

Study of Coordination of Tribal TANF and Child Welfare Services: Interim Findings Report

OPRE Report 2015-83



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OVERVIEW

This report describes the midterm implementation experiences of 14 tribes and tribal organizations who received demonstration grants from the Office of Family Assistance (OFA) for Coordination of Tribal TANF and Child Welfare Services to Tribal Families in 2011. The purposes of these grants were to provide innovative and contextually-relevant approaches to coordinating services between welfare (Tribal TANF) and child welfare (CW) systems. The underlying premise is that low-income families who qualify for TANF are at higher risk for child maltreatment than other families. Likewise families in the child welfare system, including foster parents, are likely to benefit from TANF services. The current Tribal TANF- Child Welfare (TT-CW) coordination projects were expected to provide one or more of the following services: (1) improved case management; (2) supportive services and assistance to tribal children in out-of-home placements; and (3) prevention services and assistance to tribal families at risk of child abuse and neglect. The current report summarizes grantees' midterm experiences with direct services and inter-agency coordination gleaned from interviews, observations, and document reviews.

FINDINGS

- **Grantees proposed and provided a range of direct services to children, youth, and families.** The most common services included family violence prevention; parenting education using culturally-informed Positive Indian Parenting curriculum; and school involvement programs (preventing teen pregnancy, supports for teens in foster care).
- **At interim, activities to coordinate Tribal TANF and CW services were similar across grantees.** These efforts included increased cross-agency communication; information sharing, and joint case management for families. More formal approaches like data sharing, and coordinated intake and referrals systems were less common.
- **In terms of stages of implementation, the majority of the grantees' overall projects (both their direct services and coordination approaches) were in the initial implementation stage at midterm.** Key program activities had been implemented by project staff members and partners, but were regularly being improved upon or modified. Most grantees reported challenges in staffing, engaging project partners, and retaining the highest-risk families.
- **At interim most grantees were building sustainability capacity through political support and additional inter-agency partnerships.** Some grantees had sought new funding sources or to institutionalize the additional TT-CW coordination activities into existing Tribal TANF practice.
- **Overall, the grantees reported progress** in coordinating services to address family economic wellbeing and child safety. Despite challenges, system building projects in tribal communities may be effective mechanisms for prevention of child abuse and neglect and the provision of more comprehensive, contextually relevant services to children, youth, and families.

This report is the second of three reports of the Study of Coordination of Tribal TANF and Child Welfare Services (TT-CW).

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Chapter 1. Introduction

A. Background and context

Temporary Assistance to Needy Families (TANF) was created by the Personal Responsibility and Work Opportunity Act of 1996 to promote self-sufficiency and stability among needy families. The *Tribal TANF* program provides similar assistance to federally-recognized Tribes, and Alaskan Native villages. Tribal TANF programs have the authority to independently design, administer, and operate their own TANF programs. Furthermore, Tribes can define their own service areas, the service population, time limits, benefits and services, eligibility criteria, and work activities. This allows each Tribal TANF program to structure their program activities according to the Tribal community's needs. Child maltreatment, on the other hand, is addressed by State and territorial Child Welfare (CW) agencies and Indian Child Welfare (ICW) programs. These State, territorial, and Tribal units administer programs to promote positive outcomes for children and families involved in child welfare.

Families who qualify for TANF—whether State, territorial, or Tribal TANF—are generally at greater risk for child maltreatment than other families. For example, children whose families live in poverty are three times more likely to have been reported as abused, and seven times more likely to have been reported as neglected, than children their counterparts from more advantages families.¹ Specifically, family conditions associated with poverty can pose risks to child safety, such as inadequate housing and homelessness, unmet basic needs, parental stress, inadequate supervision, substance abuse, and domestic violence.²

Since many families are involved with both the welfare (TANF) and child welfare (CW) systems, effective coordination of services between systems may improve services and outcomes for families. As TANF is intended not only to encourage parents to improve their socio-economic status, but also to provide stable homes, TANF and CW agencies are ideal partners to coordinate efforts to provide services that can address family risks and ensure that children's basic needs are met. While Tribal TANF is focused primarily on enhancing the economic self-sufficiency of families with children, and ICW system is focused primarily on ensuring the safety of children, both systems share a common mission of ensuring the wellbeing 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. Through effective inter-agency coordination, organizations can pool scarce human and material resources, share expertise among staff, expand services, reduce duplications of efforts, and exchange information. By coordinating services, programs may better anticipate families' needs and prevent situations of abuse or neglect.

In 2006, under the Deficit Reduction Act of 2005, ACF awarded 10 grants to tribes and tribal organizations for demonstration projects of coordination of Tribal TANF and ICW services. Those 5-year

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 Duva, J. and Metzger, S. (2010). Addressing Poverty as a Major Risk Factor in Child Neglect: Promising Policy and Practice. *Protecting Children*, 25(1), 2010.

grants ended in 2011. 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.

The Claims Resolution Act of 2010 authorized additional awards for demonstration projects for coordination of Tribal TANF and ICW services provided to tribal families at risk of child abuse or neglect. Authorized by this new legislation, in 2011 the Office of Family Assistance (OFA) awarded discretionary grants to 14 tribes and tribal organizations. Grant awards varied but were capped at \$150,000 per year to implement project activities. Ten of the grantees previously undertook similar coordination efforts and were considered to be continuing or expanding efforts that begun previously (nine of the grantees had the 2006 OFA discretionary grants and one had a similar Children's Bureau grant) and four were new grantees under the current funding opportunity.

Although grantees were required to provide one or more of the above three services for families, and to coordinate services between Tribal TANF and Child Welfare, there was considerable flexibility in the projects' goals and activities proposed. The most common goals across three levels are as follows:

Client-level goals and objectives addressed by the provision of direct services

- Decrease the incidence of child abuse and neglect
- Increase self-sufficiency
- Stabilize families
- Reduce or prevent removals
- Reduce time in out-of-home placement
- Strengthen the family unit

Organizational level goals and objectives

- Enhance or improve current practices
- Implement new supportive services
- Use preventive approaches to serving families
- Provide education and training to families

Systems level goals and objectives for service coordination

- Increase coordination between Tribal TANF and Indian Child Welfare (ICW)
- Coordinate case management
- Establish a coordinated wraparound program across the partnering agencies
- Develop common intake and risk assessment forms for Tribal TANF and ICW

There was also wide variation in grantee readiness and capacity to implement services at the time of the 2011 awards. This report chronicles the themes and variations in 14 tribal grantees implementation of their Tribal TANF-CW Coordination of Services Projects.

B. The study purpose and goals

The purpose of this study is to document the way in which the tribal grantees are creating and adapting culturally- relevant approaches, systems, and programs to increase coordination and enhance services delivered to families at risk of child abuse and neglect. This study documents grantees' goals for their projects, the direct services provided to families and children and the range of activities used to coordinate Tribal TANF and CW services.

A related goal of the study is to track the development of the coordination projects over time. As the funded projects differ in their scope and activities, we use three frameworks in order to describe trends and variation in grantees' experiences. Two of the frameworks, the collaboration framework and implementation stage frameworks, describe activities and characteristics of projects on a continuum from the beginning, exploratory stages, to full partnerships and full implementation of project activities. We use these frameworks to explore grantee progress in coordinating services, as well as to describe the degree to which proposed project are implemented. We examine factors that facilitate or impede project implementation. Finally, we use the sustainability framework to assess the ways in which grantees are building the capacity to sustain project activities.

The specific questions addressed in this report are: 1) At midterm what are grantees' goals for their clients and programs and what direct services are grantees providing?; 2) At midterm what are grantees' goals and activities for coordination of Tribal TANF and child welfare services and what is the level of collaboration?; 3) What stage of implementation are the projects in at midterm, and what are the facilitators or barriers to overall project implementation; 4) At midterm, how have grantees planned to sustain their projects?

To learn from the approaches and implementation strategies used by the tribes and tribal organizations, ACF's Office of Planning, Research and Evaluation (OPRE) contracted with James Bell Associates (JBA) in 2011 to conduct a multi-year descriptive study of coordination of Tribal TANF, child welfare, and other services to families at risk of child abuse and neglect within the 14 demonstration projects. It should be noted that in addition to studying these demonstration projects over time, the JBA team also provided technical assistance as requested by grantees on data collection, storage, and reporting.

