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Report to Congressional Requesters

February 2015

FOSTER CARE

HHS Needs to Improve the Consistency and Timeliness of Assistance to Tribes

GAO-15-273

GAO Highlights

Highlights of GAO-15-273, a report to congressional requesters

February 2015

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HHS Needs to Improve the Consistency and Timeliness of Assistance to Tribes

Why GAO Did This Study

Title IV-E of the Social Security Act provides federal support for foster care and adoption assistance programs. Since 2008, 5 tribes have been approved to operate their own title IV-E foster care programs, although more than 80 tribes initially expressed an interest in doing so. HHS provides development grants and technical assistance to tribes interested in establishing a title IV-E program. GAO was asked to review tribes' experiences with title IV-E.

This report examines (1) obstacles facing tribes interested in directly operating a title IV-E program and (2) the assistance HHS has provided. GAO interviewed officials from 17 tribes, 11 of which were currently developing title IV-E programs. These tribes were selected to achieve variation in progress toward developing a title IV-E program, size of the tribe, and HHS region. While this information is non-generalizable, it provides examples of tribes' experiences with the program. GAO also interviewed HHS and Bureau of Indian Affairs officials, and child welfare experts.

What GAO Recommends

GAO recommends that HHS (1) consider submitting a legislative proposal if it determines that flexibilities in program requirements would enable more tribes to participate in title IV-E, (2) take steps to provide consistent guidance to tribes on their IV-E plans, and (3) establish procedures to ensure timely reviews of draft plans. HHS agreed with our first two, but did not agree with the third recommendation. GAO maintains the need for procedures, such as clear timeframes, to ensure timely IV-E plan reviews.

View GAO-15-273. For more information, contact Kay Brown at (202) 512-7215 or brownke@gao.gov.

What GAO Found

Indian tribes developing title IV-E foster care programs faced resource constraints and reported challenges adopting some program requirements. According to GAO's interviews with tribal and Department of Health and Human Services (HHS) officials, the resource constraints faced by tribes include limited numbers of staff and staff turnover. While the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act) allows tribes to administer a title IV-E foster care program, it generally did not modify title IV-E's requirements for tribes. By contrast, some other programs administered by HHS offer tribes additional flexibilities, provided they are consistent with the objectives of the program. Given tribes' resource constraints and cultural values, adopting some title IV-E requirements has been difficult. For example, officials from 6 of 11 tribes developing title IV-E programs that GAO interviewed said that the requirement to electronically submit case-level data on all children in foster care was challenging. In addition, 7 of these 11 tribal officials reported that incorporating termination of parental rights—which severs the legal parent-child relationship in certain circumstances—into their tribal codes was challenging because it conflicts with their cultural values. HHS recognizes that termination of parental rights may not be part of an Indian tribe's traditional beliefs; however according to the agency it lacks the statutory authority to provide a general exemption for tribal children from the requirement.

HHS provided assistance to tribes interested in directly operating a title IV-E program through its regional offices, headquarters office, and technical assistance providers. Eight of the 11 tribes GAO spoke with reported using HHS-funded technical assistance providers, including a tribally-focused center that was established after the enactment of the Fostering Connections Act. However, GAO found that there are no procedures in place to ensure that the guidance provided by HHS regional staff is consistent across offices or that the review of tribes' draft IV-E plans is timely. To operate a title IV-E program, HHS must approve a tribe's title IV-E plan, ensuring that it complies with program requirements. HHS does not provide its staff or tribes with examples of tribal codes or regulations that would satisfy title IV-E requirements. Regional staff may use their discretion to determine what is allowable in a tribe's plan. HHS officials said they do not provide examples because each tribe is unique and examples for one tribe may not be appropriate for all tribes. However, officials from 6 of 11 tribes GAO interviewed said that they received conflicting guidance from HHS officials, some of them from the same HHS office. Officials from one tribe said that participating in title IV-E peer-to-peer consultations with other tribes—an activity encouraged and sponsored by HHS—can be frustrating because regional offices have provided tribes with different information. HHS officials said that inconsistencies often resulted from differing tribal circumstances rather than interpretations of federal policy. In addition, officials from six tribes GAO spoke with said HHS's suggested revisions on their draft title IV-E plans were not provided in a timely manner. HHS headquarters officials have not provided regional staff with expected timeframes for draft title IV-E plan reviews and there is no limit on the amount of time staff may spend on the reviews. As a result, tribes may continue to have long title IV-E plan development and review periods and limited direct access to federal child welfare program funding.

Contents

Letter		1
	Background	3
	Selected Tribes Reported Resource Constraints and Certain Program Requirements as Obstacles to Directly Operating a Title IV-E Program	13
	HHS Provided Technical Assistance and Guidance to Tribes Interested in Title IV-E but Did Not Always Meet Tribes' Needs	21
	Conclusions	30
	Recommendations for Executive Action	30
	Agency Comments and Our Evaluation	31
Appendix I	Objectives, Scope, and Methodology	35
Appendix II	Comments from the Department of Health and Human Services	38
Appendix III	GAO Contact and Staff Acknowledgments	42
Tables		
	Table 1: Selected Federal Funding Sources Available to Tribal Child Welfare Programs	4
	Table 2: Status of Tribal Development Grantees and Title IV-E Plans as of December 2014, Sorted by Grant Receipt Date	11
Figures		
	Figure 1: Tribal Title IV-E Development Grantees, by HHS Region, Fiscal Years 2009 through 2014	10
	Figure 2: Reported Number of Tribes That Used Development Grant Funds to Increase Staff Capacity, by Type of Activity	15
	Figure 3: Reported Number of Tribes That Used Development Grant Funds to Develop Child Welfare Policies, by Type of Activity	18

Figure 4: Reported Number of Tribes That Used Development Grant Funds to Develop Data Collection Procedures, by Type of Activity 20
Figure 5: HHS Assistance Available to Title IV-E Development Grantees from Fiscal Years 2009 through 2013 22
Figure 6: HHS Process for Reviewing Final Tribal Title IV-E Plans 28

Abbreviations

ACF	Administration for Children and Families
AFCARS	Adoption and Foster Care Analysis and Reporting System
BIA	Bureau of Indian Affairs
CAM	Cost Allocation Methodology
Fostering Connections Act	Fostering Connections to Success and Increasing Adoptions Act of 2008
HHS	Department of Health and Human Services
SACWIS	Statewide Automated Child Welfare Information System
TACWIS	Tribal Automated Child Welfare Information System

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U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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Congressional Requesters

Some Indian tribes administer their own foster care programs, but until 2009, tribes did not have direct access to funds provided under title IV-E of the Social Security Act. Title IV-E is the largest single federal source of child welfare funding, providing nearly $7 billion in fiscal year 2014 to child welfare agencies.[1] Title IV-E authorizes funding to states and Indian tribes to help cover the costs of operating their foster care, adoption assistance, and guardianship assistance programs. This funding primarily provides financial support for the care of eligible children who have been removed from their homes due to abuse or neglect, as well as to families who adopt eligible children with special needs from the foster care system.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act) made federally recognized Indian tribes directly eligible for title IV-E funding for the first time.[2] Tribes embraced the legislation as recognition of tribal sovereignty and affirmation of tribal rights and responsibilities to care for their children. As of December 2014, five tribes are approved to operate a title IV-E foster care program; although over 80 tribes initially expressed an interest in doing so. Each year since 2008, additional tribes have expressed an interest in operating their own title IV-E program. The Department of Health and Human Services (HHS) is responsible for overseeing states' and tribes' implementation of title IV-E. During fiscal years 2009 through 2014, HHS awarded development grants to 27 tribes to help them establish title IV-E

[1]Codified as amended at 42 U.S.C. §§ 670-679c.

[2]Pub. L. No. 110-351, §§ 301-302, 122 Stat. 3949, 3962-73. Indian tribes and tribal organizations, as defined by the Indian Self-Determination and Education Assistance Act, and tribal consortia are eligible. Prior to the Fostering Connections Act, tribes could enter into cooperative agreements with states to administer part of the title IV-E program. According to HHS, numerous tribes receive title IV-E funding indirectly through these agreements, which continue to be an option for tribes. The Fostering Connections Act made a number of other changes to title IV-E. We recently reviewed selected provisions pertaining to family connections, school stability, support for older youth, and states' savings from the change in income eligibility criteria for adoption assistance payments in GAO, *Foster Care: HHS Needs to Improve Oversight of Fostering Connections Act Implementation*, GAO-14-347 (Washington, D.C.: May 29, 2014).

programs. You asked us to review the actions HHS has taken to assist tribes interested in directly operating a title IV-E program.

This report examines: (1) the obstacles facing tribes interested in directly operating a title IV-E program and (2) how HHS has assisted interested tribes. To address our objectives we conducted interviews with officials of tribes and federal agencies and child welfare experts. We interviewed representatives from 17 federally recognized tribes and tribal consortia in Alaska, Arizona, California, Michigan, Montana, Oklahoma, and Washington. Tribes in these states were selected to achieve variation in how far along the tribe was in developing a title IV-E program and size of the tribe. Our tribal interviewees included representatives of 11 tribes that are currently developing title IV-E programs. The other six tribes initially expressed interest in title IV-E but are not currently developing title IV-E programs. We also convened two discussion groups with tribes. One discussion group was held at the National Indian Child Welfare Association annual conference in April 2014 and the other was held at the Casey Family Programs' Tribal Title IV-E Development Plan Grantee Convening in May 2014. In total, representatives of 19 tribes participated in the two discussion groups. The information obtained in our interviews and discussion groups with tribes is not generalizable, but provides examples of tribes' experiences with developing title IV-E programs and obtaining related HHS technical assistance.

We interviewed officials from HHS's Administration for Children and Families (ACF), including the nine regional offices that provide technical assistance to federally recognized tribes and the fiscal year 2010-2014 HHS-funded tribal resource center. We also interviewed Social Services program staff at the Department of the Interior Bureau of Indian Affairs (BIA). In addition to conducting interviews, we reviewed relevant federal laws, regulations, and HHS guidance. We reviewed studies related to tribes' experiences with the title IV-E program and interviewed five child welfare experts. To describe the activities undertaken by tribal development grantees to help establish their title IV-E programs, we analyzed semi-annual progress reports submitted to HHS from March 2010 through March 2014 for the 21 tribes awarded grants from fiscal year 2009 through fiscal year 2013. For more information on our scope and methodology, see appendix I.

