

**Tribal Self-Governance of
Health Care and Social Services Delivery Effectiveness
Evaluation Feasibility Study**

Revised Draft Tribal Matrix Report

Submitted to:

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I. OVERVIEW AND OBJECTIVES

Overview

The Tribal Self-Governance Evaluation Feasibility Study, being conducted by Westat, and its subcontractors, Project HOPE Center for Health Affairs and Kauffman and Associates, Inc., will provide the Office of the Assistant Secretary for Planning and Evaluation (OASPE) with background information and a detailed review of issues, data availability, and data systems that may affect the extent to which a rigorous and defensible evaluation of Tribal Self-Governance of Indian Health Service and other non-IHS programs can be conducted. While a number of assessments of Tribal Self-Governance programs have been conducted, these have been primarily qualitative in nature. OASPE is interested in determining the feasibility of conducting an evaluation that examines processes and program changes associated with successful Self-Governance programs, as well as quantitative impacts of Tribal Self-Governance on outcomes, including access to care, services, quality, costs, financial performance and resources, customer satisfaction, and program stability.

Objectives

As background for the Evaluation Feasibility Study, OASPE is interested in determining the extent to which Tribes are currently managing DHHS programs under self-governance compacts, contracts, and grants. The information on Tribes that are currently managing programs will provide background information for recruiting six Tribes to participate in the site visit component of the Evaluation Feasibility Study. The next section of this report provides background information and describes the scope of the Tribal Matrix task and discusses the methods used to develop the matrix. The final section of this report presents the Tribal Matrix.

II. BACKGROUND AND METHODS

Background

The Office of the Assistant Secretary for Planning and Evaluation conducted a study in 2001-2002, as directed by Congress (PL-106-260), to review all DHHS programs and identify those that would be feasible and appropriate to include in a Self-Governance Demonstration. OASPE's draft report on the Tribal Self-Governance Demonstration Feasibility Study (November 5, 2002) identified 11 DHHS programs that could be included in a DHHS Self-Governance Demonstration. The scope of this task includes identifying Tribes that are managing health programs under self-governance compacts, and those who are managing the 11 identified DHHS programs under contracts and grants. In addition to IHS programs, the 11 identified DHHS programs include:

- Administration on Aging
 - Grants for Native Americans
- Administration for Children and Families
 - Tribal Temporary Assistance for Needy Families
 - Low Income Home Energy Assistance
 - Community Services Block Grant
 - Child Care and Development Fund
 - Native Employment Works
 - Head Start
 - Child Welfare Services
 - Promoting Safe and Stable Families
 - Family Violence Prevention: Grants for Battered Women's Shelters
- Substance Abuse and Mental Health Services Administration
 - Targeted Capacity Expansion Grants

Currently, some Tribes are managing each of these programs under contractual arrangements or under competitively awarded grants. In addition, many Tribes are managing their health programs through self-governance compacts. The Tribes that are involved in self-governance compacts with IHS and/ or are managing the 11 DHHS programs listed above are the focus of the Tribal Matrix task.

Methods

The construction of the Tribal Matrix and identification of programs that are managed by each Tribe required: 1) identification of each federally-recognized Tribe (and of individual Alaska Native Tribes that participate in AN corporations); and 2) identification of data sources and individuals in the federal government that could provide information on Tribal management of the specific DHHS programs of interest.

Federally-recognized Tribes

A complete list of all federally-recognized Tribes was obtained from the Federal Register¹. This list was then cross-referenced with Indian Health Service information to match Alaska Native Tribes to Alaska Native Corporations and with other inter-Tribal organizations that may hold compacts, contracts, or grants as a consortium.

Sources of Data on Tribal Management of DHHS Programs

Project staff searched each DHHS program area website, as an initial step, to determine whether the program maintained a list of Tribal entities that hold contracts, grants, or compacts to manage specific programs. Then, direct telephone contacts were made with staff associated with each program area to verify the accuracy of information obtained from the website or to request information on Tribal management of programs.

¹ Federal Register, Department of the Interior, Bureau of Indian Affairs, Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs, Vol. 67, No. 134, July 12, 2002.

