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YUOK TRIBAL CHILD WELFARE

PREVENTION PLAN

JANUARY 2023

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To contributing members of the Yurok Tribal Child Welfare & Behavioral Health thank you to all for your continued work and dedication to the Yurok community.

SECTION ONE: ASSET MAPPING

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

- UIHS
- Humboldt CWS
- Humboldt Juvenile Probation
- Humboldt DHHS Behavioral Health
- Participation in Humboldt County's Prevention Planning
- Yurok Analyst

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

POPULATION DEMOGRAPHICS

The Yurok Tribe is the largest tribe in California. As of July 15, 2022, the Tribe had an enrollment of 6,471 members, of which 52% (n=3,354) live in the Humboldt/Del Norte Service Area. Age breakdowns for membership living within the service area is as follows:

- 29% Minors ages 0-17 (n= 970)
- 56% Adults ages 18-59 (n=1,882)
- 15% Elders ages 60+ (n=502)

A limitation of enrollment data is that it is not reflective of individuals eligible for Yurok membership or descendants, both of whom would be eligible to access Yurok TCW Prevention Programming.

DEL NORTE AND HUMBOLDT SERVICE AREA

Del Norte County is located in the far northwestern corner of the state. Del Norte is home to a general population of 28,100, with a 9.7% AI/AN population.¹ The southwest corner of the county is also home to the Yurok reservation and ancestral lands as they follow the Klamath river watershed. The town of Klamath, with a 47% AI/AN population², is also home to the central office of the Yurok Tribe as well as the Yurok Tribal Court. Del Norte is also home to the ancestral lands of Tolowa peoples.

Humboldt County is located in the Pacific Northwest, just south of Del Norte, and is home to a general population of 136,310, with a 6.4% AI/AN population.³ Humboldt is also home to the Hoopa Valley Reservation, the largest reservation in the state, as well as the ancestral lands of seven federally recognized tribes.

Overall, census estimates over 11,000 AI/AN are living in the Humboldt/Del Norte service area.

YUROK CHILDREN IN FOSTER CARE

In 2022, Humboldt County CWS report the following:

- 147 Yurok children with allegations, 15 Yurok children with substantiated allegations.
- 81 total open cases. Of these: 12 cases or 16% were opened as Voluntary Family Maintenance (VFM), 29 cases or 36% were opened as Family Maintenance (FM), and 39 cases or 48% were opened as Family Reunification (FR).
- The most frequent case intervention reason for VFM and FM was Family Services. 80% of all VFM and FM cases cited Family Services for intervention. General/Severe Neglect and Parental Alcohol/Substance Abuse tied for second most cited reasons at 26% each.
- The most frequent case intervention reason for FR was General/Severe Neglect at 72%, followed by Parental Alcohol/Substance Abuse at 18%.
- For more details, see [Appendix: Humboldt CWS Tribal Data Report](#)

While the total number of cases and allegations is consistent with Yurok data, there is a significant difference in report of case intervention reason from Yurok Child Welfare and Humboldt County Child Welfare. Yurok Child Welfare reports the primary case intervention reason across all Yurok state child welfare dependency cases to be Parental Alcohol/Substance Abuse. This discrepancy is consistent with 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).”⁴

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.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, Del Norte, which was included in a grouping of 8 rural counties in Northern California) ranks third for individuals with four or more ACEs, 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 Yurok 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 Del Norte are especially vulnerable. According to the CDSS Prevention Dashboard’s Racial Disparity Index, AI/AN in Humboldt and Del Norte counties are 3 and 4 times more likely to have abuse and neglect allegations/substantiations⁸:

COUNTY	CHILD MALTREATMENT ALLEGATIONS FOR AI/AN	SUBSTANTIATIONS FOR AI/AN
HUMBOLDT	3.4 RDI	4.1 RDI
DEL NORTE	3.2 RDI	3.2 RDI

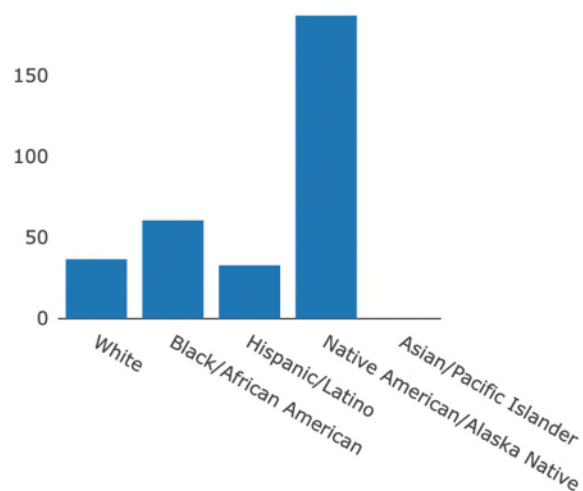
As of January 1, 2022, AI/AN youth made up 29% of all youth in Humboldt County foster care, while AI/AN represent just 6.5% of the county's general census. Similarly, AI/AN youth made up 29% of youth in Del Norte care.⁹ While several confounding factors may be contributing to this disproportionality, 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.

IN THE OPIOID CRISIS

2021 data from the CA Department of Public Health (CDPH) also point to Humboldt County

All Drug-Related Overdose Deaths by Race/Ethnicity,
2021
Crude Rate per 100,000 Residents

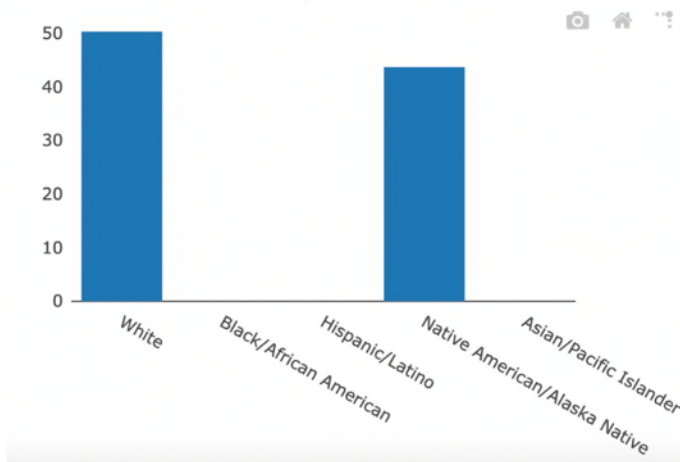


AI/AN as the most severely impacted by the epidemic, experiencing the highest rates of overdose deaths in a county already disproportionately impacted by the crisis, with numbers climbing. Above chart cited from the Humboldt County CDPH Overdose Surveillance Dashboard. viii

In Del Norte, AI/AN overdose rates fell just short of rates for White individuals, as seen in the figure below. viii

All Drug-Related Overdose Deaths by Race/Ethnicity, Prelim. 2021

Crude Rate per 100,000 Residents



IN SCHOOL SETTINGS

A recent ACLU report entitled *Failing Grade: The Status of Native American Education in Humboldt County*¹⁰ 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.¹¹ These disparate outcomes for AI/AN can be seen in Del Norte District data as well, where AI/AN student achievement rates are half that of White students.¹²

IN BEHAVIORAL HEALTH

Despite the glaring and clearly identified need for an increase in culturally relevant services for AI/AN in Humboldt, existing services remain limited. As the largest provider of behavioral health in the region, “2021 DHHS data showed that Whites are overrepresented in the workforce, and Native Americans are underrepresented in the workforce, as compared to Medi-Cal client utilization.”¹³

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.¹⁴ 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.¹⁵

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.**¹⁶

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.¹⁷

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.**¹⁸ 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.**¹⁹

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.**²⁰ (See [Appendix: Existing Data, DHHS 2019-2022 Data.](#))

EXISTING SERVICES AND SERVICE GAPS

Existing services in the Humboldt/Del Norte Service Area are primarily concentrated along the more populous coastal region, particularly in Eureka, the county seat and epicenter of services. 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 Del Norte/Klamath regions where services are most limited and where many Yurok children and families live. The Yurok Tribe typically refers to three primary regions when considering service delivery:

- Eastern Humboldt/Weitchpec
- Coast (Eureka, Arcata, McKinleyville)
- Klamath/Del Norte

A fourth region could be identified to include Trinity County, the county immediately east of Humboldt. However due to the relatively small population of Yurok residents living in the region, this area is often grouped with Eastern Humboldt service provision. This discussion of service gaps will focus separately on the three service areas and their unique needs within the secondary and tertiary tiers of prevention as funded by Title IV-E FFPSA.