We conducted this performance audit from February 2014 to February 2015 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for

our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Tribal Child Protection and Child Welfare Systems

Federally recognized tribes are distinct, independent political communities that possess certain powers of self-government.[3] Federally recognized tribes and their members receive certain benefits because of their status as Indians. At the same time, as U.S. citizens, tribal members are afforded the same rights and protections as any non-Indian U.S. citizen, including any specific rights from the states in which they reside.[4]

Indian children enter foster care at twice the rate of all American children. In 2012, Indian children comprised 1 percent of the total U.S. child population, although they accounted for 2 percent of children in foster care, according to HHS data.[5] Multiple agencies, both tribal and non-tribal, can provide child protection and child welfare services for Indian children at the same time. An Indian child could be the alleged victim of abuse or neglect reported under any state, tribal, or federal reporting procedures. Consequently, the agency that receives and potentially responds to a report of child maltreatment involving an Indian child depends on a range of factors, including where the child is living, the nature of the allegation, and the specific state, tribal, or federal agreements or resources in place to investigate and serve the child and family. For example, through a memorandum of understanding or other agreement, tribes may collaborate with state workers to respond to

[3]As of January 14, 2015, there were 566 federally recognized tribes.

[4]Tribes directly operating a title IV-E program are able to define their service area and populations to be served. 42 U.S.C. § 679c(c)(1)(B). In addition, the Indian Child Welfare Act, which establishes certain requirements regarding the adoption and foster care placement of Indian children, may apply in cases where the child meets its definition of "Indian child:" an unmarried person under age 18 that is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. For the provisions of the Indian Child Welfare Act, see 25 U.S.C. §§ 1901-1963.

[5]U.S. Department of Health and Human Services, Administration for Children and Families, *Recent Demographic Trends in Foster Care,* Data Brief 2013-1 (Washington, D.C.: September 2013). The data cited from this report is for fiscal year 2012.

allegations of maltreatment and provide case management services. In some cases, BIA social workers may provide protective and other services.

Federal Funding for Tribal Child Welfare Programs

Tribes have direct access to some of the federal resources used by states to finance child welfare programs under programs administered by HHS. In addition, there are federal funding streams unique to tribes that are administered by BIA (see table 1). Tribes may participate in some or all of these programs, and therefore the total amount of federal resources received by each tribe varies. For example, in fiscal year 2013 there were approximately 68 tribal Temporary Assistance for Needy Families (TANF) programs, and in fiscal year 2014, 189 tribes participated in title IV-B subpart 1. Title IV-B subpart 1 provides funding for child welfare services—such as parent support and counseling for children and families—and tribes must be operating this program to participate in title IV-E.

Table 1: Selected Federal Funding Sources Available to Tribal Child Welfare Programs

Funding source	Federal agency responsible for administering	Purpose
Title IV-E of the Social Security Act (Foster Care and Adoption Assistance)	HHS	To support foster care and transitional independent living programs for eligible children and adoption assistance for children with special needs.
Title IV-B subpart 1 of the Social Security Act (Stephanie Tubbs Jones Child Welfare Services)	HHS	To support a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families, by: • protecting and promoting the welfare of all children; • preventing the neglect, abuse, and exploitation of children; • supporting at-risk families through family preservation and reunification services; • promoting the safety, permanence, and well-being of children in foster care and adoptive families; and • providing training, professional development, and support to child welfare staff.
Title IV-B subpart 2 of the Social Security Act (Promoting Safe and Stable Families)	HHS	To support coordinated programs of community-based services to: • prevent child maltreatment among families at risk; • assure children's safety and preserve families when the family's problems can be addressed effectively; • address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner; and • providing support services to adoptive families.

Funding source	Federal agency responsible for administering	Purpose
Title II of the Indian Child Welfare Act (ICWA)	BIA	To support Indian child and family service programs to prevent the breakup of Indian families and ensure that the permanent removal of an Indian child from their parents or Indian custodians is a last resort.
BIA Social Services and Welfare Assistance Funds[a]	BIA	As part of BIA's mission to provide support for the benefit, care, and assistance of Indians, it provides financial assistance and social services, including services to children, elderly and families.
Title IV-A of the Social Security Act (Temporary Assistance for Needy Families (TANF))	HHS	One of TANF's four overarching goals is to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

Source: GAO summary of relevant federal laws and regulations. | GAO-15-273

Note: This table is not intended to be exhaustive; other federal funding sources may be available to tribal child welfare programs that are not listed here. Specific eligibility requirements for each source of funding may vary.

[a]According to BIA's regulations, its social services programs are a secondary resource and only provide assistance when it is not available from other sources.

Direct Tribal Access to Title IV-E

Prior to the Fostering Connections Act, tribes were not eligible to directly receive title IV-E funding but could enter into cooperative agreements with states to administer part of the program.[6] The Act, for the first time, authorized tribes[7] to directly operate a title IV-E program and obtain federal reimbursement for eligible program costs. States and tribes are entitled to federal reimbursement for a portion of eligible title IV-E program costs. The reimbursement rate varies by type of expense. The federal share of foster care maintenance payments is between 50 percent and 83 percent of costs, with higher federal support going to states and

[6]State-tribal title IV-E agreements continue to be an option for tribes, 42 U.S.C. § 679c(e), but we did not review them for this report. The Fostering Connections Act included a provision directing states to negotiate IV-E agreements with tribes in good faith. 42 U.S.C. § 671(a)(32).

[7]In the remainder of this report, we use the term "tribes" to include federally recognized Indian tribes, tribal organizations, and tribal consortia because all three entities have the option to directly operate a title IV-E program.

tribes with lower per capita incomes.[8] The federal share of training and administrative costs is 75 percent and 50 percent, respectively.[9]

The Act requires HHS to apply the provisions of the title IV-E program to tribes that operate their own programs in the same manner as states, with limited exceptions.[10] Both states and tribes seeking to operate a title IV-E program must have an approved title IV-E plan.[11] The title IV-E plan provides documentation that state or tribal law, regulations, and policies comply with program requirements. Some of these program requirements with respect to children in foster care require that states and tribes:

- make reasonable efforts, consistent with the health and safety of the child, to preserve and reunify families (1) prior to a child's placement in foster care, to prevent the need for removing the child; and (2) to make it possible for the child to safely return home;
- prepare a written case plan for each child receiving foster care maintenance payments and ensure periodic court or administrative review of each such case;
- ensure that each child is placed in a safe setting that is the least restrictive (most family like) and most appropriate setting available, consistent with the child's best interest and special needs;

[8]42 U.S.C. §§ 674(a)(1), 679c(d). The federal share of title IV-E foster care maintenance payments is calculated using the Federal Medical Assistance Percentage (FMAP), a match rate calculated annually for each state by HHS according to a formula specified in the Social Security Act, 42 U.S.C. § 1396d(b). Under the Fostering Connections Act, each tribe's FMAP must be based on the per capita income of the tribe's title IV-E service population, after considering any tribally-submitted information on per capita income. However, no tribal FMAP may be lower than the FMAP of any state in which the tribe is located.

[9]42 U.S.C. § 674(a)(3).

[10]42 U.S.C. § 679c(b). For example, unlike states, tribes are required to define their own service area and populations to be served, and show they have not had any uncorrected significant or material audit exceptions under federal grants or contracts that directly relate to the administration of social services for the 3 years prior to seeking program approval. See 42 U.S.C. § 679c(c)(1).

[11]See 42 U.S.C. §§ 671(a) and 675 for title IV-E plan requirements. See 42 U.S.C. § 679c(c) for requirements specific to tribal title IV-E plans.

- make reasonable efforts to place siblings together and ensure frequent visits between siblings not jointly placed, unless contrary to their safety or well-being;

- within a specified time period, hold a permanency hearing and make reasonable efforts to finalize the permanency plan for each child (reunification, adoption, legal guardianship, placement with a fit and willing relative, or another planned permanent living arrangement); and

- maintain a child's education and health records in the case plan and include a plan to ensure the educational stability of the child while in foster care.

The title IV-E program also has a number of administrative and financial requirements. For example:

- States and tribes operating a title IV-E program must collect and report semi-annually to HHS case-level data on all children in foster care and those who have been adopted with title IV-E agency involvement. These data are required to be electronically submitted as part of HHS's Adoption and Foster Care Analysis and Reporting System (AFCARS).[12]

- Title IV-E funding is provided by HHS in advance through quarterly estimated grant awards. These estimates are reconciled to reported actual expenditures after the close of each quarterly reporting

[12]42 U.S.C. § 679, 45 C.F.R. § 1355.40, and appendices A - E to 45 C.F.R. part 1355. There are 66 specific data elements that must be reported for each child in foster care and 37 specific adoption elements. Data elements include demographic characteristics of children and their foster, adoptive, and/or biological parents; certain removal and placement setting details for a child in foster care; reasons for a child's discharge from foster care; sources of federal or other assistance for the child; and "special needs" characteristics, among others.

period.[13] In general, states and tribes are only reimbursed for costs related to children who are eligible for title IV-E assistance.[14]

- Tribes must develop a cost allocation methodology (CAM) to determine what share of the training, data collection, and other program administration costs may be allocated to title IV-E.[15]

Title IV-E Assistance for Tribes

To help tribes develop title IV-E programs, the Fostering Connections Act appropriated $3 million annually for HHS to provide technical assistance, implementation services, and program development grants.[16] The Children's Bureau within the Administration for Children and Families (ACF) at HHS provides technical assistance to tribes on title IV-E program requirements via the nine regional offices that serve tribes, and

[13]See 42 U.S.C. § 674 (b).

[14]Title IV-E support is generally limited to children removed from homes with very low incomes. Although states and tribes may generally provide foster care services to any child, they may generally only claim federal reimbursement for costs incurred serving children who meet title IV-E eligibility criteria. One of these criteria specifies that in order to receive a reimbursement, the child must have been removed from a home that would have qualified for cash assistance under the Aid to Families with Dependent Children program as of July 1996. Other title IV-E eligibility criteria require that (1) the child's removal and placement is in accordance with either a voluntary placement agreement or a judicial determination that continuation in the child's home would be contrary to the child's welfare and reasonable efforts were made to prevent the need for removal or that such efforts would be inappropriate; (2) the child's placement and care are the responsibility of the agency or tribe administering an HHS-approved foster care plan; and (3) the child has been placed in a foster family home or child-care institution that meets certain requirements. Also, in the case of voluntary placements, eligibility terminates 180 days after removal unless there is a judicial determination that continued placement is in the child's best interest. 42 U.S.C. § 672.

[15]According to HHS guidance, because title IV-E administrative and training costs are most likely incurred for personnel and related support costs that cannot readily be identified with a particular program activity or specific eligible child, and because some training costs are reimbursable at different rates, it is necessary for tribes to develop a CAM to govern calculation of the title IV-E claims for federal reimbursement. HHS approves the CAM and incorporates it as one of the terms and conditions of the title IV-E grant award. See ACYF-CB-PI-10-13, 45 C.F.R. §§ 1356.60(c). States are required to develop a public assistance cost allocation plan (PACAP) in accordance with applicable regulations at 45 C.F.R. §§ 95.501 - 95.519.

[16]See 42 U.S.C. § 676(c)(3). To provide additional assistance to tribes with approved title IV-E plans, the President's budget request for fiscal year 2016 proposes providing start-up funding to assist with the implementation of tribal title IV-E programs.

