**PURPOSE:** The Needs and Fit Exploration Tool 1 is used to gather additional information that will help the Center for Tribes decide if the tribal inquiry and request for services fits the criteria for Center for Tribes technical assistance. The NAFET 1 is conducted over the phone with individuals from the tribal agency, usually the child welfare director and other selected staff.

OMB #: 0970-0XXXX Expiration Date: XX/XX/XXXX

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: This form will be used to collect information that will help the Center for Tribes decide whether a tribal child welfare program's inquiry and request for services fits the criteria for Center for Tribes technical assistance. Public reporting burden for this collection of information is estimated to average 120 minutes including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. If you have any comments on this collection of information, please contact Roshanda Shoulders, ACF, Administration on Children, Youth and Families by e-mail at Roshanda.Shoulders@ACF.hhs.gov.



Today's Date: \_\_\_\_\_

# Needs and Fit Exploration Call FACILITATOR GUIDE

Facilitator and Team Instructions: This form will be used to discuss additional information that will help the Capacity Building Center for Tribes team and tribal child welfare staff decide if the tribal inquiry and request for services fits the criteria for Center for Tribes technical assistance.

#### Notes:

- This is form is not a verbatim question-by-question interview. Questions should be posed by Center staff persons participating in the call throughout the course of a relatively informal conversation with tribal agency representatives.
- It is intended that this form be used throughout the initial assessment period which includes the review of the Title IV-B Plan, during the NAFET call, and during interim conversations prior to the NAFET onsite meeting.
- It is **not** required that the facilitator follow the questions in any sequential order or even answer all questions during the NAFET call.
- Upon completion of the NAFET call, the <u>Summary Assessment Report-Part 1</u> will be completed based on the information gathered to that point. This report will be updated following the NAFET onsite meeting and used to determine the readiness of the tribal program to engage in a Tailored Services project.

#### In advance of the NAFET call, the Coordination Specialist will:

- Obtain a copy of the Tribal Title IV-B Plan from the tribal agency contact and assure that any staff attending the NAFET call can review the Plan
- Complete and pre-fill the Contact Information and Initial Service Request information below

• Send the tribal agency contact an email reminder about the call along with a one page summary of the Center for Tribes, a link to bios/pictures of assigned Center for Tribes staff who may join the call, and a brief agenda identifying the domains that will be talked about on the call.

In advance of the NAFET call, Tribal Child Welfare Specialists and any other assigned Center for Tribes staff will:

- Review Tribal Agency's Request for Services Form
- Review the Tribal Title IV-B Plan
- Review any other pertinent information provided by the Tribal Agency
- Determine which Tribal Child Welfare Specialist will lead the call, complete the summary assessment report, and plan next steps

#### CONTACT INFORMATION FOR TRIBAL CHILD WELFARE AGENCY REQUESTING ASSISTANCE

Tribal Child Welfare Agency:	
Primary Tribal Agency Contact:	
Primary Center for Tribes Contact:	
Federal Region #:	
Regional Program Specialist:	
Date of Initial Request for Services:	

### **TRIBAL DATA**

Sources of information to pre-fill this section may be found in the Tribe's Title IV-B Child and Family Services Plan (CFSP), official Tribal website, and the Tillers Guide to Indian Country.

Tribal population/number of enrolled tribal members: \_\_\_\_\_\_

If known, number/percentage of enrolled tribal members living on-reservation or within boundaries of the tribal nation: \_\_\_\_\_\_

Number of enrolled tribal members under age 18 : \_\_\_\_\_

Additional information on Tribe:

### NEEDS AND FIT EXPLORATION DISCUSSION

**Discussion:** Open the call with informal greetings, introductions, and visiting.

**Script:** Thank you so much for your interest in the capacity building technical assistance provided by the Center for Tribes. The purpose of this call is to ask a few more questions about your tribal child welfare agency's interest in the Center for Tribes so that by the end we can see if we all agree your request would be a good fit for a capacity building assistance project. First we want to tell you a little about the Center. We offer several types of services, including:

 Universal Services—these are services designed to increase awareness, understanding, and engagement among a broad audience of agency and court professionals. Examples of Universal Services include webinars and the tools and resources that can be found on our Tribal Information Exchange website.

**Script:** Did you have the opportunity to check out the Tribal Information Exchange after you reached out to us? If not, we'd encourage you to visit the site, <u>www.tribalinformationexchange.org</u>, and look into some of the tools and resources we have for tribal child welfare professionals and programs.

