



PHOTO COURTESY KARUK TRIBE FACEBOOK PAGE

KARUK CHILD WELFARE SERVICES

PREVENTION PLAN

JANUARY 2023



**CALIFORNIA
TRIBAL FAMILIES
COALITION**

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Review Tool and Instructions

https://cdss.ca.gov/Portals/9/CCR/FFPSA/_CPP-Review-Tool.pdf?ver=2023-02-27-100529-663

https://cdss.ca.gov/Portals/9/CCR/FFPSA/ CPP_Template_Version_2022_10_31.pdf

https://www.chhs.ca.gov/wp-content/uploads/2023/03/PEI_Community-Pathway-Recommendations.pdf

WRITTEN BY

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To contributing members of the Karuk Child Welfare Services thank you to all for your continued work and dedication to the Karuk community.

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SECTION ONE: ASSET MAPPING

In order to better understand the prevention needs of Karuk children and families, Karuk Tribal Child Welfare (Karuk TCW) partnered with California Tribal Families Coalition (CTFC, or the Coalition) to look at existing data to better understand the primary reasons why Karuk children come into care as well as gaps in existing service array to meet the primary needs of this population. The Coalition utilized existing CDSS and Karuk TCW Child Welfare data, as well as existing public health data related to the Humboldt and Siskiyou service area to conduct this analysis. In addition, Coalition staff engaged in bi-weekly meetings with Karuk TCW, as well as partnership meetings with the following community organizations to better understand prevention needs of the Karuk community:

- Siskiyou Child Welfare
- Humboldt Child Welfare
- Humboldt Probation
- Yav Pa Anav Karuk Wraparound
- Karuk ICWA Social Workers

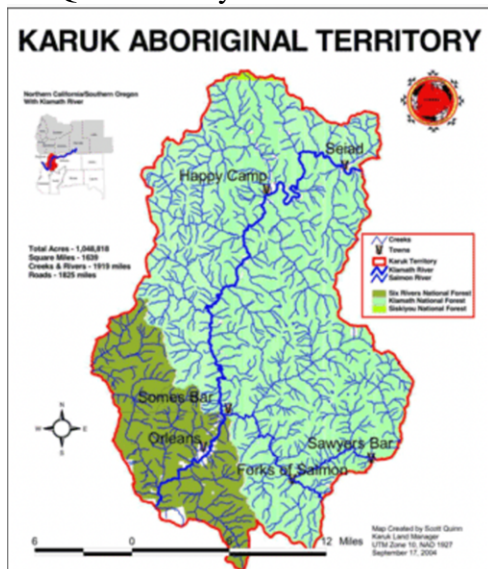
What follows is an overview of this data and summary of the needs of Karuk children and families.

POPULATION DEMOGRAPHICS

The Karuk Tribe does not have a legally designated reservation, but ancestral lands span Eastern Humboldt and Western Siskiyou counties, and some of these ancestral lands are held in trust. The Karuk Tribe is among the largest tribes in California, with over 4,800 members.

SISKIYOU AND HUMBOLDT SERVICE AREA

Siskiyou County spans a large swath of land in the upper-most region of the state and is home to the towns of Yreka and Happy Camp, where Karuk main office sites are located. With a general population of 44,188 and a 5.2% AI/AN population¹, many Karuk children and families live in the region, and a reported 491 individuals living on Karuk trust lands.² Siskiyou is also home to the Quartz Valley Indian Reservation with an enrollment of approximately 150 members.³



Humboldt County is located in the Pacific Northwest, East of Siskiyou, and is home to a general population of 136,310, with a 6.4% AI/AN population.⁴ Humboldt is also home to the Hoopa Valley Reservation, the largest reservation in the state, as well as the ancestral lands of eight federally recognized tribes, to include the Karuk Tribe. The unincorporated town of Orleans in the far northeastern corner of Humboldt is among Karuk ancestral lands and home to a third Karuk office site.

KARUK CHILDREN IN FOSTER CARE

In 2022, Humboldt County CWS report the following:

- 21 Karuk children with allegations, 4 Karuk children with substantiated allegations
- 10 total open cases. Of these, 1 case was opened as a Voluntary Family Maintenance (VFM) Case, 8 cases were opened as Court Family Maintenance (FM) Cases, and 1 case was opened as a Family Reunification (FR) Case.
- The most frequent case intervention reason across case type was Parental Drug Use, followed by General Neglect, Family Services and Parental Mental Health Issues.
- For more details, see [Appendix: Humboldt CWS Tribal Data Report](#)

A sample case review conducted with Karuk CWS indicated the following:

- 3 cases were opened as FM to one parent and FR to another.
- The most frequent case intervention reason across case type was Parental Drug Use, followed by Parental Domestic Violence and Parental Mental Health Issues.

- Hidden Foster Care: More than one case was reported to be opened as a guardianship in Siskiyou County where family members were told there was otherwise reason to detain the minor.
- The primary reasons for Karuk Guardianships were: Parents Deceased and Parents Incarcerated.

Existing regional and national public health data demonstrating a disproportionate number of AI/AN impacted by substance abuse resulting in child welfare involvement. Of note:

"Cases involving parents with SUD are the most complex, most challenging, and most prevalent, with 50 percent to 80 percent of families within the child welfare system affected in some way by an SUD (Bosk et al., 2019). Between 2008 and 2017, Native American children represented the highest level and fastest growth in parental substance use entries into foster care when compared with children of other races and ethnicities, as well as the highest level of disproportionality in foster care (Meinhofer et al., 2020)."^{iv}

This is consistent with regional overdose data cited below, indicating AI/AN in Humboldt experienced overdose at a rate four times higher than whites in a county already disproportionately impacted by the opioid epidemic.^v AI/AN in Siskiyou experienced overdose at a rate nearly double higher than whites.⁵

DISPROPORTIONALITIES

Humboldt County represents the highest count of individuals with four or more Adverse Childhood Experiences (ACEs) of all counties in the state at 30.8%, or just under one in three, significantly increasing an individual's risk for negative health behaviors and serious health conditions throughout the lifespan.⁶ Similarly, Siskiyou, which was included in a grouping of 8 rural counties in Northern California, ranks third of individuals with four or more ACEs in the state, at 24%, or nearly one in four.⁷ While the impact of intergenerational trauma experienced by AI/AN in the region certainly contributes to these rates, it is important to note Karuk tribal peoples living in the service area are living, working and caretaking in a community with significantly higher rates of ACEs than the remainder of the state. This context will be critical for planning prevention service array moving forward.

IN CHILD WELFARE

The impacts of this increased risk can be seen in county public health data, where AI/AN in Humboldt and Siskiyou are especially vulnerable. According to the CDSS Prevention Dashboard's Racial Disparity Index, AI/AN in Humboldt and Siskiyou counties are 2 to 4 times more likely to receive allegations/substantiations⁸:

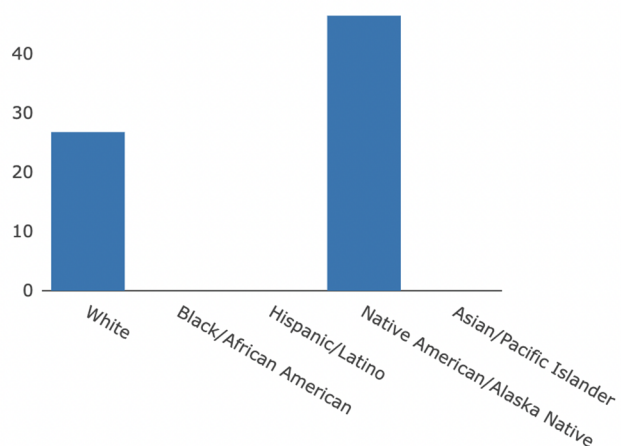
| COUNTY | CHILD MALTREATMENT ALLEGATIONS FOR AI/AN | SUBSTANTIATIONS FOR AI/AN |
|----------|--|---------------------------|
| SISKIYOU | 2.8 RDI | 1.9 RDI |
| HUMBOLDT | 3.4 RDI | 4.1 RDI |