C. The study methods/approach

This descriptive study aims for relational research, conducted in relationship and partnership with the different grantee communities. The study borrows from the participatory research approach and includes early engagement; ongoing communication with the grantees; respect for the Tribes' wishes for confidentiality; and understanding of cultural values and the diversity of tribal cultures. At the onset, specific study team members were designated as grantee liaisons. Each grantee has a single point-of-contact who understands their project making it easier for the grantee to receive information and assistance. In addition, the study team reports findings back to the grantees and in so doing provides information that is directly useful to the grantees. However, aside from expressed appreciation for the documents, only a few have provided feedback on specific information contained in the documents.

This midterm report is based on three key data sources: 1) interviews and observations during site visits to each of the 14 grantee communities;³ 2) document reviews (grantees' progress reports and other grantee-prepared documents); and 3) additional information obtained from grantees during regularly occurring phone and email communication with grantees' project staff.

The study team developed four main interview guides to explore topics related to intra-tribal collaboration including facilitators and barriers to program implementation. At each of the grantee sites, study respondents included project staff (project directors, project coordinators, etc.), Tribal TANF and child welfare staff and supervisors, tribal and community partners, and tribal leadership (elders, leaders, where appropriate). After each site visit, resulting data were cleaned and prepared for qualitative analyses. Sets of codes based on the key research questions were used to organize the data. Some of these initial codes included: framework for services; recruitment and participation, TANF-CW relationship, TANF-CW coordination, service coordination, decision making, implementation challenges, and perceived benefits.

This report details the midterm implementation experiences of the fourteen grantees in their efforts to help children and families through coordination of Tribal TANF and ICW services. Chapter 2 presents an overview of direct services that the grantees are providing to assist families. Chapter 3 examines grantees' coordination among Tribal TANF and ICW services, including activities used to promote coordination and the overall level of collaboration. Chapter 4 summarizes the overall implementation progress at midterm and highlights the facilitators and challenges to implementing the TT-CW projects. Chapter 5 discusses strategies for sustainability. In the final chapter, we offer some early conclusions about the implementation of these projects, including strengths and challenges.

Questions related to grantees' early experiences in implementing the funded projects were addressed by the Early Implementation Report (2013).⁴ In addition, the Final Report (2015) will provide a summative analysis that synthesizes and reflects on the experiences, outcomes, and lessons learned by grantees during the entire course of their projects.

³ The site visit data for this report come from the second round of site visits, conducted by two-person site visit teams from September 2013 to April 2014.

⁴ Ahonen, Pirkko, Athena Diaconis, Carol Hafford, Kim Keating, Julie Morales, and Connie Vu (2013). *Study of Coordination of Tribal TANF and Child Welfare Services: Early Implementation Findings*. OPRE Report # 2013-52, Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Chapter 2. Direct Services Provided by the TT-CW Projects

The TT-CW projects provided contextually-relevant and innovative services to meet the needs of children, youth, and families. In this chapter we describe the broad goals grantees' reported for their clients and their programs. We also describe the types of direct services grantees were providing to assist at-risk families.

Grantees' project goals remained largely consistent with the goals and objectives identified in their 2011 grant applications (for more detail see also the 2013 *Early Implementation Findings Report*). The goals that continued to direct project activities at midterm implementation fit into three broad categories: client-level, project or organizational-level, and systems-level goals and objectives.⁵ Grantees were addressing the client-level goals and the organizational level goals by implementing an array of direct services to serve the children and families in their Tribal communities. These goals and are summarized below.

Client-level goals and objectives addressed by the provision of direct services

- Decrease the incidence of child abuse and neglect
- Increase self-sufficiency
- Stabilize families
- Reduce or prevent removals
- Reduce time in out-of-home placement
- Strengthen the family unit

Organizational level goals and objectives

- Enhance or improve current practices
- Implement new supportive services
- Use preventive approaches to serving families
- Provide education and training to families

A. Provision of direct services

In their second year, all grantees actively served TANF-enrolled families. The rates of TANF participants and other community members served by the grantees' projects varied significantly across the tribes. The wide range of participation rates may be a result of several factors, including the type of project, scope of services provided and target population. For example, a Family Resource Center may be available to the entire community and serve a larger number of community members in a single day (both TANF-involved and non-TANF involved community members), whereas an intensive prevention worker may work one-on-one with only a few TANF-involved individuals or families each week.

Grantees continued to provide a range of direct services and supports to Tribal TANF and ICW clients, as well as prevention services to at-risk community members. The services at provided in the second year were diverse, but can be broadly classified into several categories that emphasize the holistic orientation of tribal social service delivery: marriage strengthening, youth programming, parenting, cultural, child and family, economic, and health. Exhibit 2-A outlines the direct services

⁵ Refer to grantees' goals at three broad levels as listed in Chapter 1. Systems-level goals are addressed later in chapter 3 within a discussion of grantees activities for service coordination.

provided in each of these categories, and indicates the number of grantees that had these services available to participants at midterm of the grant.

Exhibit 2-A: Number of Tribes Delivering Direct Services by Type

Category	Service Type	No. of Grantees
Marriage Strengthening	Family Violence Prevention	13
	Family Resources	3
Youth Programs	School Involvement	11
	Pregnancy Prevention (teen and adult)	2
Parenting	Parenting Education	9
	Parent Partner Mentors	3
	Fatherhood Programs	2
Cultural	Tribal Values	5
	Elders Involvement	4
	Cultural Life Skills Training	2
	Talking/Healing Circles	1
Child & Family	Home visiting	4
	Health Services	2
	Parent and Foster Parent Navigators	1
Economic	Transportation	3
	Family Resources	2
Health	Substance Abuse	1
	Mental Health	1

The most notable change from the first grant year appeared to be the integration of home visiting programs into certain grantees' TT-CW projects. Since FY 2010, four grantees were awarded Maternal, Infant and Early Childhood Home Visiting grants (Port Gamble S'Klallam, SPIPA, Confederated Salish Kootenai Tribes, and Confederated Tribes of Siletz Indians). These grantees were able to refer high risk families into the home visiting program. In addition, some of the TT-CW projects included informal home-visitation components ranging from home visits as a part of intensive case management to home visits to offer parenting training.

As depicted in exhibit 2-A above, family violence prevention was a direct service provided by most grantees (n=13). In many cases, clients were referred to a separate family violence program and in some cases the TT-CW project staff facilitated family violence prevention groups. The frequency of this service reflects the needs of the TANF-enrolled families for support in areas beyond economic self-sufficiency. Program staff were also involved with the school systems (including early education), and nearly all of the grantees (n=11) noted that they partnered with the education providers in their community through co-sponsoring events, providing additional support services to students, or including educators and staff in wraparound or multi-departmental meetings. Many of the grantees also provided parenting education (n=9) to their community members. Many grantees used the curriculum, Positive Indian Parenting (PIP), which incorporates cultural values into the teaching of new parenting behaviors.

Brief descriptions of the specific services delivered by the TT-CW projects are provided in exhibit 2-B below.

