*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*

**Needs and Fit Exploration Tool Phase 1**

 **Today’s Date:**

***NOTE:*** *This information should be prefilled from the Contact form and we won’t need to re-ask it*

**Instructions**: This form will be used to collect background information that will help the team and Tribe decide if the Tribe’s inquiry should be explored further. It is not required that you follow the questions in any sequential order. Instead, it is more important that you ask the questions in a conversational manner.

**Contact Information for Tribe requesting assistance:**

* Tribe
* Point of Contact Person
	+ Is this person the Project Lead? [ ]  Yes [ ]  No
	+ If no, who is the Project Lead for your program regarding this inquiry?
* Title
* Address
* City
* State
* Zip
* Phone
* Email
* Department requesting assistance: [ ]  Social Services [ ]  Court

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We’d like to begin by talking about your request and asking you some general background information about the history of the need you have. We’ll ask more details about how your tribe serves children and families. Then, we’ll come back to more detailed discussion of your program, it’s strengths, challenges and how the Center for Tribes might assist you. We want to thank you in advance for your interest and willingness to share with us.*

Reason for Inquiry

**Let’s talk about your interest in CBCT services and the type of assistance your tribe is seeking. We understand that you are looking for (type of assistance that was described in the initial contact).**

**The Center for Tribes is interested in providing permanency focused capacity building assistance for tribal permanency planning projects. Will the requested assistance provide permanency services for the children who receive services through your program?** [ ]  Yes [ ]  No

* If yes, how do you envision this proposed project impacting permanency?

Outreach to Other Technical Assistance Providers

**Have you contacted the Children’s Bureau (Regional or Central Office) about this request?**

[ ]  Yes [ ]  No

* Who was contacted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Were they able to assist your tribe? [ ]  Yes [ ]  No
* What was the result of that conversation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the Bureau of Indian Affairs provides assistance to your tribe, have you contacted the Bureau of Indian Affairs (BIA) about this request?** [ ]  Yes [ ]  No

* Who was contacted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Were they able to assist your tribe? [ ]  Yes [ ]  No
	+ What was the result of that conversation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you contacted any private providers (such as Casey, NICWA, or others)?** [ ]  Yes [ ]  No

* Who was contacted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Were they able to assist your tribe? [ ]  Yes [ ]  No
	+ What was the result of that conversation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current and Past Technical Assistance

**Are you currently receiving any technical assistance or capacity-building services? (Please share the services you are receiving along with who is providing them.)**

* Over the last few years, what type of training, technical assistance or capacity building services (services that provided you the ability to do something on your own such as conducting your own assessment) has your organization received?

Funding Questions

**Does your program manage the Tribal IV-B funding?** [ ]  Yes [ ]  No

* If no, is the IV-B program aware of this Inquiry being made? Yes No

**Do you have a Tribal-State IV-E Agreement?** [ ]  Yes [ ]  No

**Are you a Tribal Title IV-E Grantee?** [ ]  Yes [ ]  No

**Are you a direct funded Title IV-E Agency?** [ ]  Yes [ ]  No

**Is your tribe considering applying for a Title IV-E development grant in the near future?** [ ]  Yes [ ]  No

Child Welfare Jurisdiction

**Does the Bureau of Indian Affairs provide any part of your tribal child welfare services?**

[ ]  Yes [ ]  No

* If yes, what part of your services do they provide?

**Does your tribe provide child welfare services through a BIA 638 contract?** [ ]  Yes [ ]  No

**Is your tribe a Self-Governance Tribe?** [ ]  Yes [ ]  No

**Is your tribe Subject to PL 280?** [ ]  Yes [ ]  No

Program Services

**NOTE:** *Although the following list is not all-inclusive, child welfare program services generally consist of: Child Protection Services (CPS), Foster Care, Resource Families, Permanency Planning, Case Management, Youth Services, Adoptions, Guardianship, Family Preservation, and Indian Child Welfare Act services (ICWA).*

**Please tell us about what child welfare services you provide?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are there policies and procedures in place for child welfare program services?

