

**Ketchikan Indian Community
Tribal Child and Family Services Plan
FFY 2015-2019**

Name of Tribe: Ketchikan Indian Community

This template is provided as *an option* for tribes to use over the course of the five years that the Tribal Child and Family Services Plan (CFSP) is in effect. It allows for annual updates as the program instruction (PI) is issued each year and for changes the tribes makes to its plan during any of the years. In the future, if there is a change in requirements, CB will issue an additional page(s) as an attachment to the template which can then be attached to your Annual Progress and Services Report (APSR) for the year that the information is due. Use as much space as needed since sections will expand.

Instructions: The requirements listed in each block below follow the requirements listed in ACYF-CB-PI-14-04 so that one can fill in the information starting with the CFSP that is due by June 30, 2014. If your tribe chooses to use the template, complete the CFSP-2015 section for each requirement providing as much detail as necessary. For the submission due June 30, 2014, leave all the APSR sections blank as each one will be completed by you in each of the upcoming four years in the five-year cycle to report your progress in implementing the CFSP. Any additional instructions necessary to complete those sections will be provided in future years.

Notes:

- The final report for Fiscal Years 2009-2014 is to be submitted separate from this template.
- Tribes interested in applying for the Chafee Foster Care Independence (CFCIP) and/or Education and Training Vouchers (ETV) Programs must submit that plan separate from this template.

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

- Identify the tribal agency that will administer the title IV-B (and, if applicable, CFCIP and ETV) programs under the plan. The same agency is required to administer or supervise the administration of all programs under titles IV-B and IV-E of the Act.
- Describe the organization and function of the office or organizational unit responsible for operation and administration of the CFSP.
- Provide an organizational chart and a description of how that office relates to tribal and other offices operating or administering service programs within the tribal service area.

CFSP - 2015:

1. The Ketchikan Indian Community has designated the KIC Department of Social Services to administer all Title IV-B programs under this plan.
2. The Dept. of Social Services consists of the following programs: General Assistance, Domestic Violence (Prevention and Treatment, Batter’s Program), Elder Services (Senior Nutrition and Support) and Indian Child Welfare. The ICW program will operate all services under the CFSP and related IV-B funds.
3. An organizational chart of the KIC Department of Social Services is attached to this plan. The Department has 12 employees: Director (1); ICWA (1); General Assistance (2); Domestic Violence (3); Elder’s Program (5).

APSR - 2016:

APSR - 2017:

APSR - 2018:

APSR - 2019:

Vision Statement (45 CFR 1357.15(g))

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

CFSP - 2015:

As children are vital to the continued existence and integrity the Ketchikan Indian ,it is the vision of the ICWA program that we will have strong families and that children will live in safe, stable and nurturing homes to become healthy adults and the culture carried on into the future

APSR - 2016:

APSR - 2017:

APSR - 2018:

APSR - 2019:

Goals, Objectives and Measures of Progress

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

(Additional information: “Goals” are generally broad, positive statements, expressed in terms of improved outcomes that identify the population or group that will benefit. For example, a goal might be stated as, “Children who have been victims of abuse or neglect will not experience repeat maltreatment in their homes.”)

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

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

Measures of progress (45 CFR 1357.15(j)): Describe how the tribe will measure the results, accomplishments, and annual progress toward meeting the goals and objectives. Specify the processes and procedures the tribe will use to assure use of valid and reliable data and information. The data and information must be capable of determining whether or not the interim benchmarks and multi-year timetable for accomplishing CFSP goals and objectives are being met.

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

NOTE: Additional rows can be added for additional Goals, Objectives and Measures of Progress