Exhibit 2-B: Services Provided by the TT-CW Grantees

Grantee Tribe or Tribal Organization	Description of Services
Association of Village Council President Bethel, AK	The TANF Healthy Families Project's Yup'ik Way training is a culturally-informed prevention and early intervention program for families involved in child-welfare; individuals and families experiencing trauma; and child protection staff and caseworkers. The strength-based, holistic curriculum is based on traditional Yup'ik parenting and child-rearing practices passed on through generations. Healthy Families training is offered in Bethel each month on a regular basis over the course of four days. The training is presided over by elders and facilitated by dedicated AVCP staff.
Central Council of the Tlingit and Haida Indian Tribes Juneau, AK	Through the ICW/TANF Collaborative Case Management Initiative Tribal TANF utilizes the Structured Decision Making (SDM) model for intake. Families that are assessed as most at risk for maltreatment are then referred to the ICW program to the CW-TANF Family Caseworker who provides intensive prevention services including case management and direct services to address the families' identified priority needs.
Chippewa Cree Tribe of the Rocky Boy's Reservation Box Elder, MT	The Tribal TANF and CW Coordination Initiative utilizes an Intensive Case Manager to provide direct services to clients in their homes and in the office, and assists families in navigating tribal and community human services systems. A systems-of-care approach is used in conjunction with wraparound services.
Coeur d'Alene Tribe Plummer, ID	The goal of ICW/TANF Cooperative Project's Youth Shelter Program is to improve and maintain the emotional, spiritual, and physical health of tribal children, youth, and their families who experience stressful situations. A Case Manager provides financial, medical, and self-sufficiency services with the aim of providing temporary assistance for the care of dependent children in their own homes or the homes of relatives.
Confederated Salish and Kootenai Tribes Pablo, MT	The Families First Project encompasses a strengths-based empowerment model for intensive case management that includes development of individualized case plans by the Families First Intervention/Prevention Case Worker ("Intervention Worker"). Services provided by the Intervention Worker include monitoring of families for a period of 3-6 months (referred to as "shadowing") while they are involved in both TANF and Child Welfare, or have an open CPS case, to assist families in successfully completing services. The project provides advocacy and supports to families as needed to fulfill their Service Treatment Plans.
Confederated Tribes of Siletz Indians Siletz, OR	Healthy Family Healthy Child (HFHC) Project provides intensive individual support to participating families involved with, or at risk of becoming involved with ICW. HFHC staff act principally as client advocates and serve as intermediaries between clients and their caseworkers, coordinating and attending MDT and wraparound meetings for participating families. In addition, the staff lead Positive Indian Parenting programs several times each year.
Cook Inlet Tribal Council Anchorage, AK	Luqu Kenu – Everyone is Family project coordinates TANF and ICW services through Intensive Case Manager, who serves as a liaison between the departments. Key services provided by the Intensive Case Manager include ongoing family assessments, service planning and follow-up services, linkages and advocacy with external resources, parent coaching, and in-home visitation.
Forest County Potawatomi Community Crandon, WI	The Family Resource Center addresses the needs of relapse and provides Alcohol Tobacco Other Drug Association (ATODA) support including home visits and supportive services such as Lifeskills classes, Positive Indian Parenting training, emergency planning, PlayShoppe for children, and large-scale holiday family events.
Hoopa Valley Tribe Hoopa, CA	Partnerships for Children and Family Success project implements Multi-Departmental Action Teams (MDAT) to improve coordination across tribal departments serving Tribal TANF eligible families. The project focuses on developing shared case management and visitation protocols for tribal and county human services and child welfare to work with the families in the community.
Nooksack Tribe Deming, WA	The Healthy Families Program (the Nooksack ICW caseworker) uses Parents as Teachers curriculum to improve early detection of safety issues and family needs in the home, for both primary families and placement families. The program includes a wraparound health-centered services program, a coordinated early childhood system for referrals and services, coordination of multi-disciplinary case staffing for participant families, and implementation of family shared decision-making.

Grantee Tribe or Tribal Organization	Description of Services
Port Gamble S’Klallam Tribe Kingston, WA	Advocating for Strong Kids (ASK) project staff coordinate with the representatives of ICW, TANF, and FPS to develop individualized case plans, advocate for families during case planning, and facilitate monthly coordinated care team meetings.
Quileute Tribe La Push, WA	The Youth and Family Intervention Program provides supportive services in the area of youth pregnancy prevention and parenting. The program implements support groups, structured intervention activities, and youth education. Specific services include youth groups, youth trips to explore colleges, Moms’ luncheons, Family Fun Nights, parent advisory committee meetings, and Pregnancy Prevention Committee meetings.
South Puget Intertribal Planning Agency Shelton, WA	TANF and ICW Wrap-around Collaborations Project implements a wraparound approach to integrated assessment and case planning, as well as a coordinated inter-agency service delivery system for families involved in the TANF and child welfare programs, or who are at risk of becoming involved in the child welfare system.
Tanana Chiefs Conference Fairbanks, AK	Athabascan Family Support Project’s Navigator program supports families who are either involved with or at risk of being involved with child protection systems and families who are ready to pursue foster parent licensure. Navigators assist parents and relative caregivers in engaging with the complex CW and TANF systems facilitate receipt of the needed services for the families.

In general, grantees did not collect data that would allow them to assess progress towards their TT-CW goals. Data on service content and quality was also scarce. Though JBA was available to provide technical assistance related to data collection, assessments and data systems, the systematic monitoring of performance was not part many grantees’ approaches. At midterm, some of the grantees were beginning to collect and report basic information on service provision, such as numbers or participants served, as part of federal reporting requirements. We will return to the issue of data capacity later in the report.

Chapter 3. Service Coordination Between Tribal TANF and Child Welfare Agencies and Other Partner Entities

The TT-CW projects were funded to promote the coordination between Tribal TANF and ICW to promote family stability and wellbeing. This chapter outlines grantees' progress with inter-agency coordination. We begin by outlining grantees' goals for service coordination. We discuss the coordination activities that were commonly used by grantees, as well as less frequently used activities. Then we explore differences among grantees in their progress in service coordination using the collaboration framework. Lastly, we describe some of the additional partnerships that grantees pursued to coordinate resources and referrals.

A. Systems level goals and objectives for service coordination

Grantees' goals relating to service coordination remained the same at year 2 and included the following:

- Increase coordination between Tribal TANF and Indian Child Welfare (ICW)
- Coordinate case management
- Establish a coordinated wraparound program across the partnering agencies
- Develop common intake and risk assessment forms for Tribal TANF and ICW

B. Service coordination strategies and activities implemented by the grantees

The TT-CW grantees engaged in building up their system level activities that largely focused on strengthening inter-agency collaboration and coordination between Tribal TANF and ICW. Furthermore, grantees continued to enhance the diverse coordinated services that the funded projects provided to the members of their communities.

At the system level, grantees built upon the coordination activities they began in the first year of their grants. The focus for many of the grantees was on continued coordination across their social service departments, and institutionalizing the coordination efforts implemented during the first year.

Data on specific strategies that the grantees used to enhance service coordination came from analyses of the TANF-ICW Coordination Matrices (data collection tool that JBA developed for this purpose). During the second round of site visits, a total of 16 sites (which included SPIPA's three distinct implementation sites- Nisqually, Skokomish, and Squaxin Island) completed the Coordination Matrix which identified coordination efforts across social service programs and agencies that have taken place as a result of the TT-CW grant-funded projects.

Most common TT-CW coordination activities across the grantees

Overall, the most commonly reported activities to promote service coordination included interagency communication, information sharing, case planning and management, service delivery, and organizational/systemic changes. Examples of each are included below.

Communication. A key focus for the grantees was to increase communication across Tribal TANF and ICW staff. All grantees reported having more *informal* communication (n=16) and most also reported more *formal* communication (n=12) as the result of the TT-CW project. In addition, the majority of the sites reported having regularly scheduled meetings with staff from both departments (e.g., weekly, monthly, quarterly) (n=13).

Information sharing. Information sharing strategies were also commonly employed across the grantee sites. Specifically, most sites reported having privacy/confidentiality agreements and releases in place to share information (n=14); cross-training on confidentiality procedures (n=12); a dedicated person as the liaison to report to heads of Tribal TANF and ICW departments (n=11); cross-referral procedures (n=11); co-located TANF and ICW staff, (n=11); and systems to share “best practices” across the programs (n=10). In addition grantee sites offered cross-training of Tribal TANF and ICW staff specifically on parenting (n=10), as this type of training has historically only been provided by staff in child welfare.

Case planning and management. Grantees’ efforts to streamline their case management and referral process continued during the grants’ midterm. Several programs had created easy-to use referral documents and processes as well as and joint case management and staffing policies between ICW and TANF staff. Specific strategies to enhance joint case planning and management included mutual efforts for family engagement or involvement (n=15); joint staffing of cases or case planning by Tribal TANF and CW staff (n=13); joint participation of Tribal TANF staff and ICW staff on a Multidisciplinary Team (MDT) (n=12); coordinated plans for referrals to partner agencies (n=12); and coordinated service planning and case management with partner agencies for dual-involved families (n=11).

Delivery of services. Most of the grantees also engaged in strategies to strengthen coordinated service delivery. Examples of the strategies included establishing formal and informal linkages to community support networks used by TANF and CW (n=16); developing targeted prevention activities (n=14); and providing onsite supportive services (n=14).

Organizational/systemic. Nearly all of the grantee sites also reported sharing merged organizational resources (e.g., funds, space, staff, items for clients, food for workshops, etc.) in an effort to coordinate services available to Tribal TANF and ICW clients (n=15).

Types of TT-CW coordination activities that the grantees utilized less commonly

Formal coordination activities around assessment, use of data, and data linkages were less common. A few grantees used common assessment tool to assess and address safety, self-sufficiency, risk and protective factors (n=4)⁶ and provided cross-training of staff on assessment tools (n=4). Just one grantee had established a Central Intake Center to serve clients across the programs. Furthermore, only a few grantees employed coordination strategies that would have required electronic databases such as using a common data collection system (e.g., linked databases, etc.) (n=4); developing a central repository for sharing forms and information (e.g., client data) between TANF and ICW departments (n=4); and having case plans accessible through linked database (n=3).

Lastly, it is also important to note that some of the grantees had in fact implemented a variety of coordination approaches, but not as part of their TT-CW projects. That is, coordination efforts were either already in place or were part of a separate initiative not funded through TT-CW grant resources. For the purposes of this report, coordination successes not directly related to the grant were not included in the analysis.