For several programs (5), the information required was maintained on the federal agencies' websites; information was provided by program staff for the remaining 7 programs. Below, we list the source of information on Tribal management for each program.

<u>Program</u>	<u>Source</u>	<u>Reflects FY</u>
SAMHSA	http://www.samhsa.gov/grants	2001
Community Services Block Grant	http://www.acf.dhhs.gov/programs	2001
Grants for Native Americans	Yvonne Jackson, Director, Office of American Indian, Alaska Native, And Native Hawaiian Programs, AoA	2002
Promoting Safe And Stable Families	Vicki Wright, Children's Bureau, DHHS/ACF/ACYF	2002
Low Income Home Energy Assistance For Needy Families	Charlotte Abney, Office of Community Services, DHHS/ACF	2003
Child Welfare Services	Vicki Wright, Children's Bureau, DHHS/ACF/ACYF	2002
Tribal TANF Programs	http://www.acf.dhhs.gov/programs/dts/	2002
Administration for Children and Families	Peter Thompson, Office of Grants Mgmt., DHHS/ACF/OA	2002
Native Employment Works	Ann Bowker, Office of Community Services, DHHS/ACF	2002
Child Care & Development Fund Grantees	Ginny Gorman, Child Care Bureau DHHS/ACF/ACYF http://www.nccic.org	2002
Head Start	http://www.acf.hhs.gov/programs	2002
I.H.S.	Ben Smith, Office of Tribal Self-Governance	2003

III. TRIBAL MATRIX

The Draft Tribal Matrix is presented in tabular form in this section. Tribal management of each program is indicated with an 'X' in the appropriate column. Tribal management of Indian Health Service health programs under self-governance compacts is indicated with an 'X' followed by the year that the self-governance compact was originally implemented.

The Matrix contains information only on Tribes with self-governance compacts. While some Tribes manage health programs under contracts, others manage only a subset of services under contract with IHS (e.g. substance abuse services, janitorial services) rather than contracting for full health program management. Because it was not feasible to obtain and analyze detailed information on each Tribe's contract with IHS, the information in the Tribal Matrix is limited to Tribes with self-governance compacts.

**APPENDIX:
BRIEF DESCRIPTIONS OF DHHS PROGRAMS
INCLUDED IN TRIBAL MATRIX**

TANF – Temporary Assistance for Needy Families

This program is available to all federally recognized tribes in the lower 48 states and 13 specified entities in Alaska. Tribes are not eligible for Supplemental funds and eligibility is based on ‘needy’ status through an unemployment or food stamp ‘trigger’. Beneficiary eligibility is determined by a plan devised with the State, Territory, or Tribe in accordance with the State or Tribal plan submitted to the Department of Health and Human Services (DHHS). Tribal plans are approved by DHHS and are awarded quarterly. Federal funds go directly to the State or Tribe and are distributed to beneficiaries accordingly. The annual ‘maintenance-of-effort’ (MOE) or reserve funding matching the federal commitment is required of States, Territories, and Tribes.

In fiscal year 2001, there were 34 Tribal TANF plans in place. Generally, families are allowed to receive assistance for a maximum period of five years, however, Tribes have the latitude to decide the length of time that beneficiaries may qualify for assistance.

(Information from Catalog of Federal Domestic Assistance, CFDA:93.558: Temporary Assistance for Needy Families, <http://aspe.hhs.gov/cfda/p93558.htm>)

Head Start

The Head Start Program is a comprehensive child development program for children ages 0-5, pregnant women, and their families. The purpose is to assist children from low-income families in readiness for school. The Head Start grantees and delegates provide services to children that include education, early childhood development, medical, dental, mental health, nutrition, and encouraging parent involvement. In addition, the program is responsive to each child and families need in reference to developmental needs, ethnic, cultural, and linguistic heritage.