YUROK 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 with a Behavioral Health focus and based on a Yurok System of Care. Coalition staff utilized a variety of existing public health data, internal reports the tribe previously conducted, and several stakeholder listening sessions, survey data, and interviews to inform the analysis.

YBH currently employs five individuals living and working in Weitchpec/Hoopa area, to include two full time clinicians and three prevention specialists, with departmental intensive caseload remaining consistently over twenty individuals served, (service delivery of more than once per week) and with need greater than availability. The Yurok Tribe's ICWA caseload varies from 150-200 youth, and the current ICWA caseload size in Eastern Humboldt is approximately 29 children, or 15-20% of the total caseload. In addition to YBH services, the Client Services department employs five staff at the Tulley Creek location, to include an Admin Assistant, TANF Case Aide, TANF Advocate, YOAYI Prevention Coordinator, and a TANF Prevention Coordinator. Client Services has most recently offered a number of cultural classes such as doll dress making, basketweaving, and carving at the Weitchpec office site, and the YOAYI Prevention Coordinator has served 21 youth in the region with SUD Prevention services. Ke'pel Head Start also provides access to early childhood education in the region, with both Early Head Start (0-3) and Head Start (3-5) offerings. Yurok Head Start is among the tribe's most successful programming.

While several Yurok services are located in the Weitchpec region, many tribal services are located elsewhere and have so far had difficulty penetrating downriver. Among them, Client Services has shared that their Tulley Creek office has the lowest TANF caseload of all three office sites, and Tribal Court staff expressed limited-service delivery in the region as well.

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

From the gaps analysis: “Parent/Caregiver support, skill building, case management are provided accessibly by the Tribe through a number of different departments but are not well coordinated. Some tribal members utilizing these services may be receiving multiple offerings of case management services if they meet eligibility criteria for different programs. While other tribal members who do not meet criteria receive no support in this area even when needed. Those receiving the services may have multiple service or case plans with different tribal departments, while the staff providers do not communicate with one another to coordinate support. For example, an individual who qualifies for TANF services may have a self-sufficiency plan that assists the individual and family in receiving mental health support to overcome barriers to employment. That same parent may have a child that is receiving individual counseling and treatment from Yurok Behavioral Health and SUD services from UIHS. To access all of these services, the family may have had to complete multiple intake and assessment processes from each provider. The family may also be receiving disjointed care and pursuing multiple different care goals while all of the providers in this scenario may have no idea that the family is receiving services from the other providers.

On the opposite end, some tribal members may be receiving these types of supports from one tribal provider and have multiple other individual and family needs that go unaddressed because providers are not screening and referring to other needed services. For example, YBH staff report that they have received no referrals from the Yurok TANF program for youth to receive individual counseling services, though this is likely a need for many youths served under the TANF program. Without this lack of coordination though accessible, these services were assessed as a gap under this analysis.”²¹

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.”²²

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.

The Intensive outpatient treatment services also need to meet quality standards from a Yurok perspective in being culturally responsive and strengthening connections to the community and traditional values and life ways. As such this assessment demonstrated ongoing accessibility and quality gaps, in spite of the number of services available and this service component ranked as the least met of all 7 of the service components. The Yurok Tribe currently does not offer any services in this component.”²³

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

From the report:

- “Limited crisis response services for youth ages 10-24 are provided by one clinician in the Yurok TCWBH Department.

- o Crisis response is also provided by Humboldt County Behavioral Health. These services though officially accessible to the Weitchpec/Downriver communities are incredibly difficult to utilize given the time lag of response for providers that must travel from the Eureka area to the community and the time sensitivity of individuals in crisis.”²⁴

Although the analysis focused on the gaps and needs of the Weitchpec region, these gaps in services can be observed along the Yurok Reservation where many Yurok families reside, from Weitchpec to the coastal town of Klamath. 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.

GAPS IN COASTAL SERVICES

As the most populous and provider-rich region in the Humboldt/Del Norte service area, the coastal region, to include the towns of Eureka, Arcata, McKinleyville and Fortuna, house most of the health and behavioral healthcare services in the region. While services are more abundant than elsewhere in the region, numerous survey and public health data point to a need for more responsive, culturally relevant services in this region as well. Yurok children and families may technically have access to a continuum of care here but may be less likely to access that care due to lack of trust-building efforts by Humboldt County Dept of Health and Human Services (DHHS), the primary service provider in the region. As referenced above in [Disproportionalities](#), the county’s Behavioral Health department has had special difficulty in addressing the cultural needs of the diverse and populous AI/AN communities the department serves. Key needs and service gaps in this region include:

- o Culturally responsive providers
- o Culturally focused Intensive Outpatient Programming
- o Parent mentoring to families in crisis

While demand remains high for these services, key partners in provision of culturally relevant services in the region include UIHS (Arcata) and Two Feathers Native American Family Services (McKinleyville), providing individual counseling and SUD outpatient and support services to the region. The Bear River Band of the Rohnerville Rancheria, Wiyot Tribe, and Yurok Tribe also offer a range of cultural classes, events and prevention programming serving the region.

GAPS IN KLAMATH/DEL NORTE SERVICES

While much of the Yurok Tribe’s most ambitious programming is located in Klamath, the large, rural service area makes service provision a special challenge. Yurok services are primarily centralized in Klamath, where the Yurok Tribal Court and Yurok Main office are located. After Klamath, services are otherwise primarily located in Crescent City, the county seat of Del Norte and approximately 20 miles north of Klamath. Yurok families living in the north or south of the county who want to access services elsewhere may be able to access public transportation to travel from Klamath to Crescent City. However, many families live in more remote areas too far

to travel to local bus stops on foot, making access difficult. In addition, Del Norte County Health and Human Services (DHHS) offers limited service provision outside of Crescent City, as described in a 2022 Mental Health Service Act Annual Report.²⁵ Del Norte County currently supports the Yurok Boys and Girls Club located in Klamath, serving grade school aged youth with prosocial afterschool programming. In addition, the Yurok Tribal Court offers a range of services targeted to Tribal Adults interfacing with Dependency and/or Criminal Court through their Wellness Court services. These services have been essential to the successful rehabilitation of Yurok families in the Klamath/Del Norte region. In addition, Yurok Client Services (TANF) has a large body of engaged clientele in the region.

While the Tribe provides substantial services in the area, significant gaps remain, to include:

- Culturally responsive providers, particularly within service provision in Crescent City
- Youth outpatient services in Mental Health and SUD, region wide. A significant demand for youth Mental Health services exists in the region. UIHS has a Crescent City location employing two MH clinicians and one SUD counselor. However, services are limited to in-office only. Two Feathers initiated one day per week groups facilitated by a clinician at the Boys and Girls Club in Klamath, and the Tribe has requested more on-site clinicians and groups due to community need.
- Outpatient crisis programming

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

The Yurok Tribe recognizes prevention efforts to align closely with traditional values and knowledge and serve as protective factors for children and families. The Yurok Tribe engaged in weekly meetings and stakeholder interviews to identify the Prevention Services continuum that follows. This continuum is directly informed by a Yurok System of Care, as described in the Weitchpec Gaps Analysis²⁶ and the 2013 Yurok Circles of Care Report.²⁷

ASSESSMENT AND CANDIDACY DETERMINATION

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

YUROK ELIGIBILITY

In order to be eligible for IV-E services, the child must be eligible or an enrolled member of the Yurok Tribe. If the child is determined ineligible, Yurok TCW&BH 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, TCW&BH will conduct the Yurok Universal Triage Screening Tool (See [Appendix: Yurok Universal 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 Yurok Screening as *all* Yurok families will be referred to primary tier Yurok services, the foundation of which are cultural community-based interventions, and all Yurok 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 Yurok 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: Yurok TCW Prevention Candidacy Determination Form](#))

If the child and family elect to continue assessment with the Yurok Tribe, Yurok Tribal Child Welfare & Behavioral Health will complete assessment to determine whether the child and family are eligible and if a Yurok secondary or tertiary prevention service can mitigate the family's risk and safety concerns.