⁶ Several grantees noted that they were still working on developing and/or obtaining common assessment tools to assess families during Year 2.

C. Variation across grantees with continuing TT-CW coordination grants and new grantees

The reported level of coordination and cooperation between Tribal TANF and ICW agencies varied widely by project. Some TANF and ICW staff noted that the coordination of services was optimal and fully integrated with the projects; and for others, staff were building off an initial foundation to achieve a higher level of coordination.

As noted in Chapter 1, ten grantees had continuing grants to implement coordinated Tribal TANF and ICW services. Examples of common service coordination approaches between Tribal TANF and ICW for these grantees are summarized in exhibit 3-C.a. Among the four grantees with new grant-funded projects, the most common service coordination approaches were the creation of protocols for sharing information and referrals between departments and agencies. Examples of service coordination strategies used by new grant projects are summarized in Exhibit 3-C.b. In general, grantees with continuing projects had more structure in place for coordinated activities and decision making between Tribal TANF and ICW, whereas grantees with newer grants engaged in more information sharing.

Exhibit 3-C.a: Examples of Service Coordination Approaches Used By Continuing Grant Projects

Grantee	Examples of Tribal TANF and CW service coordination
Central Council of the Tlingit and Haida Indian Tribes of Alaska	Implementation of coordinated services takes place between TANF case workers and CW through participation from the Preserving Native Families (PNF) program worker. Formalized interactions between CW and TANF are underway to increase the PNF's participation in service planning meetings.
Cook Inlet Tribal Council, Inc.	Coordinated intake and screening processes are fully implemented between Tribal TANF and CW. Joint case management efforts have also been supported through the role of the Liaison position who accesses the Management Information Systems of both child welfare and Tribal TANF to determine linkages between existing services in order to maximize communication among staff across the services.
Confederated Salish and Kootenai Tribes	Communications regarding clients with involvement in both TANF and CW systems are facilitated by increased interactions between the Intervention Worker and the TANF Director. Collaboration with TANF staff have resulted in increased referrals to the Families First Project by TANF workers as well as resource sharing. For example, TANF referred a client to the Families First Project after he was gainfully employed to obtain appropriate work attire.
Forest County Potawatomi Community	The Family Resource Center is fully integrated as a service under the Division of Family Services, receiving referrals from external departments (i.e., Tribal Court) and from all Family Services departments. The development of a Prevention Collaborative has facilitated the provision of streamlined prevention services to families in the community.
Quileute Indian Tribe	The Youth and Family Intervention Program collaborates with service providers from various departments within Quileute Human Services, schools, and the local Readiness to Learn coalition to implement structured intervention activities, youth groups, and activities supported by the Pregnancy Prevention and Parent Advisory Committees. Turnover of key ICW staff has been a barrier to fully integrate ICW in the system, though informal collaboration occurs with ICW staff to identify community resources for youth and families participating in the program.
Port Gamble S'Klallam Tribe	Service coordination meetings for joint clients are conducted monthly between Family Preservation Services (FPS), Family Coordinated Care (FCC), and TANF program staff. Project staff also attended meetings to provide wraparound support for families of youth in grades 9 to 12 who are currently or were previously TANF clients and/or in out-of-home care.

Grantee	Examples of Tribal TANF and CW service coordination
South Puget Intertribal Planning Agency	Grantee-funded family advocate at each site works with the TANF program. At some sites, home visits by CW staff are conducted for families that are close to being sanctioned by TANF. This process allows for service coordination between the agencies, ensures children’s safety, and provides opportunity for one on one work with families. In several tribal sites the TANF and ICW caseworkers meet monthly for joint case planning. Coordinated referral and screening among TANF and ICW for mental health and substance abuse services has resulted in referrals to the behavioral health department at one tribal site.
Tanana Chiefs Conference	Child Protection staff works with TANF to facilitate a quicker reunification process between families and their children who are involved in both programs. Service coordination has improved service provision because the roles of TANF and Child Protection have been clearly defined within the grant period.
Hoopaa Valley Indian Tribe	Hoopaa project activities include both planning and implementing coordinated Tribal TANF and CW services for families and children that are TANF eligible, TANF participants, and community members who wish to participate in Hupa Family Resource Center activities. Multi-Departmental Action Team meetings are used for joint case planning between TANF and ICW staff to develop streamlined case plans for clients. Project staff report that “coordination of services improves access to services (which TANF can coordinate and CW can request).”
Confederated Tribes of Siletz Indians	CTSI project activities include both planning and implementing coordinated Tribal TANF and CW services for Siletz Tribal Members and their families living in the 11-county service area who are already receiving or are eligible for TANF. Multi-Disciplinary Team and wraparound referrals can come from any of the Tribal programs. Staff from both agencies participate in wraparound meetings and TANF frequently provides case updates to ICW staff. CTSI staff view HFHCS as the intermediary between TANF and ICW.

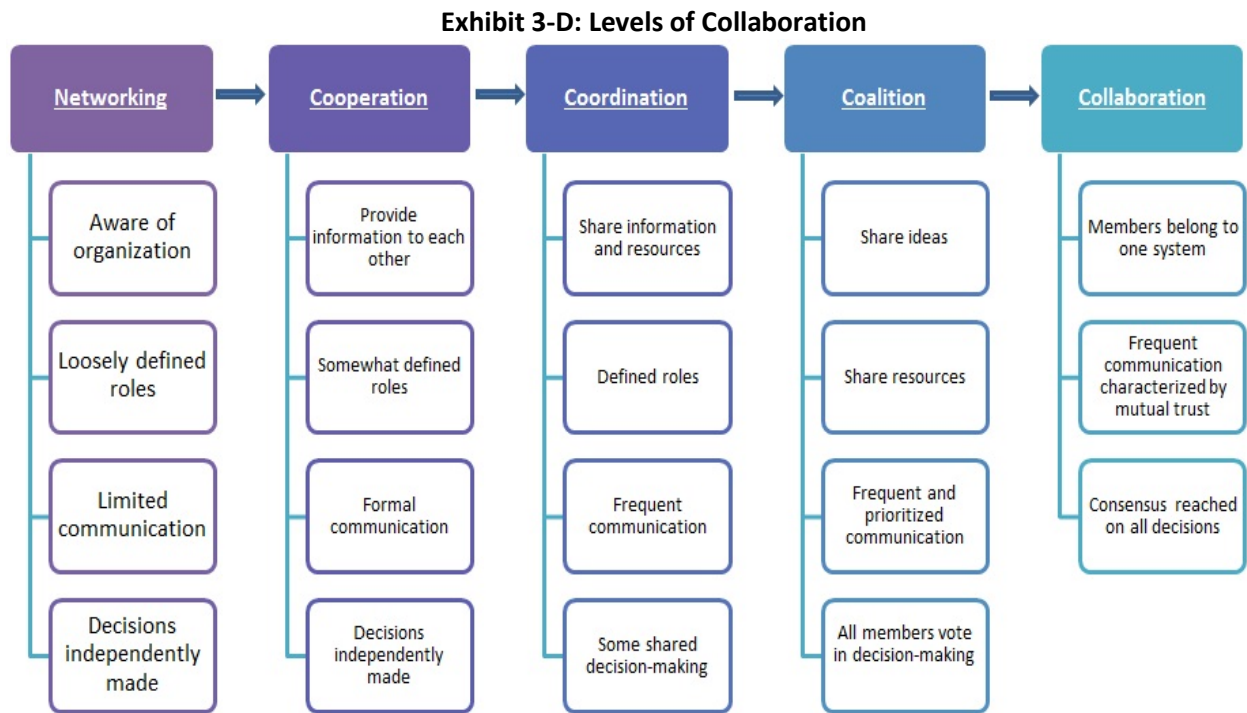
Exhibit 3-C.b: Examples of Service Coordination Approaches Used By New Grant Projects

Grantee	Examples of Tribal TANF and CW service coordination
Association of Village Council Presidents	The Healthy Families training is facilitated through the TANF program for TANF families and ICW families in Bethel and Anchorage. Planning is ongoing for the implementation of the Structured Decision Making tool for TANF families at risk for child welfare involvement.
Chippewa Cree Tribe of the Rocky Boy's Reservation	CCRBR’s project activities are focused on both planning and implementing coordinated services. The process for coordinating services for dual-system families are in place and CW supervisors and case workers are active partners. The TANF Project Coordinator/Intensive Case manager and Child Welfare Assistant/Intake Specialist are implementing a system of joint case planning and documenting child and family outcomes. Interagency release of information (ROI) forms have been established for dually-served TANF and CW families.
Coeur d'Alene Tribe	Resource sharing between TANF and ICW is actively taking place, for example project staff provide transportation for TANF and ICW families. Another example, includes the provision of gas vouchers by ICW for parents and guardians who are also TANF recipients. ICW, TANF, and all social services have co-located to a single building in a centralized location within the reservation. Staff use interdepartmental ROI forms and tribal regulations as guidelines to coordinate services between ICW and TANF.
Nooksack Indian Tribe	Family Services Plans are developed for clients by ICW and these plans are shared with TANF caseworkers. Discussions regarding the Family Services Plans take place during Child Protection Team meetings. Communication between TANF and CW is frequent and in high risk situations a tribal elder teams up with an ICW worker. For example, in cases where there are safety or danger issues present-- an ICW worker and a knowledgeable elder meet with the family to identify and clarify issues and refer families into crisis management.