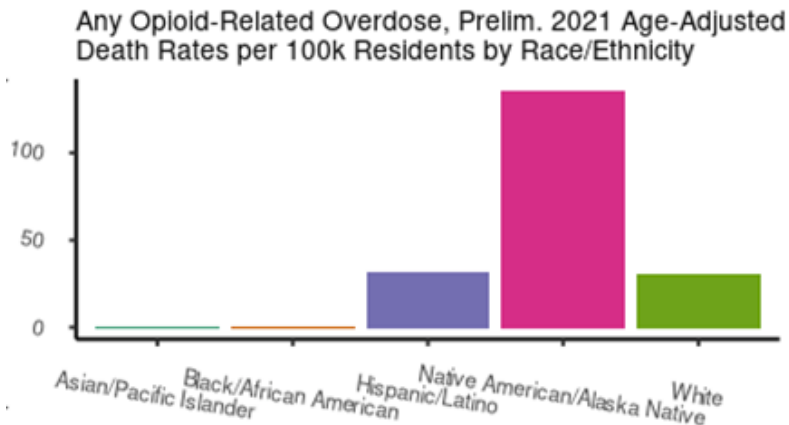
As of January 1, 2022, AI/AN youth made up 29% of all youth in Humboldt County foster care, while AI/AN represent just 6.5% of the county's general census. In Siskiyou, data is masked for these variables in all years since 2017.⁹ While several confounding factors may be contributing to this disproportionality, such as institutional racism and lack of adherence to the Indian Child Welfare Act (ICWA), this form of systems violence only exacerbates AI/AN's exposure to trauma. Conversely, hidden foster care was reported by listening session participants in both counties, further masking the disproportionate number of AI/AN in care, exacerbating kinship families' already limited access to resources and supports, and bypassing birth families' ability to engage in family reunification services.¹⁰

IN THE OPIOID CRISIS

In Siskiyou County, 2020 AI/AN overdose rates were nearly double that for White individuals, as seen in the figure below from the CDPH Overdose Dashboard. viii

All Drug-Related Overdose Deaths by Race/Ethnicity, 2020
Crude Rate per 100,000 Residents





2021 data from the CA Department of Public Health (CDPH) also point to Humboldt County AI/AN as most severely impacted by the opioid epidemic, experiencing the highest rates of opioid-related overdose deaths in a county already disproportionately impacted by the crisis, with numbers climbing. Above chart cited from the

Humboldt County CDPH Overdose Surveillance Dashboard. viii

IN SCHOOL SETTINGS

A recent ACLU report entitled *Failing Grade: The Status of Native American Education in Humboldt County*¹¹ highlights the disproportionately negative treatment and outcomes for AI/AN students enrolled in Humboldt County schools. For example, in the 2017–18 school year, only 1% of Native American high school graduates met eligibility requirements to attend University of California and California State University schools.

AI/AN students were also five times more likely to be suspended than their peers, experienced chronic rates of absenteeism, and in 2018–2019, only 14% of AI/AN students met or exceeded math grade-level standards, while 20% of AI/AN students met or exceeded English Language Arts standards.¹²

These disparate outcomes for AI/AN can be seen in Siskiyou District data as well, where AI/AN student achievement rates are 10% behind that of White students in English and Math. In addition, suspension rates for AI/AN in Siskiyou remain near double that of White students in 2019 and 2020. In 2019, the California State Legislature passed SB-419, expanding the prohibition of suspensions for willful defiance or disruptions of students in Kindergarten through third grade up to the eighth grade-term,¹³ significantly reducing statewide suspension rates. In addition, in 2021 the California Department of Education published State Guidance for New Laws on Discipline, focusing statewide attention on the need for supportive services and the use of suspension as a last resort. In spite of these historic shifts in California’s practice of public education, Siskiyou County suspension rates remain high for Native Students (4.7%) indicating significant disproportionate discipline counter to what is mandated by the California Education Code.¹⁴ These suspensions contribute to pushing AI/AN students out of the school system, are linked with higher rates of juvenile justice involvement, and create yet another systemic barrier

to accessing free and appropriate education.¹⁵

IN BEHAVIORAL HEALTH

According to Siskiyou County Behavioral Health Cultural Competency Plan 2021/2022¹⁶, AI/AN in the county have among the highest penetration rates of any demographic, falling just short of the exceptionally high rate for Black or African American individuals:

Table 5: Race/Ethnicity Penetration Report (Kings View FY 20-21)

| Race/Ethnicity | MMEF Eligibles | SDMC Clients Served | Penetration Rate (%) |
|-----------------------------------|----------------|---------------------|----------------------|
| Alaskan Native or American Indian | 859 | 81 | 9.4% |
| Asian or Pacific Islander | 374 | 20 | 5.3% |
| Black or African American | 312 | 41 | 13.1% |
| Hispanic | 2,215 | 130 | 5.9% |
| White | 11,033 | 790 | 7.2% |
| Other | 210 | 14 | 6.7% |
| Unknown | 1,898 | 10 | 0.5% |
| TOTAL | 16,901 | 1,086 | 6.4% |

The plan continues to state that a review was conducted to identify whether African Americans in the county were being over-diagnosed, and cited a low census count as over-representing the population in penetration data. With historic undercounting and masking of AI/AN in census data, it is recommended to approach the above data for AI/AN with similar caution. Repeatedly, the county’s plan sites the overall homogeneity of the general population as creating a circumstance unique to Siskiyou and different from the diversity the remainder of the state experiences. Beyond mention of the undercount of African Americans in census data, the report fails to consider the potential undercount of other populations, among them AI/AN, and fails to mention AI/AN as a targeted population even as AI have been identified in California as a priority population, experiencing disparate outcomes across social determinants of health.¹⁷

Instead, the plan identifies the following groups as “target populations”:

- Youth 6-15
- TAY Youth 16-24
- Older Adults 65+
- Spanish Speakers
- Hmong Speakers

- Justice Involved Individuals

The Siskiyou Plan does demonstrate workforce representation of AI/AN, employing 4 AI/AN staff and community partners. The Siskiyou County Behavioral Health Mental Health Services Act Plan 2020-2023 states 103 AI/AN clients (7%) were served by Behavioral Health in 2017/2018.¹⁸

In 2011-2016, Humboldt County Behavioral Health served an average of 144 AI/AN youth annually with Specialty Mental Health Services, ranging from 10-12% of the agency’s total child caseload.¹⁹ While this is promising, a 2022 MHSA report demonstrates less robust service delivery for adult AI/AN in the county: The Hope Center, a peer led support center located in Eureka, California 2020/2021 ethnicity data revealed **0 American Indian identifying clientele** of 47 participants.²⁰

In addition, of participants trained in QPR, **none identified as AI/AN**, while **just 1%** of Living Works Start Participants identified as AI/AN, **indicating a lack of training made available to AI/AN professionals.**²¹

As the largest provider of community behavioral health, Humboldt County DHHS admits to underserving Eastern Humboldt where a majority of AI/AN reside, reporting just 3% of their clientele under the age of 18 live in the region.²²

Table 3. Regional distribution of DHHS mental health clients 18 and under in 2016

| County Region | Percent of Mental Health Clients (n = 1203) |
|-------------------|--|
| Humboldt Bay | 40% |
| Eel River Valley | 24% |
| Northern Humboldt | 23% |
| Eastern Humboldt | 3% |
| Southern Humboldt | 3% |
| Out of County | 2% |
| Unknown | 5% |

2020/2021 Regional Services utilization by AI/AN was 14%, however **only 3% of all RS clients were located in Eastern Humboldt.** 2020/2021 Older Adults Mental Health utilization by AI/AN was 12%, however **only 2% of all AMH clients were located in Eastern Humboldt.**²³ TAY/HCTAYC 2020/2021 ethnicity data: 15% American Indian/Alaskan Native [N=98 duplicated], however just 7 of these youth were located in the Northern Humboldt region. **An Eastern Humboldt region was not identified as a survey option.**²⁴

Current data reported by DHHS paints a starker picture: From 2019-2022, just 2% of Humboldt County’s service delivery was provided to clients with a 95546 zip code. **Notably, of services**

rendered to clients with this zip code, just 7% were documented as provided within Eastern Humboldt, with the majority of services are being provided to Eastern Humboldt residents at coastal office sites rather than within their community.²⁵ (See [Appendix A: Existing Data, DHHS 2019-2022 Data Report Excerpt.](#))

EXISTING SERVICES AND SERVICE GAPS

Karuk service provision is most heavily concentrated in the towns of Yreka, Happy Camp (Siskiyou) and Orleans (Eastern Humboldt). This analysis will focus on Yreka, Happy Camp and Orleans as the three primary service areas.