TITLE IV-E AGENCY PATHWAY

A Yurok child and family may also be referred by a Title IV-E Agency, to include Yurok TCW&BH. 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 Yurok 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 Yurok 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

Yurok TCW&BH has selected the following evidenced based practices:

- Parents as Teachers
- Motivational Interviewing
- Family Functional Therapy

The EBP service selection will be integrated within the whole of the Yurok 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, Yurok Tribal Child Welfare navigation of prevention care will adhere to the following workflow. The Yurok 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 met²⁸

THE PRIMARY/UNIVERSAL TIER

Primary tier prevention services are a crucial component to a Yurok System of Care and encompass the community-wide effort to address the overall wellbeing of Yurok people. In addition, increased knowledge and practice of cultural teachings, including ceremonies and rituals, have been shown to reduce the risk of child maltreatment.²⁹

In the 2013 Yurok Circles of Care Report, focus group data revealed the concept of a Healthy Family to be heavily influenced by cultural connectedness and cultural values, to include:

- Good communication
- Showing unconditional love for one another
- Drug free
- Importance of extended family (e.g. consider cousins as brothers and sisters)
- Ability to work toward change
- Good sense of humor
- Spending time with family
- Remembering ancestors
- Connection to place and the natural world.

“The Yurok connection to place and to culture was seen by the participants as carrying a set of obligations and responsibilities to the Yurok environment, the River and to the Yurok way of life.”³⁰

Primary services that seek to broaden and deepen the community wellbeing in a Yurok context exist across Yurok Health and Human Services Departments, to include cultural and preventive groups, activities and events. However, as the Yurok Behavioral Health Weitchpec Gaps Analysis identified, YHHS seeks to increase the frequency of this programming across Social Determinants of Health (SDOH) to ensure a strong foundation of preventative programming that supports Yurok community wellness and a Yurok understanding of a Healthy Family.

ECONOMIC STABILITY

Yurok Primary Prevention service delivery in pursuit of Economic Stability will rely on partnerships with the following Yurok Departments and Programs:

- Yurok Housing
- Yurok Client Services
- Yurok General Assistance
- Yurok Food Assistance
- Yurok Youth Employment Readiness Training
- Yurok TERO
- Yurok Tribal Court, Child Support Services

Supporting economic stability within the Yurok community is an essential component to “showing unconditional love for one another” of a healthy family. In addition to the above existing resources, Yurok Primary Service Prevention planning seeks to include the following additional services:

- Community Kitchen

- Community Food Garden

EDUCATION ACCESS AND QUALITY

Yurok Primary Prevention service delivery in pursuit of Education Access and Quality will rely on partnerships with the following Yurok Departments:

- Yurok Education
- Yurok Headstart
- Yurok Youth Wellness Services

Yurok Education access and quality will be informed by a Yurok understanding of giftedness³¹, and include classes, programming and events held throughout the year that focus on traditional practices such as:

- Basketweaving
- Fishing
- Beading
- Regalia Making
- Engaging in Ceremony

Tribal community partner agencies and tribes will also furnish cultural classes within the community that may or may not be Yurok-specific, but add to the greater knowledge of contemporary and traditional practices of neighboring ancestral peoples.

The Yurok Tribe's education department has also partnered with the K-12 serving school districts in the region to provide input on various MTSS initiatives.

HEALTHCARE ACCESS AND QUALITY

Yurok Primary Prevention service delivery in pursuit of Healthcare Access and Quality will rely on partnerships with United Indian Health Services as the contracted provider of healthcare services for the tribe.

Central to increasing Yurok access to healthcare within the service area will be to facilitate partnerships and increase the healthcare presence in typically underserved areas, such as Eastern Humboldt. As Yurok Behavioral Health pursues a new facility in Weitchpec, partnerships with UIHS and other community health providers to ensure they have allocated space at the new facility will be essential.

Increasing access to Telehealth in these underserved communities will also be key to primary services. Among other initiatives, the Yurok Tribal Broadband Connectivity program aims to deliver high speed broadband to 1,000 homes living on the Yurok reservation.³² While this project is in its early stages, the effort will afford households living on the reservation access to a range of healthcare otherwise requiring a two to six hours' drive to the nearest provider.

NEIGHBORHOOD AND BUILT ENVIRONMENT

The Yurok Tribe service area encompasses a rural community that spans three different and large geographic landscapes of Eastern Humboldt/Trinity County, Coastal Humboldt, and Del Norte County. In addition, “Connection to the natural world” is an essential component to a healthy Yurok family. All three regions are home to an abundance of natural beauty and open spaces, however in Eastern Humboldt and Del Norte, distance is a major barrier to accessing services.

While open space abounds, these spaces are often unsupervised forested areas meant for recreation. Open area playgrounds and community centers offering structured activities in a safe environment are severely limited, especially in the more remote regions of the service area. While this area has historically enjoyed a temperate climate year round, climate change has brought a range of new weather to contend with, to include: Snowing, flooding and wildfire season, making the need for additional indoor recreation spaces vital to community wellbeing when outdoor recreation is not advised.

Increasing these spaces is a priority for the Yurok Tribe. The Tribe is actively seeking projects to pursue the construction of playgrounds to allow for semi-structured play space for the community.

SOCIAL AND COMMUNITY CONTEXT

Across the service area, there is a strong tribal presence of nine federally recognized tribes. This presence is well-felt within the community, however as highlighted in the previous asset mapping section, significant disparities remain across social determinants of health and these disparities are most strongly experienced in Eastern Humboldt and areas with a high population of AI/AN.

Primary social and community intervention will rely on facilitating and supporting Yurok community events and ceremony.

THE SECONDARY TIER

Secondary tier services currently exist within the current Yurok Continuum of Care. In addition to the Yurok Tribal Child Welfare Prevention Plan, the following Yurok department initiatives aim to support a Yurok Healthy family and offer prevention at the secondary level:

- Yurok Wellness Court in Klamath
- Yurok Behavioral Health Suicide Prevention Programming
- Yurok Behavioral Health’s Wellness Center in Weitchpec, (construction underway)
- Yurok Tribal Assistance for Needy Families (TANF)

Currently, 55 families are served by the Yurok TANF Program.

Secondary service selection for the Yurok Tribal Child Welfare Plan will include the following services:

- Parents as Teachers
- Motivational Interviewing

Per CDSS guidance in the California Prevention Plan, the Yurok Tribe will implement available cultural adaptations of the selected evidenced-based services.³³

EBP: PARENTS AS TEACHERS

The Parents as Teachers home visiting model will be employed with Yurok 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 connectedness³⁴

These goals are in alignment with Yurok values of a Healthy Family, and the model has been successfully adapted by other tribal affiliate programs to incorporate language and cultural teachings as part of the model.

The Yurok Tribe's Education Department oversees three Yurok Headstart programs in the three regions of Eureka, Klamath and Weitchpec. Parents as Teachers will be implemented in conjunction with Yurok Headstart 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 (Klamath/Weitchpec) while also addressing the urgent need for early intervention and parent support.

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

In pursuit of a Yurok Healthy Family that is by community definition drug free and has an ability to work toward change, Motivational Interviewing is well suited to Yurok secondary service provision. Motivational Interviewing has been demonstrated to be effective with individuals with SUDs³⁵, 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.³⁶ As SUD impacted parents make up a large proportion of Yurok child welfare involved families, MI will be an instrumental

evidenced based practice 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 Yurok traditional concepts of community intervention and healing. These adaptations include the employment of community elders and community knowledge, customs, and perspectives.

Yurok TCW 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 Yurok community practices in pursuit of healing. As an example, Yurok TCW&BH may facilitate a group Healing Circle, Motherhood and Fatherhood is Sacred Parenting Class, Red Road SUD Support Group, a Women’s Weaving Circle, 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 Yurok Tribe intends to use MI as a “cross-cutting case management intervention beyond its application to substance use disorder treatment.”³⁷

THE TERTIARY TIER

Currently, Yurok TCW provides as-needed case management and in-community support to its highest acuity state child welfare dependency cases. However, there is an urgent need for intensive outpatient service provision in the communities in which Yurok youth and families live, to include the Weitchpec/Downriver and Klamath/Del Norte service areas.