D. Levels of system coordination and collaboration

The TT-CW grantees, as a group, made substantial system level changes to improve coordination at midterm. System coordination is critical for distributing knowledge and expertise across departments and agencies, strengthening outreach and referral efforts, service provision, and measuring process and outcome goals. Partnering organizations provide access to and sustainability of material resources that grantee agencies are unable to obtain themselves.⁷ System coordination includes organizational strategies to work with external partners to ensure the availability of financial, organizational, and human resources required to support a project’s implementation goals. The alignment and coordination of these external partners ensure that stakeholder perspectives are included and roles are clearly defined. System coordination is designed to help create a supportive context in which effective services can be provided, maintained, and improved over time.⁸

One of the most common collaboration frameworks is based on the work of the School Program Evaluation and Research Team who developed the *Levels of Collaboration* scale. This scale is based on the work of other collaboration researchers (Hogue, 1993; Borden & Perkins, 1998, 1999)^{9,10,11} to measure progress in collaboration among grant partners. According to this framework, the five levels of collaboration are: 1) Networking; 2) Cooperation; 3) Coordination; 4) Coalition; and 5) Collaboration (see exhibit 3-D: Levels of Collaboration).



⁷ James Bell Associates (2013). Lessons learned through the application of implementation science concepts to Children’s Bureau discretionary grant programs. Arlington, VA: Author.

⁸ The National Implementation Research Network (NIRN) (2011). Available at: <http://www.fpg.unc.edu/~nirn/>

⁹ Borden, L., & Perkins, D. (1999). Assessing your collaboration: A self-evaluation tool. *Journal of Extension*, 37(2), 67-72.

¹⁰ Borden, L., & Perkins, D. (1998). Evaluating your collaborative effort. *Program Evaluation Newsletter*, 1, 5.

¹¹ Hogue, T. (1993). Community-based collaboration: Community wellness multiplied. Bend, OR: Chandler Center for Community Leadership. Retrieved April 21, 2004, from <http://crs.uvm.edu/ncco/collab/wellness.html>

Grantees made progress across the different levels of collaboration at different times and in various ways, depending on: the type of grantee organization; nature of the coordination project; stage of implementation; leadership and management style; staff and organizational culture; and nature of project partners. Grantees also demonstrate components of multiple stages simultaneously. The section below discusses the extent to which TT-CW grantees collaborated with key partners to provide grant-funded services to children and families.

During the second round of site visits, a total of 16 sites (which included SPIPA's three implementation sites- Nisqually, Skokomish, and Squaxin Island) completed JBA's TANF-ICW Coordination Matrix which identified coordination efforts across social service programs and agencies that have taken place as a result of the TT-CW projects. Based on a review of this data, it was evident that most TT-CW grantees (with the exception of one grantee) were beyond the initial networking stage with TANF, ICW, and key partners, and were engaged in activities encompassed within the stages of cooperation, coordination, coalition, and collaboration on the Levels of Collaboration scale.

One grantee was assessed to be in the networking stage due to a lack of collaboration in the areas of information sharing, coordination in screening and assessing families, case planning management, and coordination policy. While communication had increased from Year 1 to Year 2, TANF and ICW program staff continued to work separately, communicating via e-mail to identify eligibility requirements for dual-system clients. This minimal coordination was due in part to an organizational restructuring, which created a physical divide between the two programs at the beginning of the grant.

Two grantees were in the cooperation stage. Communication between TANF and ICW did occur for these grantees, but no coordination efforts were established in the areas of screening and assessment, information systems, and policy. Additionally, minimal information sharing efforts were made between departments to share client information, case plans, or knowledge within these projects. TANF and ICW supported mutual efforts for family engagement and involvement, though joint case staffing or planning and referral processes to partner agencies had not been established. These two grantees experienced project capacity issues (i.e., understaffing and lack of resources) during Year 2, which may have impacted coordination efforts (see also Section 4-B. Challenges with midterm implementation).

A majority of grantees (n=10) were in the coordination and coalition stages. These grantees had several information sharing processes in place to ensure that information on dual-system clients were relayed with workers from each department. This entailed sharing case or treatment plan information, implementing cross-referral procedures between departments, and having liaisons to report to heads of Tribal TANF and ICW departments. The level of coordination between key partners allowed for clear communication and understanding of TANF and ICW roles, and project staff members were able to share ideas and resources with key partners. Additionally, these grantees had already developed or had begun developing policies to institutionalize coordination processes between TANF and ICW by Year 2.

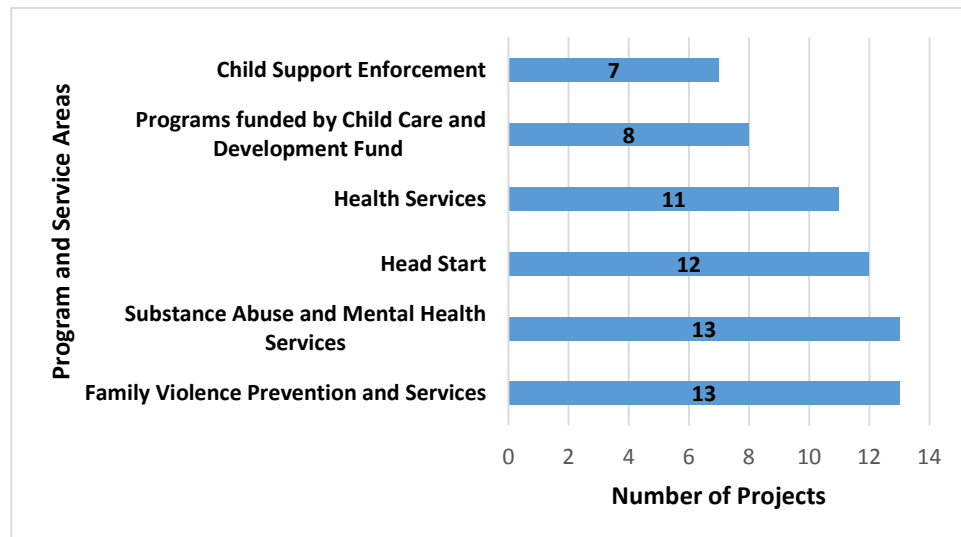
Three grantees were assessed to be at the coalition and collaboration stages. These grantees had numerous mechanisms in place for staff communication, information sharing and joint learning opportunities, common assessment tools, and joint case management and service delivery. Project staff members, along with TANF and ICW workers at these sites, participated in regularly scheduled team meetings and worked together on a regular basis to serve clients. Additionally, all three grantees had engaged TANF and ICW staff in strategic planning and visioning initiatives to plan for the future direction of system coordination among social service partners. Notably these three grantees had all received previous TT-CW grants.

E. Partnering programs and agencies

All TT-CW projects integrated additional partners beyond the TT and ICW partnership into their services. Partners enhanced collaboration and service coordination, provided direct services, participated in client meetings, (i.e., MDT and wraparound meetings), facilitated information sharing (i.e., intake and assessments), participated in cross-departmental meetings, provided reports to TANF or ICW for mutual clients. Other partners received referrals from TT-CW and provided complimentary services. Thirteen of the 14 projects coordinated services with both tribal programs and programs administered by state/local agencies and one project coordinated services with tribal programs only.

TT-CW projects coordinated services with 6 other program areas: 1) Family Violence Prevention and Services, 2) Programs funded by Child Care and Development Fund, 3) Health Services, 4) Head Start, 5) Child Support Enforcement, and 6) Substance Abuse and Mental Health Services. Exhibit 3-E illustrates the number of projects coordinating services within each of the six programs. In addition, nine of the 14 projects also coordinate services in other relevant program areas including education services, career planning, and housing.