- Targeted Services—these services are designed to enhance knowledge, skills, and relationships among groups of tribal child welfare professionals and peer groups. Examples of Targeted Services include Peer-to-Peer Groups, constituency networks, or our workforce development iniatives. (Please mention constituency group for Tribal Directors and topic-specific P2P groups that the Center is creating or recruiting members for.)
- Tailored Services—these services are designed to assist an individual Title IV-B and/or IV-E tribal agency to assess its child welfare program needs and develop a project to increase organizational capacity to deliver services and improved outcomes for children and families.
  - Tailored Services project may be focused on Tribal Title IV-E Programs services targeted for either Direct Title IV-E or through tribal-state agreements.
  - Tribal Permanency Projects can be developed through a Tailored Services project. These projects are designed to improve permanency planning for tribal children.

**Note:** We always begin services by talking with tribal agency representatives to learn more about the specific type of need they have. This call is meant to be an open conversation with the note-taker recording details. **This is not meant to be a verbal check list of yes/no questions**. Please use additional probing questions, when appropriate, to gather sufficient information to have a good understanding.

### Facilitator and Team Members' script and discussion prompts:

We'd like to begin by talking about your request and asking you for some general background information about your program and services and your decision to request assistance from the Center for Tribes.

We want to emphasize that our services are specifically available for tribes who operate Title IV-B and Title IV-E funded programs and that our services are provided at no cost to the tribe. We are a voluntary service and serve tribes at their request only. We do not provide any federal compliance or corrective action with tribes. Our services are strictly designed to assist tribal child welfare programs to operate more effectively, which can include how they implement their Title IV-B or Title IV-E programs.

In your request for services, you expressed interest in [describe SERVICE REQUEST]

1. We'd like to begin by asking you about what prompted you to reach out to the Center for Tribes. In what ways have you been thinking the Center assist your agency?

 How would you describe the greatest strengths of how tribal child welfare system works right now? (For example, strengths might include organizational, workforce, resources, data and technology, political, community, etc.)

- 3. What do you see are the greatest challenges of your child welfare program and the child welfare system in your community?
  - In what ways do you think a Center for Tribes project will help you address these challenges?

- 4. Based on these identified strengths and challenges, what do you envision\_could occur /through a Center for Tribes project?
  - In what ways do you see your tribal child welfare program and/or tribal child protection system benefitting from a Center for Tribes project at this time?

## Title IV-B Plan

*Script:* Thank your for giving us some background around what is working well right now for your program and some of the challenges.

Before we dive further into the your specific request, we would like to start out by briefly talking about your Title IV-B plan since your receipt of Title IV-B and IV-E funding makes you eligible to receive our technical assistance. We had a chance to review your plan before this call and learned that some of the key areas you might want to focus on include: [LIST KEY AREAS/GOALS/POSSIBLE TECHNICAL ASSISTANCE]

Identify IV-B TA information from the tribe's Child and Family Services Plan and list below:

We'd like to learn more about your child welfare program and several key areas of your work, including:

- Program Structure and the kinds of services offered
- Your staffing and workforce
- Your tribal court and how your program interfaces with the court
- How your program gathers and manages data
- How you collaborate with your community
- The nature of the tribal-state relationship and whether you work with the state through any agreements or contracts?
- Other major projects or technical assistance that you may be involved with

**Script:** Let's talk about the services that your program provides. Although the following list is not all-inclusive, child welfare program services generally consist of: Prevention, Child Protection Services (CPS), Foster Care, Resource Families, Permanency Planning, Case Management, Youth Services, Adoptions, Guardianship, Family Preservation, and Indian Child Welfare Act (ICWA) services. We would also like to learn more about your case load. It may be hard to have specific numbers at this time, so estimates are okay at this time. So let's get started by having you tell us a little bit about your program.

### **Child Welfare Program Services/Structure**

**Script:** We always think of child welfare beginning with prevention and keeping children out of care. Please tell us a little bit about the services that you provide.

Note: The following list are prompts for the facilitator to learn which of these services the program provides.

Does your tribe operate its own child welfare program? Yes No
How many years has the program been in operation?
Do any outside/non-tribal agencies provide child welfare services for your tribes? Yes No
If yes, please identify: BIA County State Other
Does your tribe operate its own ICWA Program? 🗌 Yes 🗌 No
If no, who is responsible for the ICWA Program?

