

**KARUK TRIBE**  
**HEALTH BOARD MEETING AGENDA**  
Thursday, July 13, 2017 **3 PM**, Orleans, CA

**A) CALL MEETING TO ORDER – PRAYER - ROLL CALL**

**AA) HEALTH MISSION STATEMENT**

The mission of the Karuk Tribal Health Program is to provide quality healthcare for Native Americans, and other people living in the communities we serve as resources allow. Our purpose is to appropriately assess or reassess conditions of illness, disease, or pain, provide culturally appropriate educational, preventative, and therapeutic services in an environment of continuous quality improvement.

**CH) APPROVAL OF THE AGENDA**

**EE) CONSENT CALENDAR**

**F) APPROVAL OF THE MINUTES** (June 8, 2017)

**H) GUESTS** (Ten Minutes Each)

- 1.

**I) OLD BUSINESS** (Five Minutes Each)

- 1.

**II) DIRECTOR REPORTS** (Ten Minutes Each)

1. Vickie Simmons, HR Coordinator (written report)
2. Tony Vasquez, Medical Director (written report)
3. Pat Hobbs, Children & Family Services (written report)
4. Eunsun Lew, Dental Director (written report)
5. Kori Novak, Health CEO (written report)
6. Josh Stanshaw, Operations Manager

**K) REQUESTS** (Five Minutes Each)

- 1.

**M) INFORMATIONAL** (Five Minutes Each)

- 1.

**M) CLOSED SESSION** (Five Minutes Each)

1. CHS (dinner break)
2. Laura Olivas
3. Kori Novak

4. Barbara Snider
5. Tribal Council Members

**N) SET DATE FOR NEXT MEETING (Thursday, August 10, 2017 at 3 PM YREKA.**

**OO) ADJOURN**

**Karuk Tribe – Health Board Meeting  
June 8, 2017 – Meeting Minutes**

**Meeting called to order at 3pm by Chairman Attebery.**

**Present:**

Russell “Buster” Attebery, Chairman  
Robert Super, Vice-Chairman  
Joseph “Jody” Waddell, Member at Large  
Arch Super, Member at Large  
Josh Saxon, Member at Large  
Renee Stauffer, Member at Large

**Absent:**

Michael Thom, Secretary/Treasurer (excused)  
Charron “Sonny” Davis, Member at Large (excused)  
Alvis “Bud” Johnson, Member at Large (excused)

**Agenda:**

Renee Stauffer moved and Robert Super to approve the agenda, 5 haa, 0 puuhara, 0 pupitihara.

**Minutes of May 11, 2017:**

Barbara will correct the name of Dr. Brassea in the minutes.

Josh Saxon asked about the HVAC contract. Josh Stanshaw reported that the HVAC is moving along with some additional challenges, but continuing to be worked on. Josh would like a section on page 4 of 6 be removed due to the matter being personnel related.

Arch Super moved Renee Stauffer seconded to approve the minutes with changes, 3 haa, 0 puuhara, 2 pupitihara (Arch/Robert).

**Guests:**

**1) David Tripp, Tribal Member:**

David is present to seek support for the 2017 Mountain Dance. He first thanked the Tribal Council for the past assistance. As similar to other years they are seeking assistance with porta potties, water, insurance, and dumpster service.

**Director Reports:**

**1) Vickie Simmons, HR Director:**

Vickie is present to review her report. She noted that she completed an exit interview with Dr. Brassea and she will provide those findings to the Health Board.

She and Dora provided training at the Health Managers Meeting. A signed offer letter has been received by a potential candidate that will add another provider for the health program.

Vickie informed the Council that having a pediatrician on board will improve the GPRA scores with children. She also can treat patients with diabetes. This assists in filling gaps. Robert asked if the new provider will need a place to live. She will be staying at the provider house in Yreka, until she finds a place.

Josh Saxon moved and Renee Stauffer seconded to approve Vickie's report, 5 haa, 0 puuhara, 0 pupitihara.

**2) Dr. Vasquez, Medical Director:**

Dr. Vasquez noted a major concern is provider coverage. They have three full time providers for three clinics. Amy Coapman occasionally assists and sees patients. The staff is doing magnificent. He is committed to manning the clinic in Happy Camp two times a week.

Robert asked if Amy Coapman is seeing Dr. Vasquez's patients. Dr. Vasquez noted that accurate staffing is 2 ½ in Yreka. Josh asked about getting a short term locum to provide assistance. Josh Stanshaw noted that that isn't a discussion he has heard of yet but it has been contentious in the past. Dr. Vasquez noted that locums don't provide good healthcare, do their reports, nor do they consider the work done. Having that coverage is not ideal.

Josh Saxon moved and Renee Stauffer seconded to approve Dr. Vasquez's report, 5 haa, 0 puuhara, 0 pupitihara.

**3) Josh Stanshaw, Operations Manager:**

Josh is present to review his report. The month of May was very busy. With the bi-annual meeting and having Dr. Tyson arriving and visiting, that took majority of his focus. He was very hands off with the clinics for the month and the Clinic Managers did well covering.

Josh Saxon asked if Amy Coapman will be providing services in Happy Camp. Josh Stanshaw reported that he met with all the providers and will present a plan for coverage in closed session.

Dr. Novak provided a letter regarding the Indian Health Services and the reduction in funding for California. Josh asked what CRIHB is doing to purpose a step to fix the funding for California projects. Arch explained that there are 109 Tribes in the State of California but there is no share in funding. Josh Saxon asked to have Mark LeBeau to have a meeting with the Tribe.

Josh Saxon commented that he doesn't like form letters but likes to add some specific Karuk projects. The Council discussed the "Rincon" case in which is referenced the letter. They will review the letter prior to the deadline submission which is June 19, 2017.

Josh Stanshaw then provided a document to expand Telemed To You services. The expansion allows for services to be provided to patients rather than sending them to Redding or Medford. The document did go to Fatima for review. Josh Saxon is concerned about the arbitration section. Emma Lee reviewed the document to ensure it contained Fatima's recommendation for changes. There were suggested changes to the document from Fatima but due to the changes being unclear.

Josh Saxon moved and Renee Stauffer seconded to approve Josh's report, 5 haa, 0 puuhara, 0 pupitihara.

**4) Pat Hobbs, Children & Family Services:**

Pat is present to review her report. She is seeking approval of the 5 year Yav Pa Anav strategic plan. It is a plan that drives work that is done. It is a collaboration of every department that is in the Yav Pa Anav forum. Pat asked that the Council review the document and she will seek final approval at a later time.

Renee Stauffer moved and Josh Saxon seconded to approve Pat's report, 5 haa, 0 puuhara, 0 pupitihara.



**5) Kori Novak, Health CEO:**

No report provided. Provided in her report is the RPMS report and the Grants, Compliance and Accreditation report.

Arch Super moved and Renee Stauffer seconded to table Kori's report, 5 haa, 0 puuhara, 0 pupitihara.

**6) Dr. Lew, Dental Director:**

Dr. Lew is present to review her report. She thanked the Health Board for sending her to the Dental conference. She made some contacts at her conference. She praised her dental staff and right now they have four brand new dental staff that is trained for digital x-rays and received their certifications. She is seeking another full time dentist in Yreka. The Saturday clinic is successful and they are receiving good feedback. Dr. Felker will come to Happy Camp June 23<sup>rd</sup>. He will work in Orleans twice a month and a hygienist once a month. He will travel with his receptionist and dental assistant. Dr. Lew will provide a number that will be available to Orleans and they will be scheduled ongoing, providing services in Orleans. Josh asked about public research on Silver Ion Antimicrobial agent. Dr. Lew noted that this is recommended and then she explained the technique it to the Health Board. Josh asked for public research at the clinics so people can have information for patients and clients to review on this service and why it is recommended.

She noted that the patient visit count was down due to her not seeing patients, but also factored into the number is staff on training and in-house training. The number will increase.

She noted that a sterilizer was ordered and replaced.

Arch Super moved and Josh Saxon seconded to approve procurement and allow the purchase of dental sterilization equipment, 5 haa, 0 puuhara, 0 pupitihara.

Buster and the Health Board noted it was good to see Dr. Lew and they welcomed her back.

Josh Saxon moved and Renee Stauffer seconded to approve Dr. Lew's report, 5 haa, 0 puuhara, 0 pupitihara.

**Closed Session:**

Arch Super moved and Renee Stauffer seconded to approve resolution 17-R-060, 5 haa, 0 puuhara, 0 pupitihara.

Renee Stauffer moved and Jody Waddell seconded to uphold the CHS denial and approve paying CHS #294, 4 haa, 1 puuhara (Arch Super), 0 pupitihara.

Renee Stauffer moved and Josh Saxon seconded to uphold the CHS denial and pay \$1,544 for CHS Case #293, 4 haa, 0 puuhara, 1 pupitihara (Arch Super).

Informational: Discussion on revising the AOD program and operation has led to additional planning; including revised position descriptions, reduction in programs that are not providing sufficient service, and revising reporting. The Council would like to see an updated organizational chart.

Informational: meetings with IT will be covered by Renee.

Informational: an opiate task force meeting was asked to be set so that the group continues to meet and make progress.

Consensus: to approve the Karuk Tribe's land priorities and have Josh Saxon sign it for submission to the BIA.

Jody Waddell moved and Robert Super seconded to pay the travel change fee for employee #3361, 4 haa, 0 puuhara, 1 pupitihara (Arch Super).

Informational: budget meeting outcome was provided to the Health Board.

Josh Saxon moved and Robert Super seconded to pay \$500 from discretionary for missing receipts under the LIAP program, 4 haa, 0 puuhara, 1 pupitihara (Arch Super).

Informational: updated organizational chart was provided to the Health Board. There were minor fixes needed, so it will be tabled until corrected.

Informational: Manager Position description is requested to be revised. TERO and HR need to review it, so it will be tabled until the process is followed.

Informational: provider coverage schedule for the month of June was provided to the Health Board.

Informational: the telemedicine contract will be held until legal comments are included in the contract.

Renee Stauffer moved and Jody Waddell seconded to authorize Fatima to seek short contract for work on the PLA with Dennis Whittelsey, 3 haa, 0 puuhara, 2 pupitihara (Arch Super/Robert Super).

Informational: DNR will provide agenda items for the joint Council's Meeting.

Informational: review of the Tribes resolution template needs done and may include different language.

Informational: GONA invoices still need paid.

Informational: a pre-fire season meeting needs to be set.

Informational: clear communication on the direction of the ANA language grant should be outlined so that the contractual obligations are being met.

Renee Stauffer moved and Jody Waddell seconded to approve porta potties, mountain dance, 4 haa, 0 puuhara, 1 pupitihara (Josh Saxon).

Josh Saxon moved and Robert Super seconded to approve \$3,753.26 from discretionary, 4 haa, 0 puuhara, 1 pupitihara (Arch Super).

Renee Stauffer moved and Arch Super seconded to approve 2 vans and add #RR to the Tribes insurance, 3 haa, 0 puuhara, 2 pupitihara (Arch Super/Josh Saxon).

Renee Stauffer moved and Arch Super seconded to approve the letter to CRIHB, 5 haa, 0 puuhara, 0 pupitihara.

**Next Meeting Date: July 13, 2017 at 3pm in Orleans.**

Renee Stauffer moved and Jody Waddell seconded to adjourn at 9:02pm.

**Respectfully Submitted,**

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**Russell “Buster” Attebery, Chairman**

**Recording Secretary, Barbara Snider**

**HR DIRECTOR REPORT**  
Karuk Tribal Health Board Meeting  
July 13, 2017  
Vickie Simmons  
June Report

**ACTION ITEMS:**

-Travel approval

**JUNE ACTIVITIES:**

**New Hires:**

Yreka Dental Sterilization Technician Stephanie Orcutt (no first day as of the 5<sup>th</sup>)  
Yreka MA Marsha Hammon  
Yreka Lead RDA Shannon Jones  
HC Lead RDA Tammy Rompon  
Social Services Intern Frankie Snider

**Interviewed:**

Yreka Dental Sterilization Tech  
Lead RDAs for Yreka and Happy Camp  
Attended three GM Interviews for Casino  
TANF AOD Counselor

**Screenings:**

Dental Sterilization Tech  
Dentist for Yreka (did not respond to interview request)  
Lead RDAs  
CFS Receptionists for Happy Camp (Interviews in July)  
Social Worker for Orleans (Interview in July)

**Resignations:**

Graciela Haas and Julia Peters in CFS last day of work in June  
Tara Ware at HC Medical Clinic

*HHS jobs yet to fill: HC Health Information Clerk, HC CHR, Social Worker, Yreka Dentist, Clinic Physician for Happy Camp/ Yreka, FNP or PA for HC, Medical Social Worker, Mental Health Therapist II, Mental Health Therapist I-Intern (1 for CFS, 1 for KVYS), LVN, and Social Worker for Yreka and/or Happy Camp.*

1. Miscellaneous HR opportunities:

FMLA – One employee returned to full time work after FMLA, one ee returned to work after medical leave (didn't qualify for FMLA), two out on FMLA.

2. Miscellaneous conference calls, meetings (Tribal Reunion, TERO, admin) and orientations.

3. Sent health employee reminder letters/e-mails for soon to be expired licenses, certificates, CPR cards, employee physicals, and evaluations.

**JUNE TRAININGS:**

Fiscal training in Yreka

**STATISTICS:**

HHS Staff – 93 + 2 Interns

Contracted Staff - 3

# CHILD AND FAMILY SERVICES

July 13, 2017

## **SUMMARY:**

Continued recruitment efforts for Child Welfare Social Worker, Mental Health Therapist (KVYS) and HHS. Held interviews for HC Receptionist and Humboldt County Social Worker positions.

Cheryl Bearchild Substance Use Disorder (SUD) Counselor resigned her position to take a position with TANF as a SUD Counselor. Her last day is 7/14/2017.

Gail Balzell-Long – Child Welfare Social Worker continues on medical leave.

Submitted Annual Progress and Services Report to Administration for Children. (Title IVE/B) - see attached.

Consulted with Siskiyou Co Probation – we will need to suspend the Batterer's Intervention Program in Yreka and Happy Camp due to not having staff certified to facilitate groups. I have reached out to individuals in the community to ascertain their interest in contracting with us for this service.

Attended the following Meetings: Fiscal Training 6/5, Medical Records 6/21, BIP 6/5, ICWA 6/20, CEO Meetings 6/12 & 6/19, Sub Use Disorder Staff 6/12 & 6/26, CFS Staff 6/10, HR 6/28, Telehealth 6/13, Mental Health Staff 6/6 & 6/13, ACQI 6/14, TTCW 6/14, Admin for Child/Family 6/26, Red Deer Consulting 6/29, CWS Staff 6/6 \* 6/20.

Attended meeting with the Ford Family Foundation regarding new Social Service Building project. They were interested in what we do to protect children and were happy that we all take mandated reporter training, conduct background checks on all staff and volunteers who interact with children in our programs. They expressed interest in the projects we are looking forward to presenting in the coming year with Child Welfare.

Stepping Up Siskiyou – Group of legal, law enforcement and behavioral health programs in the county who are working to develop a program to assist seriously mentally ill population from obtaining legal charges for situations in which mental health is the primary concern, train law enforcement in how to better interact with the mentally ill population who are incarcerated or in the community.

Working with Karuk grant writer on HRSA expanded access project to increase awareness and treatment for opioid addiction.

## **Section 2: Division Reports**

Substance Abuse Program – I am attempting to obtain interest in contractors to continue with Batterers Intervention Program. Without certified staff we have been instructed by probation that we will need to suspend the program.

Cheryl Bearchild is providing training on Driving Under the Influence Program. We will also be participating in training provided by the state on 7/13.

Made contact with Humboldt County regarding services available through them. They would like to secure the council chambers for meeting with clients.

Discussing interest in summer camps for 2018 – in preliminary states.

Mental Health Program continues to provide services in Happy Camp and Yreka. We are working to recruit another provide in the Orleans area.

### SECTION 3: ACTION ITEMS

Strategic Plan – Yav Pa'anav Council asked time to review at last meeting

Restructuring or Department - waiting for council to respond

Position Description - Lead Child Welfare Social Worker

Position Description – Substance Abuse Program Manager

Position Description: Intern for Social Work

Respectfully submitted;

A handwritten signature in black ink, appearing to read "Patricia Hobbs MSW LCSW". The signature is written in a cursive, flowing style.

Patricia Hobbs MSW LCSW

Director Child and Family Services

ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM

RECORD DATES: JUN 01, 2017 TO JUN 30, 2017

# PATS is the total number of unique, identifiable patients when a patient name was entered on the record. # served is a tally of the number served data value.

	# RECS	ACT TIME (hrs)	# PATS	# SERVED
-----				
AREA: CALIFORNIA TRIBE/638				
SERVICE UNIT: KARUK TRB HP				
FACILITY: YREKA				
PROVIDER: BEARCHILD, CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	4	5.0	3	4
13-INDIVIDUAL TREATMENT/COUNS	8	6.0	5	8
22-CASE MANAGEMENT-PATIENT PR	1	0.3	1	1
31-CASE MANAGEMENT-PATIENT NO	15	4.8	8	15
56-RECORDS/DOCUMENTATION	1	5.0	1	1
91-GROUP TREATMENT	56	20.0	18	56
	=====	=====	=====	=====
PROVIDER TOTAL:	85	41.2	36	85
PROVIDER: FOSTER, TAMI (FAMILY THERAPIST)				
12-ASSESSMENT/EVALUATION-PATI	1	2.9	1	1
13-INDIVIDUAL TREATMENT/COUNS	3	4.9	1	3
21-FOLLOWTHROUGH/FOLLOWUP-PAT	2	0.5	1	2
29-FAMILY FACILITATION-PATIEN	1	0.3	1	1
31-CASE MANAGEMENT-PATIENT NO	2	0.5	1	2
48-CRISIS INTERVENTION-PATIEN	1	0.4	1	1
	=====	=====	=====	=====
PROVIDER TOTAL:	10	9.5	6	10
PROVIDER: FURCHESS, HEATHER MA (MEDICAL ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	4	0.0	3	4
	=====	=====	=====	=====
PROVIDER TOTAL:	4	0.0	3	4
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	6	5.8	4	6
56-RECORDS/DOCUMENTATION	11	0.9	10	11
99-INDIVIDUAL BH EHR VISIT	1	1.0	1	1
	=====	=====	=====	=====
PROVIDER TOTAL:	18	7.7	15	18
PROVIDER: JANKE, PAUL (ALCOHOLISM/SUB ABUSE COUNSELOR)				
13-INDIVIDUAL TREATMENT/COUNS	13	9.5	9	13
22-CASE MANAGEMENT-PATIENT PR	1	1.0	1	1
30-FOLLOWUP/FOLLOWTHROUGH-PAT	1	0.5	1	1
31-CASE MANAGEMENT-PATIENT NO	5	2.8	5	5
56-RECORDS/DOCUMENTATION	1	1.0	1	1
91-GROUP TREATMENT	45	9.0	13	45
	=====	=====	=====	=====
PROVIDER TOTAL:	66	23.8	30	66
PROVIDER: KINNEY, BENTON PA-C (PHYSICIAN ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	21	1.0	20	21
	=====	=====	=====	=====

PROVIDER TOTAL:	21	1.0	20	21
PROVIDER: PERREIRA, JOSEPH E (UNKNOWN) 12-ASSESSMENT/EVALUATION-PATI	6	9.0	5	6



\*\*\*\*\* CONFIDENTIAL PATIENT INFORMATION \*\*\*\*\*

PH

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ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM

RECORD DATES: JUN 01, 2017 TO JUN 30, 2017

# PATS is the total number of unique, identifiable patients when a patient name was entered on the record. # served is a tally of the number served data value.

	# RECS	ACT TIME (hrs)	# PATS	# SERVED
13-INDIVIDUAL TREATMENT/COUNS	12	10.8	6	12
15-INFORMATION AND/ OR REFERR	2	3.0	1	2
22-CASE MANAGEMENT-PATIENT PR	1	0.5	1	1
31-CASE MANAGEMENT-PATIENT NO	11	7.8	9	11
56-RECORDS/DOCUMENTATION	3	1.5	3	3
91-GROUP TREATMENT	22	3.5	9	22
=====	=====	=====	=====	=====
PROVIDER TOTAL:	57	36.0	34	57
PROVIDER: WALTER, KAREENA (LICENSED CLINICAL SOCIAL WORK)				
12-ASSESSMENT/EVALUATION-PATI	1	2.9	1	1
13-INDIVIDUAL TREATMENT/COUNS	14	18.1	9	14
21-FOLLOWTHROUGH/FOLLOWUP-PAT	2	0.5	1	2
29-FAMILY FACILITATION-PATIEN	1	0.3	1	1
31-CASE MANAGEMENT-PATIENT NO	2	0.5	1	2
48-CRISIS INTERVENTION-PATIEN	1	0.4	1	1
56-RECORDS/DOCUMENTATION	7	1.7	7	7
99-INDIVIDUAL BH EHR VISIT	1	0.0	1	1
=====	=====	=====	=====	=====
PROVIDER TOTAL:	29	24.4	22	29
PROVIDER: WASSON, JAMIE MA (MEDICAL ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	7	0.0	7	7
=====	=====	=====	=====	=====
PROVIDER TOTAL:	7	0.0	7	7
=====	=====	=====	=====	=====
FACILITY TOTAL:	297	143.5	173	297
FACILITY: KARUK COMMUNITY HEALTH CLINIC				
PROVIDER: BEARCHILD, CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	1	1.0	1	1
31-CASE MANAGEMENT-PATIENT NO	5	1.8	3	5
91-GROUP TREATMENT	8	4.0	2	8
=====	=====	=====	=====	=====
PROVIDER TOTAL:	14	6.8	6	14
PROVIDER: FOSTER, TAMI (FAMILY THERAPIST)				
13-INDIVIDUAL TREATMENT/COUNS	2	3.4	1	2
31-CASE MANAGEMENT-PATIENT NO	3	0.8	1	3
=====	=====	=====	=====	=====
PROVIDER TOTAL:	5	4.3	2	5
PROVIDER: FURCHESS, HEATHER MA (MEDICAL ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	1	0.0	1	1
=====	=====	=====	=====	=====
PROVIDER TOTAL:	1	0.0	1	1

PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)

29-FAMILY FACILITATION-PATIEN

1

0.5

1

1

=====

=====

=====

=====

PROVIDER TOTAL:

1

0.5

1

1

ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM

RECORD DATES: JUN 01, 2017 TO JUN 30, 2017

# PATS is the total number of unique, identifiable patients when a patient name was entered on the record. # served is a tally of the number served data value.

