grantees. During the installation stage many practical and instrumental changes are just getting started to prepare the entire organization to initiate the new system coordination program practices. Challenges to grantees during this installation stage become clear through stage II grantee reports that some fundamental coordination processes and direct services supports were delayed, including: referrals and joint case planning, the development of cross-system policies and procedures, and several grantees reporting difficulties in moving out of crisis mode to enable long-term planning across systems.

CHAPTER VI. INITIAL CONCLUSIONS

During the first year of the *Coordination of Tribal TANF and Child Welfare Services grants*, a great deal was learned about the grantees' strategies, approaches, and early implementation of the funded projects. The findings reported here reflect the experience of the grantees in the early period of the grants and describe the grantees' activities and progress in carrying out their approved project plans.

In keeping with the grant focus on reaching out to families at-risk of child maltreatment and coordination of prevention and intervention strategies, the grantees served TANF-enrolled or eligible families that were identified through screening protocols as at-risk for child abuse or neglect; families who are already involved with Indian Child Welfare; and families with a child in out-of-home placement. The grantees' goals and objectives for the coordination of Tribal TANF and child welfare services are unique and specific to the needs of the families within their communities. Similarly, the activities and services that the grantees implemented in the first project year are diverse and designed to be responsive to the tribal families served by each grantee.

The approaches that the grantees implemented to serve families varied in terms of the point of intervention, intensity, and degree of coordination, and integration into the systems in place that serve children and families. The primary service approaches included: parenting education; Family Resource Centers; one-on-one supports to access and coordinate services; single point of entry; intensive case management; multi-disciplinary teams; wraparound; blended model; and systems of care.

Direct services implemented by the grantees are also diverse, reflecting the multiple, interrelated needs of the "dual-system" families. In general, the services provided most frequently to the target population of families address four broad areas of need: child and family, health, economic, and cultural needs. The most common services provided by the grantees were family violence prevention, substance abuse and mental health services, and parenting education (Positive Indian Parenting, Strengthening Families, Powerful Native Families, and the Nurturing Fathers Program). Through these services, the grantees aim to address the core underlying issues most connected to risk of child abuse and/or neglect through interventions and preventive education and skill-building. Grantees also offered supports to families as they work toward self-sufficiency and family well-being goals. These supportive services included early childhood services and child care, transportation services, and access to family and household resources, such as furniture, food boxes, clothing, diapers, school supplies, and backpacks.

All grantees worked with a range of primary and secondary partners to accomplish their goals. In addition to the primary (TANF-CW) partnership, most of the projects include other social service programs or departments as primary partners. The most common partner type is a family violence prevention program. The particular role these partners have within the context of each project varies. Across projects, secondary partners serve in an ancillary role, and function based upon the actions of each project's primary partners. Secondary partners provide direct services and activities, but do so as a result of primary partner action, or at the direction of primary partners. Such direction can come from a joint case/service/treatment plan, from referrals, multi-departmental meeting outcomes, or project staffs' direct request. Secondary partners not only receive referrals, but also provide referrals to the project. Overall, secondary partners enhance and expand the level and scope of the projects' services, provide improved and easier access to services, and directly support the projects.

During the first year of implementation of the grant-funded activities, TT-CW grantees made substantial progress in carrying out their approved project plans. Interagency coordination

improvements implemented by the grantees included: interagency planning groups in the tribal communities; cross-training of TANF, child welfare, and other partner agency staff; hiring of new staff to support service coordination; systematic participant or family needs assessments to coordinate service provision and case planning; joint case staffing; implementation of referral procedures between TANF and child welfare; and work on cross-system management information systems to support and facilitate data sharing among partners. Progress over the first grant year was most evident in the area of direct service provision.

Overall, TT-CW grantees have made good progress over the first grant year with all grantees having applied their planned coordination strategies and approaches to some degree and with the majority having implemented most of their proposed system coordination and direct services activities. The differences among grantees appear to be related to the degree to which individual grantees have fully integrated the array of proposed mechanisms and processes to support their system coordination change efforts.