In development of a Prevention Service Array for implementation under FFPSA, special attention should be placed on ensuring prevention services are accessible in the more remote and rural areas of both counties, particularly the Eastern Humboldt and Western Siskiyou regions where services are most limited and where many Karuk children and families live.

In addition, many Karuk children and families live in coastal Humboldt County. While outside of the service area, remote and telehealth components of the prevention plan will be made available to Karuk youth and families living outside of the service area.

SISKIYOU SERVICES

Siskiyou County is the fifth largest county in California, indicating a large geographical region to consider for service provision. This analysis will focus on the North-Western region of the county, to include Yreka and Happy Camp, often referred to as “North County.” What is considered “South County” includes the towns of Weed and Mt. Shasta. South County lies outside of Karuk ancestral lands and will not be considered for the purposes of this analysis.

North County is an especially rural area. As the largest town in the region, Yreka is home to a population of just under 8,000, itself a small town.²⁶ Happy Camp is even smaller with a population of 854, however boasts a 25% AI/AN population.²⁷ North County services are primarily centralized in Yreka, an hour and a half drive northeast of Happy Camp, and a two-and-a-half-hour drive from Orleans. Siskiyou County Behavioral Health is located in Yreka, Far Northern Regional Center maintains a satellite office in Yreka, and the nearest hospital, the Fairchild Medical Center, is located in Yreka.

The Karuk Tribe maintains offices in both Yreka and Happy Camp, as well as housing units and medical clinic sites offering basic health and dental. Siskiyou County Behavioral Health reports serving 7% of the county’s AI/AN population, however due to lack of data it is unknown how far SCBH services penetrate within the North County.

GAPS IN YREKA SERVICES

While Yreka is the least rural among the three service areas, and most proximate to service delivery, community and Karuk staff interviewed indicated a gap in cultural programming accessible to Karuk youth and families living here. Orleans and Happy Camp were described by interviewees as areas “rich in culture and community,” the location of ceremonial grounds, and noted the absence of these in Yreka. One participant shared “The further we get outside of ceremonial areas, the more cultural help is needed.” The importance of cultural revitalization as a strategy for healing from the trauma of settler colonialism was noted by one participant sharing the following:

“My grandmother and great grandmother were shipped off to a boarding school. My great grandmother was the last basketweaver in the family, they quit weaving and gathering because they wanted to be American. We have that lost. My great auntie would always tell me that I’m not Native, I’m an American. Now we are seeing it, several generations later not knowing how to express emotions and feelings and showing their love.”

Key needs and service gaps in this region include:

- Culturally responsive providers
- Culturally-focused Prevention Programming
- Parent mentoring to families in crisis

Asset mapping in the area otherwise identifies a continuum of services otherwise not accessible in the Happy camp and Orleans areas, which will be prioritized for prevention service delivery.

GAPS IN HAPPY CAMP SERVICES

A small unincorporated community a one and a half hours’ drive west of Yreka, Happy Camp enjoys a thriving Karuk community presence and several Karuk services and facilities. These include:

- Karuk Housing
- Karuk Indian Health Services (to include medical, dental and behavioral telehealth)
- Karuk Education Dept
- Karuk Low Income Assistance Program
- Karuk TANF
- Karuk Yav Pa Anav Wraparound

The Karuk Tribe is the main service provider in the region. In addition, the Happy Camp region was described by listening session participants as rich in culture. Primary Tier Prevention programming is provided primarily via the Karuk Education and Language Departments. Secondary and Tertiary service provision is provided primarily by Karuk Yav Pa Anav wraparound and Karuk IHS.

Due to the frequent turnover and vacancies in behavioral health providers in the region, listening sessions indicated many Karuk families seeking these services will instead travel the 1.5 hours East to Yreka. Karuk providers of services, particularly ICWA services, were known to travel from their primary Yreka site to the Happy Camp region, but other service providers appear to rely on telehealth to provide care within this region. Primary barriers include:

- Lack of transportation
- Turnover in behavioral health providers

While many essential services in Happy Camp are provided by the tribe, such as access to basic medical care, financial support and housing, a variety of service gaps remain. Prevention service gaps include:

- Parent/Caregiver Support and Consultation
- Traditional Healing
- Intensive Case Management
- Outpatient Crisis Programming

While these service gaps were similarly identified in both the Happy Camp and Orleans regions, the extent to which these gaps are addressed by Happy Camp's relative proximity to Yreka must be noted. Listening session participants stressed that while Happy Camp experiences staffing shortages and service gaps across these domains, the Orleans region is the most severely impacted due to its especially remote location.

ORLEANS, EASTERN HUMBOLDT, AND THE YUOK BEHAVIORAL HEALTH WEITCHPEC GAPS ANALYSIS

Coalition Staff recently engaged in a Gaps Analysis of the Weitchpec region in partnership with Yurok Behavioral Health to identify service gaps in the region with a Behavioral Health focus and based on a Yurok System of Care. Coalition staff utilized a variety of existing public health data as well as internal reports the tribe previously conducted to inform the analysis. The Karuk community of Orleans is just a 15-minute drive North of Weitchpec, and Orleans community members experience many of the same gaps in services as do residents of Weitchpec. While numerous gaps exist in Weitchpec/Eastern Humboldt, the analysis identified the following as the largest gaps in existing services:

PARENT/CAREGIVER SUPPORT AND CONSULTATION

To include:

- Culturally relevant parenting classes and mentorship
- Home visiting programming designed to support parent
- Providing Parent mentoring programs to parents in crisis

TRADITIONAL HEALING

To include:

- Groups, Activities and Classes providing education and guidance on Traditional Healing practices
- Offering support of traditional healers via individual sessions

From the report: “Traditional healing services were described as a need by the Circles of Care/Systems of Care project reports and service providers interviewed for this project. At present, UIHS is the only provider offering these services and they are considered inaccessible to the Weitchpec/Downriver communities.”^{xxii}

INTENSIVE CASE MANAGEMENT

To include:

- Wraparound
- Increasing access to family-centered SUD treatment;
- Connecting families to public assistance programs;
- Connecting families to Regional Centers

From the report: “Intensive outpatient services are services meant for individuals and families who need a higher level of care to continue to reside in the community safely. These services prevent the need for residential or hospitalization for those individuals facing mental health and substance abuse challenges. These services were rated second to highest of the continuum of care service components, by the data discussed above and community surveys and focus groups. In particular the need for intensive case management and substance abuse intensive outpatient services were not only identified by the community but also reinforced by the data, with the number one reason children are entering foster care and not reuniting with their parents in the Weitchpec/Downriver region being parental substance abuse combined with the number of individuals dying from substance use overdoses.”^{xxiii}

OUTPATIENT CRISIS PROGRAMMING

To include:

- Provide parent mentoring to families in crisis;
- Provide behavioral health and health services for children, youth and families affected by maltreatment

Eastern Humboldt, with an over 70% AI/AN population is among the most underserved region in the county and deserves priority attention in Prevention Program development.

SECTION TWO: SERVICE SELECTION, EVIDENCED-BASED PRACTICES AND THEORY OF CHANGE

The Karuk Tribe aims to ensure prevention planning efforts align closely with Karuk traditions and values. See [Karuk Tribe Principles of Child Welfare Services](#) for more.

ASSESSMENT AND CANDIDACY DETERMINATION

A child may come to the attention of Karuk CWS via Community Pathway, another Title IV-E Agency (Humboldt CWS, Siskiyou CWS), Tribal Pathway (e.g. a child eligible for multiple tribes), or self-referral. Once the child comes to Karuk CWS attention, a TSW will be assigned to conduct the initial screening and risk assessment to determine candidacy.

KARUK ELIGIBILITY

In order to be eligible for IV-E services, the child must be eligible or an enrolled member of the Karuk Tribe and living within the Karuk service area. If the child is determined ineligible, Karuk CWS will refer to the appropriate agency or agencies.

COMMUNITY PATHWAY

The community pathway is intended to engage families as early as possible to prevent future needs for child welfare involvement. If eligible and the referral was made via a community pathway or self-referral, Karuk CWS will conduct the Karuk Screening Tool (See Attachment: [Karuk Yav Pa Anav Screening Tool](#)) to assess the circumstances of the child/family and need in the following domains:

- Risk of Harm to Self/Others
- Mental Health
- SUD
- Domestic Violence
- In-home parenting, skill-based needs
- Economic Needs
- Educational Needs
- Developmental Needs
- Legal/Criminal Justice Needs

The screening will indicate the appropriate community and tribal referrals and navigation. Cultural screening is not a component of the Karuk Screening as *all* Karuk families will be referred to primary tier Karuk services, the foundation of which are cultural community-based interventions, and all Karuk interventions will be culturally adapted/informed. Where further assessment is needed in the various domains above, the child and family will work with the TSW conducting the screening to select from a Karuk provider of services or other community provider to conduct additional assessment and service delivery.

