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INFORMATION MEMORANDUM

TO: State and Tribal Agencies Administering or Supervising the Administration of Title IV-E and/or Title IV-B of the Social Security Act

SUBJECT: Allowable flexibilities related to adaptations of evidence-based programs in the title IV-E prevention services program for tribal communities

LEGAL AND RELATED REFERENCES: Titles IV-B and IV-E of the Social Security Act (the Act), Family First Prevention Services Act (FFPSA)

PURPOSE: To clarify how allowable adaptations to evidence-based programs and services that have been rated by the Title IV-E Prevention Services Clearinghouse can be used to provide flexibility for tribal communities under state title IV-E prevention programs, and to encourage state IV-E agencies to identify with tribes which services will be most helpful and to work with tribes to make allowable adaptations to services that will be responsive to tribal culture.

BACKGROUND: The need for prevention services in Indian country is acute as Native children are the most overrepresented minority population in foster care in the United States. Nationally native children are 3 times more likely to enter foster care than white children. Native communities have been among the hardest hit by the pandemic nationally and are suffering disproportionately with illness, mortality rates and economic distress. All heighten the need and urgency for prevention services in Indian country.

FFPSA authorized new optional title IV-E funding for time-limited (one year) prevention services for mental health/substance abuse and in-home parent skill-based training programs for: 1) a child who is a candidate for foster care (as defined in section 475(13) of the Act), 2) pregnant/parenting foster youth, and 3) the parents/kin caregivers of those children and youth (sections 471(e), 474(a)(6), and 475(13) of the Act).

This optional funding is authorized for title IV-E agencies that are administering or supervising the administration of a title IV-E program under section 471(a) of the Act. For state title IV-E agencies, title IV-E prevention services must be rated as promising, supported, or well-supported in accordance with HHS criteria and be approved by HHS (section 471(e)(4)(C) of the Act) as part of the Title IV-E Prevention Services Clearinghouse (the Clearinghouse) (section 476(d)(2) of the Act). In contrast, the law permits tribal title IV-E agencies to provide prevention services and programs that are adapted to the culture and context of the tribal communities served. Therefore, tribal title IV-E agencies are not required to use programs that are rated by the Title IV-E Prevention Services Clearinghouse as meeting the evidence-based practice criteria ratings of promising, supported, or well-supported for prevention services ([ACYF-CB-PI-18-10](#)).

Tribes that do not operate a title IV-E program directly under section 479B of the Act, but instead operate part of the title IV-E program pursuant to an agreement with a title IV-E agency under section 472(a)(2)(B)(ii) of the Act must meet all requirements applicable to the title IV-E agency's title IV-E prevention program. The exception that allows tribal title IV-E agencies to provide prevention services and programs that are adapted to the culture of the tribe without meeting the evidence-based rating criteria, do not apply to state title IV-E agency prevention services program plans, including tribes operating under a title IV-E agreement.

While these services must meet the title IV-E prevention evidence requirements, a state title IV-E agency has the opportunity to better address the needs of families served under title IV-E agreement with a tribe through allowable cultural adaptations to those services that do not substantially alter the version of the service upon which the evidence was built.

This IM shares information about these types of adaptations to Clearinghouse-approved service, and the importance of consultation and coordination between IV-E agencies and tribes operating under an agreement with a title IV-E agency to determine when making minor adaptations of an evidence-based program will better meet the needs of tribal communities.

INFORMATION

I. Opportunities for implementation flexibilities using eligible cultural program adaptations to better serve tribal families:

Title IV-E of the Act requires state title IV-E agencies applying to operate a title IV-E prevention program to identify in the program plan specific promising, supported, or well-supported practices the state agency plans to use¹. Many programs and services have been adapted by a developer or provider (e.g., modified to address particular issues or populations).

¹ Tribal title IV-E agencies are not required to meet these same practice criteria rated as promising, supported, or well-supported for prevention services (ACYF-CB-PI-18-10).

The Clearinghouse categorizes adaptations or modifications as substantial or eligible. Detail on these categorizations is outlined below.

Programs or services with substantial adaptations or modifications

The Title IV-E Prevention Services Clearinghouse reviews each adaptation to determine if the program or service has been ‘substantially’ modified or adapted from the version that has been selected for review in accordance with the Clearinghouse [Handbook of Standards and Procedures](#). When programs and services identified by the Title IV-E Prevention Services Clearinghouse have multiple substantial adaptations or multiple treatment manuals, each is reviewed and rated as a separate program or service. For example, a change to a program or service’s enrollment or eligibility criteria is a substantial adaptation subject to Clearinghouse review.

Programs or services with eligible adaptations

The [Handbook of Standards and Procedures](#), provides information on ‘eligible’ adaptations, i.e., adaptations that have not substantially modified or adapted the program or service from the one selected for review. For example, if a program makes non-substantial changes to the session frequency or duration, this may be reviewed as part of the version that was selected for review, rather than reviewed and rated separately as a substantially adapted or modified version.

Exhibit 4.1 below provides examples of eligible adaptations and substantial adaptations or modifications.

Exhibit 4.1.

Eligible Adaptations	Substantial Adaptations that Result in Different Program or Service
<ul style="list-style-type: none"> • Making relatively minor changes to session frequency or duration • Delivering the intervention in the home compared to office-based delivery • Making small changes to increase the cultural relevancy of the intervention (e.g., changing examples to match the cultural background of subjects; providing the intervention in a different language) without changing program components • Delivering the program by slightly different types of professionals than described in the manual or original research on the program or service (e.g., 	<ul style="list-style-type: none"> • Changing from individual to group therapy • Adding any new modules or session content • Subtracting any modules or session content that was part of the original intervention • Radically changing content for different cultural groups, such as to reflect particular issues experienced by those groups • Delivery of the program by substantially different providers than described in the manual (e.g., using

Eligible Adaptations	Substantial Adaptations that Result in Different Program or Service
using social workers instead of counselors to deliver the program)	para-professionals instead of nurses to deliver the program)

Programs or services with substantial adaptations that result in a different program or service are not considered allowable for purposes of the title IV-E prevention services program. In order to be eligible for reimbursement, state IV-E agencies must implement the version of the program or service that has received an allowable rating by the Title IV-E Prevention Services Clearinghouse. Programs and services with ‘eligible’ adaptations (i.e., adaptations that have not substantially modified or adapted the program or service from the one selected for review) are allowable by the title IV-E prevention services program.