Exhibit 3-E: Number of Projects Coordinating Services in Target Program and Service Areas



The TTCW coordination project thus attempted to connect low-income tribal families, and families at risk for child abuse and neglect, to a variety of services to address family psychological wellbeing, health, early care and education needs, and economic stability. In the next chapter we examine the overall implementation of these projects and identify facilitators and challenges to project implementation at midterm.

Chapter 4. Overall Project implementation and Facilitators and Challenges

In this chapter, we provide a high-level summary of grantees’ overall project implementation at midterm. Here we consider grantees’ overall progress, both in providing direct services and progress in coordination between Tribal TANF and ICW. We discuss facilitators and challenges of coordination of services across Tribal TANF and ICW and common facilitators and challenges to implementing direct services.

A. Overall implementation progress at midterm

Implementation research has shown that setting up a foundation of supports is essential for effective long-term programming. Some critical supports 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 stages to being fully established, implementation researchers have outlined a set of stages through which many agencies progress when starting new programs. These stages are summarized in the following exhibit (Exhibit 4-A: Implementation Stages).

Exhibit 4-A: Implementation Stages

Stage	Implementation Stages & Activities ¹²
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.

Overall Implementation Stage Status

Based on a review of grantees’ activities we estimate that there were several groupings of grantees at different stages of implementation. With regard to overall program implementation at the end of the second year of the funded projects, the majority of grantees (n=10) were in stage III, the initial implementation stage, in which key program activities have been implemented by project staff members and partners, and are continuously being improved upon or modified. New challenges emerge during this stage (as detailed later in this chapter), but grantees must adapt their services and continue to address these challenges as the new way of working becomes integrated into existing programming.

¹² 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.

Most grantees at this stage reported that many services and activities proposed have been implemented but that some challenges have limited their ability and have hindered their efforts to: keep projects fully staffed; maintain direct services and activities; engage project partners; and engage families. Several grantees at the initial implementation state were moving closer to the full implementation stage at the time of Year 2 site visits, and had plans to assess program model fidelity and outcomes to better inform practice during Year 3.

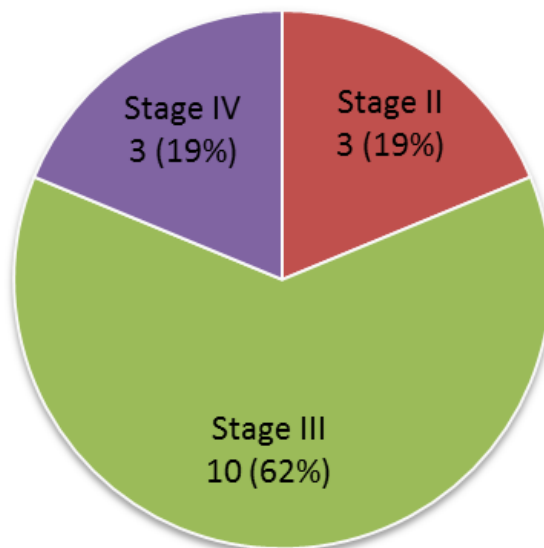
Three grantees were in still in stage II, the installation stage of implementation. During the installation stage, acquiring project resources such as assessment tools and curricula, as well as developing staff knowledge, skills and abilities to implement key practices are integral functions. The entire organization must be prepared to initiate the new system coordination program practices. All of the grantees in the installation stage at Year 2 were implementing the TT-CW projects for the first time. Grantees in this stage were implementing TT-CW project for the first time, and thus needed to focus on identifying system needs barriers and establish relationships with key partners in Year 1. These grantees had addressed many of the challenges they faced during Year 1 and had made progress toward planning and preparing to implement system coordination efforts in Year 2.

Three grantees were in stage IV (full implementation), and each of these grantees had the experience of an earlier TT-CW 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. In the full implementation stage, new ways of providing services are adopted as the standard ways of work where service providers and staff provide high quality services as part of the “norm”. 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.

B. Facilitators of overall project implementation

At midterm implementation, most grantees cited coordination among agencies as one of the key facilitators to successful implementation of the TT-CW projects. In general, as staff observed the benefits of coordination for services, it motivated further coordination. Grantees noted that coordination eliminated duplication, streamlined of services, and provided more accurate assessments of the needs and the services accessed and available to clients. Coordination also benefitted staff by providing more direct access to other agency staff promoting a teamwork approach to difficult cases. Five grantees also reported an increase in sharing between organizations, especially in terms of client data. Grantees also talked about coordination in terms of filling service gaps with eleven grantees identifying additional services clients were able to access as a result of coordination. Staff were inspired

Number of Grantees by Stage of Implementation



to participate in further collaboration efforts as they saw they were able to link their most underserved populations, such as youth and fathers, to services not accessed previously.

An important aspect of coordination—communication—was cited by ten grantees as having improved and facilitated project implementation. Grantees indicated that as communication improved so did project implementation and service delivery. Grantees identified honesty, transparency and clarity as important aspects for productive communication. Through better communication, staff supported and learned from each other. Increased understanding of other agencies' policies and practices helped with project implementation.

The geographical proximity of some Tribal TANF and ICW program offices was perceived by some grantees to facilitate service coordination and effective communication between departments. In many grantee communities the TANF and ICW staff were co-located in the same building (e.g., CDA, Hoopa, PGST, Quileute, and TCC), and some projects were housed within the same Social Services structure but in separate buildings. For other projects the relocation of TANF and ICW services to different locations was cited as a barrier to service coordination, making it more difficult for staff to interact frequently regarding joint case planning.

Staff were also identified as key to implementation. Ten grantees reported that they had achieved staff commitment or buy-in to the project. Six grantees identified individual staff members as key to project implementation. Responses indicated that these staff members added new, positive energy, were leaders and motivators, and brought fresh perspectives to the project. Additionally, six grantees reported that staff training helped facilitate implementation. Training helped to increase coordination and promote relationships between staff.

Changes in project management, policies, and procedures also facilitated project implementation (n=9). Some grantees formed new meetings or teams to address specific issues or difficult cases. The introduction of flow charts and crosswalks increased inter-agency knowledge of changes in staffing structure. Changes in intake procedures and information sharing also facilitated services. For example one grantee modified procedures such that ICW caseworkers always accompany TANF caseworkers assigned a new case. This change has increased coordination and streamlined service delivery. Another example was a project that solidified and reinvested the collaborating agencies in multidisciplinary teaming and networking meetings. These meetings occurred prior to the grant, but were not fully functional; they have now become a critical component of case planning.

Quality service-provider relationships were also fundamental to successful project implementation. According to some staff, the project had allowed them to become neutral intermediaries or to provide a safe place for clients to seek help and ask questions. Grantees focused on building relationships, being good listeners, and building trust. Several grantees also stressed that incorporating Native values and culture helped them build rapport and strengthen relationships with clients.

C. Challenges with overall project implementation

There were many challenges to the TT-CW projects' implementation, many of which were the opposite of the facilitators outlined above. Some of the challenges were consistent throughout early and midterm implementation. Other challenges were more specific to the initial/installation phase of the grant, and were mostly overcome by year 2.