DETERMINING CANDIDACY

Within the community pathway, the Triage Screening will be used to inform the Candidacy Determination ([See Attachment: Karuk CWS Prevention Candidacy Determination Form](#))

If the child and family elect to continue assessment with the Karuk Tribe, Karuk CWS will complete assessment to determine whether the child and family are eligible and if a Karuk secondary or tertiary prevention service can mitigate the family's risk and safety concerns.

TITLE IV-E AGENCY PATHWAY

A Karuk child and family may also be referred by a Title IV-E Agency, to include Karuk CWS. This may occur when:

- A referral is investigated and determined to be inconclusive or substantiated, but a case is not opened and a referral to Karuk prevention programming is made instead.
- A case is opened as a Voluntary or Court-Ordered Family Maintenance (FM) Case. The Child and Family Team (CFT) may determine that including FFPSA prevention services in the FM case plan may prevent children being removed from the home.
- A case is opened as a Family Reunification case as the TSW may determine the services to support reunification, a safe transition of the child back to the home and preventing future re-entry to care.

FAMILY-SPECIFIC PREVENTION CASE PLANNING

Upon completion of candidacy determination, if Prevention Services are identified as an appropriate response, the designated Karuk service provider will conduct additional assessment with the family, collateral and will consult with their supervisor to identify the appropriate Prevention Services from the Evidenced-Based Service Selection below and create a child and family specific prevention plan to support the family in their wellbeing goals.

SELECTED EVIDENCE BASED PRACTICES

Karuk CWS has selected the following evidenced based practices:

- Motivational Interviewing
- Multisystemic Therapy
- Parents as Teachers

The EBP service selection will be integrated within the whole of the Karuk Prevention Plan service array; other services within the Prevention Plan may also be selected to supplement care. The TSW assigned will continue to work with the family and prevention implementation team to continue monitoring for safety and risk throughout the course of the intervention and at minimum every six months.

CARE COORDINATION AND TEAMING

Per the California Prevention Plan, Karuk CWS navigation of prevention care will adhere to the following workflow. The Karuk IV-E agency will:

- Identify the service provider(s) that will best meet the family's needs including Title IV-E prevention services
- Refer the family to the provider(s) for services
- Conduct case management services and coordination through multi-disciplinary teaming services
- Providing oversight and ensure the needs of the family are met^{xxviii}

KARUK TRIBE PRINCIPLES OF CHILD WELFARE SERVICES

The Karuk Tribe applies the following principles most often identified by practitioners and others as helping to assure effective services for children, youth, and families, as stated in Title 45 of the Code of Federal Regulations (CFR) section 1355.25 in its continuing development, operations, and improvements for a continuum of child and family services, as outlined in the Karuk Child Welfare Services Title IV-B Plan and in its plan for implementing Title IV-E Services pursuant to Title IV-E of the Social Security Act, (42 USC section 670 et seq).

In addition to the following principles, paramount is the principle that services shall be assessed and delivered in the most culturally appropriate manner reasonably possible to preserve cultural ties between Indian tribes, families and their children. Increased knowledge and practice of cultural teachings, including ceremonies and rituals, have been shown to reduce the risk of child maltreatment.^{xxix}

- Safety and ending violence: The safety and well-being of children and of all family members is most important. When safety can be assured, strengthening, and preserving Tribal families and communities are seen as the best way to promote the healthy development of our children. One important way to keep children safe is to stop violence in the family, including violence against their mothers.
- Holistic care: Services are focused on the family as a whole; Karuk and community service providers work with families as partners in identifying and meeting individual and family needs; family strengths are identified, enhanced, respected, and mobilized to help families solve the problems which compromise their functioning and well-being.
- Healthy development across the lifespan: Services promote the healthy development of children and youth, promote permanency for all children and help prepare youth emancipating from the foster care system for self-sufficiency and independent living.
- Family-specific care: Services may focus on prevention, protection, or other short or long-term interventions to meet the needs of the family and the best interests and need of the individual(s) who may be placed in out-of-home care.

- Coordinated care: Services are timely, flexible, coordinated, and accessible to families and individuals, principally delivered in the home or the community, and are delivered in a manner that is respectful of and builds on the strengths of the community and cultural groups.
- Continuum of Care: Services are organized as a continuum, designed to achieve measurable outcomes, and are linked to a wide variety of supports and services which can be crucial to meeting families' and children's needs, for example, housing, substance abuse treatment, mental health, health, education, job training, child care, and informal support networks.
- Community-based care: Most child and family services are community-based, involve community organizations, parents and residents in their design and delivery, and are accountable to the community and the client's needs.
- Unconditional care: Services are intensive enough and of sufficient duration to keep children safe and meet family needs. The actual level of intensity and length of time needed to ensure safety and assist the family may vary greatly between preventive (family support) and crisis intervention services (family preservation), based on the changing needs of children and families at various times in their lives. A family or an individual does not need to be in crisis in order to receive services.²⁸

THE PRIMARY/UNIVERSAL TIER

Essential to the above Karuk Tribe Principals are Primary Tier services universally accessible within the Karuk Continuum of Care. What follows is an overview of existing and desired primary tier prevention programming across Social Determinants of Health (SDOH).

ECONOMIC STABILITY

Existing Karuk programs supporting economic stability include:

- Karuk Housing
- Karuk Low Income Assistance Program
- Karuk TANF
- Karuk TERO

EDUCATION ACCESS AND QUALITY

Existing Karuk programs supporting education access and quality include:

- Karuk Education Dept

HEALTHCARE ACCESS AND QUALITY

Existing Karuk programs supporting healthcare access and quality include:

- Karuk Indian Health Services (to include medical, dental and behavioral telehealth)

NEIGHBORHOOD AND BUILT ENVIRONMENT

Existing Karuk programs supporting the neighborhood and built environment include:

- Karuk Headstart in Yreka and Happy Camp
- Cultural Camps provided by Karuk Education Dept
- Forthcoming childcare facility collaboration between Karuk TERO and Headstart

In addition to existing tribal community spaces, the service area is rich in natural spaces and central to ceremonial grounds; many ceremonies throughout the summer are held in the greater Orleans and Happy Camp regions.

SOCIAL AND COMMUNITY CONTEXT

Existing programs supporting social and community context include:

- Karuk Yav Pa Anav Wraparound

SECONDARY TIER

In addition to the Karuk CWS Prevention Plan, the following Karuk department initiatives offer prevention at the secondary level:

- Karuk Wellness Court
- Karuk Court Advocacy
- Karuk Yav Pa Anav Wraparound Program
- Karuk TANF

Secondary service selection for the Karuk CWS Plan will include the following services:

- Motivational Interviewing
- Parents as Teachers via Karuk Headstart

Per CDSS guidance in the California Prevention Plan, the Karuk Tribe will implement available cultural adaptations of the selected evidenced-based services.^{xxxiii}

EBP: MOTIVATIONAL INTERVIEWING FOR SUBSTANCE USE TREATMENT AND AS A CROSS CUTTING CASE MANAGEMENT INTERVENTION

Motivational Interviewing has been demonstrated to be effective with individuals with SUDs^{xxxv}, a significant risk factor to child welfare involvement. Motivational Interviewing has been especially effective in tribal communities; numerous examples exist of successful tribal implementation of MI to address SUD and substance misuse.^{xxxvi} As SUD impacted parents make up a large proportion of Karuk CWS involved families, MI will be an instrumental in the prevention plan. As MI can be implemented as a stand-alone intervention or adjunctive to other interventions, MI is well-suited to be integrated with Karuk concepts of community intervention and healing. These adaptations include the employment of community elders and community knowledge, customs, and perspectives.

Karuk CWS implementation of Motivational Interviewing will occur both as a direct component of the TSW intervention with the tribal child and family to address case plan goals, specifically those related to pursuing SUD treatment, as well as an adjunctive intervention coupled with Karuk community practices in pursuit of healing. As an example, Karuk CWS may facilitate a group Red Road SUD Support Group, or other community group or class in which Motivational Interviewing and open-ended inquiry are central to the facilitator's class approach.