TCW&BH seeks to increase intensive outpatient tertiary service delivery through the Yurok Behavioral Health Department using the following interventions:

WRAPAROUND AND INTENSIVE CARE COORDINATION

YBH is currently pursuing organizational provider status through Humboldt County DHHS, which will allow the department to seek third party reimbursement for provision of Intensive Care Coordination via Wraparound programming. As coordination of care and navigation services are a significant community need, wraparound was identified in the YBH Weitchpec Gaps Analysis as priority program for near-term implementation. While not an approved EBP for FFPSA reimbursement, wraparound will be an integral component of the Yurok TCW&BH Prevention Plan.

EBP: FUNCTIONAL FAMILY THERAPY

In pursuit of a Yurok Healthy Family and family preservation efforts, Functional Family Therapy will be utilized to serve multi-stressed Yurok children and families in the tertiary tier. A Child Welfare adaptation of FFT allows the therapy to be utilized with children ages (0-18), and the model targets many of the root causes of Yurok family involvement with child welfare, to include:

- Parenting
- Family Conflict and Violence
- Emotional Regulation
- Depression
- Trauma
- Anxiety
- Substance Abuse

The intervention is also by fidelity provided within the community. Families are not required to come to the office to engage in services, a common barrier for Yurok families living in remote regions to accessing treatment. The intervention also treats the family system, critical to a Yurok Healthy Family and family preservation. The primary anticipated outcome of FFT implementation will be to reduce out-of-home placements in foster care for Yurok children.

As with secondary tier evidenced based service selection, per CDSS guidance in the California Prevention Plan, the Yurok Tribe will implement available cultural adaptations of the selected evidenced-based services.³⁸

SECTION THREE: WORKFORCE DEVELOPMENT AND MAINTAINING FIDELITY FOR SERVICES IMPLEMENTED

The Yurok Tribal Child Welfare & Behavioral Health (TCW&BH) currently employs a staff of less than ten, to include the TCWBH Director, the Clinical Director of Yurok Behavioral Health, three Tribal Social Workers under Tribal Child Welfare and three Prevention Coordinators under Yurok Behavioral Health. The department intends to expand this workforce to offer a range of programming across the three tiers of services, to include the evidenced based services identified, and will implement the following workforce development and training plan as one component of monitoring fidelity.

SCOPE OF PRACTICE

Yurok TCWBH staff , to include YBH staff, and contracting agencies, to include Yurok Headstart, are only permitted to provide services permitted within their scope of practice. The following table defines services allowable by credential:

Staff ⁱⁱⁱ	Service Activities
Behavioral Health Clinicians (BBSE Registered Associates and Licensed) (04) Licensed Clinical Psychologist (05) LCSW (06) LMFT	<input type="checkbox"/> Assessment (3331, 3331P, 3331T) <input type="checkbox"/> Plan Development (3391, 3391P, 3391T) <input type="checkbox"/> Crisis Intervention (3371, 3371P) <input type="checkbox"/> Family Therapy (3311, 3311P, 3311T) <input type="checkbox"/> Collateral (3313, 3313P, 3313T)

<p>(07) AMFT (08) ASW (23) LPCC (24) APCC</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Individual Therapy (3341, 3341P, 3341T) <input type="checkbox"/> Group Therapy (3351) <input type="checkbox"/> Rehabilitation (individual, group) (3301, 3301P, 3302) / Intensive Home-Based Services (3301, 3301P, 3302) <input type="checkbox"/> Brokerage / Targeted Case Management / Intensive Care Coordination (3303, 3303P, 3304, 3309)
<p>Staff with BA/BS in Mental Health related field or with Two (2) years' experience in Mental Health (16) SAC (20) Case Manager (21) Activities Therapist (29) Occupational Therapist (OT)*</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Plan Development †, * (3391, 3391P, 3391T) <input type="checkbox"/> Crisis Intervention (3371, 3371P) <input type="checkbox"/> Collateral (3313, 3313P, 3313T) <input type="checkbox"/> Rehabilitation (individual, group) (3301, 3301P, 3302) / / Intensive Home-Based Services (3301, 3301P, 3302) <input type="checkbox"/> Brokerage / Targeted Case Management / Intensive Care Coordination (3303, 3303P, 3304, 3309) <p>† Excluding the development and approval of the Client Treatment Plan. * OTs can develop goals and interventions as part of the treatment team on the 2056 MTP on SV only</p>
<p>Staff without BA/BS in Mental Health related field or without Two (2) years' experience in Mental Health (16) RAS (18) Mental Health Worker (19) Mental Health Aide (17) Ed.S (28) Senior Mental Health Worker</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Plan Development †, * (3391, 3391P, 3391T) <input type="checkbox"/> Crisis Intervention* (3371, 3371P) <input type="checkbox"/> Collateral* (3313, 3313P, 3313T) <input type="checkbox"/> Rehabilitation* (individual, group) (3301, 3301P, 3302) / Intensive Home-Based Services (3301, 3301P, 3302) <input type="checkbox"/> Brokerage / Targeted Case Management / Intensive Care Coordination* (3303, 3303P, 3304, 3309) <p>† Excluding the development and approval of the Client Treatment Plan * All services require a co-signature by licensed staff</p>
<p>2nd Year Graduate Student Interns (ex. MSW 2nd year) and One-Year Program Graduate Student Interns (22) MSWI2 (26) MFT Trainee</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment* (3331, 3331P, 3331T) <input type="checkbox"/> Plan Development* (3391, 3391P, 3391T) <input type="checkbox"/> Crisis Intervention* (3371, 3371P) <input type="checkbox"/> Family Therapy* (3311, 3311P, 3311T) <input type="checkbox"/> Collateral* (3313, 3313P, 3313T) <input type="checkbox"/> Individual Therapy* (3341, 3341P, 3341T) <input type="checkbox"/> Group Therapy* (3351)

	<ul style="list-style-type: none"> <input type="checkbox"/> Rehabilitation (individual, group)* (3301, 3301P, 3302) / Intensive Home-Based Services (3301, 3301P, 3302) <input type="checkbox"/> Brokerage / Targeted Case Management / Intensive Care Coordination* (3303, 3303P, 3304, 3309) <p>* All services require a co-signature by licensed staff</p>
<p>1st Year Graduate Student Interns (22) MSWI</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Plan Development †, * (3391, 3391P, 3391T) <input type="checkbox"/> Crisis Intervention* (3371, 3371P) <input type="checkbox"/> Collateral* (3313, 3313P, 3313T) <input type="checkbox"/> Rehabilitation (individual, group)* (3301, 3301P, 3302) / Intensive Home-Based Services (3301, 3301P, 3302) <input type="checkbox"/> Brokerage / Targeted Case Management / Intensive Care Coordination* (3303, 3303P, 3304, 3309) <p>† Excluding the development and approval of the Client Treatment Plan</p> <p>* All services require a co-signature by licensed staff</p>
<p>Undergraduate Student Interns, RN Trainees, Parent Partners and Peer Coaches (50) Unlicensed</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Plan Development †, * (3391, 3391P, 3391T) <input type="checkbox"/> Collateral* (3313, 3313P, 3313T) <input type="checkbox"/> Rehabilitation* (individual, group**) (3301, 3301P, 3302) // Intensive Home-Based Services (3301, 3301P, 3302) <input type="checkbox"/> Brokerage / Targeted Case Management / Intensive Care Coordination* (3303, 3303P, 3304, 3309) <p>† Excluding the development and approval of the Client Treatment Plan</p> <p>* All services require a co-signature by licensed staff</p> <p>** Group Rehabilitation Services can only be provided with a Humboldt County Clinical Staff co-leader</p>

MANDATORY REPORTING

TCWBH staff has responsibility to protect children and report child abuse. If staff has reasonable belief that someone is abusing or neglecting a child, the staff member shall make a report

immediately to the county child welfare services agency and/or local law enforcement as set forth in California's Child Abuse and Neglect Reporting Act. If the child is in the care and custody of TCWBH, a report must also be made to the intake/Social Worker of TCWBH. The staff member making the report does not have to have proof that abuse has occurred before making a report in good faith. Reports are made to the appropriate law enforcement agency. Staff is required by California, federal, and Yurok Tribal law to report as a mandatory reporter. As a mandatory reporter, failure to report suspected abuse is a crime.