	# RECS	ACT TIME (hrs)	# PATS	# SERVED
-----				
PROVIDER: JANKE, PAUL (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	1	0.5	1	1
30-FOLLOWUP/FOLLOWTHROUGH-PAT	1	1.0	1	1
31-CASE MANAGEMENT-PATIENT NO	1	0.5	1	1
91-GROUP TREATMENT	37	10.0	9	37
	=====	=====	=====	=====
PROVIDER TOTAL:	40	12.0	12	40
PROVIDER: KINNEY, BENTON PA-C (PHYSICIAN ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	1	0.0	1	1
	=====	=====	=====	=====
PROVIDER TOTAL:	1	0.0	1	1
PROVIDER: PERREIRA, JOSEPH E (UNKNOWN)				
13-INDIVIDUAL TREATMENT/COUNS	3	2.3	2	3
	=====	=====	=====	=====
PROVIDER TOTAL:	3	2.3	2	3
PROVIDER: WALTER, KAREENA (LICENSED CLINICAL SOCIAL WORK)				
12-ASSESSMENT/EVALUATION-PATI	5	6.1	5	5
13-INDIVIDUAL TREATMENT/COUNS	31	34.0	17	31
31-CASE MANAGEMENT-PATIENT NO	3	0.8	1	3
56-RECORDS/DOCUMENTATION	20	2.1	19	20
99-INDIVIDUAL BH EHR VISIT	2	2.0	1	2
	=====	=====	=====	=====
PROVIDER TOTAL:	61	45.0	43	61
	=====	=====	=====	=====
FACILITY TOTAL:	126	70.9	68	126
	=====	=====	=====	=====
SU TOTAL:	423	214.4	241	423
	=====	=====	=====	=====
AREA TOTAL:	423	214.4	241	423

RUN TIME (H.M.S): 0.0.1

CERTIFICATION OF TRIBAL POPULATION UNDER AGE 21

The Click here to enter text. (tribal name and state) finds that the Census Bureau's 2010 data on the population of children and youth under age 21 for tribes (published as Attachment B to Program Instruction ACYF-CB-PI-15-10, issued on December 11, 2015) do not accurately reflect the actual number of children eligible for services under our tribe's title IV-B program. The correct number of tribal children under age 21 eligible for services under our tribe's title IV-B plan is

828.

1) This information includes: (check all that apply)

Children under age 21 **living on or near** the tribe's reservation or the title IV-B service area:

- who are enrolled members of the tribe, eligible for enrollment, or recognized as children for which the tribe is responsible, as determined by the tribe;
- Other American Indian or Alaska Native children under age 21 provided that these children will be eligible for services under the tribe's title IV-B program;

Children under age 21 **not living on or near** the tribe's reservation or the title IV-B service area:

- who are enrolled members of the tribe, eligible for enrollment, or recognized as children for which the tribe is responsible, as determined by the tribe, provided the tribe describes how the children would participate in the tribe's title IV-B program.

In the space below, please provide a brief description of how children who are not residing on or near the reservation or tribal lands will be served under the tribe's title IV-B plan. (Attach additional sheets if *necessary*.)

- 2) If the tribe's reservation, including trust lands, are located in more than one state, please list below each state in which the tribe's lands are located and the number of children included in the population count who reside in each if those states.

Click here to enter text. State \_\_\_\_\_ # of Tribal children

Click here to enter text. State \_\_\_\_\_ # of Tribal children

Click here to enter text. State \_\_\_\_\_ # of Tribal children

We certify that all children included in our population count are eligible for services under our tribe's title IV-B plan.


We understand that information given above will be reviewed by ACF and that we may be required to submit additional supporting documentation as requested by ACF to substantiate this notification of change in population data.

We are submitting this information and certify that it is accurate and true to the best of our knowledge and belief.

This certification requires the signature and title of the tribal official with authority to administer or supervise the administration of title IV-B, subparts 1 and 2 programs and, if required by the tribe, the signature of a tribal enrollment official.

  
\_\_\_\_\_  
Tribal Enrollment Official

Enter date  
6/15/2017  
Date

  
\_\_\_\_\_  
Signature of Tribal Official

Vice Chairman  
\_\_\_\_\_  
Title of Tribal Official

Enter date 6/22/17  
\_\_\_\_\_  
Date

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# Karuk Tribe

*Child and Family Services*

**Orleans:**  
325 Asip Road  
Post Office Box 249  
Orleans, CA 95556  
Phone: (530) 627-3452  
Fax: (530) 627-3018



**Yreka:**  
1519 South Oregon Street • Phone: (530) 841-3141  
Yreka, California 96097 • Fax: (530) 841-5150

**Happy Camp:**  
533 Jacobs Way  
Post Office Box 1016  
Happy Camp, CA 96039  
Phone: (530) 493-1450  
Fax: (530) 493-1451

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June 29, 2017

Ms. Tamikia Lott PhD

Child Welfare Program Specialist

US Department of Health and Human Services

Administration for Children and Families

Children's Bureau, Region 9

90 7<sup>th</sup> Street Ste 9-300

San Francisco, CA 94103

Dear Ms. Lott:

The Karuk Tribe is submitting the Annual Progress and Services Report (APSR) for FY 2017 for Title IV-B, subparts I and II. The report documents progress the Karuk Tribe Child Welfare Program has made toward the goals and objectives outlined in the five year plan submitted in 2015. The report also contains goals and objectives for FY 2018.

The Karuk Tribe's plan included a goal of 138 eligible tribal children and their families for Family Support and Family Preservation. As of the end of FY 2017, the Karuk Tribe has provided services to 133 children and their families during the past three years. The Adoption Promotion and Support Services goal for identifying and certifying tribal foster/adoptive homes during the five year plan is 46. The Karuk Tribe has certified 13 foster and/or adoptive homes by the end of FY 2017. Tribal Social Workers have advocated for three youth who were transitioning from foster care to independent living.

In addition to service provided to tribal families, the Social Work department completed procurement for an electronic case management system to track cases in the tribal court system as well as voluntary cases who receive direct case management from tribal social workers. The system was supported in part by funds available through Title IV-B funds.

As outlined in our five year plan, Tribal Social Workers receive training in CORE with the Northern California Training Academy at UC Davis, Trauma Informed Care, Drug Endangered Children, as well as other trainings deemed appropriate to our staff and the clients they serve.

We look forward to another year of providing services to children and families in our tribal communities with the support of the funds available through Title IV – B. If you have questions, please do not hesitate to call me at 530 841-3141 ext 6304 or contact me via email [phobbs@karuk.us](mailto:phobbs@karuk.us).

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Patricia Hobbs MSW LCSW".

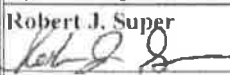
Patricia Hobbs, MSW LCSW

Director – Child and Family Services

Karuk Tribe

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**

**For Fiscal Year 2018: October 1, 2017 through September 30, 2018**

<b>1. State or Indian Tribal Organization (ITO):</b> Karuk Tribe		<b>2. EIN: 94-2976542</b>
<b>3. Address: P.O. Box 1016 Happy Camp, CA 96039</b>		<b>4. Submission Type:</b> <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION
<b>5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) funds</b>		\$5,357
a) Total administrative costs (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$536
<b>6. Total estimated title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds</b>		\$10,437
This line contains a formula to display the sum of lines 6a - 6f.		
a) Total Family Preservation Services		\$2,088
b) Total Family Support Services		\$2,609
c) Total Time-Limited Family Reunification Services		\$2,609
d) Total Adoption Promotion and Support Services		\$2,609
e) Total Other Service Related Activities (e.g. planning)		\$522
f) Total administrative costs (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)		
<b>7. Total estimated Monthly Caseworker Visit (MCV) funds (FOR STATES ONLY)</b>		
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		
<b>8. Re-allotment of title IV-B subparts 1 &amp; 2 funds for States and Indian Tribal Organizations:</b>		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____ PSSF \$ _____ MCV (States only) _____		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ _____ PSSF \$ _____ MCV (States only) \$ _____		
<b>9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (FOR STATES ONLY)</b>		
Estimated amount plus additional allocation, as available.		
<b>10. Estimated Chafee Foster Care Independence Program (CFCIP) funds</b>		
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).		
<b>11. Estimated Education and Training Voucher (ETV) funds</b>		
<b>12. Re-allotment of CFCIP and ETV Program funds:</b>		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the CFCIP Program.		\$
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the ETV Program.		\$
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the CFCIP Program.		\$
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the ETV Program.		\$
<b>13. Certification by State Agency and/or Indian Tribal Organization:</b>		
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.		
<b>Signature of State/Tribal Agency Official</b>		<b>Signature of Central Office Official</b>
Robert J. Super 		
Title: Vice-Chairman		Title:
Date: June 21, 2017		Date:




**CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services**  
 State or Indian Tribal Organization (TIO): **Karuk Tribe**

For FY 2018: OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV *	(D) CAPTA*	(E) CFRCP	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 1,400			\$ -			\$ -		8	5	Children under 21 years	and NE
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 2,088		\$ -			\$ -		15	5	Children under 21 years	and NE Humboldt Co
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 1,421	\$ 2,609		\$ -			\$ -		15	5	Children under 21 years	and NE Humboldt Co
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ -	\$ 2,609		\$ -			\$ -		12	4	Children under 21 years	and NE Humboldt Co
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 2,609		\$ -			\$ -		3	3	Children under 21 years	and NE Humboldt Co
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ 522		\$ -			\$ -		1	1	Children under 21 years	and NE Humboldt Co
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -								NA	NA		NA
(b) GROUP/INST CARE	\$ -								NA	NA		NA
8.) ADOPTION SUBSIDY PYMTS.	\$ -								NA	NA		NA
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -								NA	NA		NA
10.) INDEPENDENT LIVING SERVICES	\$ -								NA	NA		NA
11.) EDUCATION AND TRAINING VOUCHERS	\$ -								NA	NA		NA
12.) ADMINISTRATIVE COSTS	\$ 536	\$ -	\$ -	\$ -			\$ -		NA	NA		NA
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ 1,000	\$ -	\$ -	\$ -			\$ -					
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ 1,000	\$ -	\$ -	\$ -			\$ -					
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -	\$ -	\$ -			\$ -		NA	NA		NA
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -	\$ -	\$ -			\$ -					
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ -	\$ -			\$ -					
18.) TOTAL	\$ 5,357	\$ 10,437	\$ -	\$ -	\$ -	\$ -	\$ -		54	23	0	
19.) TOTALS FROM PART I	\$ 55,357	\$ 110,437	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0					
20.) Difference (Part I - Part II)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0					
21.) Population data are included in the APSR/CRSP narrative, not above in columns I - L.												

\* These columns are for States only; Indian Tribes are not required to include information on these programs.  
 \*\* Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (G), indicating planned use of title IV-E funds for these purposes.

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV):  
 Reporting For Fiscal Year 2015 Grants: October 1, 2014 through September 30, 2016**

1. State or Indian Tribal Organization (ITO): Karuk Tribe		2. EIN: 94-2976542		3. Address: P. O. Box 1016 Happy Camp, CA 96039			
4. Submission Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION							
Description of Funds	Estimated Expenditures for FY 15 Grants	Actual Expenditures for FY 15 Grants	Number Individuals served	Number Families served	Population served	Geographic area served	
5. Total title IV-B, subpart 1 funds	\$ 16,072	\$ 16,072	44	21	Karuk Children under 21 years	Siskiyou Co and NE Humboldt Co	
a) Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$ 1,607	\$ 1,607					
6. Total title IV-B, subpart 2 funds (This line contains a formula that will display the sum of lines a-f.)	\$ 30,218	\$ 21,732	3	2	Karuk Children under 21 years	Siskiyou Co and NE Humboldt Co	
a) Family Preservation Services	\$ 10,558	\$ 3,620					
b) Family Support Services	\$ 5,217	\$ 4,787					
c) Time-limited Family Reunification Services	\$ 3,333	\$ 7,975					
d) Adoption Promotion and Support Services	\$ 6,638	\$ 5,079					
e) Other Service Related Activities (e.g. planning)	\$ 4,472	\$ 270					
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment)	\$ -	\$ -					
7. Total Monthly Caseworker Visit funds (STATES ONLY)	\$ -	\$ -					
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -	\$ -					
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ -	\$ -					
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ -	\$ -	NA	NA	NA	NA	
9. Total Education and Training Voucher (ETV) funds	\$ -	\$ -	NA	NA	NA	NA	
10. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.							
Signature of State/Tribal Agency Official: Robert J. Super		Date: June 21, 2017		Signature of Central Office Official		Date	
							
Title: Tribal Vice-Chairman				Title			

**Attachment H**

**Optional Template for a Tribal Child and Family Services Plan / Annual Progress and Services Report  
For Federal Fiscal Years 2016**

**Name of Tribe:** KARUK TRIBE

**Tribal Agency Administering the Programs (45 CFR 1357.15(f))**

Identify the tribal agency that will administer the title IV-B (and, if applicable, CFCLIP and ETV) programs under the plan. The same agency is required to administer or supervise the administration of all programs under titles IV-B and IV-E of the Act.

- Describe the organization and function of the office or organizational unit responsible for operation and administration of the CFSP.
- Provide an organizational chart and a description of how that office relates to tribal and other offices operating or administering service programs within the tribal service area.

**CFSP - 2015: DESCRIPTION AND ADMINISTRATION**

The Karuk Child and Family Services Department (CFSD), is authorized by the Tribal Government to promulgate policies and procedures necessary to implement a system of coordinated, integrated, culturally-relevant, family focused behavioral health and child welfare services. The Tribe is responsible for administering a vast array of child welfare, behavioral health and human services programs to meet the needs of their tribal membership and local communities. The Tribe's child welfare services program strives to ensure safety, permanence, and well-being of Karuk children at risk of abuse and/or neglect and their families.

The Karuk Tribe is responsible for the supervision and coordination of programs funded under federal Title IV-B subparts 1 and 2 of the Social Security Act; Title IV-E Tribal State Agreement, BIA Compact Social Services and related grants. Furthermore, The Karuk Tribe Child Welfare Services Program is responsible for developing and updating the Tribe's Child and Family Services Plan (CFSP).

**APSR - 2016: DESCRIPTION AND ADMINISTRATION**

The Karuk Child and Family Services Department (CFSD) was transferred back to the Karuk Health and Human Services Department in April of 2015. The directorship of the program was changed as well at that time. The former interim director was relieved of directorship of the program and the program was transferred to Patricia Hobbs MSW LCSW. An organizational chart is attached with the changes that occurred.

APSR - 2017: No change.

APSR - 2018: No Change

APSR - 2019:

**Vision Statement (45 CFR 1357.15(g))**

Provide a vision statement that articulates the tribe's philosophy of providing child and family services and developing or improving a coordinated service delivery system. The vision should reflect the service principles cited at the beginning of Section D of this Pl. (The service principles are also found in Federal regulations at 45 CFR 1355.25.)

CFSP - 2015:

**MISSION STATEMENT**

The Mission of the Karuk Tribe is to promote the general welfare of all Karuk People, to establish equality and justice for our Tribe, to restore and preserve Tribal traditions, customs, language and ancestral rights, and to secure to ourselves and our descendants the power to exercise the inherent rights of self-governance.

The Mission of the Karuk Tribe's Child Welfare Services Program (CWS Program) is to preserve, protect and strengthen the children and families of the Karuk Tribe through an efficient and effective service system that empowers individuals, families and communities.

**VISION STATEMENT**

All tribal programs strive to develop individual pride and independence by enhancing personal knowledge, skills, and self-responsibility. The Karuk Tribe firmly believes in providing services in an appropriate cultural context, by expanding overall health and reacquainting Tribal people with traditional beliefs, ceremonies, and lifestyle choices. It has been long desired for the Karuk Tribe to reassume the responsibility for its families and culturally assist its member to enter healthy lifestyles, beginning with the protection of our most valuable resource, our children.

APSR - 2016: MISSION STATEMENT

No Change

APSR - 2017: No Change

APSR - 2018: No Change

APSR - 2019:

### Goals, Objectives and Measures of Progress

**Goals** (45 CFR 1357.15(h)): Specify the goals that will be accomplished during and by the end of the five-year period of the plan. Express the goals in terms of improved outcomes for the safety, permanency and well-being of children and families, and a more comprehensive, coordinated, and effective child and family service delivery system.

**Objectives** (45 CFR 1357.15(i)): Identify realistic, specific, quantifiable and measurable objectives that will be carried out to achieve each goal. Each objective should focus on outcomes for children, youth and/or families or on elements of service delivery (such as quality) that are linked to outcomes in important ways. Each objective should include both interim benchmarks and a long-term timetable, as appropriate, for achieving the objective. The CFSP must include objectives to make progress in reaching additional children in need of services, expanding and strengthening the range of existing services, and developing new types of services.

*(Additional information: "Objectives" may be thought of as the strategies or initiatives that will help achieve the goal, while "benchmarks" represent key implementation milestones. For example an objective for the goal of reducing repeat maltreatment might be to "Increase the number of families that receive high quality family preservation services," and benchmarks might include hiring staff, completing training, developing referral procedures, implementing assessment tools or other concrete action steps.)*

**Measures of progress** (45 CFR 1357.15(j)): Describe how the tribe will measure the results, accomplishments, and annual progress toward meeting the goals and objectives. Specify the processes and procedures the tribe will use to assure use of valid and reliable data and information. The data and information must be capable of determining whether or not the interim

benchmarks and multi-year timetable for accomplishing CFSP goals and objectives are being met. *(Additional information: In order to know whether the tribe is being successful in achieving its goals and objectives, it is important to identify sources of data that can be used to measure progress. This type of information may come from data that is collected by the tribe, by the state or could be information gathered through surveys or other approaches. Whatever measures the tribe identifies, it is important to establish procedures upfront to assure that data will be available on a timely and ongoing basis.)*

CFSP – 2015 Goal and Outcomes	Objective(s):	Measures of Progress:
<p>#1: All Karuk members or eligible for membership 0-18 residing in the tribes service area, referred for suspected child abuse or neglect or who have been placed in out of home placements through the Tribal Court, are raised in safe, loving families, free of future abuse, neglect and/or exploitation</p> <p>Goal 2: Youth leaving foster care in either State or Tribal Court are prepared to transition into independent living.</p>	<p>1. Increase the number of eligible tribal at-risk youth and families that receive:</p> <p>1.A Pre-placement preventative services(in home)</p> <p>1.B Support Services (pre-placement or out-of home )which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner)</p> <p>1.C Placement in a certified tribal foster/adopt homes.</p> <p>Objective 2. Advocate for Karuk Youth 16-18 years of age in ICWA cases to ensure they are receiving appropriate ILP services.</p> <p>Objective 2.A Ensure eligible Karuk Youth in Tribal Court are provided access to State ILP</p>	<p>1. A The # of eligible families accessing pre-placement preventative services will be increased by 10% each year.</p> <p>1. B The # of eligible families accessing supportive services will be increased by 10% each year.</p> <p>Projected target # of eligible families accessing pre-placement &amp; support services FY 2015 is 30.</p> <p>1. C Increase the number of certified tribal foster/ adoptive homes by 10% each year. Projected target # of certified tribal foster/ adoptive homes FY 2015 is 10.</p> <p>Objective 2 and 2 A. The program will track and report on all known ICWA ILP eligible youth and all Tribal Court ILP eligible youth ensuring appropriate plans are developed and followed thru.</p>

supportive services.			
<p><b>APSR – 2016</b> Goal and Outcomes</p> <p>#1: All Karuk members or eligible for membership 0-18 residing in the tribes service area, referred for suspected child abuse or neglect or who have been placed in out of home placements through the Tribal Court, are raised in safe, loving families, free of future abuse, neglect and/or exploitation</p>	<p>Objective(s):</p> <p>1. Increase the number of eligible tribal at-risk youth and families that receive: 1.A Pre-placement preventative services(in home)</p>	<p>Measures of Progress:</p> <p>1. A The # of eligible families accessing pre-placement preventative services will be increased by 10% each year.</p>	<p>Progress towards Goals/Objectives:</p> <p>1.A: A total of 18 individuals received in home pre placement preventative services during the past year with the goal of preventing future child welfare involvement and subsequent removal of children from their families. Individuals in both Humboldt County and Siskiyou County received these services which resulted in children being able to stay safely in their homes which reduced the need for separation of children from their families.</p>

<p>Goal 2: Youth leaving foster care in either State or Tribal Court are prepared to transition into independent living.</p>	<p>Objective 2. Advocate for Karuk Youth 16-18 years of age in ICWA cases to ensure they are receiving appropriate ILP services.</p> <p>Objective 2.A Ensure eligible Karuk Youth in</p>	<p>1. B Support Services (pre-placement or out-of home which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner)</p> <p>1. C Placement in a certified Tribal foster/adopt homes.</p>	<p>1. B The # of eligible families accessing supportive services will be increased by 10% each year. Projected target # of eligible families accessing pre-placement &amp; support services FY 2015 is 30.</p> <p>1. C Increase the number of certified tribal foster/ adoptive homes by 10% each year. Projected target # of certified tribal foster/ adoptive homes FY 2015 is 10.</p> <p>2 A. The program will track and report on all known ICWA ILP eligible youth and all Tribal Court ILP eligible youth ensuring appropriate plans are developed and followed through.</p>	<p>The 18 individuals were referred or requested voluntary family maintenance plans. Services included referral and linkage to service such behavioral health counseling, emergency assistance, case management and supportive services. The Karuk CWS staff also coordinated efforts with the County SW's in Humboldt and Siskiyou Co in addressing the child welfare needs of tribal families. In large part this is due to the general lack of communication resources available in these remote areas and the distance between the county offices and the communities served by the Karuk CWS. In Humboldt County, community members can only receive cell phone signals when they are in tribal agency centers.</p>
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	<p>Tribal Court are provided access to State ILP supportive services.</p>	<p>1 B: Three (3) individuals received support services to ensure child safety, permanency and well being. These services included referral to tribal and/or community based services to assist parents in meeting the needs of their children, transportation and/or assistance. Services included linking individuals/families to behavioral health counseling, home and school evaluations, emergency assistance including food and household items, income stabilization, referral to parenting support, supportive counseling and court advocacy. The population served is often without or receiving limited financial resources and transportation is a barrier to access to services.</p>
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			<p>Transportation is offered to ensure that children and families are able to follow through with case plans. Transportation assistance included gas vouchers as well.</p> <p>1 C: Eight (8) child/youth were placed in tribal preferred placements.</p> <p>2. A. Two Karuk youth received assistance in accessing State ILP supportive services through the advocacy efforts of Karuk CWS staff social workers. The youth included one youth aged 16 and 17 years under the jurisdiction of the tribal court.</p> <p>3. During the past year it is unclear</p>
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			<p>whether the Karuk CWS Social Workers were able to track and report on all known ICWA LLP eligible youth and all Tribal Court LLP eligible youth ensuring appropriate plans are developed and followed through. The information related to this goal is difficult to retrieve due to both previous Social Workers having left the department and the change in program directors which occurred in March 2015. Our new goal will be to follow through on the identification of these youth and</p>
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				<p>develop appropriate plans to ensure that they are receiving the appropriate services as they transition in to adulthood.</p>
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ASPR- 2017	Objective(s):	Measures of Progress:	Progress towards Goals/Objectives:
<p><b>Goal and Outcomes</b></p> <p>#1: All Karuk members or eligible for membership 0-18 residing in the tribes service area, referred for suspected child abuse or neglect or who have been placed in out of home placements through the Tribal Court, are raised in safe, loving families, free of future abuse, neglect and/or exploitation</p>	<p>1. Increase the number of eligible tribal at-risk youth and families that receive:</p> <p>1.A Pre-placement preventative services(in home)</p> <p>1.B Support Services (pre-placement or out-of home which allow children, where appropriate, to remain safely with their families or return to their families in a</p>	<p>1.A The # of eligible families accessing pre-placement preventative services will be increased by 10% each year. Goal for 2016 was 30.</p> <p>1.B The # of eligible families accessing supportive services will be increased by 10% each year. Projected target #</p>	<p>1.A: Twenty one Karuk families with 38 children received pre-placement services. Adult family members requested or the family was referred to Karuk Tribal Social Workers. Services provided as a result of requests included referral and linkage to behavioral health counseling, emergency assistance with housing, food or clothing, alcohol and other drug assessment and treatment, counseling supportive services.</p> <p>1.B: Karuk Child Welfare Services Social Workers provided services to two families whose children are in out of home placement. The families received assistance with emergency food and transportation to services including visitation.</p>