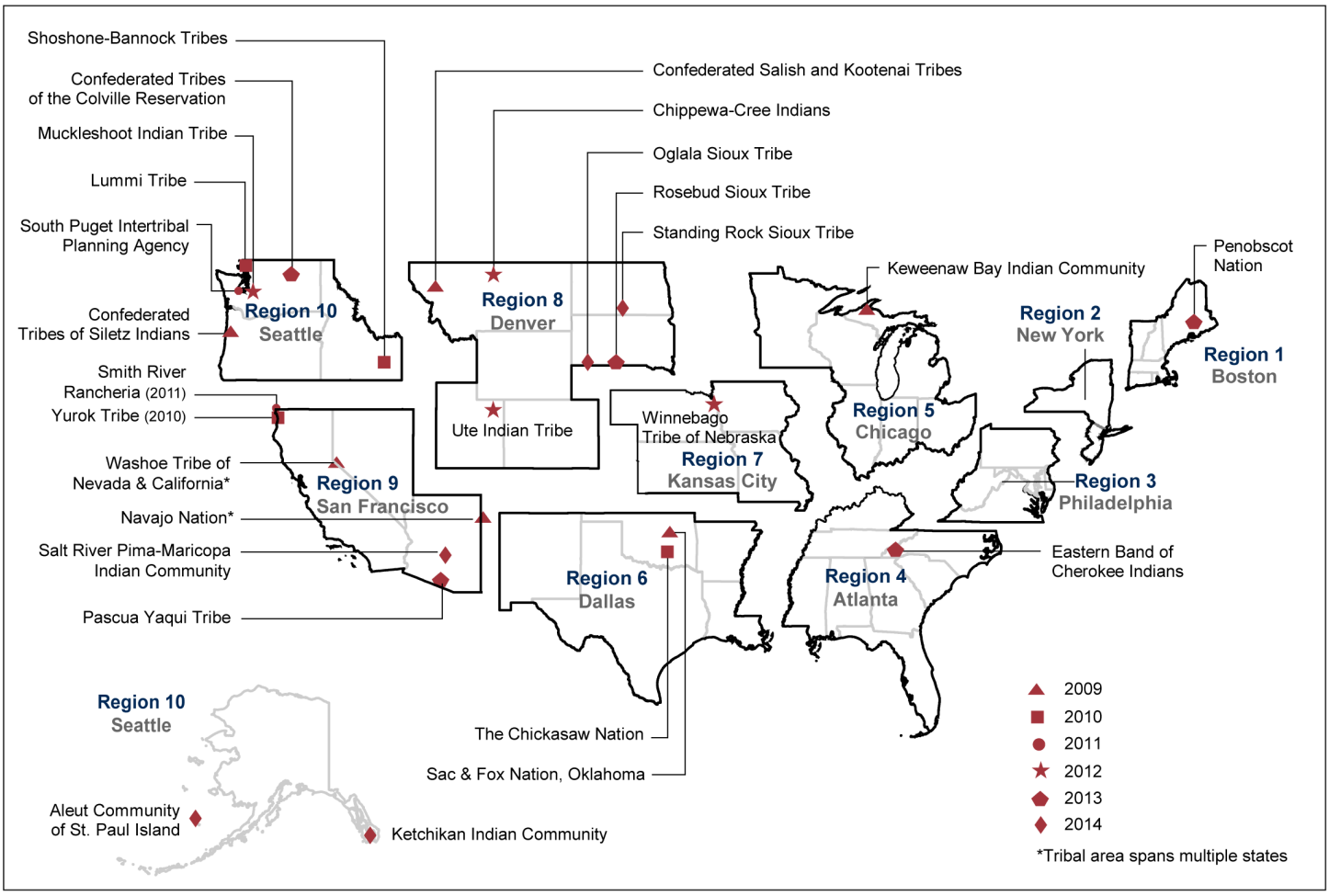
its technical assistance providers.[17] The Children's Bureau is also primarily responsible for reviewing title IV-E plans and ensuring that child welfare agencies meet program requirements. From fiscal year 2009, when the grants were first awarded, through fiscal year 2014, ACF awarded development grants to 27 tribes (see fig. 1).[18] Grants are not to exceed $300,000. The population of the grantee tribes and the number of children they could potentially serve varies. For example, according to BIA data, the 2010 estimated populations of Navajo Nation, Eastern Band of Cherokee Indians, and Winnebago Tribe of Nebraska were 195,995, 8,600, and 1,450, respectively.[19]

[17]ACF has 10 regional offices, but the service area of one office does not include any federally recognized tribes. The technical assistance providers are known as the Children's Bureau Training and Technical Assistance Network, and are funded under cooperative agreements with HHS.

[18]One tribe was awarded a development grant, but returned the grant funds unused. We excluded this tribe from figure 1 and table 2.

[19]U.S. Department of the Interior, Office of the Secretary, Office of the Assistant Secretary - Indian Affairs, *2013 American Indian Population and Labor Force Participation Report* (Washington, D.C.: Jan.16, 2014).

Figure 1: Tribal Title IV-E Development Grantees, by HHS Region, Fiscal Years 2009 through 2014



Source: GAO analysis of HHS and BIA documents. | GAO-15-273

Tribes can use development grants for any cost related to developing a title IV-E plan and meeting program requirements, such as hiring personnel or developing a CAM. The Act requires grantees to submit a

title IV-E plan within 24 months of receiving the grant.[20] ACF awarded tribes development grants for a 24-month period, and may grant tribes an extension of the initial grant period so that the tribes can continue working on the title IV-E plan and spend the remaining grant funds. As of November 2014, 15 of the 16 grantees that have reached the end of their initial 24-month period received a 1-year extension from ACF to continue working on the title IV-E plan (see table 2). There are currently five tribes with an approved title IV-E plan; four of these tribes received a title IV-E development grant and one did not. Tribes can continue to work on the title IV-E plan after the initial development grant and grant extension periods have ended, and several have done so. In its 2014 Strategic Plan, ACF identified approving additional tribal title IV-E plans as an agency goal.[21]

Table 2: Status of Tribal Development Grantees and Title IV-E Plans as of December 2014, Sorted by Grant Receipt Date

Tribe	Title IV-E development grant award round [FY = fiscal year]	Received extension of initial grant period	Title IV-E plan under review[a]	Title IV-E plan approved
Port Gamble S'Klallam Tribe	N/A	N/A		X
Confederated Salish and Kootenai Tribes	FY 2009	X		X
Keweenaw Bay Indian Community	FY 2009	X		X
Navajo Nation	FY 2009	X		X
Sac & Fox Nation, Oklahoma	FY 2009	X	X	
Washoe Tribe of Nevada & California	FY 2009	X	X	

[20]42 U.S.C. § 676(c)(2). All title IV-E development grantees submitted draft title IV-E plans to HHS within 24 months. If grantees fail to submit a title IV-E plan within 24 months, the Act requires that they repay the total amount of the grant. HHS is to waive this requirement if it determines the grantee's failure to submit a plan was due to circumstances beyond the grantee's control. To date, no grantees have been required to repay the funds.

[21]Department of Health and Human Services, Administration for Children and Families, *2014 Strategic Plan* (Washington, D.C.).

Tribe	Title IV-E development grant award round [FY = fiscal year]	Received extension of initial grant period	Title IV-E plan under review[a]	Title IV-E plan approved
Confederated Tribes of Siletz Indians	FY 2009	X	X	
The Chickasaw Nation	FY 2010	X	X	
Lummi Tribe	FY 2010	X	X	
Shoshone-Bannock Tribes	FY 2010	X	X	
Yurok Tribe	FY 2010	X	X	
South Puget Intertribal Planning Agency	FY 2011			X
Chippewa-Cree Indians	FY 2012	X	X	
Muckleshoot Indian Tribe	FY 2012	X	X	
Smith River Rancheria	FY 2012	X	X	
Ute Indian Tribe	FY 2012	X	X	
Winnebago Tribe of Nebraska	FY 2012	X	X	
Confederated Tribes of the Colville Reservation	FY 2013			
Eastern Band of Cherokee Indians	FY 2013			
Pascua Yaqui Tribe	FY 2013			
Penobscot Nation	FY 2013			
Rosebud Sioux Tribe	FY 2013			
Aleut Community of St. Paul Island	FY 2014			
Ketchikan Indian Community	FY 2014			
Oglala Sioux Tribe	FY 2014			
Salt River Pima-Maricopa Indian Community	FY 2014			
Standing Rock Sioux Tribe	FY 2014			

Source: GAO analysis of HHS documents. | GAO-15-273

[a]Tribes with title IV-E plans under review have submitted at least one draft to HHS for review, but have not received HHS approval of their plan.

Selected Tribes Reported Resource Constraints and Certain Program Requirements as Obstacles to Directly Operating a Title IV-E Program

Insufficient Staff, Staff Turnover, and a Lack of Expertise Made Establishing Title IV-E Programs Challenging

We found that challenges related to staffing were a resource constraint faced by tribal child welfare programs. Adequacy of staffing is a significant workforce challenge for tribal child welfare programs in general, according to a 2011 survey by the National Child Welfare Resource Center for Tribes[22] and our interviews with tribal officials. Although staffing is also an issue for state child welfare agencies, it is especially challenging for tribes because they are commonly located in rural areas, may only have one or two paid staff for all child welfare efforts, and lack funding to hire additional staff. We interviewed officials with 11 tribes that were in various stages of developing a title IV-E plan and representatives from 7 of these tribes said they have a small number of staff working on the title IV-E program, and that the staff are often managing child welfare cases and implementing other tribal programs such as child support or TANF.

Staff turnover has also been a challenge for tribes establishing title IV-E programs, according to HHS documents and officials. HHS documents show that at least 13 of 21 tribes that received title IV-E development grants from fiscal year 2009 through fiscal year 2013 lost at least one staff member who was working on the title IV-E plan. In one case, a tribe reported having four different child welfare directors within a 6-month period, making it difficult to identify project needs during that time.

[22]National Child Welfare Resource Center for Tribes, *Findings from the National Needs Assessment of American Indian/Alaska Native Child Welfare Programs* (West Hollywood, CA: Author, 2011). The results of this study may not be representative of the population of all tribes.