Approximately how many ICWA cases?	
Monthly #: Annually #:	
Approximately how many ICWA Notifications recei	ved?
Weekly #: Monthly #:	
How many children currently served by the Child W	/elfare Agency?
Does your agency have Polices and Procedures ?	Yes No
If yes, are they current? Yes No	
Script: Does your Tribal Child Welfare Agency oper	ate, provide, or offer the following services?
FAMILY PRESERVATION	
Prevention Services	Yes No
Family Preservation Services	Yes No
<u>CHILD PROTECTION</u>	
Child Protection Investigations	Yes No
Does your tribe operate a Child Protection Team	Yes No
Does your tribe operate a Multi-Disciplinary Team	Yes No
OUT-OF-HOME CARE	
Diligent Recruitment	Yes No
Family Finding/Relative Searches	Yes No
Kinship Placement and Support	Yes No
FOSTER CARE	
Does your agency have a foster care program?	Yes No
Do your agency provide Foster Parent Training?	Yes No
Does your agency License Foster Care Homes?	Yes No
What is your current number of licensed foster hor	nes (if applicable)?
Tribal: State:	

How many children are currently in foster care placements?

Tribal:\_\_\_\_\_ State: \_\_\_\_\_

Do you provide/offer therapeutic foster care

Yes	No

Do you have a tribal group home?       Yes       No         What placement options exist for older youth in care?:	Who licenses and provides oversight:	
CASE MANAGEMENT SERVICES         Does your program provide case management services?       Yes       No         If yes, please describe:	Do you have a tribal group home?	Yes No
Does your program provide case management services?    Yes    No If yes, please describe: Who is responsible for case management oversight? Tribe    County/State Referral for Services:    Yes    No Initial Family Assessment:    Yes    No Ongoing Family Assessment:    Yes    No Opening cases:    Yes    No Opening cases:    Yes    No Closing cases:    Yes    No Closing cases:    Yes    No How often conducted?    Weekly    Monthly    Quarterly Progress monitoring:    Yes    No How often conducted?    Weekly    Monthly    Quarterly Progress monitoring:    Yes    No If yes, how often:    60 days    6 months    Other time period (identify): Who receives a copy? : How are these Service Plans monitored?    Yes    No Are there other unique services/resources (e.g. Family Group Decision Making, PeaceKeeping Circles) that your program provides?    Yes    No If yes, please identify: Guardianship services    Yes    No Licensing of adoptive homes    Yes    No	What placement options exist for older youth in care?: _	
Does your program provide case management services?    Yes    No If yes, please describe: Who is responsible for case management oversight? Tribe    County/State Referral for Services:    Yes    No Initial Family Assessment:    Yes    No Ongoing Family Assessment:    Yes    No Opening cases:    Yes    No Opening cases:    Yes    No Closing cases:    Yes    No Closing cases:    Yes    No How often conducted?    Weekly    Monthly    Quarterly Progress monitoring:    Yes    No How often conducted?    Weekly    Monthly    Quarterly Progress monitoring:    Yes    No If yes, how often:    60 days    6 months    Other time period (identify): Who receives a copy? : How are these Service Plans monitored?    Yes    No Are there other unique services/resources (e.g. Family Group Decision Making, PeaceKeeping Circles) that your program provides?    Yes    No If yes, please identify: Guardianship services    Yes    No Licensing of adoptive homes    Yes    No		
If yes, please describe:	CASE MANAGEMENT SERVICES	
Who is responsible for case management oversight? Tribe County/State   Referral for Services: Yes No   Initial Family Assessment: Yes No   Ongoing Family Assessment: Yes No   Opening cases: Yes No   Opening cases: Yes No   Closing cases: Yes No   Home Visits: Yes No   How often conducted? Weekly Monthly Quarterly   Progress monitoring: Yes No   Completion of Service Plans: Yes No   If yes, how often: 60 days 6 months Other time period (identify):   Who receives a copy? :	Does your program provide case management services?	Yes No
Referral for Services:       Yes       No         Initial Family Assessment:       Yes       No         Ongoing Family Assessment:       Yes       No         Opening cases:       Yes       No         Closing cases:       Yes       No         Home Visits:       Yes       No         How often conducted?       Weekly       Monthly       Quarterly         Progress monitoring:       Yes       No         Completion of Service Plans:       Yes       No         If yes, how often:       60 days       6 months       Other time period (identify):         Who receives a copy? :	If yes, please describe:	
Initial Family Assessment:       Yes       No         Ongoing Family Assessment:       Yes       No         Opening cases:       Yes       No         Closing cases:       Yes       No         Home Visits:       Yes       No         How often conducted?       Weekly       Monthly       Quarterly         Progress monitoring:       Yes       No         Completion of Service Plans:       Yes       No         If yes, how often:       60 days       6 months       Other time period (identify):         Who receives a copy? :	Who is responsible for case management oversig	ht? Tribe County/State
Ongoing Family Assessment:       Yes       No         Opening cases:       Yes       No         Closing cases:       Yes       No         Home Visits:       Yes       No         How often conducted?       Weekly       Monthly       Quarterly         Progress monitoring:       Yes       No         Completion of Service Plans:       Yes       No         If yes, how often:       60 days       6 months       Other time period (identify):         Who receives a copy? :	Referral for Services:	Yes No