In general, grantees' direct services activities have been less of a challenge to implement than their system coordination activities. However, this may be a result of previous experience providing direct services, and substantial organizational knowledge. Both grantees' previous experience and existing knowledge are underlying strengths for all grantees upon which they will continue to draw as they build their coordination projects in the coming year.

APPENDIX:

Coordination of Tribal TANF and Child Welfare Services Grantees

To introduce the reader to the grantees, the following summaries describe some of the characteristics of the 14 grantee organizations and each grantee's funded project including the cultural elements the grantees incorporated into their approaches/models for tribal the programs.

Association of Village Council Presidents (AVCP): TANF Healthy Families Project

***Grantee**: Association of Village Council Presidents (ACVP) is a tribal 501c (3) non-profit organization serving fifty-six federally recognized tribes in Western Alaska. AVCP's member Tribes reside in small isolated villages scattered throughout the Yukon-Kuskokwim Delta in an area that is approximately 59,000 miles square. The region's total population is 24,272 people. English is a second language for many members. The tribes continue to practice centuries' old hunting, fishing, and gathering, way of life. They congregate at home village sites in the winter, and move to fish camps in the summer. The construction of roads and buildings is difficult and expensive in this remote and isolated region where each village is accessible only by small plane or boat.*

***Funded Project**: The overall goal of AVCP's TANF Healthy Families Project is to coordinate services between their ICWA, TANF, and Head Start Programs to: provide a comprehensive home visiting service, case management, work as a team to identify families and children in need, provide prevention services to keep children safely in their own homes, and work with parents to become more self-sufficient. AVCP is using wraparound service and strategic decision-making approaches and has developed a multi-agency assessment tool linking ICWA, TANF, and Head Start to the TANF Healthy Families Project. The Project's key components include: In-Home Services for Native Families and Family Group Decision Making.*

AVCP's Healthy Families prevention and intervention curriculum is based on traditional Yup'ik parenting and child-rearing practices and emphasizes Yup'ik values of love for children, respect for elders, sharing, humility, hard work, domestic skills, avoiding conflict, and humor. Yup'ik practices and teachings emphasize that childrearing is a sacred responsibility and that children should be treated with great respect and consideration.

Central Council of the Tlingit and Haida Indian Tribes of Alaska (CCTHITA): ICW/TANF Collaborative Case Management Initiative

***Grantee**: Central Council of the Tlingit and Haida Indian Tribes of Alaska (CCTHITA) serves 20 villages and communities spread over 43,000 square miles within the Alaska panhandle. The Tlingit and Haida membership is among the largest, most isolated, and most geographically dispersed Native or tribal populations nationwide. CCTHITA provides a wide range of services to the 27,000 members of the Tlingit and Haida Tribes. Each of these tribes is a distinct culture, with its own language and traditions. 16,000 members of this population reside in Southeast Alaska with 5,500 in the Juneau area and 10,500 in villages throughout Southeast Alaska.*

***Funded Project**: The overall goal of the ICW/TANF Collaborative Case Management Initiative is to expand case management services to high risk TANF families by: developing and expanding the Systems of Care model to engage and link tribal families in more meaningful and comprehensive ways, and combining the TANF and child welfare functions to collaborate better and coordinate services to meet the families' financial and family well-being goals. The project's efforts are expected to reduce the number of Alaska Native children disproportionately represented in the Alaska child welfare system. The Project's key components include: implementing the evidence-based Structured Decision Making® (SDM) Model and tools, developing standardized forms, developing policies and procedures, and developing a joint case review process.*

CTTHITA's ICW/ TANF Collaborative Case Management Initiative is emphasizing the use of assessment tools that are culturally relevant to tribes. A long term goal of the project is to "culturally norm" the SDM® assessment tool so that it is a valid and reliable instrument for use with native families and available to other tribes.

