QIC-AG Initial Assessment

**Date of Meeting 1:** Click here to enter a date.

**Date of Meeting 2**: Click here to enter a date.

**STATE/COUNTY/TRIBE**: Click here to enter State/County/Tribe.

The information gathered during the initial assessment phase will be completed by the QIC-AG team in conjunction with the tribe.

## Organizational Demographics

Please complete the following:

1. **Name of primary contact person**: Click here to enter contact person.

**Agency/Department:** Click here to enter agency.

**Title:** Click here to enter title.

**Phone Number:** Click here to enter Phone Number. **e-mail:** Click here to enter email.

1. **Name of secondary contact person:** Click here to enter text.

**Agency/Department:** Click here to enter agency.

**Title:** Click here to enter title.

**E-Mail:** Click here to enter email. **Phone Number:** Click here to enter phone number.

1. **What is your service area? (narrative)**
2. **Describe your tribe’s organizational structure regarding child welfare services.**
3. **Identify the key stakeholders/entities for child welfare services.**
4. **Do you perceive any barriers to partnering if selected as a site?**
5. **Organizational Demographics Notes**:

## Population

1. **Table 1. Children in Foster Care- Please include the most recent data you have. Next to each item state the date that that the data reflects.**

|  |  |
| --- | --- |
| Per Tribe | Number of Children |
| A. Number of children in substitute care  | Click here to enter text. |
|  On reservation |  |
|  Off reservation |  |
|  B. Number of children awaiting an adoptive home:  | Click here to enter text. |
|  Describe how tribe defines when a child is awaiting an adoptive home.  | Click here to enter text. |
|  Children in pre-adoptive homes  | Click here to enter text. |
| C. Number of children in relative foster care  | Click here to enter text. |
| D. Children discharged from care |  |
|  Children discharged to relative custody | Click here to enter text. |
|  Children who exited care to adoption | Click here to enter text. |
|  Children who exited care to guardianship | Click here to enter text. |

1. **The table below reflects the number of children currently receiving an adoption or guardianship subsidy in your tribe.**

|  |  |
| --- | --- |
| Per Tribe  | Number of Children |
| **A. Total number of children receiving an adoption subsidy**  | Click here to enter the number of Children. |
| **B. Total number of children receiving a guardianship subsidy**  | Click here to enter the number of Children. |

1. **What process does the tribe have in place to identify potential families to care for children in need of a foster/adoptive/guardianship placement?**
2. **Are there barriers that the tribe encounters in finding homes?**
3. **Notes on Population**:

## Data Capacity

1. **Please explain the current state of the following data sources.**

There are several types of data that will be required. These data are required to be submitted. Each type of data is defined below. Following the definitions, please provide a response to the availability and quality of each source of data listed below. *Note: This can range, for instance, from “this is data that is currently being collected and can easily be shared with the QIC-AG” to “We do not currently collect these data, and need assistance in developing a data collection system”, or something in between.*

***A. Recertification/annual check-in*.** This is defined as the ability to reach (electronically or by mail) the subsidy population (all families receiving adoption or guardianship subsidies), and ask caregivers to respond to a series of questions about their experiences as an adoptive parent or legal guardian, and share that information with the QIC-AG. For this to occur, tribes will need current contact information for all adoptive parents and guardians in the subsidy population.

***Comment on availability and quality of these data:***

***B. AFCARS and NCANDS data***.

***Comment on availability and quality of these data:***

***C. Adoption and guardianship subsidy files*.** These files will contain a list of all children receiving an adoption or guardianship subsidy through the child welfare system. It should include the start and end dates of the subsidy payments, IDs necessary to link these data to the AFCARS data, and will be submitted on a regular basis.

***Comment on availability and quality of these data:***

***D. What type of data sets are available that provide information on children in foster care, adoptive homes, or guardianship homes. List the name of the agency/department that provides this data.***

***Comment on availability and quality of these data:***

**2**. **The QIC-AG is interested in what is known about disruptions, dissolutions, and children currently receiving post-permanency services. For each of these items, we would like to determine what it would take to help you build a system to track these items.**

***A. Disruption:*** The term describes an adoption or guardianship that ends after the child a child is placed in an adoptive or guardianship home, but before the adoption or guardianship is legally finalized.

**Describe current efforts to track disruptions and what is known about the number of adoption or guardianship placements that disrupt before finalization:**

**Describe what it takes to build tracking system:**

***B. Dissolution:*** The term describes an adoption or guardianship in which the legal relationship that has been established between the child and the adoptive parent or guardian is legally severed.

**Describe current efforts to track dissolutions and what is known about the number of adoption and guardianships that dissolve**:

**Describe what it takes to build tracking system:**

***C. Children receiving post-permanency services:*** This includes children who were adopted or exited care through guardianship.

**Describe current efforts to track children receiving post permanency services and what is known about the population:**

**Describe what it takes to build tracking system:**

***D. Non-child welfare adoptions/guardianships:*** What has been the tribe’s experience with private adoptions or private guardianships?