Opening cases:       Yes       No         Closing cases:       Yes       No         Home Visits:       Yes       No         How often conducted?       Weekly       Monthly       Quarterly         Progress monitoring:       Yes       No         Completion of Service Plans:       Yes       No         If yes, how often:       60 days       6 months       Other time period (identify):         Who receives a copy? :	Initial Family Assessment:	Yes No
Closing cases:       Yes       No         Home Visits:       Yes       No         How often conducted?       Weekly       Monthly       Quarterly         Progress monitoring:       Yes       No         Completion of Service Plans:       Yes       No         If yes, how often:       60 days       6 months       Other time period (identify):         Who receives a copy?	Ongoing Family Assessment:	Yes No
Home Visits:       Yes       No         How often conducted?       Weekly       Monthly       Quarterly         Progress monitoring:       Yes       No         Completion of Service Plans:       Yes       No         If yes, how often:       60 days       6 months       Other time period (identify):         Who receives a copy?	Opening cases:	Yes No
How often conducted? Weekly   Monthly Quarterly   Progress monitoring:    Progress monitoring: Yes   No   Completion of Service Plans: Yes   If yes, how often: 60 days   60 days 6 months   Other time period (identify):   Who receives a copy?   How are these Service Plans monitored?   PERMANENCY PLANNING SERVICES Reunification Services Reunification Services Reunification Services (i.g. Family Group Decision Making, PeaceKeeping Circles) that your program provides? If yes, please identify: Guardianship services Yes No Licensing of adoptive homes What is your current number of adoptive homes (if any)?	Closing cases:	Yes No
Progress monitoring:       Yes No         Completion of Service Plans:       Yes No         If yes, how often:       60 days 6 months       Other time period (identify):         Who receives a copy? :	Home Visits:	Yes No
Completion of Service Plans: Yes   If yes, how often: 60 days   60 days 6 months   Other time period (identify):   Who receives a copy? :   How are these Service Plans monitored?   PERMANENCY PLANNING SERVICES Reunification Services   Permanency   Yes   No   Are there other unique services/resources (e.g. Family Group Decision Making, PeaceKeeping Circles) that your program provides?   Yes   No   If yes, please identify:   Guardianship services   Yes   No   Licensing of adoptive homes   Yes   No	How often conducted? Weekly Monthly	Quarterly
If yes, how often: 60 days 6 months Other time period (identify):   Who receives a copy? :	Progress monitoring:	Yes No
If yes, how often: 60 days 6 months Other time period (identify):   Who receives a copy? :		
Who receives a copy? :	Completion of Service Plans:	Yes No
How are these Service Plans monitored?     PERMANENCY PLANNING SERVICES   Reunification Services   Reunification Services   Yes   No   Are there other unique services/resources (e.g. Family Group Decision Making, PeaceKeeping Circles) that your program provides?   Yes   No   If yes, please identify:   Guardianship services   Yes   No   Licensing of adoptive homes   Yes   No		
PERMANENCY PLANNING SERVICES         Reunification Services       Yes         No         Are there other unique services/resources (e.g. Family Group Decision Making,         PeaceKeeping Circles) that your program provides?       Yes         If yes, please identify:         Guardianship services       Yes         Icensing of adoptive homes       Yes         What is your current number of adoptive homes (if any)?	Who receives a copy? :	
Reunification Services   Yes   No   Are there other unique services/resources (e.g. Family Group Decision Making, PeaceKeeping Circles) that your program provides? Yes No If yes, please identify: Guardianship services Yes No Licensing of adoptive homes What is your current number of adoptive homes (if any)?	How are these Service Plans monitored?	
Reunification Services   Yes   No   Are there other unique services/resources (e.g. Family Group Decision Making, PeaceKeeping Circles) that your program provides? Yes No If yes, please identify: Guardianship services Yes No Licensing of adoptive homes What is your current number of adoptive homes (if any)?	PERMANENCY PLANNING SERVICES	
Are there other unique services/resources (e.g. Family Group Decision Making, PeaceKeeping Circles) that your program provides? Yes No If yes, please identify: Guardianship services Yes No Licensing of adoptive homes Yes No What is your current number of adoptive homes (if any)?		Yes No
PeaceKeeping Circles) that your program provides? Yes   If yes, please identify:		
Guardianship services Yes   Licensing of adoptive homes Yes   What is your current number of adoptive homes (if any)?		
Licensing of adoptive homes Yes No What is your current number of adoptive homes (if any)?	If yes, please identify:	
What is your current number of adoptive homes (if any)?	Guardianship services	Yes No
	Licensing of adoptive homes	Yes No
	What is your current number of adoptive homes (if any)?	
Customary adoption services Yes No	Customary adoption services	Yes No
Other culturally-appropriate permanency strategies	Other culturally-appropriate permanency strategies	Yes No