Chippewa Cree Tribe of the Rocky Boy's Reservation (CCRBR): Chippewa Cree TANF and Child Welfare Coordination Initiative

***Grantee**: The Rocky Boy Indian Reservation is rurally located in North-central Montana, 40 miles south of the Canadian border. It covers approximately 122,000 acres. The total enrollment of the Tribe is 6,270, with approximately 3,000 tribal members living on the reservation. Extreme and chronic poverty greatly impacts the community. Basic physical (roads, waters) and legal/social (law enforcement, health care, grocery store) infrastructures are reported to be insufficient to meet current and future needs. In June 2010, a flood destroyed the reservation's only health clinic. The community's geographic, topographic, and climatic conditions cause the Tribe to be both physically and socially isolated.*

***Funded Project**: The overall goal of the Chippewa Cree TANF and Child Welfare Coordination Initiative is to formally implement coordinated program services for TANF-eligible families by addressing barriers to the achievement of self-sufficiency and child safety. A systems of care approach will be utilized to provide wraparound services in the following forms: comprehensive family assessments; coordinated service plans; coordinated use of data collected across agencies; and improved services and more efficient service delivery through maximization of resources. The Project's key components include: developing and testing evidence-based approaches to providing coordinated services to the targeted at-risk families, and assisting families in navigating the Tribe's human services system.*

The guiding principles for CCRBR's TANF and Child Welfare Coordination Initiative are deeply based in Chippewa and Cree cultures. These principles are incorporated into case management, and the parenting curriculum. Community providers integrate tribal history and knowledge into their services. The project also involves community members who are recognized as keepers of their culture. The group is called the Peacemaker Circle and it is authorized by the governing council of the Tribe to intervene with families using Tribal Human Services. The Peacemakers provide cultural knowledge and advice to families; and convey values and principles, tribal history and the importance of the indigenous language. The Tribal Court has recognized their input in making their judgments as a form of alternative sentencing.

Cook Inlet Tribal Council, Inc. (CITC): Luqu Kenu – Everyone is Family

***Grantee**: The Cook Inlet Tribal Council, Inc. (CITC) provides child welfare and Tribal TANF services to Alaska Natives and American Indians living in Anchorage, AK. Anchorage is the largest city in Alaska and encompasses an area of 1,698 square miles on the State's south central coast. The city is the economic, transportation, health care, and employment center of the State. The Alaska Native population of Anchorage continues to grow due to a pattern of migration from rural Alaskan villages into the city. Alaska Natives living in Anchorage are 2.5 times more likely to live in poverty than their non-native peers.*

***Funded Project**: The overall goal of Luqu Kenu is to increase interoperability between the Tribal TANF and Child and Family Services (C&FS) departments. The Project's key components include: expanding the shared data infrastructure between the departments to facilitate coordination of services; implementing child welfare screening for all Tribal TANF applicants; cross-training Tribal TANF and C&FS staff on each department's expectations and processes; and creating an integrated case management system, including shared case notes and a joint service plan.*

CITC's Everyone is Family (Luqu Kenu) project did not use a standard model or approach to establish their TANF/CW collaboration. The grantee developed its own approach, which was designed to meet the needs of the diverse Alaska Native and American Indian families they serve. The grantee's approach reflects the core values that CITC identified for themselves and the diverse tribal communities they serve. These values include interdependence, resiliency, accountability, and respectfulness. CITC trains all staff on culture, with a focus on preparing them to address and honor the diverse cultures of native village and tribes represented in their service population.