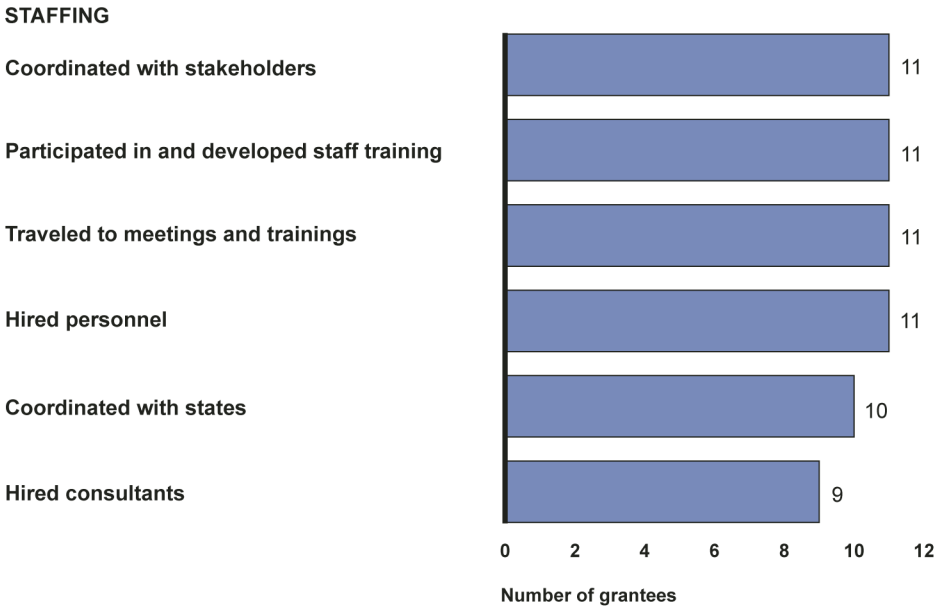
Officials in seven of the nine HHS regional offices that work with tribes said staff turnover has occurred among the tribes in their region, hindering the tribes' ability to develop a title IV-E program. HHS regional officials noted that when staff turnover occurs, a tribe's child welfare department loses institutional knowledge and its priorities may change if there is new leadership.

In addition, insufficient expertise among the staff working on the title IV-E plan has been an obstacle. One HHS regional official told us it is difficult for tribes to hire highly skilled child welfare workers because tribes are unable to compete with salaries paid elsewhere. The 2011 study by the National Child Welfare Resource Center for Tribes found that some tribal child welfare workers need additional training on delivering child welfare services, such as an increased understanding of the child welfare legal processes and court systems. Officials from two tribes told us that it can take several months to learn and understand title IV-E program requirements prior to beginning work on the title IV-E plan.

Child welfare experts and officials from tribes that initially expressed an interest in title IV-E also said resource constraints hindered tribes' ability to implement title IV-E. All five experts we interviewed also said it is difficult for tribes to establish title IV-E programs because they often have fewer resources than states, their staffs are balancing multiple responsibilities, or there is limited funding to address these needs. These constraints prevented some tribes that initially expressed an interest in the program from moving forward to develop a title IV-E plan. We interviewed officials from six of these tribes and they all told us that due to limited resources, among other considerations, they decided not to pursue operating a title IV-E program.

Tribes used title IV-E development grants to address these staffing needs, according to our analysis of progress reports submitted by the 11 tribes that have completed their grant period (see fig. 2). All 11 tribes hired additional staff, such as program coordinators, to help develop the title IV-E plan. All 11 grantees reported participating in and developing staff training. For example, one tribe developed a survey that revealed a need for staff training on title IV-E eligibility and also identified the particular departments that needed training. The progress reports also show that 9 of the 11 grantees hired a consultant for assistance in completing specific sections of the title IV-E plan.

Figure 2: Reported Number of Tribes That Used Development Grant Funds to Increase Staff Capacity, by Type of Activity



Source: GAO analysis of HHS documents. | GAO-15-273

Note: This information is based on self-reported semi-annual progress reports submitted to HHS by 11 title IV-E development grantees. These 11 tribes received development grants in fiscal years 2009 through 2011 and have completed their development grant period.

Selected Tribes Reported Challenges Adopting Some Title IV-E Requirements

Tribal officials reported challenges adopting some title IV-E program requirements, including requirements related to termination of parental rights, collecting case-level data for children in foster care, and developing a CAM. While the Fostering Connections Act allowed tribes to directly operate a title IV-E program, it generally did not modify the program's requirements or provide flexibilities for tribes.[23] In contrast, the laws authorizing other programs administered by HHS provide or allow for certain flexibilities to tribes. For example, the tribal TANF program provides more flexibility than the state TANF program, such as allowing tribes to set their own requirements for the minimum number of hours an individual must work and include additional activities that count as work,

[23]The Fostering Connections Act did provide some limited flexibilities to tribes; for example, tribes may use in-kind third-party funding sources for the non-federal share of certain title IV-E costs. See 42 U.S.C. § 679c(c)(1)(D).

subject to HHS approval.[24] In addition, HHS regulations implementing the child support enforcement program allow tribes some flexibility to develop child support programs that are consistent with tribal law and traditions, provided they meet the objectives of the program.[25] ACF, tribal officials, and child welfare experts told us the title IV-E program is inflexible and does not acknowledge that tribes are culturally and organizationally different from states. In addition, one study found that more tribes might qualify for title IV-E if the program's policies were modified to make them more applicable to the realities of tribal nation characteristics and differences in tribal nation structure and culture.[26] The Fostering Connections Act provided tribes with equitable access to title IV-E funds, but also required title IV-E program requirements to be applied to tribes in the same manner as states. As a result, HHS officials told us they have limited authority to modify title IV-E's program requirements to address some of the challenges tribes may face.

Termination of Parental Rights

Some tribes we contacted told us that termination of parental rights was in conflict with their cultural values. The Social Security Act requires that once a child has been in foster care for 15 out of the most recent 22 months, the title IV-E agency file a petition to terminate the parental rights of the child's parents and begin the adoption process, subject to certain

[24]Subject to approval from HHS, tribes may: define work activities more broadly than states, which are limited to the work activities defined by statute; set their own adult work participation rates, while states are subject to a statutory minimum rate; and determine their own time limits for receipt of federally funded welfare-related services, including cash benefits, while states are subject to a maximum time limit of 60 months. See 42 U.S.C. § 612(c), 45 C.F.R. §§ 286.80, 286.100, 286.115.

[25]See generally 42 U.S.C. § 655(f), 45 C.F.R. pt. 309. For example, in the absence of written laws and regulations, a tribe may provide detailed descriptions of any tribal custom or common law with the force and effect of law which enables the tribe to satisfy certain program requirements. 45 C.F.R. § 309.90(b). In addition to the tribal TANF and child support programs, other federal programs provide some flexibility to tribes. For example, the Fostering Connections Act authorized some tribes to directly operate the John H. Chafee Foster Care Independence Program and the Education and Training Voucher Program, and exempted these programs from the requirement that their provisions be applied to tribes in the same manner as states. See 42 U.S.C. §§ 677(j), 679c(f).

[26]Lyscha Marcynyszyn, Hildegarde Ayer, and Peter Pecora, *American Indian Title IV-E Application Planning Process: Tribal Progress, Challenges, and Recommendations*. (Seattle, WA: Casey Family Programs, September 2012). The results of this study may not be representative of the population of all tribes.

exceptions.[27] Officials from 7 of the 11 tribes we interviewed that were developing title IV-E plans said that incorporating required language on termination of parental rights into their tribal codes or policies made it difficult to obtain internal approval and successfully complete the title IV-E plan. Tribes have difficulty adopting this language because of the history of non-tribal families adopting tribal children and the resulting loss of connection from the tribe, according to tribal officials.[28] For example, officials of one tribe we interviewed said some tribal council members preferred the tribe not participate in the title IV-E program rather than include provisions for termination of parental rights in its codes. Officials at one tribe that initially expressed interest in directly operating a title IV-E program said that a reason for not moving forward with the program was the termination of parental rights requirements. The tribe did not want to include a practice in its policies and procedures with which it fundamentally disagreed. HHS has acknowledged that termination of parental rights may not align with Indian tribes' traditional beliefs, but stated that the agency lacks statutory authority to provide a general exemption for tribal children from the requirement.[29] However, HHS officials also noted that title IV-E provides exceptions to the requirement, which tribes may use as appropriate on a case by case basis.

Generally, some tribal child welfare programs lack sufficiently documented child welfare policies.[30] Although most tribes have an

[27]Termination of parental rights is a legal process that severs the legal parent-child relationship. Title IV-E agencies are also required to file a petition for termination of parental rights in certain other circumstances, such as when a court has determined that the parent has committed certain crimes. However, filing a petition for termination of parental rights is not required when: (1) at the option of the state or tribe, the child is being cared for by a relative, (2) the agency has documented in the case plan a compelling reason that filing such a petition would not be in the best interests of the child, or (3) the state or tribe has not provided services necessary for the safe return of the child, consistent with the case plan. 42 U.S.C. § 675(5)(E).

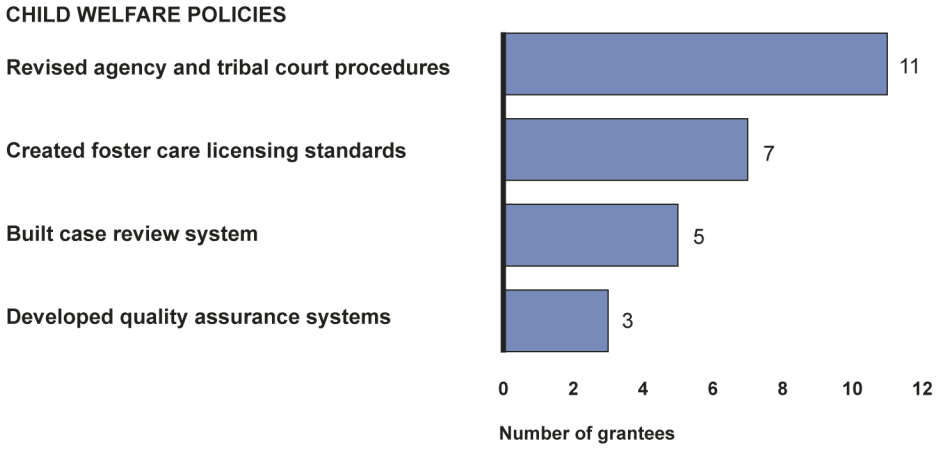
[28]Some tribes prefer tribal customary adoptions that align with the customs, laws, or traditions of the child's tribe. These adoptions modify parental rights, but do not terminate them, and also maintain family connections. Another option for tribes is customary permanent placements, which are used primarily for older children or those with more serious disabilities when reunification or adoption is not available or appropriate. A customary permanent placement is family or culturally-based and ensures the child will be able to retain their connection to their tribe and extended family.

[29]Tribal Child Welfare, 77 Fed. Reg. 896, 914 (Jan. 6, 2012).

[30]Jack Trope, Association on American Indian Affairs, *Title IV-E: Helping Tribes Meet the Legal Requirements* (Rockville, MD: March 2010).

existing judicial infrastructure and policies for their child welfare agency, some modifications to existing tribal codes or administrative regulations and policies may be required to be compliant with title IV-E. Our review of the progress reports submitted to HHS by the 11 tribes that have completed their development grant period found that grants were used to update such policies. Each of the 11 grantees revised agency and tribal court procedures to meet title IV-E requirements (see fig. 3). Officials from one tribe told us that before developing their title IV-E plan, their tribe had not updated their child welfare codes in several decades. One HHS regional official described working with a tribe to develop its policies because the existing tribal code did not address foster care and the administrative regulations for foster care did not meet title IV-E requirements.