[ ]  Yes [ ]  No

Workforce/Staffing

**Please tell us about your child welfare workforce.**

* How many staff are in your program?
* Are these positions full-time permanent? [ ]  Yes [ ]  No
	+ Please describe briefly:
* What positions are staffed in your program?
	+ Please describe briefly:
* Are there currently any vacancies in your program? [ ]  Yes [ ]  No
	+ Please describe briefly:
* Any turnover in key positions lately? [ ]  Yes [ ]  No
	+ Please describe briefly:

Tribal Court

**Do you have a Tribal Court?** [ ]  Yes [ ]  No

* If No, how are child welfare cases adjudicated?

**[NOTE: If the Inquiry involves capacity building assistance with the Tribal Court, ask the following questions]**

**If yes, does your Court:** Hear *civil* child welfare matters? [ ]  Yes [ ]  No

* + Hear *criminal* child welfare matters? [ ]  Yes [ ]  No
	+ Have a written *civil* children’s code? [ ]  Yes [ ]  No
		- Last amended:
	+ Have a written *criminal* children’s code? [ ]  Yes [ ]  No
		- Last amended:
	+ Do your Codes offer clear definitions of child abuse and neglect? [ ]  Yes [ ]  No
	+ Do your Codes offer procedural guidelines of investigation of complaints?

[ ]  Yes [ ]  No

* + Court provides notifications to foster parents and relatives? [ ]  Yes [ ]  No
		- Who provides the notification?
	+ Does your Civil Children’s Code address custody rights of parents and TPR?

[ ]  Yes [ ]  No

* + Does your civil Children’s Code allow for customary adoption? [ ]  Yes [ ]  No
	+ Is there a legal advocate to provide representation for the following in Tribal Court?
		- Parents [ ]  Yes [ ]  No
		- Child [ ]  Yes [ ]  No
		- Child Welfare Staff [ ]  Yes [ ]  No
		- Relatives [ ]  Yes [ ]  No

Data Management

**Now I’d to ask you a few questions about how the Tribal Child Welfare Program tracks and monitors cases.**

* Does the tribal child welfare program maintain documentation about cases in an electronic database, another electronic format such as excel and/or in hard copy files/paper? (Note this can include any part of the life of the case from intake and investigations, out of home placements, etc.)

**NOTE:** *If the Inquiry involves capacity building assistance around Data Management, ask these questions.*

* How well does this system of documenting case information serve the needs of your program?
* Is there a need for an electronic system or for enhancements to your current system?

[ ]  Yes [ ]  No

* + Please describe briefly:
* Is there funding available to enhance the system? [ ]  Yes [ ]  No
	+ Please describe briefly:
* Does the tribal child welfare program engage in any type of Quality Assurance or Continuous Quality Improvement process? [ ]  Yes [ ]  No
	+ Please describe briefly:

Prior Contact and Products

* Has your Tribe used the services of the Center for Tribes (visited website, read materials, participated in a webinar) [ ]  Yes [ ]  No [ ]  Not sure
* Have you seen any of our printed materials? [ ]  Yes [ ]  No
	+ Which one(s)?
* Have you participated in any of our webinars? [ ]  Yes [ ]  No
	+ Which one(s)?
* Have you attended any of our in-person presentations? [ ]  Yes [ ]  No
	+ Which one(s)?