As with California, the Karuk Tribe intends to use MI as a "cross-cutting case management intervention beyond its application to substance use disorder treatment."^{xxxvii}

EBP: PARENTS AS TEACHERS

The Parents as Teachers home visiting model will be employed with Karuk families with young children (prenatal through kindergarten) to:

- Increase parent knowledge of early childhood development and improve positive parenting practices
- Provide early detection of developmental delays and connection to services
- Improve parent, child and family health and well-being
- Prevent child abuse and neglect
- Increase children's school readiness and success
- Improve family economic well-being
- Strengthen community capacity and connectedness^{xxxiv}

This model has been successfully adapted by other tribal affiliate programs to incorporate language and cultural teachings as part of the model.

The Karuk Tribe oversees a Karuk Headstart program where Parents as Teachers will be implemented to ensure access to programming in the three regions, both addressing an existing gap in home visiting programming available to the more remote regions within the service area

(Orleans/Happy Camp) while also addressing the urgent need for early intervention and parent support.

THE TERTIARY TIER

Karuk CWS offers ICWA support services to its most acute cases. In order to address the gap in intensive outpatient services, the Karuk Tribe seeks to provide Multisystemic Therapy to the multi-stressed youth and families it serves.

EBP: MULTISYSTEMIC THERAPY

Multisystemic Therapy (MST) will be provided as a tertiary tier service to Karuk youth ages 12 through 17 and their families in support of:

- Decrease in youth delinquent behavior
- Decrease in youth substance abuse
- Improvement in caregiver emotional/mental health²⁹

According to California's Prevention Plan: "Multisystemic Therapy (MST) is an intensive treatment delivered to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use for troubled youth (12 to 17 years) and their families. MST has a variation specifically for child abuse and neglect, and is already utilized by five counties (Los Angeles, Alameda, Contra Costa and Sacramento). MST was recommended by Chief Probation Officers of California (CPOC) because is successful in reducing long-term rates of criminal offenses by youth involved in the juvenile justice system."³⁰

As with secondary tier evidenced based service selection, per CDSS guidance in the California Prevention Plan, the Karuk Tribe will implement available cultural adaptations of the selected evidenced-based services.^{xxxviii}

SECTION THREE: WORKFORCE DEVELOPMENT AND MAINTAINING FIDELITY FOR SERVICES IMPLEMENTED

The Karuk CWS is a small department with a staff of less than five. Currently, the department employs the CWS Director and one Administrative Assistant. While the department intends to expand this workforce, Karuk CWS also intends to work in concert with existing Karuk Behavioral Health departments in prevention service implementation and delivery.

MANDATORY REPORTING

When a social worker of the KCWS in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect, the social worker shall coordinate response with the local child protection agencies by at least making an initial mandated report as soon as is practicably possible, by telephone and thereafter within 36 hours send by fax or electronically a written follow-up report.

WORKFORCE DEVELOPMENT

Karuk CWS employees must demonstrate competency in core knowledge, skills and abilities upon hire. Any exceptions or deficits in competencies will be addressed via training and orientation within 90 days of hire. This will be re-evaluated annually.

REVIEW OF QUALIFICATIONS, COMPETENCIES, RESPONSIBILITIES

Karuk CWS ensures all staff meet the requisite qualifications for their respective positions. Karuk CWS partners with Karuk Human Resources to ensure:

- There is a job description on file for each staff member that clearly defines qualifications, competencies, and responsibilities.
- There is a process to verify qualifications of staff including degrees, licenses, and certification as required by the position, within 90 days of employment. Personnel files will contain evidence that verification of professional licenses and college degrees at the bachelor's level or higher, as required by the position, was obtained from the primary source.
- All staff are evaluated annually.
- All staff members sign a document indicating that they are aware of Karuk CWS policy on confidentiality and that these documents are maintained in the personnel files.
- There are mechanisms in place that afford staff the right to express concerns about a particular care issue or to file a grievance concerning a specific employment situation.
- Criminal and abuse record checks and evaluations are completed as required by Governing Board hiring policies and procedures and those of state and federal contracts.
- A code of ethics is established and implemented for all staff addressing confidentiality, individual rights, and professional and legal issues in providing services and is documented in the personnel records that the code of ethics in effect at the time of review has been reviewed with each staff member.
- There is a process to validate driver's license, record and insurance information for all staff responsible for transporting clients.

KARUK CWS ORIENTATION

An initial orientation is provided to new staff and this orientation is documented in the employee's personnel file. Training and education is provided to all staff relevant to their positions.

There is a plan for staff development for each staff member to include:

- HIPAA
- Advanced Behavioral and Health Care Directives
- Child Welfare Case Management Documentation, to include training on use of present data system employed by the agency and as required by CDSS for program implementation
- Cultural Sensitivity/Responsiveness/Competency
- Approved training on child and dependent adult abuse reporter requirements is provided to all staff who are mandatory abuse reporters. This is documented in personnel records training on child and dependent adult abuse reporter requirements.

COMMON CORE

All Karuk CWS Social Workers will complete California Common Core Training for Child Welfare Social Workers to ensure foundational understanding of the Integrated Core Practice Model and competencies necessary for the field.^{xxxix} UC Davis Resource Center for Family Focused Practice and Northern Training Academy offer this CORE Training.^{xl}

UC DAVIS CENTER FOR EXCELLENCE

UC Davis offers additional training that will be utilized to train TCWBH staff toward components of the prevention plan outside of the Evidenced Based Services, to include:

- Excellence in Tribal Case Management^{xliii}

CALIFORNIA TRIBAL FAMILIES COALITION

California Tribal Families Coalition offers ICWA Specialist trainings and well as offerings on effective Child and Family Teaming and ICWA and Wraparound. Technical support is provided by the Coalition on an ongoing basis to Karuk CWS director and team via weekly calls and case conferencing.

CDSS OFFICE OF TRIBAL AFFAIRS

CDSS Office of Tribal Affairs offers consultation, training and technical assistance to tribes across the state.

MAINTAINING FIDELITY FOR SERVICES IMPLEMENTED

Karuk CWS will use state base oversight and implementation to monitor and oversee implementation of the selected Evidenced Based Services. Oversight will rely on implementation of the CMS CARES data system, which Karuk CWS plans to implement upon dissemination of the data system. ([See Attachment for executed Assurances](#))

SECTION FOUR: MONITORING CHILD SAFETY AND CONDUCTING RISK ASSESSMENTS

Karuk Child Welfare Staff will conduct initial and consecutive risk assessments as needed and at minimum every six months. The Tribal Social Worker assigned will conduct home visits and needed assessment.

Tools to measure risk will include:

- Karuk Home study Assessment, attached
- Karuk Screening Tool, attached
- Karuk FFPSA Prevention Candidacy Assessment, attached

Should high risk to the child's safety be identified by any one of these assessments, the Tribal Social Worker assigned will refer to appropriate agency, and complete a Mandated Report when warranted. All risk assessment data will be entered into the CARES data management system.

SECTION FIVE: MONITORING PROGRAM IMPLEMENTATION

Karuk CWS, as the Karuk IV-E agency, will be implementing the following EBPs and will oversee progress and monitor safety through consistent engagement practices:

- Motivational Interviewing for SUD Treatment and Cross-Cutting Case Management

Karuk CWS will be partnering with Karuk Indian Health Services and Karuk Tribal Court to monitor administrative functions to ensure deliverables are met and prevention plan efforts meet requirements in implementation of Multisystemic Therapy.

Karuk CWS will be partnering with Karuk Headstart to monitor administrative functions to ensure deliverables are met and prevention plan efforts meet requirements in implementation of Parents as Teachers.

Karuk CWS will use state base oversight and implementation to monitor and oversee implementation of the selected Evidenced Based Services. Oversight will rely on implementation

of the CMS CARES data system, which Karuk CWS plans to implement upon dissemination of the data system.