<p>Goal 2: Youth leaving foster care in either State or Tribal Court are prepared to transition into independent living.</p>	<p>1. C Placement in a certified Tribal foster/adopt homes.</p>	<p>1. C Increase the number of certified tribal foster/ adoptive homes by 10% each year. Projected target # of certified tribal foster/ adoptive homes FY 2015 is 10.</p>	<p>1 C: Karuk Child Welfare social workers successfully completed the process of adoption for one tribal youth through the Karuk Tribal Court. Two additional foster/adopt cases are in the process of being transferred.</p>
<p>Goal 3: The Tribe has identified a need for a case management system to facilitate the identification of current</p>	<p>2. Advocate for Karuk Youth 14-18 years of age in ICWA cases to ensure they are receiving appropriate ILP services. Objective 2.A Ensure eligible Karuk Youth in Tribal Court are provided access to State ILP supportive services.</p>	<p>2 A. The program will track and report on all known ICWA ILP eligible youth and all Tribal Court ILP eligible youth ensuring appropriate plans are developed and followed through.</p>	<p>2 A. Karuk Social Workers were able to work with the County of Siskiyou to identify a 16 year old Karuk youth develop an ILP plan. During the past year Karuk CWS Social Workers were not able to diligently track and report on all known ICWA ILP eligible youth and all Tribal Court ILP eligible youth due to staff shortages. It is anticipated that this objective will be met as our staffing stabilizes.</p>
<p>Objective 1A: A review of current case management systems will be conducted and</p>			

<p>and past cases, track cases and manage documentation of services.</p>	<p>evaluated. 1B: A review of fiscal resources will be conducted by the comptroller and director. 1 C: The goals if have a case management system procured by 09/30/2016.</p>		
<p><b>APSR - 2018:</b> <b>Goal and Outcomes:</b> Goal 1: All Karuk members or eligible for membership 0-18 residing in the tribes service area, referred for suspected child abuse or neglect or who have been placed in out of home placements through the Tribal Court, are raised in safe, loving families, free of future abuse, neglect and/or exploitation</p>	<p><b>Objective(s):</b> 1. Increase the number of eligible tribal at-risk youth and families that receive: <b>Progress FY 2017</b> 1.A Pre-placement preventative services (in home)</p>	<p><b>Measures of Progress:</b> 1. A The # of eligible families accessing pre-placement preventative services will be increased by 10% each year. Goal for 2016 was 30.</p>	<p><b>Progress towards Goals/Objectives:</b> 1. A: Twenty five Karuk families with 77 children received pre-placement services. Adult family members requested or the family was referred to Karuk Tribal Social Workers. Services provided as a result of requests included referral and linkage to behavioral health counseling, emergency assistance with housing, food or clothing, alcohol and other drug assessment and treatment, counseling and supportive services.</p>
	<p><b>Plan FY 2018</b></p>		

	<p>1. The Karuk CWS will increase the eligible tribal at risk youth and families that receive:</p> <p>1.A Pre-placement preventive services by 10%. The goal for the number of families who receive these services will be set at 30. Services will focus on services which promote the safety and well being of children and families including culturally relevant parenting classes, early developmental screening of children to assess the needs of these children and counseling and home visiting activities.</p> <p><b><u>Progress FY 2017</u></b></p> <p>1.B Support Services (pre-placement or out-of-home which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner)</p>	<p>1. B The # of eligible families accessing supportive services will be increased by 10% each year. Projected target # of eligible families accessing pre-placement &amp; support services FY 2016 is 30.</p>	<p>1 B: Karuk Child Welfare Services Social Workers provided services to seven families whose children are in out of home placement. The families received assistance with transportation, substance abuse treatment and aftercare as well as transportation to services including visitation.</p>
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	<p><b><u>Plan FY 2018</u></b></p> <p>1. B. The goal is to provide Support Services to families and children to allow children to remain safely in their homes. Services and activities may include individual and family counseling, linkage to mental health services, provision of inpatient, residential or outpatient substance abuse treatment services, linkage to address domestic violence, activities designed to facilitate access to and visitation of children by parents and siblings, transportation to and from services and activities. The goal is to provide Support Services to 30 families.</p> <p><b><u>Progress FY 2017</u></b></p> <p>1. C: Placement in a certified Tribal foster/adopt homes.</p>	<p>1. C: Increase the number of certified tribal foster/ adoptive homes by 10% each year. Projected target # of certified tribal foster/ adoptive homes</p>	<p>1 C: Karuk Child Welfare social workers successfully assisted in the process of adoption for one tribal youth through the state adoptions</p>
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<p>Goal 2: Youth leaving foster care in either State or Tribal Court are prepared to transition into independent living.</p>	<p>2.A. Advocate for Karuk Youth 14-18 years of age in ICWA cases to ensure they are receiving appropriate ILP services.</p> <p>2.B. The Karuk CWS will ensure eligible Karuk Youth in Tribal Court are provided access to State ILP supportive services.</p>	<p>2 A. The program will track and report on all known ICWA ILP eligible youth and all Tribal Court ILP eligible youth ensuring appropriate plans are developed and followed through.</p> <p>2.B. The Karuk CWS will coordinate with Tribal Court to ensure that all eligible Karuk Youth under their jurisdiction have access to State ILP Supportive Services.</p>	<p>2.A. Karuk Social Workers worked with the state CWS system to support one child in developing an appropriate plan.</p> <p>2.B. Karuk Social Workers did not have a youth in tribal court who was eligible for State ILP supportive services.</p>
<p>The goal is to continue efforts to certify tribal foster/adoptive homes. The Projected target was 10. The goal is to continue working towards that goal.</p>	<p><b><u>Plan for FY 2018</u></b></p>	<p>FY 2015 was 10 with 10% increases for the past two years = 12 tribal foster/adoptive homes.</p>	<p>system. Assistance included promoting visitation, completion of tribally approved home process.</p>
<p><b><u>Progress FY 2017</u></b></p>	<p></p>	<p></p>	<p></p>

<p>Goal 3: The Tribe has identified a need for a case management system to facilitate the identification of current and past cases, track cases and manage documentation of services</p>	<p><b><u>Plan for FY 2018</u></b></p> <p>Objective 2.A</p> <p>The Karuk Tribe CWS will continue to advocate for youth 14 – 18 years of age in ICWA cases to ensure they are receiving appropriate LLP services.</p> <p>Objective 2.B</p> <p>Ensure eligible Karuk Youth in Tribal Court are provided access to State LLP supportive services.</p> <p><b><u>Progress FY 2017</u></b></p> <p>Objective 3:</p> <p>A review of current case management systems will be conducted and evaluated.</p> <p>3.A: A review of fiscal resources will be conducted by the comptroller and director.</p>	<p>3.A Review of Fiscal Resources.</p>	<p>3.A The Tribe was able to identify funds for the purpose of procuring a case management system.</p>
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APSR - 2019:			<p>3 B: The goals if have a case management system procured by 09/30/2016.</p> <p><b><u>Plan for FY 2018</u></b></p> <p>3 C: The Karuk CWS will continue to enter cases in to the case management system and assist staff in participating in ongoing training.</p>	<p>3 B: Procurement of case management system</p>	<p>3 B: A case management system procurement process was initiated and a system (TAS) was purchased by the deadline of 9/30/2016.</p>
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**Consultation and Coordination (45 CFR 1357.15(f) and (m))**

- Describe the consultation process the tribe has determined is appropriate to meet its needs and circumstances in order to obtain the active involvement of the offices responsible for providing child and family services within the tribe's area of jurisdiction. The consultation process must include all the appropriate offices or agencies responsible for child and family services (including child protective services, in-homes services, foster care, guardianship, adoption and independent living services) in the tribe's service area.
- Discuss how the tribe has involved the tribal and/or state courts and court improvement programs in the CFSP plan development.
- Discuss how the tribe has engaged stakeholders, including: families and youth, other agencies including the state child welfare agency; other federally-funded programs operated by the tribe or state, e.g. Temporary Assistance for Needy Families (TANF), Medicaid, Child Care, Head Start, Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamps program), and Community-Based Child Abuse Prevention (CBCAP) programs; private agencies providing services to children and families, and community-based public and private providers for programs such as substance abuse treatment domestic violence, behavioral health, schools, developmental disability, etc.
- Describe how services under the plan will be coordinated over the five-year period with services or benefits under other federal or federally-assisted child and family services or programs serving the same populations to achieve the goals and objectives in the plan.

CFSP - 2016:

**COLLABORATION WITH COUNTIES AND STATE**

- a) Karuk CWS has worked with tribal and state courts on cases involving tribal children in pre placement, emergency response and placement.
- b) The Child and Family Services director in consultation with the tribal court administrator has requested updates to the Karuk Tribe Children's Code from the California Department of Social Services. The updates are in process.
- c) The Karuk CWS Director has met with the CWS Siskiyou Director to discuss how to enter in to a collaborative process on cases with joint jurisdiction. There was a change in administrators at the county level recently which has stalled these discussions.
- d) The Tribe has consulted with tribal court in cases where appropriate.
- e) The Karuk CDS Social Worker has not been able to be active with the California Partners for Permanency Advisory

Committee (CAPP) through the Humboldt County Social Service Department during the past year due to reduced staffing.

- f) The Tribe has also not been able to be an active participant on the Humboldt County DA and Victim Witness Roundtable. This is a Multi-Tribal collaboration process on concerns that the local Tribe's may have regarding issues of the adequacy of emergency response, drug and domestic violence abatement, jurisdictional issues, community education, adequacy of DA and Law enforcement services to Tribes in rural areas, and address complaints of discrimination.
- g) The Tribe has continued its membership with the Northern California Tribal Courts Coalition which is a consortium of Northern California Tribes with active Tribal Courts.
- h) The Tribal Court Administrator/Judge is an active member of the California Tribal Court/State Court Forum. This Forum meets on a regular basis to discuss issues of mutual importance to tribal and state justice systems. It has worked to identify issues concerning the working relationship between tribal and state courts.
- i) The Karuk CFS Director has participated in the Siskiyou County Superior Court quarterly Blue Ribbon Commission - Dependency Task Force meetings include updates from various entities involved in the Child Welfare System in Siskiyou County.

#### COLLABORATION AND CONSULTATION/STAKEHOLDERS

This Karuk CFSP was developed as a coordinated effort of the Karuk Tribe Child and Family Services Department, ICW Committee and the Karuk Child and Family Court. The Department of Child and Family Services is comprised of the Mental Health Program, Alcohol and Other Drug Program and the Child Welfare Services Program/ICWA Unit. The Department is charged with being responsible for child and family services such as child protective services, foster care and independent living services under the tribes' jurisdiction. The Department holds monthly staff meetings to develop and coordinate policies and procedures for meeting the needs of the Karuk families and children. Separate case management meetings are held with the Child and Family Services director and social workers.

The Karuk Tribe has established an Indian Child Welfare Committee, which sits as a body for the oversight of ongoing families falling within the state and tribal court juvenile judicial systems. The ICW committee is comprised of three Tribal Council Members, three tribal community representatives, the Director of Child and Family Services and the Karuk CWS Social Workers.

To ensure collaboration, the Karuk Child Welfare Services Program staff meets regularly with a tribal program level committee, "The Karuk Yav Pa' Anav" (system of care-compromised of Karuk service providing programs). The committee convenes monthly. Sharing of information between service departments/agencies and case collaboration has been highly successful in

locating at risk families in need of support

The collaboration of Tribal programs called Yav Pa Anav, was first organized by the Karuk Tribal Court in 2006. This organization of intra-tribal programs was organized to increase and strengthen access and to avoid duplication of services within the Tribe. It developed agreements that streamline communication and referrals for tribal persons needing health and human services. The Yav Pa Anav Wellness Forum was established to create stronger working relationships among the tribal programs that serve Karuk Tribal youth and families. This forum includes a variety of individuals including staff from Behavioral Health, Child Welfare Services, Low-income Assistance Program (energy, employment, and emergency needs), Head Start, Naa Vura Yeeshiip (a culturally focused child abuse treatment service to AI/AN child victims), Tribal Court, Pikyav Program (domestic violence), Tribal Temporary Assistance for Needy Families (TANF), and Tribal Child Care. The Yav Pa Anav Wellness Forum has developed a universal referral/release of information form that has been distributed within each department, and also has been shared with other tribal agencies including, Northern California Indian Development Corporation (NCIDC), Karuk Health programs, and the Karuk Tribal Housing Authority.

In accordance with Tribal, Federal and State laws, intervention services are appropriately coordinated with relevant tribal programs and County/State CPS for applicable phases including, reports, referral, placement, and follow-up. Additional services are coordinated with Siskiyou Domestic Violence and Crisis Center and Naa Vura Yee Shipp.

The Karuk Tribe continues to consult and coordinate implementing the Tribal-State IVE Agreement with the State Department of Social Services. Monthly calls in meetings occur and a time line and task list has been developed.

APSR - 2016:

- a) The Karuk Indian Child Welfare Committee meets the third Tuesday of each month to discuss ongoing child welfare cases and to identify families/children in the community that may need assistance and support to prevent child abuse and neglect.
- b) The Karuk CWS Social Workers meets monthly with the Yav Pa Anav multidisciplinary team within the Karuk Tribe. Participation has been significantly reduced due to staffing levels during the past year. The forum serves as a way to identify youth and family who may benefit from intervention from any of the programs that participate. Identification and linkage to services is accomplished and cases are staffed when appropriate.
- c) In accordance with Tribal, Federal and State laws, intervention services are appropriately coordinated with relevant tribal programs and County/State CPS for applicable phases including, reports, referral, placement, and follow-up.

Karuk Social Workers have responded to emergency referrals with both Siskiyou and Humboldt County social workers when requested as staffing allows.

- d) Additional services are coordinated with Siskiyou Domestic Violence and Crisis Center. Siskiyou Domestic Violence has assisted with referral and resource identification for families in need.
- e) Director of Child and Family Services and child welfare social workers are participating in bimonthly telephone consultation with California State Department of Social Services and has received guidance on implementation of services, development of foster care system, and technical assistance on claiming procedures.
- f) The CFS Director reports monthly to the Tribal Health Board relevant information related to the implementation of the plan and status of the department.
- g) The Karuk Judicial Director is collaborating with the state to update the Tribe's Children's Code.

**APSR – 2017:**

- a) The Karuk Tribe has appointed an Indian Child Welfare Committee for the purpose of protecting the best interest of the child and promoting the stability and security of the Karuk Tribe and its Indian Families. The Committee consists of three tribal council members and three interested community members as well as the Child Welfare staff who meet monthly. The committee provides recommendations for interventions in state dependency cases and placement.
- b) The Karuk CWS staff meets monthly with the Yav Pa Anav multidisciplinary team of the Karuk Tribe. The Yav Pa Anav is a forum developed to coordinate tribal service programs and has been a source of referral to CWS as well as a resource for services for children and families.
- c) In accordance with Tribal, Federal and State laws, intervention services are coordinated with relevant tribal programs and County/State Child Protective Services. As staffing allows, Karuk Social Workers have responded to emergency referrals with Siskiyou and Humboldt County social works when notified.
- d) The Karuk Child and Family Services Director and social work has participated in bimonthly telephone consultation with CDSS and has received valuable guidance in implementation of services, development of foster care homes and technical assistance related to claiming.
- e) The Karuk Child and Family Services Director reports monthly to the Tribal Health Board relevant information related to the implementation of the plan and status of the department.
- f) The Karuk CFS Director is collaborating with CDSS to update the Tribe's Children's Code.

**APSR - 2018:**

- a. The Karuk Tribe Indian Child Welfare Committee continues to hold monthly meetings for the purpose of reviewing

- of cases and policies of the Child Welfare Program. They provide guidance directed at protecting the best interest of the child and promoting the stability and security of the Karuk Tribe and its Indian Families. The Committee consists of three tribal council members and three interested community members as well as the Child Welfare staff who meet monthly. The committee provides recommendations for interventions in state dependency cases and placement.
- b. The Karuk CWS staff meets monthly with the Yav Pa Anav multidisciplinary team of the Karuk Tribe. The Yav Pa Anav is a forum developed to coordinate tribal service programs and has been a source of referral to CWS as well as a resource for services for children and families.
  - c. In accordance with Tribal, Federal and State laws, intervention services are coordinated with relevant tribal programs and County/State Child Protective Services. As staffing allows, Karuk Social Workers have responded to emergency referrals with Siskiyou and Humboldt County social works when notified. The Tribe works closely with child welfare departments in both Siskiyou and Humboldt counties in both preplacement preventive services and to facilitate timely reunification of families when safe and appropriate.
  - d. The Karuk Child and Family Services Director and social work has participated in quarterly telephone consultation with CDSS and has received valuable guidance in implementation of services, development of foster care homes and technical assistance related to claiming.
  - e. The Karuk Child and Family Services Director reports monthly to the Tribal Health Board relevant information related to the implementation of the plan and status of the department.
  - f. The Karuk CFS Director is collaborating with CDSS to update the Tribe's Children's Code. In December 2016 the recommended updating and suggested changes were sent back to the Karuk Tribe for completion. The Karuk Tribe is working to complete these changes and recommendations with the assistance of legal counsel.
  - g. Social Work staff have been consulted when APPLA has been determined to be an appropriate permanency plan for youth. Social Workers are often included in the diligent search for a willing and able relative in cases where other permanency plans have either been refused by the youth or found to be inappropriate for an individual case.
  - h. One of the counties which the tribe provides services was investigated by the Attorney General's office and subsequent follow included the tribe for recommendations on how to better work together on child welfare cases.

APSR - 2019:

**Service Description (45 CFR 1357.15(n))**

Reminder: Provide the estimated expenditures for all services described below on the CFS-101.



- Describe the services the tribe plans to provide under title IV-B, subpart 1 and under each category of title IV-B, subpart 2: family preservation; family support; time-limited family reunification; and adoption promotion and support services.

CFSP - 2015:

IVB Subpart 1 will fund in -part the development and expansion of the Tribes coordinated Child and Family Services

Department specifically the Child Welfare Services Program.

1. The funds will be used in-part for Licensed Clinical Social Worker (LCSW) Clinical Supervision and the Social Workers performing the day to day child protection work in the Karuk Child Welfare Services Program.  
Upon referral, intake and assessment of risk will be performed. The matter will be staffed by the CWS Team (clinical supervisor and social workers). Depending upon the level of at risk the social worker may develop a family maintenance plan or an informal supervision plan. If the family is unable to successfully engage in services the social worker will take legal action to protect the at-risk youth and file a youth in need of care petition.  
Social Workers will provide case management services to families engaging in voluntary family maintenance, informal supervision and tribal court cases.
2. The funds will be used in-part to assist in providing training, professional development and support to ensure a well-qualified child and family services workforce.
3. The funds will be used in-part to assist with associated costs for training staff & operating computers for caseworkers who will be trained on the State CWS/CMS System.
4. These funds, will be combined with other tribal, state or grant funds in order to continue to provide the communities of Yreka (.65FTE) and Happy Camp(.75FTE) in Siskiyou County and in Orleans(.50FTE S.W.) in Humboldt County and ICW administrative services (.30FTE and .50FTE) with three social workers, an assistant and administrator who provide the following direct child welfare services: Case management, for cases under the jurisdiction of the tribe, such as voluntary family maintenance or time-limited family reunification services; emergency response/crisis intervention and supportive/advocacy services for Independent Living Program(State ILP) eligible tribal youth .
5. The funds will be used in-part to cover administrative costs not to exceed 10% of the IV-B subpart 1 total allotment.

Title IV-B, subpart 2 will fund in -part the development and expansion of the Tribes coordinated Child and Family Services

Department.

FAMILY SUPPORT AND FAMILY PRESERVATION

1. The funds will be used in-part to pay for direct pre-placement preventative services (in home) and support services (pre-placement or out-of-home) such : parenting classes; cultural enrichment activities; emergency food vouchers; clothing vouchers; assistance with transportation, and emergency respite care assistance for approximately 138

eligible tribal children and their families. (fy2016=30,fy2017=33,fy2018=36, fy2019=39)  
ADOPTION PROMOTION AND SUPPORT SERVICES

2. The funds will be used in-part to further develop and expand the Karuk Foster Care Program; specifically funds will be used to pay for actively recruiting, training and/ or supporting approximately 46 tribal foster/adopt homes. The funding will be used to conduct background checks and assist with necessary measures to certify Tribal Foster/Adopt Homes. (fy2016=10 foster homes certified,fy2017=11 foster homes certified,fy2018=12 foster homes certified,fy2019=13foster homes certified)

APSR - 2016:

1. The Karuk CWS Program was able to provide family preservation, family support and time limited family reunification to ten families which included 26 children. Social Workers conducted risk and safety assessments, engaged families in case plan development, monitored for ongoing progress and initiated when appropriate referrals to other systems within and outside the tribal service program. Case management services were provided to families in voluntary family maintenance and tribal court cases.
2. Staff attended phase one of Core Training with the Northern California Training Academy. The training provides a foundation for child welfare service delivery. It is anticipated that tribal social workers will attend phase two of this training in the coming year as well as the director attending supervisory training.
3. Staff attended Shared Decision Making Training again sponsored by the Northern California Training Academy. This model was utilized by social workers in engaging youth and families in developing appropriate case plans and monitoring for barriers, progress and completion of goals.
4. Staff attended State CWS/CMS Training. We have not utilized the program as of the date of this report, however plans are in place to begin during FY 2016.
5. It has been a challenge providing services in all three communities due to the distance between sites and the level of funding provided for the program.
6. Two youth have been assisted in developing plans for transition in to adulthood. The social workers are working with the tribal education program is developing ways to increase the awareness of educational, vocational and other services and supports for former foster care youth.
7. The Karuk Tribe will continue to utilize funds to protect and promote the welfare of all Karuk children; assisting in preventing the neglect, abuse or exploitation of children; supporting at-risk families through services which allow children, when appropriate, to remain safely with their families or return to their families in a timely manner; promote the safety, permanence, and well-being of children in foster care and adoptive families and by providing training, professional development, and support to ensure a well-qualified child welfare workforce.