The Head Start Program and the Indian Health Service have an intra-Agency agreement through 2002 to provide funding for the IHS-Head Start Program (AI/ANPB). The program provides technical assistance and training to 150 Head Start AI/ANPB grants funded in 27 states and linking them to I.H.S. and Tribal health services

LIHEAP – Low-Income Home Energy Assistance Program

This program is available to all federally- and state-recognized Tribal governments. Tribes that request it are entitled to direct funding. Funds are used to make payments directly to energy suppliers on behalf of beneficiaries for the purpose of meeting the cost of home energy. State and Tribal governments may use 10% of these funds for administration costs, 15% for residential weatherization (25% with a special waiver from DHHS) with the remaining balance used for payments to energy providers for heating and cooling. In times of natural disaster or other emergency, leveraging incentive funds under the Residential Energy Assistance Challenge Program (REACH) are available and have a budget amount of \$600,000,000. There is no State or Tribal matching fund requirement for participation with this grant program.

Beneficiaries qualify in Federal- and State-recognized Tribal governments by proving up to 150% of federal poverty level (FPL) or 60% State median income. The State or Tribes may set a lower percentage of FPL but cannot exceed 110% FPL.

(Information from Catalog of Federal Domestic Assistance 93.568 Low Income Energy Assistance, <http://www.cfda.gov/static/p93568.htm>)

CSBG - Community Service Block Grant

The purpose of this grant program is to reduce poverty and elevate low-income families and communities to a point of self-sufficiency from State and Federal assistance programs. This grant is authorized under the Social Security Act part A of Title IV. It provides that poverty reduction may occur under the following measures:

- Providing services and activities that have a measurable effect on poverty;
- Providing emergency services for basic needs to help reduce conditions of poverty such as starvation and malnutrition;
- To assist in networking and partnering with other governmental social service agencies and community action groups;
- To initiate action by the private sector to assist in the reduction of poverty;
- Providing activities to assist low-income participants, including elderly and poor, for the purpose of:
 - Securing employment;
 - Attaining adequate education;
 - Using income in a more efficient way;
 - Obtaining and maintaining adequate living quarters;
 - Making available emergency funds to help families and individuals meet immediate needs such as health services, food, housing, and employment-related assistance;
 - Assistance removing obstacles and solving problems that interfere with the achievement of self-sufficiency

- Participate more fully in communities
- Partner with other community programs and efforts that help achieve goal related to the war on poverty

These grants are available to all States. The grant is also available to all Tribes and Tribal organizations that are federally recognized. State-recognized Tribes and formally recognized tribes are also eligible. The beneficiary agency is a locally based nonprofit agency that provides services to low-income individuals and families. The Secretary of Health and Human Services determines the official poverty line. Individual and family beneficiaries must not exceed 125% FPL but the State may determine a different percentage rate no greater than 125%.

Information from CFDA 93.569 Community Service Block Grant (CSBG) <http://aspe.hhs.gov/p93569.htm>

Native Employment Works (NEW)

Through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Section 412 (a) (2), the purpose of NEW is to make work activities available. The only Tribes and Alaska Native organizations allowed to participate are those that operated the JOBS program in 1997. Funding available through 2002 is \$7.6 million dollars. The grantee determines eligibility, service population, service area, and work activities. The program is designed by the Tribal grantee for the Tribe's specific and unique needs. Grantees have the latitude to design the program for different categories of clients (e.g. teens, adults) and different types of activities (e.g. entrepreneurial training, training, job search) or work activities (e.g. on-the-job training) as long as it benefits the client by employment or achievement of self-sufficiency. The NEW program also allows for supportive and job retention services for its clients such as transportation, child care, traditional or cultural work related services, and other work or family self-sufficiency related expenses deemed necessary by the Tribal grantee.

Information from, <http://www.acf.hhs.gov/programs/dts/jobhome.htm>

Child Care and Development Fund (CCDF)

CCDF is funded through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193 that assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education.

The Child Care and Development Funds are available to federally recognized Tribes which have at least 50 children under the age of 13 within their population. Tribes that do not have that many children may consolidate with other tribes to become eligible. In

Alaska, only the Metlakatla Indian Community of the Annette Islands Reserve and the 12 Alaska Native Regional Nonprofit Corporations are eligible to receive CCDF funds.