**Describe current efforts to track these children and what is known about the population:**

**Describe what it takes to build tracking system:**

1. **Does your tribe have an IRB?**

**If yes, what capacity does tribe have for evaluation?**

**Data Capacity Notes**:

## Continuum of Services/Intervention

1. **Provide a summary of the pre and post adoption and guardianship services including any unique characteristics that would diminish or augment the tribes ability to support the goals of the QIC-AG.**
2. **Does the tribe provide post-permanency services? If yes, describe the process and to whom services are offered?**

Yes: [ ]  No: [ ]  Other: [ ]  (explain):

1. **If multiple agencies provide post-permanency services, is there a formal mechanism for coordinating service provision?**

Yes: [ ]  No: [ ]  Other: [ ]  (explain):

1. **Please indicate below the pre- and post- permanency services that are currently available to address the needs of the target population (*Please refer to the Continuum of Service Document to help complete column three, “Continuum of Service Category”.)***

**A. Service/Program Name:** Click here to enter text.

**Description:**

**Continuum of Service Category 1:** Choose an item.

**Continuum of Service Category 2:** Choose an item.

**Continuum of Service Category 3:** Choose an item.

**Provider Agency:**

**Funding Source 1:** Choose an item.

**Funding Source 2:** Choose an item.

**Funding Source 3:** Choose an item.

**Funding Source 4:** Choose an item.

**Perceived Quality:** Choose an item.

**Additional Information:**

**B. Service/Program Name:** Click here to enter text.

**Description:**

**Continuum of Service Category 1:** Choose an item.

**Continuum of Service Category 2:** Choose an item.

**Continuum of Service Category 3:** Choose an item.

**Provider Agency:**

**Funding Source 1:** Choose an item.

**Funding Source 2:** Choose an item.

**Funding Source 3:** Choose an item.

**Funding Source 4:** Choose an item.

**Perceived Quality:** Choose an item.

**Additional Information:**

**C. Service/Program Name:** Click here to enter text.

**Description:**

**Continuum of Service Category 1:** Choose an item.

**Continuum of Service Category 2:** Choose an item.

**Continuum of Service Category 3:** Choose an item.

**Provider Agency:**

**Funding Source 1:** Choose an item.

**Funding Source 2:** Choose an item.

**Funding Source 3:** Choose an item.

**Funding Source 4:** Choose an item.

**Perceived Quality:** Choose an item.

**Additional Information:**

**D. Service/Program Name:** Click here to enter text.

**Description:**

**Continuum of Service Category 1:** Choose an item.

**Continuum of Service Category 2:** Choose an item.

**Continuum of Service Category 3:** Choose an item.

**Provider Agency:**

**Funding Source 1:** Choose an item.

**Funding Source 2:** Choose an item.

**Funding Source 3:** Choose an item.

**Funding Source 4:** Choose an item.

**Perceived Quality:** Choose an item.

**Additional Information**

1. **Indicate if the tribe prefers to implement an intervention that focuses on the pre-permanence or post-permanence side of the Continuum of Services?**

[ ] Pre [ ] Post [ ] No Preference

**If Pre or Post please describe**

1. **Is there a specific intervention (s) your tribe would like to implement?**

Yes: [ ]  No: [ ]

**If yes, please describe:**

1. **If yes, is the tribe willing to consider other interventions?**

Yes: [ ]  No: [ ]  N/A: [ ]

**Continuum of Services notes**:

## Organizational and Evaluation Readiness

1. **Does involvement in this project support the tribe’s existing vision, mission, strategic plan, practice model, current initiatives, CFSP plan?** Yes: [ ]  No: [ ]

**If yes, please describe:**

1. **Does the tribe have any experience running a successful pilot project of a promising practice or implementing an existing evidence-based practice?**

Yes: [ ]  No: [ ]  Don’t Know: [ ]

**If yes, please describe:**

1. **Does the tribe have any experience implementing best practices that involves an evaluation design?**

 Yes: [ ]  No: [ ]  Don’t Know: [ ]

**If yes, please describe**:

1. **Does the tribe have any concerns about having an evaluation conducted?**

 Yes: [ ]  No: [ ]

**If yes, please explain**:

1. **Is there an existing champion for post-permanency supports and services?**

Yes: [ ]  No: [ ]  Don’t Know: [ ]

**If yes, indicate name and title:**

1. **Are their external issues that may enhance or detract from the tribe’s ability to implement the intervention including political climate, inter-agency issues, agreements with other entities?**

Yes: [ ]  No: [ ]  Don’t Know: [ ]

**If yes, please describe:**

1. **Are there internal issues that may impact the tribe’s ability to implement intervention including other major initiatives, TA, leadership longevity/turnover?**

 Yes: [ ]  No: [ ]  Don’t Know: [ ]

**If yes, please describe:**

1. **Is the tribe willing to assist with the dissemination of findings related to both the QIC-AG implementation process and outcomes?**

Yes: [ ]  No: [ ]  Other: [ ]  (explain):

1. **Does the tribe have experience disseminating information on programs to other tribes, child welfare systems, academics, or stakeholders?**

Yes: [ ]  No: [ ]

**If yes, please describe:**

1. **If the tribe has partnerships with external agencies to supply pre and post-permanency services, is it likely that these entities will support involvement with the QIC-AG?**

Yes: [ ]  No: [ ]  Don’t Know: [ ]  N/A: [ ]

## **Organizational and Evaluation Readiness notes**:

## Sustainability

The section will capture information pertaining to the feasibility of sustaining the operation of an effective intervention after the federal support has expired.

1. **Is the tribe willing to pursue alternative sources of funding to support the intervention after the terms of the project?**

Yes: [ ]  No: [ ]  Other: [ ]  (explain):

1. **Is there an existing circumstance that would prevent ascertaining funding?**

Yes: [ ]  No: [ ]  Other: [ ]  (explain):

## **Sustainability notes**:

## Additional Information

**Please add any additional information that you feel is critical that may not have been captured anywhere else in the document.**