If yes, please identify:
Post Permanency Services Yes No
Permanency Planning Review Team/Citizens Review Board 🗌 Yes 📄 No
INDEPENDENT LIVING
Independent Living Services (ILS)
Are independent living services provided by:
How many youth are served?
Transitional Services for older youth
If yes, how many youth who have aged out are served?
How many youth who have aged out are served?
Funding
Script: Let's talk now about how your services are funded.
TITLE IV-B FUNDING
Does your Tribe receive both Subparts of Title IV-B?
Identify: Subpart 1: Subpart 2:
Does your program manage the Tribal IV-B funding?
If no, is the Title IV-B designated staff person aware
of this request being made?
In your program, are you the person responsible for providing oversight for the Title IV-B monitoring, tracking and reporting?
Yes No
If no, who is responsible?
If you are not responsible for the oversight, can you describe any shared responsibilities between the Child Welfare Agency and other tribal programs for the Title IV-B oversight?
Is this a Consortium or Partnership that receives Title IV-B funding? Yes No
If yes, who is the primary contact person responsible for administering and reporting on the Title IV-B (either Subpart 1 or 2)?
Title IV-B Contact name, job title, and telephone number:

#### TITLE IV-E FUNDING

Does your tribe receive Title IV-E funding through a pass through agreement with the state?	Yes		No
---	-----	--	----

If no, has your tribe considered entering into a Title IV-E Agreement with your state? Please describe:

Do you have a Title IV-E agreement or contract with your state? Yes No
If yes, date initiated:
Still current: Yes No
If not current, does your tribe plan on renegotiating? 🗌 Yes 🗌 No
Is your tribe a direct Title IV-E Plan Development Grantee? (current or past)
If yes, date received:
If not, is your tribe considering applying for a Title IV-E Development grant in the near future?
Yes No
If yes, Is your child welfare program well versed in Title IV-E eligibility for children in out of home care?
Has you tribe received an extension to complete IV-E Plan Development grant?
Extension expiration date:
What stage of development is your tribe in with the grant? Please describe:
Approved Direct Title IV-E Plan?
Date approved:
Direct Title IV-E for ETV/Chaffee? Yes No
Identify: ETV Chaffee
Is your tribe Operating a Direct IV-E Program? (accessing Title IV-E reimbursement)
If yes, approval date for implementation/operation

Note: If the program is interested in applying for Title IV-E, a detailed questionnaire will be utilized by the Center's IV-E Specialist.

### **Staffing and Workforce**

Script: Let's talk about your child welfare staffing and workforce.

How many direct staff and supervisors are in your program?