CANDIDACY AND CASE MANAGEMENT

All Karuk CWS Social Workers will complete California Common Core Training for Child Welfare Social Workers to ensure foundational understanding of the Integrated Core Practice Model and competencies necessary for the field.^{xliv}

MULTISYSTEMIC THERAPY

Karuk CWS will monitor the administrative functions of Karuk IHS Behavioral Health implementation of Multisystemic Therapy (MST). Fidelity Implementation will ensure:

- Provider received and maintained required training
- Completion of the Therapist Adherence Measure Revised (TAMR)
- Completion of the Supervisor Adherence Measure (SAM)
- At least 66% of therapists have a master's degree in social work or counseling³¹

MOTIVATIONAL INTERVIEWING

MOTIVATIONAL INTERVIEWING FOR SUBSTANCE USE TREATMENT

Karuk CWS plans to implement MI for Substance Abuse Treatment ensuring the following:

- Provider received and trained
- Completion of the MICA 3.2^{xlv}

MOTIVATIONAL INTERVIEWING FOR CROSS-CUTTING CASE MANAGEMENT

Karuk CWS plans to implement MI for Cross Cutting Case Management ensuring the following:

- Will use the Motivational Interviewing Treatment Integrity (MITI) instrument, which yields feedback that can be used to increase clinical skill in the practice of MI and measures how well a practitioner is using MI.

PARENTS AS TEACHERS

Karuk CWS will monitor administrative functions of Karuk Headstart implementation of PAT. Fidelity implementation will ensure:

- Certifications for completion of PAT training
- Annual submission of the Affiliate Performance Report (APR)

- Annual submission of Performance Measures Report (PMR)
- Demonstration of 1:12 supervisor to staff ratio
- Adherence to PAT 17 Essential Requirements

CARES

Karuk CWS will use CARES data and reporting to measure effectiveness of the Prevention Intervention. Among Prevention Outcomes data to be collected will include:

- Prevention Service Type
- Total expenditure for each service (see fiscal monitoring)
- Case closure data (Were services terminated early, partial/successful completion?)
- Dosage data (Such as # of sessions missed/attended)
- Duration of programs provided
- # of Child Welfare referrals in six months, 1 year and 2 years after intervention
- # of removals of the child or children in six months, 1 year and 2 years after intervention
- Changes in risk assessment data (was less/more risk identified over time)

Fiscal Monitoring: CARES data will be utilized to inform IV-E draw down requests.

SECTION SIX: STATE BLOCK GRANT FUNDS

State Block grant funds will be utilized to conduct the following activities:

- Delivery of culturally responsive prevention programming traditional to a Karuk Continuum of Care although not presently included in the Title IV-E Prevention Services Clearinghouse.
- Supporting evaluations, CQI and monitoring fidelity as required under the Title IV-E prevention program.
- Administrative activities, such as readiness assessment

APPENDIX

HUMBOLDT CWS TRIBAL DATA REPORT

Tribal Data Report

CWS acknowledges that terminology such as “cases” and “referrals” are technical language used to represent the children and families that CWS serves, and the use of the language is not intended to disregard or diminish the human element of those represented in the data.

PIT Date
2/22/2023

FILTER - Referral ICWA Status
All

FILTER - Referral ICWA Unit
ICWA Unit

CWS Referrals with Tribal Affiliation*

*Status of: Member, Eligible, Claims Membership or Pending Verification

| | |
|--|-----|
| Total Open CWS Investigations | 365 |
| Open Referrals with Tribal Affiliation | 115 |
| ICWA Referral % | 32% |

CWS Referrals with Tribal Affiliation*

*Status of: Member, Eligible, Claims Membership or Pending Verification

| | |
|-------------------------------------|----|
| Bear River Band/Rohnerville Ranch. | 4 |
| Cher-Ae Heights Ind Com/TrinidadRan | 6 |
| Hoopa Valley Tribe | 40 |
| Karuk Tribe | 9 |
| Yurok Tribe/the Yurok Reservation | 63 |
| Non-Local Tribe | 15 |
| Wiyot Tribe | 1 |

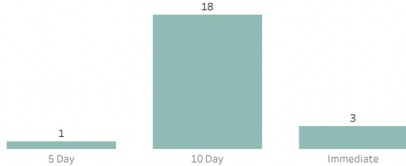
Backlog

PIT: 2/22/2023

Referral Days Open Group

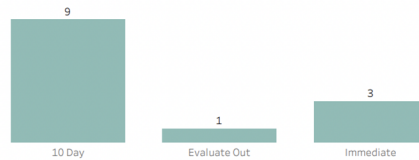
| | | |
|---------------|-----|------|
| 0 to 30 Days | 23 | 17% |
| 31 to 40 Days | 5 | 4% |
| 41 to 55 Days | 15 | 11% |
| Over 55 Days | 96 | 69% |
| Grand Total | 139 | 100% |

New Referrals



Referral Received Date
1/24/2023 to 2/22/2023

Closed Referrals



Referral Closure Date
1/24/2023 to 2/22/2023

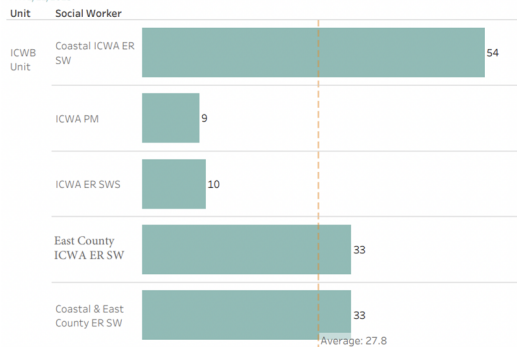
Tribal Data Report

FILTER - Referral ICWA Status
All

FILTER - Referral ICWA Unit
ICWA Unit

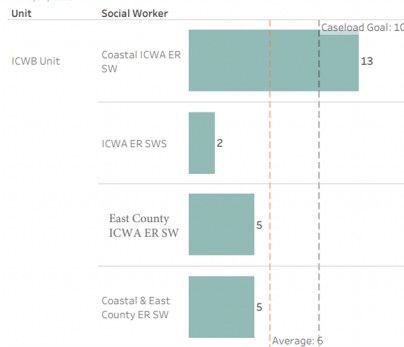
Referral PIT Workload

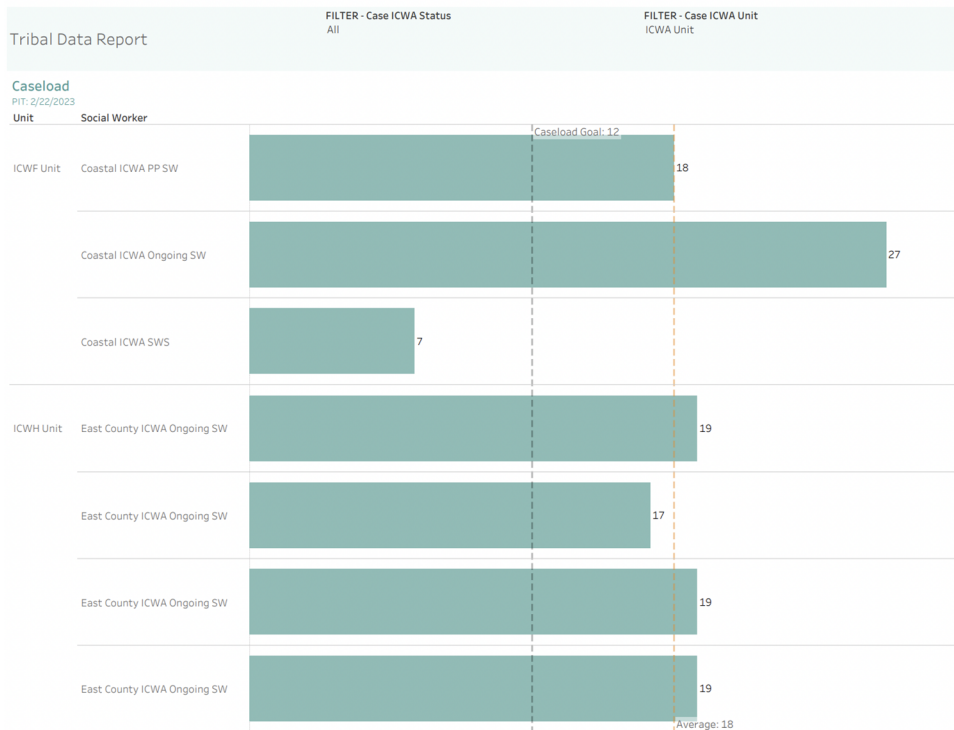
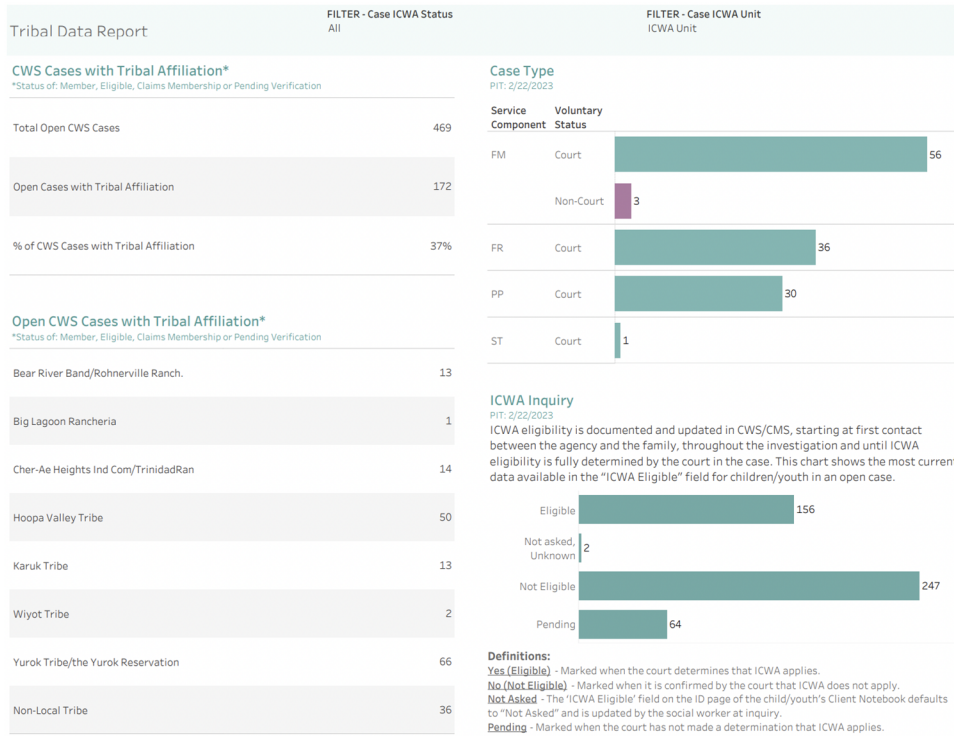
PIT: 2/22/2023