Coeur d'Alene Tribe (CDA): ICW/TANF Cooperative Project

***Grantee**: Coeur d'Alene Tribe is one of five federally recognized tribes in Idaho. The reservation is located in the rural northern area of the State; 150 miles south of the Canadian border. The Coeur d'Alene Reservation covers 345,000 acres. The reservation's economy is based mostly on agriculture. The reservation land produces wheat, barley, peas, lentils, canola and Kentucky Blue Grass. Logging, tourism, and tribal gaming operations, positively impacts the economy. The Tribe's Social Services department does not have a tribal foster care system. While the preference is to utilize kinship care, insufficient resources are available to assist relatives in meeting the requirements for kinship placement.*

***Funded Project**: The overall goal of the ICW/TANF Cooperative Project is to develop and implement strategies to help families involved with multiple agencies. The Project's key components include: formalizing the relationship between TANF and ICW with a MOU which will define the roles and responsibilities of each organization; developing common intake, risk assessment, and data collection procedures for TANF and ICW; supporting interagency and intra-agency planning, policy development, comprehensive family assessment, information and data sharing mechanisms, cross-training of welfare and child welfare staff; and improving assessment and services to at-risk children, youth, and families.*

The CDA Tribe's ICW/TANF Cooperative Project is helping families develop additional parenting knowledge and skills. To support them, members of the project team have been trained to teach the Positive Indian Parenting (PIP) curriculum. The PIP curriculum, developed by the National Indian Child Welfare Association, "draws on the strengths of historic Indian child-rearing patterns and blends old parenting values with modern skills. Storytelling, cradleboards, harmony, lessons of nature, behavior management, and the use of praise are discussed."

Confederated Salish and Kootenai Tribes (CSKT) Families First Project

***Grantee**: The Flathead Indian Reservation is located in northwestern Montana. The reservation includes 11 small communities across more than 2,000 square miles. A total of 7,753 individuals are enrolled members of the Tribe, 60% of which live on the reservation. The poverty rate among tribal families in the service area is 29.1%. Unemployment on the reservation is 23.7%, as compared to 6.8% for the State on the whole. The reservation has experienced substantial socioeconomic problems. The population is challenged by higher than average child death rates, substance abuse, teen pregnancy, and homelessness.*

***Funded Project**: The overall goal of the Families First Project is to enhance and build upon services currently offered to TANF-eligible or TANF recipient tribal families who are at risk, or are already involved in the child welfare system. Services provided include: coordinated intake/assessment; provision of support services; extensive referral to tribal and community resources; and advocacy on behalf of CSKT families with tribal and community agencies/systems. The Project's key components include: implementing a wraparound systems approach; creating one service plan for multiple systems; developing joint family meetings with representatives from all applicable agencies; and piloting, and assessing the effectiveness of, Family Group Decision Making.*

CSKT's Families First project team and Tribal Social Services have worked in conjunction with the Tribe's Native Wellness Institute to embed the Tribe's values and priorities into service delivery and implementing evidence-based approaches such as wraparound service, the Positive Indian Parenting curriculum, and Family Group Decision Making practices. The project team sponsors events in a manner that are both "celebratory and educational," including a variety of opportunities for the program's families to hear the stories of tribal elders related to parenting and relationship, and learn about their cultural history, traditions and language.

Confederated Tribes of Siletz Indians (CTSI): Healthy Family Healthy Child Program

***Grantee**: The Confederated Tribes of Siletz Indians Reservation is located in the northern coastal area of Oregon. They cover a 45-mile service delivery area; which includes isolated rural areas in Oregon's costal range, including over 8,067 acres of timberlands, and three major cities, Salem, Eugene, and Portland. Tribal membership is 4,378, with only 6% (261) living on the reservation. Major issues for the Tribe include: lack of housing; inadequate transportation; inadequate access to social service delivery; and limited job opportunities. These issues are further compounded as they prevent access to: employment; adequate legal services; court hearings; and adequate child care.*