Title IV-B, subpart 2 will fund in -part the development and expansion of the Tribes coordinated Child and Family Services Department.

During the FY 2015, funds were utilized to provide support services for:

1. Time limited Family Reunification Services: The Karuk CWS program coordinated with county social workers and assisted two children in safely reunifying with their families. The services provided included linkage to tribal service programs, home and school evaluation, emergency assistance, and court advocacy. Coordination with the county social workers due to the distance between agency and community where the family lived and the lack of communication resources (i.e. telephone service) and transportation resources.
2. Family Support and Family Preservation: In FY 2015, seven families that included 18 children were offered family support and family preservation services. The families were under the responsibility of the tribe and were not in county jurisdiction. The services included direct in home protective services to prevent or remedy neglect abuse or exploitation for the purpose of preventing the separation of children from their families. These services included parenting education, child development education, cultural enrichment activities; emergency food vouchers; clothing vouchers; assistance with transportation, and emergency respite care assistance.
3. Adoption Promotion and Support Services: During FY 2015, Karuk CWS continued efforts to recruit and certify tribal foster/adoptive homes. Appropriate policies and procedures were updated and continues to be a work in progress with the assistance of state legal staff. The plan for FY 2016 is to continue this effort by developing a more focused recruitment effort in all three areas served by the tribe.

APSR – 2017:

1. The Karuk CWS Program was able to provide family preservation, family support and time limited family reunification to twenty one families which included 38 children. Social Workers conducted risk and safety assessments, engaged families in case plan development, monitored for ongoing progress and initiated when appropriate referrals to other systems within and outside the tribal service program. Case management services were provided to families in voluntary family maintenance and tribal court cases.
2. Challenges to provide services to all three communities. Social Workers have traveled from Siskiyou County to meet with community members in our Humboldt County office – a distance of 120 miles one way.
3. The Karuk Tribe will continue to utilize funds to protect and promote the welfare of all Karuk children; assisting in

preventing the neglect, abuse or exploitation of children; supporting at-risk families through services which allow children, when appropriate, to remain safely with their families or return to their families in a timely manner; promote the safety, permanence, and well-being of children in foster care and adoptive families and by providing training, professional development, and support to ensure a well-qualified child welfare workforce.

Title IV-B, subpart 2 will fund in -part the development and expansion of the Tribes coordinated Child and Family Services Department.

During the FY 2016, funds were utilized to provide support services for:

4. Time limited Family Reunification Services: The Karuk CWS program provided services to three families to support them in returning children from county foster care back in to the family home. The services provided included linkage to tribal service programs, emergency assistance, transportation and a home evaluation.
  5. Family Preservation Services: Karuk CWS assisted/supported four families by providing family preservation services. The services included supporting/assisting families in identifying safety plans, assisting in access to services including alcohol and drug, mental health, income and housing stabilization.
  6. Family Support: In FY 2016, six families were offered family support services. The families were under the responsibility of the tribe and were not in county jurisdiction. The services included direct in home protective services to prevent or remedy neglect abuse or exploitation for the purpose of preventing the separation of children from their families. These services included parenting education, child development education, cultural enrichment activities; emergency food vouchers; clothing vouchers; assistance with transportation, and emergency respite care assistance.
- Adoption Promotion and Support Services: During FY 2016, Karuk CWS were able to transfer a case from another state in to tribal court and successfully placed that child for adoption with a tribal family. Karuk CWS Social Worker is in the process of transition of a second case involving two children to tribal homes for adoption

**APSR - 2018:**

IVB Subpart 1 will fund in -part the development and expansion of the Tribes coordinated Child and Family Services Department specifically the Child Welfare Services Program.

1. The funds were utilized in-part for Social Workers performing the day to day child protection work in the Karuk Child Welfare Services Program. Referrals were received and addressed, including the completion of intake and assessment of risk. Cases were staffed by the Child Welfare Services team and concerns were addressed depending on the level of risk identified. When families are not able to engaged in services the social worker initiates action to protect the at-risk youth and file a youth in need of care petition. Social Workers provided case management services to families engaging in voluntary

family maintenance, informal supervision and tribal court cases.

2. The funds were used in-part to assist in providing training, professional development and support to ensure a well-qualified child and family services workforce. Two Social Workers completed CWS CORE Training with the UC Davis Extension Program. Social Work staff attended comprehensive training with the California Indian Legal Services on Indian Child Welfare as well as Trauma Informed Care, Suicide Prevention and Drug Endangered Children.
3. Funds were utilized in part to procure a case management system which will allow for documentation of case records, service delivery and timely case reviews.
4. Child Welfare Services were provided in all three major communities of the Tribe's service area. Funds were combined with other tribal, state or grant funds in order to continue to provide the communities of Yreka (1.0 FTE) and Happy Camp (1.0 FTE) in Siskiyou County and in Orleans (1.0 FTE) in Humboldt County and also includes (2.0 FTE) Social Worker Assistants and administrator. Social Workers provided direct child welfare services including case management, as voluntary family maintenance or time-limited family reunification services; emergency response/crisis intervention and supportive/advocacy services for Independent Living Program (State ILP) eligible tribal youth.
5. The funds were used in-part to cover administrative costs not to exceed 10% of the IV-B subpart 1 total allotment.

Title IV-B, subpart 2 will fund in -part the development and expansion of the Tribes coordinated Child and Family Services Department.

#### FAMILY SUPPORT AND FAMILY PRESERVATION

1. The funds will be used in-part to pay for direct pre-placement preventative services (in home) and support services (pre-placement or out-of-home) such : parenting classes; cultural enrichment activities; emergency food vouchers; clothing vouchers; assistance with transportation, and emergency respite care assistance for approximately 138 eligible tribal children and their families. (fy2016=30,fy2017=33,fy2018=36, fy2019=39)
2. Data collected during the past three years indicate that we have served approximately 136 eligible tribal children and their families which is just under the projected total.
- 3.
4. **ADOPTION PROMOTION AND SUPPORT SERVICES**
3. The funds will be used in-part to further develop and expand the Karuk Foster Care Program; specifically funds will be used to pay for actively recruiting, training and/ or supporting approximately 46 tribal foster/adopt homes. The funding will be used to conduct background checks and assist with necessary measures to certify Tribal Foster/Adopt Homes. (fy2016=10 foster homes certified,fy2017=11 foster homes certified,fy2018=12 foster homes certified,fy2019=13foster homes certified)
4. Data collected during the current and previous years indicates we have certified 14 tribal homes for placement of

Karuk Children.

APSR - 2019:

- Describe the services currently available to families and children; the extent to which each service is available and being provided in different geographic areas and to different types of families; and important gaps in service, including mismatches between available services and family needs as identified by baseline data and the consultation process.

CFSP - 2015:

The Karuk Tribe provides direct child welfare services in the communities of Yreka and Happy Camp in Siskiyou County and in Orleans in Humboldt County and ICWA services for eligible cases. In the same communities the Karuk Tribe offers health care services including medical and dental, parenting classes, drug and alcohol counseling including referral for detoxification and residential treatment, low-income housing rentals and vouchers, educational grants, child and adult tutoring services, computer lab and training, low-income energy assistance, employment training, emergency assistance vouchers, Naa Vura Yee Shiip cultural therapy, Head Start services for families with 3-4 year old children, mental health including access to psychiatry via telehealth and community health outreach.

Most Emergency Response /Intervention services are appropriately coordinated with County CPS for applicable phases including, reports, referral, placement, and follow-up. Additional services are coordinated with Siskiyou Domestic Violence and Crisis Center and Naa Vura Yee Shiip, a cultural therapeutic program both offering services for abused and neglected children.

In addition to certifying Tribal foster care/relative caretaker/respite care, the Karuk Tribe continues to work towards full implementation of the Tribal-State IVE Agreement.

Gaps in Services:

1. Although the counties provide a stage/transportation system to and from Yreka and Happy Camp, Happy Camp and Orleans, Hoopa to Eureka, transportation continues to be a barrier. The families and youth often have appointments that do not coincide with the transit systems schedule and have unreliable transportation or no funding to purchase fuel themselves. This is one barrier that stands in the way of youth and families being able to access services or participate in activities.
2. The Counties of Humboldt and Siskiyou have their main offices located in Eureka and Yreka which are 1.5 to 3.0 hours from the communities that tribal families reside making it difficult to access county based services. The Karuk Tribe is the only services provider that is stationed in the communities for which tribal families reside, with the exception of Happy Camp. In Happy Camp, Siskiyou County funds a Family Resource Center which has offices available for county employees to meet with their clients throughout the week. (Usually 1-2 x week for mental health, probation and child welfare as needed and self-help court and domestic violence advocate services 1 x a month). The Family Resource Center also partners with the Karuk Tribe Service Providers to provide community activities throughout the year.

3. Time is a barrier. Distance between communities is a barrier. The tribes' lack of an efficient car pool for tribal employees is a barrier. All these barriers contribute in a gap of services. In order to meet the needs of all three tribal communities the Karuk Child Welfare Services Program would ideally have fully staffed satellite offices in each community instead of part-time and the Counties would assist in providing more child and family services to the communities also.

APSR - 2016:

1. The Karuk Tribe continued to provide direct child welfare services in the communities of Yreka and Happy Camp in Siskiyou County and in Orleans in Humboldt County and ICWA services for eligible cases. Direct child welfare services included linkage and referral of children and families to behavioral health counseling, home and school evaluations, emergency assistance, development of case plans to address the risk and safety of children, supportive counseling and advocacy for income stabilization, employment opportunities and housing. The vast area that our Social Workers serve continues to be problematic as the distance between our Siskiyou and Humboldt county offices is 115 miles one way. Due to the rural nature of the area and the winding roadways the travel time is approximately 2 ½ hours.
  2. In the communities served by the Karuk Tribe other available services include: medical, dental, mental health services, parenting classes, drug and alcohol counseling, low-income housing rentals and vouchers, educational grants, child and adult tutoring services, computer lab and training, low-income energy assistance, job training, emergency assistance vouchers, Naa Yura Yee Shiip cultural therapy. Head Start services for families with 3-4 year old children, and community health outreach. All of these services have been utilized at various times to support our efforts in maintaining children in their biological homes and/or returning them if removed.
  3. The Karuk Tribal Medical Department – Orleans Site experienced a shortage of providers during the past year and that impacted our families living in that area.
  4. The Child and Family Services – Mental Health Department has psychiatry services via telehealth to Happy Camp, Orleans and Yreka. The provider meets face to face with clients in the Yreka office one day per month and schedules appointments via telehealth on an alternate date during the month.
  5. Karuk Substance Abuse Program also experienced a shortage of counselors during FY 2015. The staff was able to continue to provide services in all areas at a reduced capacity. The Karuk Substance Abuse Program provides individual, and group drug and alcohol counseling, Driving Under the Influence Program classes and Batterer's Intervention Groups.
  6. In addition to tribal programs, the communities provide for or have access to a variety of supportive programs including Siskiyou Domestic Violence and Crisis Center, Family Resource Centers, County of Siskiyou Behavioral Health (Happy Camp), Probation and Siskiyou County Family Law Facilitator.
- Transportation remains a barrier to meeting the goals of case plans for families in the Karuk CWS system. Although the counties provide a stage/transportation system to and from Yreka and Happy Camp, often families have appointments that do not

coincide with the transit systems schedule and have unreliable transportation or no funding to purchase fuel themselves. There is no public access to transportation from the Humboldt County service area to the location of services in that county. The tribe had contracted with the Siskiyou Transit and General Express for services between Humboldt County and the tribal headquarters in Happy Camp without much success due to the long waits between routes. In addition, we have transportation services available to medical, dental, and mental health services based on need.

APSR - 2017:

1. The Karuk Tribe continued to provide direct child welfare services in the communities of Yreka and Happy Camp in Siskiyou County and in Orleans in Humboldt County and ICWA services for eligible cases. Direct child welfare services included linkage and referral of children and families to behavioral health counseling, home and school evaluations, emergency assistance, development of case plans to address the risk and safety of children, supportive counseling and advocacy for income stabilization, employment opportunities and housing. The vast area that our Social Workers serve continues to be problematic as the distance between our Siskiyou and Humboldt county offices is 120 miles one way. Due to the rural nature of the area and the winding roadways the travel time is approximately 2 ½ hours.
2. In the communities served by the Karuk Tribe other available services include: medical, dental, mental health services, parenting classes, drug and alcohol counseling, low-income housing rentals and vouchers, educational grants, child and adult tutoring services, computer lab and training, low-income energy assistance, job training, emergency assistance vouchers, Naa Vura Yee Shiip cultural therapy, Head Start services for families with 3-4 year old children, and community health outreach. All of these services have been utilized at various times to support our efforts in maintaining children in their biological homes and/or returning them if removed.
3. The Karuk Tribal Medical Department – Orleans Site experienced several changes in providers during the past year and that impacted our families living in that area.
4. The Karuk Behavioral Health provides psychiatry services via telehealth to Happy Camp, Orleans and Yreka. The provider meets face to face with clients in the Yreka office one day per month and schedules appointments via telehealth on an alternate date during the month.
5. Karuk Substance Abuse Program also experienced disruption in services FY 2016. The staff was able to continue to provide services in all areas at a reduced capacity. The Karuk Substance Abuse Program provides individual, and group drug and alcohol counseling, Driving Under the Influence Program classes and Batterer’s Intervention Groups. The Karuk Tribe Council also provided funding for referral to detoxification and residential treatment the spring of 2016.
6. In addition to tribal programs, the communities provide for or have access to a variety of supportive programs including



Siskiyou Domestic Violence and Crisis Center, Family Resource Centers, County of Siskiyou Behavioral Health (Happy Camp), Probation and Siskiyou County Family Law Facilitator.

Transportation remains a barrier to meeting the goals of case plans for families in the Karuk CWS system. Although the counties provide a stage/transportation system to and from Yreka and Happy Camp, often families have appointments that do not coincide with the transit systems schedule and have unreliable transportation or no funding to purchase fuel themselves. There is no public access to transportation from the Humboldt County service area to the location of services in that county. The tribe had contracted with the Siskiyou Transit and General Express for services between Humboldt County and the tribal headquarters in Happy Camp without much success due to the long waits between routes. In addition, we have transportation services available to medical, dental, and mental health services based on need.

**APSR - 2018:**

1. The Karuk Tribe continued to provide direct child welfare services in the communities of Yreka and Happy Camp in Siskiyou County and in Orleans in Humboldt County. Direct child welfare services included linkage and referral of children and families to behavioral health counseling, home and school evaluations, emergency assistance, development of case plans to address the risk and safety of children, supportive counseling and advocacy for income stabilization, employment opportunities and housing. The large service area for the Karuk Tribe continues to be difficult to serve. This requires extensive travel and coordination with multiple resources.
2. Children identified at greatest risk of child abuse and neglect or sexual abuse include those children 0 – 5 years of age, children with developmental and/or mental health concerns, children being raised in homes where adults have substance abuse issues or mental health concerns.
3. In the communities served by the Karuk Tribe other available services include: medical, dental, mental health services, parenting classes, drug and alcohol counseling, low-income housing rentals and vouchers, educational grants, child and adult tutoring services, computer lab and training, low-income energy assistance, job training, emergency assistance vouchers, Koo (formerly Naa) Vura Yee Shiip cultural therapy, Head Start services for families with 3-4 year old children, and community health outreach. All of these services have been utilized at various times to support our efforts in maintaining children in their biological homes and/or returning them if removed.
4. Karuk Health and Human Services has new leadership and they have again experienced several changes in providers during the past year and that impacted our families living in that area.
5. The Karuk Health and Human Services provides psychiatry services via telehealth to Happy Camp, Orleans and Yreka. The provider meets face to face with clients in the Yreka office one day per month and schedules appointments via telehealth on an alternate date during the month. We have been able to expand the number of service provider positions, however recruitment and retention remain a barrier. During the past FY we lost two mental health providers within the tribe and have replaced one of those positions.

<p>6. Karuk Substance Abuse Program also experienced disruption in services during the past year. The program was unable to serve the Humboldt Co district for nine months. The Tribe is collaborating with Humboldt County to assist us in providing services in that region. The Karuk Substance Abuse Program provides individual, and group drug and alcohol counseling, Driving Under the Influence Program classes and Batterer's Intervention Groups. The Karuk Tribe Council also provided funding for referral to detoxification and residential treatment the spring of 2016 which has greatly expanded our ability to refer individuals needing those services.</p> <p>7. In addition to tribal programs, the communities provide for or have access to a variety of supportive programs including Siskiyou Domestic Violence and Crisis Center, County of Siskiyou Behavioral Health (Happy Camp), Probation and Siskiyou County Family Law Facilitator. During the fall of 2016 the Happy Camp Family Resource Centers reduced hours and then later closed for a period of time. This greatly impacted the tribal community in that region. The Center held a formal re-opening in May. In addition, the Siskiyou County Family Law Facilitator partnered with the Child and Family Services Department to provide office space while the Family Resource Center was closed.</p> <p>8. Transportation remains a barrier to meeting the goals of case plans for families in the Karuk CWS system. Although the counties provide a stage/transportation system to and from Yreka and Happy Camp, often families have appointments that do not coincide with the transit systems schedule and have unreliable transportation or no funding to purchase fuel themselves. There is no public access to transportation from the Humboldt County service area to the location of services in that county. The tribe had contracted with the Siskiyou Transit and General Express for services between Humboldt County and the tribal headquarters in Happy Camp however that service was discontinued due to low use. The Tribe has hired two Social Worker assistant positions to assist with transportation within our service area and that has made it possible for Child Welfare Services participants to increase their ability to engage in services.</p> <p>9. The Karuk Child Welfare Department works closely with the Karuk Judicial System as well as the State Court System in addressing child abuse and neglect in our communities. Social Workers consult with the Tribal Judicial system regarding children and file youth in need of care petitions when warranted. Many tribal children are cared for by guardians and social workers conduct home evaluations, monitor health care and assist and support guardians when needed.</p>	<p>APSR - 2019:</p> <ul style="list-style-type: none"> <li>Describe the tribe's standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the tribe, which, at a minimum, ensure that the children are visited on a monthly basis and that caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the children. If the tribe does not operate a foster care program, this provision is not applicable; please simply note that the tribe does not operate a foster care program (Section 422(b)(17)).</li> </ul>
<p><b>Complete this section if the tribe operates a foster care program.</b></p>	<p><b>For tribes that do not operate a foster care program, please note this fact in this section.</b></p>

<p>CFSP - 2015:</p> <p>The Tribe's standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the tribe is outline in Section 320 of the Karuk Child and Services Plan 2010 submitted with the Title IVE Tribal State Agreement. "The social worker will visit the child at least three times in the first 30 calendar days including the initial in-person response"..... The social worker will visit the child no less frequently than monthly regardless of the type of placement ..... as often as is necessary to meet the child's needs and no less than at least once each calendar month... The social worker will ensure that verbal or written reports are received and documented in the case record.</p>	<p>The Karuk does not currently operate a foster care program.</p>
<p>APSR - 2016:</p> <p>Most of the Karuk Tribe children are served by the State agency. The Tribe takes an active role in working with the State /County agencies to ensure that Karuk youth achieve permanent families in a realistic time frame and with full consideration of the Tribe's preferred placement recommendations. The Tribe advocates compliance with ICWA and State and Federal laws to ensure the developmental needs of children under the age of 5 receive services. Karuk Child and Family Services work closely with Karuk Head Start Program and Karuk Tribal TANF to provide coordinated effort to ensure needs of Karuk Children are met. Tribal Social Workers advocate whenever possible to have children in out of home placements continue to receive their health care with the providers in tribal health clinics. Tribal Social Workers also advocate for early periodic screening of children in care for the purpose of identifying conditions that may affect development of the child. Careful consideration of the prescribing of psychotropic medications is also attended to. In the past two years, we have had a psychiatry provider who is available to our staff for consultation as well as to children and families for assessment and treatment when necessary.</p>	
<p>APSR - 2017:</p> <p>The tribe has set standards in the KCFS Plan which includes visits with children in placement as determined in the child's case plan and in every case as one time per month at a minimum. During the assessment phase, the Social Worker will visit the child/family at least 3 times during the first 30 days of placement. The KCFS Plan further establishes that the social worker will visit the child alone for at least the majority of visits and the purpose of stated visits. The purpose of visits is for ongoing monitoring of safety, permanency and</p>	

<p>well-being of the child/youth. The child/youth will be given an opportunity to have input into their future. These standards are set for those children who are under the jurisdiction of the tribal court. The child who was in placement during FY 2016 was visited at least monthly and the home was visited by the social worker the required three times during the initial 30 days of placement.</p>	
<p><b>APSR - 2018:</b> The tribe has set standards in the KCFS Plan which includes visits with children in placement as determined in the child's case plan and in every case as one time per month at a minimum. During the assessment phase, the Social Worker will visit the child/family at least 3 times during the first 30 days of placement. The KCFS Plan further establishes that the social worker will visit the child alone for at least the majority of visits and the purpose of stated visits. The purpose of visits is for ongoing monitoring of safety, permanency and well-being of the child/youth. The child/youth will be given an opportunity to have input into their future. These standards are set for those children who are under the jurisdiction of the tribal court. In addition, the Tribe is developing a plan for every family who have a newborn to be contacted to ensure the family is informed of services available and to monitor any stressors that may lead to child abuse and/or neglect within the family.</p> <p>APSR - 2019:</p> <ul style="list-style-type: none"> <li>Describe the activities the tribe has undertaken and plans to undertake to reduce the length of time that young children under age five are in foster care without a permanent family. Also, describe the activities the tribe undertakes to address the developmental needs of children under the age of five who receive services under the title IV-B or IV-E programs (section 422(b)(18) of the Act). (Note: This requirement applies to all children under age five in foster care, regardless of the child's permanency plan, legal or placement status.)</li> </ul>	
<p><b>Complete this section if the tribe operates a foster care program.</b> Describe the activities the tribe has undertaken and plans to undertake to reduce the length of time that young children under age five are in foster care without a permanent family. Also, describe the activities the tribe undertakes to address the developmental needs of children under the age of five who receive services under the title IV-B or IV-E programs (section 422(b)(18) of the Act). (Note: This requirement applies to all children under age five in foster care, regardless of the child's permanency plan, legal or placement status.)</p>	<p><b>Complete this section if the tribe does not directly operate a foster care program.</b> For Tribe that do not directly operate a foster care program and whose children are served by the State agency, describe the role of the Tribe in working with the State to address these requirements reliant to meeting the needs of young children in foster care.</p>