Are these positions full-time permanent? Yes No
Please describe briefly:
Do you have any part-time staff? Yes No I
f yes, how many part-time staff do you have in your program?
Please describe briefly:
Does your program currently having any vacant positions?
Please describe briefly:
Has there recently been any turnover in key positions?
Please describe briefly:
Do your supervisors and/or director carry a caseload?
Who has the decision-making authority for (check and identify designated staff/leader positions):
Tribal-State Title IV-E Agreement
Direct Title IV-E
ICWA Agreement
Fiscal oversight (ex. child welfare program, social services, other)
Other (please identify):
Child Welfare – Court Collaboration
<i>Script:</i> We know that child welfare-court collaboration is important to successful service delivery. Let's talk more about your tribal court.
Do you have a tribal court? Yes No
If no, how are child welfare cases adjudicated?
How would you characterize your child welfare program's relationship with the court?
Does your court have a written <i>civil</i> children's code? Yes No
Date last amended:
Does your court have written code and procedures on how child welfare cases will be handled in court? Yes 🗌 No
Do your Codes and procedures offer clear guidance on:
Emergency removals Yes No

How and when petitions will be filed	Yes No
What hearings will take place and wh	en Yes No
How cases will be opened and or close	ed Yes No
Do your Codes offer clear definition	ons of child abuse and neglect? Yes No
How ICWA cases are transferred f	rom the state/county back to the tribe 🗌 Yes 🗌 No
Is there a legal advocate to provide re	presentation for the following parties in tribal court:
Parent	Yes No
Child	Yes No
Child welfare agency staff	Yes No
	t aren't written down? For example, everyone just knows how things are s, can you give some examples of these

What type of collaboration occurs between your child welfare program and the tribal tribal court?

Note: If the program is interested assistance regarding courts, a detailed questionnaire will be utilized.

#### **Data Management**

**Script:** Gathering data is an important way to track your services and community needs. Let's talk about how your program gathers and uses data. Now we'd like to ask you a few questions about how the child welfare agency tracks and monitors cases. Note: this can include any part of the life of the case, i.e., intake and investigations, out of home placements, etc.

Does your child welfare program maintain case documentation? 🗌 Yes 🗌 No
If yes, check all that apply: 🗌 electronic database 🗌 another electronic format (e.g.Excel, Access) 🗌
hard copy files/paper

If your tribal child welfare program currently has an electronic system, please identify the name of the vendor

What was the date of installation?\_\_\_\_\_

How well does this electronic system serve your program's needs?

Is there a need for an electronic system or enhancements to your current system?
If yes, please describe:
Is there funding available to purchase a system or enhance the current system?
Please describe:
Is there a need for an electronic system or enhancements to your current system?
Does the child welfare program engage in any type of quality assurance or continuous quality improvement (CQI) process?
Yes No
If yes, please describe:
Who is the data collected by your child welfare agency shared with other than agencies from whom you receive funding?
With whom are you required to share data you collect? (For example, data can be shared with leadership and/or your community through written reports or you may be required by funders to provide certain data.)
In what forms do you provide this data (e.g., written reports, online data base, Excel spreadsheet)?

Note: If the program is interested in assistance with Data Management, a detailed questionnaire will be utilized.

### **Community Collaboration**

Note: Review the Title IV-B CFSP language Title IV-B collaboration language and copy here prior to the call.

How do other tribal programs or community-based agencies collaborate with you in your community and/or tribe to provide services to your children, families and community?

How 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?
Working with the State
Note: Review the Title IV-B plan for how the tribe will collaborate with the state and copy here prior to the call.
Does your tribe have an active ICWA agreement with the state based on where your children are at?
Do you have an informal or formal tribal-state agreement(s) to work together? (e.g., ICWA notices, sharing information, restraining orders, domestic violence, trafficking, etc.)
No
If yes, please describe:
Does the state/county provide you with any data that is specific of your tribal children? ( <i>e.g.</i> , <i>ICWA notices</i> , <i>CPS</i> , <i>etc.</i> )
Yes No
Does the state/county provide you with any data around Title IV-E eligibility of your tribal children? (eg.,
eligibility, reviews, etc.)
Is your tribe involved in a Tribal-State Advisory group?
If yes, please elaborate on the following:
<ul> <li>How often does the tribes in your state meet for the Tribal-State Advisory group?</li> </ul>
Does your state have an annual tribal-state ICWA Conference?     Yes     No
<ul> <li>Does your tribe receive any fiscal resources/funding from your state?</li> </ul>
Please describe the relationship your tribe has with State/local courts?
Is there an active tribal/state court forum? Yes No
Do you share your Title IV-B Plan with your state? Yes No
Does your state share their Title IV-B plan with you? Yes No
Are you working collaboratively to develop and implement your Title IV-B plans? [] Yes [] No
If yes, please explain: -

#### **Other Major Projects or Technical Assistance**

**Script:** Over the last few years, what type of training, technical assistance or capacity building services has your program participated in? For example: Healing to Wellness Court, Family Court, Drug Court, Tribal Court Improvement, Domestic Violence, Tribal Access Program, Human Trafficking, Quality Improvement Center, etc.