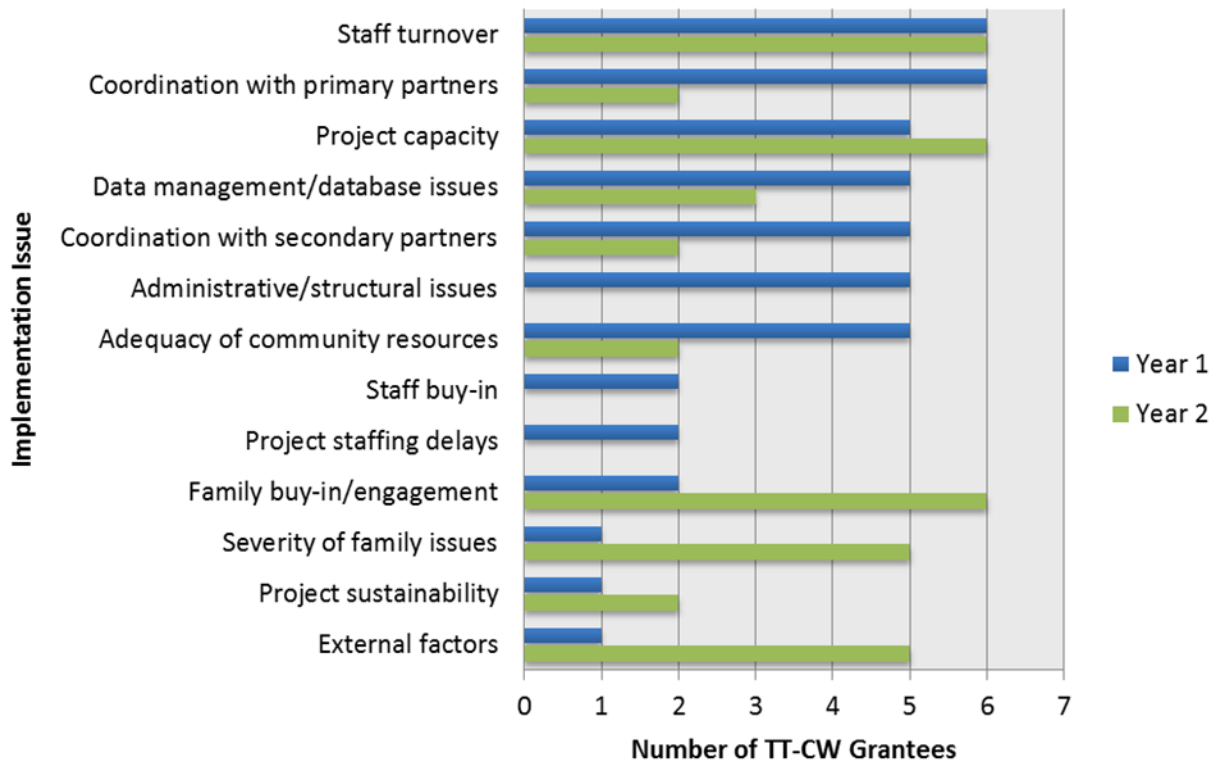
During the first year, significant barriers to system coordination delayed program implementation. Challenges to system coordination included lack of understanding between Tribal TANF and CW about each agency's policies and procedures, as well as historical disconnect or siloing of services between agencies. During the first year, nearly half of the grantees struggled to establish relationships and coordinate project services with either Tribal TANF or ICW staff. Interaction between staff members in these departments was minimal and TT-CW project staff members had difficulty bringing workers from both departments together and engaging them in coordination efforts. These challenges ultimately resulted in some clients not receiving needed services.

Other challenges to program implementation during Year 1 reflected a lack of infrastructure and resources, and difficulty staffing. During Year 1, five grantees reported administrative issues that created challenges for project implementation and coordination. This included major restructuring of social services departments occurring within their Tribes, which created a division between Tribal TANF and ICW departments at the onset of the grants for four grantees. Grantees also identified lack of data systems as barriers to implementation. Grantees with data systems sometimes struggled when the technology was not user-friendly. Lastly finding and hiring qualified staff members for the project was a major issue in year 1. Growth in the program was limited by staff capacity and limits in caseloads which could be incompatible with referral policies. For example one grantee expressed concern that a potential increase in TT-CW grant-funded program participants would cause a challenge due to limited caseloads mandated for State-funded caseworkers to whom clients would be referred. To address this concern the grantee was also considering creating a new domestic violence position which could double as a caseworker for those cases in excess of the required maximums. The issues of capacity, caseloads, and insufficient staffing were further exacerbated by staff turnover.

Midterm implementation challenges were in some ways similar to challenges in the first year. Despite the many grantee accomplishments during their second grant year, many grantees cited barriers to system coordination that limited their ability to implement services. It is important to note, however, that grantees experienced a wider range of issues and barriers to project implementation during Year 1 than Year 2 of the TT-CW projects (see exhibit 4-B: Implementation Issues and Barriers across Grantees for Years 1 and 2).

Across the first two years staff turnover was one of biggest challenges to project implementation. Turnover in staff positions occurred within multiple departments and agencies, including State and Tribal child welfare workers as well as TANF and TT-CW project staff members. During Year 2, four grantees experienced turnover in TT-CW project staff, which posed a significant challenge for coordinating services and maintaining project activities. Additionally, during Year 2 turnover among key partner staff made it difficult for two grantees to engage partners in services and activities. During both Years 1 and 2, staff turnover required resources and time to be allocated to hiring new staff and establishing working relationships with partners.

Exhibit 4-B: Implementation Issues and Barriers across Grantees for Years 1 and 2



During Year 2, common implementation challenges included staff turnover (n=6), project capacity (n=6), and family-buy-in/engagement in project services (n=6). Similar to Year 1, project capacity issues mainly focused on staffing (e.g., heavy caseloads and the need for additional staff to carry out project tasks) and resources (e.g., lack of funding, staff time, data systems, and space to implement key services). Severity of family issues and family buy-in/engagement barriers were more commonly

One grantee was acutely affected by challenges in inter-agency relationships. The grantee was challenged by a misperception that the ‘cultural resonance’ that is central to the grantee’s service approach makes them lenient. In particular, staff struggled to stay up to date with the State, because the State workers did not always communicate with the grantee’s case workers regarding client families. The grantee is working to overcome past perceptions at the State level that staff may be ‘working for the parents’ or can be supportive of families at the cost of children’s safety.

identified as implementation challenges in Year 2 of the TT-CW compared to Year 1. While family issues may have also been prevalent during Year 1, grantees may have been more focused on addressing project installation/initial implementation issues during the first year of the projects. We return to issues with family engagement in the subsection below.

Five grantees also identified several external factors that, while not within the control of the project, heavily impacted service delivery. These external factors occurred at the Federal, State, community, and Tribal levels. For instance, the federal government shutdown resulted in Tribal TANF and ICW staff furloughs, which directly impacted TT-CW project staff members and services. Additionally, projects that aimed to provide community-wide prevention activities often faced coordination issues with other

tribal events that occurred during the same time. Despite extensive planning on the part of project staff members, these scheduling conflicts negatively impacted project participation.

During Year 2, issues with the adequacy of community resources, coordination with primary partners, and coordination with secondary partners were not as prevalent across grantees as they were in Year 1. This suggests that grantees may have made progress toward engaging project partners in coordination activities during Year 2. With increased systems coordination, it would be expected that project partners would establish a wider network of community linkages to resources and services that dual-system families and families in crisis can access.

D. Challenges of direct service provision

The most cited challenges with direct service provision were those related to the complex needs of the participants (n=12). These included challenges such as substance abuse (n= 8), intense and complicated needs (n= 9), and historical trauma (n=3). Clients with intense needs had urgent mental health needs, unstable living environments or housing needs, or had needs that could not be met by available services. Many grantees perceived substance abuse issues as very common problems, and the sources of other difficulties such as family violence, developmental delay of children, and parental instability. Finally, three sites mentioned historical trauma as a barrier for parents to participate in services due to lack of trust. The result of many of these challenges with participants was reflected in challenges with parent engagement or buy-in (n=7). Grantees in AVCP addressed historical trauma through the Healthy Families training and shares a book with participants titled, “*Yunyarag: The Way of the Human Being*” written by Harold Napoleon (1996). This text contains a brief history along with resiliency-building principles which are stressed through teachings on love, helping, sharing and giving, and roles. The Positive Indian Parenting curriculum also addresses the influence of historic trauma on parenting, and was utilized by many grantees. Nonetheless, grantees indicated it was difficult to engage parents to the point of being able to cover these teachings.

Grantees also reported challenges caused by organizational policies (n=9). Policy issues often referred to complications caused by complex regulatory structures or challenges related to bureaucracy.

One grantee was deeply impacted by funding challenges. During to the October 2013 shutdown, access to federal funds was suspended. As a result of this and the small tribe’s limited financial reserves, the tribe was unable to maintain all services and the TT-CW project was directly impacted. The tribe had to declare financial disaster and all tribal staff (including TANF and CW) were furloughed from October 17th – Nov 12th.

Respondents indicated frustration with funding limits, as well as rules around clients’ qualifications for benefits. Related to these limitations, grantees expressed concerns with funding (n=10). Many grantees reported that there was an ongoing need for more resources in order to effectively serve their client populations. For some grantees this issue was particularly challenging as they faced decreases in funding while costs continued to increase. Grantees also expressed concern over sustainability of activities if additional funding could not be identified.

Despite the TT-CW projects’ aim to connect families with needed services seven grantees identified persistent service gaps. One of the most clearly communicated gaps in services was for substance abuse. Grantees also identified gaps in many essential family needs such as housing, food, or mental health. Responses indicate that services may not have existed, were inadequate, or were capped at a level not compatible with the local needs or the cost of living in the area. One grantee

faced steep service gaps as families continued to be challenged by the State's cap on reimbursement to families regardless of the number of children cared for in the home.