<p>CFSP - 2015:        Most of the Karuk Tribe children are served by the State agency. The Tribe takes an active role in working with the State /County agencies to ensure that Karuk youth achieve permanent families in a realistic time frame. The Tribe advocates compliance with ICWA and State and Federal laws to ensure the developmental needs of children under the age of 5 receive services. Karuk Child and Family Services work closely with Karuk Head Start Program and Karuk Tribal TANF to provide coordinated effort to ensure needs of Karuk Children are met.</p>	
<p>APSR - 2016: The tribe has set standards in the KCFS Plan which includes visits with children in placement as determined in the child's case plan and in every case as one time per month at a minimum. During the assessment phase, the Social Worker will visit the child/family at least 3 times during the first 30 days of placement. The KCFS Plan further establishes that the social worker will visit the child alone for at least the majority of visits and the purpose of stated visits. The purpose of visits is for ongoing monitoring of safety, permanency and well-being of the child/youth. The child/youth will be given an opportunity to have input into their future. These standards are set for those children who are under the jurisdiction of the tribal court.</p>	
<p>APSR - 2017: The tribe worked to ensure that the adoption that was successful during FY 2016 was timely and within judicial requirements. Tribal Social Workers advocate whenever possible to have children in out of home placements continue to receive their health care with the providers in tribal health clinics. Tribal Social Workers also ensure that children in care are receiving early periodic screening to help identify health care needs. Careful</p>	

<p>consideration of the prescribing of psychotropic medications is also attended to. It is the tribe's preference that children participate in mental health counseling whenever possible and always in the case where psychotropic medications are being recommended. In the past two years, we have had a psychiatry provider who is available to our staff for consultation as well as to children and families for assessment and treatment when necessary. In the absence of our psychiatric provider, our medical director has reviewed Application Regarding Psychotropic Medications Forms (JV – 220).</p>	
<p><b>APSR - 2018:</b> The Karuk Tribe refers for developmental and or mental health assessment and intervention whenever a screening or observation of a child indicates. In addition staff are trained in CORE to recognize expected as well as concerning developmental issues that might be present. Referrals to mental health providers and/or Early Start for children when indicated. Referral of parents in culturally relevant parenting curriculum as well as community parenting programs utilizing evidenced based curriculum. In Tribal communities in particular it is often the case that family members are placement options which in general benefits the child who will continue to have access to extended family members. Tribal families are referred to tribal resources to address substance abuse and mental health concerns as well.</p>	<p>The Tribal Social Workers consult/collaborate with the State in meeting these requirements relevant to meeting the needs of young children in foster care. Information sharing regarding tribal services available to tribal families is shared and assistance with referrals when necessary.</p>
<p>APSR - 2019:</p> <ul style="list-style-type: none"> <li>• For tribes applying to receive funding under title IV-B, subpart 2, describe how the tribe identifies which populations are at the greatest risk of maltreatment and how the tribe targets services to the populations at greatest risk of maltreatment (section 432(a)(10) of the Act).</li> </ul>	
<p>CFSP - 2015: IDENTIFICATION OF AT RISK POPULATIONS In accordance with the Karuk Child and Family Services Plan and the Title IV-E Intergovernmental Agreement, Karuk Child Welfare Services (KCWS) may pursue Memoranda of Understanding with local county and law enforcement agencies for</p>	

development of appropriate response to alleged child abuse and neglect referrals.

The Tribe and CDSS have agreed to work collaboratively with the affected counties to facilitate local agreements that provide for coordinated local emergency response, which protect at risk Indian children from child abuse or neglect and allow for the efficient exercise of tribal care and supervision of said children. The Karuk Tribe (CWS) currently is not a signatory to any local agreements regarding coordinated local emergency response. The Karuk Child and Family Services Plan states that staff shall attempt to work cooperatively with neighboring counties and law enforcement in the response to calls or referrals of alleged child abuse or neglect.

The Karuk CWS Program staff make initial reports to the county welfare agency immediately or as soon as is practicably possible, by telephone, and within the required time frame send a written report to same agency by mail, fax or electronically. The counties contact the Tribe CWS staff in regards to youth and families at risk of removal so that the Tribe may respond and offer services either by voluntary maintenance plan and or filing a petition in Tribal Court. The Tribe also has local working relationships with local elementary and high schools and Karuk Head Start and often receives referrals from school staff.

The program continues to be viable through referrals received from the Tribal TANF Department, Tribal Health and Dental Clinics, Karuk Circles of Care-Yav Pa' Anav, Karuk Tribal Housing Authority, the local Family Resource Centers, and pursuant to Tribal and State Court orders in dependency cases.

The populations at the greatest risk of maltreatment are very often given referrals from CWS to other service departments/agencies that may be of benefit to the health and welfare of the child and or family including support services to families for coping with stress, health empowerment, nutrition, combating drug and alcohol abuse, and anger management.

APSR - 2016:

The tribe identifies populations at risk by coordinating with tribal mental health, primary care providers, alcohol and other drug counselors, TANF case workers, housing staff, dental care providers and other programs within the tribe.

In addition, the CWS staff responds to inquiries from community members regarding suspected child abuse in our communities. The social workers and/or their supervisor participate in monthly meetings with the tribal multidisciplinary team, Yav Pa Anav to identify concerns regarding children and families that the team members come in to contact with.

Tribal Social Workers collaborate closely with County of Siskiyou and County of Humboldt child welfare workers regarding concerns in the communities they serve. Social Workers have participated in various multiagency work groups such as the District Attorney's Round Table in Humboldt County and the Siskiyou County Blue Ribbon.

The counties contact the Tribe CWS staff in regards to youth and families at risk of removal so that the Tribe may respond and

offer services either by voluntary maintenance plan and or filing a petition in Tribal Court.

The Tribe also has working relationships with local elementary and high schools and Karuk Head Start and often receives referrals from school staff.

Tribal Social Workers serve in a consultative role for various programs that are in contact with tribal youth and families through groups, cultural activities and other enrichment programs sponsored by the tribe.

Children who have been identified as most at risk are families experiencing increasing stressors such as inability to stabilize financial resources, have experienced significant loss, live in families with identified substance use and /or mental health concerns. These families have been identified through either the family themselves or through community members, community agencies, tribal medical and/or dental providers, substance abuse program staff and mental health providers.

**APSR - 2017:** The Tribe and CDSS have agreed to work collaboratively with counties within our service area (Humboldt and Siskiyou counties) to facilitate local agreements that provide for coordinated local emergency response, which protect at risk Indian children from child abuse or neglect and allow for the efficient exercise of tribal care and supervision of said children. The Karuk Tribe (CWS) currently is not a signatory to any local agreements regarding coordinated local emergency response.

As staffing allows, Karuk Tribe CWS works cooperatively with neighboring counties and law enforcement in the response to calls or referrals of alleged child abuse or neglect. The Tribe CWS also responds to inquiries from community members regarding suspected child abuse in our communities as well as from tribal departments.

Monthly meetings with Yav Pa Anav, a tribal multidisciplinary team is also utilized to identify youth and families in need. Karuk Tribal Judicial staff have participated in the Humboldt County District Attorney's Round table in Humboldt County and Karuk CFS staff attended two Siskiyou County Blue Ribbon meetings.

County social workers communicate with the Tribal CWS staff regarding youth and families at risk of removal so that the tribe can respond and offer services when appropriate. Children who are identified as most at risk are those families experiencing increasing stressors such as inability to stabilize financial resources, have experienced significant loss, have identified substance use and/or mental health concerns.

**APSR - 2018:** The Tribe and CDSS have agreed to work collaboratively with counties within our service area (Humboldt and Siskiyou counties) to facilitate local agreements that provide for coordinated local emergency response, which protect at risk



<p>Indian children from child abuse or neglect and allow for the efficient exercise of tribal care and supervision of said children. The Karuk Tribe (CWS) currently is not a signatory to any local agreements regarding coordinated local emergency response.</p> <p>As staffing allows, Karuk Tribe CWS works cooperatively with neighboring counties and law enforcement in the response to calls or referrals of alleged child abuse or neglect. The Tribe CWS also responds to inquiries from community members regarding suspected child abuse in our communities as well as from tribal departments.</p> <p>Monthly meetings with Yav Pa Anav, a tribal multidisciplinary team is also utilized to identify youth and families in need. Karuk Tribal Judicial staff have participated in the Humboldt County District Attorney's Round table in Humboldt County.</p> <p>County social workers communicate with the Tribal CWS staff regarding youth and families at risk of removal so that the tribe can respond and offer services when appropriate. Children who are identified as most at risk are those families experiencing increasing stressors such as inability to stabilize financial resources, have experienced significant loss, have identified substance use and/or mental health concerns.</p> <p>Tribal Social Workers work to identify tribal children and youth at greatest risk including children 0 – 5 years of age through contacts with medical providers within the tribe, HeadStart staff and through contact with mental health and substance abuse counselors. We work with schools to identify school aged children who may be at risk as well.</p> <p>The Tribe is in the process of procuring a service provider training in multidisciplinary teams – “Wraparound in Indian Country” It is anticipated that this training will allow us to focus on the provision of services in a team approach that will increase our ability to work with families in the Child Welfare System.</p>
<p>APSR - 2019:</p> <ul style="list-style-type: none"> <li>Present information on the estimated number of individuals and families to be served; the population to be served; and the geographic areas where the services will be available for each described service. This information must be recorded on the CFS-101 part II and may also be further explained in the narrative portion of the plan.</li> </ul>
<p>CFSP - 2015:</p> <p>Based upon last year's data the Karuk Tribe estimates the number of individuals and families to be served is listed below. The population of Tribal Youth Members under age 21 is 1,893 and the Program anticipates providing services to 10% of youth eligible for services. The Child Welfare Services Program provides direct services for those residing within the Tribes BIA designated services area (all of Siskiyou County and the N.E portion of Humboldt County) and ICWA Advocacy services to those state ICWA cases with eligible Tribal Youth outside the services area.</p>

1. # served with Subpart 1-CWS & Subpart II-PSSF IV-B services funds. (220)
2. # of eligible families served with IV-B funds.
3. # of eligible individuals served with IV-B funds. (165)
4. # of tribal foster homes and respite care providers supported (15)
5. # of offered series of culturally appropriate parenting classes in all three tribal communities.
6. # of eligible families and youth accessing transportation assistance/services. (140)
7. # of Indian Child Welfare Act provided services (104)
- Thirty-three (33) Indian Children placed in Indian homes; twenty eight (28) placed in non-Indian homes, twenty-one (21) families reunified; two (2) parental rights terminated; four (4) customary adoption cases
8. # of Tribal court cases (6)
9. # of Karuk CWS received /referred reports/cases of suspected child abuse and/or neglect. (69)
10. # of foster and /or former foster youth 17-21 located and supported in assistance in planning their futures. (10)
11. # of foster/relative-adoptive and/or respite homes recruited and tribally certified (15)

APSR - 2016:

Based upon current populations and the previous year's data the Karuk Tribe estimates the number of individuals and families to be served is listed below. The population of Tribal Youth Members who reside in our service area and are under age 21 is 633. The program anticipates providing services to 10% of youth eligible for services. The Child Welfare Services Program provides direct services for those residing within the Tribes BIA designated services area (all of Siskiyou County and the N.E. portion of Humboldt County) and ICWA Advocacy services to those state ICWA cases with eligible Tribal Youth outside the services area.

1. # served with Subpart 1-CWS & Subpart II-PSSF IV-B services funds.  
In FY 2015, 41 individuals were served with Subpart 1 –CWS and Subpart II PSSF IB-B Our five year goal was 220. The formula from FY 2015 was based on the number of members enrolled in the entire tribe regardless of where they resided. The Tribe's enrollment officer indicates that the actual number of Karuk children aged 21 and younger residing in our service (all of Siskiyou County and the N.E. portion of Humboldt County) is 633. The goal was to serve 10% of the eligible Tribal youth residing in our service area and that number is revised to 63. The Goal for FY 2016: Increase the number of individual served with Subpart 1 – CWS and Subpart II PSSF IVB by 10% or 45 individuals.
2. # of eligible families served with IV-B funds. The Tribes goal for FY 2015 was 21 families. The Tribe served 19 families. The Goal for FY 2016 is to increase that number by 10% or 21 families.
3. # of eligible individuals served with IV-B funds. The Goal for FY 2015 was 62 individuals. The tribe served 44 individuals. The Goal for FY 2016 is to increase by 10% or 45 individuals.
4. # of tribal foster homes and respite care providers supported

<p>The Goal for FY 2015 was 5 foster homes and/or respite care provider supported. The number of individual Adoption Promotion and Support was 7 individuals. The Goal for FY 2016 is to increase by 10% or 8 individuals.</p> <p>5. # of offered series of culturally appropriate parenting classes in all three tribal communities. The goal for FY2015 was to offer culturally appropriate parenting classes in all three communities. The Tribe was able to contract for Positive Indian Parenting classes in our Yreka area only. Our staff was unable to attend Positive Indian Parenting training which prevented the Tribe in providing this service ourselves and the Happy Camp Family Resource Center will schedule classes only when they have 10 committed parents who want the class.</p> <p>The Goal for FY 2016 is to plan for and implement parenting educational opportunities in all three service areas.</p> <p>6# of eligible families and youth accessing transportation assistance/services. The Goal for FY 2015 was 140. The actual number of families and youth accessing transportation assistance was 13. The Goal for FY 2016 is to assist eligible families and youth with transportation is 45.</p> <p>7.# of Indian Child Welfare Act provided services was 48. The Goal for FY 2015 was 75. The Goal for FY 2016 is 75</p> <p>8. # of Tribal court cases 16. During the FY 2015 there were no Youth in Need of Care Petitions' filed or request for transfer from state court filed.</p> <p>9.# of Karuk CWS received /referred reports/cases of suspected child abuse and/or neglect. During the FY 2016 Karuk CWS received and/or referred 7 reports/cases of suspected child abuse and/or neglect.</p> <p>10. # of foster and /or former foster youth 17-21 located and supported in assistance in planning their futures. During the FY 2016 Karuk CWS supported 6 foster and/or former foster youth aged 17 – 21 in planning their futures. The Goal for FY 2016 is 7.</p> <p>11. # of foster/relative-adoptive and/or respite homes recruited and tribally certified. The Karuk Tribe did not recruit or certify any foster/relative-adoptive and/or respite homes. Our staff continued to develop policies and procedures related to development of foster care homes. The Goal for FY 2016 is launch outreach activities to identify and recruit interested and eligible families to certify as foster/relative-adoptive homes in our service area. The Tribe expects to conduct outreach efforts in all three areas of our service area.</p> <p>APSR - 2017: Based upon current populations and the previous year's data the Karuk Tribe estimates the number of individuals and families to be served is listed below. The population of Tribal Youth Members who reside in our service area and are under age 21 is 633. The program anticipates providing services to 10% of youth eligible for services. The Child Welfare Services Program provides direct services for those residing within the Tribes BIA designated services area (all of Siskiyou County and the N.E portion of Humboldt County) and ICWA Advocacy services to those state ICWA cases with eligible Tribal Youth outside the services area.</p> <p>1. # served with Subpart 1-CWS &amp; Subpart II-PSSF IV-B services funds.</p>
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In FY 2016, 38 individuals were served with Subpart 1 –CWS and Subpart II PSSF IB-B Our five year goal was 63. The goal was to serve 10% of the eligible Tribal youth residing in our service area and that number was revised to 63 based on the most recent population certification. The Goal for FY 2017: Increase the number of individual served with Subpart 1 – CWS and Subpart II PSSF IVB by 10% or 70 individuals.

2. # of eligible families served with IV-B funds. The Tribes goal for FY 2016 was 21 families. The Tribe served 21 families. The Goal for FY 2016 is to increase that number by 10% or 23families.
3. # of eligible individuals served with IV-B funds. The Goal for FY 2016 was 45 individuals. The tribe served 38 individuals. The Goal for FY 2016 is to increase by 10% or 42 individuals.
- 4.# of tribal foster homes and respite care providers supported  
The Goal for FY 2016 was 5 foster homes and/or respite care provider supported. The number of individual Adoption Promotion and Support was 3 individuals. The Goal for FY 2016 is to increase 2016 goal by 10% or 9 individuals.
5. # of offered series of culturally appropriate parenting classes in all three tribal communities.  
The goal for FY2016 was to offer culturally appropriate parenting classes in all three communities. The Tribe was able to identify parenting training in the Happy Camp area through the Happy Camp Family Resource Center. parenting training was also identified in the community of Yreka through the family resource center. Tribally sponsored parenting training was not available in the Orleans community the past year. The Goal for FY 2017 is to plan for and implement tribally sponsored parenting educational opportunities in the Yreka area utilizing the Fatherhood/Motherhood is Sacred curriculum. In collaboration with the Tribal TANF program, a staff member from the Child and Family Services program was recently recertified as an instructor.
- 6# of eligible families and youth accessing transportation assistance/services. The Goal for FY 2016 was 45. The actual number of families and youth accessing transportation assistance was 3. The Goal for FY 2017 is to assist eligible families and youth with transportation is 45.
- 7.# of Indian Child Welfare Act provided services was 36. The Goal for FY 2016 was 75. The Goal for FY 2017 is 75.
8. # of Tribal court cases 2.
- 9.# of Karuk CWS received /referred reports/cases of suspected child abuse and/or neglect.  
During the FY 2016 Karuk CWS received and/or referred 5 reports/cases of suspected child abuse and/or neglect.
10. # of foster and /or former foster youth 17-21 located and supported in assistance in planning their futures.  
During the FY 2016 Karuk CWS supported 1 foster and/or former foster youth aged 17 – 21 in planning their futures.  
The Goal for FY 2017 is 5.
11. # of foster/relative-adoptive and/or respite homes recruited and tribally certified.  
The Karuk Tribe did not recruit or certify any foster/relative-adoptive and/or respite homes. Our staff continued to develop policies and procedures related to development of foster care homes. The Goal for FY 2016 is launch outreach activities to identify and recruit interested and eligible families to certify as foster/relative-adoptive homes in our service area. The Tribe

expects to conduct outreach efforts in all three areas of our service area.

**APSR - 2018 :** Based upon current populations and the previous year's data the Karuk Tribe estimates the number of individuals and families to be served is listed below. The population of Tribal Youth Members who reside in our service area and are under age 21 is 828. The program anticipates providing services to 10% of youth eligible for services. The Child Welfare Services Program provides direct services for those residing within the Tribes BIA designated services area (all of Siskiyou County and the NE portion of Humboldt County) and ICWA Advocacy services to those state ICWA cases with eligible Tribal Youth outside the services area.

1. # served with Subpart 1-CWS & Subpart II-PSSF IV-B services funds. (102)
2. # of eligible families served with IV-B funds. (25)
3. # of eligible individuals served with IV-B funds. (77)
4. # of tribal foster homes and respite care providers supported (5)
5. # of offered series of culturally appropriate parenting classes in all three tribal communities. (2)
6. # of eligible families and youth accessing transportation assistance/services. (12)
7. # of Indian Child Welfare Act provided services (36)
8. # of Tribal court cases (2)
9. # of Karuk CWS received /referred reports/cases of suspected child abuse and/or neglect. (6)
10. # of foster and /or former foster youth 17-21 located and supported in assistance in planning their futures. (0)
11. # of foster/relative-adoptive and/or respite homes recruited and tribally certified (4)

### Consultation Between States and Tribes

Federal law and regulations require consultation between states and tribes on several key child welfare issues, including compliance with the Indian Child Welfare Act; the arrangements for providing services in relation to permanency planning for tribal children, whether under the jurisdiction of the state or tribe; and the provision of independent living services under the CFCLP. In the CFSP, tribes are to address the following:

- Section 422(b) (9) of the Act requires states to consult with tribes and to describe the specific measures taken to comply with the Indian Child Welfare Act (ICWA). Describe how the state(s) in which the tribe is located or any other states have consulted with the tribe regarding state compliance with ICWA and any planned changes in policies, procedures or

communications to strengthen compliance. Describe any concerns with respect to the states' consultation process or compliance with ICWA.

CFSP - 2015: CONSULTATION BETWEEN STATES AND TRIBES

The Karuk Tribe will continue to attend the California Department of Social Services (CDSS) ICWA Workgroup. The group consists of 100 tribal ICWA workers/advocates, 61 county child welfare and probation representatives, 24 CDSS staff, 32 state/university representatives, and other interested parties and meets bi-monthly. ICWA issues are the main topic and the group works on development and recommendations and solutions for tribes, counties and the state in order to achieve greater understanding and compliance of the ICWA and improve state-county and tribal relationships. The CDSS also includes the Karuk Tribe in its dissemination of programmatic letters and notices. CDSS utilizes the ICWA Workgroup as the primary means of informal consultation with tribes. The Counties of Humboldt and Siskiyou work with the Karuk Tribe in their individual jurisdictions to consult and obtain input about their programs, to coordinate the programs, and to ensure that tribal youth are referred to culturally appropriate services and resources. Humboldt County holds tribal round tables and Siskiyou County Juvenile Court Judge holds monthly "blue ribbon" meetings comprised of tribal representatives, county and tribal social workers, probation officers, and court personnel who meet regularly to discuss jurisdictional issues, ICWA, tribal needs and services, including ILP, and improved collaboration and communication.

APSR - 2016:

The Karuk Tribe is notified in most cases when an Indian child is detained and at risk of out of home placement under state jurisdiction. The state court has been receptive to the Tribe's recommendations regarding tribal placement preferences.

The Karuk CWS staff will be developing a more consistent relationship with County CWS in both Siskiyou and Humboldt county to ensure that the intent and spirit of the Indian Child Welfare Act is adhered to.

The Karuk Tribe is working with the state to incorporate changes in the Karuk Children and Family Code.

In addition, the Tribe will continue to attend the California Department of Social Services (CDSS) ICWA Workgroup.

The CDSS also includes the Karuk Tribe in its dissemination of programmatic letters and notices.

The Counties of Humboldt and Siskiyou work with the Karuk Tribe in their individual jurisdictions to consult and obtain input about their programs, to coordinate the programs, and to ensure that tribal youth are referred to culturally appropriate services and resources.

Humboldt County holds tribal round tables and Siskiyou County Juvenile Court Judge holds monthly “blue ribbon” meetings comprised of tribal representatives, county and tribal social workers, probation officers, and court personnel who meet regularly to discuss jurisdictional issues, ICWA, tribal needs and services, including ILP, and improved collaboration and communication. The Siskiyou County Karuk CWS Social Worker attended the Siskiyou County “Blue Ribbon” meetings as did the Tribal Court Director. In Humboldt County the round table included the Tribal Court Director or designate and intermittently the Humboldt County Karuk Tribal Social Worker attended as well.