<p>CFSP – 2015 Goal #1: <u>The Ketchikan Indian Community will build Social Services capacity and resources with the goal of assuming jurisdiction over Native children under KIC authority and provide culturally appropriate services to children, parents and families to ameliorate the conditions and effects of child abuse and neglect</u></p>	<p>Objective(s):</p> <ul style="list-style-type: none"> • Objective One: By the end of month 6 we will complete strategic plan to develop capacity and infrastructure, and adopt and implement a high-quality child welfare program. • Objective Two: By the end of month 24 we will have completed all the necessary constituent components to directly operate a Child Welfare Services (CWS) and IV-E program (as identified in the strategic plan process), i.e., policies, infrastructure, Preprint Plan, Tribal Codes, staffing pattern. • Objective Three: Develop and receive Tribal government approval of the necessary Tribal Codes and Child Welfare Services policies and procedures to operate a child welfare program that comply with the necessary statute and regulations and submit the IV-E Preprint Plan and submit to ACF for approval • Objective Four: By the end of 36 months we will begin the transfer of cases from state to tribal court as allowed in ICWA and begin original jurisdiction for all new cases 	<p>Measures of Progress:</p> <ol style="list-style-type: none"> 1. Development of five year strategic plan for assumption of child welfare services 2. Develop foster care licensing rules and actively recruit and license KIC designated foster home 3. Development of required policies and procedures that are compliant with Title IV-E 4. Development of required tribal Codes and bench Guides and identify the structure of the court system 5. Development of overall CWS infrastructure and hire needed staff depending on available funding 6. Co-manage all cases of child abuse and neglect with the Alaska Office of Children’s Services in the KIC service area 7. Transfer cases to KIC Tribal Court as appropriate and case manage the services through the KIC CWS system of care
--	---	---

	<p>involving KIC Indian children</p> <ul style="list-style-type: none"> • Objective Five: By the end of month 60 all appropriate cases of child abuse and neglect involving KIC Indian children in the service area will be under the jurisdiction of KIC 	
<p><u>Goal #2: Reduce the number of out of home placements for families at risk of child abuse and neglect through a family based, strengths based preventive system of care</u></p>	<p>Objective(s):</p> <ul style="list-style-type: none"> • Objective One: Research and develop an evidence based, best practice approach to reducing the incidence of child abuse/neglect among KIC families through early identification, assessment and preventive services • Objective Two: Provide parenting classes and family counseling to KIC Tribal member families to enhance parenting skills and ensure child safety, well-being and permanency • Objective Three: Provide case management services to KIC Tribal families using coordination of services with Alaska State Office of Children Service and other community agencies involved in determination of preservations and reunification of KIC tribal members' families 	<p>Measures of Progress:</p> <ol style="list-style-type: none"> 1. Serve at least 10 families per year through the evidence based family preservation program (to be chosen) 2. Reduce the incidences of Indian children entries into foster care by providing early intervention and case management services (baseline to be set) 3. Reduce the incidences of substance abuse related child neglect of Indian children services (baseline to be set) <p>At present this information if collected by OCS and is available through their research website. However, KIC is in the process of purchasing and installing case management software</p>
<p>APSR - 2016:</p>		
<p>APSR - 2017:</p>		
<p>APSR - 2018:</p>		
<p>APSR - 2019:</p>		

Consultation and Coordination (45 CFR 1357.15(l) and (m))

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

CFSP - 2015:

- **Office Responsible for providing Child and Family Services:** KIC provided a copy of the CFSP to the Alaska Office of Children's Services in Ketchikan, AK for their review.
- **Court Improvement Projects:** KIC did not involve the state court in the CFSP plan development. We are not aware of any local CIP activities
- **Stakeholders:** This plan was developed in part through a collaborative process that included KIC Health Department (medical and Behavioral Health), KIC Social Services programs and KIC Education (Youth program).
- **Coordination:** Through the development of a Multidisciplinary Team between Tribal Health (Public Health, Behavioral Health) and Social Services (Domestic Violence, ICWA and General Assistance) we have begun the process of integrating services and conjoint case planning. Services provided under this CFSP will be coordinated as much as is feasible. We are currently working on developing better relations with the local Alaska Office of Children's Services to better coordinate

services for KIC children in the care, custody and control of OCS or when KIC Indian families are identified as being at risk of child abuse and neglect throughout the continuum of the case history starting at intake and assessment through permanency planning. The objective for KIC is to develop written protocols as allowed under 25 USC 1919.