Constraints to the client-worker relationships also posed challenge to direct service provision. Grantees reported that as a result of historical trauma and/or community perceptions some clients simply were not comfortable engaging with caseworkers. Some clients refused to provide accurate information, or withheld relevant information, and therefore did not receive much needed services. In some situations, service providers were related to potential clients (n=4), and respondents felt this prevented service workers from fully advocating for clients to receive services. Clients who feared a lack of confidentiality may have avoided services entirely. Several grantees were making active efforts to protect confidentiality but this did not necessarily allay deeply held community concerns regarding confidentiality. Some challenges with confidentiality may be unavoidable in small communities with centrally located services where clients may be seen entering the service providing facilities. While some grantees considered moving to more inconspicuous locations, these efforts did not appear to have been successful. The main way in which most grantees addressed issues of confidentiality was through ROIs to gain explicit consent from participants to share their information with partner agencies.

In summary, increased communication, dedicated staff, formalized policies, and positive client-worker relationships were seen as instrumental to successful project implementation at midterm. Related challenges to implementation included difficulties with system coordination, limited project capacity, and staff turnover. At interim, as initial coordination challenges were overcome, TT-CW programs struggled more with family engagement and buy in. The extreme needs of families and coupled with lack of resources to address those needs were the most cited challenges to direct service. In the next chapter, we explore what plans and efforts grantees are making towards project sustainability.

Chapter 5. Plans and Strategies for Sustainability of the Projects and/or Key Project Components

Projects require time to reach full level of implementation (see last chapter) and presumably even more time to have intended long-term child and family impacts. In order to continue providing project services and activities beyond a grant funding period, projects must build sustainability capacity. Sustainability capacity has been defined as “the existence of structures and processes that allow a program to leverage resources to effectively implement and maintain evidence-based policies and activities.”¹³ According to the Program Sustainability Framework, there are eight organizational and contextual factors that build sustainability capacity, including: organizational capacity; program adaptation; program evaluation; communications/ dissemination; strategic planning; funding stability; political support; and partnerships.¹⁴ These eight key factors that are illustrated in exhibit 5-A: Program Sustainability Factors. In this chapter we summarize grantees’ reflections on their sustainability efforts at interim.

Exhibit 5-A: Program Sustainability Factors



More than half of the TT-CW grantees ($n=8$) reported that they had begun planning for sustainability during the second year of their four year projects. Overall, grantees’ planning efforts tapped into the program sustainability factors in the exhibit above. During Year 2 site visit discussions, grantees

¹³ Schell, S. F., Luke, D. A., Schooley, M. W., Elliott, M. B., Herbers, S. H., Nueller, N. B., & Bunger, A. C. (2013). Public health program capacity for sustainability: a new framework. *Implementation Science, 8*(1), 1-9.

¹⁴ Luke, D. A., Calhoun, A., Rpbichaux, C. B., Elliot, M. B., & Moreland-Russell, S. (2014). The program sustainability assessment tool: a new instrument for public health programs. *Preventing Chronic Disease, 11*, 1-11.

described boosting sustainability capacity through the following areas: political support (fostering internal and external support for the projects); funding stability (working toward establishing stable funding); partnerships (developing connections with project stakeholders); organizational capacity (building the internal support and resources needed to effectively implement project services and activities); communications/dissemination (strategically communicating information about TT-CW projects with stakeholders); and strategic planning (engaging in planning for the project's long-term goals). We discuss the sustainability efforts below in order of their prevalence.

Political Support and Partnerships. Five grantees planned to sustain components of their coordination projects by folding all or some core components of their program under existing funding streams or existing programs. Grantees described how the strong partnerships cultivated through the TT-CW projects could be leveraged to sustain services. For instance, two grantees discussed the possibility of using TANF funds to sustain some or all program components. TANF directors at these two sites saw TT-CW services as aligned with TANF goals and were willing to financially support their continuation. Three grantees noted that they benefited from buy-in for the project, and that both their TANF and ICW programs were committed to sustaining these efforts. Less commonly cited ways in which grantees planned for sustainability included potentially contracting out key program staff positions to partner agencies in order to sustain service providers.

Funding Sustainability. Four grantees planned to seek out new grant funding opportunities to sustain services. Some grantees saw grant funding as a mechanism to implement further systems change initiatives to sustain their TT-CW coordination models. Grantees did not indicate whether they planned to seek multiple funding opportunities or a single source of funding. However, relying on a short-term, single funding source often makes projects more vulnerable to premature funding and resource cuts before project outcomes can be observed. The most common type of grant funding sought by grantees was federal discretionary grant funding. Another two grantees also planned to use their tribe's title IV-E¹⁵ foster care funding to support the continuation of some services. Title IV-E was seen by some project leaders as a highly stable funding source. One grantee identified several existing programs within their tribe that it could partner with to financially support its services; the grantee had also engaged in strategic planning to sustain the TT-CW project director's position.

Organizational Capacity and Strategic Planning. Three grantees planned to sustain services by incorporating core components of their TT-CW projects into everyday practice, or "business as usual", which would build organizational capacity to sustain TT-CW services and minimize the need to continually seek additional funding. For instance, one grantee noted that by the second year of the project, they had already integrated several of their project's key services into everyday practice. Thus, they would be able to continue providing services beyond the life of the TT-CW grant. The three grantees noted that they had built buy-in for the project, which is critical to ensuring that programs are supported. The grantees indicated that both their TANF and ICW programs were supportive of coordination efforts, and were committed to ensuring that coordination practices were sustained.

Communications. Less commonly cited ways in which grantees planned for sustainability included engaging in peer-to-peer dissemination of their service model and sharing success stories with other tribes and agencies.

¹⁵ IV-E funds are authorized under the Social Security Act for foster care maintenance, eligible expenses for adoption assistance programs, and some administrative and training costs). The Federal government provides the financial assistance directly to States and a few tribes to help operate their own foster care services. However, most tribes who receive IV-E funding receive the funds through Tribal-State IV-E agreements.

Chapter 6. Interim Conclusions

This report covered the first two years of the implementation of the Tribal TANF-Child Welfare service coordination projects. The broad goals of these demonstration projects were to help promote better preventive services and/or case management for families at risk of child abuse and neglect, or families already in the child welfare system. In this chapter, we describe the findings from the descriptive study to date, and explore some preliminary implications for supporting similar projects in the future.

Despite ongoing challenges with inter-agency collaboration, staffing, and engaging high-risk families, all of the grantees reported progress toward their goals. Grantees continued to implement diverse activities and services that reflected each grantee communities' needs and the tribes' cultures and values. Family violence prevention and parenting education were the most common services provided. Although approaches to service coordination among Tribal TANF and Child Welfare agencies were unique, enhanced communication, information sharing, joint case planning and joint staffing were among the most common activities utilized by grantees.

According to respondents, the partnerships between Tribal TANF and Child Welfare organizations provided access to resources which neither agency may have accessed on their own. System coordination is meant to create a supportive context in which services to joint clients can be provided, maintained, and improved over time. Overall, the TT-CW grant funding appears to be a useful strategy to improve and strengthen these Tribes' and Tribal organizations' capacity to provide services to their client families while incorporating each Tribal community context, and culture into the service delivery model.

The grantees' experiences also produced important insights into the workings of Tribal TANF and ICW programs. For example, in general, a TANF worker's daily intake tasks may not take into consideration risk factors for child abuse or neglect; neither are TANF workers usually trained in interviewing clients regarding such sensitive topics. TANF workers may have less experience engaging and meeting the needs of very high risk families. Therefore, cross-training of TANF and child welfare staff is critical for service coordination to take place at the ground level.

Some of the lessons learned from the grantees' experiences at midterm implementation help illustrate how similar inter-agency service coordination endeavors in the future could potentially be structured. Some of critical features might include:

- Most of the current TT-CW grantees would have benefited from an initial funded planning year. Project implementation takes time and staff resources. In the environment of Tribal social service systems where most staff are overworked and spread thin, one year of funding set aside to fully design and prepare the platform for project implementation would likely have yielded increased progress by midterm.
- For more formal inter-agency collaboration and coordination to occur, time and resources need to be built into the project to prepare and train staff in communication, information sharing, and partnering across the systems.

- In order to coordinate between agencies and use data to assess client outcomes, Tribal social service systems need resources and technical support to develop their data collection and data systems' capacity.
- Funders should encourage sustainability planning into grantees' implementation goals at the onset, ideally at the funding announcement stage, so that demonstration projects in tribal communities can be more widely institutionalized even if no further external funding was available.

At this midterm project implementation stage, conclusions about the overall Tribal TANF-CW coordination model are still preliminary as the grantees are expected to continue to improve the coordination of services and the provision of direct services for two more years. The Final Report will provide more comprehensive results on the strengths and challenges of these projects and implications for sustaining these projects to enhance child wellbeing and family economic stability in tribal communities.