**APSR - 2017:**

The Karuk Tribe is notified in most cases when an Indian child is detained and at risk of out of home placement under state jurisdiction. The state court has been receptive to the Tribe’s recommendations regarding tribal placement preferences.

The Karuk CWS has initiated contact with Siskiyou County CPS for the purpose of coordinating services and working collaboratively. There has been a change in administration within the county system in Siskiyou in the past six months and that has stalled these efforts. The Tribe’s Humboldt county social work position was vacant for the past year. The position has now been filled and we will renew our efforts to work collaboratively with the Humboldt County CWS Staff.

The Karuk Tribe is continuing to work with the state to incorporate changes in the Karuk Children and Family Code.

The Tribe has not attended the California Department of Social Services (CDSS) ICWA Workgroup due to staffing shortages.

The CDSS includes the Karuk Tribe in its dissemination of programmatic letters and notices.

Humboldt County holds tribal round tables and Siskiyou County Juvenile Court Judge holds monthly “blue ribbon” meetings comprised of tribal representatives, county and tribal social workers, probation officers, and court personnel who meet regularly to discuss jurisdictional issues, ICWA, tribal needs and services, including ILP, and improved collaboration and communication. The Siskiyou County Karuk CWS Social Worker attended the Siskiyou County “Blue Ribbon” meetings as did the Tribal Court Director. In Humboldt County the round table included the Tribal Court Director or designate and our plan is for the Humboldt County Karuk Tribal Social Worker to attend as well.

**APSR - 2018:**

The Karuk Tribe is notified in most cases when an Indian child is detained and/or at risk of out of home placement under state jurisdiction. The state court has been receptive to the Tribe's recommendations regarding tribal placement preferences.

The Karuk CWS has not followed through with efforts to coordinate/consult on cases with the Siskiyou County Child Protective Systems program. The Tribe has been invited to participate in many Child Welfare Program services in Humboldt County including workgroup on Humboldt County Commercial Sexual Exploitation of Children, NICWA Systems Review and multiple family team meetings.

The Karuk Tribe is continuing to consult with CDSS regarding policy and procedures related to child welfare program development as well as on ongoing case specific questions.

The Tribe has not attended the California Department of Social Services (CDSS) ICWA Workgroup due to staffing shortages.

The CDSS includes the Karuk Tribe in its dissemination of programmatic letters and notices.

Humboldt County holds tribal round tables and Siskiyou County Juvenile Court Judge holds monthly "blue ribbon" meetings comprised of tribal representatives, county and tribal social workers, probation officers, and court personnel who meet regularly to discuss jurisdictional issues, ICWA, tribal needs and services, including ILP, and improved collaboration and communication. The Siskiyou County Karuk CWS Social Worker attended the Siskiyou County "Blue Ribbon" meetings as did the Tribal Court Director. In Humboldt County the round table included the Tribal Judicial Program Director. We have not been able to attend during the past year due to staffing shortages and or workload responsibilities.

A tribal social worker attended training on the Resource Family Approval process.

APSR - 2019:

- Provide a description of the understanding, gathered from discussions between the state and tribe, as to who is responsible for providing the child welfare services and protections for tribal children delineated at Section 422(b)(8) of the Act, whether they are under state or tribal jurisdiction. These services and protections include operation of a case review system for children in foster care; a pre-placement preventive services program; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement. In describing roles with respect to the case review system, please discuss whether and how the state and tribe have addressed the requirement to obtain credit reports for tribal children ages 16 and older in foster care, as required by section 475(5)(I) of the Act, and any



challenges that have been encountered in this process (45 CFR 1357.15 (g)).

CFSP - 2015:

The Title IV-E Intergovernmental Agreement between the California Department of Social Service and the Karuk Tribe provides a description of the understanding as to who is responsible for providing child welfare services and protections for tribal children under state or tribal jurisdiction

#### SECTION VI. EMERGENCY REMOVAL OR PLACEMENT OF CHILD, TERMINATION; APPROPRIATE ACTION

A. Pursuant to ICWA section 1922, and the effect of Public Law 280 on Tribal-State concurrent jurisdiction over child custody proceedings, nothing in this Agreement shall be construed to prevent the emergency removal of an Indian child who is a resident of, or is domiciled on Karuk Tribal land, under applicable state law, in order to prevent imminent physical damage or harm to the child. The Parties recognize that state law applicable to children who are not wards of the Tribal Court specifies the required timeframe for filing a petition in state court when children are removed from their parents or legal custodians (Welfare and Institutions Code 313), unless statutory changes are enacted which permit the administrative transfer of children to the Tribe in lieu of filing a petition to initiate dependency.

B. The Parties agree to work collaboratively with the affected counties, to facilitate local agreements that provide for coordinated local emergency response, which protect Indian children from child abuse or neglect and allow for the efficient exercise of Tribal care and supervision of said children.

C. The Parties further agree that a tribal social worker who takes a child into emergency custody shall file the child custody petition in the Tribal Court within the same timeframe specified in Welfare and Institutions Code section 313 and the Karuk Tribe's Children's Code.

#### SECTION IX. CHILD ABUSE REPORTING REQUIREMENTS

It is understood by the Parties that Karuk Tribal social workers, pursuant to Welfare and Institutions Code section 215, are social workers within the coverage of Penal Code section 11165.7 and are thus persons designated as mandated reporters. The

Tribe will thus require reporting of suspected child abuse or neglect in a manner that meets the requirements of section 471 (a) (9) of the Social Security Act, is consistent with California's Title IV-E State Plan and complies with the California Child Abuse Neglect and Reporting Act.11 At the time of execution of this Agreement, this means that a Tribal social worker will report suspected child abuse or neglect to the entities identified in Penal Code section 11165.9.

Furthermore the 2010 Karuk Child and Family Services plan (developed by the Tribe which describes the operation of the Tribal Child Welfare Service Program approved by CDSS) provides an overview of the power, duties and responsibilities of the Social Workers.

**III. KARUK CHILD AND FAMILY SERVICES - POWERS, DUTIES, AND RESPONSIBILITIES**

The Karuk Tribe's Child and Family Services has been granted by the Karuk Tribal Government the following powers, duties, and responsibilities:

- A. Process all Indian Child Welfare Act ("ICWA") notices sent to the Tribe, assist the Tribe in intervening in child custody proceedings, and assist the Court in petitioning for transfer of child custody proceedings to the Court where appropriate.
- B. Be present in Court when cases are heard concerning children subject to the Tribal Court's jurisdiction and provide the Court with information and assistance as it may require.
- C. Receive, respond to and investigate reports of suspected child abuse and neglect involving children subject to the Tribal Court's jurisdiction.
- D. Subject to the Tribe's confidentiality policies, receive referral information, conduct intake inquiries, and determine whether to initiate child welfare proceedings.
- E. Determine whether a child subject to the Tribal Court's jurisdiction should be removed for reasonable cause to believe that child is in immediate danger of physical or sexual abuse or the physical environment poses an immediate threat to the child's health or safety after considering whether there are any reasonable services which, if provided to the child's parent, Indian custodian, or to the minor, would eliminate the need to remove the minor from the custody of his or her parent, legal guardian or Indian custodian.
- F. Make child abuse and neglect reports or referrals of cases to other agencies and share information with other agencies if their assistance appears to be needed or desirable.
- G. Make a placement and services report and recommendation to the Court in child welfare proceedings, including a plan of rehabilitation, treatment, and care.
- H. Locate and approve prospective foster parents and their homes as meeting approval requirements under the Tribe's Children and Family Code for foster care placement of children under the Court's jurisdiction.
- I. In the approval of prospective foster care or adoptive placements, commence and secure criminal record and child abuse clearances of prospective adoptive or foster care providers and of adult household members.

July 2010

- J. Supervise and assist children subject to the Tribal Court's jurisdiction pursuant to child welfare dispositions, offer family counseling, and make an affirmative effort to obtain necessary or desired services for the child subject to the Tribal Court's jurisdiction and the child's family.
- K. Accept legal custody and the care and placement responsibility of children subject to the Tribal Court's jurisdiction when ordered by the Tribal Court.
- L. Initiate petitions for the modification of parental rights or investigate and report to the Tribal Court on petitions to modify parental rights brought by others.
- M. If specifically authorized by the Tribal Council, retain counsel to assist in carrying out these duties and to represent the Tribe in special matters relating to the Tribe's Children and Family Code.
- N. Develop case plans and conduct case plan reviews pursuant to placement and service orders.
- O. Negotiate agreements for services, information sharing, referral, and funding for child welfare services pursuant to placement and service orders.
- P. Provide measures and procedures for preserving the confidential nature of child welfare services records within the Child and Family Services office.
- Q. File and mail such reports as may be required by the Tribe's Children and Family Code, the Title I-E Agreement or as required by federal law applicable to the provision of IV-E Benefits.
- R. Perform all other duties and responsibilities regarding all child custody matters, in accordance with Tribal laws, customs and traditions, and pursuant to the instructions or order of the Court in matters related to the Tribe's Children and Family Code.

The Tribe provides services and protections which includes the operation of a case review system for children in foster care (The Karuk ICWA Committee meets monthly for state and tribal youth in need of care cases to be reviewed and the Child Welfare Services Social Workers meet every two weeks with the LCSW for case reviews regarding reunification plans, voluntary Family Maintenance and permanent placement service plans.

The Tribe requested technical assistance from the State Dept. of SS May 2014 and is currently working on the request for technical assistance, specifically in the modification of the Karuk program to augment and or clarify ability to place children in

voluntary placements, kinship placements, appropriate modifications in order to be able to take advantage of the new federal options (aka Fed gap) available in this area, extended foster care for youth older than 18, and the requirement to obtain credit reports for tribal children ages 16 and older in foster care, as required by section 475(5)(I) of the Act, with the objective of meeting requirements for the drawdown of federal funding. This technical assistance and discussion will entail review and revision of the Karuk Children and Family Code and modifications in the CWS plan.

APSR - 2016: The Title IV-E Intergovernmental Agreement between the California Department of Social Service and the Karuk Tribe provides a description of the understanding as to who is responsible for providing child welfare services and protections for tribal children under state or tribal jurisdiction

1. Public Law 280 clearly establishes that Tribes and County CWS shares responsibility for Emergency Response to American Indian children.
2. The majority of Karuk youth continue to be served under county jurisdiction primarily due to lack of funding for adequate staff to maintain a fully functional CWS system within the Tribe.
3. Karuk Tribal CWS Social Workers work collaboratively with County CWS on case review.
4. The Karuk CWS does not currently have an MOU with either Siskiyou or Humboldt County.
5. During the FY 2015 the Karuk CWS did not take a child into emergency custody.
6. All Karuk CWS staff are mandated reports and thus required to report incidents of suspected child abuse to the authorities within the mandated time frame and/or take action to protect children.
7. The Tribe provides services and protections which includes the operation of a case review system for children in foster care (The Karuk ICWA Committee meets monthly for state and tribal youth in need of care cases to be reviewed and the Child Welfare Services Social Workers meet every two weeks with the LCSW for case reviews regarding reunification plans, voluntary Family Maintenance and permanent placement service plans.  
The Tribe is continuing to work with technical assistance from the State Dept. of SS May 2014 specifically in the modification of the Karuk program to augment and or clarify ability to place children in voluntary placements, kinship placements, appropriate modifications in order to be able to take advantage of the new federal options (aka Fed gap) available in this area, extended foster care for youth older than 18, and the requirement to obtain credit reports for tribal children ages 16 and older in foster care, as required by section 475(5)(I) of the Act, with the objective of meeting requirements for the drawdown of federal funding. This technical assistance and discussion will entail review and revision of the Karuk Children and Family Code and modifications in the CWS plan which is currently being completed.

APSR - 2017: The Title IV-E Intergovernmental Agreement between the California Department of Social Service and the Karuk

Tribes provides a description of the understanding as to who is responsible for providing child welfare services and protections for tribal children under state or tribal jurisdiction

1. Public Law 280 clearly establishes that Tribes and County CWS shares responsibility for Emergency Response to American Indian children.
2. The majority of Karuk youth continue to be served under county jurisdiction primarily due to lack of funding for adequate staff to maintain a fully functional CWS system within the Tribe.
3. Karuk Tribal CWS Social Workers work collaboratively with County CWS on case review.
4. The Karuk CWS does not currently have an MOU with either Siskiyou or Humboldt County.
5. During the FY 2016 the Karuk CWS did not take a child into emergency custody.
6. All Karuk CWS staff are mandated reports and thus required to report incidents of suspected child abuse to the authorities within the mandated time frame and/or take action to protect children.
7. The Tribe provides services and protections which includes the operation of a case review system for children in foster care (The Karuk ICWA Committee meets monthly for state and tribal youth in need of care cases to be reviewed and the Child Welfare Services Social Workers meet every two weeks with the LCSW for case reviews regarding reunification plans, voluntary Family Maintenance and permanent placement service plans.
8. The Tribe is continuing to work with technical assistance from the State Dept. of SS May 2014 specifically in the modification of the Karuk program to augment and or clarify ability to place children in voluntary placements, kinship placements, appropriate modifications in order to be able to take advantage of the new federal options (aka Fed gap) available in this area, extended foster care for youth older than 18, and the requirement to obtain credit reports for tribal children ages 16 and older in foster care, as required by section 475(5)(I) of the Act, with the objective of meeting requirements for the drawdown of federal funding. This technical assistance and discussion will entail review and revision of the Karuk Children and Family Code and modifications in the CWS plan which is currently being completed.

**APSR – 2018**

The Title IV-E Intergovernmental Agreement between the California Department of Social Service and the Karuk Tribe provides a description of the understanding as to who is responsible for providing child welfare services and protections for tribal children under state or tribal jurisdiction: Public Law 280 clearly establishes that Tribes and County CWS shares responsibility for Emergency Response to American Indian children.

1. The majority of Karuk youth continue to be served under county jurisdiction primarily due to lack of funding for adequate staff to maintain a fully functional CWS system within the Tribe.

2. Karuk Tribal CWS Social Workers work collaboratively with County CWS on case review whenever possible.
3. The Karuk CWS does not currently have an MOU with either Siskiyou or Humboldt County Child Welfare.
4. During the FY 2017 the Karuk CWS did not take a child into emergency custody.
5. All Karuk CWS staff are mandated reports and thus required to report incidents of suspected child abuse to the authorities within the mandated time frame and/or take action to protect children.
6. The Tribe provides services and protections which includes the operation of a case review system for children in state foster care (The Karuk ICWA Committee meets monthly for state and tribal youth in need of care cases to be reviewed) and the Child Welfare Services Social Workers meet every two weeks with the LCSW for case reviews regarding reunification plans, voluntary Family Maintenance and permanent placement service plans.
7. Social Workers have participated in planning for youth 16 years and older to provide for an allowable permanency option under APPLA when placement with a fit and willing relative is appropriate. The availability of placement with fit and willing relatives who are unwilling to consider adoption or legal guardianship.

APSR - 2019:

- Describe how the tribe has been consulted about the programs to be carried out by the state under the CFCIP and explain the results of the consultation specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the CFCIP (Section 477(b)(3)(G) of the Act).

CFSP - 2015:

The State Department of Social Services is responsible for CFCIP programs for Karuk children. The Department has begun to schedule quarterly calls with Tribes operating IVB Programs.

The State also provides a forum called the ICWA Workgroup and uses the workgroup as the primary means of informal consultation with tribes as well as a vehicle to provide relevant information / programs pertaining to tribal children in foster care.

The Karuk tribe has been provided information pertaining to CFCIP via webinar, workgroup and issuances of all county letters. The Karuk Tribe was provided with the State Contact, Theresa Thurmond, CDSS ILP Program Policy Unit and local contacts specifically as it relates to seeking assistance in determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the CFCIP (Section 477(b)(3)(G) of the Act).

The Tribe has been provided with written materials and a power point describing the John H. Chafee Foster Care Independence Program (CFCIP) which offers assistance to help current and former foster care youths achieve self-sufficiency. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support

and assured connections to caring adults for older youth in foster care. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system.

The Educational and Training Vouchers Program (ETV) for Youths Aging out of Foster Care was added to the CFCLIP provides resources specifically to meet the education and training needs of youth aging out of foster care. IT also covers secondary educational and training vouchers for youth likely to experience difficulty as they transition to adulthood after the age of 18. This program makes available vouchers of up to \$5,000 per year per youth for post-secondary education and training for eligible youth.

The California fostering Connections to Success Act, Eligibility and Benefits for Transition Aged youth was also provided to this Tribe.

APSR - 2016:

The Karuk Tribe Director of Child and Family Services has not been contacted to participated with the State Department of Social Services in quarterly calls with Tribes operating IVB Programs.

The State continued to provide a forum, the ICWA Workgroup and uses the workgroup as the primary means of informal consultation with tribes as well as a vehicle to provide relevant information / programs pertaining to tribal children in foster care.

The Karuk tribe has started discussion about how to best serve Indian youth under the CFCLIP. The Tribe has been provided information pertaining to CFCLIP via webinar, workgroup and issuances of all county letters. The Karuk Tribe was provided with the State Contact, Theresa Thurmond, CDSS ILP Program Policy Unit and local contacts specifically as it relates to seeking assistance in determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the CFCLIP (Section 477(b)(3)(G) of the Act). It is expected that a concerted effort will be made to identify youth who may be eligible for assistance. Incoming staff will be provided links to the webinar, county letters and State contact.

The Tribe has been provided with written materials and a power point describing the John H. Chafee Foster Care Independence Program (CFCLIP) which offers assistance to help current and former foster care youths achieve self-sufficiency. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship guardianship or



adoption, and young adults ages 18-21 who have "aged out" of the foster care system. Incoming staff will be provided with information regarding this program including the requirements for eligibility, etc. The Karuk Tribe was not consulted on regarding any of these programs during the past year.

The Educational and Training Vouchers Program (ETV) for Youths Aging out of Foster Care was added to the CFCLIP provides resources specifically to meet the education and training needs of youth aging out of foster care. It also covers secondary educational and training vouchers for youth likely to experience difficulty as they transition to adulthood after the age of 18. This program makes available vouchers of up to \$5,000 per year per youth for post-secondary education and training for eligible youth. Our Education Program Manager was provided information about this program and consulted with our department for any youth in need of these services.

The California fostering Connections to Success Act, Eligibility and Benefits for Transition Aged youth was also provided to this Tribe.

A total of six youth were assisted in developing plans for their future which included identification and linkage to resources to improve outcomes for their future.

APSR - 2017:

The Karuk Tribe Director of Child and Family Services has not been contacted with the State Department of Social Services in quarterly calls with Tribes operating IVB Programs.

The Karuk CWS staff has not participated in the ICWA Workgroup during the past year.

The Karuk tribe has started discussion about how to best serve Indian youth under the CFCLIP. The Tribe has been provided information pertaining to CFCLIP via webinar, workgroup and issuances of all county letters. The Karuk Tribe was provided with the State Contact, Theresa Thurmond, CDSS ILP Program Policy Unit and local contacts specifically as it relates to seeking assistance in determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the CFCLIP (Section 477(b)(3)(G) of the Act). It is expected that a concerted effort will be made to identify youth who may be eligible for assistance. Incoming staff will be provided links to the webinar, county letters and State contact.

The Tribe has been provided with written materials and a power point describing the John H. Chafee Foster Care Independence Program (CFCLIP) which offers assistance to help current and former foster care youths achieve self-sufficiency. Activities and

programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 14 years of age, have left foster care for kinship guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system. Incoming staff will be provided with information regarding this program including the requirements for eligibility, etc. The Karuk Tribe was not consulted on regarding any of these programs during the past year.

The Educational and Training Vouchers Program (ETV) for Youths Aging out of Foster Care was added to the CFCIP provides resources specifically to meet the education and training needs of youth aging out of foster care. It also covers secondary educational and training vouchers for youth likely to experience difficulty as they transition to adulthood after the age of 18. This program makes available vouchers of up to \$5,000 per year per youth for post-secondary education and training for eligible youth. Our Education Program Manager was provided information about this program and consulted with our department for any youth in need of these services.

The California fostering Connections to Success Act, Eligibility and Benefits for Transition Aged youth was also provided to this Tribe.

One youth were assisted in developing plans for their future which included identification and linkage to resources to improve outcomes for their future.

**APSR - 2018:**

The Karuk Tribe Director of Child and Family Services has been contacted to participated with the State Department of Social Services in quarterly calls with Tribes operating IVB Programs. We have not however been able to participate due to workload and staffing issues.

The Karuk CWS staff has not participated in the ICWA Workgroup during the past year.

The Karuk tribe has discussed how to best serve tribal youth under the CFCIP. The Tribe has been provided information pertaining to CFCIP via webinar, workgroup and issuances of all county letters. The Karuk Tribe was provided with the State Contact , Theresa Thurmond, CDSS ILP Program Policy Unit and local contacts specifically as it relates to seeking assistance in determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the CFCIP (Section 477(b)(3)(G) of the Act). It is expected that with a new Education Director within the tribe we will be able to

collaborate on youth needs in this area. Incoming staff will be provided links to the webinar, county letters and State contact.

The Tribe has been provided with written materials and a power point describing the John H. Chafee Foster Care Independence Program (CFCIP) which offers assistance to help current and former foster care youths achieve self-sufficiency. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 14 years of age, have left foster care for kinship guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system. Incoming staff will be provided with information regarding this program including the requirements for eligibility, etc.

The Educational and Training Vouchers Program (ETV) for Youths Aging out of Foster Care was added to the CFCIP provides resources specifically to meet the education and training needs of youth aging out of foster care. It also covers secondary educational and training vouchers for youth likely to experience difficulty as they transition to adulthood after the age of 18. This program makes available vouchers of up to \$5,000 per year per youth for post-secondary education and training for eligible youth. Our Education Program Manager was provided information about this program and consulted with our department for any youth in need of these services.

The California fostering Connections to Success Act, Eligibility and Benefits for Transition Aged youth was also provided to this Tribe.

One youth were identified during the past year who would benefit from assistance in developing plans for their future which included identification and linkage to resources to improve outcomes for their future. The Social Worker was able to advocate for the youth.