APSR - 2016:

APSR - 2017:

APSR - 2018:

APSR - 2019:

Service Description (45 CFR 1357.15(n))

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

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

CFSP - 2015:

1. **IV-B, subpart 1 Services:** The Ketchikan Indian Community Social Services utilizing the ICWA program will provide child welfare case management services throughout the continuum of the case including: (1) Protecting and promoting the welfare and safety of all children, including individuals with disabilities; homeless, dependent, or neglected children; (2) Preventing or remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children; (3) Preventing the unnecessary separation of children from their families by identifying family problems and assisting families in resolving their problems and preventing the breakup of the family where the prevention of child removal is desirable and possible; (4) Restoring to their families children who have been removed and may be safely returned, by the provision of services to the child and the family; (5) Assuring adequate care of children away from their homes.
2. **IV-B, subpart 2 Services:**
 - **Family Preservation:** Case management services designed to stabilize families in crisis such as transportation, assistance with housing and utility payments, and access to adequate health care, i.e., Service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement or Service programs designed to help children, where appropriate, return to families from which they have been removed. Transportation, information and referral services to afford families access to other community services, including child care, health care, nutrition programs, adult education literacy programs, legal services, and counseling and mentoring services.
 - **Family Support:** community-based services to promote the well-being of children and families designed to increase the

<p>strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development</p> <ul style="list-style-type: none"> • Family Reunification: Services to remove barriers that keep children from being reunified with their Indian parents or custodians including time limited services (parenting and life skills, barrier removal, etc.)
APSR - 2016:
APSR - 2017:
APSR - 2018:
APSR - 2019:
<ul style="list-style-type: none"> • Describe the services currently available to families and children; the extent to which each service is available and being provided in different geographic areas and to different types of families; and important gaps in service, including mismatches between available services and family needs as identified by baseline data and the consultation process.
<p>CFSP - 2015: The KIC Department of Social Services provides a variety of services to Indian families and children. Services include (1) Indian Child Welfare Program- services such as case management, court intervention, service coordination and advocacy; (2) Domestic Violence Prevention- advocacy and intervention for victims of domestic violence and a Batterers Intervention Program; (3) General Assistance; and (4) Elder's Programs. The KIC Clinic also provides a variety of health and behavioral health services for adults and children including substance abuse treatment. The KIC Education Department operates a Tribal Youth Program and provides a variety of education related services for all ages. Our services are primarily limited to the Ketchikan Gateway Borough in Alaska.</p> <p>Gaps in services include a foster care licensing program, family preservation services (intensive), Tribal Court, and a very high, disproportionate placement of Native children into foster care.</p>
APSR - 2016:
APSR - 2017:
APSR - 2018:
APSR - 2019:
<ul style="list-style-type: none"> • Describe the tribe's standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the tribe, which, at a minimum, ensure that the children are visited on a monthly basis and that caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the children. If the tribe does not operate a foster care program, this provision is not applicable; please simply note that the tribe does not operate a foster care program (Section 422(b)(17)).

Complete this section if the tribe operates a foster care program.	For tribes that do not operate a foster care program, please note this fact in this section.
CFSP - 2015:	KIC does not currently operate a foster care program. 422 protections are provided through the Alaska OCS
APSR - 2016:	
APSR - 2017:	
APSR - 2018:	
APSR - 2019:	
<ul style="list-style-type: none"> Describe the activities the tribe has undertaken and plans to undertake to reduce the length of time that young children under age five are in foster care without a permanent family. Also, describe the activities the tribe undertakes to address the developmental needs of children under the age of five who receive services under the title IV-B or IV-E programs (section 422(b)(18) of the Act). (Note: This requirement applies to all children under age five in foster care, regardless of the child’s permanency plan, legal or placement status.) 	
<p>Complete this section if the tribe operates a foster care program.</p> <p>Describe the activities the tribe has undertaken and plans to undertake to reduce the length of time that young children under age five are in foster care without a permanent family. Also, describe the activities the tribe undertakes to address the developmental needs of children under the age of five who receive services under the title IV-B or IV-E programs (section 422(b)(18) of the Act). (Note: This requirement applies to all children under age five in foster care, regardless of the child’s permanency plan, legal or placement status.)</p>	<p>Complete this section if the tribe does not directly operate a foster care program.</p> <p>For Tribe that do not directly operate a foster care program and whose children are served by the State agency, describe the role of the Tribe in working with the State to address these requirements reliant to meeting the needs of young children in foster care.</p>
CFSP - 2015:	The State Office of Children’s Services is responsible for all 422 protections.