Alternate Script: You described projects you've been involved in recently. Now let's talk about projects you're currently involved in.

What projects are your supervisory staff currently involved in?

What percentage of time do supervisory staff spend on these projects?

What projects are your caseworkers or direct services staff involved in?

What percentage of time do caseworkers of direct services staff spend on these projects?

At what stage of work are you currently in these projects? (For example, are you in the start up phase or in the implementation

phase?)\_\_\_\_

What have been the successes?

What challenges have you experienced?

What lessons have you learned from these projects?

# Final Questions/Wrap-Up

**Note:** The Tribe's Child Protection System includes the Tribal Child Welfare Agency, Tribal Court, Tribal and/or non-Tribal Law Enforcement, and a CPT/MDT, when present.

**Script:** In our final questions with you, let's think holistically about your program's infrastructure, operations, and practice as well as how your program intersects with the other tribal departments that may have a role in your Tribe's child protection system, such as the tribal court, tribal and/or non-tribal law enforcement, and a CPT/MDT if you have one.

*Facilitator prompt:* Have participants think about areas including organizational, workforce, resources, data and technology, political, community, etc.

- 5. To what extent—and in what ways—would your Tribe's leadership support the Center for Tribes providing technical assistance to your tribal child welfare agency?
  - What is the leadership structure of the tribal child welfare agency?
  - What is the process for formalizing decisions related to the tribal child welfare agency? Who makes these decisions?
  - Is there current support from tribal leadership for changes in the tribal child welfare agency?
- 6. Please describe what you think the current capacity of your tribal child welfare agency and/or tribal child welfare system will be to carry out the work on a potential project.
  - How ready do you think the tribal child welfare agency or child protection system currently is to begin implementing a Center for Tribes project? What supports might increase the ability to implement a project?
  - How will agency/system staff balance their day-to-day work responsibilities with the tasks of a new project? What supports might they need?
  - Are there particular staffing or workforce issues that might affect the implementation of a Center for Tribes project?
- 7. 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.*)
- 8. 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?
  - If we can develop a project with your agency, when would you be ready to begin? Once a project starts, realistically, how much time each week/month would you anticipate your team members will have to work on the project in addition to their other responsibilities?

# Closing

We've talked with you about your needs and how those may fit with services offered by the Center for Tribes. The information we've discussed with you will be compiled into a brief summary which we will provide to you to review before we share it with the Children's Bureau team which includes the Regional Office Program Manager and our Federal Project Officer. This summary will help them learn about your request for services and ask questions that help in determining if an onsite meeting will be the next step. This completes the telephone interview questions.

**Note**: Center for Tribes staff should conclude the call with a discussion with the Tribe of next steps and then complete the NAFET Call Review Summary on the next page.

Next steps:
Interviewers will complete the NAFET Call Review Summary (below)
Summary Assessment Report-Part 1 completed
Decision made whether to continue assessment through a Needs and
Fit Exploration onsite meeting
If not: Capacity Building Initial Consultation and Services Referral
Form completed for recommended services.

es the tribe
ve Title IV-B
-
-
mary
tion project
mmendations
's needs
-
E funding? this request a Center for s Tailored ces ? eck if this est is priate for a project eck if this est priate for a anency/ mary tion project

		Clear Strength	Some Strengths	Some Challenges	Serious Challenges	Could not assess	Comments
7. Tribal leadership support							
8. Resources (e.g., workforce, time to devote to project, competing initiatives)							
9. Infrastructure (program structure and operations)							
10.Organizational climate							
11. Community engagement and partnerships							
12.Sufficient ability to engage in a tailored services							
project, as determined by NAFET call discussion							
13. Additional concerns or observations		1		1	1	I	
14. Areas for follow up or questions	Povioura						
	Reviewer	names:					