A mandatory reporter's identity is kept confidential unless the evidence is needed in court. The mandatory reporter is responsible for providing, the following:

1. Identifying information about the child, such as; name, age, date of birth & address.
2. A detailed description of the suspected or witnessed neglect or abuse. The reporter should tell what was seen or heard; dates, times, locations and names of other witnesses if possible.
3. Once the report has been made to the appropriate resource, the obligation as a mandatory reporter has been met.

WORKFORCE DEVELOPMENT

TCW 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

Yurok TCWBH ensures all staff meet the requisite qualifications for their respective positions. TCWBH partners with Yurok 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 TCWBH 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.

TCWBH 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
- Clinical Documentation and/or 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 Yurok TCW 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.³⁹ UC Davis Resource Center for Family Focused Practice and Northern Training Academy offer this CORE Training.⁴⁰

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:

- Parent Partner Trainings⁴¹
- Wraparound⁴²
- Excellence in Tribal Case Management⁴³

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 TCWBH supervisors and directors 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

Yurok TCWBH 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 TCWBH plans to implement upon dissemination of the data system. (See Attachment for executed Assurances)

SECTION FOUR: MONITORING CHILD SAFETY AND CONDUCTING RISK ASSESSMENTS

Yurok Tribal 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:

- Yurok Home study Assessment, attached
- Yurok Triage Screening Tool, attached
- Yurok FFPSA Prevention Candidacy Assessment
- Child Assessment of Needs and Strengths (CANS)

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

Yurok Tribal Child Welfare & Behavioral Health, as the Yurok 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
- Family Functional Therapy (Yurok Behavioral Health)

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

Yurok TCWBH 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 TCWBH plans to implement upon dissemination of the data system.

CANDIDACY AND CASE MANAGEMENT

All Yurok TCW 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.⁴⁴

PARENTS AS TEACHERS

TCW&BH will monitor administrative functions of Yurok Headstart implementation of PAT. Yurok TCWBH plans to phase in implementation of Parents as Teachers in partnership with the Yurok Education and Headstart Departments. 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

MOTIVATIONAL INTERVIEWING

MOTIVATIONAL INTERVIEWING FOR SUBSTANCE USE TREATMENT

Yurok TCWBH plans to implement MI for Substance Abuse Treatment ensuring the following:

- Provider received and trained
- Completion of the MICA 3.2⁴⁵

MOTIVATIONAL INTERVIEWING FOR CROSS-CUTTING CASE MANAGEMENT

Yurok TCWBH 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.

FUNCTIONAL FAMILY THERAPY

Yurok BH plans to implement FFT ensuring the following:

- Provider received and maintained required training (3 phases of training)
- Meets staffing qualification requirements
- Completion of Weekly Supervision Checklist
- Supervisor completion of Global Therapist Ratings

CARES

Yurok TCW 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 Yurok 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

PIT Date
2/22/2023

FILTER - Referral ICWA Status
All

FILTER - Referral ICWA Unit
ICWA Unit

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.

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%

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%

CWS Referrals with Tribal Affiliation*

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

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

New Referrals



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

Closed Referrals



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

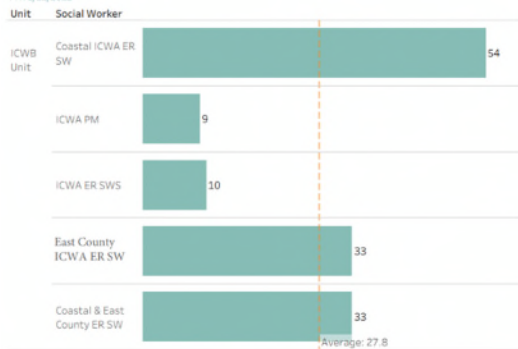
Tribal Data Report

FILTER - Referral ICWA Status
All

FILTER - Referral ICWA Unit
ICWA Unit

Referral PIT Workload

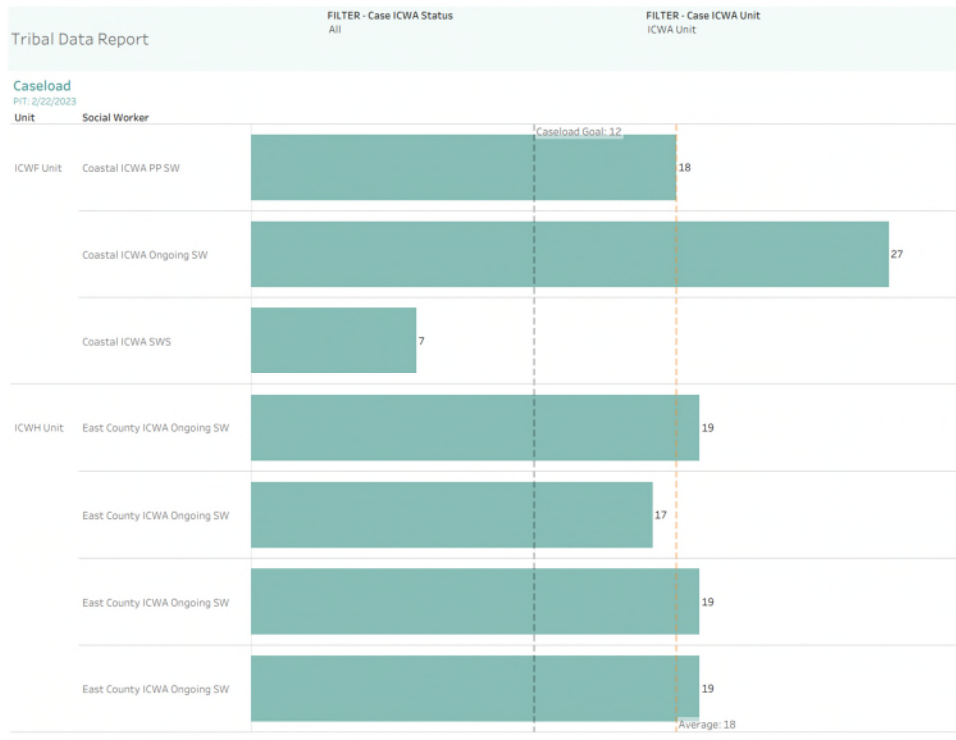
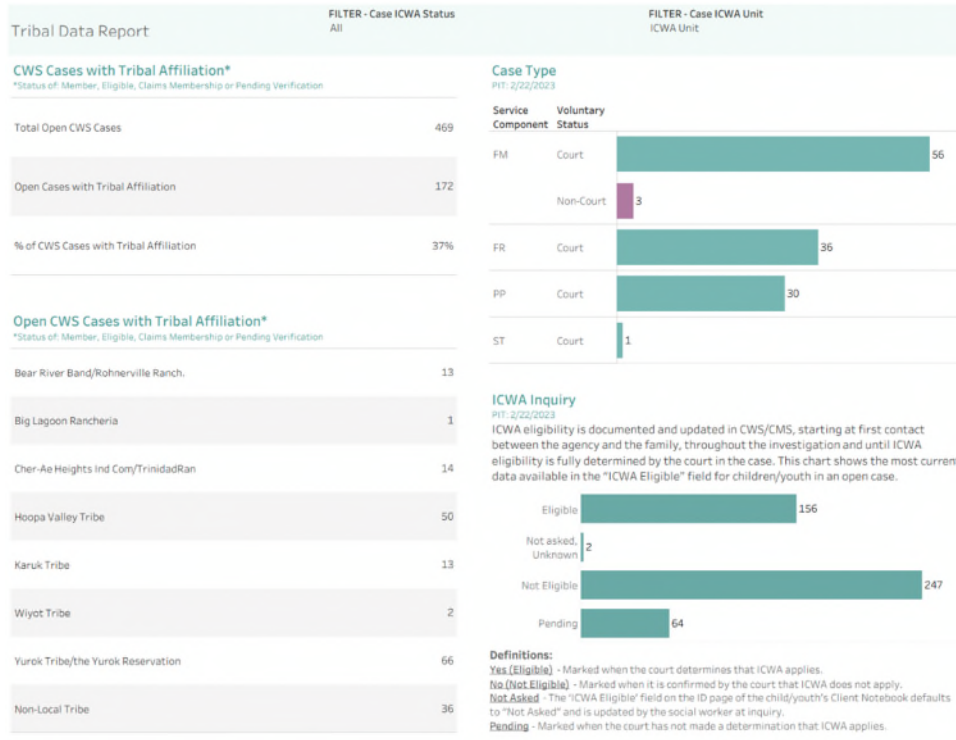
PIT: 2/22/2023