Figure 3: Reported Number of Tribes That Used Development Grant Funds to Develop Child Welfare Policies, by Type of Activity



Source: GAO analysis of HHS documents. | GAO-15-273

Note: This information is based on self-reported semi-annual progress reports submitted to HHS by 11 title IV-E development grantees. These 11 tribes received development grants in fiscal years 2009 through 2011 and have completed their development grant period.

Data Collection

Methods for collecting child welfare data and the type of data collected vary by tribe. Some tribes have electronic data systems, while others use paper files to track child welfare data. A study found that many tribes have technology infrastructure needs and there are limited tribal funds

available to devote to developing child welfare data systems.[31] One child welfare expert we interviewed said tribes may have outdated computers and information systems and the cost of software is often prohibitive given a tribe's resources.

Officials from 6 of the 11 tribes we interviewed that were developing a title IV-E plan reported that title IV-E's data collection requirements were an obstacle to establishing a program. Tribal title IV-E agencies are required to electronically submit demographic, placement, and other data on children in foster care to HHS's AFCARS. Tribes may collect and store data using a paper-based process, spreadsheets, databases, or an automated system. ACF has not endorsed one method for tribes to use to collect and submit the required AFCARS data elements because the most appropriate method for each tribe will depend on the tribes' current access to software and systems. ACF also stated that some Indian tribes have limited technical resources to develop or upgrade a data reporting system. If a tribe cannot electronically submit AFCARS data, HHS will consider allowing tribal title IV-E agencies to submit the data through an alternative method.

To manage child welfare data, tribes may elect to use a comprehensive data collection system that compiles AFCARS data and could also include information for other programs.[32] According to ACF officials, there was an initial misunderstanding among some tribes that in order to operate a title IV-E program they were required to create a comprehensive data system. ACF has worked with the development grantees to clarify what is required since the first annual grantee meeting in March 2010 and during monthly conference calls. While ACF

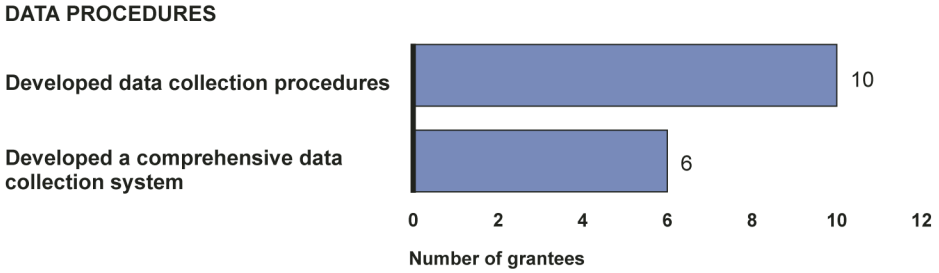
[31]Erin Geary and Priscilla Day, *Key Considerations and Best Practices for Tribal Title IV-E Data Collection and Reporting* (University of Minnesota – Duluth, March 2010). The results of this study may not be representative of the population of all tribes.

[32]A Statewide or Tribal Automated Child Welfare Information System (SACWIS/TACWIS) is one type of comprehensive data collection system. A state or a tribe can have a comprehensive child welfare system that does not meet all the requirements of a SACWIS or TACWIS. A TACWIS would allow tribal child welfare agencies to track data for title IV-E and other child welfare programs and be more efficient in operations, aid decision-making, and support program analysis and research, among other things. A SACWIS/TACWIS must allow the agency to collect and electronically report AFCARS data. Title IV-E authorizes federal reimbursement for 50 percent of the costs of SACWIS/TACWIS development and operation. 42 U.S.C. § 674(a)(3)(C)-(D), 45 C.F.R. § 1355.52. As of January 2015, no tribe has submitted a request for TACWIS funding.

recommends that title IV-E agencies consider the benefits of using a comprehensive data system, such a system is not required.

Our analysis of grantee progress reports submitted by 11 tribes found that many have updated their data collection procedures (see fig. 4). For example, 10 of the 11 developed data collection procedures to meet AFCARS requirements and 6 of the 11 reported developing a comprehensive data collection system. One tribe started developing a comprehensive data system but ultimately decided to use Microsoft Access due to a lack of funds to complete the system.

Figure 4: Reported Number of Tribes That Used Development Grant Funds to Develop Data Collection Procedures, by Type of Activity



Source: GAO analysis of HHS documents. | GAO-15-273

Note: This information is based on self-reported semi-annual progress reports submitted to HHS by 11 title IV-E development grantees. These 11 tribes received development grants in fiscal years 2009 through 2011 and have completed their development grant period. A data collection procedure consists of methods to collect the required title IV-E 66 foster care and 37 adoption data elements that comprise HHS's Adoption and Foster Care Analysis and Reporting System (AFCARS). A comprehensive data collection system may collect data for multiple programs.

Cost Allocation Methodology

Grant programs with which tribes have experience differ from title IV-E's funding structure. Unlike TANF, for example, in which tribes receive federal funding through block grants, tribes receive federal funding for title IV-E based on a percentage of actual costs. A CAM outlines how the tribe will identify and measure eligible title IV-E administrative and training costs, such as time staff have spent on these types of activities on behalf of eligible children.

Nine of the 11 tribes used title IV-E development grants to develop the CAM, according to our analysis of grantee progress reports. In addition, at least three of these tribes hired consultants to develop their CAM.

However, officials from 5 of the 11 tribes we interviewed that were developing a title IV-E plan said creating a CAM was challenging. Some

tribal officials told us the CAM requirements are difficult to understand. Officials from one tribe that successfully developed its CAM said they were able to do so because its child welfare agency had its own fiscal specialist; other tribes used a centralized fiscal department to develop their methodology. One expert we interviewed said developing a CAM is particularly challenging for tribes because staff time spent on title IV-E must be segregated from time spent on other tasks and, as previously noted, tribal child welfare staffs are small and individuals often work on multiple programs. HHS officials told us that they recognize the need for flexibility in the design and operation of CAMs given the limited resources and staffing available to many tribes. In addition, HHS has provided several national training sessions and direct assistance to individual tribes to help them develop a CAM.

HHS Provided Technical Assistance and Guidance to Tribes Interested in Title IV-E but Did Not Always Meet Tribes' Needs

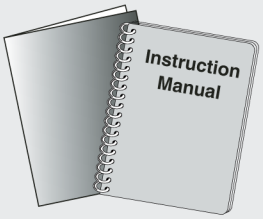
HHS Assisted Tribes, but Selected Tribes Reported Difficulty in Accessing Assistance or with HHS's Cultural Understanding

HHS provided title IV-E technical assistance to tribes through a variety of methods (see fig. 5). This assistance was provided by ACF regional and headquarters staff and through technical assistance providers.[33]

[33]The Fostering Connections Act included a provision requiring HHS to provide technical assistance and implementation services dedicated to improving services and permanency outcomes for Indian children and their families. 42 U.S.C. § 676(c). The technical assistance providers noted here are known as the Children's Bureau Training and Technical Assistance Network, and are funded under cooperative agreements with HHS.

Figure 5: HHS Assistance Available to Title IV-E Development Grantees from Fiscal Years 2009 through 2013

Training and technical assistance from HHS headquarters and regional offices
Grantee meetings and one-on-one assistance in-person, over the phone, or via e-mail



Basic policy and instruction manuals
Provide guidance on federal requirements, financial management, and data systems

Training and technical assistance from HHS-funded providers
One-on-one assistance over the phone or via e-mail, on-site assistance, organizational assessments, peer-to-peer teleconferences, webinars, workshops, and meetings

HHS website
Provides links to policy documents, agency policy announcements, relevant program instructions, and background information

Tribal title IV-E grantee website
Provides a virtual space for peer sharing of title IV-E documents

Sources: GAO summary of HHS documents, images (HHS and Art Explosion). | GAO-15-273

HHS regional staff are the primary technical assistance providers for tribes developing a title IV-E plan. For example, tribal IV-E development grantees rely on guidance from their regional office to determine if their title IV-E plans meet federal requirements. Regional office staff provide title IV-E information to tribes through e-mail listservs, site visits, and presentations to tribal leadership. In addition, tribes can submit written requests for technical assistance from the Training and Technical Assistance Network to their regional office for review and approval. ACF headquarters staff also provide title IV-E assistance to tribes. For example, headquarters staff oversee certain tribal grant requirements,

such as title IV-E financial reports and progress report submissions for development grants. ACF headquarters staff also host an annual meeting for tribes to describe title IV-E program requirements and answer tribes' questions about the program.

ACF's Training and Technical Assistance Network also provided support to tribes. From fiscal year 2009 through fiscal year 2014, the network included 11 National Resource Centers which provided assistance to states and tribes on areas such as legal and judicial issues, child welfare data and technology, and organizational improvement.[34] One of these centers, the National Child Welfare Resource Center for Tribes, focused on activities such as engaging tribes to increase their access to and use of the network, coordinating tribal training and technical assistance with the other centers, and facilitating peer-to-peer child welfare consultation among tribes. Technical assistance providers from this center said recent requests from tribal grantees have focused on organizational assessments, policy and procedures development, and assistance with the title IV-E plan pre-print. The title IV-E plan pre-print is a document developed by HHS that outlines all of the title IV-E program requirements for use by title IV-E agencies and tribes developing a title IV-E plan.

Officials from 8 of 11 tribes developing IV-E plans we interviewed reported using the National Resource Centers for assistance with addressing title IV-E requirements. For example, officials from four of these tribes reported using the National Resource Center for Child Welfare Data and Technology, which works with states, courts, and tribes to improve the quality of child welfare and youth data reported to the federal government. Representatives from several of these tribes also reported receiving assistance from the National Child Welfare Resource Center for Tribes. For example, one tribe reported working with the National Child Welfare Resource Center for Tribes to develop a family team decision-making approach on how to care for their children and develop a plan for services. Another tribe reported using the information available on the center's website, such as information sheets and webinars, to learn about specific title IV-E issues. Although several tribes used the National Resource Centers' technical assistance services, officials from 6 of 11 tribes we spoke with reported difficulties accessing

[34]Tribes that receive title IV-B funding or received a title IV-E development grant are able to access the services provided by the Children's Bureau Training and Technical Assistance Network.

these services. An official from one tribe said it took 6 months to get a training request approved, and an official from another tribe said its request for training was denied. Additionally, officials from a third tribe said when the tribe submitted written requests for assistance, the regional office often made multiple revisions and comments regarding each request. As a result of issues with accessing ACF resource centers, some tribes have turned to organizations, such as Casey Family Programs and the National Indian Child Welfare Association, for assistance on title IV-E issues. HHS regional and headquarters officials explained that the National Resource Center request process involved the technical assistance providers, regional officials, and the tribe working together to complete a request tailored to the tribes' needs.