	The Ketchikan Indian Community Social Services Department performs joint case planning when appropriate and advocates for all Tribal children under our jurisdiction. The tribe works directly with KIC parents, children and OCS to provide for conjoint case management planning and implementation of services. We advocate under the authority of the Indian Child Welfare Act on all Tribal children wherever that are located.
APSR - 2016:	
APSR - 2017:	
APSR - 2018:	
CFSP - 2015:	
	<ul style="list-style-type: none"> For tribes applying to receive funding under title IV-B, subpart 2, describe how the tribe identifies which populations are at the greatest risk of maltreatment and how the tribe targets services to the populations at greatest risk of maltreatment (section 432(a)(10) of the Act).
	<p>CFSP - 2015: The Ketchikan Indian Community has identified the population at highest risk as young children under the age of 5 as the age group most likely to suffer from the effects of child abuse and neglect and as such more likely to be placed in foster care. Because of the reasons they entered care, they are also at risk to have developmental or health issues. The highest risk factors are children living in homes where substance abuse related neglect or domestic violence is the primary issue.</p> <p>The KIC Social Services Department, Education Department and Behavioral Health Program offers multiple layers of supports to families (childcare, medical travel, education services, elder services, domestic, sexual and family violence, etc.) and provides a new wrap around approach to monitor our families as they access our full array of services. KIC offers a Multidisciplinary Team approach consisting on medical, behavioral, social and substance abuse perspectives to find solutions to family issues. We cross-report and staff cases across programs to provide a full range of services to our families and to look at each and every family through multiple perspectives tus enabling us to better serve our families who most need it.</p> <p>The KIC is aware that most of our population is at high risk of neglect or abuse due to the effects of inter-generational or historical trauma, substance use and high rates of poverty. Due to the full array of programs Social Services offers and the close knit nature of our communities. KIC is currently developing new CPS policies and procedures (such as foster care licensing and a Tribal Court) to take further control of the issues KIC families face day in and day out. The KIC is currently working towards administering a TANF program. This will allow us another tool to screen families that are typically at risk</p> <p>The KIC is not currently recruiting and licensing foster homes and we are trying to work closely with the OCS to make sure the child and family have ready access to medical, dental and mental health care thorough our Tribal Our ICWA Social Worker takes the lead in working with OCS to ensure the children’s needs are met.</p>

<p>Currently the State or County of jurisdiction is responsible for screenings for children entering foster care. We work with the placing agency to assure children are being served in their if possible. As the KIC moves to Title IV-E, and the KIC is the placing agency, we are developing a plan for screenings to take place when any child enters foster care. The screenings required will be a physical and dental screening as well as a developmental screening. The findings of these screenings are noted and followed up on during case management and court hearings. We are currently requesting that OCS in Ketchikan use KIC Health and Dental Clinic to meet the needs of children in foster care (including behavior or mental assessments) but OCS does not consistently use Tribal resources for clients but refers to non-Indian facilities.</p>
<p>APSR - 2016:</p>
<p>APSR - 2017:</p>
<p>APSR - 2018:</p>
<p>APSR - 2019:</p>
<ul style="list-style-type: none"> • Present information on the estimated number of individuals and families to be served; the population to be served; and the geographic areas where the services will be available for each described service. This information must be recorded on the CFS-101 part II and may also be further explained in the narrative portion of the plan.
<p>CFSP - 2015: Estimated Number of Families to be served: We estimate we will serve up to 80 families per year using IV-B, part 1 and 2 funds. Geographic Area: The primary area we serve under this plan is the Ketchikan Gateway Borough. The majority of our clients are located in or near Ketchikan, AK but we have ICWA cases in other areas of Alaska (Juneau and Anchorage), and its states including California, Indiana, Nebraska, Oregon and Washington. With the data gathered over the last several months we anticipate serving between 60-80 families with varying levels of services from full case management with court ordered services for reunification or family maintenance to one time services such as household goods or transportation to a family placement that increases safety or the chance of permanency. Most of the families we currently serve reside in our service area designated by the BIA (Ketchikan Gateway Borough, AK.)</p>
<p>APSR - 2016:</p>
<p>APSR - 2017:</p>
<p>APSR - 2018:</p>
<p>APSR - 2019:</p>

Consultation Between States and Tribes

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

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

CFSP – 2015: The Alaska Office of Children's Services does provide some consultation services with the Alaska Native Tribes and organizations but it appears to us that (1) it does not happen with regularity with the local OCS offices (in our instance Ketchikan) or their respective staff; and (2) there does not appear to be consistent enforcement of policies in effect regarding ICWA.