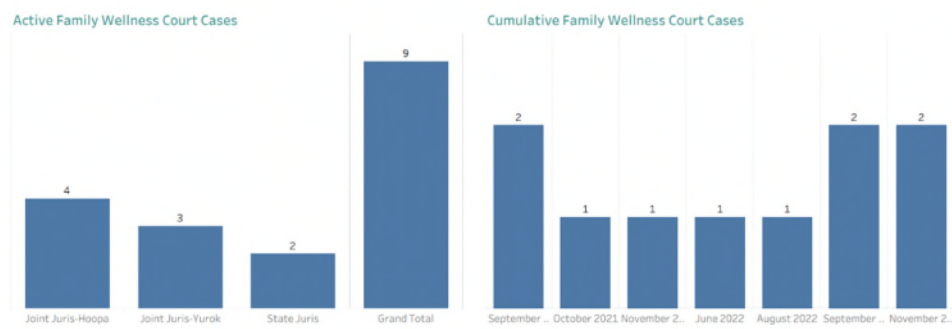
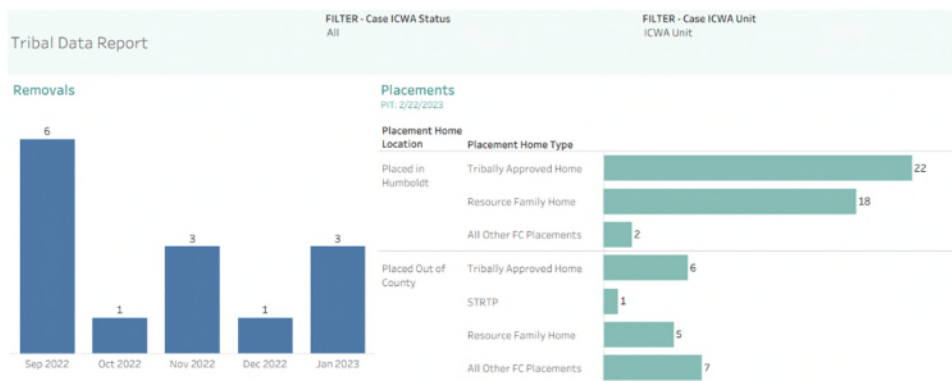


Referral Workload Prior Month

PIT: 2/22/2023







DHHS 2019-2022 DATA REPORT EXCERPT

Data Tables Reference Document

This document references tables included in the Excel file. This allows your team to work with the information in the tables and edit as needed.

Data Extract: from electronic health record and billing/claiming data

Filters used:

- o Client zip code filtered for 95546
 - o Captures all individuals who received services and had an address zip code of 95546
- o location code filtered for EASTERN HUMBOLDT
 - o Captures all individuals who received services with the location as Eastern Humboldt regardless of zip code/address

SECTION 1: SERVICES PROVIDED TO INDIVIDUALS WITH A ZIP CODE OF 95546

AGE RANGE	#	%
0-15	29	13%
16-25	60	27%
26-59	121	54%
60+	14	6%
Total	224	100%

GENDER	#
Female	117
Male	107
Total	224

TREATMENT EPISODE	%
AOD OUTPATIENT	12%
BH OUTPATIENT	73%
ORG PROVIDER	7%

Fee For Service Providers	2%
INPATIENT	7%
Total	100%

LOCATION RECORDED FOR SERVICES DELIVERED FOR CLIENTS WITH ZIP 95546

LOCATION (CLIENTS WITH ZIP 95546)	2019	2020	2021	2022	# of Services
ARCATA COMMUNITY	6	4	8	4	22
COURT/JAIL/JH/RF	220	156	225	163	764
CRISIS UNIT	36	11	9	4	60
EASTERN HUMBOLDT	263	162	154	82	661
EMAIL				1	1
EUREKA COMMUNITY	76	70	13	26	185
FIELD	313	306	187	223	1029
HEALTH CARE/PRIMARY CARE	3				3
HOME	21	73	44	9	147
IMD/SNF/MHRC	4				4
MOBILE SERVICE	1				1
OFFICE	1226	1056	584	378	3244
OTHER HOSPITAL	66	13	233	102	414
PHONE	90	464	372	200	1126
RESIDENTIAL ADULT	6	10		8	24
SCHOOL	119	6	37	28	190
SEMPERVIRENS	170	240	150	35	595
TELEHEALTH	55	272	285	145	757
TEXT				2	2
Total	2675	2843	2301	1410	9229

[i](#)

[i](#) Data Tables provided by DHHS Behavioral Health Sept 23, 2022.

YUROK UNIVERSAL SCREENING TOOL



Yurok Tribe HHS

Universal Screening

Name _____ DOB _____ Date _____

Please complete a separate screening for every individual seeking service support. For example, if you and your child are seeking services, please complete a screening for yourself and a screening on behalf of your child, or if appropriate, have your child complete the screening themselves.

<u>Please Circle</u>				
I would like help accessing the following supports:	Cultural Programming	Education/Academic Support	Financial or Basic Needs Assistance (Food/Hygiene Supplies/TANF/LIHEA P/ Firewood)	
	Housing	Legal Needs	Childcare/Headstart	
	Counseling	Case Management	Domestic Violence	
	Elder Advocacy	ICWA	Wellness Court	
	Batterer Intervention Programming	Fun, Prosocial Events and Activities	Substance Abuse Supportive Services	
	Support with a Disability	Crisis Services	Medical Care	
	Other:			

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If you are an **adult**, you may also choose to Decline to State responses to any or all of the screening questions below. All youth are strongly encouraged to complete the screening. **If you choose to Decline to state, please explain:**

Please circle responses as accurately as possible to aid us in providing you the most appropriate services.

	<u>Please Circle</u>			
	No	Yes		
1. I am currently having serious thoughts of killing myself.	No	Yes		
2. I have a current plan and/or intention to kill myself.	No	Yes		
3. I am having thoughts or impulses to kill or seriously injure someone else.	No	Yes		
4. My life is in danger (e.g., due to domestic violence, alcohol withdrawal, homelessness).	No	Yes		
5. I am here because I am worried that a family member or friend is (or will be) in life-threatening danger.	No	Yes		
6. I am here because I was physically and/or sexually assaulted.	No	In the last 24 hours	Within last 2 weeks	Other
7. I have been hospitalized for a psychiatric or mental health issue	No	In the last 24 hours	Within last 2 weeks	Other
8. I am having strange experiences such as hearing voices or seeing things others do not,	No	In the last 24 hours	Within last 2 weeks	Other

OR I believe I may be experiencing mania or psychosis.				
9. I have significant concerns about my use of substances (alcohol, marijuana, other drugs).	No	Yes		
10. I have a history of one or more suicide attempts.	No	Yes		
11. I have a history of violence towards others (kicking, hitting, screaming, unwanted sexual behavior or use of weapons.)	No	Yes		
12. I have a significant trauma history (physical or sexual abuse) that impacts my day-to-day functioning.	No	Yes		
13. I am in distress over a recent loss (break-up, death, loss of housing or job, etc.) or I am having relationship difficulties with family, friends or a significant other.	No	Yes		
14. I am currently homeless, couchsurfing, or at risk of losing my housing.	No	Yes		
15. I don't have enough income to meet my basic needs (food, clothing, hygiene supplies, other.)	No	Yes		
16. Child Welfare is involved in my family's life, or I am worried our family is at risk of Child Welfare involvement.	No	Yes		
17. I was recently released from a correctional facility.	No	Yes		
18. I am currently on probation.	No	Yes		

19. I am having difficulties with school (skipping classes, grades are slipping, conflict with peers or a teacher or otherwise falling behind.)	No	Yes
20. I have a diagnosed disability (physical, learning, developmental, or otherwise) or I suspect I have a disability.	No	Yes
21. I have unmet medical needs. (Such as reproductive care, dental, diabetes, HIV, Hep C, or other chronic conditions.)	No	Yes

For Staff Use: Note that if Yurok Staff have any reason to believe the answer is yes to any of the above, the client **MUST** be referred to appropriate Yurok and Community agencies.