APSR - 2019:

#### **Diligent Recruitment of Potential Foster and Adoptive Parents**

For tribes that operate foster care programs:

- Describe the tribe's plan for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the tribe for whom foster and adoptive homes are needed (section 422(b)(7) of the Act). Examples of components to include in the diligent recruitment plan are: a description of the characteristics of children for whom foster and adoptive homes are needed; specific strategies to reach all parts of the community; strategies for assuring that all prospective parents have access to the home study process; and strategies for training staff and

<p>community partners.</p> <p>For tribes that do not directly operate a foster care program and whose children are served by the state agency:</p> <ul style="list-style-type: none"> <li>Describe any activities the tribe is undertaking in coordination with the state agency to support diligent recruitment of foster and adoptive families.</li> </ul> <p>CB funds the National Resource Center for Diligent Recruitment at AdoptUSKids to provide free services and materials to support states, tribes, territories, and courts as they recruit foster, adoptive, and kinship families and make lasting systemic changes to improve safety, permanency, and well-being outcomes for children and families. For additional information on diligent recruitment and a customizable tool to use in developing a diligent recruitment plan, please see <a href="http://www.nrcdr.org">http://www.nrcdr.org</a>.</p> <p><b>For Tribes applying for title IV-B, subpart 1, who have Tribal children in foster care:</b> Describe the tribe's plan for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the tribe for whom foster and adoptive homes are needed (section 422(b)(7) of the Act).</p>	<p><b>For Tribes that do not directly operate a foster care program and whose children are served by the State agency:</b></p> <p>Describe any activities the Tribe is undertaking in coordination with the State agency to support diligent recruitment of foster and adoptive families.</p>
<p>CFSP - 2015: PLAN FOR DILIGENT RECRUITMENT OF POTENTIAL FOSTER AND ADOPTIVE PARENTS</p> <p>The Tribe will continue to actively recruit and support Tribal customary adoptive parents/Tribal foster and assist with necessary measures to certify Tribal Foster/Relative Homes.</p> <ol style="list-style-type: none"> <li>The Child Welfare Program will increase the number of certified tribal foster/ adoptive homes by 10% each year of the 5 years. The Projected target # of certified tribal foster/ adoptive homes FY 2015 is 10.</li> <li>The Tribe will continue to partner with local FFA's and Counties and other Tribes and the States for recruitment and training of Native American Families interested in becoming State or Tribally Certified Foster/Adoptive Parents.</li> <li>The Tribe will hold quarterly community</li> </ol>	

educational meetings for all prospective foster/adopt, relative caretakers, Tribal Members, other Tribal Members, Extended Family Members, interested in obtaining materials and working to being certified as State or Tribally Certified Foster/Adoptive Homes.

4. The Tribe will continually advertise on the WWW.KARUK.US Website and in Tribal Newsletters as well as develop flyers distributed in the community as part of Diligent Recruitment.

**APSR - 2016: PLAN FOR DILIGENT RECRUITMENT OF POTENTIAL FOSTER AND ADOPTIVE PARENTS**

The Tribe will continue to actively recruit and support Tribal customary adoptive parents/Tribal foster and assist with necessary measures to certify Tribal Foster/Relative Homes.

1. The Karuk Child Welfare Program was unable to meet the goal of recruitment foster/adoptive homes by 10% in the FY 2015. The Program certified 0 foster/adoptive homes. The projected Goal for FY 2016 is five homes.
2. The Tribe will continue the practice of partnering with local FFA's and Counties as well as other Tribes to recruit and train American Indian Families interested in becoming State or Tribally Certified Foster/Adoptive Parents. The Tribe has sought assistance from local FFA's and counties when necessary. No American Indian families were certified during the past year.
3. The Tribe will develop and promote quarterly

<p>community educational meetings for all prospective foster/ adoptive, relative caretakers, Karuk Tribal Members, other Tribal Members, Extended Family Members, interested in obtaining materials and working to being certified as State or Tribally Certified Foster/Adoptive Homes. This goal was not met for FY 2015. The Tribe will commit to accomplish this goal in FY 2016 with the first educational presentation in July 2015 at the Karuk Tribe Reunion. Community educational meetings regarding foster/adoptive home development were not held during the past year in large part due to the demands of child welfare case services.</p> <p>4. The Tribe will continually advertise on the WWW.KARUK.US Website and in Tribal Newsletters as well as develop flyers distributed in the community as part of Diligent Recruitment. The program continuously advertises the need for foster/adopt families on the website at <a href="http://www.karuk.us">www.karuk.us</a>. In addition periodically an article is included in the tribal newsletter which is released quarterly.</p> <p>5. The Tribe was able to purchase a Live Scan Machine to conduct background checks for placement providers. The agreement with the DOJ continues to be in the process of being completed.</p> <p>APSR - 2017: The Tribe will renew efforts to actively recruit and support Tribal customary adoptive parents, Tribal foster parents and assist with necessary measures to certify Tribal Foster/Relative Homes.</p> <p>6. The Karuk Child Welfare Program was unable to meet the goal of recruitment foster/adoptive homes by 10% in the FY 2016. The Program certified 1</p>	
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<p>foster/adoptive home and is in the process of certifying a second home. The projected Goal for FY 2017 is 10 homes.</p> <p>7. The Tribe will continue the practice of partnering with local FFA's and Counties as well as other Tribes to recruit and train American Indian Families interested in becoming State or Tribally Certified Foster/Adoptive Parents. The Tribe has sought assistance from local FFA's and counties when necessary. One American Indian family was certified during the past year and another family is in process.</p> <p>8. The Tribe will develop and promote quarterly community educational meetings for all prospective foster/ adoptive, relative caretakers, Karuk Tribal Members, other Tribal Members, Extended Family Members, interested in obtaining materials and working to being certified as State or Tribally Certified Foster/Adoptive Homes. This goal was not met for FY 2016, due to staffing shortages. The Tribe will recommit to accomplish this goal in FY 2017 with the first educational presentation in June 2016 at the Karuk Tribe Reunion. Community educational meetings regarding foster/adoptive home development were not held during the past year due to staff shortages. It is anticipated that we will be better staffed in FY 2017.</p> <p>9. The Tribe will continually advertise on the WWW.KARUK.US Website and in Tribal Newsletters as well as develop flyers distributed in the community as part of Diligent Recruitment. The program continuously advertises the need for foster/adopt families on the website <a href="http://www.karuk.us">www.karuk.us</a>.</p>	
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<p>In addition periodically an article is included in the tribal newsletter which is released quarterly.</p> <p>10. Policies and procedures for acquiring certification was developed during FY 2015. The policies will be required to be reviewed and approved by the council. Our plan is to accomplish this by the end of the calendar year 2016.</p> <p>11. The Tribe was able to purchase a Live Scan Machine to conduct background checks for placement providers. The agreement with the DOJ has not yet been completed.</p>	
<p><b>APSR - 2018:</b></p> <p>The Tribe will continue efforts to actively recruit and support foster and adoptive parents and assist with necessary measures to certify Tribal Foster/Relative Homes.</p> <ol style="list-style-type: none"> <li>1. The Karuk Child Welfare Program was unable to meet the goal of recruitment foster/adoptive homes by 10% in the FY 2017. The Program certified 4 foster/adoptive home. The projected Goal for FY 2018 is 10 homes.</li> <li>2. The Tribe will continue the practice of partnering with local FFA's and Counties as well as other Tribes to recruit and train American Indian Families interested in becoming State or Tribally Certified Foster/Adoptive Parents. The Tribe has sought assistance from local FFA's and counties when necessary.</li> <li>2. The Tribe will develop and promote quarterly community educational meetings for all prospective foster/ adoptive, relative caretakers, Karuk Tribal</li> </ol>	



<p>Members, other Tribal Members, Extended Family Members, interested in obtaining materials and working to being certified as State or Tribally Certified Foster/Adoptive Homes. This goal was not met for FY 2017. The Tribe held three recruitment three adoption/foster recruitment opportunities. The recruitment efforts were conducted at the Annual Tribal Reunion, the Humboldt Co Big Time in Arcata, CA and a resource fair conducted in Humboldt County.</p> <p>3. The Tribe will continually advertise on the WWW.KARUK.US Website and in Tribal Newsletters as well as develop flyers distributed in the community as part of Diligent Recruitment. The program continuously advertises the need for foster/adopt families on the website <a href="http://www.karuk.us">www.karuk.us</a>. In addition periodically an article is included in the tribal newsletter which is released quarterly.</p> <p>4. The Tribe was able to purchase a Live Scan Machine to conduct background checks for placement providers. An agreement with the DOJ has been completed.</p>	
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APSR - 2019:

**Health Care Oversight and Coordination Plan**

Section 422(b)(15)(A) requires states and tribes to develop a plan for ongoing oversight and coordination of health care services for children in foster care, including their physical, mental, behavioral and dental health needs. This plan must be developed in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, as well experts in and recipients of child welfare services.

Tribes are required to address how the Health Care Oversight and Coordination plan requirements are being met for tribal

<p>children in foster care. For tribes that do not directly operate a foster care program and whose children are served by the state agency, note the responsibility of the state for developing the Health Care Coordination Plan and for providing health care information as part of the transition plan development process and address any tribal involvement in those processes. Tribes that operate a foster care program are required to submit a Health Care Oversight and Coordination Plan that includes an outline of:</p> <ul style="list-style-type: none"> <li>• A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;</li> <li>• How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;</li> <li>• How medical information will be updated and appropriately shared, which may include the development and implementation of an electronic health record;</li> <li>• Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;</li> <li>• The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;</li> <li>• How the tribe actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and determining appropriate medical treatment; and</li> <li>• Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met.</li> </ul> <p>Tribes that previously developed a Health Care Oversight and Coordination Plan are required to review the previously submitted plan, make any needed changes, and submit the plan with the CFSP, whether or not changes were made from the previously submitted version.</p>	<p><b>For tribes that do not directly operate a foster care program and whose children are served by the State agency,</b> note the responsibility of the state for developing the Health Care Coordination Plan and for providing health care information as part of the transition plan development process and address any tribal involvement in those processes.</p>
<p><b>For Tribes applying for title IV-B, subpart 1, who have Tribal children in foster care: HEALTH AND DENTAL CARE SERVICES</b></p> <p>The Karuk Child and Family Services Department will continue to operate through a collaboration model for patient referrals. Collaboration between the Karuk Dental and Health Departments, Child Welfare Services Program, Drug and Alcohol Programs, Mental Health, Tribal Court,</p>	

continues in its effectiveness. This collaboration has thus far been successful. Children who are receiving services through the Karuk Child Welfare Services Program have most if not all of their health and dental services met thru usage of the Tribes Clinics located in all three service areas.

In accordance with the Karuk Child and Family Services Plan out of home care providers/foster parents are provided with a copy of the child's health and education records.

Children in Karuk care have complete health check-ups to find medical, dental, and/or mental health problems before they become serious. Needed shots/immunizations are given in accordance with the California Child Health & Disability Prevention (CHDP) Program guidelines. The Karuk Child Welfare Services Program assists in ensuring children in their care are provided access to comprehensive EPSDT Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on federal guidelines. EPSDT is made up of the following screening, diagnostic, and treatment services:

**Psychotropic Medication:** The Tribe's Child Welfare Services Program has begun a new procedure to address monitoring of psychotropic medication that is being prescribed to children who are dependents tribal jurisdiction. The request for an order for psychotropic medication for foster care children is a common and ever increasing practice utilized by state and county agencies which, to date, has been implemented without affording input or authorization from Tribes regarding their position as to the appropriateness or necessity for this type of medication. The Karuk Tribe is consulting with Karuk Health and Mental health professional to ensure the

medications are necessary. Release of information forms must be signed before Health, Behavioral Health and Child Welfare can share information however the three have the ability to interface when needed and collaborate in accordance with federal and tribal laws and regulations. When needed outside consultation is sought using Indian Health Services for Psychiatry and or independent consultants. Pursuant to the CFSP, direct involvement with the counties, state and tribal courts will be implemented for the development of an MOU which will insure Tribal future notification and consent prior to obtaining a court order for psychotropic medication for Indian children 5 and under. As an essential component to accomplishing the goals set forth in their CFSP, the Tribe will seek to assert its right to obtain an independent medical evaluation regarding the benefit or harm attendant to an order for the administration of psychotropic drugs in cases involving tribal children who are placed in foster care.

CFSP - 2015:

APSR - 2016:

1. The Karuk Child and Family Services Department attempts in every case involving out of home placement whether in Tribal or State jurisdiction to establish a Medical Home for Tribal youth. Initially with the reorganization of the Medi-Cal program in California to "Partnership Plan" several of our youth were placed with primary care providers outside our Tribal Clinic. The individuals affected were able to transfer back in to Tribal Clinics thus ensuring that continuity of care.
2. The Tribe's Health care clinic does not employ a

<p>pediatrician and the county appropriately schedules children and youth with one of two pediatricians practicing in Siskiyou County as well as other providers in Humboldt County.</p> <p>3. The Tribe provides medical services in all three service areas and dental services in Happy Camp and Yreka. Unfortunately specialized pediatric dental care is often referred out to distant communities for follow up. The Tribe does offer transportation to pediatric specialties when required by the family.</p> <p>4. Children subject to out of home placements will have a medical/dental examination within 30 days of placement whenever possible.</p> <p>5. Mental health screenings are an integral part of placement success for youth and foster/adoptive parents and will be conducted on youth in out of home placements.</p> <p>6. Staff changes have resulted in Tribe's Public Health Nurse position being vacant for the past six months. Our social workers have worked with County PHN's to coordinate care with Tribal Medical/Dental care when requested.</p> <p>7. The Tribe has contracted with a psychiatry practice for in house psychiatry assessment and treatment of Tribal and community members. The provider is available for consultation regarding the appropriateness of medications for Tribal children and youth.</p> <p>8. There is no indication to the program that these requirements have not been met during the past year.</p> <p>9. Screenings for mental health concerns in children in</p>	
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<p>out of home care has often been overlooked in the child welfare system. In keeping with the development of a more trauma informed focus in child welfare, efforts will be made to identify a screening tool for the social workers to utilize and assess whether there are mental health concerns for children in out of home care and appropriate referrals will be made to programs to address these needs if needed.</p> <p>10. Efforts are made to utilize psychotherapy whenever possible initially in the treatment of children and youth prior to pharmacological intervention. Assessments for children in out of home care are assessed by a psychiatry provider before being prescribed psychotropic medications. The Siskiyou County Probation department has coordinated with the Karuk Tribe for youth in their care. County of Siskiyou and Humboldt have not consulted with the tribe regarding youth in their care. We do not have formal policies develop regarding medical treatment of mental health diagnoses for our children. Our goal is to develop these policies with our Medical Director and Psychiatry provider during the next year.</p> <p>11. Tribal youth are referred to the Naa Yura Yee Shiip Program for mental health treatment. This program is funded by Victim of Crime to meet the needs of children who have been abused or affected by crime. The program has one full time Marriage and Family Therapist and is expanding to include another mental health provider. This program also serves all three service areas.</p> <p>12. The Tribe also employees two full time Licensed</p>	
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<p>Clinical Social Workers who serve all three service areas.</p>	
<p>APSR - 2017: The Karuk Child and Family Services Department attempts in every case involving out of home placement whether in Tribal or State jurisdiction to establish a Medical Home for Tribal youth.</p> <ol style="list-style-type: none"> <li>1. The Tribe's Health care clinic does not employ a pediatrician and the county appropriately schedules children and youth with one of two pediatricians practicing in Siskiyou County as well as other providers in Humboldt County.</li> <li>2. The Tribe provides medical services in all three service areas and dental services in Happy Camp and Yreka. Unfortunately specialized pediatric dental care is referred out to distant communities for follow up. The Tribe does offer transportation to pediatric specialties when required by the family.</li> <li>3. Children subject to out of home placements will have a medical/dental examination within 30 days of placement whenever possible.</li> <li>4. Mental health screenings are an integral part of placement success for youth and foster/adoptive parents and youth will be screened and referred for assessment when indicated.</li> <li>5. The Tribe has contracted with a psychiatry practice for in house psychiatry assessment and treatment of Tribal and community members. The provider is available for consultation regarding the appropriateness of medications for Tribal children and youth. In all cases where psychotropic medications are prescribed for children, mental</li> </ol>	

<p>health counseling will be recommended.</p> <p>6. Tribal youth are referred to the Naa Yura Yee Shiip Program for mental health treatment. This program is funded by Victim of Crime to meet the needs of children who have been abused or affected by crime. This program also serves all three service areas.</p> <p>7. The Tribe has increased the number of mental health providers in the past year which will greatly facilitate access to services for our tribal children and families who require `them.</p>	
<p><b>APSR - 2018:</b></p> <p>The Karuk Child and Family Services Department attempts in every case involving out of home placement whether in Tribal or State jurisdiction to establish a Medical Home for Tribal youth.</p> <ol style="list-style-type: none"> <li>1. The Tribe's Health care clinic does not presently employ a pediatrician and the county appropriately schedules children and youth with one of two pediatricians practicing in Siskiyou County as well as other providers in Humboldt County. In the fall of 2017 we expect to onboard a pediatrician in our main primary care clinic in Yreka. The position will also provide onsite and part time services to our clinic in Happy Camp.</li> <li>2. The Tribe provides medical services in all three service areas and dental services in Happy Camp and Yreka. Unfortunately specialized pediatric dental care is referred out to distant communities for follow up. The Tribe does offer transportation to</li> </ol>	<p>The responsibility for the development of the Health Care Coordination Plan is the State.</p>



<p>pediatric specialties when required by the family. During the past year we have developed a dental program for our Humboldt County community care clinic.</p> <ol style="list-style-type: none"><li>3. Children subject to out of home placements will have a medical/dental examination within 30 days of placement whenever possible.</li><li>4. Mental health screenings are an integral part of placement success for youth and foster/adoptive parents and youth will be screened and referred for assessment when indicated. The Karuk Tribe has recently reassigned the Koo Yura Yee Shiip Child Abuse Treatment Program to the Health and Human Services Department. This will greatly enhance our ability to coordinate care and improve our referral process.</li><li>5. The Tribe has contracted with a psychiatry practice for in house psychiatry assessment and treatment of Tribal and community members. The provider is available for consultation regarding the appropriateness of medications for Tribal children and youth. Our medical director provides oversight and consultation for children receiving psychotropic medications. In all cases where psychotropic medications are prescribed for children, mental health counseling will be recommended.</li><li>6. The Tribe was unable to retain one mental health provider this past year which has affected provision of services to tribal children and families who require them. We are in an active recruitment phase for child therapists.</li><li>7. Referral for assessment and intervention for developmental concerns are made to Redwood</li></ol>	
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Coast Regional Center in Humboldt County and Far Northern Regional Center in Siskiyou County.

APSR - 2019:

**Disaster Plans** Section 422(b)(16) requires tribes to have in place procedures providing for how the tribal programs assisted under title IV-B or IV-E of the Act would respond to a disaster. In the CFSP, the tribe must include a plan for how it would:

- Identify, locate, and continue availability of services for children under tribal care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services to those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and
- Coordinate services and share information with states and other tribes.

Tribes are required to review their previously submitted disaster plan, make any needed changes, and submit the disaster plan with the CFSP, regardless of whether changes were made to the plan. Insert plan below or submit as an attachment.

**CFSP - 2015:** In the event of a disaster the Karuk Child Welfare Services Department Staff will follow the Tribes' FEMA Emergency Management Protocol. CWS staff will be deployed as directed in the plan. The Tribe has designated shelter care facilities for individual and families. The Tribe will coordinate with local counties, towns and cities. All Karuk Tribal Staff are trained in First aid and CPR. The Child Welfare Services Department will have a master list of the children under the custody care and control (names, addresses, phone contacts, next of kin, etc..) of the Tribe and coordinate efforts with the Tribe's Emergency Team to do welfare checks and if needed transport children and families to shelter care. The Tribal Social Workers will distribute to each of their clients' households an informational sheet that lists the local emergency phone numbers, contact numbers, specific action plan for their area and shelter and any other relevant resources.

A copy of the most recent drafted Disaster Plan of the Karuk Tribe is available upon request.

APSR - 2016:

1. A review of the Tribe's FEMA Emergency Management Protocol via the Karuk Tribe website indicates more consultation is needed with the Emergency Preparedness Coordinator. The CWS staff is not included in the plan specifically though the plan appears comprehensive. Efforts will be made to include how our staff will respond as part of the emergency team, address the needs of unaccompanied minors and remain in communication during a disaster.
2. The Karuk CWS staff will continue to update the master a list of children under the custody and control of the Tribe and

coordinate efforts to conduct welfare checks to assess the safety of said children and respond accordingly to ensure the continued safety of children under custody and control of the Tribe. No new placements were made in FY 2015.

3. The Karuk Tribe CWS Social Workers will distribute to each of their clients' households an informational sheet that lists the local emergency phone numbers, contact numbers, specific action plan for their area and shelter and any other relevant resources.
4. An assessment of storage of program records will be conducted to ensure that they are adequately protected from damage and/or loss.
5. The Tribal Emergency Preparedness Coordinator has developed a plan to provide Karuk CWS Social Workers with radio communication equipment to utilize in their work. Due to the remoteness and lack of resources, cell and even landlines are subject to service disruption

**APSR - 2017:**

1. The Karuk CWS staff will maintain a master a list of children under the custody and control of the Tribe and coordinate efforts to conduct welfare checks to assess the safety of said children and respond accordingly to ensure the continued safety of children under custody and control of the Tribe.
2. The Karuk Tribe CWS Social Workers will update and distribute to each of their clients' households an informational sheet that lists the local emergency phone numbers, contact numbers, specific action plan for their area and shelter and any other relevant resources.
3. Fire safe storage cabinets were obtained during the past fiscal year to assure that records are safe from natural disasters.
4. The Tribal Emergency Preparedness Coordinator has developed a plan to provide Karuk CWS Social Workers with radio communication equipment to utilize in their work. Due to the remoteness and lack of resources, cell and even landlines are subject to service disruption.

**APSR - 2018:**

During the past fiscal year the region has been affected by both wildland fires and severe winter weather including flooding and landslides resulting in road closures. Both of these incidents impacted travel and the severe winter storms resulted in power outages impacting access to health care and household resources such as food and electricity. Families living in this region are accustomed to inclement and severe weather conditions and were not severely affected by these disasters. To ensure the Tribe addresses possible adverse effects of disasters in our service area we have taken the following steps:

1. The Karuk CWS staff will maintain a master a list of children under the custody and control of the Tribe and coordinate efforts to conduct welfare checks to assess the safety of said children and respond accordingly to ensure the continued safety of children under custody and control of the Tribe.

1. The Karuk Tribe CWS Social Workers will update changes in address/location of households in the case management system on a regular basis. The information to be updated includes location of home, phone numbers, other contact numbers.
2. In the event of an emergency a specific action plan for that area, including availability of shelter and any other relevant resources will be made available to social workers and families.
3. A case management system was procured that will increase our ability to maintain records in a safe manner.

APSR - 2019:

### **Training**

For all tribes submitting a CFSP, discuss the tribe's child welfare services staff development and training plan in support of the goals and objectives of the CFSP which addresses the title IV-B programs covered by the plan.

Tribes with an approved title IV-E plan to operate directly a foster care, adoption assistance and, at the tribe's option, guardianship assistance program, are required to submit a combined title IV-B/ IV-E training plan, as required by 45 CFR 1356.60(b)(2). Information is included in Section E and Attachment G that describes the more detailed information that will need to be included in a combined title IV-B/IV-E training plan. This information is provided to assist tribes operating or preparing to operate a title IV-E program only.