ACF recently restructured its Training and Technical Assistance Network to better serve the needs of tribes. Specifically, in September 2014, the National Resource Center cooperative agreements ended and ACF transitioned to a new structure that includes three centers: a tribal-capacity building center, a center for states, and a center for court improvement.[35] According to headquarters officials, ACF centralized its technical assistance for tribes to ensure that ACF is proactively identifying and providing assistance to tribes. To address tribes' past access concerns, the tribal-capacity center provider has proposed a new technical assistance request process, which it will finalize with ACF before the center begins providing services in January 2015. The three new centers will also be expected to work together and in close coordination with the regional offices, according to ACF officials.

In addition to these access issues, some tribal officials we interviewed said the assistance received from HHS lacked cultural understanding. Representatives of 7 of the 11 tribes developing title IV-E plans we interviewed said that they experienced cultural insensitivity when receiving assistance from HHS staff. Tribal officials told us that HHS headquarters and regional staff did not appropriately acknowledge the government-to-government relationship the United States has with federally recognized tribes. For example, three tribal officials reported that HHS regional officials' approach was inappropriately prescriptive when working with their tribe. These tribal officials preferred that HHS instead

[35]As of October 2014, ACF had made a 5-year award for the new tribal resource center of $2.5 million for the first year and up to $3.4 million per year thereafter.

explain the title IV-E requirements and then allow the tribes to determine how to meet them. Officials from two tribes also reported that HHS was not aware that federal law authorizes a hiring preference for Indians in some circumstances, and initially did not permit inclusion of this preference in the tribes' title IV-E plan based on discrimination concerns.[36] All five of the tribal child welfare experts we interviewed were also concerned that HHS's assistance does not always meet the needs of tribes. These experts cited HHS officials' lack of experience working with tribes and understanding of the type of technical assistance needed, such as in-person or intensive capacity-building assistance. In a recent report, HHS also noted that in-person meetings with tribal communities can help build relationships and facilitate meaningful conversations.[37]

Development grantees raised these cultural concerns to HHS in 2010 and the agency has taken some steps to address them. For example, as of August 2014, ACF staff had visited all but two of the tribal IV-E development grantees and had plans to visit the remaining grantees. ACF officials reported that the visits have been helpful in establishing relationships with tribal officials, learning about the tribes' government structures, and providing a greater understanding of what it means to run a title IV-E program on tribal lands. ACF also has regular monthly phone calls with development grantees, among other activities, to build relationships. ACF headquarters officials also reported holding some staff training related to working with tribal nations. For example, ACF reported holding a cross training in July 2014 with the HHS Office of Family Assistance, and BIA's Chief of Social Services on BIA child welfare services.[38]

[36]See, e.g., 42 U.S.C. § 2000e(b).

[37]U.S. Department of Health and Human Services, Children's Bureau, Administration for Children and Families. Tribal Evaluation Workgroup, *A Roadmap for Collaborative and Effective Evaluation in Tribal Communities* (Washington, D.C.: September 2013).

[38]The HHS Office of Family Assistance administers the Tribal TANF program.

HHS Does Not Have Procedures in Place to Ensure Consistent Guidance or Timely Reviews of Draft Title IV-E Plans

Although HHS regional staff are the primary technical assistance providers for tribes, we found that some guidance and relevant HHS regulations were not in place at the time they began assisting tribes with their title IV-E plans. The Fostering Connections Act authorized HHS to begin providing title IV-E development grants to tribes in 2009; however, ACF issued tribal title IV-E guidance for HHS staff and tribes over several years. Federal standards for internal control state that relevant information should be identified and distributed in a form and time frame that allows staff to perform their duties.[39] Regional officials had to begin assisting the first groups of tribal IV-E development grantees without some of this guidance in place. For example, specific guidance on how to develop a CAM was not finalized until the first group of grantees was 14 months into the 24-month award period. Similarly, HHS's interim final rule implementing the tribal title IV-E program was issued after the first two grantee groups had completed the majority of their award periods.[40]

While ACF has developed, over time, additional title IV-E guidance for regional offices to use as they work with tribes, it has not developed procedures to ensure that the guidance is consistent across all HHS regional offices. ACF officials said the title IV-E pre-print document is the regional officials' primary source for information on program requirements and how HHS ensures consistent interpretation of program requirements across offices. While the pre-print document lists all title IV-E requirements, it does not provide examples of tribal codes or administrative regulations that would meet those requirements. Regional staff may use their discretion to determine what is allowable in a tribe's plan. A senior ACF official acknowledged that some regional officials may interpret title IV-E requirements differently than others. Regional officials have the option to send questions that emerge from tribal-regional office discussions to headquarters for resolution. ACF headquarters officials said they forward any resulting clarifications that are important for all tribes to all regional offices for their use in future discussions with tribes.

Despite these efforts by ACF, officials from 6 of the 11 tribes developing title IV-E plans we spoke with told us that they received inconsistent guidance from HHS regional officials while developing their plans. For

[39]GAO, *Standards for Internal Control in the Federal Government*, AIMD-00-21.3.1 (Washington, D.C.: November 1999).

[40]Tribal Child Welfare, 77 Fed. Reg. 896 (Jan. 6, 2012).

example, officials from one tribe said they received conflicting information from HHS regional staff regarding a word the tribe could use—other than "termination"—to address title IV-E's termination of parental rights requirements in a way more aligned with their cultural values. These officials also said that participating in title IV-E peer-to-peer consultations with other tribes—an activity encouraged and sponsored by HHS—can be frustrating because regional offices have provided tribes with different information. Representatives from another tribe said they began tracking the information received from their HHS regional office because staff provided conflicting guidance on the same issues over time. These tribal officials recommended that HHS provide the same guidance to tribes regardless of their location and create a threshold for what is minimally acceptable for meeting title IV-E requirements, such as providing an example of documentation that would satisfy the termination of parental rights requirement. Two grantees from our conference discussion groups also reported receiving different responses to the same questions from officials within the same HHS regional office. ACF officials told us tribes can contact headquarters staff if they receive conflicting information from their regional office.

Child welfare experts we spoke to and two studies we reviewed also identified inconsistent guidance from HHS staff as a challenge for tribes. The two experts we interviewed said such inconsistencies made it difficult for tribes to develop title IV-E programs. One expert said inconsistencies and delays in receiving information have frustrated and discouraged some tribes that are in the process of developing their title IV-E programs. In addition, a 2013 study that we reviewed concluded that consistent interpretation of federal law and guidance is critical for tribes to develop approvable title IV-E plans.[41] Another study we reviewed recommended that in order to address ambiguities and inconsistent interpretation in tribal IV-E policies and regulations, there should be explicit models, guidelines, and tools for tribes and HHS to use while developing title IV-E plans.[42] According to ACF officials, they have not provided tribes or

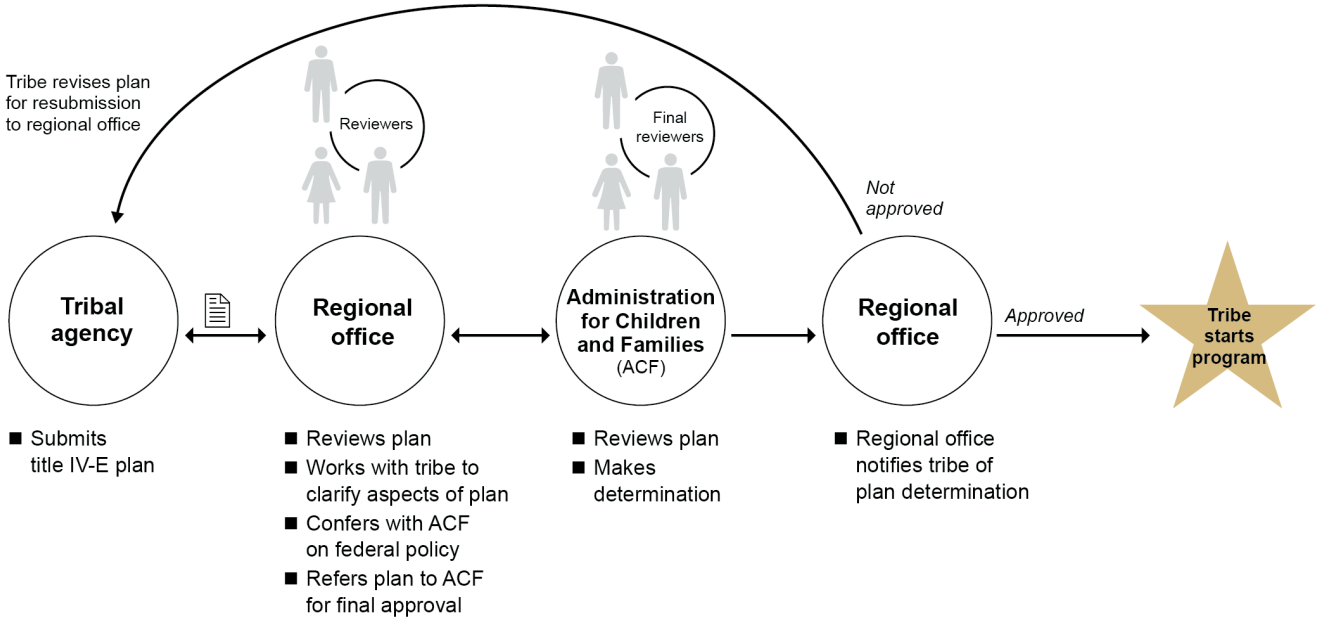
[41]David Simmons and Madelyn Freundlich, *Tribal Implementation and the Fostering Connections Act* (FosteringConnections.org Project, February 2013).

[42]Lyscha Marcynyszyn, Hildegarde Ayer, and Peter Pecora, *American Indian Title IV-E Application Planning Process: Tribal Progress, Challenges, and Recommendations*. (Seattle, WA: Casey Family Programs, September 2012). The results of this study may not be representative of the population of all tribes.

regional office staff with examples because the language in the examples for one tribe may not be appropriate for all tribes.

We also found that ACF does not have procedures in place to ensure timely reviews of submitted draft title IV-E plans. The tribal title IV-E regulations established a process and timeline for the review of final title IV-E plans (see fig. 6 for process for review of final title IV-E plans).