1. I am currently having serious thoughts of killing myself.	1. Notify your supervisor 2. Immediately refer to: <ul style="list-style-type: none"> • Yurok Behavioral Health and/or • Humboldt County Behavioral Health (707) 445-7715 • If life threatening, Dial 988 or 911
2. I have a current plan and/or intention to kill myself.	
3. I am having thoughts or impulses to kill or seriously injure someone else.	
4. My life is in danger (e.g., due to domestic violence, alcohol withdrawal, homelessness).	Please defer to the guidance of your supervisor.
5. I am here because I am worried that a family member or friend is (or will be) in life-threatening danger.	1. Consult with client for details 2. Notify your supervisor If DV, immediately refer to: <ul style="list-style-type: none"> • Yurok Victim Services If Overdose or Withdrawal, immediately refer to: <ul style="list-style-type: none"> • Dial 911 or ER If other life-threatening emergency: <ul style="list-style-type: none"> • Dial 911

	<p>If a minor, also refer to:</p> <ul style="list-style-type: none"> • Yurok Tribal Child Welfare and/or • Humboldt County Child Welfare (707) 445-6180
<p>6. I am here because I was physically and/or sexually assaulted.</p>	<p>If an adult, (with consent) refer to:</p> <ul style="list-style-type: none"> • Yurok Victim Services • Yurok Tribal Police, or 911 <p>If a minor, immediately refer to:</p> <ul style="list-style-type: none"> • Yurok Tribal Child Welfare and/or • Humboldt County Child Welfare (707) 445-6180 • Yurok Tribal Police, or 911
<p>7. I have been hospitalized for a psychiatric or mental health issue.</p>	<p>If a minor, refer to:</p> <ul style="list-style-type: none"> • Yurok Behavioral Health and/or • Yurok Tribal Child Welfare
<p>8. I am having strange experiences such as hearing voices or seeing things others do not, OR I believe I may be experiencing mania or psychosis.</p>	<p>If an adult, (with consent) refer to:</p> <ul style="list-style-type: none"> • Yurok Behavioral Health • Yurok Wellness Court • UIHS Behavioral Health • Kimaw Behavioral Health • Humboldt County Behavioral Health
<p>9. I have significant concerns about my use of substances (alcohol, marijuana, other drugs).</p>	
<p>10. I have a history of one or more suicide attempts.</p>	
<p>11. I have a history of violence towards others (kicking, hitting, screaming, unwanted sexual behavior or use of weapons.)</p>	
<p>12. I have a significant trauma history (physical or sexual abuse) that impacts my day-to-day functioning.</p>	

<p>13. I am in distress over a recent loss (break-up, death, loss of housing or job, etc.) or I am having relationship difficulties with family, friends or a significant other.</p>	
<p>14. I am currently homeless, couchsurfing, or at risk of losing my housing.</p>	<p>If minor or unaccompanied minor, refer to:</p> <ul style="list-style-type: none"> • Yurok Tribal Child Welfare
<p>15. I don't have enough income to meet my basic needs (food, clothing, hygiene supplies, other.)</p>	<p>If an adult, (with consent) refer to:</p> <ul style="list-style-type: none"> • Yurok Client Services • Yurok Housing
<p>16. Child Welfare is involved in my family's life, or I am worried our family is at risk of Child Welfare involvement.</p>	<p>Refer to:</p> <ul style="list-style-type: none"> • Yurok Tribal Child Welfare
<p>17. I was recently released from a correctional facility.</p>	<p>Refer to:</p> <ul style="list-style-type: none"> • Yurok Tribal Court (Re-entry Program)
<p>18. I am currently on probation.</p>	<p>If minor, also refer to:</p> <ul style="list-style-type: none"> • Yurok Tribal Child Welfare
<p>19. I am having difficulties with school (skipping classes, grades are slipping, conflict with peers or a teacher or otherwise falling behind.)</p>	<p>Refer to:</p> <ul style="list-style-type: none"> • Yurok Education • Yurok BH or YTCW handle Ed advocacy?
<p>20. I have a diagnosed disability (physical, learning, developmental, or otherwise) or I suspect I have a disability.</p>	<p>Refer to:</p> <ul style="list-style-type: none"> • Redwood Coast Regional Center
<p>21. I have unmet medical needs. (Such as reproductive care, dental, diabetes, HIV, Hep C, or other chronic conditions.)</p>	<p>Refer to:</p> <ul style="list-style-type: none"> • UIHS • Kimaw

	<ul style="list-style-type: none"> • Client Services (for case management support)
A Yes response to any of the above can generate a referral to TCW Prevention.	For TCW&BH Prevention Candidacy Determination:

YUROK PREVENTION CANDIDACY DETERMINATION



Yurok Tribal Child Welfare Prevention Candidacy Determination

Name _____ DOB _____ Date _____

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 Yurok 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 Yurok Triage 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> <ul style="list-style-type: none"> -Victim resides in the same home as the child. -Access to victim remains likely. -Offense indicates risk of future self-harm. <ul style="list-style-type: none"> -Other -Does not apply
<p><u>Recent (within six months) runaway or beyond control behavior in the home setting</u></p> <ul style="list-style-type: none"> -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><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> <ul style="list-style-type: none"> -Substance abuse by parent(s) -Substance abuse by minor -Other -Does not apply.
<p><u>Other current or recent (within six months) indicators of imminent risk. Supervisor review and approval needed.</u></p> <ul style="list-style-type: none"> - Yes - No <p>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.

COMMUNITY PATHWAY

1. Have all family members in the home completed a Yurok Universal Triage 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

TITLE IV-E PATHWAY

If yes to 1 and 2 or 1 and 4, the Child and Family are determined eligible candidates for Yurok TCW&BH 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:

Parents as Teachers
Functional Family Therapy
Motivational Interviewing (SUD)
Motivational Interviewing (Case Management)

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 Yurok 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 Yurok Universal Triage 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:
 - 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

If yes to 1 and 2 or 1 and 4, the Child and Family are determined eligible candidates for Yurok TCW&BH 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:

- Parents as Teachers
- Functional Family Therapy
- Motivational Interviewing (SUD)
- Motivational Interviewing (Case Management)

YUOK PREVENTION CASE PLAN

YUOK PREVENTION CASE PLAN

The child/youth and family has been assessed for candidacy and determined to benefit from Yurok 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.

Yurok Tribe Legal Number (if applicable):

Date of Report (if applicable):

Child(ren)

DOB

AGE

(OPD)

Yurok Tribe Social Worker (name):

Current Placement:

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:

- Family Functional 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

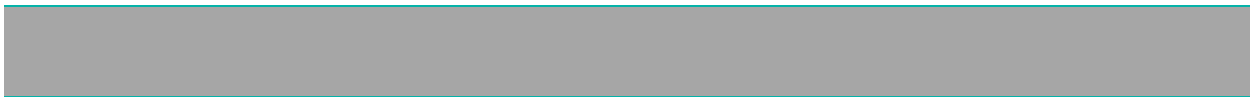
Date court ordered:_____ Date completed:_____

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:

- Family Functional Therapy
- 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 Parent's Current Circumstances:

Second Parent:

- Family Functional Therapy
- 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:



TCWBH Responsibilities

- Chemical Dependency: UIHS, K'ima:w
 - Refer parent(s)
 - Refer youth
 - Help in scheduling appointments with appropriate people.
 - Check on reports
 - Help in finding alternate resources, if needed

- Mental Health: UIHS, K'ima:w, YBH
 - 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 Yurok 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 UIHS, K'ima:w, Health and Dental Clinics

Refer youth to to UIHS, K'ima:w, 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: _____



TCWBH Summary Recommendations:

Length of service provision:

Prevention Case Plan Review Date:



TCWBH 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



KIM JOHNSON
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

ATTACHMENT B- ASSURANCES TEMPLATE

Family First Prevention Services (FFPS) Program Assurances

County of Yurok Tribe Title IV-E Program

Instructions: These assurances must be submitted by local child welfare services (CWS) and probation agencies that opt into the FFPS Program and are a required component of the local comprehensive prevention plan (CPP). These assurances will remain in effect unless changed by the submission of updated assurances and an updated CPP. Any changes to the local CPP must include resubmission of these assurances.