Tribes who intend to submit a title IV-E plan to operate directly a foster care, adoption assistance and, at the tribe's option, guardianship assistance program in the future are not required to submit the title IV-E training plan with the CFSP due on June 30, 2014, but if approved to operate a title IV-E program must submit such information prior to submitting claims under title IV-E for reimbursement of allowable training costs.

CFSP - 2015:

#### **STAFF DEVELOPMENT AND TRAINING PLAN**

As Title IV-Participants the Karuk Tribe will be participating in the Northern California Training Academy FY 2015-2019. The Child Welfare Social Workers will attend Primary Core Training (phase I). The core training provides a strong foundation of knowledge and skill needed for those working with families and children in child welfare. It is designed to deliver competency-based curricula to new public child welfare caseworkers. It consists of five modules that will be covered each month for four months-15 days of training. The Workers will also participate in the Secondary Core Training (phase II) and any other relevant trainings offered in our region.

The Karuk Child Welfare Services Program Staff has begun training on the CDSS CWS/CMS system. The first training was 10/28/13 through 11/1/13 in Orland, CA.

**APSR - 2016: STAFF DEVELOPMENT AND TRAINING PLAN**

1. Social Workers each completed Core Training provided by the Northern California Training Academy during the fall of 2014..
2. Social Workers and Clinical Supervisor completed Shared Decision Making Training in October 2014. .
3. One Karuk Social Worker and the Clinical Supervisor received training on the CDSS CWS/CMS system in March 2015. Incoming staff will be trained on the CDSS CWS/CMS system as well.
4. Unfilled positions for Social Workers resulted in our staff not being trained on Sexually Exploited Youth and Children. Training will be identified and our staff will attend.

**APSR - 2017: STAFF DEVELOPMENT AND TRAINING PLAN**

1. Newly hired Social Work staff will be provided Core Training with the Northern California Training Academy. The training consists of 5 modules which are generally scheduled one month apart.
2. Current social worker staff will participate in advanced training with the Northern California Training Academy.
3. Current and new social workers will be scheduled to participate in CWS/CMS system training.
4. The Tribe is planning to purchase a case management system for child welfare cases which will assist social workers in managing their case loads.
5. The Tribe is able to bring training on Trauma Informed Care to our staff during the fall of 2016. The training will place an emphasis on historical trauma and include culturally appropriate assessment and case/treatment planning.
6. The Tribe also proposes to bring Wraparound Training to our site in FY 2016 to strengthen our knowledge about the process and develop the concept of interdisciplinary teams to further emphasize the importance of working together to assist and support tribal children and families.

**APSR - 2018: STAFF DEVELOPMENT AND TRAINING PLAN**

1. Each Social Work will be provided Core Training with the Northern California Training Academy. The training consists of 5 required modules which are generally scheduled to be completed within the first year of employment.
2. Social Work staff will be trained on the case management system (TAS).
3. The Tribe is able to bring training on Trauma Informed Care to our staff during the fall of 2016. The training will place an emphasis on historical trauma and include culturally appropriate assessment and case/treatment planning.
4. Senior staff Social Worker has trained on Resource Family Approval and this will be incorporated in to our policy and procedure updating.

**Planned Trainings FY 2018**

1. Current social worker staff will participate in advanced training with the Northern California Training Academy.
2. Current and new social workers will be scheduled to participate in CWS/CMS system training.
3. The Tribal Social Workers will participate in Wraparound Training in Indian Country in FY 2017. This training was postponed due to budgetary limitations last fiscal year. Our Goal is to strengthen our knowledge about the process and develop the concept of interdisciplinary teams to further emphasize the importance of working together to assist and support tribal children and families.

APSR - 2019:

**Program Support**

Provide an update on changes to or accomplishments in carrying out the tribe child welfare services' staff development training plans, since submission of the CFSP.

**FY 2018:**

1. See Staff Development and Training in previous section.
2. The Tribe Child Welfare Division will continue to enter new and past cases in the electronic case management system purchased. This system will insure that information is shared across the department and that information is available to social workers in a timely manner.
3. A plan for restructuring the department has been submitted to leadership with the intent of developing a supervisory system in the Child Welfare Division to ensure that Social Workers have timely access to supervision in terms of case review and consultation, development of case plans and review of risk and safety concerns in tribal families.
4. Continued evaluation, research and management of the Child Welfare Division occurs with focus on early identification of concerns, intervention with families before abuse/neglect occurs when possible and supporting families who are experiencing multiple stressors, mental health concerns and substance abuse issues.
5. Including community education to assist in the early identification of abuse and neglect.

**Technical Assistance**

Discuss any technical assistance that the tribe anticipates requesting from the CB's Training and Technical Assistance network as it implements current or new federal requirements.

CFSP - 2015:

The CDSS has assisted the Karuk Tribe by providing training and technical assistance to staff for the implementation of the agreement. The CDSS and the Karuk Tribe secured technical assistance through ACF and the National Resource Center for Organizational Improvement to provide assistance to the Karuk tribe in the development of the tribe's CWS Plan. The Tribe's

CWS Plan was approved by ACF on November 6, 2009, and was effective July 1, 2009. The CDSS has provided the Karuk Tribe with ongoing training on fiscal claiming procedures, Title IV-E eligibility screening and data reporting requirements. The CDSS continues to provide training and technical assistance regarding child welfare practice to ensure Title IV-E compliance. Beginning in July 2012 the Tribe and CDSS began updating the tribal IV-E claiming form and instructions. September 2012 to current the Karuk Tribe has been working with the CDSS Fiscal Policy Bureau, claiming department pertaining to revisions needed to the CA 800 Assistance Claim for the Karuk Tribe and the Fiscal Addendum. On 11/1/12 the CDSS staff traveled to Yreka to provide a claims training and the IV-E eligibility training on 11/2/12. At this time the Program is working with the CSDSS in updating the Children's Code however is uncertain as to what future technical assistance and training may be needed in years 2015-2019. The tribe anticipates requesting technical assistance from the CB's Training and Technical Assistance network as it implements current or new federal requirements however the type of assistance is unknown at this time.

APSR - 2016:

1. Ongoing training and technical assistance was provided to our fiscal and management staff regarding fiscal claiming procedures, Title IV-E eligibility screening and data reporting requirements.
  2. Technical assistance has been available from CDSS regarding child welfare practice to ensure Title IV-E compliance.
  3. Currently Tribal Judicial Staff is working with the CSDSS in updating the Children's Code. This is planned for completion summer of 2015.
  4. The Tribe anticipates requesting technical assistance from the CB's Training and Technical Assistance network as it implements current or new federal requirements however the type of assistance is unknown at this time.
  5. It has been recommended and the Tribe plans to participate in an audit as requested in Orange County late July 2015.
- In addition, the following resources or areas of training and or technical assistance have been identified over the past year. We will be working to prioritize our needs and develop a plan to get these needs met.
6. Technical assistance may be requested to assist the Tribe in recruitment and development of foster/adoptive families.
  7. Training in the development of a Trauma Informed System.
  8. Training to assist the director in supervising child welfare social workers.
  9. Training for Social Workers on proposed new rulings on the Indian Child Welfare Act.
  10. Training for Social Workers in Positive Indian Parenting.
  11. Technical assistance to identify an appropriate case management system for Karuk CWS cases.

APSR - 2017: CDSS has provided a two day training for social work staff on fiscal claiming. The Karuk Tribe continues to need assistance from CDSS with updating the Karuk Child and Family Services Plan to specifically address sexually exploited youth, relative caregivers and the prudent parent.

**APSR - 2018: Technical Assistance**

1. Ongoing training and technical assistance was provided to our fiscal and management staff regarding fiscal claiming procedures, Title IV-E eligibility screening and data reporting requirements.
2. Technical assistance has been available from CDSS regarding child welfare practice to ensure Title IV-E compliance.
3. Technical assistance may be requested to assist the Tribe in recruitment and development of foster/adoptive families..
4. Training and assistance in implementing Resource Family Approval.

APSR - 2019:

**Plan Availability**

The Tribe must make the CFSP available to interested parties. The plan must describe how the CFSP will be made available. States and tribes are to share their plans with each other.

CFSP - 2015:

The Karuk Tribe will continue to post the CFSP on the Karuk Website, [www.karuk.us](http://www.karuk.us) and provide a copy to California Department of Social Services in an effort to share plans with others

APSR - 2016: The Karuk Tribe will make the Karuk CFSP available to local, state and other stakeholders. In addition the plan will be reposted on the Karuk Tribe website, [www.karuk.us](http://www.karuk.us).

APSR - 2017: The Karuk Tribe will make the CFSP available to local, state and other stakeholders. The plan will be provided to the Karuk Tribe council as part of an annual report to the health board and to Stan Cagle ([Stan.Cagle@dss.ca.gov](mailto:Stan.Cagle@dss.ca.gov)) our contact at CDSS. The Plan is not currently on our website and I will work with our IT Director to correct this. The website was redesigned in the past 6 months and I did notice that the plan did not make it through the transition however I did not follow up with IT after my request to place it on our website. In addition the plan will be posted on the Karuk Tribe website, [www.karuk.us](http://www.karuk.us)

**APSR - 2018:**

The Karuk Tribe will make the CFSP available to local, state and other stakeholders. The plan will be provided to the Karuk Tribe council as part of an annual report to the health board and to Stan Cagle ([Stan.Cagle@dss.ca.gov](mailto:Stan.Cagle@dss.ca.gov)) our contact at CDSS. In addition the plan will be posted on the Karuk Tribe website, [www.karuk.us](http://www.karuk.us)

APSR - 2019:



This space provided for any additional information the tribe may want to include:

We would like to request technical assistance to the Tribal Council on the complexities of Tribal Child Welfare Program development and implementation.



# DENTAL DIRECTOR REPORT

JULY 13TH, 2017

## SYNOPSIS:

Now we have a lead assistant for the clinic (Back Office) and site manager on Yreka and Happy Camp, this system will make us run more organized and efficiently. Dr.Felker started full time on Happy Camp but we need full time dentist desperately. Job posting was on since May 3rd. Sat Clinic continually doing well and Dr.Kim's schedule is filled till Sept. Orleans Clinic first treatment day is July 12th with Dr.Felker.

## SECTION 2

I AM PROUD TO ANNOUNCE THAT INTERVIEW COMMITTEE DECIDED SHANNON JOHNS AS YREKA DENTAL LEAD ASSISTANT AND TAMMY ROMPON AS HAPPY CAMP DENTAL LEAD ASSISTANT.

I BELIEVE SHANNON RDA AND TAMMY RDA FITS WELL IN THIS POSITION, THEY WORK DIRECTLY WITH SITE MANAGERS SUSAN BEATTY RDA AND VICKIE WALDEN RDA.

BACK OFFICE DENTAL STAFF GO TO PERSON IS LEAD ASSISTANT. Since it is new position, enclosed Lead assistant's duty.

## SECTION 3:

Month of June Number of patients in Yreka: 510 patients , Happy Camp : 81

Respectfully submitted;

EUNSUN LEW DDS

DENTAL DIRECTOR KTHC



# CEO Report- Open Session

July 13, 2017

Synopsis: Overall this month we have worked on keeping the clinics (medical, dental and behavioral health) going with short staff. We have made some good choices to utilize technology to have people seen, however, we are working on a longer term solution which I will discuss in closed session. I am meeting this week with my direct reports beginning our budgeting process. We are also going to have a leadership team strategy day in early August that you are welcome to come to.

## Action Items:

Contract 17-A-56..Partnership Health Plan of California.

Contract 17-C-074...Northern Siskiyou EMS-CPR Class.

Agreement 17-A-056..HCHS..One Day Soccer Event.

MOU 17-M-006.. Klamath Health Services.. In Kind Dental

Visiplex...Sole Source Justification.

Resolutioncare and Letter of support.

Native Nations Events- Travel

## Reports:

Position Description – Clinic Transporter

Vacancy Announcement – Clinic Transporter

# ORLEANS MEDICAL CLINIC

Health Board Date July,13 2017

## SYNOPSIS:

June 2017 our medical provider had 111 face to face visits with patients (down 21.28% from June 2016). We had 33 lab visits (down 35.29% from June 2016) with our M.A. and nurse. Our Medical Provider and M.A. worked Fridays in Happy Camp this month and did Tele-Med with Happy Camp on Monday afternoons this month, which caused our numbers to be lower. Our Tele-Med Monday afternoons we only did 2 days this month seeing 8 people total. Our medical provider has completed her Certification for DMV physicals and has already seen and has scheduled people for DMV physicals. Travis has been working on his training for the eye camera, when he finishes he will be able to use that equipment for diabetic eye checks. Tele-Med to you is provided by a contract with Partnership health for patients with that insurance to see specialists – this month we had two visits. We had one tele-psych visit via tele-med this month. We processed 58 referrals to specialists outside of our Health program. This being done with just 3 full time staff at the Orleans Medical Clinic.

Respectfully submitted;



Babbie Peterson

Orleans Medical Clinic

Manager

**Clinic Workload Report**

\*\* Confidential Patient Data Covered by Privacy Act \*\*

Clinic Name	Date	Sched Appt	Unsched Appt	Over-Books	No-Shows	Cancel Appt	Total Seen
FLOWERS OR	6/1/2017	11	0	0	1	1	11
	6/2/2017	0	0	0	0	1	0
	6/5/2017	10	2	0	2	4	12
	6/6/2017	8	1	0	0	3	9
	6/7/2017	4	2	0	0	1	6
	6/8/2017	7	0	0	0	1	7
	6/12/2017	6	0	0	0	5	6
	6/13/2017	0	0	0	0	9	0
	6/14/2017	9	0	0	0	2	9
	6/15/2017	0	0	0	0	1	0
	6/19/2017	7	0	0	0	4	7
	6/20/2017	0	0	0	0	10	0
	6/21/2017	7	0	0	1	3	7
	6/22/2017	6	2	0	1	5	8
	6/26/2017	4	0	0	0	0	4
	6/27/2017	7	1	0	0	0	8
	6/28/2017	5	2	0	0	0	7
	6/29/2017	9	1	0	0	1	10
<b>Clinic Total:</b>		<b>100</b>	<b>11</b>	<b>0</b>	<b>5</b>	<b>51</b>	<b>111</b>

Total Seen = Sched + Unsched + Overbooks

Cancelled and No-Shows are not included in the above totals and are given for statistical purposes only.

**Clinic Workload Report**

\*\* Confidential Patient Data Covered by Privacy Act \*\*

Clinic Name	Date	Sched Appt	Unsched Appt	Over-Books	No-Shows	Cancel Appt	Total Seen
OR LAB	6/1/2017	0	2	0	0	0	2
	6/5/2017	2	1	0	1	2	3
	6/6/2017	0	0	0	0	1	0
	6/7/2017	1	0	0	0	0	1
	6/12/2017	1	0	0	0	0	1
	6/14/2017	1	2	0	1	0	3
	6/16/2017	1	0	0	0	1	1
	6/19/2017	4	0	0	1	1	4
	6/20/2017	1	0	0	0	2	1
	6/21/2017	2	2	0	3	1	4
	6/26/2017	7	0	0	1	0	7
	6/27/2017	2	0	0	0	1	2
	6/28/2017	4	0	0	0	0	4
	6/29/2017	0	0	0	0	1	0
<b>Clinic Total:</b>		<b>26</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>10</b>	<b>33</b>

Total Seen = Sched + Unsched + Overbooks  
 Cancelled and No-Shows are not included in the above totals and are given for statistical purposes only.

OR TELEMEDICINE	<i>Tele med To You</i> 6/12/2017	1	0	0	0	1	1
	6/13/2017	1	0	0	0	0	1
	6/19/2017	(4	1) FLOWERS	0	0	2	5
	6/26/2017	(3	0) FLOWERS	0	1	1	3
	<b>Clinic Total:</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>10</b>

*Specialists*

Total Seen = Sched + Unsched + Overbooks  
 Cancelled and No-Shows are not included in the above totals and are given for statistical purposes only.

OR TELEPSYCH	6/30/2017	1	0	0	0	0	1
<b>Clinic Total:</b>		<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

*BENTON KENNY*

Total Seen = Sched + Unsched + Overbooks  
 Cancelled and No-Shows are not included in the above totals and are given for statistical purposes only.

*NO DENTAL DAY IN JUNE*

**Clinic Workload Report**

**\*\* Confidential Patient Data Covered by Privacy Act \*\***

<b>Clinic Name</b>	<b>Number of Visits 6/1/2017-6/30/2017</b>	<b>Number of Visits 6/1/2016-6/30/2016</b>	<b>Net Change</b>	<b>% Change</b>
OR LAB	33	51	-18	-35.29 %
OR TELEMEDICINE	10	9	1	11.11 %
OR TELEPSYCH	1	0	1	100.00 %
FLOWERS OR	111	141	-30	-21.28 %

	<b>MONTHLY REVENUE REPORT</b>			<b>BUSINESS OFFICE</b>	
	<b>JUNE 2017</b>	<b>Happy Camp</b>	<b>Yreka</b>	<b>Orleans</b>	<b>KTHP</b>
	Revenue Medical	\$39,389.98	\$107,847.54	\$25,040.45	<b>\$172,277.97</b>
	PHC Capitation	\$8,344.28	\$14,591.71	\$2,639.17	<b>\$25,575.16</b>
	HPSA Quarterly Incentive	\$0.00	\$14.70	\$0.00	<b>\$14.70</b>
	Revenue Dental	\$75,183.67	\$116,003.35	\$0.00	<b>\$191,187.02</b>
	Revenue Mental Health	\$10,659.97	\$10,932.35	\$20.00	<b>\$21,612.32</b>
	Revenue Telehealth	\$49.91	\$728.17		<b>\$778.08</b>
	Revenue Homecare		\$0.00	\$0.00	<b>\$0.00</b>
	Revenue Total	<b>\$133,627.81</b>	<b>\$250,117.82</b>	<b>\$27,699.62</b>	<b>\$411,445.25</b>
		<b>Happy Camp</b>	<b>Yreka</b>	<b>Orleans</b>	<b>KTHP</b>
	<u>Billing JUNE MEDICAL</u>	\$ 88,228.11	\$176,154.79	\$54,276.26	\$ 318,659.16
	Billing JUNE Dental	\$ 41,399.93	\$ 197,493.03		\$ 238,892.96
	Billing JUNE Mental Health	\$ 16,171.82	\$ 24,386.15	\$218.00	\$ 40,775.97
	Billing JUNE Telehealth	\$458.75	\$ 1,900.58	\$0.00	\$2,359.33
	Billing JUNE Homecare	\$0.00	\$0.00	\$0.00	\$0.00
	Billed Total	<b>\$ 146,258.61</b>	<b>\$399,934.55</b>	<b>\$54,494.26</b>	<b>\$600,687.42</b>
	<b>BILLING DEPARTMENT BUDGET 2017</b>				
					AVAILABLE %
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent
YEAR	BUDGET	DATE	BALANCE	% USED	at this date
<b>FY 2017</b>	<b>\$701,707.10</b>	<b>\$388,789.48</b>	<b>\$312,917.62</b>	<b>55.41%</b>	<b>75.06%</b>





## Grants, Compliance and Accreditation

Board Report

July 12, 2017

Lessie Aubrey, Manager

Section 1:

CQI Reports:

1. Outreach and Enrollment Coordinator – Debbie Bickford: Debbie reported assisting with 16 Medi-Cal applications, and 11 Covered CA applications. Debbie saw a total of 81 applications in 2017 which is a 28% increase. She says Silver Scripts contributed to this increase. Discussion ensued of her other activities she uses as tools to get children and adults enrolled.
2. Eligibility – Sharon Denz: Sharon reported saving the organization a total of \$5,914.31 for the first quarter of 2017. She said she had many more clients before Obama Care. In regards to the high cost of co-pays per our insurance, Sharon said that this is happening to people on Medicare too; that it has gone up so much people can't afford it. To be eligible for Patient Assistance they have to be on the same poverty level as Medi-Cal.
3. Yreka Medical Record Audit Cloning and Lab Orders – Charleen Deala: There were no changes until March because they were getting the staff ready for the changes. She expects that all the cloning will be gone around September. Charleen said her measure is 100% no cloning.

All labs orders were verified and only seven were not written. We are doing better and hopefully by September we will have met our goal of 95% or even better.

4. Immunizations – Sheila Super: Sheila said that we have an added vaccine now which is throwing our immunization rate off. It is the flu vaccine and should be given by the time the child reached 2 years of age. So in this report we have 17 children missing one or more vaccinations, mainly the flu vaccine. We have to have vaccines done within a certain time frame to be counted as meeting the measure which is two years old for this report. Adding the flu vaccine really dropped our rates.
5. Empanelment/Continuity of Care – Amy Coapman: Amy reported that the percentage of patients empaneled to a PCP is Yreka -60%, HC 81%, and Orleans 78%. The percentage seeing their assigned PCP was Vasquez 81%, Cronin -87%, Flowers 80%, and Ott 71%. HC is low because there isn't a PCP there in the clinic. One problem is that we have patients that are dental only patients throwing our rates off.
6. Behavioral Health Patient Satisfaction Survey: Lessie reported that she received a very low number of survey responses. After she had finished the graphs a larger number of responses came in but she only grafted them. Walkways were the issue and they would like to see a bench half way through the walkway. Need to study why calls aren't answered promptly with a medium priority. We need to offer Customer Service Training for everyone. Another study/Activity would be Comfort and Safety while waiting. In another activity we need to look at Privacy, Confidentiality and will refer patients to our clinics.

## Grants, Compliance and Accreditation

Board Report

July 12, 2017

Lessie Aubrey, Manager

7. Medical Patient Satisfaction Survey – Amy Coapman and Sheila Super: We are looking at a satisfaction rate of about 90%, between 80-90% across the board. Orleans did well but Happy Camp ranges were 70's, 80,s and 90's with the later being 70.
8. Suggestion Box Item: Please keep smoking away from doors and entry ways. We don't need to breathe the second hand smoke. Remove ashtrays.

### Section 11:

The FTCA Application came in this week and it has changed quite considerably. I'm not sure what I have or don't have at this time, but I know there will be policies that will need to go to the health board on July 13, 2017.

There have been changes in the AAAHC survey process, so I am happy that I attended their training in June. I still have time to implement them.

Sheila Super is doing well and we are starting to see some improvement in our GPRA Measures.

Debbie has just returned from a vacation. She makes referrals to various places, assists Medi-Cal and Covered CA and she is seeking money and a bid revision for the playground equipment.

Tribal Reunion Educational Booth: I will be talking about Sharpe containers for Insulin Syringes and teaching them how to make one. I also have a commercial product to hand out.

I'm on my final year before AAAHC Survey and will be working on the standards and getting survey books together. This will be my major focus the next 12 months.