Information from the Child Care Bureau, <http://www.acf.hhs.gov/programs/ccb/geninfo/index.htm>

Child Welfare Programs

The Child Welfare Program is for the purpose of keeping families together by improving child welfare services. The State provides preventive intervention so children will not have to be removed from their homes, for development of alternative placement such as foster care or adoption if the children cannot remain in the home, and for reunification so children can return to their homes.

Funding is made available through the Social Security Act to States and Indian Tribes. To be eligible for funding, States must make assurances that it will implement the following protections for children:

- Conduct an inventory of all children in foster care for at least six months;
- Establish an information system for all children in foster care;
- Conduct periodic case reviews of all foster children;
- Provide due process protections for families; and
- Conduct in-home and permanent placement service programs, including preventative and reunification services.

Small amounts of the basic grant monies are available to Tribes and Tribal organizations that meet these requirements.

Information from the Children's Bureau, <http://www.acf/hhs.gov/programs/cb/programs/4bcwsp1.htm>

Promoting Safe and Stable Families

The purpose of this program is to fund community-based family support services that promote the safety and well-being of children and families. Family functioning and child development are two avenues used to reach this objective. Services to preserve families at risk include:

- Reunification and adoption services
- Pre-placement/preventive services
- Follow-up services after return of children from foster care
- Respite care
- Services designed to improve parenting skills
- Infant safe havens

- Funding for time-limited family reunification services
- Funding of adoption promotion when adoption is in the best interest of the child

Beneficiaries must need services to assist them to stabilize their lives, strengthen family functioning, prevent out-of-home placement of children, enhance child development, increase competence in parenting abilities, facilitate timely reunification of the child and to promote appropriate adoptions. States, Territories, and Indian Tribes are eligible for funding and must provide the department with a 5-year State plan. There were 127 grants awarded in 2001, which is close to the anticipated number for 2002 and 2003. State allotments are based on the number of children who receive food stamps. Allotments to Indian Tribes are based on a percent set aside of the total appropriation in each fiscal year and computed based on the number of children in the Tribe compared to the total number of children in eligible Indian Tribes. Grants will not be made to a Tribe if the Tribe's allotment is less than \$10,000.

Information from CFDA 93.556: Promoting Safe and Stable Families, <http://aspe.hhs.gov/cfda/P93556.htm>

Family Violence Prevention and Services/Grants for Battered Women's Shelters: Grants to States and Indian Tribes

This funding is used to assist States and Indian Tribes in the prevention of family violence and the provision of immediate shelter and related assistance for victims of family violence and their dependents. In 2001, 225 grants were made to States and Indian Tribes. The funds were used for immediate shelter and related assistance. The funds were also used for shelters in rural/underserved areas, special programs for children of victims of family violence, support for public awareness programs to break the cycle of violence, and demonstration of service models that address elder abuse. These same services will be available for fiscal years 2002 – 2003. States and Indian Tribes may not impose an income eligibility standard on individuals receiving services supported by funds appropriated under this Act and Federal funds.

Information from the CFDA 93.671: Family Violence Prevention, <http://aspe.hhs.gov/cfda/P93671.htm>

Administration on Aging: Grants for Native Americans

The Administration on Aging provides grants to Tribes for Nutrition and Support Services for elders. At present, there are 243 competitively awarded grants that provide services to about 325-350 Tribes. These grants provide congregate meals and delivery of meals to homebound elders on Tribal lands. Most Tribes also provide some transportation services to elders. Some provide home health services to assist elders who have disabilities and other support and assistance services (e.g. daily telephone or in-person visits to be sure homebound elders are all right). The program also permits meals to be delivered to people with disabilities who are not 'elders.' The AoA also administers

Title VI, Part C, which provides family caregiver support services (the Tribe must have a Part A grant to be eligible for Part C). There are 178 Tribal Part C grants.

Substance Abuse and Mental Health Services Administration: Targeted Capacity Expansion Grants

The Targeted Capacity Expansion Grant program is intended to fund innovative collaborations among community organizations to address unmet needs for mental health and substance abuse prevention and treatment. The Grant program is not specifically targeted to Tribes and Tribal organizations and applications are approved on a competitive basis.