***Funded Project**: The overall goal of the Healthy Family Healthy Child Program is to continue to coordinate the Tribal TANF and ICW programs using a strength-based resource coordination strategy, the Wraparound and Multi-Disciplinary Team Approach. The Project's key components include: continuing the use of Family Group Decision Making; utilizing a Multi-Departmental Team Approach; providing an Initial Screening and Intake Process; utilizing wraparound services, beginning with a Wraparound Meeting which may be followed by a Healing Circle/Talking Circle; creating Unified Case Plans (UCPs); and developing a Family Relationship Scale to measure family functioning and well-being.*

CTSI's Healthy Family Healthy Child project addresses a perceived loss of traditional culture with families that experience intergenerational poverty and trauma. Empowering clients through group decision making is central to the wraparound process and an expression of tribal culture and reintegration into community norms and relationships. The overall approach resembles that of the Tribe's "talking circles" which are used by the Tribe as a healing mechanism for those suffering from alcohol and drug abuse.

Forest County Potawatomi Community (FCP): Coordination of Family Resource Center (FRC) with Tribal TANF and Indian Child Welfare (ICW) Services to Tribal Families at Risk

***Grantee**: The Forest County Potawatomi Reservation covers 11,786 acres of land in the northern region of Wisconsin. The area is made up of three communities within a twenty mile radius in the southern section of Forest County; Stone Lake (Lake Lucerne) near Crandon, Blackwell and Wabeno-Carter. There are over 1,450 tribal members. The median income of the county is well below the State average. The County faces many challenges, including being a high crime area.*

***Funded Project**: The overall goal of the Coordination of FRC with Tribal TANF and ICW Services to Tribal Families at Risk is to utilize a Cross Systems Collaborative Effort Approach by: working together to address the Forest County Potawatomi Community needs; and providing community specific, and culturally-relevant programs for participants. This approach allows for concurrent planning and wraparound client and family case services. The Project's key components include: testing the effectiveness of tribal government in coordinating the provision of services; developing and testing the effectiveness of evidence-based approaches; and developing more effective and efficient strategies.*

FCP's Family Resource Center represents a continued collaborative effort to increase participation of tribal members in programs that emphasize family togetherness and promote bonding. The goal of the FCP is to provide holistic services to families involved in mandatory TANF/ICW programming and to reduce the number of families at-risk for entering these programs.

Hoopa Valley Indian Tribe: Partnerships for Children and Family Success

***Grantee**: The Hoopa Valley Indian Reservation is located in the rurally isolated northeastern portion of Humboldt County, CA, surrounded by a mountainous region and thick forests. The Reservation, with 2,483 tribal members, is the largest in California and encompasses 144 square miles. There is widespread depression among many native children, youth, and adults. Many are underserved due to inadequate resources, including the lack of staff and facilities to offer culturally responsive mental health services. High poverty and unemployment, combined with historic trauma and unresolved grief, has led to significant levels of alcohol and drug abuse, domestic violence and sexual violence.*

***Funded Project**: The overall goal of the Partnerships for Children and Family Success is to ensure the safety and well-being of children by strengthening the collaboration between Hoopa tribal departments, Humboldt County Child Welfare Services, and agencies serving Indian families. The Project's key components include: improving coordination across tribal departments that serve Tribal TANF-eligible families through implementation of a Multi-Departmental Action Team; developing case management and visitation protocols to work with native and non-native families; providing an array of resources and services through the Hoopa Family Resource Center; and conducting activities that support children and families.*

Hoopa Valley's Hupa Family Resource Center is based on the Resource Center model used across Humboldt County in northern California. The Resource Center serves both tribal (Hoopa and other tribes) and non-tribal community members. Hoopa Valley has put in place two procedural adaptations to address cultural norms and case handling. ICW staff respond with more sensitivity when a tribal member makes an initial call to ICW reporting child abuse or neglect, and TANF caseworkers' are able to transfer services to another caseworker if a client assigned to them is a family member.