In the instance of our local area ICWA staff find themselves at odds with OCS staff, the GAL and Courts in regarding to KIC families and their parents. We have requested on numerous occasions that OCS refer families and children to the KIC Clinic for medical, behavioral and substance abuse assessments and treatment. However, OCS frequently does not communicate with ICWA staff on case planning issues, changes in placemen (including application our tribal preferences under 25 USC 1915), refers our families and children to organizations that do not provide culturally sensitive treatment, and seeming to say one thing while case planning while doing something else. This happens not only with ICWA but with parents as well. Simply stated KIC has felt the need to take a more aggressive legal approach to protect the Tribe's rights under ICWA and provide services to KIC families.

We have begun regular discussions with the local OCS Supervisor on ICWA issues and the discussion thus far has been somewhat productive. However, we have decided that we need to build out our Child Welfare System with the goal of reassuming jurisdiction and handling our CPS cases in Tribal Court and providing services through KIC Social Services and taking this responsibility from the state as allowed in 25 USC 1918. The trust level of KIC and the Alaska OCS is low and the adversarial process is not in the best interests of Indian families and children.

APSR - 2016:
APSR - 2017:
APSR - 2018:
APSR - 2019:
<ul style="list-style-type: none"> Provide a description of the understanding, gathered from discussions between the state and tribe, as to who is responsible for providing the child welfare services and protections for tribal children delineated at Section 422(b)(8) of the Act, whether they are under state or tribal jurisdiction. These services and protections include operation of a case review system for children in foster care; a preplacement preventive services program; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement. In describing roles with respect to the case review system, please discuss whether and how the state and tribe have addressed the requirement to obtain credit reports for tribal children ages 16 and older in foster care, as required by section 475(5)(I) of the Act, and any challenges that have been encountered in this process (45 CFR 1357.15 (q)).
CFSP - 2015: The respective states are responsible for all 422 protections. We intervene under the Indian Child Welfare Act.
APSR - 2016:
APSR - 2017:
APSR - 2018:
APSR - 2019:
<ul style="list-style-type: none"> Describe how the tribe has been consulted about the programs to be carried out by the state under the CFCIP and explain the results of the consultation specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the CFCIP (Section 477(b)(3)(G) of the Act).
CFSP - 2015: As best as we are aware, KIC ICWA is not provided CFCIP consultation by the Alaska OCS. There are case by case discussions on specific tribal youth that are in need of services.
APSR - 2016:
APSR - 2017:
APSR - 2018:
APSR - 2019:

Diligent Recruitment of Potential Foster and Adoptive Parents

For tribes that operate foster care programs:

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

For tribes that do not directly operate a foster care program and whose children are served by the state agency:

- Describe any activities the tribe is undertaking in coordination with the state agency to support diligent recruitment of foster and adoptive families.

CB funds the National Resource Center for Diligent Recruitment at AdoptUSKids to provide free services and materials to support states, tribes, territories, and courts as they recruit foster, adoptive, and kinship families and make lasting systemic changes to improve safety, permanency, and well-being outcomes for children and families. For additional information on diligent recruitment and a customizable tool to use in developing a diligent recruitment plan, please see <http://www.nrcdr.org>.

For Tribes applying for title IV-B, subpart 1, who have Tribal children in foster care:

Describe the tribe’s plan for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the tribe for whom foster and adoptive homes are needed (section 422(b)(7) of the Act).

For Tribes that do not directly operate a foster care program and whose children are served by the State agency:

Describe any activities the Tribe is undertaking in coordination with the State agency to support diligent recruitment of foster and adoptive families.

CFSP - 2015:

KIC does not yet operate a foster care program, but works to recruit relatives and other tribal members to become licensed foster families. As part of our CFSP goals for 2015-2019 we will

	develop a foster care and recruitment program both in and out of area to increase our pool of licensed Tribal foster family homes. At this point the ICWA program does assist OCS in finding and designated extended family homes for placement.
APSR - 2016:	
APSR - 2017:	
APSR - 2018:	
APSR - 2019:	

Health Care Oversight and Coordination Plan

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

Tribes are required to address how the Health Care Oversight and Coordination plan requirements are being met for tribal children in foster care. For tribes that do not directly operate a foster care program and whose children are served by the state agency, note the responsibility of the state for developing the Health Care Coordination Plan and for providing health care information as part of the transition plan development process and address any tribal involvement in those processes.