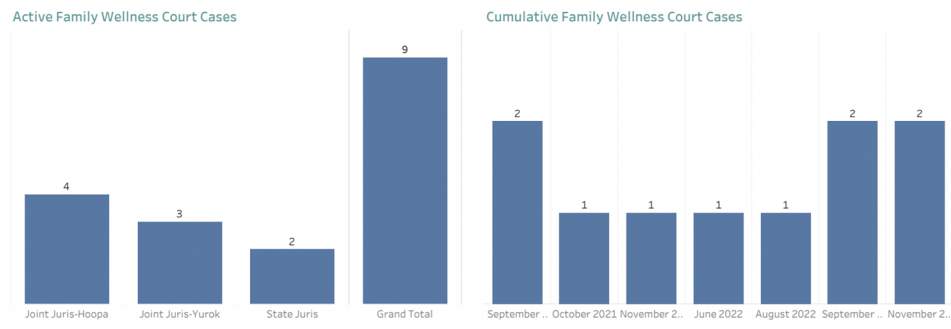
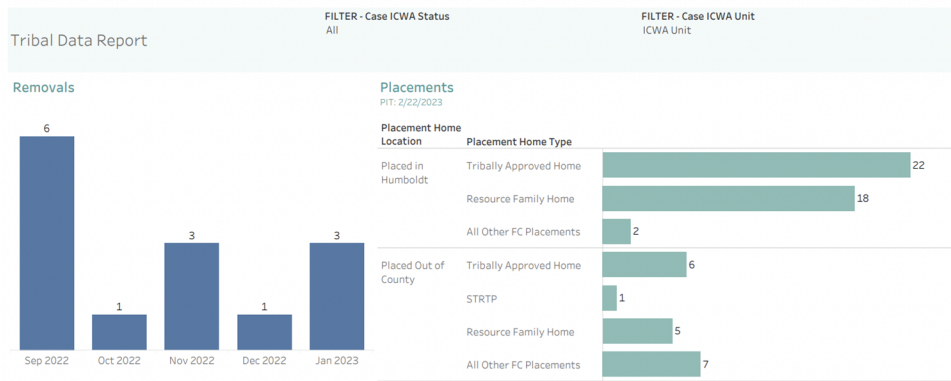


Referral Workload Prior Month

PIT: 2/22/2023







KARUK YAV PA ANAV CLIENT SCREENING TOOL



Karuk Tribe

YAV PA ANAV

The Medicine is Good

CLIENT SCREENING FORM

Intimate Partner Violence

1. Are you in a relationship with a person who physically hurts or threatens you?

2. Do you feel controlled or isolated by your partner?

3. Do you feel like it is safe for you to go home?

4. Has your partner ever threatened to harm or kill you?

Substance Use Disorders

5. Have you ever felt you ought to cut down on your drinking or drug use?

6. Have people annoyed you by criticizing your drinking or drug use?

7. Have you felt bad or guilty about your drinking or drug use?

8. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Behavioral Health

9. In the past month, have you felt too sad?

10. In the past month, have you been worrying or thinking too much?

11. In the past month, did you have sleep problems?

12. In the past month, did you have memory problems?

Housing

13. Are you homeless?

14. Do you have or need assistance with power, water

Education

15. Does anyone in the household attend school? If so list the students name, grade level and the name of the school. Is educational support needed?

16. Does anyone in the household plan on attending college or need educational resources?

ELIGIBILITY

PART ONE

The minor is under the age of 18 -Yes -No: If no, stop here; the child is not a candidate for FFPSA Prevention Services. [Note: there must be at least one minor in the household.]

The minor is eligible for Karuk enrollment – Yes – No; If no, stop here; the child is not a candidate for FFPSA Prevention Services. [Note: there must be at least one Yurok eligible minor in the household.]

PART TWO

Complete a Screening Form with each individual family member in the household. The parent may complete the screening on behalf of minor(s) in the home. Adolescent minors (ages 12-17) are encouraged to participate in their screening. Use the screening responses in conjunction with the TSW's assessment to evaluate the following:

Parent or guardian in need of support services to ensure effective care and control of child in the home

- Parent is physically or mentally unable to provide adequate care without preventative services.
- Parent is unwilling to have the minor remain in the home without preventative services
- Parent is unable to provide adequate care because of criminal conduct, minimizes child's behavior, periodic or prolonged absence, or incarceration.
- Parent has another child in foster care.
 - Other
- Does not apply

Family has recent (within six months.) or current involvement with a Social Services agency

- Child is a dependent of the Court
- Parents/guardians currently participating in a Family Maintenance, Family Preservation or another voluntary program.
- Child had a recent Foster Care placement as a dependent or voluntary placement.
 - Other
- Does not apply

Current pattern of repeated or increasing uncontrollable behavior

- Child has great difficulty being safely maintained in a community placement environment such as school setting, community intervention program, or day program.
- Child has demonstrated a pattern of engaging in delinquent behaviors or has increased participation in such behaviors despite the use of community interventions.
 - Other
- Does not apply

Deterioration in family relations

- Child isolates self from others and does not engage family members
- Family home environment is characterized by frequent conflict or violence
- Minor dissociates self from family members and prefers association of peers
 - Other
- Does not apply

| |
|--|
| <p><u>Nature of offense indicates risk to self or others</u></p> <p>-Victim resides in the same home as the child. -Access to victim remains likely. -Offense indicates risk of future self-harm. -Other -Does not apply</p> |
| <p><u>Recent (within six months) runaway or beyond control behavior in the home setting</u></p> <p>-Child has left home regularly without permission and engaged in risky behavior -Consequences for poor behavior have little or no effect -Other -Does not apply</p> |
| <p><u>Recent (6 mo.) or current drug use/abuse by minor or parent (alone is not sufficient for imminent risk – must be accompanied by another risk factor)</u></p> <p>-Substance abuse by parent(s) -Substance abuse by minor -Other -Does not apply.</p> |
| <p><u>Other current or recent (within six months) indicators of imminent risk. Supervisor review and approval needed.</u></p> <p>- Yes - No Explain:</p> |
| <p><u>Additional Comments:</u></p> |

PART THREE

The child is not or is no longer at imminent risk of removal to foster care. If no, continue to Part Four.
 The child is/remains at imminent risk of removal to foster care. If yes, continue to Part Five.