Allowable cultural adaptations to evidence-based programs can permit practitioners to address culturally specific target areas and build upon protective factors, while maintaining the integrity of the original program or service. These modest adaptations allow for incorporation of the clinician’s judgement and the community’s perspective in not only the selection of evidence-based programs and services, but in how the program or service is applied within the context of interactions with children and families. Adaptations that incorporate a culturally-appropriate approach to evidence-based programs have the potential to enhance community commitment to implementation, and increase the likelihood that the program will be sustained over time in American Indian and Alaskan Native (AI/AN) communities.²

² Walker, S., Whitener, R., Trupin, R., & Migliarini, N. (2013). American Indian Perspectives on Evidence-Based Practice Implementation: Results from a Statewide Tribal Mental Health Gathering. *Administration and Policy in Mental Health Services Research*, 42(1), 29-39.

II. Meeting the needs of tribal communities within the title IV-E prevention services program through cultural adaptations of services

AI/AN children and families often face challenges that negatively impact emotional-behavioral health and create difficulties in parenting. For example, AI/AN children are exposed to violent victimization at twice the rate of the general U.S. population³, and experience disproportionate poverty,⁴ substance abuse,⁵ mental health needs, and child maltreatment.⁶ These challenges have roots in historical oppression and cultural trauma due to cultural and physical separation from lands and tradition, the forced separation of families, and the aftermath of this forced removal on family instability and poverty.⁷

AI/AN children and families are also less likely to have access to effective services due to a lack of availability, experience disparities in effective engagement,⁸ and encounter challenges with the implementation and evaluation of evidence-based programs and services.⁹ Tribal communities are currently working towards addressing these barriers in a number of ways, ranging from supporting culturally-sensitive engagement, to adapting evidence-based programs and services.⁸

State title IV-E agencies have an opportunity through the IV-E prevention services program to leverage existing knowledge and expertise of tribal communities in developing comprehensive title IV-E prevention program plans. Through close consultation and coordination, prevention programs are more likely to align with the needs of tribal communities, highlight cultural norms and expectations, and strengthen formal and informal supports that can be mobilized on behalf of children and families.

III. Conclusion

The Children's Bureau strongly encourages state child welfare agencies to have conversations with tribes to determine which services are most needed, and to engage community leaders, tribal

³ Perry, S.W. 2004. *American Indians and Crime: A BJS Statistical Profile, 1992-2002*. NCJ 203097. Washington, DC: Bureau of Justice Statistics.

⁴ McCartney, G., Collins, C., & Mackenzie, M. (2013). What (or who) causes health inequalities: theories, evidence and implications? *Health Policy, 113*, 221-227.

⁵ SAMHSA. (2010). *Results from the 2009 national survey on drug use and health: Summary of national findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁶ Fox, K. (2003). Collecting data on the abuse and neglect of American Indian children. *Child Welfare, 82*(6), 707-726.

⁷ Lucero, E. (2011). From tradition to evidence: decolonization of the evidence-based practice system. *Journal of Psychoactive Drugs, 43*(4), 319-324.

⁸ Novins, D. K., Moore, L. A., Beals, J., Arons, G. A., Rieckmann, T., & Kaufman, C. E. (2012). A framework for conducting a national study of substance abuse treatment programs serving American Indian and Alaska Native communities. *American Journal of Drug and Alcohol Abuse, 38*(5), 518-522.

⁹ BigFoot, D. S. (2011). *The Process and Dissemination of Cultural Adaptations of evidence-based practices for American Indian and Alaska Native children and their families*. In M. C. Sarche, P. Spicer, P. Farrell, & H. E. Fitzgerald (Eds.), *Child psychology and mental health. American Indian and Alaska Native children and mental health: Development, context, prevention, and treatment* (p. 285-307). Praeger/ABC-CLIO.

partners, and service providers in the development of title IV-E prevention program plans that propose an array of services, including allowable cultural adaptations, that match the broad cultural and support needs of children and families.¹⁰ In planning for prevention services, cooperation and engagement of tribes is critical to developing a comprehensive prevention approach that will improve outcomes for children and families.

These collaborations have the potential to strengthen title IV-E agency’s prevention program plans as tribal leaders are well positioned to incorporate the strengths, resources, and available supports of their communities into planning for interventions that will meet the needs of their communities. Respecting traditions and involving tribal communities in the development of title IV-E prevention program plans serve to strengthen relationships, ensure more successful implementation of prevention programs and services, and, above all, improve outcomes for children and families.

Inquiries to: [Children’s Bureau Regional Program Managers](#)

/s/

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Disclaimer: Information Memoranda (IMs) provide information or recommendations to states, tribes, grantees, and others on a variety of child welfare issues. IMs do not establish requirements or supersede existing laws or official guidance

¹⁰ We remind state title IV-E agencies that a description of such consultation would be appropriate to include in meeting the title IV-E prevention program five-year plan consultation requirement in section 471(e)(5)(B)(iv) of the Act (“a description of the consultation that the state agencies responsible for administering the title IV-B and IV-E plan engage in with other agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for eligible children and their parents/kin caregivers”).