Tribes that operate a foster care program are required to submit a Health Care Oversight and Coordination Plan that includes an outline of:

- A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
- How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child’s maltreatment and removal from home;
- How medical information will be updated and appropriately shared, which may include the development and implementation of an electronic health record;
- Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;

- The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;
- How the tribe actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and determining appropriate medical treatment; and
- Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met.

Tribes that previously developed a Health Care Oversight and Coordination Plan are required to review the previously submitted plan, make any needed changes, and submit the plan with the CFSP, whether or not changes were made from the previously submitted version.

For Tribes applying for title IV-B, subpart 1, who have Tribal children in foster care:

Either insert the plan here or include as an attachment.

For tribes that do not directly operate a foster care program and whose children are served by the State agency, note the responsibility of the state for developing the Health Care Coordination Plan and for providing health care information as part of the transition plan development process and address any tribal involvement in those processes.

CFSP - 2015:

The states of residence where KIC children are located are responsible for this 422 protection.

As noted earlier, KIC Social Services does not yet operate a foster care program, but works diligently with the state or county of jurisdiction to fulfill their requirements under their health care coordination plan. As a tribal agency we are cognizant of the fact that we often have better relationships with Indian Health Services providers and can offer our services to facilitate communication

	<p>between the agency, health services and the child or family. We fully participate in the process that requires court order for psychotropic medication. The Tribe is highly cognizant of the fact that our children are being medicated at higher levels than that of the general population. The Tribe's position on psychotropic medications is that all other avenues (parent training, counseling, behavior modification services, life skills training) be exhausted to address the issues and behaviors before the move is made to use medication.</p> <p>The Ketchikan Indian Community does operate a Health Clinic which provides acute and chronic medical, dental, pharmacy, optometry, and behavioral health services (Mental Health and Substance Abuse). However, local OCS offices frequently refers Indian children and families to other community services rather than use the clinic where they will get the same level of service in a culturally responsive environment.</p>
APSR - 2016:	
APSR - 2017:	
APSR - 2018:	
APSR - 2019:	

Disaster Plans

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

- Identify, locate, and continue availability of services for children under tribal care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services to those cases;

- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and
- Coordinate services and share information with states and other tribes.

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

Insert plan below or submit as an attachment.

CFSP - 2015: The Ketchikan Indian Community Disaster plan is attached to this plan. The Department of Social Services does not have direct jurisdiction of any children placed in foster care. However, we do have an extensive emergency plan that is attached to this CFSP. Our emergency plan coordinates with the Tribe's disaster plan to maintain services to our areas.

APSR - 2016:

APSR - 2017:

APSR - 2018:

APSR - 2019:

Training

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

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

Tribes who intend to submit a title IV-E plan to operate directly a foster care, adoption assistance and, at the tribe's option,

guardianship assistance program in the future are not required to submit the title IV-E training plan with the CFSP due on June 30, 2014, but if approved to operate a title IV-E program must submit such information prior to submitting claims under title IV-E for reimbursement of allowable training costs.
CFSP - 2015: KIC will be developing and submitting an IV-E plan for approval within the timelines of this plan. There are some we have identified. We are developing a training plan for new Social Workers and staff that provide services under ICWA. Social Services is in the process of developing out their ICWA program including the development of policies and procedures including Reporting, Intake, Case Planning, In Home Family Services, Out of Home Care (Title IV-E), Prevention and other key components. Once the basic policies are developed and approved we will develop a training plan. At this point our main focus for training is developing procedures for the ICWA program and increasing our capacity to respond from a legal perspective. We also are in the initial stages of foster care licensing and training from our unique Native cultural perspective.
APSR - 2016:
APSR - 2017:
APSR - 2018:
APSR - 2019:
Technical Assistance
Discuss any technical assistance that the tribe anticipates requesting from the CB's Training and Technical Assistance network as it implements current or new federal requirements.
CFSP - 2015: No technical assistance is being requested at this time.
APSR - 2016:
APSR - 2017:
APSR - 2018:
APSR - 2019:

Plan Availability

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

CFSP - 2015:

The Ketchikan Indian Community Social Services Department has made this plan available for review at their office located at 615 Stedman, Ketchikan, AK 99901. This document is available for review from 8:00 AM to 5:00 PM, Monday through Friday except Holidays which our offices are closed. A copy has been provided to the Alaska Office of Children’s Services in Ketchikan, AK.

APSR - 2016:

APSR - 2017:

APSR - 2018:

APSR - 2019:

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