Nooksack Indian tribe: Nooksack Healthy Families Program

***Grantee**: The Nooksack Indian Tribe's Reservation, which lies 17 miles east of Bellingham, Washington, includes a land base of 445 square miles. Tribal enrollment includes 2080 members which are divided by the international border between Canada and the United States. The Nooksack Indian Tribe's social services area encompasses 800 square miles, including the reservation and trust lands located in northeast Skagit County and eastern Whatcom County. The Tribe's child welfare department lacks sufficient resources and must rely on State agencies to co-manage the cases and service plans. In these cases, State certified/chosen providers are utilized as part of the service plan.*

***Funded Project**: The overall goal of the Nooksack Healthy Families Program is to prevent disruption and improve case management for families at risk for child abuse and neglect. The Project's key components include: establishing a culturally appropriate wraparound program, creating an early childhood system for referrals and services, conducting multi-disciplinary case staffings; implementing an evidence-based tribal home visiting program to improve early detection of safety issues and needs for both primary and placement families, administering in-home assessments, providing services and referrals to other service providers; and implementing Family Team Decision-Making.*

The Nooksack Tribe's Healthy Families project emphasizes the value of family narrative, and integration of cultural knowledge and practices. Along with the service providers who serve on the Child Protection Team, serves an elder who focuses on cultural preservation. As a "natural support" to families and a trusted community member, the elder has extensive knowledge of the Nooksack families, past and present, and enlightens the case workers about the social and cultural resources of families. The elder also counsels families.

Port Gamble S'Klallam Tribe (PGST): Advocate for Strong Kids

***Grantee**: The Port Gamble Reservation covers 1240 acres, which is located along Port Gamble Bay in rural Kitsap County, Washington. There are 1200 enrolled tribal members living in, or near, the reservation. Substantial challenges for the Tribe include poverty, unemployment, and a fertility rate twice the county and State averages. The Tribe operates their own Title IV-E licensed care (foster care) program with about 34 children currently in care; and operates a Family Preservation Services (family counseling and in-home services) program that is part of the Tribal Child Welfare Program.*

***Funded Project**: The overall goal of the Advocate for Strong Kids Project is to: improve and coordinate case management for families eligible for Tribal TANF; provide support services to tribal children in out-of-home placements as well as to the tribal families caring for them; and provide prevention services. The Project's key components include: implementing a wraparound model of service delivery; coordinating with other services to develop individualized case plans; advocating for families during case planning; and facilitating monthly coordinated care team meetings. In addition, the Project is coordinating an expansion of youth support activities and young family support activities aimed at promoting positive physical, emotional and mental health.*

PGST has incorporated a number of cultural components into the ASK Project in order to integrate project activities into strength-based programming among all partner agencies. A key strategy is mentoring between youth and elders, as well as the social events that are held each quarter. Another focal activity is youth preparation for and participation in the Tribe's annual canoe journey, known as the Healing of the Canoe project. The grantee is working with the University of Washington Alcohol and Drug Abuse Institute to develop a best practice model for their Canoe Journey Life Skills curriculum. They would be one of the few in Indian country to have a culturally responsive prevention model which is evidenced based. A number of their youth have had very powerful positive life changing experiences as a result of the canoe journey and it has helped some of them to gain the confidence they need to finish high school and enter college.

Quileute Indian Tribe: Youth and Family Intervention Program

***Grantee**: The Quileute TANF program serves a large and remote geographical service area including the communities of Forks, La Push, Beaver, Sekiu, and Clallam Bay. The communities served are spread across the Olympic Peninsula in Washington State, with long distances between each of the communities. The community of Forks and the surrounding area has a total population of approximately 3500, 20% of which are Native American. The community of La Push has a population of about 485, of which 90% living on the reservation are Native American. Significant need exists in Clallam County regarding teen pregnancy.*