Figure 6: HHS Process for Reviewing Final Tribal Title IV-E Plans



Source: 77 Fed. Reg. 896 (Jan. 6, 2012) and Department of Health and Human Services (HHS) documentation. | GAO-15-273

Notes: The process depicted in the figure is for the review of final title IV-E plans. HHS regulations provide that after a tribe submits a title IV-E plan to the HHS regional office for approval, the agency shall make a determination (i.e., approval or denial) within 45 days. 45 C.F.R. § 1356.20(c)(6). According to HHS, this regulatory timeframe only applies to the final title IV-E plans submitted by tribes. Final title IV-E plans are defined by HHS as those approved for submission by the tribal chairman or council or other leaders designated by the tribe, which includes all assurances and certifications, signed by the appropriate tribal leaders; the title IV-E pre-print (or other format if the tribe chooses) with all sections completed showing where in tribal policy or procedures each title IV-E requirement is met; and all supporting documentation.

In contrast, no similar process exists for the review of draft title IV-E plans. Before submitting a final IV-E plan to HHS for review, tribes submit draft plans to their regional HHS offices, whose staff then work with the tribe to finalize the plan. However, ACF has not set any expectations for regional office staff on the amount of time they should spend reviewing draft title IV-E plans. A senior ACF official explained that the agency does

not provide expected timeframes for regional office reviews of draft plans and that there is not any limitation on the amount of time staff can spend reviewing the plans. Federal standards for internal control state that information should be recorded and communicated within a timeframe that enables relevant entities to carry out their responsibilities. Given HHS's goal of approving more tribal title IV-E plans, a lack of draft IV-E plan review timeframes for its staff could continue to result in long tribal IV-E plan development and review periods.

HHS's process for reviewing and working with tribes to finalize title IV-E plans is iterative, meaning there are many discussions between tribes and their regional office to revise the draft IV-E plan and ensure it meets program requirements before it is finalized. We examined HHS documentation for the five tribes with approved title IV-E plans. We found it took from 5 to 33 months to finalize and approve the tribes' title IV-E plans after they submitted their draft plans to HHS (at the end of the 24-month initial development grant period).[43]

While HHS's iterative process for reviewing draft IV-E plans worked well for some tribes, others reported challenges with the timeliness of these reviews. A representative for one tribe that had submitted its title IV-E plan for review said the tribe's HHS regional office returned draft plan sections in plenty of time for the tribe to make revisions. However, officials from four tribes we interviewed and two additional conference attendees, all of whom had submitted their title IV-E plans, reported untimely reviews by their HHS regional office. One tribal official said the tribe expected a response from its HHS regional office within 45 to 60 days, based on prior federal program experience, but no review timeframe was communicated by HHS regional officials and the tribe had to wait approximately three months for a response. This official estimated that the review process was extended by at least 6 months due to HHS regional office delays. Officials from two additional tribes also noted that HHS regional offices did not provide updates on their plans after submission and they had to follow-up with HHS in order to learn the

[43]The review process to finalize and approve the five tribes' title IV-E plans took a median of 28 months. One tribe received HHS approval for its title IV-E plan without a title IV-E development grant and another tribe submitted a draft title IV-E plan before the end of its development grant period. To calculate the number of months it took for these tribes to finalize and receive approval for their IV-E plan, we used the tribes' first draft submission to their HHS regional office as the starting date.

status of their plan. Some tribal officials said delays in HHS regional office responses cost additional tribal staff time, which strained their limited staff and resources. ACF officials reported, however, that certain tribal actions taken to address HHS revisions can result in delays. These include responding to HHS's suggested changes, scheduling meetings, and coordinating with states.

Conclusions

While the Fostering Connections Act provided a new opportunity for tribes to access federal child welfare funding for the care of their children, the act also required tribes to meet title IV-E's complex program requirements which were originally designed for states. Given existing tribal resource constraints, many tribes have faced challenges in developing approvable title IV-E plans. These challenges have been further complicated by inconsistent guidance from HHS. Ensuring consistent guidance on tribal title IV-E requirements across all HHS offices could help the agency more effectively communicate program requirements to tribes and support tribes in developing their title IV-E plans. While some tribes received timely title IV-E draft plan reviews, others did not, in part because HHS has not provided its regional office staff with expected timeframes for reviewing draft title IV-E plans. Establishing procedures to ensure timely reviews could improve relationships with tribes and promote a smoother process for tribes developing their plans. These changes would also support HHS's strategic goals of approving more tribal title IV-E plans. Without improvements in the consistency of HHS guidance and timeliness of title IV-E plan reviews, tribes may continue to have limited direct access to child welfare program funding, hindering tribes' ability to take advantage of this opportunity to exercise tribal sovereignty over their foster care programs. In addition, given tribes' resource constraints, the complexities of title IV-E's statutory requirements and HHS's limited authority to modify them, the agency could benefit from considering, in consultation with tribes, if flexibilities in program requirements would help more tribes develop successful title IV-E plans without compromising requirements that children be placed in safe and stable environments. Both HHS and tribes are committed to ensuring that tribal children in foster care are well cared for, and a collaborative approach to considering flexibilities in program requirements would help maintain that goal.

Recommendations for Executive Action

To help enhance tribes' participation in the title IV-E program, the Secretary of Health and Human Services, in consultation with tribes, should take steps to consider whether additional flexibilities in program requirements would be helpful for tribes in developing title IV-E plans,

while also maintaining safe and stable out-of-home care for children. If HHS determines, as part of this process, that statutory changes are necessary to implement these flexibilities, it should develop and submit an appropriate legislative proposal to Congress.

To improve the consistency of assistance provided to tribes, the Secretary of Health and Human Services should take steps to provide consistent title IV-E guidance to tribes across its regional offices.

To improve the timeliness of assistance provided to tribes, the Secretary of Health and Human Services should establish procedures to ensure reviews of draft title IV-E plans are conducted by regional office staff in a timely manner.

Agency Comments and Our Evaluation

We provided a draft of this report to HHS for review and comment. HHS provided written comments that are reproduced in appendix II. HHS also provided technical comments that we incorporated, as appropriate.

HHS concurred with our recommendation that the agency, in consultation with tribes, consider whether additional flexibilities in title IV-E program requirements would enable more tribes to participate in the program. HHS noted the importance of continuing to engage in tribal consultation around programs and policies affecting tribal child welfare services. According to HHS, if it determines that legislative changes are necessary to facilitate greater tribal participation in title IV-E, the agency plans to consider developing legislative proposals, in the context of existing procedures for the development of the President's budget.

HHS also concurred with our recommendation that the agency take steps to provide consistent title IV-E guidance to tribes across its regional offices. The agency noted that it has taken an initial step to improve consistency. Specifically, HHS stated that it plans to hire a tribal coordinator to work in the office of the Associate Commissioner of the Children's Bureau at ACF to help ensure greater consistency by facilitating additional communication across HHS regional office staff and among tribes. In addition, HHS commented that reported inconsistencies may be related to differing circumstances between grantees rather than differing interpretations of federal policy. HHS noted that this further reinforces the need to have clear and effective communications with HHS staff and with tribal officials.

With regard to our third recommended action, HHS agreed that it is important to provide timely feedback to development grantees and noted that the department currently provides feedback through a variety of communication methods. However, the department did not agree that procedures were needed to ensure the timely review of draft title IV-E plans at this time. The department acknowledged that the agency has not established firm timeframes for working with states or tribes during the development phase. HHS believes that it is not possible to respond to tribes' draft IV-E plan submissions within a specific timeframe given the lack of consistency in materials received from tribal grantees, and HHS reported establishing a protocol for conducting monthly calls with development grantees to provide feedback and respond to questions.

We maintain that establishing procedures, including but not limited to timeframes for responses, would help ensure that tribes receive timely feedback from regional offices regarding their draft title IV-E plans. This is because we found that of the five tribes with approved title IV-E plans, it took a median of 28 months to finalize and approve their title IV-E plans after submitting a draft to HHS. We noted in the report that HHS has an iterative process for reviewing draft title IV-E plans and that certain tribal actions taken to address HHS revisions, such as scheduling meetings and coordinating with states, can result in delays. We also noted that while this iterative review process worked well for some tribes, others reported challenges with the timeliness of these reviews. For example, officials from two tribes told us that HHS regional offices did not provide updates on their plans after submission and that they had to follow-up with HHS to learn the status of their plan. HHS's plan to hire a tribal coordinator along with continuing to conduct monthly conference calls with development grantees are positive steps towards improving communication across the regions and with tribes. However, twelve tribes currently have draft title IV-E plans under review and it will be increasingly important to have procedures in place to ensure timely reviews by regional office staff as additional tribes submit plans each year.

We are sending copies of this report to the Secretary of Health and Human Services and interested congressional committees. In addition, the report is available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or brownke@gao.gov. Contact points for our

Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.

Kay E. Brown

Kay E. Brown
Director, Education, Workforce, and Income Security Issues

List of Requesters

The Honorable Sander Levin
Ranking Member
Committee on Ways and Means
House of Representatives

The Honorable Lloyd Doggett
Ranking Member
Subcommittee on Human Resources
Committee on Ways and Means
House of Representatives

The Honorable Jim McDermott
Ranking Member
Subcommittee on Health
Committee on Ways and Means
House of Representatives

Appendix I: Objectives, Scope, and Methodology

This report examines: (1) the obstacles facing tribes interested in directly operating a title IV-E program and (2) how HHS assisted interested tribes. To address our objectives we conducted interviews with officials of tribes and federal agencies, and child welfare experts. We interviewed representatives from 17 federally recognized tribes and tribal consortia in Alaska, Arizona, California, Michigan, Montana, Oklahoma, and Washington. Tribes in these states were selected to achieve variation in how far along the tribe was in developing a title IV-E program and size of the tribe. These 17 tribes are located in five different HHS regions. Our tribal interviewees included representatives of 10 tribes that received a title IV-E development grant and one tribe that is approved to operate the program, but did not receive a development grant.[1] In the report, we referred to this group as the 11 tribes we interviewed that are developing title IV-E plans. The group of 11 tribes also included four of the five tribes with approved title IV-E plans. In addition, we interviewed six tribes that expressed interest initially but have not sought approval to operate a title IV-E program. We also convened two discussion groups with tribes. One discussion group was held at the National Indian Child Welfare Association annual conference in April 2014 and the other was held at the Casey Family Programs Tribal Title IV-E Development Plan Grantee Convening in May 2014. Our discussion groups were advertised in the agendas for these events and all tribes in attendance at these events were invited to participate. In total, representatives of 19 tribes participated in the two discussion groups. Of the 19 tribes represented in our two discussion groups, six tribes participated in both discussion groups. We interviewed eight of these 19 tribes individually based on our aforementioned selection criteria, and 12 of these tribes received title IV-E development grants. The information obtained in our interviews and discussion groups with tribes is not generalizable, but provides examples of tribes' experiences with developing title IV-E programs and obtaining related HHS technical assistance.