PART FOUR: COMMUNITY PATHWAY

1. Have all family members in the home completed a Karuk Screening Form?
 - a. YES/NO
2. Did any family member answer YES to any question on the screening form?
 - a. YES/NO
3. If YES, please list each family member and the domains to which each family member answered yes:

Risk of Harm to Self/Others

Mental Health
SUD
Domestic Violence
In-home parenting, skill-based needs
Economic Needs
Educational Needs
Developmental Needs
Legal/Criminal Justice Needs

PART FIVE: TITLE IV-E PATHWAY

If yes to 1 and 2 or 1 and 4, the Child and Family are determined eligible candidates for Karuk CWS Prevention Programming.

Please select from the following Prevention Services the services which will address the Child and Family’s stated needs as identified in the triage screening and list either the individual family member being referred or family unit:

Multisystemic Therapy
Motivational Interviewing (SUD)
Motivational Interviewing (Case Management)
Parents as Teachers

Preliminary review indicates the child/family may need the following services in order for the child to safely remain in his/her home:

| | |
|---------------------------------|-----------------------------|
| Medical services | Mental Health services |
| Education services | Independent Living Program |
| Substance Abuse services | Anger management services |
| Gang education/intervention | Parenting classes |
| Abuse counseling/services | Sex offender therapy |
| Family conflict services | Social/Life Skills services |
| Juvenile Justice Accountability | Other |

A complete assessment and case plan are being done by the Tribal Social Worker to further clarify issues and refine identified needed services for the minor to remain safely in his/her home.

Tribal Social Worker

Supervisor

1. Is there a Karuk eligible child in the home under the age of 18?

- a. YES/NO

AND

- 2. Is the child at imminent risk for removal?
 - b. YES/NO

OR

- 3. Have all family members in the home completed a Karuk Screening Form?
 - c. YES/NO
- 4. Did any family member answer YES to any question on the screening form?
 - d. YES/NO
- 5. If YES, please list each family member and the domains to which each family member answered yes:
 - o Risk of Harm to Self/Others
 - o Mental Health
 - o SUD
 - o Domestic Violence
 - o In-home parenting, skill-based needs
 - o Economic Needs
 - o Educational Needs
 - o Developmental Needs
 - o Legal/Criminal Justice Needs

If yes to 1 and 2 or 1 and 4, the Child and Family are determined eligible candidates for Karuk Prevention Programming.

Please select from the following Prevention Services the services which will address the Child and Family's stated needs as identified in the triage screening and list either the individual family member being referred or family unit:

- o Multisystemic Therapy
- o Motivational Interviewing (SUD)
- o Motivational Interviewing (Case Management)
- o Parents as Teachers

KARUK PREVENTION CASE PLAN

KARUK PREVENTION CASE PLAN

The child/youth and family has been assessed for candidacy and determined to benefit from Karuk Prevention

Services. Preliminary review indicates the child/youth/family need the services indicated to prevent the child/youth's entry or re-entry into foster care.

| | | | |
|--|------------|--|--------------|
| <u>Karuk Tribe Legal Number (if applicable):</u> | | <u>Date of Report (if applicable):</u> | |
| | | | |
| <u>Child(ren)</u> | <u>DOB</u> | <u>AGE</u> | <u>(OPD)</u> |
| | | | |
| | | | |
| <u>Karuk Tribe Social Worker (name):</u> | | | |
| <u>Current Placement:</u> | | | |
| | | | |
| | | | |
| Parent 1 Name: | | Birth Date: | |
| Address: | | | |

Tribal Affiliation: Enrolled Eligible for Enrollment

Parent 2 Name:

Birth Date:

Address:

Tribal Affiliation: Enrolled Eligible for Enrollment

Description of the circumstances of the family that caused the determination for the family's candidacy for prevention services (include why the services below are justified in addressing the family's needs that resulted in candidacy):

Child/Youth:

- Multisystemic Therapy
- Motivational Interviewing (SUD)
- Motivational Interviewing (Case Management Intervention)
- Parents as Teachers

Other:

Compliance: Full Partial None

Chemical Dependency Services for the child/youth:

Assessment/Evaluation

Treatment (if necessary)

Compliance: Full Partial None

Date court ordered: _____ Date completed: _____

The child/youth will be provided the opportunity to participate in cultural enrichment activities provided by the Tribe and the Community.

Juvenile/criminal legal issues. Explain: _____

Compliance: Full Partial None

Date court ordered: _____ Date completed: _____

Other Services for child/youth: _____

Compliance: Full Partial None

Date court ordered: _____ Date completed: _____

Discuss the appropriateness of services that have been provided to the child:

Health:

Date of most recent Health and Education Record:

Date of most recent well-child check:

Is child/youth up-to-date on immunization: Yes No. If no, explain:

Is child/youth taking any medications: No Yes, list medications:

Date of most recent dental check-up:

Plan to address any other medical/dental need is:

Education:

Attending school at:

Grade Level:

Academic performance:

- Below grade level
- At grade level

Above grade level

Attendance issues: No Yes (If yes, explain):

Behavioral issues: No Yes (If yes, explain):

IEP or other special educational services: No Yes (If yes, explain):

Plan to address any other educational needs:



Summary of child/youth's current circumstances:



Parent:

Motivational Interviewing (SUD)

Motivational Interviewing (Case Management Intervention)

Parents as Teachers

Other:

Compliance: Full Partial None

Chemical Dependency: Parent will complete a chemical dependency assessment and follow through with all recommendations.

Compliance: Full Partial None

Date completed: _____

Domestic Violence services for the parent:

Counseling: _____

Classes: _____

Complete a DV Assessment and follow through with any recommendations.

Restraining Orders/Protection Orders:

Date issued: _____ Expiration: _____

Others: _____

Compliance: Full Partial None

Date completed: _____

Parenting Skills services for parent:

Parenting Assessment

Age appropriate Parenting Classes: _____

Other: _____

Compliance: Full Partial None

Date completed: _____

Other: _____

Compliance: Full Partial None

Date completed: _____

Summary of Parent's Current Circumstances:

Second Parent:

Motivational Interviewing (SUD)

Motivational Interviewing (Case Management Intervention)

Parents as Teachers

Other:

Compliance: Full Partial None

Chemical Dependency: Parent will complete a chemical dependency assessment and follow through will all recommendations.

Compliance: Full Partial None

Date completed: _____

Domestic Violence services for the parent:

Counseling: _____

Classes: _____

Complete a DV Assessment and follow through with any recommendations.

Restraining Orders/Protection Orders:

Date issued: _____ Expiration: _____

Others: _____

Compliance: Full Partial None

Date completed: _____

Parenting Skills services for parent:

Parenting Assessment

Age appropriate Parenting Classes: _____

Other: _____

Compliance: Full Partial None

Date completed: _____

Other: _____

Compliance: Full Partial None

Date completed: _____

Summary of Second Parent's Current Circumstances:

Karuk CWS Responsibilities

- Chemical Dependency:
 - Refer parent(s)
 - Refer youth
 - Help in scheduling appointments with appropriate people.
 - Check on reports

Help in finding alternate resources, if needed

Mental Health:

Refer parent(s)

Refer youth

Help in scheduling appointments with appropriate people

Check on reports.

Help in finding alternate resources, if needed

Domestic Violence: Domestic Violence Victim's Advocate at the Karuk Tribe and/or DV services within the county or another tribe

Refer parent(s) to Domestic Violence Victim's Advocate

Help in filing Protection Orders if needed, for protection of child(ren)

Other: _____

Parenting Skills:

Help in accessing services to address parenting skills.

Other: _____

Medical/Dental:

Refer parent(s) to Karuk Health and Dental Clinics

Refer youth to Karuk Health and Dental Clinics

- Ensure child's educational and social needs are being appropriately met.
- Help youth in maintaining cultural ties.
- Obtain copy of child's birth certificate and social security card.
- Complete enrollment forms for youth, if applicable.
- Other: _____

Karuk CWS Summary Recommendations:

Length of service provision:

Prevention Case Plan Review Date:

Karuk CWS Caseworker: _____ Date: _____

Name

Youth: _____ Date: _____

Name

Parent 1: _____ Date: _____

| |
|-----------------------------|
| Name |
| Parent 2: _____ Date: _____ |
| Name |

ASSURANCES

https://cdss.ca.gov/Portals/9/CCR/FFPSA/Assurances_Template.pdf

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