**Needs and Fit Exploration Discussion**

*We’d like to ask a few more questions about your tribe’s interest and readiness to take part in assistance with the Center for Tribes*

1. **Let’s talk about what outcomes, or changes, are you looking for as a result of a Center for Tribes project?**
* In what ways do you see your tribal child welfare program benefitting from a Center for Tribes project at this time?
1. **(if appropriate) You described previously that you are involved with other initiatives.**
* At what stage of work are you currently in these initiatives?
* What have been the successes, challenges and lessons learned from these initiatives?
1. **What are the greatest strengths of your tribal child welfare program?**
* For example, strengths might include organizational, workforce, resources, data and technology, political, community, etc.
1. **What are the greatest challenges of your tribal child welfare program?**
* Use prompts to have participants think about areas including organizational, workforce, resources, data and technology, political, community, etc.
* In what ways do you think a Center for Tribes project will help you address these challenges?
1. **To what extent is there leadership support for a Center for Tribes project?**
* What is the leadership structure of the tribal child welfare program?
* What is the process for formalizing decisions related to the tribal child welfare program? Who makes these decisions?
* Is there current support from tribal leadership for changes in the tribal child welfare program?
1. **Please describe the current capacity of the tribal child welfare program to carry out its work and this new project.**
* How ready do you think the program is to implement a Center for Tribes project to achieve the outcomes identified above?
* Are there staff/workforce issues that might affect the implementation of a Center for Tribes project?
1. **Are there other tribal programs or community-based agencies with whom you work in your community and/or tribe?**
* What aspects would these other programs/agencies contribute to a Center for Tribes project?
* What supports or resources do these other programs or agencies provide to families and children you serve?
1. **Is there anything happening in your tribe right now, or anticipated to happen in the near future, that could affect a Center for Tribes project?**
* For example, tribal elections, major community events, etc.
1. **As we conclude, is there anything else you’d like to share or want us to know?**
* What hopes, expectations, or concerns do you have about the Center for Tribes process?
* What concerns do you have about working with the Center for Tribes?

**Closing Discussion with Tribe**

*The Center for Tribes offers several types of services: universal, constituency and tailored:*

* Explanation of Universal services
* Explanation of Constituency-focused services
* Explanation of Tailored services

*We’ve talked with you about your needed services, which may benefit from any of our services; However, this work may be most closely related to fit tailored services.*

*The information we’ve discussed with you will be developed into a brief summary which we will provide to you. We will then provide this summary to a Children’s Bureau team which includes your regional office staff person and our federal project officer. They will review the request and determine if an on-site visit is approved in order to continue our assessment with your tribal team.*

*We will inform you once that decision is made.*

*This completes the telephone interview questions. Center for Tribes staff should conclude the call with a discussion with the tribe of next steps, and then Center staff should convene to complete the NAFET Phase I Review Form that follows.*

|  |  |
| --- | --- |
|  | **Interviewers will complete the Phase I Review Form. Next steps include:*** Preparation of Section 1 of the Summary Assessment Report for Collaborative Review Team
* **Decision made whether to continue Assessment through the Needs and Fit Phase II onsite visit**

***If not*: Capacity Building Recommendation Report developed for recommended services** |

|  |
| --- |
| **Needs and Fit Exploration Tool 1****Review Summary- Phase 1** |
|  | **Serious Concerns** | **Some Concerns** | **Some Strengths** | **Clear Strength** | **Could not****Assess** | **Notes** |
| 1. Level of interest
 |  |  |  |  |  |  |
| 1. Leadership support
 |  |  |  |  |  |  |
| 1. Fit with CBCT services model
 |  |  |  |  |  |  |
| 1. General level of readiness
 |  |  |  |  |  |  |
|  | **Significant Gap** | **Challenge** | **Adequate** | **Strength** | **Major Strength** |  |
| 1. Resources (e.g., workforce, time to devote to initiative, competing initiatives)
 |  |  |  |  |  |  |
| 1. Infrastructure (program structure and operations)
 |  |  |  |  |  |  |
| 1. Organizational climate
 |  |  |  |  |  |  |
| 1. Engagement and partnerships
 |  |  |  |  |  |  |

**Based on information gathered so far, the following level(s) of services appears to be appropriate for this tribal organization:**

*(check all that apply)*

□ Universal services □ Constituency services □ Tailored services project □ Brief □ Intensive □ Permanency project

**For tailored services projects, is a Needs/Fit Exploration Phase II onsite assessment recommended?**

 □ Yes □ No

**Reviewer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please add additional comments here:**