We interviewed officials from HHS's Administration for Children and Families (ACF), including the nine regional offices that provide technical assistance to federally recognized tribes and the fiscal year 2010-2014 HHS-funded tribal resource center. We also interviewed Social Services program staff at the Department of the Interior Bureau of Indian Affairs (BIA). In addition to conducting interviews, to help determine HHS's role

[1]Tribes can submit title IV-E plans to HHS for approval without receiving a development grant.

with regards to tribal title IV-E programs, we reviewed relevant federal laws, regulations, HHS guidance from January 2008 to November 2014, and federal standards for internal control. We also reviewed ACF's strategic plan and the Interim Final Rule implementing the tribal title IV-E program.[2]

We conducted key word searches of various databases, such as ProQuest and EconLit, to identify peer-reviewed journal articles, association publications, and government reports published from January 2008 to May 2014 on tribes' experiences with the title IV-E program. We identified additional studies related to tribal title IV-E on the National Child Welfare Resource Center for Tribes' website. Five studies we identified during this literature review are included in this report. In addition, we interviewed five child welfare experts. We interviewed these experts because they had researched and published studies on tribal child welfare issues related to the title IV-E program. Some of these experts were identified via the review of studies described above.

We analyzed all semi-annual progress reports submitted to HHS from March 2010 through March 2014 for the 21 tribes awarded grants from fiscal year 2009 through fiscal year 2013.[3] We reported our analysis for the 11 tribes that were awarded grants from fiscal year 2009 through fiscal year 2011 because these tribes have completed their grant period. Development grantees self-report to HHS the progress made in developing their title IV-E programs in each semi-annual progress report, using the SF-PPR, Performance Progress Report. HHS has published overall guidance on the grants through its Grants Policy Statement. Each tribe submitted between one and seven progress reports depending on when it received the title IV-E development grant from HHS. For example, the 11 tribes that were awarded grants in fiscal year 2009 through fiscal year 2011 submitted between four and seven progress reports. We confirmed that each development grantee submitted a complete set of required progress reports.

[2]Tribal Child Welfare, 77 Fed. Reg. 896 (Jan. 6, 2012).

[3]Although 22 tribes were awarded grants from fiscal year 2009 through fiscal year 2013, one tribe initially submitted progress reports, but ultimately returned the grant funds to HHS. We excluded this last tribe from our progress report review. The five tribes awarded development grants on September 30, 2014 (fiscal year 2014 grantees) were also not included in our review.

To analyze the progress reports, we defined a list of activities tribes may engage in as they work on the title IV-E plan based on the program's requirements as outlined in the title IV-E pre-print and our interviews with tribes and HHS. Two analysts independently reviewed a sample of the progress reports using those definitions. Based on that review we refined and finalized the list of potential title IV-E program development activities. One analyst then independently analyzed the entire set of progress reports using the final categories. Tribes were counted as having engaged in an activity if an example of the activity was in at least one progress report. A second analyst reviewed and verified each of the progress reports and associated counts. Since the progress reports included sections for the tribes to describe accomplishments and problems they encountered while developing a title IV-E plan, our analysis was also used to identify obstacles the tribes faced and examples of their experiences using HHS assistance. However, the tribes' self-reported data has limitations, including being subject to inaccuracies, containing differing definitions of activities, recall errors, or choosing to selectively describe some activities over others which would affect the accuracy of our coding of activities. In addition, according to an HHS official, tribes were instructed to report on all progress made in developing title IV-E programs. As a result, it is possible that tribes used other funds in addition to those provided via the IV-E development grant to complete the activities described in their progress reports. While we did not attempt to verify the accuracy of the progress reports, we did check for internal inconsistencies or illogical content during the course of our review. In addition, while self-reporting errors may affect the accuracy of the content of individual reports, we focused on tribes that had submitted at least four progress reports and the coding we used to identify activities was based on whether there was at least one instance of an activity such as hiring personnel or developing specific procedures in any of the completed progress reports. Allowing for an activity to be reported across any of the reports may reduce some inaccuracies, such as errors associated with recall bias. We determined that the progress reports were sufficient enough to provide a general description of the activities undertaken by tribal development grantees to help establish their title IV-E programs.

Appendix II: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

JAN 30 2015

Kay E Brown, Director
Education, Workforce, and
Income Security Issues
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Brown:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Foster Care: HHS Needs to Improve the Consistency and Timeliness of Assistance to Tribes*" (GAO-15-273).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Jim R. Esquea
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: FOSTER CARE: HHS NEEDS TO IMPROVE THE CONSISTENCY AND TIMELINESS OF ASSISTANCE TO TRIBES (GAO-15-273)

The U.S. Department of Health and Human Services (HHS) appreciates the Government Accountability Office (GAO) for the opportunity to review and comment on this draft report.

As GAO's report notes, the title IV-E Foster Care, Adoption Assistance and Guardianship Program is a complex program with many requirements, including some in tension with cultural values. The statutory authority that opened the program to direct operation by Indian Tribes specified that, with a few narrow exceptions, requirements had to be applied to tribes in the same manner that they are applied to states. Tribes seeking to begin direct operation of their own title IV-E programs have come to the work with different degrees of readiness. Many tribes seeking to develop a title IV-E program have faced additional challenges, including resource constraints and frequent staff turnover. HHS has also faced challenges, including timelines and resource constraints that required us to begin working with tribes on developing title IV-E plans before all relevant policies could be put in place and without the addition of new staff to support the substantial workload involved. Given the many challenges on both sides, we understand that some tribal representatives have felt frustrated and the GAO report gives voice to many of these frustrations.

We are concerned, however, that the report paints an overly negative view of the work HHS has done in partnership with tribes. While these first years of implementation have been a learning experience for both HHS and the tribes, we point out that five tribes are approved to operate the title IV-E program and many others are positioned to be able to do so in the coming years. This accomplishment is directly attributed to the constructive working relationships HHS has established with the tribes seeking to operate the title IV-E program. Hundreds of hours of technical assistance have been provided to tribes by HHS thus far. We are committed to working with every tribe interested in operating the program to support them through the plan approval process and in their implementation of the program.

GAO Recommendation 1

To help enhance tribes' participation in the title IV-E program, the Secretary of Health and Human Services, in consultation with tribes, should take steps to consider whether additional flexibilities in program requirements would be helpful for tribes in developing title IV-E plans, while also maintaining safe and stable out-of-home care for children. If HHS determines, as part of this process, that statutory changes are necessary to implement these flexibilities, it should develop and submit an appropriate legislative proposal to Congress.

HHS Response 1

HHS concurs that it is important to continue to engage in ongoing tribal consultation around Federal programs and policies affecting tribal child welfare services, including tribal participation in the title IV-E program. To the extent that we, in consultation with tribes, determine that legislative changes are necessary to facilitate greater participation in the title IV-E program, we will consider developing legislative proposals, in the context of existing procedures for the development of the President's budget.

GAO Recommendation 2

1

To improve the consistency of assistance provided to tribes, the Secretary of Health and Human Services should take steps to provide consistent title IV-E guidance is provided to tribes across its regional offices.

HHS Response 2

HHS concurs that it is important to provide consistent title IV-E guidance to tribes. As GAO notes in its report, consistency in the interpretation, communication, and implementation of federal law, regulation, and policy is a goal HHS strives for on an ongoing basis. We are a learning organization, and as such, we assess our operations to identify the need and opportunity to make improvements and will continue to do so. GAO notes some of the strategies we employ to ensure consistency across regional offices such as the use of standard forms and templates and the opportunity to elevate decisions up the Children's Bureau chain of command when there are concerns.

One specific additional step we are taking is hiring a tribal coordinator who will work in the office of the Associate Commissioner of the Children's Bureau. One of the coordinator's primary functions will be to facilitate additional communication across the regions and with tribes to share experiences and information to ensure greater consistency and clarity.

It is important to note that we have expended significant effort to examine instances of reported inconsistencies so that we can implement strategies for ensuring consistency. It is our experience that what states or tribes perceive to be "inconsistencies" often stem from differing circumstances between grantees, rather than differing interpretation and implementation of federal policy. State and tribal grantees often compare responses they receive from HHS but are not aware of important differences in each other's circumstances and programs that result in the perception of inconsistencies in interpretation and application of federal rules. Each tribe's heritage, culture and governance structure are unique, and it is not uncommon for one seemingly small difference to change HHS's guidance from one tribe to another.

GAO's findings reinforce for us the need to work continuously on communication with grantees. We will continue to seek ways to ensure that we are communicating clearly and effectively, both within our own organization and with tribes.

GAO Recommendation 3

To improve timeliness of assistance provided to tribes, the Secretary of Health and Human Services should establish procedures to ensure reviews of draft title IV-E plans are conducted by regional office staff in a timely manner.

HHS Response 3

HHS concurs that it is important to provide timely feedback to grantees, however, we believe our existing procedures are sufficient to ensure the timely review of draft title IV-E plans at this time.

As GAO notes in its report, there are two distinct phases in obtaining approval of a title IV-E plan: development and submission for final approval. HHS does have policies and procedures for ensuring timely review and response in both phases. We appreciate this opportunity to provide greater clarity and explanation of the procedures we employ during the development phase.

2

Once a title IV-E plan is ready for final approval, meaning a complete plan with all required signatures and certifications is submitted to the regional office, Federal regulations require a response within 45 days. Documentation submitted to GAO demonstrates that tribes received responses from ACF well within that time frame in every case.

GAO is correct that we have not established firm timeframes for working with states or tribes during the development phase. GAO correctly notes that the development process is iterative. States and tribes are encouraged to submit drafts or partial sections of plans and supporting documentation for ACF review. ACF expects staff to review and respond to submissions from state and tribal grantees in a timely manner. However, because there are no requirements or restraints on what is submitted to ACF for early review, there is no consistency with respect to volume, accuracy or completeness of what is submitted to the regional offices for review. From purely a management perspective, we do not think it is possible to accurately assign a specific time frame for response given the lack of consistency in what is received from grantees. Where we have established guidelines for submissions, we have established time frames for response as noted above. That is not the case, however, during the development phase.

Rather than assigning time frames for responses during the development phase, ACF has established a protocol for conducting monthly conference calls with development grantees to review tribal submissions, answer any questions the tribe may have, identify technical assistance needs, etc. In most cases, contact between regional offices and development grantees is more frequent than monthly, including communication by email, calls, and site visits. Thus, the feedback provided on draft plan submissions is only one aspect of the feedback provided to tribes.

As with the previous recommendation, GAO's report emphasizes the importance of on-going and improved communications. ACF is committed to developing strategies to improve communication with our grantees to address concerns related to responsiveness.

3

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Kay E. Brown, Director, (202) 512-7215 or brownke@gao.gov

Staff Acknowledgments

In addition to the contact named above, Elizabeth Morrison (Assistant Director), Andrea Dawson (Analyst-in-Charge), Maria Gaona, and Kwame Som-Pimpong made key contributions to this report. Also contributing to this report were Susan Aschoff, Susan Bernstein, Jennifer Cook, Sarah Cornetto, Pamela Davidson, Jeffery Malcolm, Jennifer McDonald, and Mimi Nguyen.

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