***Funded Project**: The overall goal of the Youth and Family Intervention Program is to strengthen community and family supports to break the cycle of generational poverty and family issues that include; teen and unplanned pregnancies, dependence on welfare, and involvement in the child welfare system. The Project will help educate youth to make healthier decisions; engage youth in structured activities that also help build skills to transition to post-secondary education; educate youth about generational cycles of poverty; provide prevention services to tribal families at risk of child abuse and neglect; and identify needs and provide support and referrals. The Project's key components include: school support groups; youth trips; structured family intervention activities; educational and support groups for women; and informal case staffings.*

For the Quileute Tribe's Youth and Families Intervention Program connections to Quileute culture are incorporated into community activities when possible. For example, the Tribe's annual Canoe Journey represents an important communitywide touchstone around which many of the grant-funded youth activities align. The Tribe's expectations for healthy youth development include participation in this event, thus coordination of youth and family activities leading up to the Canoe Journey are integrated and supported with grant-funded activities.

South Puget Intertribal Planning Agency (SPIPA): SPIPA TANF and ICW Wraparound Collaborations Project

***Grantee**: Three Tribal communities are involved in the South Puget Intertribal Planning Agency (SPIPA) TANF and ICW Wraparound Collaborations Project: the Skokomish Tribe with a 5000 sq. acre reservation, 10 miles north of Shelton, WA; the Squaxin Island Tribe whose reservation is south of Shelton, WA; and the Nisqually Tribe with an 8 sq. mile reservation, 15 miles east of Olympia, WA. All 3 Tribes operate child welfare programs under government-to-government negotiated contracts and Child Placing Agency Licenses. The 3 Tribes partner with the State of Washington to provide Child Protective Services. Child dependency cases are heard in the respective Tribal Court. Tribes act as their own Child Placing Agencies and provide foster family services.*

***Funded Project**: The overall goal of the South Puget Intertribal Planning Agency (SPIPA) TANF and ICW Wraparound Collaborations Project is to develop and implement a wraparound service delivery model to stabilize families economically and prevent child abuse and neglect. The wraparound model reflects tribal community traditions, values, and norms. The Project's key components include: conducting an individualized needs assessment; assisting families in developing their Individual Responsibility Plans; identifying the array of services and referrals needed; and engaging in collaboration and resource sharing to serve the needs of families.*

The Family Advocates working on SPIPA's TANF and ICW Wraparound Collaborations all bring knowledge of and respect for tribal community traditions, values and norms, which are incorporated into the wraparound service delivery model.

Tanana Chiefs Conference (TCC): Athabascan Family Support Project

***Grantee**: The Tanana Chiefs Conference includes the rural Interior Alaskan tribal communities and the city of Fairbanks, AK. The service area covers 235,000 square miles. The total population of the region is over 86,000 of which roughly 11,000 are Native and represent 42 Alaska Native tribes and tribal groups. Many of these residents are living at or below the federal poverty line. The majority of the smaller communities in the region are remote rural villages with small populations. Interior Alaska Native children have represented a disproportionately high percentage of children in State's custody. There is a need for a wider range of supportive services and access to the services for Alaska Native parents, as well as the families providing care for children in out-of-home placements.*

***Funded Project**: The overall goal of the Athabascan Family Support Project is to enhance case management and access to services for families who are involved (or at risk of being involved) in both Tribal TANF and child welfare systems. The Project's key components include: recruiting and training qualified individuals to be Parent Navigators and Foster Parent Navigators who will assist parents' and relative caregivers' access to, and utilization of, supportive services focused on their case plan objectives; and providing support to relative caregivers to increase the number of caregivers becoming licensed foster parents.*

A benefit of TCC's Navigator model is that most of the Navigators are Native and they all have the cultural competence to work effectively with the tribal families. TCC's Parent Navigators help steer parents through some of the challenges they encounter in fulfilling their case plan requirements and accessing services from a wide range of providers. The Foster Parent Navigators will similarly work with foster parents, on one-on-one basis, to provide support and help in navigating the foster parent licensure process (both Tribal and State licensure).