Title IV-E Prevention Program Reporting

In accordance with section 471(e)(5)(B)(x) of the federal Social Security Act and California Welfare and Institutions Code (WIC) section 16587(d)(9), Yurok Tribe Title IV-E Program, (Name(s) of participating child welfare services and/or probation agency) is providing this assurance, consistent with the local CPP and the California Title IV-E Prevention Services State Plan, to collect and report to the CDSS information and data required for the FFPS Program, including all information and data necessary for federal financial participation, federal reporting, to determine program outcomes, and to evaluate the services provided. This includes, but is not limited to, child-specific information and expenditure data.

Child Safety Monitoring

In accordance with section 471(e)(5)(B)(ii) of the federal Social Security Act and California WIC sections 16587(d)(7)-(8), the Yurok Tribe Title IV-E Program (Name(s) of participating child welfare services and/or probation agency) assures it will provide oversight and monitoring of the safety of children who receive services under the FFPS Program, including oversight and monitoring of periodic risk assessments throughout the period of service delivery. The agency further assures it will monitor and oversee the safety of children and periodic risk assessments for children who receive FFPS program services through its contracted community-based organizations. If the local child welfare and/or probation agency determines the child's risk of entering foster care remains high despite the provision of the services, the agency assures that it will reexamine the child's prevention plan during the 12-month period. In the case of an Indian child, the agency assures the assessments, and any reexamination of the prevention plan will be conducted in partnership with the Indian child's tribe.

Workforce Development and Training

In accordance with section 471(e)(5)(B)(viii) of the federal Social Security Act, the
Yurok Tribe Title IV-E Program (Name(s) of participating child welfare services

and/or probation agency) assures it will adhere to the FFPS training plan as outlined in the California Title IV-E Prevention Services State Plan, and ensure caseworkers within both the community and Title IV-E agency pathways under the FFPS program are supported and trained in assessing what children and their families need, connecting to the families they serve, accessing and delivering the needed trauma-informed and evidence-based services, overseeing and evaluating the continuing appropriateness of the services, and all other foundational requirements, including but not limited to, understanding how the requirements of the federal Indian Child Welfare Act (ICWA) and implementing state laws intersect with prevention services provided through the community based and Title IV-E agency pathways.

Trauma-Informed Service Delivery

The Yurok Tribe Title IV-E Program (Name of participating child welfare services

and/or probation agency) assures that in accordance with section 471(e)(4)(B) of the federal Social Security Act and California WIC section 16587(d)(6), each service in the CPP provided to or on behalf of a child will be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma, including historical and multigenerational trauma, and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

Model Fidelity for Evidence-Based Programs and Continuous Quality Improvement

In accordance with section 471(e)(5)(B)(iii)(II) of the federal Social Security Act and California WIC sections 16587(d)(10) and 16587(d)(11)(A), the
Yurok Tribal Title IV-E Program (Name of participating child welfare services and/or

probation agency) assures that services provided in the CPP will be continuously monitored to ensure fidelity to the practice model, to determine the outcomes achieved, and to refine and improve practices based upon information learned, using a continuous quality improvement framework, developed in accordance with instructions issued by the CDSS. The agency agrees to participate in state level fidelity oversight, data collection, evaluation, and coordination to determine the effectiveness of a service provided under the FFPS program.

Equitable and Culturally Responsive Services and Supports

In accordance with the Governor's Executive Order N-16-22, and consistent with California Five Year Prevention Services State Plan, the
Yurok Tribe Title IV-E Program (Name of participating child welfare services and/or

probation agency) assures that the implementation of interventions, services and supports should be equitable, culturally responsive and targeted to address disproportionality and disparities experienced by black, indigenous, and people of color, as well as lesbian, gay, bisexual, transgender, queer and plus (LGBTQ+) children and youth.

Coordination with Local Mental Health

In accordance with section 471(e)(10)(C) of the federal Social Security Act and California WIC section 16588(f)(3), the Yurok Tribe Title IV-E Program (Name of participating child welfare services and/or probation agency) assures the agency will establish a joint written protocol, based on the model developed by the CDSS and Department of Health Care Services for use among the child welfare agency, probation department, behavioral health agency, and other appropriate entities to determine which program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.

Signatures

Signature: These assurances must be signed by the official with authority to sign the CPP and submitted to the CDSS for approval.

Jessica Fawn Canez Digitally signed by Jessica Fawn Canez
Date: 2023.07.31 21:57:58 -07'00'

Signature of Authorized CWS Representative

7/31/2023

Date

Signature of Authorized Probation Representative

Date

REFERENCES

- ¹ <https://www.census.gov/quickfacts/delnortecountycalifornia>
- ² <https://archive.vn/20140715030145/http://www.census.gov/2010census/popmap/ipmtext.php?fl=06:0638702>
- ³ <https://www.census.gov/quickfacts/humboldtcountycalifornia>
- ⁴ https://www.rand.org/pubs/research_reports/RRA604-1.html
- ⁵ <https://skylab.cdph.ca.gov/ODdash/>
- ⁶ Center for Youth Wellness. (2013). Retrieved September 27, 2022, from <https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf>
- ⁷ Center for Youth Wellness. (2013). Retrieved September 27, 2022, from <https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf>
- ⁸ *CDSS programs*. Data Dashboards. (n.d.). Retrieved September 27, 2022, from <https://www.cdss.ca.gov/inforesources/ocap/data-dashboards>
- ⁹ California Child Welfare Indicators Project (CCWIP). (2022). Retrieved September 27, 2022, from <https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s>
- ¹⁰ *Failing grade - aclunc.org*. (2020.). Retrieved September 27, 2022, from <https://www.aclunc.org/sites/default/files/ACLU%20Humboldt%20report%2010%2026%2020%20final%20web.pdf>
- ¹¹ *Failing grade - aclunc.org*. (2020.). Retrieved September 27, 2022, from <https://www.aclunc.org/sites/default/files/ACLU%20Humboldt%20report%2010%2026%2020%20final%20web.pdf>
- ¹² <http://www.ed-data.org/county/Del-Norte>
- ¹³ *MHSA 2022 Annual Update*. Document Center • County of Humboldt • CivicEngage. (n.d.). Retrieved September 27, 2022, from <https://humboldt.gov/DocumentCenter/View/95059/MHSA-Annual-Update-2022-2023>
- ¹⁴ *Performance Outcomes System – dhcs.ca.gov*. (2016). Retrieved September 27, 2022, from https://www.dhcs.ca.gov/services/MH/Documents/Humboldt_CtyAggRep_ADA.pdf
- ¹⁵ *MHSA 2022 Annual Update*. Document Center • County of Humboldt • CivicEngage. (n.d.). Retrieved September 27, 2022, from <https://humboldt.gov/DocumentCenter/View/95059/MHSA-Annual-Update-2022-2023>
- ¹⁶ *MHSA 2022 Annual Update*. Document Center • County of Humboldt • CivicEngage. (n.d.). Retrieved September 27, 2022, from <https://humboldt.gov/DocumentCenter/View/95059/MHSA-Annual-Update-2022-2023>

¹⁷ *Humboldt County Department of Health and Human Services - RDA Consulting*. (2018). Retrieved September 27, 2022, from https://rdaconsulting.com/wp-content/uploads/2018/05/Humboldt_DHHS_Assessment-Report_20171020_FINAL-1.pdf

¹⁸ *MHSA 2022 Annual Update*. Document Center • County of Humboldt • CivicEngage. (n.d.). Retrieved September 27, 2022, from <https://humboldt.gov/DocumentCenter/View/95059/MHSA-Annual-Update-2022-2023>

¹⁹ *MHSA 2022 Annual Update*. Document Center • County of Humboldt • CivicEngage. (n.d.). Retrieved September 27, 2022, from <https://humboldt.gov/DocumentCenter/View/95059/MHSA-Annual-Update-2022-2023>

²⁰ Humboldt County DHHS. (2022) Unpublished raw data on DHHS 2019-2022 Data Tables. (See [Appendix A: Existing Data, DHHS 2019-2022 Data Report Excerpt.](#))

²¹ 2022 Weitchpec Gaps Analysis

²² Ibid.

²³ Ibid.

²⁴ Ibid.

²⁵ Del Norte 2023 Mental Health Services Act Annual Report

²⁶ 2022 Weitchpec Gaps Analysis

²⁷ 2013 Yurok Circles of Care Report

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²⁹

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